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**T**hank you for taking time to read through our *2011 State of the State's Health Report*. This report provides useful information about how our state and counties are doing in regard to the health status of our residents.

Even though our health ranking has improved from 49th to 46th in the Nation, Oklahoma's health status indicators are among the worst in the United States. We have a high prevalence of smoking and obesity, limited access to prenatal care and availability of primary care physicians, and high rates of preventable hospitalizations and cardiovascular disease. As a State, we have fewer babies that survive their first birthday and a life expectancy for our residents that is shorter than almost every other state in the country.

Based upon these findings, it is essential for us to strive together to improve the health of the residents of our state. Oklahoma's poor health status is not acceptable and improvement must occur. Every Oklahoman has a stake and role in improving our state's health outcomes and we must work together to shape our future and assure the health of all Oklahomans — both for this generation and generations to come.

Sincerely,

A handwritten signature in blue ink that reads "Jenny Alexopoulos D.O.".

Jenny Alexopoulos, DO, President  
Oklahoma State Board of Health

A handwritten signature in blue ink that reads "Terry Cline, Ph.D.".

Terry L. Cline, PhD  
Commissioner  
Secretary of Health and Human Services



## summary

The *2011 State of the State's Health Report* maintains the new format that began in 2008. As before, rather than highlight a single theme or issue, the 2011 report reviews multiple indicators that contribute to Oklahoma's overall health status. The indicators have been updated using the most current available data. Readers will be able to look at the state as a whole and identify county-specific trends by reviewing summaries for each of Oklahoma's 77 counties.

Major shifts in health status indicators rarely occur within a span of two or three years. In addition, it is difficult to show current trends due to the lag in data collection and reporting. As expected, the indicators summarized in the 2011 report are similar to those seen in 2008, and there are several areas that continue to give us pause for concern. Oklahoma still leads much of the nation with deaths due to heart disease. Likewise, Oklahoma's cerebrovascular disease deaths (strokes) are much higher than much of the nation. Of particular concern is the disproportionate burden of heart disease and cerebrovascular disease deaths among African Americans, with higher rates than any other ethnic group in Oklahoma.

Chronic lower respiratory diseases continue to plague Oklahoma at higher than national average rates, primarily because of Oklahomans' continued dependency on tobacco. Another chronic condition where Oklahoma ranks among the 10 worst states is diabetes, with significant disparities seen among Native Americans and African Americans.

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

Many factors contribute to our poor health outcomes, higher rates of disease, and overall higher total mortality. Certainly, the data indicate that we need to increase our physical activity, eat more fruits and vegetables, and expand our tobacco use prevention and cessation efforts. The good news is that progress has been made in several areas over the past few years. The Tobacco Settlement Endowment Trust (TSET) continues to support tobacco use prevention

and cessation efforts through community-based initiatives and the 1-800-QUIT-NOW line. Results have been fewer youth using tobacco, more Oklahomans quitting tobacco use, and the implementation of effective policies such as 24/7 tobacco-free policies in Oklahoma schools, universities, and businesses. Additionally, TSET is entering into a new and exciting phase of community-based funding initiatives that will focus on nutrition and fitness best practices. As these efforts are implemented in community partnerships across the state, models for effective fitness and nutrition interventions will begin to emerge, just as they have for tobacco use prevention and cessation.

Another bright spot continues to be in the area of childhood immunizations. The data show and the United Health Foundation recognizes Oklahoma as being in the top 20 states for children immunized between the ages of 19 and 35 months.

When looking at health care coverage, progress is also noted. Thanks to the Oklahoma Health Care Authority's "Insure Oklahoma" program, Oklahoma's rate of uninsured adults ages 18-64 continues to decrease. This is good news, and many more Oklahomans who previously could not afford coverage now have access to health care.

Still, much work needs to be done. Significant disparities exist between those who earn \$25,000 per year or less and those on the other end of the spectrum. We see similar disparities between those with a high school education or less and those with higher levels of education. Although not traditional focus areas of public health, these and other social determinants of health are absolutely critical to address if we ever hope to improve Oklahoma's overall health status to even average levels when compared to the rest of the United States.

How do we address these issues and other risk factors that contribute to Oklahoma's health outcomes? Certainly, the Oklahoma State Department of Health cannot work in isolation. It will take the collaboration of many partners, like local Turning Point partnerships, the faith community, schools, businesses, and our policymakers. Working together through long-term commitments, sustained efforts, and continued focus on the Oklahoma Health Improvement Plan, our key health status indicators will move in positive directions, *Creating a State of Health*.



# state report card



Indicator	U.S.	OK	Grade
<b>Mortality</b>			
Infant Mortality (per 1,000)	6.8	8.6	D
Total Mortality (per 100,000)	760.2	933.0	F
<b>Leading Causes of Death</b> (per 100,000)			
Heart Disease Deaths	190.9	242.1	F
Malignant Neoplasm (Cancer) Deaths	178.4	198.3	D
Cerebrovascular Disease (Stroke) Deaths	42.2	53.8	F
Chronic Lower Respiratory Disease Deaths	43.3	61.3	F
Unintentional Injury Deaths	40.0	58.5	F
Diabetes Deaths	22.5	29.4	F
Influenza/Pneumonia Deaths	16.2	20.1	D
Alzheimer's Disease Deaths	22.7	23.1	C
Nephritis (Kidney Disease) Deaths	14.5	15.7	C
Suicides	11.3	14.7	D
<b>Disease Rates</b>			
Diabetes Prevalence	8.3%	11.0%	F
Current Asthma Prevalence	8.8%	10.0%	D
Cancer Incidence (per 100,000)	481.7	498.9	C
<b>Risk Factors</b>			
Fruit & Vegetable Consumption	23.4%	14.6%	F
No Physical Activity	23.8%	31.4%	F
Current Smoking Prevalence	17.9%	25.5%	F
Obesity	26.9%	32.0%	D
Immunizations < 3	69.9%	70.2%	C
Seniors Influenza Vaccination	70.1%	72.3%	B
Seniors Pneumonia Vaccination	68.5%	72.1%	B
Limited Activity Days (average)	4.3	5.2	D
Poor Mental Health Days (average)	3.5	4.2	D
Poor Physical Health Days (average)	3.6	4.3	D
Good or Better Health Rating (average)	85.5	80.4	D
Teen Fertility (per 1,000)	22.1	30.4	D
First Trimester Prenatal Care	83.2%	76.3%	D
Low Birth Weight	8.2%	8.2%	C
Dental Visits - Adults	71.3%	57.9%	F
Usual Source of Care	81.0%	77.6%	C
<b>Socioeconomic Factors</b>			
No Insurance Coverage	14.3%	19.8%	D
Poverty	13.2%	15.7%	D
<b>New Indicators</b> (per 100,000)			
Occupational Fatalities	2.1	3.6	D
Preventable Hospitalizations	1762.6	2120.9	D





**T**here has never been a more critical time to invest in prevention than today. As this *State of the State's Health Report* shows, Oklahoma continues to face enormous challenges with our health status indicators.

While we have seen improvements in some areas such as immunization rates and health insurance coverage, other health concerns continue to plague our state including high rates of heart disease, obesity, diabetes, and stroke.

Even in the face of these challenges, the Oklahoma State Board of Health and the Oklahoma State Department of Health will not be deterred. As all of us deal with the realities of funding prevention priorities, we also seek new partnerships which will leverage available resources, sustain our public health workforce, and protect the health of all Oklahomans. Now is not the time to retreat. Now is the time to act.

Literally thousands of lives would be saved each year if Oklahoma's health status was just at the national average. Those lives represent mothers, fathers, brothers, sisters, our children and our future. But, we need your help to protect those lives. It will take all of us working together — faith partners, businesses, individuals, schools, local Turning Point partnerships, city councils, families and our state policymakers — to turn the tide and make a difference in our children's health, our obesity rates, and our tobacco use. Together, we can Create a State of Health.

The Oklahoma State Board of Health

Jenny Alexopoulos D.O.	Martha A Burger
R. Murali Krishna M.D.	Glenn Davis, D.D.S.
Curt Hart Wolfe	Kenneth R. Miller M.D.
Alfred Baldwin Jr	Ben L. Smith
	Ronald B. Woodson MD



# board of health

**Jenny Alexopoulos, DO, President** · Dr. Alexopoulos is board-certified by the American Osteopathic Board of Family Physicians. She is also the Associate Dean of Clinical Services and Professor of Family Medicine with the Oklahoma State University College of Osteopathic Medicine. Dr. Alexopoulos represents Ottawa, Delaware, Craig, Mayes, Nowata, Rogers, Washington, Tulsa, Pawnee, and Osage counties.

**R Murali Krishna, MD, Vice President** · Dr. Krishna is president and chief operating officer of INTEGRIS Mental Health; co-founder, president and chief operating officer of INTEGRIS Health James L. Hall, Jr. Center for Mind, Body and Spirit; founding chair, past-president, and current board member of the Health Alliance for the Uninsured; a clinical professor of Psychiatry at the University of Oklahoma Health Sciences Center Department of Psychiatry and Behavioral Science; past president of the Oklahoma County Medical Society; past president of the Oklahoma Psychiatric Association; and a distinguished life fellow of the American Psychiatric Association. Dr. Krishna represents Logan, Oklahoma, Cleveland, McClain, Garvin, Murray and Payne counties.

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

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

**Martha A Burger** · Ms. Burger is senior vice president, Human & Corporate Resources, Chesapeake Energy. She is also chair for the United Way of Central Oklahoma Campaign Cabinet. Additionally, she is on the Board of Directors for the Greater Oklahoma City Chamber, the Board of Trustees for the Oklahoma City University, the Board of Trustees for the University of Central Oklahoma, the Board of Trustees for the Oklahoma City Boathouse Foundation and the Central Oklahoma Humane Society, and is a member of the MAPS 3 Citizen's Advisory Board's Oklahoma River Subcommittee. Ms. Burger represents the state at large.

**Richard G Davis, DDS** · Dr. Davis has been practicing dentistry in Shawnee since 1978 and is a member of the American Dental Association and the Oklahoma Dental Association. He represents Creek, Lincoln, Okfuskee, Seminole, Pottawatomie, Pontotoc, Hughes, Johnston, and Coal counties.

**Kenneth Miller, MD** · Dr. Miller is board-certified with the American Board of Internal Medicine and practices in McAlester. He represents LeFlore, Latimer, Pittsburg, Atoka, Pushmataha, McCurtain, Choctaw, Bryan, Marshall, Carter, and Love counties.

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

**Ronald Woodson, MD** · Dr. Woodson is an interventional cardiologist, practicing in Lawton since 1982. He is also a fellow of the American College of Cardiology, board-certified by the American Board of Internal Medicine and Cardiovascular Diseases, and a member of the American State Medical Association and Oklahoma State Medical Association. Dr. Woodson is the co-founder and president of The Heart and Vascular Center of Lawton, the chief of staff-elect at Comanche County Memorial Hospital, and an associate professor of OU Family Practice Residency Program in Lawton. He represents Blaine, Kingfisher, Canadian, Caddo, Grady, Comanche, Jefferson, Stephens, and Cotton counties.

 indicator report cards

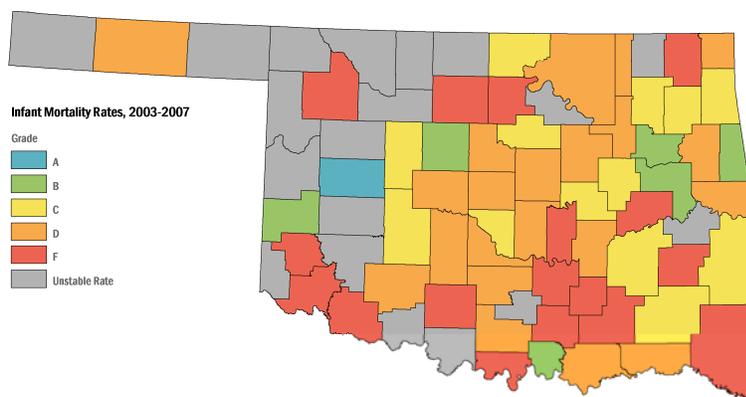


## infant mortality

### In 2007, Oklahoma's infant mortality rate (IMR) was 30 percent higher than the U.S. rate.

- Infant mortality rate measures the incidence of deaths for infants less than 1 year of age.
- In Oklahoma, there were 8.6 infant deaths for every 1,000 live births in 2007. This was 26 percent higher than the U.S. rate of 6.8 per 1,000.
- Since 1990, Oklahoma has consistently received a grade of D for its high infant mortality rate.
- Hispanics received the best grade (C) and have the lowest IMR (6.7) of any racial/ethnic group.
- The IMR for non-Hispanic blacks (18.0) was 2.3 times the rate of non-Hispanic whites (7.8).
- Mothers who were college graduates had the best IMR (5.4) and received a B.
- Mothers with less than a high school education received an F (12.1). Their IMR was more than two times that of college graduates (5.4).
- Mothers aged 25-34 years had a better IMR than either younger mothers aged 18-24 years or older mothers aged 35-44 years.
- Custer was Oklahoma's only county to receive an A with an IMR of 3.6.
- Seventeen counties in Oklahoma were given a failing grade with IMRs ranging from 9.2 to 17.1.
- Oklahoma's two largest counties, Oklahoma and Tulsa, received a D.
- In 2007, Oklahoma ranked 46<sup>th</sup> nationally for IMR. Only four states — South Carolina, Louisiana, Alabama, and Mississippi — were ranked lower.<sup>1</sup>
- The IMR worsened from the previous year in all regions of the state except for the southwest.

1. Xu JQ, Kochanek KD, Murphy SL, Tejada-Vera B. Deaths: Final data for 2007. *National Vital Statistics Reports*; vol 58 no 19. Hyattsville, MD: National Center for Health Statistics. 2010.



(RATE PER 1,000)      2006      2007      2007 GRADE

#### STATE COMPARISON

US	6.9	6.8	C
WASHINGTON (best)	4.7	4.8	B
OKLAHOMA	8.2	8.6	D
DC (worst)	14.6	13.1	F

#### MOTHER'S AGE IN YEARS

18 - 24	8.1	10.2	F
25 - 34	6.9	6.8	C
35 - 44	6.4	10.7	F
45 - 54	-	-	
55 - 64	NA	NA	
65 +	NA	NA	

#### CHILD'S GENDER

MALE	9.0	8.9	D
FEMALE	7.0	8.2	D

#### RACE/ETHNICITY

WHITE (NH)	6.9	7.8	D
BLACK (NH)	14.6	18.0	F
AMER INDIAN (NH)	9.9	8.6	D
HISPANIC	5.2	6.7	C

#### INCOME

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

#### MOTHER'S EDUCATION

< HS	11.1	12.1	F
HS	8.9	8.9	D
HS+	6.3	8.5	D
COLLEGE GRADUATE	4.1	5.4	B

#### HISTORIC

OK 1990		9.0	D
OK 1995		8.3	D
OK 2000		8.4	D
OK 2005		8.1	D
OK 2007		8.6	D

#### STATE REGION

CENTRAL	7.7	7.8	D
NE	6.9	8.1	D
NW	7.9	8.8	D
SE	7.6	9.1	F
SW	10.2	8.9	D
TULSA	8.7	9.4	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH= Non-Hispanic

# total mortality

(RATE PER 100,000)	2006	2007	2007 GRADE
<b>STATE COMPARISON</b>			
US	799.4	760.2	C
HAWAII (best)	628.2	607.4	A
OKLAHOMA	920.9	933.0	F
WEST VIRGINIA (worst)	943.2	951.7	F
<b>AGE IN YEARS</b>			
18 - 24	113.5	115.0	A
25 - 34	144.5	143.7	A
35 - 44	256.4	254.5	A
45 - 54	560.4	580.1	A
55 - 64	1147.6	1148.0	F
65 +	5306.4	5303.1	F
<b>GENDER</b>			
MALE	1093.3	1094.0	F
FEMALE	780.6	786.4	D
<b>RACE/ETHNICITY</b>			
WHITE (NH)	913.8	922.6	F
BLACK (NH)	1110.0	1094.9	F
AMER INDIAN (NH)	913.0	907.8	F
HISPANIC	471.6	475.2	A
<b>INCOME</b>			
< \$15k	NA	NA	
\$15k - 25k	NA	NA	
\$25k - 49k	NA	NA	
\$50k - 75k	NA	NA	
\$75k +	NA	NA	
<b>EDUCATION</b>			
< HS	NA	NA	
HS	NA	NA	
HS+	NA	NA	
COLLEGE GRADUATE	NA	NA	
<b>HISTORIC</b>			
OK 1990		958.3	F
OK 1995		958.8	F
OK 2000		968.3	F
OK 2005		956.4	F
OK 2007		922.3	F
<b>STATE REGION</b>			
CENTRAL	871.3	873.2	D
NE	919.2	930.5	F
NW	856.3	844.1	D
SE	1007.5	999.4	F
SW	988.7	989.3	F
TULSA	910.7	916.1	F

Note: A “-” is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH = Non-Hispanic

## Oklahoma’s death rate is one of the highest in the United States.

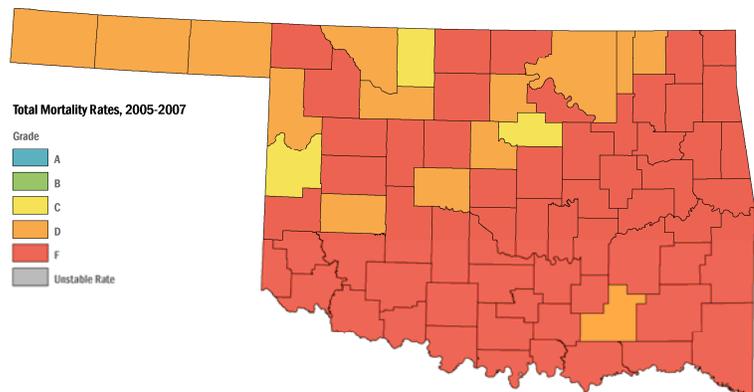
- Unhealthy lifestyles and behaviors contribute to most of today’s leading causes of death.<sup>1</sup>
- In 2007, more than 36,000 Oklahomans died, resulting in a mortality rate that was 23 percent higher than the national rate.<sup>2</sup>
- While the U.S. mortality rate dropped 22 percent over the last 20 years, Oklahoma’s rate only decreased 4 percent.<sup>3,4</sup>
- Oklahoma had the fifth highest rate of death from all causes in the U.S.<sup>2</sup>
- In Oklahoma, men had a significantly higher death rate (52 percent) than women.
- Hispanics had a death rate that was half that of other racial/ethnic groups in Oklahoma.
- The mortality rate was lowest in the northwest region of the state.
- There are several programs throughout the state focusing on improving behaviors that contribute to high mortality rates, such as the *Shape Your Future* initiative.

1 National Center for Health Statistics. Health, United States, 2009: With Special Feature on Medical Technology. Hyattsville, MD. 2010.

2 Xu JQ, Kochanek KD, Murphy SL, Tejada-Vera B. Deaths: Final data for 2007. *National Vital Statistics Reports*; vol 58 no 19. Hyattsville, MD: National Center for Health Statistics. 2010.

3 Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2007. CDC WONDER On-line Database. Accessed at <http://wonder.cdc.gov/cmfi-icd10.html>.

4 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>.

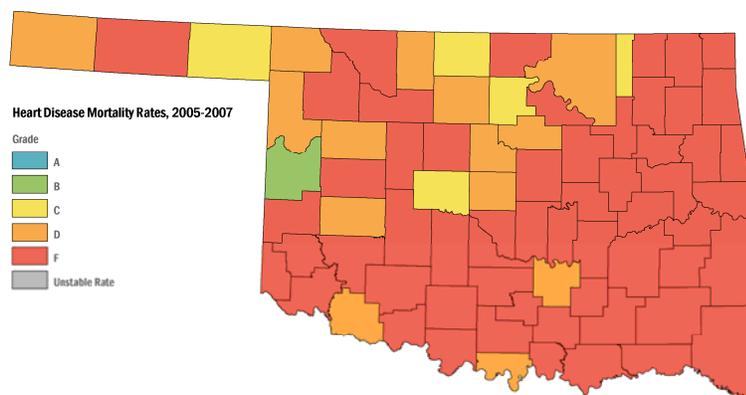


## heart disease deaths

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

- Oklahoma had the second highest rate of death due to heart disease in the nation and was 27 percent above the U.S. rate.
- In 2007, more than 9,600 Oklahomans died from heart disease.
- The rate of death due to heart disease dropped by 41 percent since 1990 in the U.S., but only 31 percent in Oklahoma.<sup>1,2</sup>
- The rate of death due to heart disease was 49 percent higher among men than women in Oklahoma.
- In Oklahoma, the rate of heart disease deaths among non-Hispanic blacks was 28 percent higher than the rate among non-Hispanic whites, and more than 230 percent higher than the rate among Hispanics.
- High blood pressure, high cholesterol, smoking, physical inactivity, obesity, poor diet, and diabetes are the leading causes of cardiovascular disease.<sup>3</sup>
- Smoke-free environments, better food choices, improved labeling, and decreased salt content of foods can help prevent heart disease.<sup>3</sup>
- The Oklahoma Heart Disease and Stroke Prevention Program focuses on policy, environmental factors, and systems changes to promote heart health and moderate unhealthy behaviors.
- The Oklahoma Heart Disease and Stroke Prevention Program works with healthcare systems on secondary prevention efforts, such as improving blood pressure control, within the adult population.

- Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1979-1998. CDC WONDER Online Database, compiled from Compressed Mortality File (CMF) 1968-1988 Series 20 No. 2A, 2000 and CMF 1989-1998 Series 20 No. 2E, 2003.
- Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2007. CDC WONDER Online Database, compiled from Compressed Mortality File 1999-2007 Series 20 No. 2M, 2010.
- 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.



(RATE PER 100,000) 2006 2007 2007 GRADE

#### STATE COMPARISON

US	211.4	190.9	C
MINNESOTA (best)	143.5	129.8	A
OKLAHOMA	251.0	242.1	F
MISSISSIPPI (worst)	293.3	266.5	F

#### AGE IN YEARS

18 - 24	2.7	1.6	A
25 - 34	13.0	10.8	A
35 - 44	40.4	40.2	A
45 - 54	123.5	132.3	A
55 - 64	299.7	293.1	F
65 +	1633.9	1563.9	F

#### GENDER

MALE	315.1	296.8	F
FEMALE	200.5	198.9	C

#### RACE/ETHNICITY

WHITE (NH)	250.6	243.5	F
BLACK (NH)	302.9	312.2	F
AMER INDIAN (NH)	237.0	208.9	D
HISPANIC	103.1	94.1	A

#### INCOME

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

#### EDUCATION

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

#### HISTORIC

OK 1990		345.7	F
OK 1995		325.1	F
OK 2000		309.5	F
OK 2005		262.3	F
OK 2007		242.1	F

#### STATE REGION

CENTRAL	232.3	218.9	D
NE	249.1	244.9	F
NW	236.4	229.6	D
SE	281.6	281.8	F
SW	277.7	267.0	F
TULSA	238.9	223.2	D

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH= Non-Hispanic

# malignant neoplasm (cancer) deaths

(RATE PER 100,000)	2006	2007	2007 GRADE
<b>STATE COMPARISON</b>			
US	183.9	178.4	C
UTAH (best)	136.9	128.8	A
OKLAHOMA	195.0	198.3	D
KENTUCKY (worst)	218.2	213.5	F
<b>AGE IN YEARS</b>			
18 - 24	4.3	4.6	A
25 - 34	10.9	7.8	A
35 - 44	36.4	32.4	A
45 - 54	134.1	142.3	A
55 - 64	377.4	371.0	F
65 +	1075.7	1103.4	F
<b>GENDER</b>			
MALE	236.3	248.6	F
FEMALE	165.9	162.9	B
<b>RACE/ETHNICITY</b>			
WHITE (NH)	195.9	201.6	D
BLACK (NH)	234.3	223.6	F
AMER INDIAN (NH)	177.3	175.8	C
HISPANIC	89.4	90.6	A
<b>INCOME</b>			
< \$15k	NA	NA	
\$15k - 25k	NA	NA	
\$25k - 49k	NA	NA	
\$50k - 75k	NA	NA	
\$75k +	NA	NA	
<b>EDUCATION</b>			
< HS	NA	NA	
HS	NA	NA	
HS+	NA	NA	
COLLEGE GRADUATE	NA	NA	
<b>HISTORIC</b>			
OK 1990		209.0	F
OK 1995		208.1	F
OK 2000		204.0	F
OK 2005		196.8	D
OK 2007		198.3	D
<b>STATE REGION</b>			
CENTRAL	182.4	180.1	C
NE	199.8	205.4	F
NW	176.2	183.7	C
SE	210.2	218.4	F
SW	211.1	206.0	F
TULSA	192.5	200.6	D

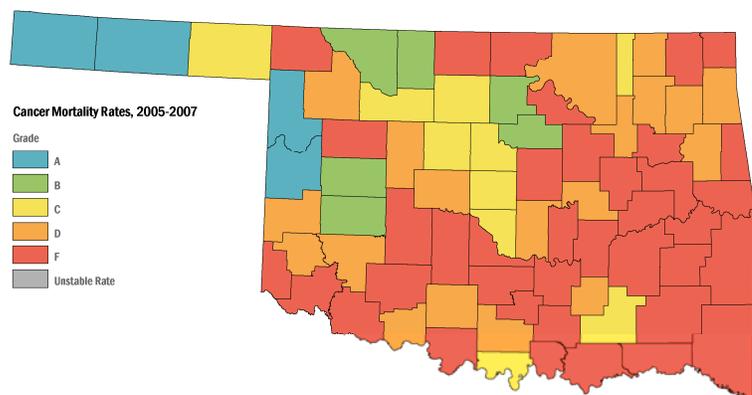
Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH = Non-Hispanic

## Cancer was the second leading cause of death in 2007.

- Cancer is responsible for nearly one out of every four deaths in the U.S.<sup>1</sup>
- Oklahoma had the seventh highest rate of cancer deaths in the U.S.<sup>2</sup>
- The rate of cancer deaths increased steadily with age. The highest rates occurred after age 55.
- Cancer death rates were 53 percent higher among men than women.
- While the rate of cancer deaths among men is higher than among women, they have slowly dropped over time. Conversely, the cancer death rate among women has changed very little.
- The U.S. rate of death due to cancer has dropped 11 percent since 1999. Oklahoma is only three percent lower than the 1999 rate.<sup>1</sup>
- Cancer death rates were highest among whites and black non-Hispanics. These rates were more than twice as high as the rate for Hispanics.
- Central Oklahoma had the lowest death rate. This may be due to better access to care in the Oklahoma City metropolitan area.
- 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.
- 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 1999-2007. CDC WONDER Online Database, compiled from Compressed Mortality File 1999-2007 Series 20 No. 2M, 2010. Accessed at <<http://wonder.cdc.gov/cmfi-icd10.html>>.

2 American Cancer Society. *Cancer Facts & Figures 2010*. Atlanta: American Cancer Society; 2010.



## cerebrovascular disease (stroke) deaths

### Oklahoma has one of the five highest rates of death due to stroke in the U.S.

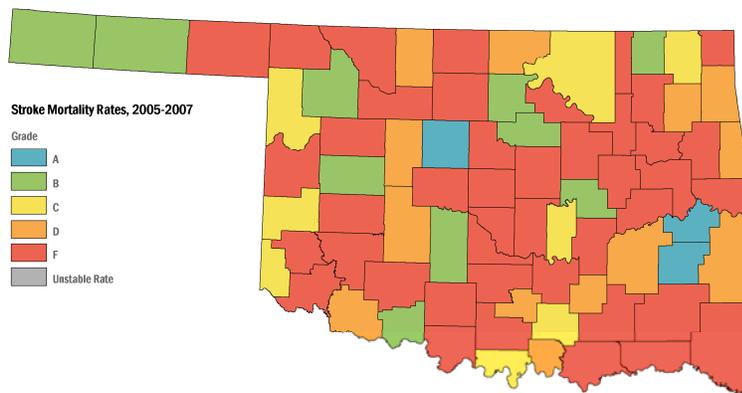
- Stroke was the fifth leading cause of death in Oklahoma in 2007, resulting in more than 2,100 deaths.
- The stroke mortality rate decreased by 36 percent since 1990 in the U.S. but only decreased 24 percent in Oklahoma.<sup>1,2</sup>
- Seniors (age 65+) had a rate much higher than other age groups.
- The stroke death rate was similar among Oklahoma men and women.
- In Oklahoma, the stroke death rate for non-Hispanic blacks was 40 percent higher than non-Hispanic whites and almost 170 percent higher than Hispanics.
- About 87 percent of strokes are ischemic (blockages) and about 13 percent are hemorrhagic (bleeding).<sup>3</sup>
- Stroke is a leading cause of long-term disability in the United States.<sup>3</sup>
- High blood pressure, smoking, diabetes, high cholesterol, obesity, and physical inactivity are risk factors for stroke that can be changed.<sup>4</sup>
- In order to reduce stroke deaths, the Oklahoma Heart Disease and Stroke Prevention Program works with many partners through the Oklahoma State Stroke System Advisory Committee (OSSSAC) to provide stroke education and advocate for policy change.

1 Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1979-1998. CDC WONDER Online Database, compiled from Compressed Mortality File (CMF) 1968-1988 Series 20 No. 2A, 2000 and CMF 1989-1998 Series 20 No. 2E, 2003.

2 Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2007. CDC WONDER Online Database, compiled from Compressed Mortality File 1999-2007 Series 20 No. 2M, 2010.

3 American Heart Association. Heart Disease and Stroke Statistics - 2010 Update. Dallas, Texas.

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



(RATE PER 100,000)	2006	2007	2007 GRADE
<b>STATE COMPARISON</b>			
US	46.6	42.2	C
NEW YORK (best)	31.1	28.2	A
OKLAHOMA	53.4	53.8	F
ARKANSAS (worst)	58.9	57.4	F
<b>AGE IN YEARS</b>			
18 - 24	-	-	
25 - 34	-	2.7	A
35 - 44	4.9	6.9	A
45 - 54	19.2	19.5	A
55 - 64	42.3	38.8	B
65 +	377.5	378.6	F
<b>GENDER</b>			
MALE	53.1	53.2	F
FEMALE	52.5	53.4	F
<b>RACE/ETHNICITY</b>			
WHITE (NH)	52.3	53.2	F
BLACK (NH)	79.2	74.5	F
AMER INDIAN (NH)	38.5	44.5	C
HISPANIC	36.1	27.7	A
<b>INCOME</b>			
< \$15k	NA	NA	
\$15k - 25k	NA	NA	
\$25k - 49k	NA	NA	
\$50k - 75k	NA	NA	
\$75k +	NA	NA	
<b>EDUCATION</b>			
< HS	NA	NA	
HS	NA	NA	
HS+	NA	NA	
COLLEGE GRADUATE	NA	NA	
<b>HISTORIC</b>			
OK 1990		70.8	F
OK 1995		68.9	F
OK 2000		68.6	F
OK 2005		58.4	F
OK 2007		53.8	F
<b>STATE REGION</b>			
CENTRAL	53.3	51.5	D
NE	51.7	52.6	F
NW	49.4	47.9	D
SE	53.5	50.2	D
SW	55.1	59.1	F
TULSA	57.1	61.6	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH= Non-Hispanic

# chronic lower respiratory disease deaths

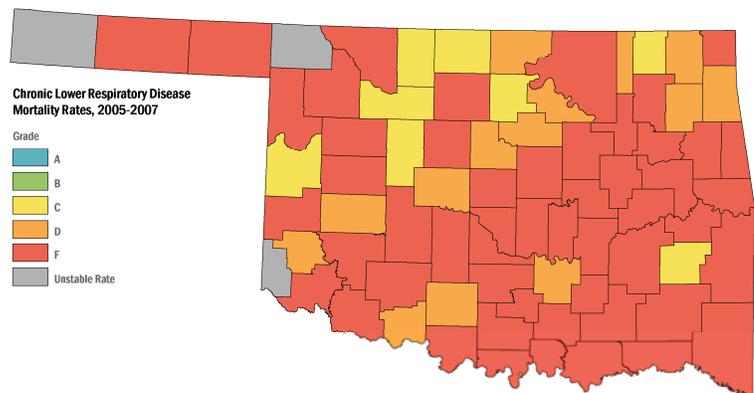
(RATE PER 100,000)	2006	2007	2007 GRADE
<b>STATE COMPARISON</b>			
US	43.3	40.8	C
HAWAII (best)	19.5	19.4	A
OKLAHOMA (worst)	57.2	61.3	F
<b>AGE IN YEARS</b>			
18 - 24	-	-	
25 - 34	-	-	
35 - 44	3.8	3.7	A
45 - 54	16.6	20.1	A
55 - 64	75.7	76.1	F
65 +	376.7	407.4	F
<b>GENDER</b>			
MALE	69.3	75.3	F
FEMALE	49.4	52.5	F
<b>RACE/ETHNICITY</b>			
WHITE (NH)	60.0	65.0	F
BLACK (NH)	35.1	38.3	C
AMER INDIAN (NH)	43.9	45.1	D
HISPANIC	12.0	20.3	A
<b>INCOME</b>			
< \$15k	NA	NA	
\$15k - 25k	NA	NA	
\$25k - 49k	NA	NA	
\$50k - 75k	NA	NA	
\$75k +	NA	NA	
<b>EDUCATION</b>			
< HS	NA	NA	
HS	NA	NA	
HS+	NA	NA	
COLLEGE GRADUATE	NA	NA	
<b>HISTORIC</b>			
OK 1990		41.0	C
OK 1995		45.1	D
OK 2000		54.2	F
OK 2005		62.5	F
OK 2007		61.3	F
<b>STATE REGION</b>			
CENTRAL	55.7	58.6	F
NE	55.9	63.2	F
NW	52.8	55.6	F
SE	66.3	69.4	F
SW	57.8	62.9	F
TULSA	56.1	57.5	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH = Non-Hispanic

## Chronic Obstructive Pulmonary Disease (COPD) is the major cause of chronic lower respiratory disease deaths in Oklahoma.

- Chronic lower respiratory diseases, e.g., COPD, emphysema, chronic bronchitis, and asthma, are the third leading cause of death in Oklahoma.<sup>1</sup>
- COPD is responsible for 98 percent of deaths from chronic lower respiratory diseases in Oklahoma.<sup>1</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>
- Cigarette smoking is the leading cause of COPD, and secondhand smoke is associated with a 10-43 percent increase in risk of COPD in adults.<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>
- Men had much higher death rates due to chronic lower respiratory diseases than women.
- The rate of death due to chronic lower respiratory disease was higher among whites than minority groups.

- 1 Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2007. CDC WONDER On-line Database, compiled from Compressed Mortality File 1999-2007 Series 20 No. 2M, 2010. Accessed at <<http://wonder.cdc.gov/cmfi-icd10.html>>
- 2 American Lung Association, *Trends in COPD (Chronic bronchitis and emphysema) Morbidity and Mortality*. American Lung Association, Washington, DC. 2007.



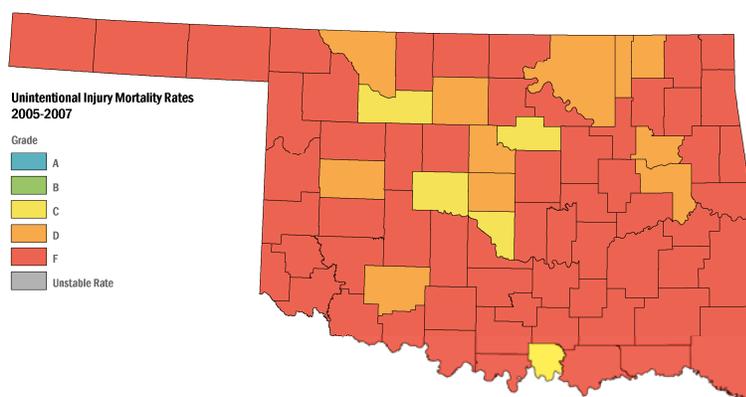
## unintentional injury deaths

### Injuries are the leading cause of death among Oklahomans ages 1 to 44.

- Unintentional injuries accounted for more premature deaths before age 65 than heart disease, stroke, and diabetes combined.<sup>1</sup>
- Approximately 2,100 Oklahomans die every year from an unintentional injury.<sup>1</sup>
- Oklahoma's death rates due to motor vehicle crashes, drowning, and fire/burns were higher than the national average.<sup>1</sup>
- Unintentional injuries accounted for 1 of every 17 deaths.<sup>1</sup>
- Males were almost two times more likely to die from unintentional injuries than females.<sup>1</sup> The unintentional injury death rate was highest among American Indians.
- The average medical cost for a non-fatal injury hospitalization was \$22,000.<sup>1</sup>
- The leading cause of unintentional injury death in Oklahoma was traffic crashes, followed by poisonings and falls.<sup>2</sup>
- Drowning was the leading cause of injury deaths among children ages 1 to 4.<sup>2</sup>
- Poisoning was the leading cause of unintentional injury death among persons 25 to 54 years of age,<sup>2</sup> largely due to the misuse of prescription drugs.
- Falls were the leading cause of unintentional injury death among persons aged 65 and older.<sup>2</sup>
- Current prevention efforts include child safety seat programs, smoke alarm installations, poisoning education, and Tai Chi classes to prevent falls among older adults.

1 Oklahoma State Department of Health, Injury Prevention Service. *Injuries in Oklahoma, 2004-2008*. Retrieved from <[http://www.ok.gov/health/documents/Injuries\\_in\\_OK\\_2004-2008.pdf](http://www.ok.gov/health/documents/Injuries_in_OK_2004-2008.pdf)>.

2 Centers for Disease Control and Prevention. WISQARS, 2007 data. Retrieved from <<http://www.cdc.gov/injury/wisqars/index.html>>.



(RATE PER 100,000)	2006	2007	2007 GRADE
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#### STATE COMPARISON

US	39.1	40.0	C
NEW YORK (best)	23.0	25.3	B
OKLAHOMA	56.3	58.5	F
NEW MEXICO (worst)	67.3	66.7	F

#### AGE IN YEARS

18 - 24	58.3	65.1	F
25 - 34	56.8	58.8	F
35 - 44	62.9	67.0	F
45 - 54	68.6	67.4	F
55 - 64	46.7	58.5	F
65 +	119.2	122.0	F

#### GENDER

MALE	75.2	75.9	F
FEMALE	38.3	42.1	C

#### RACE/ETHNICITY

WHITE (NH)	56.8	59.8	F
BLACK (NH)	44.3	47.3	D
AMER INDIAN (NH)	77.6	76.0	F
HISPANIC	35.9	43.7	C

#### INCOME

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

#### EDUCATION

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

#### HISTORIC

OK 1990		41.6	C
OK 1995		41.4	C
OK 2000		40.6	C
OK 2005		56.4	F
OK 2007		58.5	F

#### STATE REGION

CENTRAL	42.5	47.3	D
NE	62.1	58.5	F
NW	54.7	50.6	D
SE	72.1	74.0	F
SW	65.7	75.5	F
TULSA	52.3	56.3	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH= Non-Hispanic

# diabetes deaths

(RATE PER 100,000)	2006	2007	2007 GRADE
<b>STATE COMPARISON</b>			
US	24.6	22.5	C
NEVADA (best)	12.8	12.9	A
OKLAHOMA	30.3	29.4	F
WEST VIRGINIA (worst)	33.2	35.5	F
<b>AGE IN YEARS</b>			
18 - 24	-	-	
25 - 34	4.6	1.8	A
35 - 44	8.1	8.2	A
45 - 54	20.9	17.0	B
55 - 64	54.7	51.4	F
65 +	165.7	168.1	F
<b>GENDER</b>			
MALE	34.0	34.2	F
FEMALE	27.5	25.8	D
<b>RACE/ETHNICITY</b>			
WHITE (NH)	26.5	25.8	D
BLACK (NH)	60.8	55.8	F
AMER INDIAN (NH)	58.9	60.4	F
HISPANIC	22.4	27.3	D
<b>INCOME</b>			
< \$15k	NA	NA	
\$15k - 25k	NA	NA	
\$25k - 49k	NA	NA	
\$50k - 75k	NA	NA	
\$75k +	NA	NA	
<b>EDUCATION</b>			
< HS	NA	NA	
HS	NA	NA	
HS+	NA	NA	
COLLEGE GRADUATE	NA	NA	
<b>HISTORIC</b>			
OK 1990		16.0	B
OK 1995		18.6	B
OK 2000		26.8	D
OK 2005		32.1	F
OK 2007		29.4	F
<b>STATE REGION</b>			
CENTRAL	23.9	26.7	D
NE	31.5	31.7	F
NW	29.1	30.7	F
SE	35.5	30.9	F
SW	36.9	34.7	F
TULSA	28.9	23.1	C

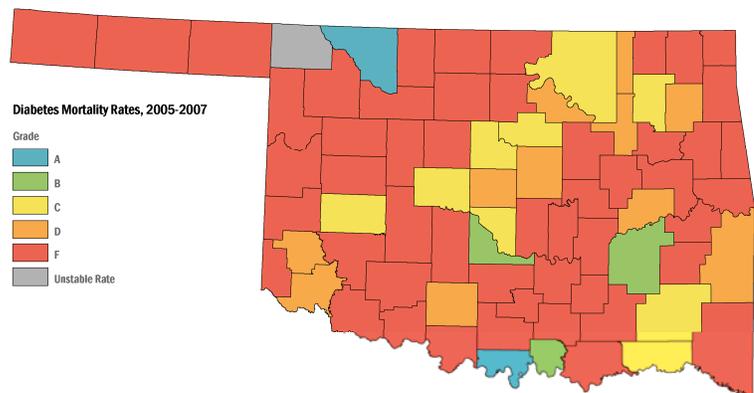
Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH = Non-Hispanic

The diabetes mortality rate in Oklahoma was significantly higher than the national average.

- Diabetes is the sixth leading cause of death in Oklahoma.<sup>1</sup>
- Oklahoma had the fourth highest diabetes death rate in the nation.<sup>1</sup>
- Men had higher diabetes mortality than women.
- Seniors (age 65+) had much higher rates of death due to diabetes.
- Non-Hispanic blacks and non-Hispanic American Indians had higher diabetes mortality rates than non-Hispanic whites.
- Diabetes death rates were highest in the southwest region of Oklahoma.
- The risk for death among those with diabetes is double that of people without diabetes regardless of age.<sup>2</sup>
- Cardiovascular disease is the major complication and the leading cause of premature death among people with diabetes.<sup>2</sup>
- Diabetes-related health expenditures were estimated at \$3.28 billion in Oklahoma.<sup>2</sup>

1 Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2007. CDC WONDER On-line Database, compiled from Compressed Mortality File 1999-2007 Series 20 No. 2M, 2010. Accessed at <<http://wonder.cdc.gov/cmfi-icd10.html>>.

2 Oklahoma State Department of Health, Chronic Disease Service. *Diabetes Surveillance Report, Oklahoma 2008*.



# influenza/pneumonia deaths

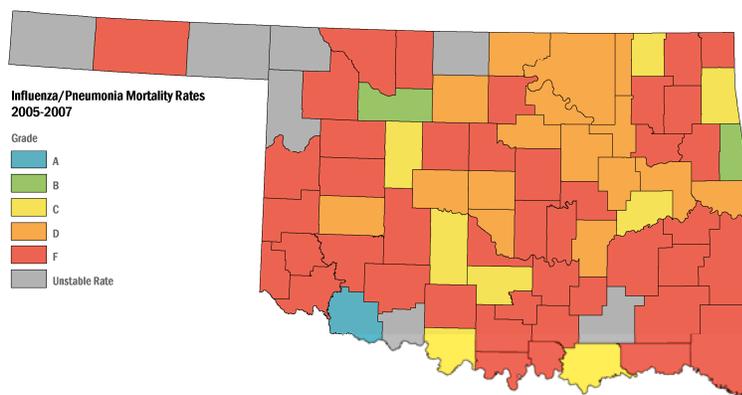
## Influenza and pneumonia are the eighth leading cause of death in the U.S.

- Influenza (“flu”) is a highly contagious respiratory viral infection that usually occurs seasonally.
- Flu causes more than 200,000 people to be hospitalized and roughly 36,000 deaths each year in the U.S. due to flu complications.
- 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 are recommended to receive an annual “flu” vaccination to provide protection against three different strains of the virus.
- Only one dose of the “pneumonia shot” is recommended for persons age 19+ with chronic medical conditions or for all persons age 65+. Those who received the pneumonia shot before age 65 should receive a second dose when they reach age 65 or wait until at least five years have passed since the first dose.<sup>1</sup>
- Children younger than 2 years should receive four doses of pneumococcal conjugate vaccine. An additional dose is recommended before age 5 or for children age 6-18 who are at higher risk of developing invasive pneumococcal disease.<sup>2</sup>
- Immunization outreach is working to vaccinate 90 percent of Oklahoma seniors (65+) against influenza and pneumonia,<sup>3</sup> which will help to lower our state’s mortality rate from these diseases.

1 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.

2 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.

3 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.



(RATE PER 100,000)	2006	2007	2007 GRADE
<b>STATE COMPARISON</b>			
US	17.8	16.2	C
FLORIDA (best)	9.7	8.6	A
OKLAHOMA	22.7	20.1	D
TENNESSEE (worst)	24.8	22.5	F
<b>AGE IN YEARS</b>			
18 - 24	-	-	
25 - 34	-	-	
35 - 44	4.9	3.9	A
45 - 54	8.4	6.3	A
55 - 64	15.3	17.4	C
65 +	156.8	139.8	F
<b>GENDER</b>			
MALE	26.4	24.2	F
FEMALE	20.5	17.5	D
<b>RACE/ETHNICITY</b>			
WHITE (NH)	23.1	20.5	D
BLACK (NH)	22.8	15.9	C
AMER INDIAN (NH)	16.0	19.5	D
HISPANIC	12.1	15.4	C
<b>INCOME</b>			
< \$15k	NA	NA	
\$15k - 25k	NA	NA	
\$25k - 49k	NA	NA	
\$50k - 75k	NA	NA	
\$75k +	NA	NA	
<b>EDUCATION</b>			
< HS	NA	NA	
HS	NA	NA	
HS+	NA	NA	
COLLEGE GRADUATE	NA	NA	
<b>HISTORIC</b>			
OK 1990		41.0	F
OK 1995		39.3	F
OK 2000		24.3	F
OK 2005		24.8	F
OK 2007		20.1	D
<b>STATE REGION</b>			
CENTRAL	21.7	17.2	C
NE	22.0	21.9	F
NW	26.0	17.4	C
SE	24.2	25.1	F
SW	22.1	22.6	F
TULSA	21.9	16.9	C

Note: A “-” is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH= Non-Hispanic

# alzheimer's disease deaths

(RATE PER 100,000)	2006	2007	2007 GRADE
<b>STATE COMPARISON</b>			
US	22.9	22.7	C
NEW YORK (best)	9.4	8.8	A
OKLAHOMA	23.5	23.1	C
WASHINGTON (worst)	37.1	40.7	F
<b>AGE IN YEARS</b>			
18 - 24	-	-	
25 - 34	-	-	
35 - 44	-	-	
45 - 54	-	-	
55 - 64	2.6	2.8	A
65 +	194.0	191.0	F
<b>GENDER</b>			
MALE	18.9	17.7	B
FEMALE	26.2	26.3	D
<b>RACE/ETHNICITY</b>			
WHITE (NH)	24.2	24.0	C
BLACK (NH)	28.3	23.0	C
AMER INDIAN (NH)	11.4	11.5	A
HISPANIC	-	10.3	A
<b>INCOME</b>			
< \$15k	NA	NA	
\$15k - 25k	NA	NA	
\$25k - 49k	NA	NA	
\$50k - 75k	NA	NA	
\$75k +	NA	NA	
<b>EDUCATION</b>			
< HS	NA	NA	
HS	NA	NA	
HS+	NA	NA	
COLLEGE GRADUATE	NA	NA	
<b>HISTORIC</b>			
OK 1990		5.1	A
OK 1995		6.0	A
OK 2000		17.4	B
OK 2005		26.0	D
OK 2007		23.1	C
<b>STATE REGION</b>			
CENTRAL	18.9	21.1	C
NE	25.5	24.3	C
NW	19.5	18.1	B
SE	24.8	23.1	C
SW	26.0	26.8	D
TULSA	26.4	23.7	C

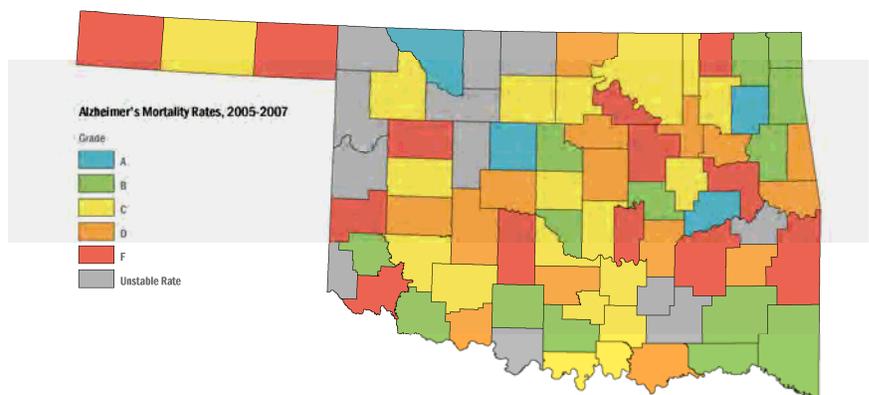
Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH = Non-Hispanic

## Alzheimer's Disease deaths occur almost exclusively among seniors.

- Alzheimer's Disease was the seventh leading cause of deaths among Oklahomans. In 2007, it was the sixth leading cause of death in the U.S.<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>
- Though there is no known cause of Alzheimer's disease, age and family history are two primary risk factors.<sup>2</sup>
- The rate of deaths in Oklahoma due to Alzheimer's Disease was close to the national average.
- Oklahoma's death rate due to Alzheimer's Disease peaked in 2005 and declined 11 percent by 2007.
- Because the disease occurs most commonly among older adults, the mortality rate is highest among those aged 65+. Few deaths occurred to those in the 55-64 age group and none occurred in people less than 55 years.
- The rate of deaths due to Alzheimer's Disease was 49 percent higher among women compared to men in Oklahoma, and more than twice as high among non-Hispanic whites and blacks compared to American Indians and Hispanics.
- The rate of deaths due to Alzheimer's Disease was lowest in the northwest region of the state and highest in Oklahoma's southwest region.

1 National Institute on Aging. Alzheimer's Information. Retrieved from <<http://www.nia.nih.gov/Alzheimers/Alzheimer6sInformation>>.

2 Xu JQ, Kochanek KD, Murphy SL, Tejada-Vera B. Deaths: Final data for 2007. National Vital Statistics Reports; vol 58 no 19. Hyattsville, MD: National Center for Health Statistics. 2010.



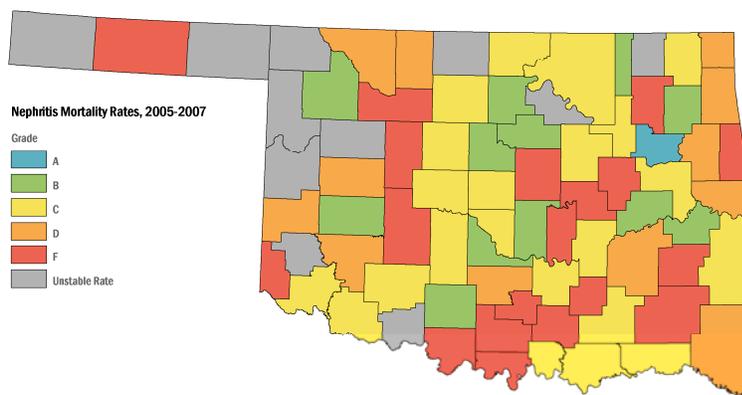
## nephritis (kidney disease) deaths

### Kidney diseases (nephritis, nephrotic syndrome and nephrosis) were the ninth leading cause of death in Oklahoma.<sup>2</sup>

- Chronic renal failure and end-stage kidney disease accounted for 82.1 percent of deaths from renal failure in Oklahoma.<sup>2</sup>
- Diabetes is the leading cause of renal failure, and responsible for 44 percent of new cases in Oklahoma.<sup>2</sup>
- About half of people who began treatment for end-stage kidney disease in Oklahoma had diabetes.<sup>2</sup>
- One percent of hospital admissions for people with diabetes also had chronic kidney disease.<sup>2</sup>
- Men had significantly higher prevalence of chronic kidney disease than women.
- Non-Hispanic blacks and American Indians had significantly higher prevalence of chronic kidney disease than whites.

1 Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2007. CDC WONDER Online Database, compiled from Compressed Mortality File 1999-2007 Series 20 No. 2M, 2010. Accessed at <<http://wonder.cdc.gov/cmfi-icd10.html>>.

2 Oklahoma State Department of Health, Chronic Disease Service. *Diabetes Surveillance Report, Oklahoma 2008*.



(RATE PER 100,000)	2006	2007	2007 GRADE
<b>STATE COMPARISON</b>			
US	14.3	14.5	C
NORTH DAKOTA (best)	6.5	6.2	A
OKLAHOMA	15.4	15.7	C
LOUISIANA (worst)	27.3	26.9	F
<b>AGE IN YEARS</b>			
18 - 24	-	-	
25 - 34	1.7	-	
35 - 44	2.8	1.5	A
45 - 54	5.6	5.3	A
55 - 64	15.3	13.9	C
65 +	101.7	108.5	F
<b>GENDER</b>			
MALE	18.6	16.8	C
FEMALE	13.3	15.2	C
<b>RACE/ETHNICITY</b>			
WHITE (NH)	13.3	14.7	C
BLACK (NH)	37.3	31.6	F
AMER INDIAN (NH)	21.9	23.4	F
HISPANIC	-	-	
<b>INCOME</b>			
< \$15k	NA	NA	
\$15k - 25k	NA	NA	
\$25k - 49k	NA	NA	
\$50k - 75k	NA	NA	
\$75k +	NA	NA	
<b>EDUCATION</b>			
< HS	NA	NA	
HS	NA	NA	
HS+	NA	NA	
COLLEGE GRADUATE	NA	NA	
<b>HISTORIC</b>			
OK 1990		12.1	C
OK 1995		11.9	B
OK 2000		14.7	C
OK 2005		14.9	C
OK 2007		15.7	C
<b>STATE REGION</b>			
CENTRAL	12.5	14.0	C
NE	13.6	18.4	D
NW	18.4	15.0	C
SE	16.7	17.0	D
SW	18.5	15.9	C
TULSA	16.2	13.5	C

Note: A “-” is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH= Non-Hispanic

# suicides

(RATE PER 100,000)	2006	2007	2007 GRADE
<b>STATE COMPARISON</b>			
US	10.9	11.3	C
DC (best)	5.2	5.8	A
OKLAHOMA	14.9	14.7	D
ALASKA (worst)	20.0	22.1	F
<b>AGE IN YEARS</b>			
18 - 24	15.6	12.5	C
25 - 34	18.0	18.4	F
35 - 44	23.8	21.3	F
45 - 54	21.9	26.0	F
55 - 64	20.0	14.4	D
65 +	15.4	18.7	F
<b>GENDER</b>			
MALE	24.5	23.5	F
FEMALE	6.1	6.8	B
<b>RACE/ETHNICITY</b>			
WHITE (NH)	16.0	15.8	D
BLACK (NH)	5.6	6.5	B
AMER INDIAN (NH)	13.1	13.2	C
HISPANIC	8.7	9.4	B
<b>INCOME</b>			
< \$15k	NA	NA	
\$15k - 25k	NA	NA	
\$25k - 49k	NA	NA	
\$50k - 75k	NA	NA	
\$75k +	NA	NA	
<b>EDUCATION</b>			
< HS	NA	NA	
HS	NA	NA	
HS+	NA	NA	
COLLEGE GRADUATE	NA	NA	
<b>HISTORIC</b>			
OK 1990		13.2	D
OK 1995		14.5	D
OK 2000		13.6	D
OK 2005		14.5	D
OK 2007		14.7	D
<b>STATE REGION</b>			
CENTRAL	13.7	11.9	C
NE	16.0	16.0	D
NW	13.0	12.9	C
SE	20.0	17.3	F
SW	13.0	14.8	D
TULSA	14.3	16.3	D

Note: A “-” is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH = Non-Hispanic

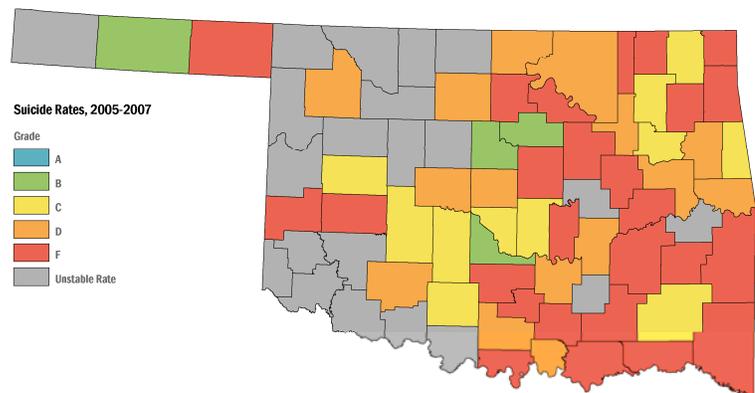
## Suicide is the leading cause of intentional deaths in Oklahoma.

- Suicide deaths outnumber homicides by more than two-to-one.<sup>1</sup>
- The suicide rate in Oklahoma was 30 percent higher than the U.S. rate.
- Suicide rates tended to be higher in the southeast area of Oklahoma.
- Men were three times more likely than women to kill themselves.
- Non-Hispanic whites and American Indians had higher rates of suicide than blacks or Hispanics.
- One in 5 suicide victims had a history of suicide attempts and 30 percent had shared their intent/feelings with another person.<sup>2</sup>
- Firearms were the most common means of suicide, followed by hanging and poisoning.<sup>2</sup>
- Men used firearms more often than women to kill themselves, while women used poison more often.<sup>2</sup>
- For every suicide death, there were approximately 4.5 people hospitalized for a suicide attempt or non-fatal, self-inflicted injury.<sup>3</sup>
- Women had higher rates of non-fatal self-inflicted injuries than men, and poisoning was the leading cause of hospitalized non-fatal self-inflicted injuries.<sup>3</sup>
- Issues that are most likely to increase a person’s risk for suicide are mental illness, intimate partner problems, and physical health problems.<sup>2</sup>

1 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2007) [cited 2010Dec 17]. Available at <[www.cdc.gov/ncipc/wisqars](http://www.cdc.gov/ncipc/wisqars)>.

2 Oklahoma State Department of Health, Injury Prevention Service. (2010). Summary of Violent Deaths in Oklahoma, Oklahoma Violent Death Reporting System, 2004-2007. Available at <[http://www.ok.gov/health/documents/Violent percent20Deaths percent202004-2007.pdf](http://www.ok.gov/health/documents/Violent%20Deaths%202004-2007.pdf)>.

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



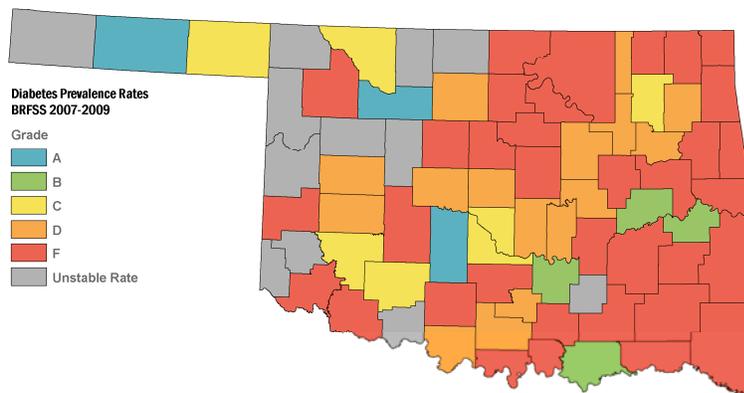
# diabetes prevalence

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

- Approximately 304,500 Oklahomans age 18+ have been diagnosed with diabetes.<sup>1</sup>
- Oklahoma ranked seventh highest in the nation for the prevalence of people living with diabetes in 2009. Oklahoma has been consistently in the top ten for several years.<sup>1</sup>
- Minority populations reported higher prevalence of diabetes than whites.
- Adults with older age, lower annual household incomes, or less education tended to report higher prevalence of diabetes.
- The prevalence of diabetes was higher among people living in the eastern part of the state.
- Adults who have ever been diagnosed with diabetes are more likely to report having cardiovascular diseases.<sup>2</sup>
- One in 5 hospital admissions in Oklahoma include a diagnosis of diabetes.<sup>2</sup>
- Lack of physical activity is one of the major risk factors of diabetes. Oklahoma adults who participated in leisure-time physical activity reported significantly lower prevalence of diabetes.<sup>2</sup>
- Obesity (Body Mass Index, BMI $\geq$ 30) and overweight (25 $\leq$ BMI $<$ 30) are risk factors of diabetes. Diabetes is more common among persons with higher BMI.<sup>2</sup>
- Health expenditures of diabetes in Oklahoma were estimated at \$3.28 billion.<sup>2</sup>
- Cardiovascular disease is the major complication and the leading cause of premature death among people with diabetes.<sup>2</sup>

1 Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: US. Department of Health and Human Services, Centers for Disease Control and Prevention, 2009.

2 Oklahoma State Department of Health, Chronic Disease Service. *Diabetes Surveillance Report, Oklahoma 2008*.



(PERCENT)	2007	2009	2009 GRADE
<b>STATE COMPARISON</b>			
US	8.0	8.3	C
AK & CO (best)	6.1/5.3	5.8	B
OKLAHOMA	10.2	11.0	F
WEST VIRGINIA (worst)	10.8	12.4	F
<b>AGE IN YEARS</b>			
18 - 24	2.1	1.8	A
25 - 34	3.1	3.6	A
35 - 44	5.0	6.1	B
45 - 54	11.1	12.0	F
55 - 64	18.3	18.3	F
65 +	20.7	22.1	F
<b>GENDER</b>			
MALE	10.6	11.1	F
FEMALE	9.8	10.9	F
<b>RACE/ETHNICITY</b>			
WHITE (NH)	9.2	9.9	D
BLACK (NH)	12.7	15.1	F
AMER INDIAN (NH)	18.5	14.7	F
HISPANIC	8.5	12.5	F
<b>INCOME</b>			
< \$15k	17.5	19.0	F
\$15k - 25k	13.2	14.5	F
\$25k - 49k	9.2	11.3	F
\$50k - 75k	9.4	8.2	C
\$75k +	7.3	5.9	B
<b>EDUCATION</b>			
< HS	14.7	13.0	F
HS	10.9	12.6	F
HS+	9.6	11.1	F
COLLEGE GRADUATE	7.7	8.2	C
<b>HISTORIC</b>			
OK 1990		5.2	A
OK 1995		2.9	A
OK 2000		5.5	A
OK 2005		8.7	C
OK 2009		11.0	F
<b>STATE REGION</b>			
CENTRAL	8.5	9.9	D
NE	12.9	12.2	F
NW	9.9	10.4	D
SE	10.7	12.6	F
SW	10.2	10.9	F
TULSA	9.2	10.1	D

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH= Non-Hispanic

## current asthma prevalence

(PERCENT)	2007	2009	2009 GRADE
<b>STATE COMPARISON</b>			
US	8.4	8.8	C
LOUISIANA (best)	6.3	6.3	A
OKLAHOMA	8.6	10.0	D
OREGON (worst)	9.7	11.1	F
<b>AGE IN YEARS</b>			
18 - 24	9.6	13.4	F
25 - 34	7.9	11.1	F
35 - 44	8.1	8.8	C
45 - 54	9.0	10.1	D
55 - 64	9.5	8.5	C
65 +	8.2	9.3	C
<b>GENDER</b>			
MALE	5.7	7.9	B
FEMALE	11.4	12.0	F
<b>RACE/ETHNICITY</b>			
WHITE (NH)	8.5	9.8	D
BLACK (NH)	9.5	8.9	C
AMER INDIAN (NH)	11.4	16.8	F
HISPANIC	4.7	5.3	A
<b>INCOME</b>			
< \$15k	15.7	18.9	F
\$15k - 25k	9.1	12.8	F
\$25k - 49k	6.5	9.5	D
\$50k - 75k	8.7	8.2	B
\$75k +	6.7	5.9	A
<b>EDUCATION</b>			
< HS	9.4	13.1	F
HS	8.8	10.0	D
HS+	8.3	10.1	D
COLLEGE GRADUATE	8.5	8.5	C
<b>HISTORIC</b>			
OK 1990		NA	
OK 1995		NA	
OK 2000		6.3	A
OK 2005		8.6	C
OK 2009		10.0	D
<b>STATE REGION</b>			
CENTRAL	9.0	9.6	D
NE	8.0	11.9	F
NW	7.3	8.0	B
SE	9.9	11.7	F
SW	10.8	9.1	C
TULSA	7.3	8.2	B

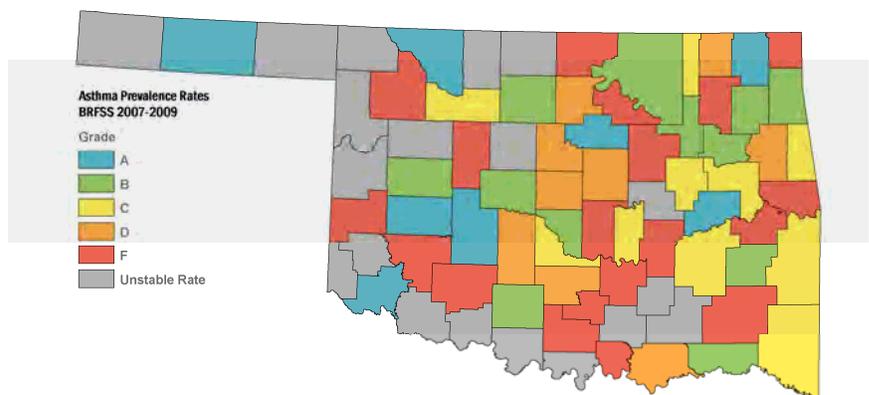
Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH = Non-Hispanic

### One in 10 Oklahoma children currently has asthma.

- 429,500 Oklahomans age 18+ (15.5 percent) reported having been diagnosed with asthma at some time during their lives by a health professional.<sup>1</sup>
- 274,700 Oklahomans aged 18+ (9.9 percent) reported that they have asthma now.<sup>1</sup>
- Women in Oklahoma had significantly higher prevalence of asthma than men.
- Non-Hispanic American Indians and blacks had a slightly higher rate of asthma than non-Hispanic whites.
- About 1 in 10 Oklahoma children aged 0-17 currently has asthma (~100,000 children).<sup>2</sup>
- Asthma affects nearly one in 13 school-aged children and was the leading cause of school absenteeism due to chronic disease.<sup>2</sup>
- In 2008, there were 4,367 hospital admissions with asthma as the principal diagnosis, and 66.3 percent of them were admitted from the emergency room.<sup>2</sup>
- Most asthma hospital admissions came from Oklahoma City and Tulsa, however some counties in western Oklahoma had higher rates of hospitalization.
- Thirty-nine people died from asthma in 2007 in Oklahoma; five (12.5 percent) were less than age 25.<sup>2</sup>
- Asthma mortality rates were much higher among people aged 65+. Blacks had twice the mortality rate compared to whites.<sup>2</sup>

1 Centers for Disease Control and Prevention. *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: US. Department of Health and Human Services, Centers for Disease Control and Prevention, 2009.

2 Oklahoma State Department of Health, Chronic Disease Service. *Asthma Surveillance Report, Oklahoma 2008*.



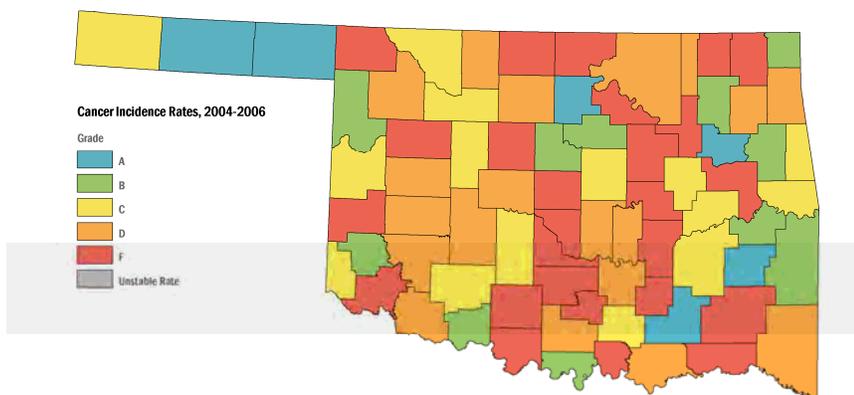
## cancer incidence

### One in 2 men and 1 in 3 women will develop cancer some time in their lives.<sup>1</sup>

- Cancer is a group of diseases characterized by uncontrolled growth and the spread of abnormal cells. If the spread is not controlled, it can result in death.
- Oklahoma had the 17<sup>th</sup> highest rate of new cases of cancer in the U.S.
- The U.S. rate declined by three percent while Oklahoma's rate increased by seven percent in the past eight years.
- The incidence of new cancer cases increased with age, with the highest rates occurring after age 50.
- Higher rates occurred in urban regions, possibly as a result of better access to screening, such as mammograms and colonoscopies.
- Rates of cancer diagnosis increased among all races, but remained the highest among American Indians.
- Rates of cancer diagnosis were much higher among men than women.
- Many cancers could be prevented through lifestyle changes such as eating better, moving more, and being tobacco free.<sup>2</sup>
- The *Take Charge!* program currently provides no cost breast and cervical cancer screening tests for eligible women throughout the state. Call 1-888-669-5934 for more information.
- The Oklahoma Colorectal Cancer screening program provides no cost colonoscopies for eligible men and women throughout the state. Call 1-888-669-5934 for more information.

1 American Cancer Society. *Cancer Facts & Figures 2010*.

2 Brownson, R.C. and Joshi, C. (2010). Cancer. In Remington, P., Brownson, R., and Wegner, M. *Chronic Disease Epidemiology and Control* (pp.429-468). Washington, DC: American Public Health Association.



(RATE PER 100,000) 2005 2006 2006 GRADE

#### STATE COMPARISON

US	481.7	481.7	C
NEW MEXICO (best)	417.6	403.4	A
OKLAHOMA	481.9	498.9	C
MAINE (worst)	544.4	556.4	F

#### AGE IN YEARS

0 - 19	18.0	22.7	A
20 - 29	40.5	52.6	A
30 - 39	120.9	136.6	A
40 - 49	327.2	340.3	A
50 - 64	919.8	967.9	F
65 - 79	2315.0	2372.5	F

#### GENDER

MALE	573.3	601.7	F
FEMALE	466.5	485.2	C

#### RACE/ETHNICITY

WHITE (NH)	505.5	529.0	D
BLACK (NH)	512.9	541.4	F
AMER INDIAN (NH)	592.3	604.6	F
HISPANIC	387.7	396.5	A

#### INCOME

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

#### EDUCATION

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

#### HISTORIC

OK 1990		NA	
OK 1995		NA	
OK 2000		475.9	C
OK 2005		507.6	D
OK 2006		530.3	D

#### STATE REGION

CENTRAL	510.2	553.5	F
NE	487.4	493.7	C
NW	494.7	508.9	D
SE	503.6	524.9	D
SW	504.0	533.7	D
TULSA	552.0	566.3	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH= Non-Hispanic

# fruit and vegetable consumption

(PERCENT)	2007	2009	2009 GRADE
<b>STATE COMPARISON</b>			
US	24.4	23.4	C
DC (best)	32.5	31.5	A
OKLAHOMA (worst)	16.3	14.6	F
<b>AGE IN YEARS</b>			
18 - 24	18.3	10.3	F
25 - 34	13.9	15.1	F
35 - 44	13.8	13.3	F
45 - 54	16.3	13.5	F
55 - 64	15.7	14.6	F
65 +	20.3	18.4	D
<b>GENDER</b>			
MALE	12.7	12.4	F
FEMALE	19.6	16.7	F
<b>RACE/ETHNICITY</b>			
WHITE (NH)	16.4	13.8	F
BLACK (NH)	15.4	16.5	F
AMER INDIAN (NH)	15.5	15.7	F
HISPANIC	13.4	13.8	F
<b>INCOME</b>			
< \$15k	16.0	14.3	F
\$15k - 25k	13.9	13.2	F
\$25k - 49k	13.8	15.3	F
\$50k - 75k	18.0	14.9	F
\$75k +	19.6	14.7	F
<b>EDUCATION</b>			
< HS	12.5	11.5	F
HS	14.8	12.7	F
HS+	14.9	14.5	F
COLLEGE GRADUATE	21.5	18.3	D
<b>HISTORIC</b>			
OK 1990		NA	
OK 1995		17.2	F
OK 2000		18.2	D
OK 2005		15.6	F
OK 2009		14.6	F
<b>STATE REGION</b>			
CENTRAL	17.4	16.0	F
NE	14.8	13.2	F
NW	15.8	14.5	F
SE	13.6	15.3	F
SW	16.9	12.9	F
TULSA	18.7	15.0	F

Note: A “-” is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH = Non-Hispanic

## Oklahomans report they are the least likely to eat fruits and vegetables.

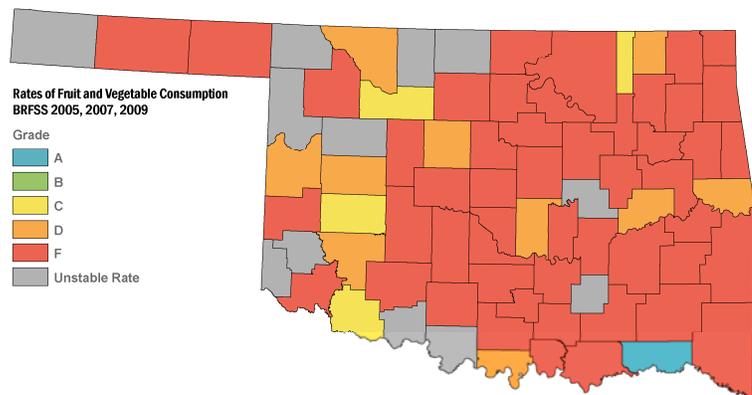
- Eating more fruits and vegetables can lower the risk of chronic disease, including some cancers, diabetes, heart disease, and obesity.<sup>1</sup>
- Only 1 in 7 (14.6 percent) Oklahoma adults reported eating fruits and vegetables five times or more per day, ranking Oklahoma 51<sup>st</sup> in the nation.<sup>2</sup>
- Only 15 percent of Oklahoma youth ate fruits and vegetables five times or more per day.<sup>3</sup>
- Fruit and vegetable consumption did not widely differ by income.<sup>2</sup>
- Food industry marketing, many fast food restaurants, and few grocery stores are community factors that influence unhealthy food choices.<sup>1</sup>
- Only 57.4 percent of Oklahoma census tracts had healthy food retailers in or within half of a mile of tract boundaries.<sup>4</sup>
- Only 0.3 percent of cropland acreage was harvested for fruits and vegetables.<sup>4</sup>
- Worksites, schools, and faith-based organizations can help increase fruit and vegetable consumption through education, availability, and social support.<sup>1</sup>
- Oklahoma was 1 of 21 states with a state-level policy for Farm-to-School programs and 1 of 20 with a state-level Food Policy Council.<sup>4</sup>
- Implementation of *Get Fit, Eat Smart*, the state plan to reduce obesity, is a priority of the *Oklahoma Health Improvement Plan* (OHIP).
- The Oklahoma State Department of Health has begun a four-year pilot utilizing evidenced-based physical activity and nutrition curricula in multiple school districts.

1 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.

2 Centers for Disease Control and Prevention. *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, CDC, 2009.

3 Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance – United States 2009. *MMWR Surveillance Summaries* 59, no. SS05 (2010). Available at <<http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>>.

4 Centers for Disease Control and Prevention. State indicator report on fruits and vegetables, 2009. US Department of Health and Human Services, CDC; 2009. Available at <<http://www.fruitsandveggiesmatter.gov/indicatorreport>>.



## no physical activity

### Oklahoma ranks 49<sup>th</sup> worst in the nation for lack of physical activity.

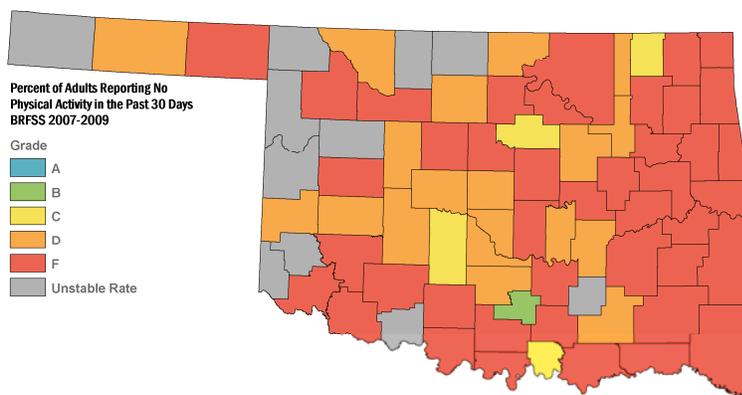
- Thirty percent of Oklahoma adults report not being physically active.
- Physical activity has a role in reversing or preventing health problems<sup>1</sup> and reduces the risk of premature death.<sup>2</sup>
- The World Health Organization estimates that 1.9 million deaths worldwide are attributable to physical inactivity.<sup>3</sup>
- College graduates were twice as likely to be physically active as those with only a HS education.<sup>1,4</sup>
- Physical inactivity was higher among Hispanics than non-Hispanic whites.<sup>4</sup>
- Oklahomans with less income were less physically active.<sup>4</sup>
- The Partnership for a Strong and Healthy Oklahoma is supporting programs that adopt the physical activity state plan.
- The Oklahoma Action for Healthy Kids state team has embraced “screen time reduction” as their focus area.
- 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 begun a four-year pilot utilizing an evidence-based physical activity and nutrition curricula in multiple school districts.
- Implementation of *Get Fit, Eat Smart*, the state plan to reduce obesity, is a priority of the *Oklahoma Health Improvement Plan (OHIP)*.

1 U.S. Department of Health and Human Services, 2008 Physical Activity Guidelines for Americans. Available at <<http://www.health.gov/paguidelines/guidelines/chapter2.aspx>>.

2 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.

3 World Health Organization. Risk Factor: Physical Inactivity. Available at <[http://www.who.int/cardiovascular\\_diseases/en/cvd\\_atlas\\_08\\_physical\\_inactivity.pdf](http://www.who.int/cardiovascular_diseases/en/cvd_atlas_08_physical_inactivity.pdf)>.

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, 2009.



(PERCENT)	2007	2009	2009 GRADE
<b>STATE COMPARISON</b>			
US	22.6	23.8	C
MINNESOTA (best)	16.7	15.8	A
OKLAHOMA	29.6	31.4	F
WEST VIRGINIA (worst)	28.2	33.2	F
<b>AGE IN YEARS</b>			
18 - 24	23.7	23.9	C
25 - 34	22.5	26.9	D
35 - 44	26.2	25.9	D
45 - 54	28.1	32.3	F
55 - 64	36.9	37.5	F
65 +	40.0	39.4	F
<b>GENDER</b>			
MALE	27.8	28.7	D
FEMALE	31.3	33.9	F
<b>RACE/ETHNICITY</b>			
WHITE (NH)	28.2	30.2	F
BLACK (NH)	34.2	36.5	F
AMER INDIAN (NH)	32.1	31.2	F
HISPANIC	36.6	39.9	F
<b>INCOME</b>			
< \$15k	44.8	47.9	F
\$15k - 25k	41.0	42.0	F
\$25k - 49k	30.8	32.1	F
\$50k - 75k	19.3	24.8	C
\$75k +	15.9	16.8	A
<b>EDUCATION</b>			
< HS	46.7	45.1	F
HS	35.9	37.6	F
HS+	27.5	30.2	F
COLLEGE GRADUATE	15.5	19.1	B
<b>HISTORIC</b>			
OK 1990		41.1	F
OK 1995		40.6	F
OK 2000		34.4	F
OK 2005		30.2	F
OK 2009		31.4	F
<b>STATE REGION</b>			
CENTRAL	27.3	29.0	D
NE	31.1	36.0	F
NW	28.3	29.6	D
SE	35.7	31.1	F
SW	29.8	33.2	F
TULSA	27.0	27.8	D

Note: A “-” is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH= Non-Hispanic

## current smoking prevalence

(PERCENT)	2007	2009	2009 GRADE
<b>STATE COMPARISON</b>			
US	19.8	17.9	C
UTAH (best)	11.7	9.8	A
OKLAHOMA	25.8	25.5	F
KY & WV (worst)	28/27	25.6	F
<b>AGE IN YEARS</b>			
18 - 24	29.4	32.6	F
25 - 34	31.4	30.9	F
35 - 44	26.0	24.5	F
45 - 54	31.7	31.6	F
55 - 64	24.6	22.5	D
65 +	11.6	12.1	A
<b>GENDER</b>			
MALE	27.9	27.1	F
FEMALE	23.7	24.0	F
<b>RACE/ETHNICITY</b>			
WHITE (NH)	24.6	24.1	F
BLACK (NH)	30.3	31.7	F
AMER INDIAN (NH)	36.1	31.9	F
HISPANIC	16.9	24.2	F
<b>INCOME</b>			
< \$15k	43.6	40.5	F
\$15k - 25k	34.9	36.9	F
\$25k - 49k	27.3	24.8	F
\$50k - 75k	26.4	18.6	C
\$75k +	16.5	13.6	B
<b>EDUCATION</b>			
< HS	38.1	41.1	F
HS	31.5	31.8	F
HS+	26.3	26.2	F
COLLEGE GRADUATE	11.5	10.4	A
<b>HISTORIC</b>			
OK 1990		26.5	F
OK 1995		21.7	D
OK 2000		23.3	F
OK 2005		25.0	F
OK 2009		25.5	F
<b>STATE REGION</b>			
CENTRAL	22.6	22.0	D
NE	26.5	28.4	F
NW	25.7	20.9	D
SE	30.9	26.1	F
SW	27.8	29.4	F
TULSA	24.8	26.1	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH = Non-Hispanic

### 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>
- Smoking costs Oklahomans an estimated \$2.7 billion in medical expenses and lost productivity each year.<sup>2</sup>
- Smokers miss an average of 50 percent more work days than nonsmokers.<sup>3</sup>
- Twenty-six percent of Oklahoma adults smoked, compared to about 18 percent nationally.<sup>4</sup>
- About 60 percent of adult smokers in Oklahoma made at least one serious attempt to quit within the last year.<sup>4</sup>
- Each year, about 5,400 Oklahoma children become new daily smokers.<sup>5</sup>
- Each year, about \$213 million is spent by tobacco companies to promote their products to Oklahomans.<sup>6</sup>
- Effective programs and policies are needed to decrease smoking initiation, increase cessation, and reduce exposure to secondhand smoke.<sup>7</sup>
- Oklahoma is one of only two states that prohibits communities from adopting any policy on tobacco that's stronger than state law.<sup>8</sup>

1 Centers for Disease Control and Prevention. State-Specific Smoking-Attributable Mortality and Years of Potential Life Lost - United States, 2000-2004. Jan. 22, 2009.

2 Centers for Disease Control and Prevention. *Data Highlights 2006* [and underlying CDC data/estimates; CDC's State System average annual smoking attributable productivity losses from 1997-2001 (1999 estimates updated to 2004 dollars).

3 Halpern, M.T., et al. Impact of smoking status on workplace absenteeism and productivity. *Tobacco Control* 10(3): 233-238, Sept. 2001.

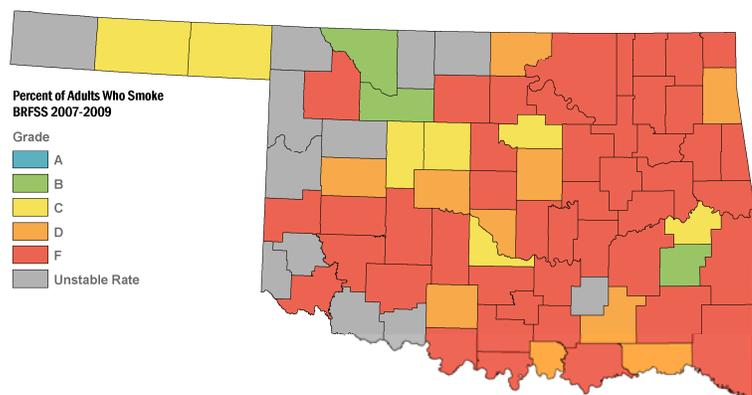
4 Behavioral Risk Factor Surveillance System. 2009.

5 U.S. Department of Health and Human Services (HHS). Results from the 2009 National Survey on Drug Use and Health.

6 U.S. Federal Trade Commission. 2009. Estimate based on state cigarette pack sales.

7 Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs - 2007.

8 Centers for Disease Control and Prevention. State Tobacco Activities Tracking & Evaluation System; States Preemption Summary, updated Dec. 31, 2009.



# obesity

## Oklahoma's adult obesity rate has nearly quadrupled since 1988.

- Obesity is associated with increased mortality.<sup>1</sup>
- Excess weight increases the risk of developing chronic disease, such as heart disease, stroke, diabetes, and some cancers.<sup>1</sup>
- Oklahoma ranked 47<sup>th</sup> in the nation for obesity (or fifth most obese) and two-thirds of Oklahoma adults had a Body Mass Index (BMI) of 25+ (overweight and obese).<sup>2</sup>
- Fourteen percent of Oklahoma youth were obese and 16 percent were overweight.<sup>3</sup>
- Implementation of *Get Fit, Eat Smart*, the state plan to reduce obesity, is a priority of the Oklahoma Health Improvement Plan (OHIP).
- As an individual's BMI increases, so do the number of sick days, medical claims, and health care costs.<sup>4</sup>
- Obesity increases a child's risk for a range of health problems and negatively impacts mental health and school performance.<sup>5,6</sup>
- Twenty-nine percent of Oklahoma high school students watch three or more hours of TV daily.
- Only 36.4 percent of high school students had a physical education class at least once a week, and only 31.4 percent had daily physical education.<sup>3</sup>

1 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.

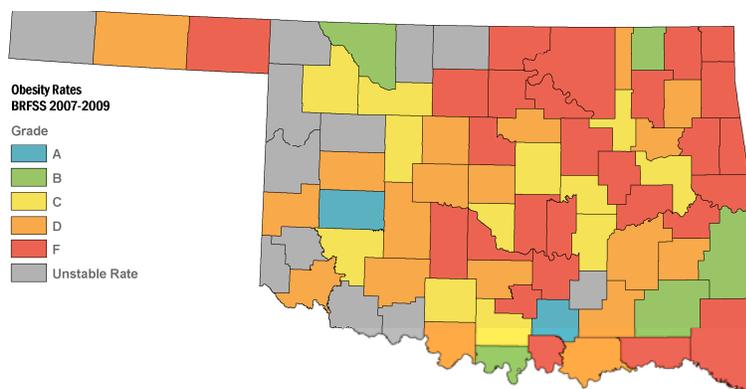
2 Centers for Disease Control and Prevention. *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2009.

3 Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance - United States 2009. *MMWR Surveillance Summaries* 59, no.SS05 (2010). Available at <<http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>>.

4 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.

5 W.H. Dietz. Health Consequences of Obesity in Youth: Childhood Predictors of Adult Disease. *Pediatrics* 101, no. 3 (1998): 518-525.

6 A. Datar and R. Strum. Childhood Overweight and Elementary School Outcomes. *International Journal of Obesity* 30, (2006): 1449-1460.



(PERCENT)	2007	2009	2009 GRADE
<b>STATE COMPARISON</b>			
US	26.3	26.9	C
COLORADO (best)	19.3	19.0	A
OKLAHOMA	28.8	32.0	D
MISSISSIPPI (worst)	32.6	35.4	F
<b>AGE IN YEARS</b>			
18 - 24	19.9	23.5	B
25 - 34	27.9	30.0	D
35 - 44	29.4	37.2	F
45 - 54	32.4	39.0	F
55 - 64	36.6	35.5	F
65 +	24.4	23.9	B
<b>GENDER</b>			
MALE	28.9	32.8	F
FEMALE	28.5	31.2	D
<b>RACE/ETHNICITY</b>			
WHITE (NH)	27.5	30.5	D
BLACK (NH)	28.7	43.9	F
AMER INDIAN (NH)	36.3	41.9	F
HISPANIC	32.3	27.3	C
<b>INCOME</b>			
< \$15k	34.5	36.1	F
\$15k - 25k	30.9	34.4	F
\$25k - 49k	30.7	34.9	F
\$50k - 75k	29.2	32.7	F
\$75k +	26.2	27.7	C
<b>EDUCATION</b>			
< HS	33.9	31.5	D
HS	29.5	33.9	F
HS+	30.5	36.0	F
COLLEGE GRADUATE	23.2	25.9	C
<b>HISTORIC</b>			
OK 1990		11.6	A
OK 1995		13.5	A
OK 2000		19.7	A
OK 2005		26.5	C
OK 2009		32.0	D
<b>STATE REGION</b>			
CENTRAL	28.0	28.4	C
NE	31.0	35.2	F
NW	27.2	31.7	D
SE	29.3	37.5	F
SW	29.7	32.5	F
TULSA	26.9	28.4	C

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH= Non-Hispanic

## immunization < 3 years (4:3:1:3:3:1 series)

(PERCENT)	2006	2009	2009 GRADE
<b>STATE COMPARISON</b>			
US	76.9	69.9	C
MASSACHUSETTS (best)	83.6	81.1	B
OKLAHOMA	77.6	70.2	C
CONNECTICUT (worst)	81.8	46.5	F
<b>MOTHER'S AGE IN YEARS</b>			
18 - 24	78.0	67.3	C
25 - 34	79.6	68.2	C
35 - 44	82.8	69.0	C
45 - 54	100.0	72.6	C
55 - 64	NA	NA	
65 +	NA	NA	
<b>CHILD'S GENDER</b>			
MALE	NA	67.6	C
FEMALE	NA	68.2	C
<b>RACE/ETHNICITY</b>			
WHITE (NH)	76.8	66.4	C
BLACK (NH)	72.3	60.9	D
AMER INDIAN (NH)	78.1	68.8	C
HISPANIC	84.1	73.1	C
<b>INCOME</b>			
< \$15k	NA	NA	
\$15k - 25k	NA	NA	
\$25k - 49k	NA	NA	
\$50k - 75k	NA	NA	
\$75k +	NA	NA	
<b>MOTHER'S EDUCATION</b>			
< HS	77.9	67.2	C
HS	78.8	67.4	C
HS+	78.7	68.3	C
COLLEGE GRADUATE	83.8	70.7	C
<b>HISTORIC</b>			
OK 1990		NA	
OK 1995		NA	
OK 2000		60.3	D
OK 2005		72.3	C
OK 2009		70.2	C
<b>STATE REGION</b>			
CENTRAL	80.5	69.1	C
NE	77.4	67.8	C
NW	81.4	68.5	C
SE	80.2	72.2	C
SW	78.3	70.3	C
TULSA	76.1	60.0	D

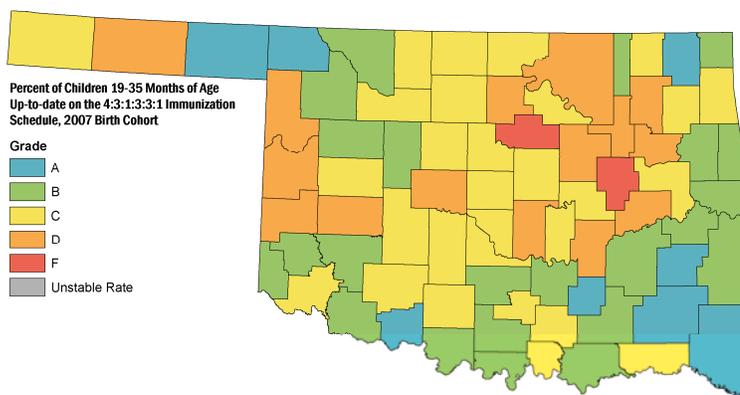
Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH = Non-Hispanic

### Immunizations help prevent many disabling and life-threatening diseases.

- Oklahoma children continued to be among the nation's best vaccinated despite a nationwide shortage of *Haemophilus Influenzae Type b* (Hib) vaccine.<sup>1</sup>
- In 2009, Oklahoma ranked 16<sup>th</sup> in the percent of 19-35 month-old children completing the primary vaccination series for ten dangerous diseases.<sup>1</sup>
- About 70 percent of Oklahoma children completed the 15 doses of the primary series covering diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, Hib, hepatitis B and varicella.<sup>1</sup> [U.S. 69.9 percent.<sup>1</sup>]
- According to the Oklahoma Two-Year-Old Survey, Hispanics had the highest coverage rate (73.1 percent) for any race/ethnicity followed by Native Americans (68.8 percent), whites (66.4 percent), and blacks (60.9 percent).<sup>2</sup>
- Children of college graduates (70.7 percent) had better rates compared to children of parents with some college (68.3 percent), high school graduates (67.4 percent), and those who have not completed high school (67.2 percent).<sup>2</sup>
- The largest differences in county rates were due to incompleteness of the fourth dose of DTaP vaccine (*diphtheria, tetanus and pertussis*) and the third dose of Hib vaccine, and were due primarily to the national vaccine shortage.<sup>2</sup>
- Oklahoma continues to focus on efforts to improve vaccine coverage rates by following-up on 21 month-old children who lack only one dose in completing the primary immunization series.<sup>2</sup>

Data for childhood immunization rates were drawn from the Oklahoma State Immunization Information System's (OSIIS) 2007 Birth Cohort Survey and the 2009 National Immunization Survey (NIS). The OSIIS is a voluntary immunization registry and the Birth Cohort Survey includes age, race/ethnicity, education, region and county level data. These data represent the proportion of children 24 months old that are up-to-date for the 4:3:1:3:3:1 immunization series.

- Centers for Disease Control and Prevention. 2009 National Immunization Survey. Unpublished table. Available at <<http://www.cdc.gov/vaccines/stats-surv/nis/default.htm#nis>>.
- Oklahoma State Department of Health Immunization Survey. 2010 Oklahoma Two-Year-Old Survey. Unpublished.



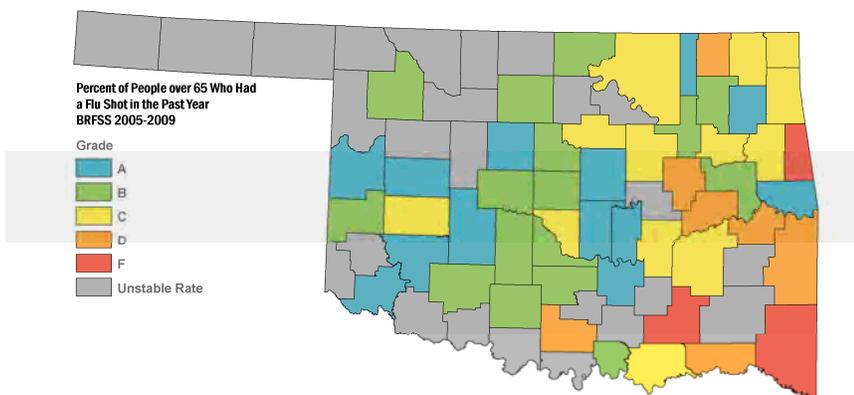
# seniors influenza vaccination

## Oklahoma's senior vaccination rates are higher than the national rate.

- Influenza (“flu”) is a highly contagious seasonal respiratory viral infection causing 200,000+ people to be hospitalized nationally and approximately 36,000 deaths each year due to complications.
- Oklahoma’s adult flu vaccination rate (72.3) ranked 13<sup>th</sup> best in the U.S.<sup>1</sup>
- The *Healthy People 2010* goal is to vaccinate 90 percent of adults aged 65+ against both influenza and pneumococcal pneumonia.<sup>2</sup>
- Immunization outreach among Oklahoma seniors must be increased to achieve the *Healthy People 2010* goal and lower our state’s mortality rate from this disease.
- The flu rate for black adults age 65+ (58.3 percent) remained lower than whites (74.2 percent) and American Indians (68.5 percent) in 2009.
- Flu vaccination is available at all county health departments, healthcare providers, and some pharmacies.
- Healthcare providers are encouraged to review patients’ medical records for immunization history and promote influenza and pneumococcal vaccination.

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, 2009.

2 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.



(PERCENT)	2006	2009	2009 GRADE
<b>STATE COMPARISON</b>			
US	69.6	70.1	C
MINNESOTA (best)	73.8	76.8	A
OKLAHOMA	76.1	72.3	B
ALASKA (worst)	62.5	62.1	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 +	76.1	72.3	B
<b>GENDER</b>			
MALE	69.8	71.7	C
FEMALE	71.2	72.7	B
<b>RACE/ETHNICITY</b>			
WHITE (NH)	71.9	74.2	B
BLACK (NH)	49.2	58.3	F
AMER INDIAN (NH)	71.9	68.5	C
HISPANIC	-	-	
<b>INCOME</b>			
< \$15k	62.4	69.6	C
\$15k - 25k	73.0	71.6	C
\$25k - 49k	73.3	70.6	C
\$50k - 75k	71.5	75.4	A
\$75k +	72.3	72.9	B
<b>EDUCATION</b>			
< HS	67.0	66.6	D
HS	70.3	72.4	B
HS+	70.1	72.5	B
COLLEGE GRADUATE	75.7	75.5	A
<b>HISTORIC</b>			
OK 1993		58.5	F
OK 1995		61.1	F
OK 2001		72.7	B
OK 2005		73.2	B
OK 2009		72.3	B
<b>STATE REGION</b>			
CENTRAL	68.8	72.3	B
NE	69.8	73.2	B
NW	69.8	73.8	B
SE	73.0	71.7	C
SW	70.1	70.3	C
TULSA	74.0	71.7	C

Note: A “-” is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH= Non-Hispanic

# seniors pneumonia vaccination

## Oklahoma's pneumococcal vaccination rate for seniors (age 65+) was better than the national average.

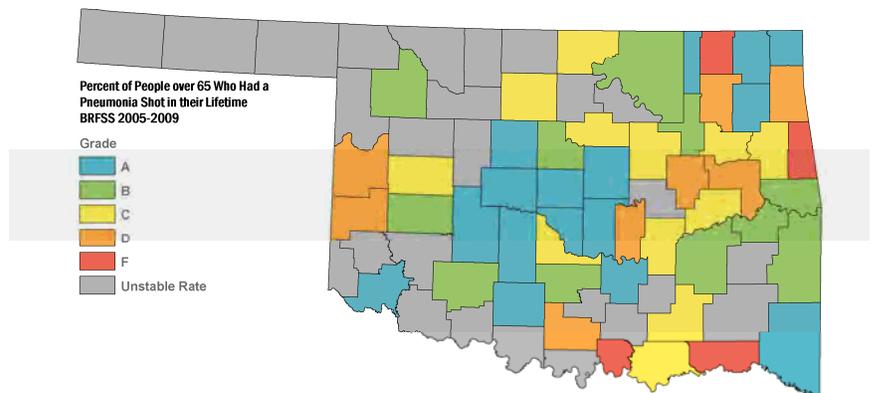
(PERCENT)	2006	2009	2009 GRADE
<b>STATE COMPARISON</b>			
US	66.9	68.5	C
COLORADO (best)	72.9	73.9	A
OKLAHOMA	71.7	72.1	B
CALIFORNIA (worst)	60.0	59.9	F
<b>AGE IN YEARS</b>			
18 - 24	NA	NA	
25 - 34	NA	NA	
35 - 44	NA	NA	
45 - 54	NA	NA	
55 - 64	NA	NA	
65 +	71.7	72.1	B
<b>GENDER</b>			
MALE	68.5	69.0	C
FEMALE	71.4	74.4	A
<b>RACE/ETHNICITY</b>			
WHITE (NH)	71.0	73.8	A
BLACK (NH)	59.9	61.9	F
AMER INDIAN (NH)	69.4	71.7	B
HISPANIC	-	-	
<b>INCOME</b>			
< \$15k	66.6	72.1	B
\$15k - 25k	72.1	73.7	A
\$25k - 49k	74.1	70.4	B
\$50k - 75k	76.3	71.7	B
\$75k +	65.3	75.5	A
<b>EDUCATION</b>			
< HS	66.7	62.2	F
HS	70.7	72.2	B
HS+	71.5	75.0	A
COLLEGE GRADUATE	71.1	74.7	A
<b>HISTORIC</b>			
OK 1993		29.6	F
OK 1995		37.2	F
OK 2001		66.1	D
OK 2005		70.5	B
OK 2009		72.1	B
<b>STATE REGION</b>			
CENTRAL	74.0	74.0	A
NE	68.2	70.9	B
NW	70.8	72.2	B
SE	71.2	72.9	B
SW	67.7	72.0	B
TULSA	68.6	70.7	B

- Oklahoma ranked third in the nation in 2009 for the percent of adults age 65+ who have ever had a pneumococcal vaccination.<sup>1</sup> (OK 72.1 percent, U.S. 68.5 percent)
- Pneumonia can be a complication of influenza, especially among infants, persons age 65+, or persons with underlying chronic medical conditions, such as asthma, chronic obstructive pulmonary disease (COPD), diabetes, cancer, or heart disease.
- Only one dose of pneumococcal polysaccharide vaccine (commonly known as the “pneumonia shot”) is recommended for persons age 19+ with chronic medical conditions or for all persons age 65+. Those who received a pneumonia shot before age 65 should receive a second dose when they reach age 65 or wait until at least five years have passed since the first dose.<sup>2</sup>
- The Healthy People 2010 goal is to vaccinate 90 percent of seniors against both influenza and pneumococcal pneumonia.<sup>3</sup>
- Oklahoma senior women were more likely to be immunized (74.4 percent) than senior men (69 percent).
- Pneumococcal vaccination rates were 19 percent lower among black Oklahomans compared to whites.

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, 2009.

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 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.



Note: A “-” is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH = Non-Hispanic

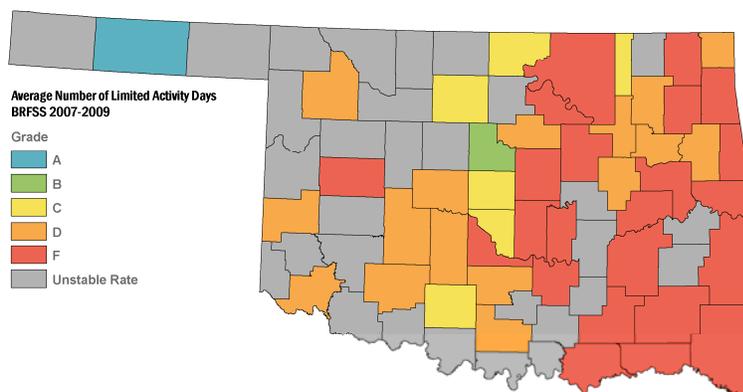
## limited activity days

### Oklahomans report having an average of five limited activity days every four weeks due to poor health.

- Poor physical and/or mental health can impact an individual's ability to perform usual activities.<sup>1</sup>
- Oklahoma adults ranked 45<sup>th</sup> worst in the U.S. in the average number of limited activity days (18+) in 2009.<sup>2</sup>
- Compared to the nation, Oklahomans experienced 21 percent more time in which their activities were limited due to poor physical and/or mental health.<sup>2</sup>
- Average number of limited activity days were highest among Oklahoma's adults age 45+, and among blacks and American Indians.
- The average number of limited activity days declined as income increased, and were consistently higher for all education levels except college graduates.
- Oklahoma's northwest region experienced the fewest number of limited activity days, while the southeast region experienced the most.
- Compared to 2007, Oklahoma's average number of limited activity days declined 12 percent in 2009.
- The rate of limited activity days increased 45 percent among blacks, 21 percent among American Indians, and 62 percent among 18-24 year-olds.
- The rate of limited activity days declined 29 percent for Hispanics.

1 Centers for Disease Control and Prevention. Measuring Health Days. Atlanta, Georgia: CDC, November 2000.

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, 2009.



(AVERAGE)	2007	2009	2009 GRADE
<b>STATE COMPARISON</b>			
US	4.9	4.3	C
NORTH DAKOTA (best)	3.6	3.1	B
OKLAHOMA	5.9	5.2	D
TENNESSEE (worst)	8.2	6.2	F
<b>AGE IN YEARS</b>			
18 - 24	2.1	3.4	B
25 - 34	3.9	3.1	B
35 - 44	4.6	4.3	C
45 - 54	6.2	6.9	F
55 - 64	7.5	7.1	F
65 +	6.9	6.5	F
<b>GENDER</b>			
MALE	5.4	5.5	D
FEMALE	5.0	5.1	D
<b>RACE/ETHNICITY</b>			
WHITE (NH)	5.0	4.8	D
BLACK (NH)	4.9	7.1	F
AMER INDIAN (NH)	5.7	6.9	F
HISPANIC	5.1	3.6	B
<b>INCOME</b>			
< \$15k	10.7	10.4	F
\$15k - 25k	6.8	6.8	F
\$25k - 49k	3.8	4.1	C
\$50k - 75k	3.6	3.4	B
\$75k +	2.5	2.3	A
<b>EDUCATION</b>			
< HS	7.3	7.4	F
HS	5.7	5.7	F
HS+	5.0	5.6	F
COLLEGE GRADUATE	3.3	3.3	B
<b>HISTORIC</b>			
OK 1990		NA	
OK 1995		4.3	C
OK 2000		4.6	C
OK 2005		5.0	D
OK 2009		5.2	D
<b>STATE REGION</b>			
CENTRAL	4.1	4.4	C
NE	6.3	5.5	D
NW	4.3	3.9	B
SE	6.4	7.4	F
SW	5.5	5.0	D
TULSA	4.6	5.6	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH= Non-Hispanic

## poor mental health days

(AVERAGE)	2007	2009	2009 GRADE
<b>STATE COMPARISON</b>			
US	3.3	3.5	C
ND & SD (best)	2.4/2.5	2.4	A
OKLAHOMA	3.9	4.2	D
KENTUCKY (worst)	4.3	4.6	F
<b>AGE IN YEARS</b>			
18 - 24	4.8	4.4	F
25 - 34	4.0	4.8	F
35 - 44	3.8	3.6	C
45 - 54	4.8	5.2	F
55 - 64	3.8	4.7	F
65 +	2.5	2.5	A
<b>GENDER</b>			
MALE	3.2	3.3	B
FEMALE	4.6	5.1	F
<b>RACE/ETHNICITY</b>			
WHITE (NH)	3.6	4.0	D
BLACK (NH)	4.6	5.6	F
AMER INDIAN (NH)	5.3	5.5	F
HISPANIC	3.3	2.4	A
<b>INCOME</b>			
< \$15k	8.1	8.7	F
\$15k - 25k	5.5	6.1	F
\$25k - 49k	3.4	4.0	D
\$50k - 75k	2.9	2.5	A
\$75k +	1.9	2.2	A
<b>EDUCATION</b>			
< HS	6.1	5.6	F
HS	4.1	4.2	D
HS+	4.1	5.1	F
COLLEGE GRADUATE	2.4	2.7	A
<b>HISTORIC</b>			
OK 1990		NA	
OK 1995		1.8	A
OK 2000		2.2	A
OK 2005		3.7	C
OK 2009		4.2	D
<b>STATE REGION</b>			
CENTRAL	3.8	4.2	D
NE	4.0	4.5	F
NW	3.2	3.5	C
SE	4.8	4.5	F
SW	4.5	4.1	D
TULSA	3.5	4.1	D

Note: A “-” is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH = Non-Hispanic

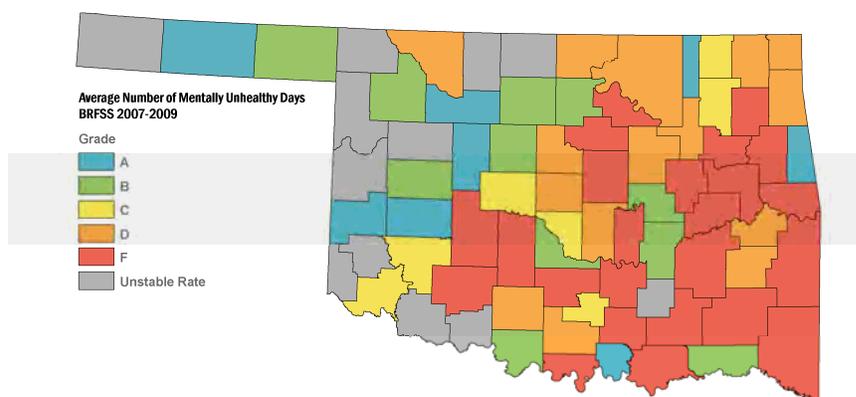
### Oklahoma adults ranked 49<sup>th</sup> worst in the U.S. in the average number of poor mental health days compared to other states.

- Mental illness is a significant contributor to the burden of disease in the United States, negatively impacting health and productivity.<sup>1</sup>
- Mental illness is the leading cause of disability for U.S. adults aged 18-44 years.<sup>2</sup>
- Compared to the nation, Oklahomans experienced 20 percent more time during which their mental health was not good.<sup>3</sup>
- The average number of poor mental health days was 55 percent higher among women than men.
- Seniors, Hispanics, and college graduates reported the fewest number of poor mental health days.
- The average number of poor mental health days declined as income increased; those with an income of \$75,000+ averaged 75 percent fewer mentally unhealthy days compared to those with less than \$15,000 yearly.
- Oklahoma’s northwest region experienced the fewest number of poor mental health days.
- In 2009, Oklahoma’s overall average number of poor mental health days increased 7.7 percent from 2007.
- The average number of poor mental health days increased 20 percent for 25-34 year-olds, 24 percent for 55-64 year olds, 22 percent for blacks, and 24 percent for those with some college education. In contrast, the average number of poor mental health days decreased 27 percent for Hispanics.

1 U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services. 1999.

2 Centers for Disease Control and Prevention. *Measuring Health Days*. Atlanta, Georgia: CDC, November 2000.

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, 2009.



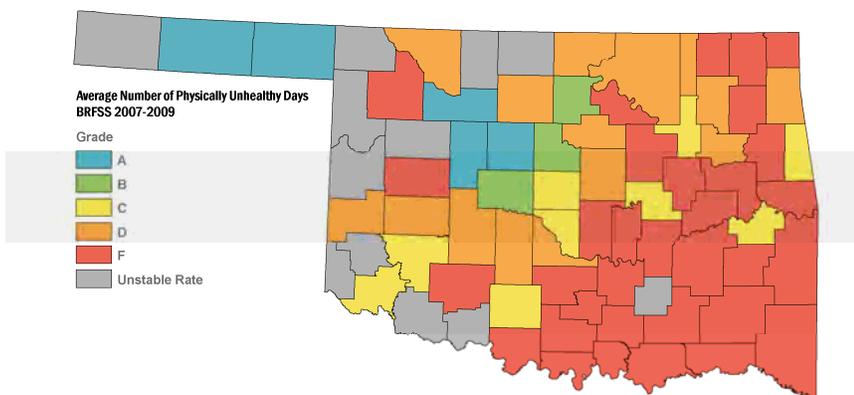
# poor physical health days

## Oklahomans report an average of one physically unhealthy day each week.

- 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>1</sup>
- Oklahoma adults ranked 47<sup>th</sup> worst in the U.S. in the average number of poor physical health days in 2009.<sup>2</sup>
- Compared to the nation, Oklahomans experienced 19 percent more time during which their physical health was not good.<sup>2</sup>
- The average number of poor physical health days was 30 percent higher among women than men.
- The youngest adults, Hispanics, and college graduates experienced the fewest number of poor physical health days.
- The average number of poor physical health days declined as income increased, such that those with an income of \$50,000 or more averaged 74 percent fewer physically unhealthy days compared to those with an income less than \$15,000 yearly.
- Oklahoma's northwest and central regions experienced the fewest number of poor physical health days.
- Compared to 2007, Oklahoma's overall average number of poor physical health days decreased 12 percent in 2009.
- Poor physical health days increased 21 percent for blacks, 28 percent for those with an income of \$75,000 or greater, and 30 percent for those living in the Tulsa region.
- Poor physical health days decreased by 21 percent for those with a household income of \$50,000-\$74,999.

1 Centers for Disease Control and Prevention. Measuring Health Days. Atlanta, Georgia: CDC, November 2000.

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, 2009.



(AVERAGE)	2007	2009	2009 GRADE
<b>STATE COMPARISON</b>			
US	4.3	3.6	C
DC (best)	3.0	2.6	A
OKLAHOMA	4.9	4.3	D
KY & WV (worst)	4.9/5.1	5.2	F
<b>AGE IN YEARS</b>			
18 - 24	2.6	2.5	A
25 - 34	2.8	2.7	A
35 - 44	3.2	2.8	B
45 - 54	4.6	5.2	F
55 - 64	6.3	6.4	F
65 +	5.7	5.8	F
<b>GENDER</b>			
MALE	3.8	3.7	C
FEMALE	4.6	4.8	F
<b>RACE/ETHNICITY</b>			
WHITE (NH)	4.1	4.1	D
BLACK (NH)	4.2	5.1	F
AMER INDIAN (NH)	5.0	5.4	F
HISPANIC	2.8	2.4	A
<b>INCOME</b>			
< \$15k	9.2	8.9	F
\$15k - 25k	6.0	6.3	F
\$25k - 49k	3.7	3.7	C
\$50k - 75k	2.9	2.3	A
\$75k +	1.8	2.3	A
<b>EDUCATION</b>			
< HS	6.1	5.8	F
HS	4.5	4.7	F
HS+	4.5	4.7	F
COLLEGE GRADUATE	2.6	2.7	A
<b>HISTORIC</b>			
OK 1990		NA	
OK 1995		2.5	A
OK 2000		3.1	B
OK 2005		4.1	D
OK 2009		4.3	D
<b>STATE REGION</b>			
CENTRAL	3.5	3.6	C
NE	4.9	4.6	F
NW	3.7	3.3	B
SE	5.6	5.9	F
SW	4.8	4.2	D
TULSA	3.3	4.3	D

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH= Non-Hispanic

## good or better health rating

(PERCENT)	2007	2009	2009 GRADE
<b>STATE COMPARISON</b>			
US	84.6	85.5	C
MINNESOTA (best)	89.0	89.9	B
OKLAHOMA	80.8	80.4	D
WEST VIRGINIA (worst)	78.4	76.3	F
<b>AGE IN YEARS</b>			
18 - 24	91.6	91.5	A
25 - 34	88.8	87.2	B
35 - 44	86.8	87.2	B
45 - 54	79.6	78.9	F
55 - 64	71.6	72.5	F
65 +	67.8	68.6	F
<b>GENDER</b>			
MALE	82.2	81.5	D
FEMALE	79.5	79.5	F
<b>RACE/ETHNICITY</b>			
WHITE (NH)	82.3	82.1	D
BLACK (NH)	79.4	76.2	F
AMER INDIAN (NH)	74.9	75.2	F
HISPANIC	75.3	78.5	F
<b>INCOME</b>			
< \$15k	55.7	55.9	F
\$15k - 25k	72.2	68.8	F
\$25k - 49k	83.0	82.2	D
\$50k - 75k	90.2	90.8	A
\$75k +	93.7	95.0	A
<b>EDUCATION</b>			
< HS	59.1	64.8	F
HS	79.9	77.2	F
HS+	82.2	80.6	D
COLLEGE GRADUATE	91.2	90.9	A
<b>HISTORIC</b>			
OK 1993		82.9	D
OK 1995		86.9	C
OK 2000		84.7	C
OK 2005		81.4	D
OK 2009		80.4	D
<b>STATE REGION</b>			
CENTRAL	82.4	84.4	C
NE	80.0	77.0	F
NW	82.7	84.3	C
SE	73.9	76.1	F
SW	79.1	79.1	F
TULSA	85.5	81.6	D

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH = Non-Hispanic

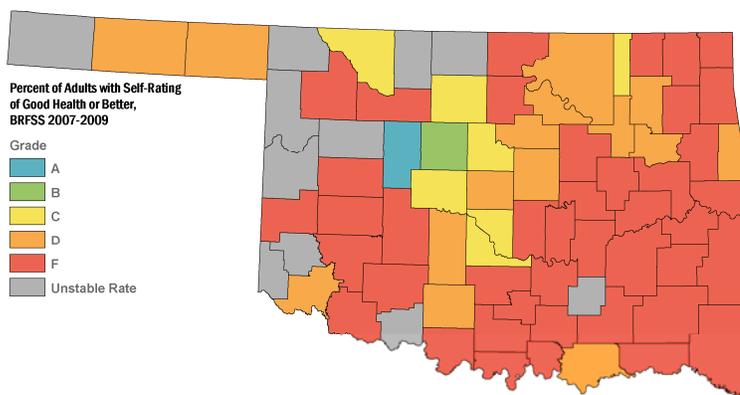
### Oklahomans rate their health among the poorest in the U.S.

- Oklahoma ranked 43rd in the U.S. with the percentage of the population perceiving their health as good or excellent.<sup>1</sup>
- In 1998, Oklahoma's self-health rating peaked and was similar to the nation. Oklahoma's rate declined 8 percent in the decade since.
- Perceptions of good or better health were most common among 18-24 year olds, followed closely by 25-34 and 35-44 year olds.
- Positive perceptions of health were also most common among those with a household income of \$50,000+ and college graduates.
- Non-Hispanic whites had more positive perceptions of their health compared to other racial/ethnic groups.
- 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>2</sup>
- Self-health ratings may independently predict mortality.<sup>3</sup>
- In 2009, there were few changes in perceptions of health in Oklahoma compared to 2007. The rate worsened among those with less than a high school education and in the Tulsa and northeast regions.

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, 2009.

2 Centers for Disease Control and Prevention. Measuring Health Days. Atlanta, Georgia: CDC, November 2000.

3 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.



## teen fertility (age 15-17)

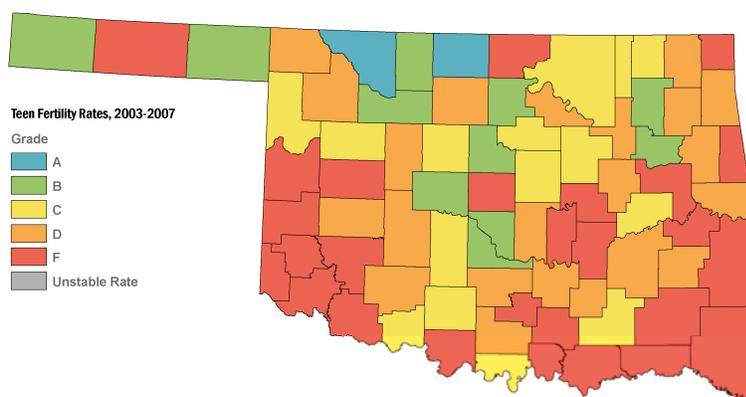
### Oklahoma had the seventh highest (worst) teen birth rate in the nation for teens aged 15-17 years in 2007.<sup>1</sup>

- There were 2,293 births to Oklahoma teens aged 15-17 years in 2007.<sup>2</sup>
- Hispanic females had the highest teen birth rate (age 15-17) at 65.9 births per 1,000 females.<sup>2</sup>
- Non-Hispanic white females had the lowest teen birth rate (age 15-17) at 21.5 births per 1,000 females.<sup>2</sup>
- Fifty-five of Oklahoma's 77 counties had a higher teen birth rate (age 15-17) than the national average.<sup>2</sup>
- Grant and Woods Counties were Oklahoma's only counties to receive an "A" for their low teen birth rate (age 15-17).<sup>2</sup>
- The increase in teen birth rates in 2006-2007 ended a 15-year decline in teen birth rates in Oklahoma.<sup>2</sup>
- Teen childbearing (less than age 20) cost Oklahoma taxpayers approximately \$149 million in 2004.<sup>3</sup>
- In Oklahoma, the average annual cost associated with a child born to a mother less than age 18 was \$3,807, which was higher than the surrounding states of Arkansas, Louisiana, New Mexico, and Texas.<sup>3</sup>
- One in three teenage girls in the U.S. becomes pregnant at least once before the age of 20.<sup>3</sup>

1 Martin JA, Hamilton BE, Sutton PD, et al. Births: Final data for 2007. *National Vital Statistics Reports*; vol 58 no 24. Hyattsville, MD: National Center for Health Statistics. 2010.

2 Oklahoma State Department of Health, Center for Health Statistics, Vital Records Division. OK2SHARE On-line Database (access 12/28/10).

3 Hoffman, S. (2006). *By the Numbers: The Public Costs of Teen Childbearing*. Washington, DC: National Campaign to Prevent Teen Pregnancy.



(RATE PER 1,000) 2006 2007 2007 GRADE

#### STATE COMPARISON

	2006	2007	2007 GRADE
US	21.4	22.1	C
NEW HAMPSHIRE (best)	7.0	7.6	A
OKLAHOMA	27.8	30.4	D
MISSISSIPPI (worst)	39.6	40.5	F

#### AGE IN YEARS

	2006	2007
18 - 24	NA	NA
25 - 34	NA	NA
35 - 44	NA	NA
45 - 54	NA	NA
55 - 64	NA	NA
65 +	NA	NA

#### GENDER

	2006	2007
MALE	NA	NA
FEMALE	NA	NA

#### RACE/ETHNICITY

	2006	2007	2007 GRADE
WHITE (NH)	22.3	21.5	C
BLACK (NH)	42.9	42.3	F
AMER INDIAN (NH)	39.7	45.8	F
HISPANIC	69.1	65.9	F

#### INCOME

	2006	2007
< \$15k	NA	NA
\$15k - 25k	NA	NA
\$25k - 49k	NA	NA
\$50k - 75k	NA	NA
\$75k +	NA	NA

#### EDUCATION

	2006	2007
< HS	NA	NA
HS	NA	NA
HS+	NA	NA
COLLEGE GRADUATE	NA	NA

#### HISTORIC

	2006	2007	2007 GRADE
OK 1990		37.8	F
OK 1995		38.9	F
OK 2000		32.1	D
OK 2005		27.1	D
OK 2007		30.4	D

#### STATE REGION

	2006	2007	2007 GRADE
CENTRAL	31.0	32.3	D
NE	27.8	27.5	D
NW	24.5	25.0	C
SE	38.9	37.4	F
SW	27.7	31.2	D
TULSA	32.3	28.9	D

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH= Non-Hispanic

## first trimester prenatal care

(PERCENT)	2006	2007
<b>STATE COMPARISON</b>		
US	83.2	83.2
OKLAHOMA	75.6	76.3
<b>AGE IN YEARS</b>		
18 - 24	71.1	71.7
25 - 34	80.3	81.2
35 - 44	81.5	80.6
45 - 54	NA	NA
55 - 64	NA	NA
65 +	NA	NA
<b>GENDER</b>		
MALE	NA	NA
FEMALE	NA	NA
<b>RACE/ETHNICITY</b>		
WHITE (NH)	79.5	80.6
BLACK (NH)	69.8	70.7
AMER INDIAN (NH)	70.6	68.5
HISPANIC	64.6	65.5
<b>INCOME</b>		
< \$15k	NA	NA
\$15k - 25k	NA	NA
\$25k - 49k	NA	NA
\$50k - 75k	NA	NA
\$75k +	NA	NA
<b>EDUCATION</b>		
< HS	61.7	62.5
HS	74.3	74.1
HS+	80.4	81.6
COLLEGE GRADUATE	90.1	90.9
<b>HISTORIC</b>		
OK 1990		72.1
OK 1995		78.0
OK 2000		78.7
OK 2005		77.2
OK 2007		76.3
<b>STATE REGION</b>		
CENTRAL	77.8	81.0
NE	75.0	74.0
NW	76.8	79.4
SE	78.1	75.2
SW	78.9	81.7
TULSA	68.9	67.0

### Early prenatal care (PNC) is an important part of a healthy pregnancy.

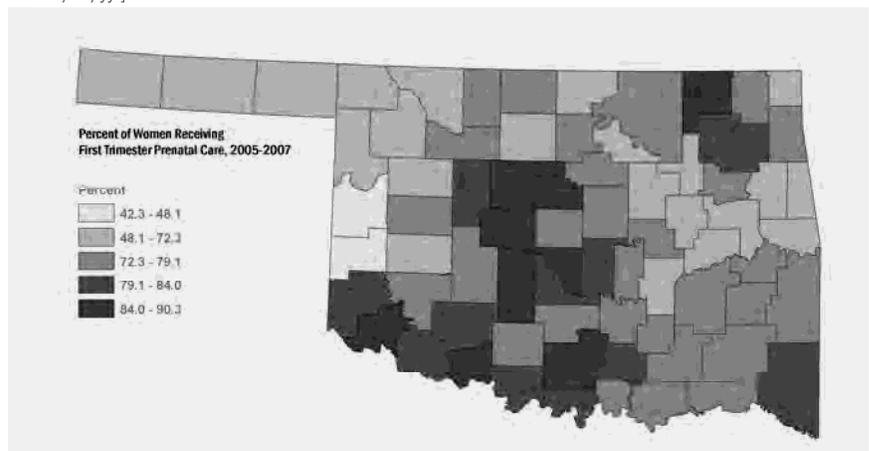
- In Oklahoma, 75 percent of expecting mothers entered care during the first trimester — well below the *Healthy People 2010* objective of 90 percent.<sup>1</sup>
- First trimester PNC was most common among women age 25+.
- Young mothers (age 18-24) were 12 percent less likely than mothers age 25-34 to receive early PNC.
- All racial/ethnic groups had substantially lower rates of first trimester PNC than non-Hispanic whites with the greatest disparity occurring between non-Hispanic whites (80.6 percent) and Hispanics (65.5 percent).
- First trimester PNC increased with a mother's education; 91 percent of college educated women entered prenatal care during the first trimester compared to 63 percent of women without a high school diploma.
- Eighty-one percent of pregnant women in the central and southwest regions received first trimester PNC, compared to 67 percent in the Tulsa region.
- The percent of mothers receiving first trimester PNC increased from 72 percent in 1990 to 78 percent in 2000, but has since dropped slightly to 76 percent.
- Non-Hispanic American Indian women receiving first trimester PNC dropped 3 percent between 2006 and 2007.
- Between 2006 and 2007, women receiving first trimester PNC in the central region increased 4 percent, whereas the southeast region dropped 4 percent.

1 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, Nov. 2000.

**NOTE:** The Standard Live Birth Certificate has undergone a major revision which includes a change in how Entry into PNC was collected. The new certificate is being gradually implemented across all states, and as a result, the data is not comparable across states. In 2007, the National Center for Health Statistics only reported rates for those 22 states that asked the new question and did not release a rate for the United States. Oklahoma began data collection using the new question in April 2009.

For the purposes of this report Oklahoma data is available using the old question. National comparison/ranking data is not available, so unfortunately grades could not be calculated.

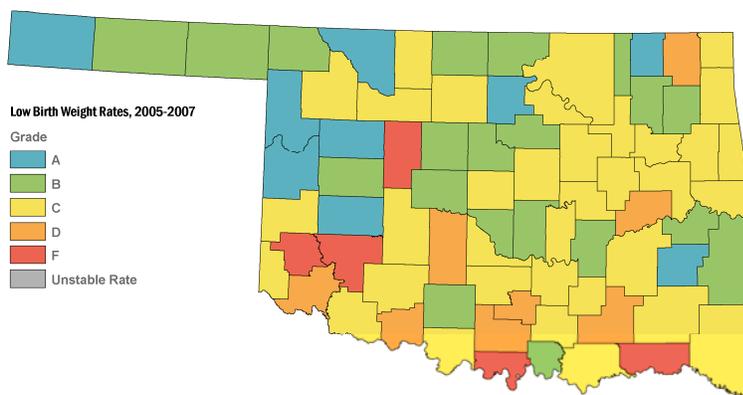
Old: Month Pregnancy Prenatal Care began [First, Second, Third, etc. New: Date of First Prenatal Care visit mm/dd/yy ].



## low birth weight

### Approximately eight percent of babies born in Oklahoma are low birth weight, ranking Oklahoma 27<sup>th</sup> in the U.S.

- Babies are termed low birth weight (LBW) if they are born weighing less than 2500 grams (5.5 pounds).
- The percentage of LBW births has increased 26 percent since 1990.
- The prevalence of LBW was 17 percent higher for girls than for boys.
- Women age 35+ had the highest rate of LBW births.
- Newborns of Hispanic women (6.2 percent) were less likely to be born at LBW than other racial/ethnic groups or any other demographic group.
- One in 7 non-Hispanic black infants was LBW – nearly two times the rate of all other groups.
- All racial/ethnic groups except for non-Hispanic American Indians had a decrease in their LBW rate since 2006. Non-Hispanic black women had the greatest decrease (4.5 percent).
- College graduates were 27 percent less likely than those without a high school education to have a LBW infant.
- The biggest change since 2006 was a decrease of LBW rates by 14 percent among women with more than a high school education.
- Despite their grade being the same (C), LBW rates ranged from 7.8 percent in the northwest region to 8.5 percent in the central region.
- The southwest region had the biggest decrease in LBW since 2007 (15 percent), while the largest increase was recorded for the northwest region (11 percent).



(PERCENT) 2006 2007 2007 GRADE

#### STATE COMPARISON

US	8.3	8.2	C
ALASKA (best)	6.0	5.7	A
OKLAHOMA	8.3	8.2	C
MISSISSIPPI (worst)	12.4	12.3	F

#### AGE IN YEARS

18 - 24	8.6	8.6	C
25 - 34	7.8	7.4	B
35 - 44	9.7	9.6	D
45 - 54	NA	NA	
55 - 64	NA	NA	
65 +	NA	NA	

#### GENDER

MALE	7.8	7.5	B
FEMALE	9.0	8.8	C

#### RACE/ETHNICITY

WHITE (NH)	7.9	7.8	C
BLACK (NH)	15.5	14.8	F
AMER INDIAN (NH)	7.2	7.5	B
HISPANIC	6.6	6.2	B

#### INCOME

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

#### EDUCATION

< HS	9.4	9.4	D
HS	8.7	8.6	C
HS+	8.3	7.1	B
COLLEGE GRADUATE	6.6	6.8	B

#### HISTORIC

OK 1990		6.5	B
OK 1995		6.9	B
OK 2000		7.5	B
OK 2005		8.0	C
OK 2007		8.2	C

#### STATE REGION

CENTRAL	8.9	8.4	C
NE	7.4	8.1	C
NW	7.0	7.8	C
SE	8.4	8.0	C
SW	9.4	8.0	C
TULSA	8.5	8.3	C

Note: A “-” is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH= Non-Hispanic

## dental visits (adults)

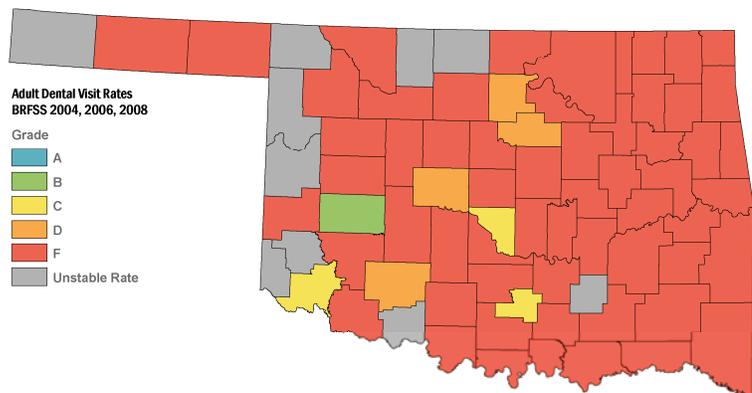
(PERCENT)	2006	2008	2008 GRADE
<b>STATE COMPARISON</b>			
US	70.3	71.3	C
CONNECTICUT (best)	80.5	80.3	A
OKLAHOMA (worst)	58.0	57.9	F
<b>AGE IN YEARS</b>			
18 - 24	59.3	50.2	F
25 - 34	56.8	58.0	F
35 - 44	59.8	61.0	F
45 - 54	61.5	58.9	F
55 - 64	57.2	60.1	F
65 +	52.9	56.4	F
<b>GENDER</b>			
MALE	56.7	54.3	F
FEMALE	59.2	61.4	F
<b>RACE/ETHNICITY</b>			
WHITE (NH)	60.4	60.8	F
BLACK (NH)	48.2	49.0	F
AMER INDIAN (NH)	53.6	52.5	F
HISPANIC	52.1	52.1	F
<b>INCOME</b>			
< \$15k	30.6	35.9	F
\$15k - 25k	42.3	38.9	F
\$25k - 49k	60.9	57.2	F
\$50k - 75k	70.3	73.1	C
\$75k +	80.1	76.9	B
<b>EDUCATION</b>			
< HS	34.4	37.0	F
HS	52.2	51.5	F
HS+	61.4	59.8	F
COLLEGE GRADUATE	76.8	74.4	B
<b>HISTORIC</b>			
OK 1990		NA	
OK 1995		NA	
OK 1999		62.3	F
OK 2004		61.3	F
OK 2008		57.9	F
<b>STATE REGION</b>			
CENTRAL	61.7	60.5	F
NE	53.4	55.9	F
NW	58.1	61.5	F
SE	52.4	51.8	F
SW	59.7	60.7	F
TULSA	61.9	58.6	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH = Non-Hispanic

### Fifty-eight percent of Oklahoma adults reported a dental visit in the previous year.

- Oklahoma ranked worst (51<sup>st</sup>) in the U.S. for the lowest percentage of adults visiting a dentist in the past year.<sup>1</sup>
- Since 1999, the percentage of adults with a dental visit decreased 7 percent. Most of this decline was since 2004.
- In 2008, women were 13 percent more likely than men to visit the dentist. This gap has increased since 2006 when the gap was just 4 percent.
- Non-Hispanic whites were most likely to have visited the dentist compared other race/ethnic groups.
- Higher levels of education and income were associated with being more likely to have visited a dentist within the past year.
- Adults with incomes under \$15,000 per year (36 percent) and without a high school education (37 percent) were least likely to have had a dental visit.
- Young adults (age 18-24) were least likely to have had a routine dental visit compared to other age groups. Only half of this age group saw a dentist in the past year.
- The southeast region had the lowest rate (52 percent), followed by the northwest region (56 percent).

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, 2008.



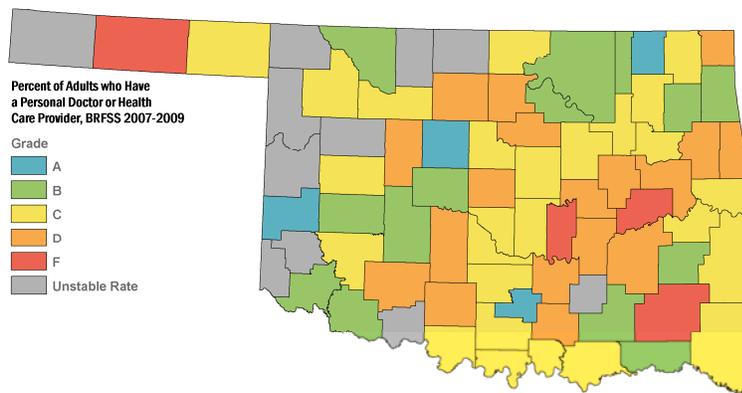
## usual source of care

### Oklahoma ranked 41<sup>st</sup> in the U.S. in the percentage of its population with a usual source of health care.<sup>1</sup>

- People with one or more personal health care providers are more likely to receive routine preventive health care services.<sup>2</sup>
- Both the U.S. and state rates have remained relatively steady since 2001.<sup>1</sup> The Oklahoma rate declined 4 percent since peaking at 80.2 percent in 2002.
- The percentage of Oklahoma adults with a usual source of care increased with age and was higher among women and non-Hispanic whites.
- Less than half of Oklahoma's Hispanic population had a usual source of health care.
- Having a usual source of care was more common as income and education increased.
- Overall, Oklahoma declined slightly since 2007 with the largest decline of 11.8 percent for 18-24 year olds followed by a decline of 9.2 percent for Hispanics. Other drops were seen among American Indians and those without a high school diploma.

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, 2001-2009.

2 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.



(PERCENT)	2007	2009	2009 GRADE
<b>STATE COMPARISON</b>			
US	79.1	81.0	C
NEW HAMPSHIRE (best)	88.0	89.9	A
OKLAHOMA	79.1	77.6	D
ALASKA (worst)	72.1	67.6	F
<b>AGE IN YEARS</b>			
18 - 24	60.8	53.6	F
25 - 34	67.3	64.8	F
35 - 44	77.2	76.2	D
45 - 54	83.1	82.0	C
55 - 64	87.9	88.1	B
65 +	93.8	93.3	A
<b>GENDER</b>			
MALE	75.4	72.7	F
FEMALE	82.6	82.2	C
<b>RACE/ETHNICITY</b>			
WHITE (NH)	82.3	81.2	C
BLACK (NH)	71.9	72.6	F
AMER INDIAN (NH)	82.5	78.1	D
HISPANIC	53.3	48.4	F
<b>INCOME</b>			
< \$15k	69.6	67.5	F
\$15k - 25k	68.1	67.5	F
\$25k - 49k	80.4	79.1	C
\$50k - 75k	86.4	84.4	B
\$75k +	88.7	85.9	B
<b>EDUCATION</b>			
< HS	63.9	60.5	F
HS	75.1	73.9	D
HS+	83.0	81.2	C
COLLEGE GRADUATE	87.8	85.7	B
<b>HISTORIC</b>			
OK 1990		NA	
OK 1995		NA	
OK 2001		80.8	C
OK 2005		78.4	C
OK 2009		77.6	D
<b>STATE REGION</b>			
CENTRAL	75.7	76.2	D
NE	80.5	78.0	D
NW	82.8	78.8	C
SE	78.2	78.2	D
SW	80.6	79.4	C
TULSA	80.0	77.0	D

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFS data, which result in unstable rates. NH= Non-Hispanic

## no insurance coverage

(RATE PER 100,000)	2007	2009	2009 GRADE
<b>STATE COMPARISON</b>			
US	15.0	14.3	C
MASSACHUSETTS (best)	6.2	5.3	A
OKLAHOMA	20.1	19.8	D
TEXAS (worst)	25.7	25.2	F
<b>AGE IN YEARS</b>			
18 - 24	36.4	43.7	F
25 - 34	29.7	30.6	F
35 - 44	23.6	21.7	F
45 - 54	18.2	16.8	D
55 - 64	15.1	13.5	C
65 +	2.5	1.6	A
<b>GENDER</b>			
MALE	20.6	19.5	D
FEMALE	19.7	20.0	D
<b>RACE/ETHNICITY</b>			
WHITE (NH)	16.3	16.6	D
BLACK (NH)	32.3	25.6	F
AMER INDIAN (NH)	18.2	20.4	D
HISPANIC	51.0	50.7	F
<b>INCOME</b>			
< \$15k	38.7	40.7	F
\$15k - 25k	38.0	36.5	F
\$25k - 49k	17.9	18.5	D
\$50k - 75k	8.7	6.8	A
\$75k +	3.2	4.9	A
<b>EDUCATION</b>			
< HS	37.7	42.1	F
HS	25.8	22.9	F
HS+	17.2	18.8	D
COLLEGE GRADUATE	7.2	7.6	A
<b>HISTORIC</b>			
OK 1991		19.7	D
OK 1995		14.9	C
OK 2000		16.9	D
OK 2005		20.2	D
OK 2009		19.8	D
<b>STATE REGION</b>			
CENTRAL	23.6	18.9	D
NE	18.7	19.9	D
NW	16.3	19.0	D
SE	23.3	23.0	F
SW	16.0	18.3	D
TULSA	18.8	20.0	D

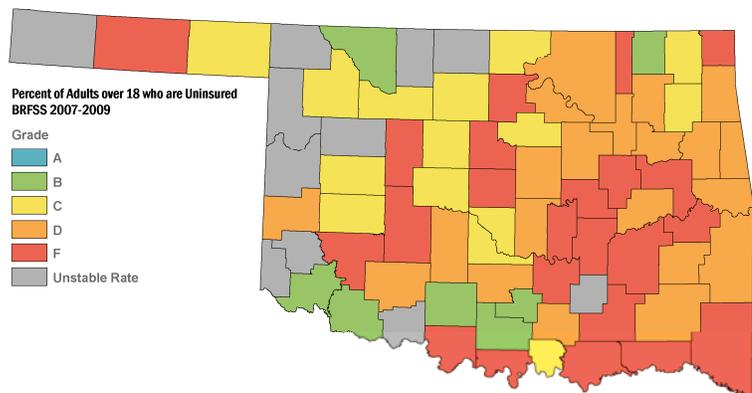
Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH = Non-Hispanic

### Oklahoma has the 48<sup>th</sup> highest rate of uninsured adults in the U.S.

- Oklahoma's adult uninsured rate was almost 40 percent higher than the U.S rate.<sup>1</sup>
- Not having health care coverage is a barrier to accessing medical care.<sup>2</sup>
- Individuals without health insurance are less likely to receive preventive care, are more likely to delay treatment, and contribute to rising health care costs.<sup>2</sup>
- Oklahoma's uninsured rates improved as age, income, and education levels increased.
- Half of Oklahoma's Hispanic population were uninsured in 2009.
- Oklahoma's southeast region had the highest rate of uninsured in the state.
- The rate of uninsured had a relative increase of 20 percent among 18-24 year olds, 53 percent for individuals with a household income of \$75,000+, and 17 percent for those in the northwest region.
- The rate of uninsured decreased 21 percent among blacks, 22 percent for individuals with a household income of \$50,000-\$74,999, and 20 percent for those in the central region.

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, 2009.

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>>.



# poverty

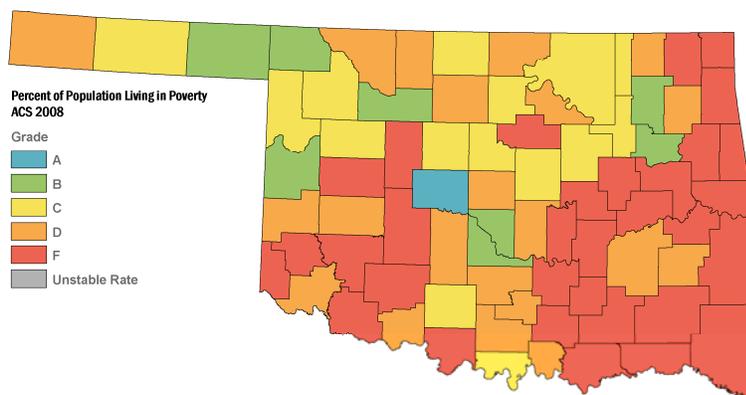
## One in 6 Oklahomans lives in poverty.

- In 2008, Oklahoma ranked 41<sup>st</sup> worst in the U.S. in the percentage of residents living in poverty.<sup>1</sup>
- The percentage of Oklahomans living in poverty was 19 percent worse than the U.S. rate.<sup>1</sup>
- The U.S. Census Bureau establishes poverty thresholds which reflect the point under which people lack the basic resources necessary to have a healthy standard of living.<sup>2</sup>
- 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>3</sup>
- Oklahoma's women, younger adults, and non-whites had the highest rates of poverty in 2008.
- Oklahoma's poverty rate improved as education levels increased.
- Oklahoma's southeast region had the highest rate of poverty in the state.
- The percentage of those living in poverty improved 16 percent among American Indians, 9 percent among Hispanics, and 12 percent among those in the southwest region.

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 U.S. Census Bureau. How the Census Bureau Measures Poverty. Available at <<http://www.census.gov/hhes/www/poverty/methods/definitions.html>>.

3 National Center for Health Statistics. Health, United States, 2009: With Special Feature on Medical Technology. Hyattsville, MD. 2010.



(RATE PER 100,000) 2007 2008 2008 GRADE

### STATE COMPARISON

US	13.0	13.2	C
NEW HAMPSHIRE (best)	7.1	7.8	A
OKLAHOMA	15.9	15.7	D
MISSISSIPPI (worst)	20.6	20.8	F

### AGE IN YEARS

18 - 24	25.1	24.5	F
25 - 34	16.6	16.6	D
35 - 44	12.2	12.6	C
45 - 54	10.9	10.3	B
55 - 64	9.8	9.9	B
65 +	10.1	10.9	B

### GENDER

MALE	14.2	14.1	C
FEMALE	17.5	17.7	F

### RACE/ETHNICITY

WHITE (NH)	12.5	12.7	C
BLACK	27.4	28.6	F
AMER INDIAN	23.6	19.8	F
HISPANIC	29.0	26.3	F

### INCOME

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

### EDUCATION

< HS	26.7	25.8	F
HS	13.6	14.0	C
HS+	9.1	9.6	B
COLLEGE GRADUATE	4.2	4.4	A

### HISTORIC

OK 1990		16.7	D
OK 1995		16.7	D
OK 2000		14.7	C
OK 2005		16.5	D
OK 2008		15.9	D

### STATE REGION

CENTRAL	14.6	14.9	D
NE	17.5	16.5	D
NW	14.0	12.9	C
SE	21.6	20.1	F
SW	18.9	16.6	D
TULSA	14.2	13.6	C

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH= Non-Hispanic

# occupational fatalities

(RATE PER 100,000)	2006	2007	2007 GRADE
<b>STATE COMPARISON</b>			
US	2.2	2.1	C
RHODE ISLAND (best)	1.2	0.6	B
OKLAHOMA	3.8	3.6	D
WYOMING (worst)	8.7	11.4	F
<b>AGE IN YEARS</b>			
15 - 24	1.5	3.2	D
25 - 34	2.9	3.5	D
35 - 44	5.5	4.9	F
45 - 54	3.8	4.7	F
55 - 64	6.0	3.0	D
65 +	3.6	2.3	C
<b>GENDER</b>			
MALE	6.9	6.8	F
FEMALE	0.8	0.6	B
<b>RACE/ETHNICITY</b>			
WHITE (NH)	3.9	3.4	D
BLACK (NH)	1.9	2.8	C
AMER INDIAN (NH)	3.5	4.7	F
HISPANIC	4.3	5.8	F
<b>INCOME</b>			
< \$15k	NA	NA	
\$15k - 25k	NA	NA	
\$25k - 49k	NA	NA	
\$50k - 75k	NA	NA	
\$75k +	NA	NA	
<b>EDUCATION</b>			
< HS	NA	NA	
HS	NA	NA	
HS+	NA	NA	
COLLEGE GRADUATE	NA	NA	
<b>HISTORIC</b>			
OK 1991		2.5	C
OK 1995		7.0	F
OK 2000		2.9	C
OK 2005		4.2	D
OK 2007		3.6	D
<b>STATE REGION</b>			
CENTRAL	2.3	2.7	C
NE	4.1	2.3	C
NW	7.5	5.9	F
SE	4.0	4.8	F
SW	4.3	6.5	F
TULSA	2.9	2.6	C

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates. NH = Non-Hispanic

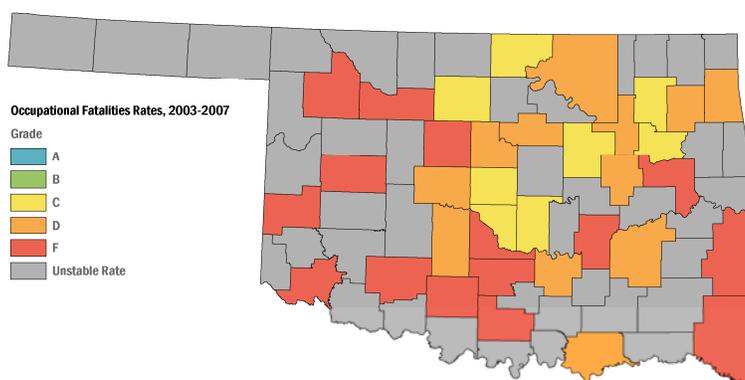
## Oklahoma ranks 44th in the U.S. in occupational fatalities.<sup>1</sup>

- Approximately 100 Oklahomans die every year from work-related injuries.<sup>2</sup>
- Deaths occurred most commonly among 35-54 year olds.<sup>3</sup>
- Almost all (93 percent) work-related deaths in Oklahoma were among males.<sup>3</sup>
- The leading causes of work-related deaths included motor vehicle crashes (37 percent), machinery (16 percent), and falls from elevation (12 percent).<sup>3</sup>
- Other common causes of work-related deaths included homicide/assault, being struck/crushed by an object, electrocution, and fire/explosion.<sup>3</sup>
- Occupations resulting in the greatest number of fatalities were truck driving/delivery (24 percent), followed by farming/ranching (17 percent) and construction (10 percent).<sup>3</sup>
- Work-related incidents most commonly occurred in the summer months.<sup>3</sup>
- Incidents most commonly occurred between noon and 4:00 p.m.<sup>3</sup>
- Death rates were highest in western Oklahoma.

1 United Health Foundation. *America's Health Rankings - 2010 Edition*. December 2010. Available at <<http://www.americashealthrankings.org/measure/2010/List percent20All/Occupational percent20Fatalities.aspx>>.

2 United States Department of Labor, Bureau of Labor Statistics. *Census of Fatal Occupational Injuries - Current and Revised Data*. August 2010. Available at <<http://www.bls.gov/iif/oshcfoi1.htm>>.

3 Oklahoma State Department of Health, Injury Prevention Service. *Work-Related Deaths in Oklahoma, 1998 - 2007*. Retrieved from <<http://www.ok.gov/health/documents/Work-related percent20Deaths percent20color.pdf>>.



# preventable hospitalizations

## Preventable hospitalizations give insight into primary and preventive care.

- Preventable hospitalizations are hospital stays that may have been avoided with timely and effective outpatient care and self-management.<sup>1</sup>
- The U.S. spent \$30.8 billion in potentially avoidable hospital costs in 2006.<sup>2</sup>
- If low income area residents were hospitalized at the same rate as high income area residents, the U.S. would have saved \$4 billion in 2007.<sup>3</sup>
- Oklahoma and other southern U.S. states had the highest rates of hospitalization for most of the preventable chronic and acute conditions.<sup>4</sup>
- Oklahoma had 57,512 preventable hospitalizations in 2008 – this translates to more than \$1 billion in hospital charges.
- The highest rate of preventable hospitalization occurred among patients 75 years of age and older.
- Counties in the Tulsa area and in central Oklahoma had the lowest rates of preventable hospitalizations.
- 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>4</sup>

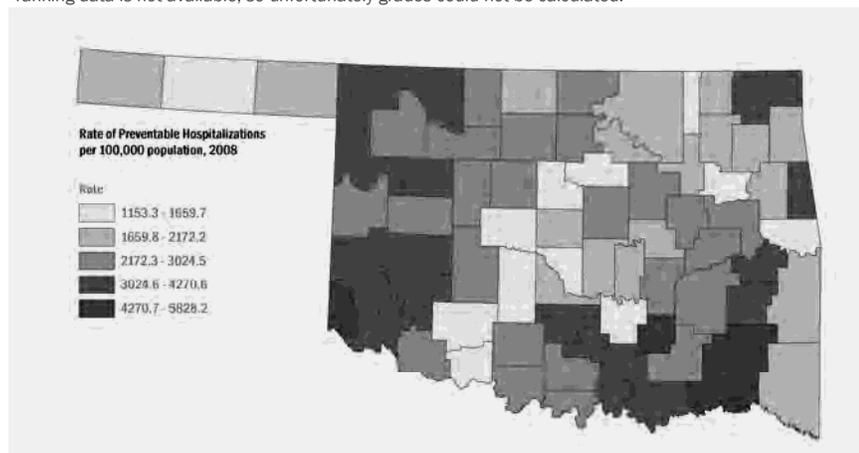
1 Kruzikas, DT, Jiang, HJ, Remus, D, Barrett, ML, Coffey, RM, Andrews, R. (2004). Preventable Hospitalizations: A Window Into Primary and Preventive Care, 2000. *HCUP Fact Book No. 5*; AHRQ Publication No. 04-0056. U.S. Agency for Healthcare Research and Quality, Rockville, MD.

2 Jiang, HJ, Russo, CA, Barrett, ML. (2009). Nationwide Frequency and Costs of Potentially Preventable Hospitalizations, 2006. *HCUP Statistical Brief #72*. April 2009. U.S. Agency for Healthcare Research Quality, Rockville, MD.

3 Moy, E, Barrett, M, Ho, K. (2011). Potentially Preventable Hospitalizations - United States, 2004-2007. *MMWR Supplements*. January 14, 2011/60(01); 80-83.

4 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 2008, the NIS consisted of approximately 8 million records from 1,056 hospitals located in 42 states. HCUP publicly releases the data as a national estimate, but not on a state-by-state basis. National comparison/ranking data is not available, so unfortunately grades could not be calculated.



(RATE PER 100,000)      2007      2008

### STATE COMPARISON

US	1878.5	1762.6
best		NA
OKLAHOMA	2138.3	2120.9
worst		NA

### AGE IN YEARS

18 - 39	449.6	430.2
40 - 64	1595.9	1588.7
65 - 74	4760.3	4634.6
75 +	9935.4	9917.8

### GENDER

MALE	1782.6	1745.9
FEMALE	2475.6	2476.8

### RACE/ETHNICITY

WHITE	2378.8	2368.2
BLACK	2654.0	2508.5
AMER INDIAN	1586.9	1570.3
HISPANIC	497.8	550.4

### INCOME

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

### EDUCATION

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

### HISTORIC

OK 1990		NA
OK 1995		NA
OK 2000		NA
OK 2005		NA
OK 2008		2120.9

### STATE REGION

CENTRAL	1709.2	1716.7
NE	2101.9	2129.5
NW	2044.6	2100.6
SE	2766.3	2710.2
SW	2618.7	2499.0
TULSA	1862.6	1784.5



## county report cards





## Adair County

### Mortality and Leading Causes of Death

- Adair County's infant mortality was the fifth lowest in the state, about 40 percent lower than the state rate.
- Adair County ranked 73<sup>rd</sup> out of Oklahoma's 77 counties in age-adjusted total mortality.
- Heart disease was the leading cause of death in Adair County, followed by cancer, diabetes, chronic lower respiratory disease, and unintentional injury.
- Deaths from influenza/pneumonia and suicide were not as common in Adair County, and rates were lower than the state rate.
- Adair County ranked 75<sup>th</sup> out of 77 counties for deaths due to diabetes and 75<sup>th</sup> for cancer deaths.

### Disease Rates

- Adair County had a very high prevalence of diabetes, 53 percent higher than the state's prevalence.

### Risk Factors, Behaviors and Socioeconomic Factors

- Adair County had the worst ranking in the state for fruit/vegetable consumption and senior flu vaccination.
- Adair County ranked second to last in the state for senior pneumonia vaccination, and ranked near the bottom of the counties for obesity, teen fertility, and percentage of residents living in poverty.

### Changes from Previous Report

- The infant mortality rate and mortality from influenza/pneumonia each decreased 31 percent.
- The prevalence of diabetes and obesity among adults increased 91 percent and 22 percent, respectively.
- Adults consuming the recommended servings of fruits and vegetables decreased 47 percent.
- The prevalence of smoking and asthma decreased 23 and 20 percent, respectively.
- The number of poor mental and physical health days decreased 32 percent and 25 percent, respectively.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	7.5	5.2	B
TOTAL (RATE PER 100,000)	1073.1	1102.4	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	265.2	273.2	F
CANCER	233.0	246.6	F
STROKE	43.8	45.9	D
CHRONIC LOWER RESPIRATORY DISEASE	69.3	71.2	F
UNINTENTIONAL INJURY	64.1	62.4	F
DIABETES	86.0	92.7	F
INFLUENZA/PNEUMONIA	16.4	11.4	B
ALZHEIMER'S DISEASE	29.3	26.4	D
NEPHRITIS (KIDNEY DISEASE)	28.0	31.4	F
SUICIDE	11.5	11.3	C
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	8.8%	16.8%	F
ASTHMA PREVALENCE	11.8%	9.4%	C
CANCER INCIDENCE (RATE PER 100,000)	514.8	482.4	C
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	12.9%	6.9%	F
NO PHYSICAL ACTIVITY	37.5%	32.6%	F
SMOKING	32.8%	25.4%	F
OBESITY	32.1%	39.1%	F
IMMUNIZATIONS < 3 YEARS	79.8%	79.3%	B
SENIORS FLU VACCINATION	64.0%	59.0%	F
SENIORS PNEUMONIA VACCINATION	52.9%	54.8%	F
LIMITED ACTIVITY DAYS (AVG)	6.9	6.0	F
POOR MENTAL HEALTH DAYS (AVG)	3.7	2.5	A
POOR PHYSICAL HEALTH DAYS (AVG)	5.2	3.9	C
GOOD OR BETTER HEALTH RATING	73.3%	81.4%	D
TEEN FERTILITY (RATE PER 1,000)	47.8	43.5	F
FIRST TRIMESTER PRENATAL CARE	71.7%	72.0%	
LOW BIRTHWEIGHT	8.1%	8.2%	C
ADULT DENTAL VISITS	44.1%	51.2%	F
USUAL SOURCE OF CARE	77.9%	73.6%	D
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	18.9%	16.8%	D
POVERTY	22.4%	22.9%	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Alfalfa County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	-	-	
TOTAL (RATE PER 100,000)	758.4	764.7	C
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	207.3	219.0	D
CANCER	138.4	156.4	B
STROKE	57.0	46.2	D
CHRONIC LOWER RESPIRATORY DISEASE	38.5	40.5	C
UNINTENTIONAL INJURY	67.5	71.7	F
DIABETES	26.3	34.6	F
INFLUENZA/PNEUMONIA	36.2	40.0	F
ALZHEIMER'S DISEASE	7.2	-	
NEPHRITIS (KIDNEY DISEASE)	20.1	20.4	D
SUICIDE	6.5	-	
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	-	-	
ASTHMA PREVALENCE	-	-	
CANCER INCIDENCE (RATE PER 100,000)	537.9	521.0	D
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	-	
NO PHYSICAL ACTIVITY	-	-	
SMOKING	-	-	
OBESITY	-	-	
IMMUNIZATIONS < 3 YEARS	70.0%	66.7%	C
SENIORS FLU VACCINATION	-	-	
SENIORS PNEUMONIA VACCINATION	-	-	
LIMITED ACTIVITY DAYS (AVG)	-	-	
POOR MENTAL HEALTH DAYS (AVG)	3.4	-	
POOR PHYSICAL HEALTH DAYS (AVG)	6.1	-	
GOOD OR BETTER HEALTH RATING	-	-	
TEEN FERTILITY (RATE PER 1,000)	17.1	14.7	B
FIRST TRIMESTER PRENATAL CARE	72.8%	75.7%	
LOW BIRTHWEIGHT	8.5%	8.5%	C
ADULT DENTAL VISITS	-	-	
USUAL SOURCE OF CARE	-	-	
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	-	-	
POVERTY	16.0%	17.0%	D

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Alfalfa County ranked second out of Oklahoma's 77 counties in age-adjusted total mortality.
- Alfalfa County's leading cause of death was heart disease, followed by cancer and unintentional injury.
- Alfalfa County had one of the lowest mortality rates for cancer and chronic lower respiratory disease in the state.
- Alfalfa County had one of the state's highest rates of mortality due to influenza/pneumonia.

### Disease Rates

- Alfalfa County's cancer incidence was slightly higher than the state and national rates.

### Risk Factors, Behaviors and Socioeconomic Factors

- Because Alfalfa County is small, rates for most risk factors and behaviors were unavailable.
- Alfalfa County had a low birth rate among teens aged 15-17 years, 52 percent lower than the state's rate.
- The percent of Alfalfa County's female residents seeking prenatal care during their first trimester was similar to the state's rate.
- Alfalfa County's poverty rate was 8 percent higher than the state's poverty rate.

### Changes from Previous Report

- Mortality rates increased 13 percent for cancer and 32 percent for diabetes.
- The mortality rate for stroke decreased 19 percent.
- The rate of births to teens aged 15-17 years decreased 14 percent.



## Atoka County

### Mortality and Leading Causes of Death

- Atoka County's infant mortality rate was higher than the state and national rates by 13 percent and 43 percent, respectively.
- Atoka County had a mortality rate that was 11 percent higher than the national rate but was low for the state, ranking tenth out of Oklahoma's 77 counties in age-adjusted total mortality.
- Atoka County's leading causes of death were heart disease, cancer, and unintentional injury.
- Atoka County had few deaths attributed to influenza/pneumonia and Alzheimer's disease.

### Disease Rates

- Atoka County's prevalence of diabetes was one of the highest in the state, 76 percent higher than the state's rate.
- Atoka County's incidence of cancer was 17 percent lower than the state rate, ranking the county sixth lowest (best) in the state.

### Risk Factors, Behaviors and Socioeconomic Factors

- Atoka County ranked as one of the worst counties in the state for fruit/vegetable consumption, senior influenza vaccination, number of poor mental health days, number of poor physical health days, and self-health rating .
- More than 1 in 4 adult residents in Atoka did not have health care coverage.
- One in 5 Atoka County residents lived in poverty.

### Changes from Previous Report

- The diabetes mortality rate increased 43 percent.
- Mortality attributed to nephritis decreased 30 percent.
- The prevalence of diabetes among adults increased 128 percent.
- The average number of poor mental days and poor physical health days increased 27 percent and 34 percent, respectively.
- Adults without health care coverage declined 25 percent (i.e., more adults had coverage).

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	10.0	9.7	F
TOTAL (RATE PER 100,000)	890.4	844.6	D
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	281.8	274.6	F
CANCER	180.6	178.4	C
STROKE	59.9	53.8	F
CHRONIC LOWER RESPIRATORY DISEASE	62.2	55.7	F
UNINTENTIONAL INJURY	65.1	61.2	F
DIABETES	26.1	37.4	F
INFLUENZA/PNEUMONIA	-	-	
ALZHEIMER'S DISEASE	10.2	-	
NEPHRITIS (KIDNEY DISEASE)	23.3	16.2	C
SUICIDE	17.1	17.3	F
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	8.5%	19.4%	F
ASTHMA PREVALENCE	10.1%	-	
CANCER INCIDENCE (RATE PER 100,000)	390.4	414.0	A
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	8.8%	F
NO PHYSICAL ACTIVITY	32.3%	27.6%	D
SMOKING	29.0%	21.1%	D
OBESITY	30.2%	30.9%	D
IMMUNIZATIONS < 3 YEARS	78.2%	75.5%	B
SENIORS FLU VACCINATION	-	64.5%	F
SENIORS PNEUMONIA VACCINATION	-	67.8%	C
LIMITED ACTIVITY DAYS (AVG)	5.6	5.8	F
POOR MENTAL HEALTH DAYS (AVG)	5.2	6.6	F
POOR PHYSICAL HEALTH DAYS (AVG)	5.3	7.1	F
GOOD OR BETTER HEALTH RATING	77.8%	69.4%	F
TEEN FERTILITY (RATE PER 1,000)	22.8	25.8	C
FIRST TRIMESTER PRENATAL CARE	78.4%	75.6%	
LOW BIRTHWEIGHT	10.1%	10.1%	D
ADULT DENTAL VISITS	51.4%	53.9%	F
USUAL SOURCE OF CARE	87.7%	84.8%	B
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	36.0%	27.1%	F
POVERTY	22.8%	20.8%	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Beaver County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	-	-	
TOTAL (RATE PER 100,000)	763.7	808.3	D
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	169.6	178.4	C
CANCER	180.4	186.4	C
STROKE	40.8	58.6	F
CHRONIC LOWER RESPIRATORY DISEASE	55.1	59.9	F
UNINTENTIONAL INJURY	82.2	81.5	F
DIABETES	22.3	30.9	F
INFLUENZA/PNEUMONIA	16.4	-	
ALZHEIMER'S DISEASE	45.7	44.6	F
NEPHRITIS (KIDNEY DISEASE)	-	-	
SUICIDE	-	36.2	F
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	7.3%	8.9%	C
ASTHMA PREVALENCE	-	-	
CANCER INCIDENCE (RATE PER 100,000)	466.6	410.2	A
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	9.2%	F
NO PHYSICAL ACTIVITY	36.4%	31.6%	F
SMOKING	43.5%	18.9%	C
OBESITY	25.1%	36.0%	F
IMMUNIZATIONS < 3 YEARS	85.1%	82.8%	A
SENIORS FLU VACCINATION	-	-	
SENIORS PNEUMONIA VACCINATION	-	-	
LIMITED ACTIVITY DAYS (AVG)	-	-	
POOR MENTAL HEALTH DAYS (AVG)	2.9	2.9	B
POOR PHYSICAL HEALTH DAYS (AVG)	3.5	2.7	A
GOOD OR BETTER HEALTH RATING	74.1%	82.8%	D
TEEN FERTILITY (RATE PER 1,000)	25.6	17.4	B
FIRST TRIMESTER PRENATAL CARE	69.2%	72.3%	
LOW BIRTHWEIGHT	7.5%	7.5%	B
ADULT DENTAL VISITS	50.4%	50.5%	F
USUAL SOURCE OF CARE	71.2%	80.8%	C
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	28.9%	15.0%	C
POVERTY	12.2%	10.9%	B

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Beaver County ranked fourth out of Oklahoma's 77 counties in age-adjusted total mortality.
- Cancer was the leading cause of death in Beaver County, followed heart disease, unintentional injury, and chronic lower respiratory disease.
- Beaver County had the second lowest mortality rate for heart disease and one of the highest rates for Alzheimer's disease deaths in the state.
- Beaver County had an unintentional injury mortality rate that was more than double the national rate.

### Disease Rates

- Beaver County's prevalence of diabetes was higher than the national rate, but lower than the state rate, ranking the county 12<sup>th</sup> in the state.
- Beaver County's incidence of cancer was 18 percent lower than the state rate, ranking the county fifth lowest (best) in the state.

### Risk Factors, Behaviors and Socioeconomic Factors

- Beaver County had a low rate of current smoking, ranking the county tenth in the state.
- Beaver County ranked fourth in the percentage of children under 3 years of age that completed the primary immunization series.
- Beaver County residents experienced few mentally and physically unhealthy days.
- Beaver County's rate of births to teens aged 15-17 years was lower than both the state and national rates.
- Beaver County ranked sixth in the state for poverty, with fewer than 11 percent of residents living in poverty. This rate was better than the national rate.

### Changes from Previous Report

- Mortality rates increased 44 percent for stroke and 39 percent for diabetes.
- The prevalence of diabetes and obesity increased 22 percent and 43 percent, respectively.
- The prevalence of adult smokers declined 57 percent.
- Adults without health care coverage decreased 74 percent.



## Beckham County

### Mortality and Leading Causes of Death

- Beckham County's infant mortality rate was the third lowest (best) in the state and was 25 percent lower than the national rate.
- Beckham County ranked 76<sup>th</sup> in age-adjusted total mortality.
- Heart disease was the leading cause of death in Beckham County, followed by cancer and unintentional injury.
- Beckham County's mortality rates were almost double the state's rates for deaths due to unintentional injury, diabetes, influenza/pneumonia, and Alzheimer's disease.

### Disease Rates

- Beckham County's prevalence of diabetes was 57 percent higher than the national rate and 18 percent higher than the state rate.
- Beckham County's prevalence of asthma was 58 percent higher than the national rate and 40 percent higher than the state rate.
- Beckham County's incidence of cancer was second highest in the state, with a rate 22 percent higher than the state rate.

### Risk Factors, Behaviors and Socioeconomic Factors

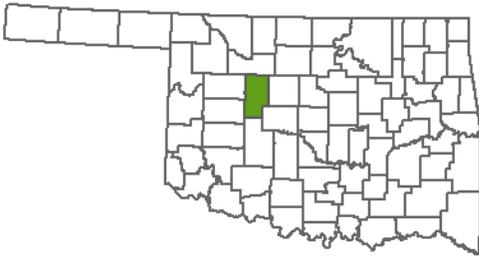
- Beckham County residents experienced few mentally unhealthy days, ranking the county fifth (best) in the state.
- Ninety-one percent of Beckham County's adult residents had a usual source of health care, ranking the county second in the state.
- Beckham County ranked last (worst) in the percentage of women seeking prenatal care during their first trimester.

### Changes from Previous Report

- Mortality rates increased 20 percent for chronic lower respiratory disease and unintentional injury.
- The prevalence of diabetes among adults increased 49 percent.
- Twenty-six percent fewer children completed the primary immunization series.
- The number of limited activity days, poor mental health days, and poor physical health days declined 28 percent, 49 percent, and 28 percent, respectively.
- The number of physically inactive adults and adults without health care coverage declined 25 percent and 31 percent, respectively.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	6.0	5.1	<b>B</b>
TOTAL (RATE PER 100,000)	1091.6	1126.9	<b>F</b>
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	269.8	294.3	<b>F</b>
CANCER	219.6	188.7	<b>D</b>
STROKE	41.2	44.5	<b>C</b>
CHRONIC LOWER RESPIRATORY DISEASE	63.9	77.6	<b>F</b>
UNINTENTIONAL INJURY	86.0	102.8	<b>F</b>
DIABETES	44.0	47.3	<b>F</b>
INFLUENZA/PNEUMONIA	37.9	43.4	<b>F</b>
ALZHEIMER'S DISEASE	45.1	52.5	<b>F</b>
NEPHRITIS (KIDNEY DISEASE)	19.3	19.8	<b>D</b>
SUICIDE	22.9	18.9	<b>F</b>
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	8.7%	13.0%	<b>F</b>
ASTHMA PREVALENCE	16.4%	13.9%	<b>F</b>
CANCER INCIDENCE (RATE PER 100,000)	583.3	604.4	<b>F</b>
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	17.5%	<b>F</b>
NO PHYSICAL ACTIVITY	35.7%	26.7%	<b>D</b>
SMOKING	29.2%	25.1%	<b>F</b>
OBESITY	29.4%	30.6%	<b>D</b>
IMMUNIZATIONS < 3 YEARS	79.4%	59.1%	<b>D</b>
SENIORS FLU VACCINATION	67.3%	74.1%	<b>B</b>
SENIORS PNEUMONIA VACCINATION	62.4%	65.0%	<b>D</b>
LIMITED ACTIVITY DAYS (AVG)	6.8	4.9	<b>D</b>
POOR MENTAL HEALTH DAYS (AVG)	4.3	2.2	<b>A</b>
POOR PHYSICAL HEALTH DAYS (AVG)	5.8	4.2	<b>D</b>
GOOD OR BETTER HEALTH RATING	80.4%	77.9%	<b>F</b>
TEEN FERTILITY (RATE PER 1,000)	29.7	34.4	<b>D</b>
FIRST TRIMESTER PRENATAL CARE	34.4%	42.3%	<b>F</b>
LOW BIRTHWEIGHT	8.5%	8.5%	<b>C</b>
ADULT DENTAL VISITS	57.0%	55.5%	<b>F</b>
USUAL SOURCE OF CARE	85.6%	90.9%	<b>A</b>
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	27.5%	19.0%	<b>D</b>
POVERTY	17.5%	15.8%	<b>D</b>

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## Blaine County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	9.7	6.5	C
TOTAL (RATE PER 100,000)	951.5	953.5	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	321.8	300.3	F
CANCER	176.9	197.2	D
STROKE	54.8	49.8	D
CHRONIC LOWER RESPIRATORY DISEASE	48.3	41.7	C
UNINTENTIONAL INJURY	71.3	62.3	F
DIABETES	51.9	44.9	F
INFLUENZA/PNEUMONIA	25.2	17.7	C
ALZHEIMER'S DISEASE	-	-	A
NEPHRITIS (KIDNEY DISEASE)	18.9	23.8	F
SUICIDE	-	-	B
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	15.1%	-	
ASTHMA PREVALENCE	8.9%	11.6%	F
CANCER INCIDENCE (RATE PER 100,000)	439.6	471.3	C
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	15.8%	F
NO PHYSICAL ACTIVITY	43.2%	29.6%	D
SMOKING	34.4%	18.7%	C
OBESITY	43.0%	26.7%	C
IMMUNIZATIONS < 3 YEARS	77.3%	76.8%	B
SENIORS FLU VACCINATION	68.6%	-	
SENIORS PNEUMONIA VACCINATION	66.0%	-	
LIMITED ACTIVITY DAYS (AVG)	6.3	-	
POOR MENTAL HEALTH DAYS (AVG)	3.6	1.7	A
POOR PHYSICAL HEALTH DAYS (AVG)	6.4	1.9	A
GOOD OR BETTER HEALTH RATING	63.5%	90.8%	A
TEEN FERTILITY (RATE PER 1,000)	28.1	33.6	D
FIRST TRIMESTER PRENATAL CARE	81.2%	79.5%	
LOW BIRTHWEIGHT	10.7%	10.7%	F
ADULT DENTAL VISITS	46.1%	41.6%	F
USUAL SOURCE OF CARE	86.5%	77.2%	D
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	17.5%	27.6%	F
POVERTY	21.7%	22.6%	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Blaine County ranked 37<sup>th</sup> in the state for age-adjusted total mortality.
- Heart disease, cancer, and unintentional injury were the top three leading causes of death in Blaine County.
- Blaine County had few deaths that were attributed to Alzheimer's disease and suicide.
- Blaine County ranked 65<sup>th</sup> out of 77 counties for deaths due to heart disease, with a rate 24 percent higher than the state rate.

### Disease Rates

- Asthma prevalence in Blaine County was 32 percent higher than the national rate and 16 percent higher than the state rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Residents of Blaine County had a positive perception of quality of life, having the highest self-health rating and the fewest number of mentally and physically unhealthy days in the state.
- Blaine County had smoking and obesity rates that were lower than the state rates and similar to national rates.
- Blaine County had one of the two worst rates of adults dental visits in the state.
- Blaine County had a poverty rate that was 71 percent higher than the national rate and 44 percent higher than the state rate.

### Changes from Previous Report

- The mortality rate declined 33 percent for infants and 30 percent for influenza/pneumonia
- Mortality attributed to nephritis increased 26 percent.
- The prevalence of asthma among adults increased 30 percent.
- Adults without health care coverage increased 58 percent.
- The prevalence of smoking and physical inactivity among adults declined 46 percent and 31 percent, respectively.
- The number of poor mental and physical health days declined 53 percent and 70 percent, respectively.
- Adults with positive perceptions of their health increased 43 percent.



## Bryan County

### Mortality and Leading Causes of Death

- Bryan County's ranked 58<sup>th</sup> in the state for age-adjusted total mortality.
- The leading causes of death in Bryan County were heart disease, cancer, and chronic lower respiratory disease.
- Mortality rates in Bryan County were higher than the state rates for most of the leading causes of death, with the exceptions of influenza/pneumonia and nephritis.
- Bryan County had the third highest rate of deaths due to chronic lower respiratory disease.

### Disease Rates

- The prevalence of diabetes in Bryan County was relatively low (rank: fifth) and 20 percent lower than the national rate.
- The prevalence of asthma in Bryan County was 58 percent higher than the national rate and 40 percent higher than the state rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Two in 5 adults in Bryan County were not physically active.
- More than 1 in 4 adults in Bryan County was a smoker.
- Bryan County's poverty rate was 29 percent higher than the state average and 54 percent higher than the national average.

### Changes from Previous Report

- Mortality rates increased 20 percent for chronic lower respiratory disease and suicide.
- The prevalence of diabetes among adults declined 44 percent.
- The prevalence of asthma among adults increased 63 percent.
- Adults who consumed the recommended servings of fruits and vegetables daily increased 81 percent.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	8.6	8.6	D
TOTAL (RATE PER 100,000)	1045.8	1032.5	F
<b>LEADING CAUSES OF DEATH (RATE PER 100,000)</b>			
HEART DISEASE	279.9	272.0	F
CANCER	216.4	209.9	F
STROKE	59.8	59.2	F
CHRONIC LOWER RESPIRATORY DISEASE	71.1	84.4	F
UNINTENTIONAL INJURY	74.5	73.3	F
DIABETES	39.8	38.3	F
INFLUENZA/PNEUMONIA	16.2	16.3	C
ALZHEIMER'S DISEASE	28.1	26.2	D
NEPHRITIS (KIDNEY DISEASE)	14.1	13.3	C
SUICIDE	18.7	22.6	F
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	11.7%	6.6%	B
ASTHMA PREVALENCE	6.5%	10.6%	D
CANCER INCIDENCE (RATE PER 100,000)	509.8	521.5	D
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	9.0%	16.3%	F
NO PHYSICAL ACTIVITY	34.5%	39.5%	F
SMOKING	31.0%	27.2%	F
OBESITY	27.2%	30.0%	D
IMMUNIZATIONS < 3 YEARS	79.8%	73.8%	B
SENIORS FLU VACCINATION	66.9%	70.6%	C
SENIORS PNEUMONIA VACCINATION	71.1%	68.1%	C
LIMITED ACTIVITY DAYS (AVG)	6.4	6.7	F
POOR MENTAL HEALTH DAYS (AVG)	4.5	4.6	F
POOR PHYSICAL HEALTH DAYS (AVG)	5.1	4.9	F
GOOD OR BETTER HEALTH RATING	72.1%	81.9%	D
TEEN FERTILITY (RATE PER 1,000)	36.6	37.1	F
FIRST TRIMESTER PRENATAL CARE	79.9%	78.3%	F
LOW BIRTHWEIGHT	8.3%	8.4%	C
ADULT DENTAL VISITS	56.5%	52.8%	F
USUAL SOURCE OF CARE	73.6%	80.3%	C
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	23.4%	21.5%	F
POVERTY	21.9%	20.3%	F

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## Caddo County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	8.0	7.5	C
TOTAL (RATE PER 100,000)	1048.4	1073.0	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	297.9	286.0	F
CANCER	221.0	228.2	F
STROKE	44.1	47.3	D
CHRONIC LOWER RESPIRATORY DISEASE	48.9	55.2	F
UNINTENTIONAL INJURY	68.6	94.5	F
DIABETES	61.1	52.1	F
INFLUENZA/PNEUMONIA	33.2	22.4	F
ALZHEIMER'S DISEASE	29.1	27.9	D
NEPHRITIS (KIDNEY DISEASE)	28.2	27.1	F
SUICIDE	11.2	10.1	C
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	13.0%	11.2%	F
ASTHMA PREVALENCE	8.5%	5.5%	A
CANCER INCIDENCE (RATE PER 100,000)	512.0	528.9	D
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	8.0%	13.1%	F
NO PHYSICAL ACTIVITY	28.2%	28.2%	D
SMOKING	17.6%	28.5%	F
OBESITY	31.1%	28.7%	C
IMMUNIZATIONS < 3 YEARS	71.2%	69.3%	C
SENIORS FLU VACCINATION	71.1%	79.9%	A
SENIORS PNEUMONIA VACCINATION	65.2%	77.5%	A
LIMITED ACTIVITY DAYS (AVG)	4.4	5.5	D
POOR MENTAL HEALTH DAYS (AVG)	3.8	4.5	F
POOR PHYSICAL HEALTH DAYS (AVG)	3.9	4.1	D
GOOD OR BETTER HEALTH RATING	83.5%	76.0%	F
TEEN FERTILITY (RATE PER 1,000)	32.1	31.2	D
FIRST TRIMESTER PRENATAL CARE	77.4%	78.6%	
LOW BIRTHWEIGHT	8.4%	8.4%	C
ADULT DENTAL VISITS	54.4%	53.7%	F
USUAL SOURCE OF CARE	82.9%	86.3%	B
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	16.1%	24.1%	F
POVERTY	21.2%	21.3%	F

Note: A "." is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Caddo County ranked 68<sup>th</sup> in the state for age-adjusted total mortality, with a rate that was 41 percent higher than the national rate and 15 percent higher than the state rate.
- Caddo County's leading causes of death were heart disease, cancer, and unintentional injury.
- Caddo County had the ninth lowest mortality rate for suicides.

### Disease Rates

- Caddo County had the fourth lowest rate of asthma prevalence in the state, with a rate that was 38 percent lower than the national rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Caddo County had relatively high rates of influenza and pneumonia vaccinations for its seniors.
- Caddo County ranked seventh in the state for the percentage of residents who had a usual health care provider.
- One in 4 residents did not have health care coverage and 1 in 5 residents lived in poverty.

### Changes from Previous Report

- The unintentional injury mortality rate increased 38 percent.
- Mortality rates declined 15 percent for diabetes and 33 percent for influenza/pneumonia.
- The prevalence of asthma among adults decreased 35 percent.
- Adults consuming the recommended servings of fruits and vegetables daily increased 64 percent.
- Seniors who received vaccinations for influenza and pneumonia increased 12 percent and 19 percent, respectively.
- Adult smokers increased 62 percent.
- The number of limited activity days and poor mental health days increased 25 percent and 18 percent, respectively.
- Adults without health care coverage increased 50 percent.



## Canadian County

### Mortality and Leading Causes of Death

- Canadian County ranked sixth in the state for age-adjusted total mortality, with a rate that was 12 percent lower than the state rate.
- Canadian County's leading causes of death were heart disease, cancer, and stroke.
- Canadian County had the ninth lowest mortality rate for suicides.

### Disease Rates

- Canadian County had the ninth lowest rate of asthma prevalence in the state, with a rate that was 19 percent lower than the national rate.

### Risk Factors, Behaviors and Socioeconomic Factors

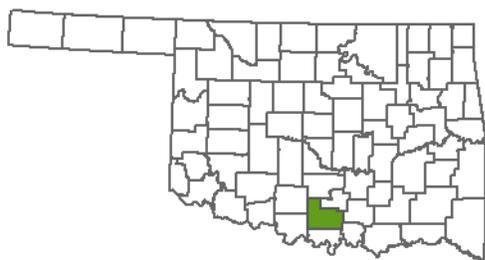
- Canadian County had a relatively high rate of pneumonia vaccination for its seniors.
- More than 90 percent of pregnant females were receiving early prenatal care, ranking Canadian County second best in the state for this indicator.
- Canadian County had the lowest percentage of residents living in poverty, and received the only "A" grade in the state for this indicator.

### Changes from Previous Report

- The mortality rate increased 14 percent for infants and 25 percent for nephritis.
- Diabetes mortality declined 17 percent.
- The prevalence of diabetes among adults increased 51 percent.
- The prevalence of asthma among adults declined 15 percent.
- Obese adults increased 24 percent, and the number of limited activity days increased 41 percent.
- Seventeen percent fewer children had completed the primary immunization series.
- Adults without health care coverage declined 31 percent.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	7.2	8.2	D
TOTAL (RATE PER 100,000)	836.0	819.5	D
<b>LEADING CAUSES OF DEATH (RATE PER 100,000)</b>			
HEART DISEASE	238.0	206.0	C
CANCER	178.7	188.8	D
STROKE	52.5	52.6	F
CHRONIC LOWER RESPIRATORY DISEASE	49.2	51.4	D
UNINTENTIONAL INJURY	40.6	45.1	C
DIABETES	27.2	22.7	C
INFLUENZA/PNEUMONIA	23.4	20.1	D
ALZHEIMER'S DISEASE	26.3	28.3	D
NEPHRITIS (KIDNEY DISEASE)	11.5	14.4	C
SUICIDE	14.6	14.7	D
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	7.0%	10.6%	D
ASTHMA PREVALENCE	8.4%	7.1%	B
CANCER INCIDENCE (RATE PER 100,000)	522.0	519.3	D
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	15.2%	15.8%	F
NO PHYSICAL ACTIVITY	25.4%	26.4%	D
SMOKING	24.0%	20.8%	D
OBESITY	23.2%	28.7%	C
IMMUNIZATIONS < 3 YEARS	75.3%	62.4%	D
SENIORS FLU VACCINATION	69.8%	74.7%	B
SENIORS PNEUMONIA VACCINATION	67.3%	75.7%	A
LIMITED ACTIVITY DAYS (AVG)	3.4	4.8	D
POOR MENTAL HEALTH DAYS (AVG)	3.8	3.6	C
POOR PHYSICAL HEALTH DAYS (AVG)	3.4	3.3	B
GOOD OR BETTER HEALTH RATING	88.7%	87.1%	C
TEEN FERTILITY (RATE PER 1,000)	14.6	15.5	B
FIRST TRIMESTER PRENATAL CARE	89.9%	90.2%	B
LOW BIRTHWEIGHT	7.2%	7.2%	B
ADULT DENTAL VISITS	71.3%	67.6%	D
USUAL SOURCE OF CARE	80.3%	84.7%	B
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	18.0%	12.4%	C
POVERTY	8.6%	8.5%	A

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Carter County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	6.2	7.7	D
TOTAL (RATE PER 100,000)	1071.5	1059.3	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	295.2	289.5	F
CANCER	204.3	195.9	D
STROKE	63.1	60.8	F
CHRONIC LOWER RESPIRATORY DISEASE	73.9	65.4	F
UNINTENTIONAL INJURY	75.6	73.4	F
DIABETES	37.3	32.1	F
INFLUENZA/PNEUMONIA	39.2	34.8	F
ALZHEIMER'S DISEASE	21.1	19.1	B
NEPHRITIS (KIDNEY DISEASE)	20.0	23.2	F
SUICIDE	18.8	15.4	D
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	8.6%	9.3%	D
ASTHMA PREVALENCE	8.7%	11.4%	F
CANCER INCIDENCE (RATE PER 100,000)	491.0	506.1	D
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	20.5%	16.9%	F
NO PHYSICAL ACTIVITY	36.3%	33.3%	F
SMOKING	25.6%	26.6%	F
OBESITY	25.9%	26.9%	C
IMMUNIZATIONS < 3 YEARS	77.0%	74.9%	B
SENIORS FLU VACCINATION	64.7%	68.0%	D
SENIORS PNEUMONIA VACCINATION	64.7%	66.8%	D
LIMITED ACTIVITY DAYS (AVG)	7.3	5.1	D
POOR MENTAL HEALTH DAYS (AVG)	4.7	4.1	D
POOR PHYSICAL HEALTH DAYS (AVG)	4.1	4.5	F
GOOD OR BETTER HEALTH RATING	76.1%	79.1%	F
TEEN FERTILITY (RATE PER 1,000)	31.7	32.7	D
FIRST TRIMESTER PRENATAL CARE	86.5%	87.1%	
LOW BIRTHWEIGHT	10.4%	10.3%	D
ADULT DENTAL VISITS	56.5%	51.2%	F
USUAL SOURCE OF CARE	77.1%	81.8%	C
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	19.1%	12.2%	B
POVERTY	17.0%	16.4%	D

Note: A "." is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Carter County ranked 63<sup>rd</sup> in the state for age-adjusted total mortality, with a rate that was 14 percent higher than the state rate and 39 percent higher than the national rate.
- Carter County's leading causes of death were heart disease, cancer, and unintentional injury.

### Disease Rates

- Carter County fell within the middle of the counties in its prevalence of diabetes and asthma and its incidence of cancer, with rates that were higher than the national rates.

### Risk Factors, Behaviors and Socioeconomic Factors

- One in 3 Carter County adults was not physically active.
- Eighty-seven percent of pregnant females were receiving early prenatal care, ranking Carter County fourth best in the state for this indicator.
- Carter County had the fifth lowest poverty rate, with 1 in 8 residents living in poverty.

### Changes from Previous Report

- The mortality rate increased 24 percent for infants and 16 percent for nephritis.
- Mortality attributed to suicide declined 18 percent.
- The prevalence of asthma among adults increased 31 percent.
- Adults who consumed the recommended servings of fruits and vegetables daily decreased 18 percent.
- The number of limited activity days declined 30 percent, and adults without health care coverage decreased 36 percent.



## Cherokee County

### Mortality and Leading Causes of Death

- Cherokee County ranked 60<sup>th</sup> in the state for age-adjusted total mortality.
- Cherokee County's leading causes of death were heart disease, cancer, and stroke.
- Cherokee County had the sixth lowest rate of mortality due to Alzheimer's disease.

### Disease Rates

- Cherokee County had a relatively low incidence of cancer, ranking the county 12<sup>th</sup> in the state. Cherokee's rate was 7 percent lower than the national rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Cherokee County had one of the highest rates of adult smoking in the state, with almost 1 in 3 adults smoking.
- One in 3 adults was obese in Cherokee County.
- One in 5 Cherokee County adults was without health care coverage and 1 in 4 residents lived in poverty.

### Changes from Previous Report

- The Alzheimer's disease mortality rate increased 17 percent.
- Mortality attributed to suicide declined 24 percent.
- Prevalence of diabetes and obesity among adults each increased 18 percent.
- Adults consuming the recommended servings of fruits and vegetables daily declined 22 percent.
- The number of limited activity days decreased 28 percent.
- Adults without health care coverage declined 64 percent.
- Residents living in poverty increased 19 percent.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	9.3	8.9	D
TOTAL (RATE PER 100,000)	1049.8	1053.9	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	296.3	291.8	F
CANCER	195.2	194.4	D
STROKE	71.9	73.2	F
CHRONIC LOWER RESPIRATORY DISEASE	64.2	63.9	F
UNINTENTIONAL INJURY	69.3	74.7	F
DIABETES	36.5	35.7	F
INFLUENZA/PNEUMONIA	24.9	24.4	F
ALZHEIMER'S DISEASE	13.3	15.5	B
NEPHRITIS (KIDNEY DISEASE)	18.5	20.7	D
SUICIDE	18.5	14.0	D
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	11.4%	13.5%	F
ASTHMA PREVALENCE	9.4%	10.2%	D
CANCER INCIDENCE (RATE PER 100,000)	445.5	447.3	B
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	17.4%	13.6%	F
NO PHYSICAL ACTIVITY	35.2%	34.3%	F
SMOKING	30.4%	31.4%	F
OBESITY	27.3%	32.3%	F
IMMUNIZATIONS < 3 YEARS	81.9%	74.8%	B
SENIORS FLU VACCINATION	71.1%	68.5%	C
SENIORS PNEUMONIA VACCINATION	71.0%	68.5%	C
LIMITED ACTIVITY DAYS (AVG)	7.2	5.2	D
POOR MENTAL HEALTH DAYS (AVG)	4.7	4.4	F
POOR PHYSICAL HEALTH DAYS (AVG)	6.2	5.6	F
GOOD OR BETTER HEALTH RATING	71.6%	76.0%	F
TEEN FERTILITY (RATE PER 1,000)	34.7	33.7	D
FIRST TRIMESTER PRENATAL CARE	68.8%	68.5%	
LOW BIRTHWEIGHT	7.7%	7.7%	C
ADULT DENTAL VISITS	55.7%	59.1%	F
USUAL SOURCE OF CARE	68.0%	75.5%	D
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	32.7%	20.0%	D
POVERTY	21.2%	25.3%	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Choctaw County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	12.6	8.9	D
TOTAL (RATE PER 100,000)	1145.0	1122.2	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	364.1	347.6	F
CANCER	261.3	245.8	F
STROKE	51.7	52.4	F
CHRONIC LOWER RESPIRATORY DISEASE	69.4	54.7	F
UNINTENTIONAL INJURY	66.8	78.1	F
DIABETES	28.2	21.3	C
INFLUENZA/PNEUMONIA	38.3	40.4	F
ALZHEIMER'S DISEASE	22.3	19.0	B
NEPHRITIS (KIDNEY DISEASE)	13.5	13.0	C
SUICIDE	21.4	21.6	F
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	7.4%	11.6%	F
ASTHMA PREVALENCE	4.2%	7.4%	B
CANCER INCIDENCE (RATE PER 100,000)	602.4	588.0	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	29.7%	A
NO PHYSICAL ACTIVITY	32.0%	34.2%	F
SMOKING	34.0%	22.8%	D
OBESITY	23.6%	33.4%	F
IMMUNIZATIONS < 3 YEARS	72.6%	70.3%	C
SENIORS FLU VACCINATION	66.8%	67.7%	D
SENIORS PNEUMONIA VACCINATION	69.0%	60.0%	F
LIMITED ACTIVITY DAYS (AVG)	7.1	9.9	F
POOR MENTAL HEALTH DAYS (AVG)	3.9	3.2	B
POOR PHYSICAL HEALTH DAYS (AVG)	5.6	4.6	F
GOOD OR BETTER HEALTH RATING	73.7%	72.5%	F
TEEN FERTILITY (RATE PER 1,000)	41.7	39.0	F
FIRST TRIMESTER PRENATAL CARE	76.0%	74.3%	F
LOW BIRTHWEIGHT	10.8%	10.8%	F
ADULT DENTAL VISITS	53.0%	46.0%	F
USUAL SOURCE OF CARE	72.6%	85.9%	B
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	28.1%	31.3%	F
POVERTY	27.6%	24.7%	F

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### Mortality and Leading Causes of Death

- Choctaw County ranked 75<sup>th</sup> in the state for age-adjusted total mortality.
- Choctaw County's leading causes of death were heart disease, cancer, and unintentional injury.
- Choctaw County's rates of heart disease and cancer deaths were among the four worst county rates in the state.

### Disease Rates

- Choctaw County's prevalence of asthma was lower than both the state and national rates.
- Choctaw County had the fifth highest (worst) rate of cancer incidence, 18 percent higher than the state rate and 22 percent higher than the national rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Choctaw County had the highest rate of fruit and vegetable consumption in the state at almost 30 percent, making Choctaw the only county in the state to receive a grade of "A" for this indicator.
- Choctaw County had one of the highest rates of births to teens aged 15-17 years in the state.
- Choctaw County had the fourth highest (worst) rate of low birth weight births at almost 11 percent.
- Fewer than half of Choctaw County adults visited a dentist within the past year.
- More than 30 percent of Choctaw County adults were without health care coverage and one in four residents lived in poverty.

### Changes from Previous Report

- Mortality rates declined 29 percent for infants, 21 percent for chronic lower respiratory disease, and 24 percent for diabetes.
- The mortality rate for unintentional injury increased 17 percent.
- The prevalence of diabetes, asthma, and obesity increased among adults 57 percent, 76 percent, and 42 percent respectively.
- Adult smokers declined 33 percent and those with a usual health care provider increased 18 percent.
- The number of limited activity days increased 39 percent.



## Cimarron County

### Mortality and Leading Causes of Death

- Cimarron County ranked ninth in the state for age-adjusted total mortality. Cimarron's rate is 10 percent lower than the state rate and 10 percent higher than the national rate.
- Cimarron County's leading causes of death were heart disease, cancer, and unintentional injury.
- Cimarron County had the lowest rate of cancer mortality of all the state's counties.
- Cimarron County had the third highest unintentional injury mortality rate in the state.

### Disease Rates

- Cimarron County's incidence of cancer was a little lower than the state and national rates.

### Risk Factors, Behaviors and Socioeconomic Factors

- Because Cimarron County has a relatively small population, rates for most risk factors and behaviors are unavailable.
- Cimarron County's rate of birth to teens aged 15-17 years was 40 percent lower than the state rate and 18 percent lower than the national rate.
- Cimarron County had a relatively low rate of low birth weight births, 28 percent below the state and national rates.

### Changes from Previous Report

- The unintentional injury mortality rate increased 12 percent.
- Mortality rates decreased 11 percent for heart disease and 24 percent for Alzheimer's disease.
- The rate of births to teens aged 15-17 years increased 18 percent.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	-	-	
TOTAL (RATE PER 100,000)	820.8	837.2	D
<b>LEADING CAUSES OF DEATH (RATE PER 100,000)</b>			
HEART DISEASE	241.3	214.0	D
CANCER	117.6	121.7	A
STROKE	-	36.9	B
CHRONIC LOWER RESPIRATORY DISEASE	59.0	-	
UNINTENTIONAL INJURY	95.4	106.6	F
DIABETES	45.0	42.0	F
INFLUENZA/PNEUMONIA	-	-	
ALZHEIMER'S DISEASE	62.2	47.5	F
NEPHRITIS (KIDNEY DISEASE)	-	-	
SUICIDE	-	-	
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	-	-	
ASTHMA PREVALENCE	-	-	
CANCER INCIDENCE (RATE PER 100,000)	518.8	477.5	C
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	-	
NO PHYSICAL ACTIVITY	-	-	
SMOKING	-	-	
OBESITY	-	-	
IMMUNIZATIONS < 3 YEARS	70.0%	67.6%	C
SENIORS FLU VACCINATION	-	-	
SENIORS PNEUMONIA VACCINATION	-	-	
LIMITED ACTIVITY DAYS (AVG)	-	-	
POOR MENTAL HEALTH DAYS (AVG)	-	-	
POOR PHYSICAL HEALTH DAYS (AVG)	-	-	
GOOD OR BETTER HEALTH RATING	-	-	
TEEN FERTILITY (RATE PER 1,000)	15.4	18.2	B
FIRST TRIMESTER PRENATAL CARE	59.8%	63.4%	
LOW BIRTHWEIGHT	6.4%	5.9%	A
ADULT DENTAL VISITS	-	-	
USUAL SOURCE OF CARE	-	-	
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	-	-	
POVERTY	17.1%	16.3%	D

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Cleveland County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	6.3	6.3	C
TOTAL (RATE PER 100,000)	867.3	882.9	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	269.5	256.0	F
CANCER	166.1	175.8	C
STROKE	62.0	62.3	F
CHRONIC LOWER RESPIRATORY DISEASE	53.2	54.0	F
UNINTENTIONAL INJURY	37.8	38.2	C
DIABETES	25.5	23.5	C
INFLUENZA/PNEUMONIA	23.0	19.6	D
ALZHEIMER'S DISEASE	17.5	19.4	B
NEPHRITIS (KIDNEY DISEASE)	13.7	15.9	C
SUICIDE	10.5	9.8	C
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	5.3%	9.1%	C
ASTHMA PREVALENCE	8.9%	7.2%	B
CANCER INCIDENCE (RATE PER 100,000)	547.2	535.0	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	15.7%	16.1%	F
NO PHYSICAL ACTIVITY	22.1%	26.3%	D
SMOKING	21.2%	21.6%	D
OBESITY	23.5%	28.4%	C
IMMUNIZATIONS < 3 YEARS	78.7%	70.9%	C
SENIORS FLU VACCINATION	73.9%	70.7%	C
SENIORS PNEUMONIA VACCINATION	73.8%	74.0%	A
LIMITED ACTIVITY DAYS (AVG)	4.0	4.0	C
POOR MENTAL HEALTH DAYS (AVG)	4.2	3.4	C
POOR PHYSICAL HEALTH DAYS (AVG)	3.3	3.5	C
GOOD OR BETTER HEALTH RATING	88.4%	86.3%	C
TEEN FERTILITY (RATE PER 1,000)	13.5	12.9	B
FIRST TRIMESTER PRENATAL CARE	87.7%	86.6%	
LOW BIRTHWEIGHT	7.3%	7.3%	B
ADULT DENTAL VISITS	70.3%	69.3%	C
USUAL SOURCE OF CARE	82.7%	82.1%	C
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	13.2%	14.8%	C
POVERTY	11.6%	11.4%	B

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Cleveland County's age-adjusted total mortality rate was 5 percent lower than the state's rate.
- Cleveland County's infant mortality rate was 27 percent lower than the state's rate, ranking the county eighth lowest (best) in the state for infant mortality.
- Cleveland County's leading causes of death were heart disease, cancer, and stroke.
- Cleveland County had the second lowest rate of unintentional injury mortality and sixth lowest rate of suicide mortality of all the state's counties.

### Disease Rates

- Cleveland County's prevalence of asthma was lower than the state (-28 percent) and national (-18 percent) rates.

### Risk Factors, Behaviors and Socioeconomic Factors

- Compared to the rest of the state, Cleveland County adults experienced some of the fewest days whereby their activity was limited, and had positive perceptions of their health.
- Cleveland County had the third lowest county rate of births to teens aged 15-17 years.
- Almost 87 percent of Cleveland County's pregnant females received early prenatal care.

### Changes from Previous Report

- The influenza/pneumonia mortality rate decreased 15 percent.
- Mortality attributed to nephritis increased 16 percent.
- The prevalence of diabetes among adults increased 72 percent.
- The prevalence of asthma among adults declined 19 percent.
- The prevalence of obese adults increased 21 percent.
- Physically inactive adults increased 19 percent.
- Ten percent fewer children had completed the primary immunization series.



## Coal County

### Mortality and Leading Causes of Death

- Coal County had the highest rate of deaths to infants in the state, with a rate that was 150 percent higher than the national rate.
- Coal County's age-adjusted total mortality rate was the fourth highest in the state, and 46 percent higher than the national rate.
- Coal County's leading causes of death were heart disease, cancer, and unintentional injury.
- Coal County's heart disease and nephritis mortality rates were more than double the national rates.

### Disease Rates

- Coal County's incidence of cancer was 10 percent higher than the state rate and 14 percent higher than the national rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Because Coal County has a relatively small population, rates for most risk factors and behaviors were unavailable.
- Compared to the rest of the state, Coal County had the highest percentage of children under 3 years of age that had the primary immunization series.
- More than 1 in 5 residents of Coal County lived in poverty.

### Changes from Previous Report

- The mortality rate decreased 36 percent for infants and 17 percent for stroke.
- Mortality attributed to influenza/pneumonia increased 26 percent.
- Incidence of cancer increased 10 percent.
- The rate of births to teens aged 15-17 years increased 17 percent.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	26.8	17.1	F
TOTAL (RATE PER 100,000)	1127.9	1113.0	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	418.1	445.5	F
CANCER	199.2	198.6	D
STROKE	61.7	51.0	D
CHRONIC LOWER RESPIRATORY DISEASE	53.4	54.6	F
UNINTENTIONAL INJURY	65.6	72.3	F
DIABETES	32.8	31.7	F
INFLUENZA/PNEUMONIA	21.7	27.4	F
ALZHEIMER'S DISEASE	-	-	
NEPHRITIS (KIDNEY DISEASE)	44.2	40.2	F
SUICIDE	-	-	
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	-	-	
ASTHMA PREVALENCE	-	-	
CANCER INCIDENCE (RATE PER 100,000)	498.6	546.9	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	-	
NO PHYSICAL ACTIVITY	-	-	
SMOKING	-	-	
OBESITY	-	-	
IMMUNIZATIONS < 3 YEARS	84.8%	86.3%	A
SENIORS FLU VACCINATION	-	-	
SENIORS PNEUMONIA VACCINATION	-	-	
LIMITED ACTIVITY DAYS (AVG)	-	-	
POOR MENTAL HEALTH DAYS (AVG)	3.0	-	
POOR PHYSICAL HEALTH DAYS (AVG)	3.7	-	
GOOD OR BETTER HEALTH RATING	-	-	
TEEN FERTILITY (RATE PER 1,000)	25.8	30.3	D
FIRST TRIMESTER PRENATAL CARE	81.3%	77.5%	
LOW BIRTHWEIGHT	8.6%	8.4%	C
ADULT DENTAL VISITS	-	-	
USUAL SOURCE OF CARE	-	-	
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	-	-	
POVERTY	24.2%	22.2%	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Comanche County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	7.6	7.8	D
TOTAL (RATE PER 100,000)	952.1	946.2	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	272.0	251.6	F
CANCER	214.3	208.4	F
STROKE	57.9	59.3	F
CHRONIC LOWER RESPIRATORY DISEASE	71.8	72.9	F
UNINTENTIONAL INJURY	41.7	52.7	D
DIABETES	35.5	33.6	F
INFLUENZA/PNEUMONIA	30.4	31.3	F
ALZHEIMER'S DISEASE	21.8	20.7	C
NEPHRITIS (KIDNEY DISEASE)	14.1	15.1	C
SUICIDE	12.7	14.0	D
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	9.9%	8.0%	C
ASTHMA PREVALENCE	8.3%	12.3%	F
CANCER INCIDENCE (RATE PER 100,000)	447.0	474.7	C
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	15.1%	15.3%	F
NO PHYSICAL ACTIVITY	30.7%	32.9%	F
SMOKING	27.5%	36.6%	F
OBESITY	27.8%	32.2%	D
IMMUNIZATIONS < 3 YEARS	79.1%	66.8%	C
SENIORS FLU VACCINATION	73.0%	72.4%	B
SENIORS PNEUMONIA VACCINATION	71.1%	70.3%	B
LIMITED ACTIVITY DAYS (AVG)	5.5	5.4	D
POOR MENTAL HEALTH DAYS (AVG)	4.0	5.1	F
POOR PHYSICAL HEALTH DAYS (AVG)	3.9	5.3	F
GOOD OR BETTER HEALTH RATING	82.5%	79.4%	F
TEEN FERTILITY (RATE PER 1,000)	28.0	27.0	D
FIRST TRIMESTER PRENATAL CARE	84.4%	83.2%	
LOW BIRTHWEIGHT	8.5%	8.5%	C
ADULT DENTAL VISITS	68.7%	65.2%	D
USUAL SOURCE OF CARE	76.2%	76.1%	D
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	16.1%	18.6%	D
POVERTY	17.6%	18.3%	F

Note: A "." is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Comanche County's age-adjusted total mortality rate was similar to the state's rate, which was 24 percent higher than the national rate.
- Comanche County's leading causes of death were heart disease, cancer, and chronic lower respiratory disease.
- Comanche County's rate of deaths due to chronic lower respiratory disease was 79 percent higher than the national rate.

### Disease Rates

- Comanche County's prevalence of diabetes was 27 percent lower than the state rate and 4 percent lower than the national rate.
- Comanche County's incidence of cancer was slightly lower than the state rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Comanche County had the second highest rate of smoking in the state, with almost 37 percent of adults being smokers.
- Comanche County ranked sixth in the state for percentage of adults who visited the dentist within the past year.

### Changes from Previous Report

- The mortality rate for unintentional injury increased 26 percent and increased 10 percent for suicide.
- The prevalence of diabetes among adults declined 19 percent.
- The prevalence of asthma among adults increased 48 percent.
- The prevalence of adult smokers increased 33 percent.
- The prevalence of obese adults increased 16 percent.
- Sixteen percent fewer children had completed the primary immunization series.
- The number of poor mental and physical health days increased 28 percent and 36 percent, respectively.



## Cotton County

### Mortality and Leading Causes of Death

- Cotton County ranked 42<sup>nd</sup> in the state for age-adjusted total mortality, with a rate that was 28 percent higher than the national rate.
- Cotton County's leading causes of death were heart disease, cancer, and unintentional injury.
- Cotton County had the third worst rate of deaths due to heart disease in the state.

### Disease Rates

- Cotton County's incidence of cancer was 8 percent lower than the state rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Because Cotton County has a relatively small population, rates for most risk factors and behaviors were unavailable.
- Cotton County had the sixth highest percentage of children under 3 years of age that had the primary immunization series.
- More than 90 percent of pregnant females were receiving early prenatal care, ranking Cotton County first in the state for this indicator.

### Changes from Previous Report

- Mortality rates declined 23 percent for stroke and 37 percent for unintentional injury.
- Mortality rates increased 17 percent for diabetes and 58 percent for Alzheimer's disease.
- The rate of births to teens aged 15-17 years increased 29 percent.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	-	-	
TOTAL (RATE PER 100,000)	1016.8	971.8	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	325.9	342.9	F
CANCER	193.9	189.4	D
STROKE	49.0	37.8	B
CHRONIC LOWER RESPIRATORY DISEASE	48.2	46.4	D
UNINTENTIONAL INJURY	91.5	58.1	F
DIABETES	39.3	45.9	F
INFLUENZA/PNEUMONIA	-	-	
ALZHEIMER'S DISEASE	19.2	30.4	D
NEPHRITIS (KIDNEY DISEASE)	-	-	
SUICIDE	-	-	
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	-	-	
ASTHMA PREVALENCE	-	-	
CANCER INCIDENCE (RATE PER 100,000)	455.7	460.5	B
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	-	
NO PHYSICAL ACTIVITY	-	-	
SMOKING	-	-	
OBESITY	-	-	
IMMUNIZATIONS < 3 YEARS	77.6%	82.2%	A
SENIORS FLU VACCINATION	-	-	
SENIORS PNEUMONIA VACCINATION	-	-	
LIMITED ACTIVITY DAYS (AVG)	-	-	
POOR MENTAL HEALTH DAYS (AVG)	-	-	
POOR PHYSICAL HEALTH DAYS (AVG)	-	-	
GOOD OR BETTER HEALTH RATING	-	-	
TEEN FERTILITY (RATE PER 1,000)	20.2	26.0	C
FIRST TRIMESTER PRENATAL CARE	87.4%	90.3%	
LOW BIRTHWEIGHT	9.3%	9.3%	D
ADULT DENTAL VISITS	-	-	
USUAL SOURCE OF CARE	-	-	
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	-	-	
POVERTY	18.0%	16.8%	D

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Craig County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	6.4	10.7	F
TOTAL (RATE PER 100,000)	1013.2	1002.0	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	311.8	292.4	F
CANCER	193.7	215.4	F
STROKE	45.2	44.1	C
CHRONIC LOWER RESPIRATORY DISEASE	43.4	48.5	D
UNINTENTIONAL INJURY	65.6	67.9	F
DIABETES	34.7	35.1	F
INFLUENZA/PNEUMONIA	33.4	37.8	F
ALZHEIMER'S DISEASE	18.2	19.0	B
NEPHRITIS (KIDNEY DISEASE)	26.5	16.0	C
SUICIDE	-	9.8	C
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	6.8%	19.2%	F
ASTHMA PREVALENCE	8.6%	5.5%	A
CANCER INCIDENCE (RATE PER 100,000)	548.6	543.9	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	12.8%	10.1%	F
NO PHYSICAL ACTIVITY	31.0%	32.0%	F
SMOKING	22.8%	28.2%	F
OBESITY	27.8%	43.5%	F
IMMUNIZATIONS < 3 YEARS	81.2%	84.6%	A
SENIORS FLU VACCINATION	73.4%	71.4%	C
SENIORS PNEUMONIA VACCINATION	64.1%	76.1%	A
LIMITED ACTIVITY DAYS (AVG)	7.0	8.9	F
POOR MENTAL HEALTH DAYS (AVG)	3.2	4.0	D
POOR PHYSICAL HEALTH DAYS (AVG)	4.9	4.7	F
GOOD OR BETTER HEALTH RATING	78.5%	73.7%	F
TEEN FERTILITY (RATE PER 1,000)	24.3	26.5	D
FIRST TRIMESTER PRENATAL CARE	71.4%	74.3%	
LOW BIRTHWEIGHT	10.1%	10.1%	D
ADULT DENTAL VISITS	58.5%	48.5%	F
USUAL SOURCE OF CARE	82.1%	80.1%	C
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	24.1%	16.4%	C
POVERTY	16.1%	19.2%	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Craig County ranked 49<sup>th</sup> in the state for age-adjusted total mortality.
- Craig County's leading causes of death were heart disease, cancer, and unintentional injury.
- Craig County had the sixth lowest rate of suicide deaths and the ninth highest (worst) rate of deaths due to influenza/pneumonia in the state.

### Disease Rates

- Craig County's prevalence of diabetes was one of the highest in the state and was more than double the national rate.
- Craig County's prevalence of asthma was one of the lowest in the state and was 38 percent lower than the national rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Craig County had relatively high rates of vaccinations for seniors' influenza and the second highest rate for children under 3 years of age that had the primary immunization series.
- Craig County adults experienced the second most number of days whereby their activities were limited.
- More than 4 in 10 Craig County adults were obese, and only 1 in 10 adults consumed the recommended servings of fruits and vegetables daily.
- Fewer than half of Craig County adults had visited a dentist within the past year.

### Changes from Previous Report

- The infant mortality rate increased 67 percent.
- Mortality attributed to nephritis decreased 40 percent.
- Among adults, the prevalence of diabetes and obesity increased 182 percent and 56 percent, respectively, while asthma declined 36 percent.
- The prevalence of adult smoking increased 24 percent and the percentage of adults consuming the recommended servings of fruits and vegetables daily declined 20 percent.
- Adults without health care coverage decreased 32 percent.



## Creek County

### Mortality and Leading Causes of Death

- Creek County ranked 51<sup>st</sup> in the state for age-adjusted total mortality, with a rate that was 33 percent higher than the national rate.
- Creek County's leading causes of death were heart disease, cancer, and chronic lower respiratory disease.
- Creek County had some of the state's higher rates for deaths attributed to cancer and Alzheimer's disease.

### Disease Rates

- Creek County's prevalence of diabetes was 15 percent lower and prevalence of asthma was 12 percent higher than the state rates.

### Risk Factors, Behaviors and Socioeconomic Factors

- Rates for Creek County fell within the middle of the other counties for most of the indicators.
- Creek County had one of the lowest percentages of children under 3 years of age that had the primary immunization series.
- One out of five Creek County adults did not have health care coverage.

### Changes from Previous Report

- The mortality rate attributed to influenza/pneumonia increased 24 percent.
- Adult smokers increased 44 percent.
- Obese adults increased 15 percent.
- Eighteen percent fewer children had completed the primary immunization series.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	8.6	8.4	D
TOTAL (RATE PER 100,000)	984.4	1013.2	F
<b>LEADING CAUSES OF DEATH (RATE PER 100,000)</b>			
HEART DISEASE	260.5	257.2	F
CANCER	214.2	220.9	F
STROKE	56.2	58.7	F
CHRONIC LOWER RESPIRATORY DISEASE	62.9	69.0	F
UNINTENTIONAL INJURY	66.9	67.4	F
DIABETES	37.7	37.9	F
INFLUENZA/PNEUMONIA	15.9	19.7	D
ALZHEIMER'S DISEASE	37.5	38.9	F
NEPHRITIS (KIDNEY DISEASE)	15.8	15.9	C
SUICIDE	20.9	19.7	F
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	8.5%	9.4%	D
ASTHMA PREVALENCE	12.0%	11.2%	F
CANCER INCIDENCE (RATE PER 100,000)	514.1	541.4	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	12.4%	12.3%	F
NO PHYSICAL ACTIVITY	28.5%	29.6%	D
SMOKING	22.0%	31.7%	F
OBESITY	28.2%	32.3%	F
IMMUNIZATIONS < 3 YEARS	71.5%	58.8%	D
SENIORS FLU VACCINATION	68.4%	71.0%	C
SENIORS PNEUMONIA VACCINATION	63.2%	69.5%	C
LIMITED ACTIVITY DAYS (AVG)	5.3	5.8	F
POOR MENTAL HEALTH DAYS (AVG)	4.2	4.1	D
POOR PHYSICAL HEALTH DAYS (AVG)	4.4	4.9	F
GOOD OR BETTER HEALTH RATING	79.8%	79.0%	F
TEEN FERTILITY (RATE PER 1,000)	24.0	24.3	C
FIRST TRIMESTER PRENATAL CARE	72.3%	71.5%	C
LOW BIRTHWEIGHT	7.6%	7.7%	C
ADULT DENTAL VISITS	56.6%	54.0%	F
USUAL SOURCE OF CARE	84.4%	81.7%	C
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	19.8%	20.2%	D
POVERTY	13.0%	12.7%	C

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Custer County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	4.8	3.6	A
TOTAL (RATE PER 100,000)	947.3	914.0	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	285.2	275.4	F
CANCER	172.0	166.7	B
STROKE	41.9	33.7	B
CHRONIC LOWER RESPIRATORY DISEASE	55.6	56.5	F
UNINTENTIONAL INJURY	44.5	46.9	D
DIABETES	42.8	40.1	F
INFLUENZA/PNEUMONIA	30.0	27.5	F
ALZHEIMER'S DISEASE	29.9	25.5	C
NEPHRITIS (KIDNEY DISEASE)	17.8	21.2	D
SUICIDE	15.2	9.7	C
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	11.7%	10.2%	D
ASTHMA PREVALENCE	8.4%	8.1%	B
CANCER INCIDENCE (RATE PER 100,000)	497.8	526.5	D
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	17.6%	18.9%	D
NO PHYSICAL ACTIVITY	25.2%	32.1%	F
SMOKING	18.9%	22.0%	D
OBESITY	28.3%	29.3%	D
IMMUNIZATIONS < 3 YEARS	74.9%	73.0%	C
SENIORS FLU VACCINATION	73.4%	78.4%	A
SENIORS PNEUMONIA VACCINATION	71.7%	69.6%	C
LIMITED ACTIVITY DAYS (AVG)	4.1	6.5	F
POOR MENTAL HEALTH DAYS (AVG)	3.4	3.3	B
POOR PHYSICAL HEALTH DAYS (AVG)	4.0	5.3	F
GOOD OR BETTER HEALTH RATING	83.3%	74.8%	F
TEEN FERTILITY (RATE PER 1,000)	34.2	34.7	F
FIRST TRIMESTER PRENATAL CARE	80.4%	79.1%	F
LOW BIRTHWEIGHT	7.5%	7.5%	B
ADULT DENTAL VISITS	62.7%	59.6%	F
USUAL SOURCE OF CARE	85.4%	80.9%	C
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	20.1%	16.2%	C
POVERTY	20.2%	18.0%	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Custer County had the lowest rate of infant mortality in the state and was the only county to receive a grade of "A" for this indicator.
- Custer County ranked 27<sup>th</sup> in the state for age-adjusted total mortality, with a rate that was 20 percent higher than the national rate.
- Custer County's leading causes of death were heart disease, cancer, and chronic lower respiratory disease.
- Custer County had some of the lowest mortality rates for cancer and stroke compared to other counties.

### Disease Rates

- Custer County's prevalence of diabetes and asthma were lower than the state's rates.

### Risk Factors, Behaviors and Socioeconomic Factors

- Rates for Custer County fell within the middle of the other counties for most indicators.
- Custer County ranked high in the percentage of seniors who received a flu vaccination within the past year.

### Changes from Previous Report

- The infant mortality rate decreased 25 percent.
- Mortality rates for stroke, Alzheimer's disease, and suicide declined 20 percent, 15 percent, and 36 percent, respectively.
- Mortality attributed to nephritis increased 19 percent.
- Physically inactive adults increased 27 percent and adult smokers increased 16 percent.
- The number of limited activity days and number of poor physical health days increased 59 percent and 33 percent, respectively.
- Adults without health care coverage declined 19 percent.



## Delaware County

### Mortality and Leading Causes of Death

- Delaware County had one of the lower rates of infant mortality in the state.
- Delaware County ranked 23<sup>rd</sup> in the state for age-adjusted total mortality, with a rate that was 18 percent higher than the national rate.
- Delaware County's leading causes of death were heart disease, cancer, and unintentional injury.
- Delaware County had the fourth lowest rate of influenza/pneumonia deaths and the ninth lowest rate of deaths due to Alzheimer's disease in the state.

### Disease Rates

- Delaware County's prevalence of diabetes was 42 percent higher than the state rate and 88 percent higher than the national rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Delaware County ranked tenth in the state for the percentage of adults who had a usual health care provider, though almost 1 of 5 adults did not have health care coverage.
- About half of Delaware County adults had visited a dentist within the past year.

### Changes from Previous Report

- The infant mortality rate increased 35 percent.
- Mortality attributed to nephritis and suicide increased 23 percent and 32 percent, respectively.
- The prevalence of diabetes among adults increased 50 percent.
- Adults consuming the recommended servings of fruits and vegetables daily declined 21 percent.
- Adult smokers declined 16 percent.
- Obese adults increased 22 percent.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	4.8	6.5	C
TOTAL (RATE PER 100,000)	883.0	898.5	F
<b>LEADING CAUSES OF DEATH (RATE PER 100,000)</b>			
HEART DISEASE	274.2	263.6	F
CANCER	184.6	191.4	D
STROKE	46.9	49.5	D
CHRONIC LOWER RESPIRATORY DISEASE	48.6	52.2	D
UNINTENTIONAL INJURY	68.5	61.7	F
DIABETES	30.7	33.7	F
INFLUENZA/PNEUMONIA	16.3	14.8	C
ALZHEIMER'S DISEASE	19.6	18.2	B
NEPHRITIS (KIDNEY DISEASE)	14.9	18.3	D
SUICIDE	14.4	19.0	F
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	10.4%	15.6%	F
ASTHMA PREVALENCE	6.8%	8.2%	B
CANCER INCIDENCE (RATE PER 100,000)	519.9	507.2	D
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	14.7%	11.6%	F
NO PHYSICAL ACTIVITY	35.2%	36.6%	F
SMOKING	26.9%	22.5%	D
OBESITY	28.1%	34.3%	F
IMMUNIZATIONS < 3 YEARS	79.1%	73.1%	C
SENIORS FLU VACCINATION	75.4%	68.4%	C
SENIORS PNEUMONIA VACCINATION	73.4%	66.0%	D
LIMITED ACTIVITY DAYS (AVG)	6.8	6.0	F
POOR MENTAL HEALTH DAYS (AVG)	4.4	3.9	D
POOR PHYSICAL HEALTH DAYS (AVG)	5.1	4.4	D
GOOD OR BETTER HEALTH RATING	76.0%	75.2%	F
TEEN FERTILITY (RATE PER 1,000)	27.3	27.5	D
FIRST TRIMESTER PRENATAL CARE	74.3%	76.5%	
LOW BIRTHWEIGHT	8.0%	8.0%	C
ADULT DENTAL VISITS	54.9%	50.3%	F
USUAL SOURCE OF CARE	84.4%	85.2%	B
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	18.2%	19.4%	D
POVERTY	19.1%	19.9%	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Dewey County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	-	-	
TOTAL (RATE PER 100,000)	1027.9	1047.5	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	217.1	229.0	D
CANCER	210.1	203.3	F
STROKE	47.3	63.8	F
CHRONIC LOWER RESPIRATORY DISEASE	108.2	78.4	F
UNINTENTIONAL INJURY	73.5	112.3	F
DIABETES	30.2	37.1	F
INFLUENZA/PNEUMONIA	18.2	23.3	F
ALZHEIMER'S DISEASE	34.2	43.0	F
NEPHRITIS (KIDNEY DISEASE)	-	-	
SUICIDE	-	-	
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	-	-	
ASTHMA PREVALENCE	-	-	
CANCER INCIDENCE (RATE PER 100,000)	469.3	594.0	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	-	
NO PHYSICAL ACTIVITY	35.7%	-	
SMOKING	20.0%	-	
OBESITY	20.1%	-	
IMMUNIZATIONS < 3 YEARS	79.5%	75.5%	B
SENIORS FLU VACCINATION	-	-	
SENIORS PNEUMONIA VACCINATION	-	-	
LIMITED ACTIVITY DAYS (AVG)	5.7	-	
POOR MENTAL HEALTH DAYS (AVG)	2.3	-	
POOR PHYSICAL HEALTH DAYS (AVG)	4.4	-	
GOOD OR BETTER HEALTH RATING	82.8%	-	
TEEN FERTILITY (RATE PER 1,000)	15.2	22.0	C
FIRST TRIMESTER PRENATAL CARE	61.3%	66.1%	
LOW BIRTHWEIGHT	4.4%	4.5%	A
ADULT DENTAL VISITS	61.0%	55.1%	F
USUAL SOURCE OF CARE	80.9%	-	
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	26.6%	-	
POVERTY	14.1%	12.9%	C

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Dewey County had few infant deaths in 2007.
- Dewey County ranked 59<sup>th</sup> in the state for age-adjusted total mortality, with a rate that was 38 percent higher than the national rate.
- Dewey County's leading causes of death were heart disease, cancer, and unintentional injury.
- Dewey County had the second worst rate of deaths due to unintentional injury in the state. Mortality rates for chronic lower respiratory disease and Alzheimer's disease were also among the highest in the state.

### Disease Rates

- Dewey County's incidence of cancer was similar to the state rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Because Dewey County has a relatively small population, rates for most risk factors and behaviors were unavailable.
- Dewey County had the lowest percentage of low birth weight births in the state.
- Sixty-six percent of pregnant females were receiving early prenatal care, ranking Dewey County 70<sup>th</sup> in the state for this indicator.

### Changes from Previous Report

- The mortality rates for stroke, unintentional injury, and diabetes increased 35 percent, 53 percent, and 23 percent, respectively.
- The mortality rates for influenza/pneumonia and Alzheimer's disease increased 28 percent and 26 percent, respectively.
- Mortality attributed to chronic lower respiratory disease decreased 28 percent.
- Incidence of cancer increased 27 percent.
- The rate of births to teens aged 15-17 years increased 45 percent.



## Ellis County

### Mortality and Leading Causes of Death

- Ellis County ranked 11<sup>th</sup> in the state for age-adjusted total mortality, with a rate that was 12 percent higher than the national rate.
- Ellis County's leading causes of death were heart disease, cancer, and chronic lower respiratory disease.
- Ellis County had the fourth lowest rate of deaths due to cancer in the state.
- Ellis County had the worst rate of mortality attributed to chronic lower respiratory disease in the state, with a rate 159 percent higher than the national rate.

### Disease Rates

- Ellis County's incidence of cancer was 16 percent lower than the national rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Because Ellis County has a relatively small population, rates for most risk factors and behaviors were unavailable.
- Ellis County ranked 67<sup>th</sup> of the 77 counties in the percentage of children under 3 years of age that had the primary immunization series.
- Ellis County had the one of the lowest percentages of low birth weight births in the state.

### Changes from Previous Report

- The cancer mortality rate increased 16 percent and chronic lower respiratory disease mortality rate increased 40 percent.
- Mortality attributed to diabetes declined 26 percent.
- Incidence of cancer increased 14 percent.
- Sixteen percent fewer children had completed the primary immunization series.
- The rate of births to teens aged 15-17 years increased 39 percent.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	-	-	
TOTAL (RATE PER 100,000)	833.9	850.3	D
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	234.3	210.2	D
CANCER	132.0	152.8	A
STROKE	43.9	41.2	C
CHRONIC LOWER RESPIRATORY DISEASE	75.3	105.5	F
UNINTENTIONAL INJURY	86.4	92.2	F
DIABETES	56.7	42.0	F
INFLUENZA/PNEUMONIA	-	-	
ALZHEIMER'S DISEASE	17.0	-	
NEPHRITIS (KIDNEY DISEASE)	-	-	
SUICIDE	-	-	
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	-	-	
ASTHMA PREVALENCE	-	-	
CANCER INCIDENCE (RATE PER 100,000)	382.6	435.9	B
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	-	
NO PHYSICAL ACTIVITY	-	-	
SMOKING	-	-	
OBESITY	-	-	
IMMUNIZATIONS < 3 YEARS	72.3%	60.9%	D
SENIORS FLU VACCINATION	-	-	
SENIORS PNEUMONIA VACCINATION	-	-	
LIMITED ACTIVITY DAYS (AVG)	-	-	
POOR MENTAL HEALTH DAYS (AVG)	2.8	-	
POOR PHYSICAL HEALTH DAYS (AVG)	4.4	-	
GOOD OR BETTER HEALTH RATING	-	-	
TEEN FERTILITY (RATE PER 1,000)	14.5	20.2	C
FIRST TRIMESTER PRENATAL CARE	77.5%	71.6%	
LOW BIRTHWEIGHT	5.4%	5.4%	A
ADULT DENTAL VISITS	-	-	
USUAL SOURCE OF CARE	-	-	
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	-	-	
POVERTY	12.9%	12.4%	C

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Garfield County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	10.4	10.7	F
TOTAL (RATE PER 100,000)	939.4	930.3	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	238.0	234.8	D
CANCER	195.9	185.9	C
STROKE	69.5	64.2	F
CHRONIC LOWER RESPIRATORY DISEASE	58.2	67.1	F
UNINTENTIONAL INJURY	52.5	46.1	D
DIABETES	32.4	34.9	F
INFLUENZA/PNEUMONIA	22.1	19.9	D
ALZHEIMER'S DISEASE	19.7	21.6	C
NEPHRITIS (KIDNEY DISEASE)	17.7	15.4	C
SUICIDE	11.9	15.3	D
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	7.6%	9.8%	D
ASTHMA PREVALENCE	7.2%	7.5%	B
CANCER INCIDENCE (RATE PER 100,000)	513.5	528.7	D
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	15.3%	12.6%	F
NO PHYSICAL ACTIVITY	30.0%	29.3%	D
SMOKING	26.5%	23.7%	F
OBESITY	27.7%	37.0%	F
IMMUNIZATIONS < 3 YEARS	80.6%	69.0%	C
SENIORS FLU VACCINATION	72.3%	72.4%	B
SENIORS PNEUMONIA VACCINATION	70.3%	69.1%	C
LIMITED ACTIVITY DAYS (AVG)	6.6	4.2	C
POOR MENTAL HEALTH DAYS (AVG)	3.9	3.0	B
POOR PHYSICAL HEALTH DAYS (AVG)	4.5	4.3	D
GOOD OR BETTER HEALTH RATING	82.7%	85.0%	C
TEEN FERTILITY (RATE PER 1,000)	27.6	26.8	D
FIRST TRIMESTER PRENATAL CARE	71.9%	69.3%	
LOW BIRTHWEIGHT	8.0%	8.0%	C
ADULT DENTAL VISITS	60.3%	61.1%	F
USUAL SOURCE OF CARE	78.8%	75.2%	D
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	24.5%	16.0%	C
POVERTY	14.0%	16.7%	D

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Garfield County's infant mortality rate was 57 percent higher than the national rate.
- Garfield County ranked 30<sup>th</sup> in the state for age-adjusted total mortality.
- Garfield County's leading causes of death were heart disease, cancer, and chronic lower respiratory disease.

### Disease Rates

- Garfield County's prevalence of diabetes and asthma was lower than the state rates.

### Risk Factors, Behaviors and Socioeconomic Factors

- Garfield County ranks among the middle of the counties for many health indicators.
- Garfield County had one of the higher rates of obese adults in the state, with a rate 38 percent higher than the national rate.
- Garfield County adults experienced the fourth fewest number of limited activity days in the state.

### Changes from Previous Report

- The mortality rates for chronic lower respiratory disease and suicide increased 15 percent and 29 percent, respectively.
- The mortality rate for nephritis declined 13 percent.
- The prevalence of diabetes among adults increased 29 percent and the percentage of obese adults increased 34 percent.
- Adults consuming the recommended servings of fruits and vegetables declined 18 percent.
- Fourteen percent fewer children had completed the primary immunization series.
- Adults experienced 36 percent fewer limited activity days and 30 percent fewer poor mental health days.
- Adults without health care coverage declined 35 percent.
- Residents living in poverty increased 19 percent.



## Garvin County

### Mortality and Leading Causes of Death

- Garvin County ranked 62<sup>nd</sup> in the state for age-adjusted total mortality, with a rate that was 39 percent higher than the national rate.
- Garvin County's leading causes of death were heart disease, cancer, and unintentional injury.
- Garvin County had the sixth worst rate of deaths due to stroke and 9<sup>th</sup> worst rate of deaths due to unintentional injury in the state.

### Disease Rates

- Garvin County's prevalence of diabetes and asthma were similar to the state rates.

### Risk Factors, Behaviors and Socioeconomic Factors

- Garvin County adults experienced one of the highest numbers of poor mental health days in the state.
- Garvin County had the fourth lowest rate of adults who visited a dentist within the past year, at less than 50 percent.
- More than 1 in 5 Garvin County residents lived in poverty.

### Changes from Previous Report

- While mortality rates for diabetes and Alzheimer's disease increased 19 percent and 15 percent, respectively, the mortality rates for influenza/pneumonia and suicide declined 13 percent and 18 percent.
- Adults consuming the recommended servings of fruits and vegetables increased 75 percent.
- Adult smokers declined 19 percent.
- Obese adults increased 14 percent.
- Adults experienced 15 percent fewer poor physical health days.
- The rate of births to teens aged 15-17 years increased 19 percent.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	8.4	8.2	D
TOTAL (RATE PER 100,000)	1030.8	1055.7	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	248.1	254.7	F
CANCER	195.2	212.3	F
STROKE	73.0	74.0	F
CHRONIC LOWER RESPIRATORY DISEASE	69.7	66.5	F
UNINTENTIONAL INJURY	85.5	93.4	F
DIABETES	27.5	32.7	F
INFLUENZA/PNEUMONIA	20.4	17.8	C
ALZHEIMER'S DISEASE	25.2	29.1	D
NEPHRITIS (KIDNEY DISEASE)	16.9	17.3	D
SUICIDE	29.6	24.3	F
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	12.3%	11.1%	F
ASTHMA PREVALENCE	9.5%	9.7%	F
CANCER INCIDENCE (RATE PER 100,000)	544.6	534.8	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	6.9%	12.1%	F
NO PHYSICAL ACTIVITY	33.9%	27.3%	D
SMOKING	31.4%	25.8%	F
OBESITY	26.6%	30.4%	D
IMMUNIZATIONS < 3 YEARS	83.8%	77.7%	B
SENIORS FLU VACCINATION	80.5%	74.8%	B
SENIORS PNEUMONIA VACCINATION	74.7%	71.7%	B
LIMITED ACTIVITY DAYS (AVG)	5.6	5.0	D
POOR MENTAL HEALTH DAYS (AVG)	5.2	5.5	F
POOR PHYSICAL HEALTH DAYS (AVG)	5.5	4.7	F
GOOD OR BETTER HEALTH RATING	73.0%	77.4%	F
TEEN FERTILITY (RATE PER 1,000)	23.8	28.4	D
FIRST TRIMESTER PRENATAL CARE	79.8%	78.3%	
LOW BIRTHWEIGHT	8.3%	8.4%	C
ADULT DENTAL VISITS	47.5%	44.6%	F
USUAL SOURCE OF CARE	81.8%	82.9%	C
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	22.9%	21.0%	F
POVERTY	16.6%	15.6%	D

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Grady County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	7.8	7.7	D
TOTAL (RATE PER 100,000)	1014.6	1003.4	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	317.6	306.4	F
CANCER	221.8	224.2	F
STROKE	40.0	37.7	B
CHRONIC LOWER RESPIRATORY DISEASE	61.5	63.8	F
UNINTENTIONAL INJURY	61.1	60.6	F
DIABETES	41.0	45.2	F
INFLUENZA/PNEUMONIA	17.3	17.5	C
ALZHEIMER'S DISEASE	30.7	32.8	F
NEPHRITIS (KIDNEY DISEASE)	15.3	12.1	C
SUICIDE	10.2	11.3	C
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	7.3%	5.4%	A
ASTHMA PREVALENCE	11.1%	9.7%	D
CANCER INCIDENCE (RATE PER 100,000)	477.4	468.2	C
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	11.0%	12.9%	F
NO PHYSICAL ACTIVITY	25.7%	24.1%	C
SMOKING	21.1%	29.6%	F
OBESITY	29.2%	34.4%	F
IMMUNIZATIONS < 3 YEARS	75.2%	71.6%	C
SENIORS FLU VACCINATION	77.3%	73.8%	B
SENIORS PNEUMONIA VACCINATION	75.2%	74.6%	A
LIMITED ACTIVITY DAYS (AVG)	5.1	5.3	D
POOR MENTAL HEALTH DAYS (AVG)	3.5	4.9	F
POOR PHYSICAL HEALTH DAYS (AVG)	4.4	4.0	D
GOOD OR BETTER HEALTH RATING	83.5%	82.5%	D
TEEN FERTILITY (RATE PER 1,000)	22.0	20.2	C
FIRST TRIMESTER PRENATAL CARE	84.7%	85.1%	
LOW BIRTHWEIGHT	9.3%	9.4%	D
ADULT DENTAL VISITS	54.9%	56.3%	F
USUAL SOURCE OF CARE	73.9%	77.0%	D
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	20.8%	20.6%	D
POVERTY	16.6%	16.3%	D

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Grady County ranked 50<sup>th</sup> in the state for age-adjusted total mortality, with a rate that was 32 percent higher than the national rate.
- Grady County's leading causes of death were heart disease, cancer, and chronic lower respiratory disease.
- Grady County's mortality due to heart disease, cancer, and Alzheimer's disease are among the highest in the state.
- Grady County's mortality due to influenza/pneumonia, nephritis, and suicide are among the lowest in the state.

### Disease Rates

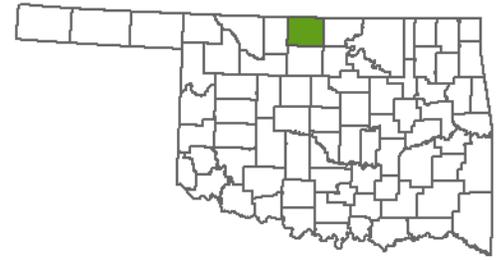
- Grady County has the second lowest prevalence of diabetes in the state.

### Risk Factors, Behaviors and Socioeconomic Factors

- Grady County has the third lowest rate of physically inactive adults in the state.
- One in 5 Grady County adults did not have health care coverage.

### Changes from Previous Report

- The nephritis mortality rate decreased 21 percent.
- The prevalence of diabetes among adults declined 26 percent.
- The prevalence of asthma among adults declined 13 percent.
- Adults consuming the recommended servings of fruits and vegetables increased 17 percent.
- Adult smokers increased 40 percent.
- Obese adults increased 18 percent.
- Adults experienced 40 percent more poor mental health days.



## Grant County

### Mortality and Leading Causes of Death

- Grant County ranked 22<sup>nd</sup> in the state for age-adjusted total mortality, with a rate that was four percent lower than the state rate.
- Grant County's leading causes of death were cancer, heart disease, and unintentional injury.
- Grant County had the seventh worst rate of deaths due to cancer in the state.

### Disease Rates

- Grant County's incidence of cancer was 9 percent higher than the state rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Because Grant County has a relatively small population, rates for most risk factors and behaviors were unavailable.
- Grant County had the second lowest rate of births to teens aged 15-17 years.
- Grant County had a relatively low percentage of low birth weight births.

### Changes from Previous Report

- The mortality rates increased for cancer, unintentional injury, and diabetes 24 percent, 11 percent, and 21 percent, respectively.
- Mortality attributed to chronic lower respiratory disease declined 13 percent.
- Incidence of cancer increased 12 percent.
- The rate of births to teens aged 15-17 years declined 48 percent.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	12.7	-	
TOTAL (RATE PER 100,000)	873.9	897.1	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	212.5	195.6	C
CANCER	186.7	230.6	F
STROKE	51.0	52.2	F
CHRONIC LOWER RESPIRATORY DISEASE	47.6	41.5	C
UNINTENTIONAL INJURY	75.0	83.3	F
DIABETES	41.8	50.4	F
INFLUENZA/PNEUMONIA	17.6	-	
ALZHEIMER'S DISEASE	-	-	
NEPHRITIS (KIDNEY DISEASE)	-	-	
SUICIDE	-	-	
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	-	-	
ASTHMA PREVALENCE	-	-	
CANCER INCIDENCE (RATE PER 100,000)	484.7	544.1	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	-	
NO PHYSICAL ACTIVITY	-	-	
SMOKING	-	-	
OBESITY	-	-	
IMMUNIZATIONS < 3 YEARS	72.2%	68.8%	C
SENIORS FLU VACCINATION	-	-	
SENIORS PNEUMONIA VACCINATION	-	-	
LIMITED ACTIVITY DAYS (AVG)	-	-	
POOR MENTAL HEALTH DAYS (AVG)	2.2	-	
POOR PHYSICAL HEALTH DAYS (AVG)	2.4	-	
GOOD OR BETTER HEALTH RATING	-	-	
TEEN FERTILITY (RATE PER 1,000)	19.6	10.1	A
FIRST TRIMESTER PRENATAL CARE	77.0%	75.8%	
LOW BIRTHWEIGHT	6.2%	6.3%	B
ADULT DENTAL VISITS	-	-	
USUAL SOURCE OF CARE	-	-	
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	-	-	
POVERTY	14.6%	13.6%	C

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## Greer County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	-	16.1	F
TOTAL (RATE PER 100,000)	954.5	994.8	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	226.4	244.9	F
CANCER	184.3	191.8	D
STROKE	61.9	74.9	F
CHRONIC LOWER RESPIRATORY DISEASE	61.9	50.7	D
UNINTENTIONAL INJURY	55.9	64.8	F
DIABETES	27.5	29.1	D
INFLUENZA/PNEUMONIA	37.8	29.9	F
ALZHEIMER'S DISEASE	21.3	19.3	B
NEPHRITIS (KIDNEY DISEASE)	-	-	
SUICIDE	-	-	
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	-	-	
ASTHMA PREVALENCE	-	-	
CANCER INCIDENCE (RATE PER 100,000)	472.2	434.4	B
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	-	
NO PHYSICAL ACTIVITY	-	-	
SMOKING	-	-	
OBESITY	-	-	
IMMUNIZATIONS < 3 YEARS	71.9%	77.9%	B
SENIORS FLU VACCINATION	-	-	
SENIORS PNEUMONIA VACCINATION	-	-	
LIMITED ACTIVITY DAYS (AVG)	-	-	
POOR MENTAL HEALTH DAYS (AVG)	3.0	-	
POOR PHYSICAL HEALTH DAYS (AVG)	2.9	-	
GOOD OR BETTER HEALTH RATING	-	-	
TEEN FERTILITY (RATE PER 1,000)	55.2	58.6	F
FIRST TRIMESTER PRENATAL CARE	77.8%	82.3%	
LOW BIRTHWEIGHT	12.4%	12.5%	F
ADULT DENTAL VISITS	-	-	
USUAL SOURCE OF CARE	-	-	
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	-	-	
POVERTY	24.8%	23.2%	F

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### Mortality and Leading Causes of Death

- Greer County had the second highest infant mortality rate in the state, with a rate 137 percent higher than the national rate.
- Greer County ranked 46<sup>th</sup> in the state for age-adjusted total mortality.
- Greer County's leading causes of death were heart disease, cancer, and stroke.
- Greer County had the fifth worst rate of deaths due to stroke in the state.

### Disease Rates

- Greer County's incidence of cancer was the eighth lowest in the state.

### Risk Factors, Behaviors and Socioeconomic Factors

- Because Greer County has a relatively small population, rates for most risk factors and behaviors were unavailable.
- Greer County had the worst rate of births to teens aged 15-17 in the state, with a rate 165 percent higher than the national rate.
- Greer County had the highest percentage of low birth weight births in the state.
- Almost 1 in 4 residents lived in poverty.

### Changes from Previous Report

- The stroke mortality rate increased 21 percent.
- Mortality rates declined for chronic lower respiratory disease, unintentional injury, and influenza/pneumonia by 18 percent, 16 percent, and 21 percent, respectively.



## Harmon County

### Mortality and Leading Causes of Death

- Harmon County ranked last in the state for age-adjusted total mortality, with a rate that was 56 percent higher than the national rate.
- Harmon County's leading causes of death were cancer, heart disease, and diabetes.
- Harmon County had the worst rates of death due to unintentional injury and diabetes, and the second highest mortality rate for cancer, among all the counties.

### Disease Rates

- Harmon County's incidence of cancer was similar to the state rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Because Harmon County has a relatively small population, rates for most risk factors and behaviors were unavailable.
- Harmon County had the tenth highest percentage of children under 3 years of age that received the primary immunization series.
- Harmon County had the second highest rate of births to teens aged 15-17 years, with a rate 60 percent higher than the national rate.
- More residents lived in poverty in Harmon County than in any other county in the state.

### Changes from Previous Report

- Total mortality increased 18 percent.
- While mortality rates increased for cancer, unintentional injury, and nephritis 53 percent, 38 percent, and 16 percent, respectively,
- The mortality rate for stroke declined 13 percent.
- Sixteen percent fewer children had completed the primary immunization series.
- The rate of births to teens aged 15-17 years increased 28 percent.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	-	-	
TOTAL (RATE PER 100,000)	1006.5	1184.8	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	242.2	252.1	F
CANCER	196.2	300.9	F
STROKE	51.2	44.8	C
CHRONIC LOWER RESPIRATORY DISEASE	41.1	-	
UNINTENTIONAL INJURY	81.8	112.8	F
DIABETES	150.6	158.7	F
INFLUENZA/PNEUMONIA	42.1	41.2	F
ALZHEIMER'S DISEASE	-	-	
NEPHRITIS (KIDNEY DISEASE)	25.8	29.9	F
SUICIDE	-	-	
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	-	-	
ASTHMA PREVALENCE	-	-	
CANCER INCIDENCE (RATE PER 100,000)	456.7	495.8	C
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	-	
NO PHYSICAL ACTIVITY	-	-	
SMOKING	-	-	
OBESITY	-	-	
IMMUNIZATIONS < 3 YEARS	96.2%	80.4%	B
SENIORS FLU VACCINATION	-	-	
SENIORS PNEUMONIA VACCINATION	-	-	
LIMITED ACTIVITY DAYS (AVG)	-	-	
POOR MENTAL HEALTH DAYS (AVG)	-	-	
POOR PHYSICAL HEALTH DAYS (AVG)	-	-	
GOOD OR BETTER HEALTH RATING	-	-	
TEEN FERTILITY (RATE PER 1,000)	42.9	54.9	F
FIRST TRIMESTER PRENATAL CARE	78.6%	81.8%	
LOW BIRTHWEIGHT	8.6%	8.6%	C
ADULT DENTAL VISITS	-	-	
USUAL SOURCE OF CARE	-	-	
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	-	-	
POVERTY	28.2%	27.5%	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Harper County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	-	-	
TOTAL (RATE PER 100,000)	1011.1	924.7	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	224.0	227.0	D
CANCER	264.1	226.1	F
STROKE	116.9	93.0	F
CHRONIC LOWER RESPIRATORY DISEASE	-	-	
UNINTENTIONAL INJURY	113.9	105.8	F
DIABETES	-	-	
INFLUENZA/PNEUMONIA	-	-	
ALZHEIMER'S DISEASE	-	-	
NEPHRITIS (KIDNEY DISEASE)	-	-	
SUICIDE	-	-	
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	-	-	
ASTHMA PREVALENCE	-	-	
CANCER INCIDENCE (RATE PER 100,000)	562.2	582.4	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	-	
NO PHYSICAL ACTIVITY	-	-	
SMOKING	-	-	
OBESITY	-	-	
IMMUNIZATIONS < 3 YEARS	87.5%	82.7%	A
SENIORS FLU VACCINATION	-	-	
SENIORS PNEUMONIA VACCINATION	-	-	
LIMITED ACTIVITY DAYS (AVG)	-	-	
POOR MENTAL HEALTH DAYS (AVG)	-	-	
POOR PHYSICAL HEALTH DAYS (AVG)	-	-	
GOOD OR BETTER HEALTH RATING	-	-	
TEEN FERTILITY (RATE PER 1,000)	20.4	30.8	D
FIRST TRIMESTER PRENATAL CARE	70.7%	69.5%	
LOW BIRTHWEIGHT	7.1%	7.1%	B
ADULT DENTAL VISITS	-	-	
USUAL SOURCE OF CARE	-	-	
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	-	-	
POVERTY	10.6%	10.3%	B

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Harper County ranked 29<sup>th</sup> in the state for age-adjusted total mortality.
- Harper County's primary causes of death were heart disease, cancer, unintentional injury, and stroke.
- Harper County ranked 68<sup>th</sup> for cancer mortality, 75<sup>th</sup> for stroke mortality, and 74<sup>th</sup> for unintentional injury mortality.

### Disease Rates

- Harper County's incidence of cancer was the sixth highest in the state, 21 percent higher than the national rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Because Harper County has a relatively small population, rates for most risk factors and behaviors were unavailable.
- Harper County had the fifth highest percentage of children under 3 years of age that received the primary immunization series.
- Harper County had the fifth lowest poverty rate in the state, with 1 in 10 residents living in poverty.

### Changes from Previous Report

- Mortality rates for cancer and stroke declined 14 percent and 20 percent, respectively.
- The rate of births to teens aged 15-17 years increased 51 percent.



## Haskell County

### Mortality and Leading Causes of Death

- Haskell County ranked 41<sup>st</sup> in the state for age-adjusted total mortality.
- Haskell County's leading causes of death were heart disease, cancer, and unintentional injury.
- Haskell County had the third lowest rate of deaths due to stroke and the ninth lowest rate of nephritis deaths.
- Haskell County had the highest rate of deaths due to influenza/pneumonia and eighth worst rate of unintentional injury deaths.

### Disease Rates

- Haskell County's prevalence of diabetes was fourth lowest in the state.
- Haskell County's prevalence of asthma was one of the highest in the state.

### Risk Factors, Behaviors and Socioeconomic Factors

- Haskell County had one of the lowest percentages of adult smokers in the state.
- Haskell County had one of the highest percentages of obese adults in the state.
- Almost 3 in 10 adult residents of Haskell County did not have health care coverage.

### Changes from Previous Report

- Mortality rates for chronic lower respiratory disease, diabetes, and influenza/pneumonia increased 23 percent, 48 percent, and 35 percent, respectively.
- Mortality rates for stroke and nephritis declined 17 percent and 14 percent, respectively.
- The prevalence of adults with diabetes, asthma, and obesity increased 19 percent, 47 percent, and 70 percent, respectively.
- Adults who were not physically active increased 24 percent, and there were 38 percent fewer adult smokers.
- Adults experienced 43 percent fewer poor physical health days.
- Adults without health care coverage increased 51 percent.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	9.8	-	
TOTAL (RATE PER 100,000)	992.1	970.3	F
<b>LEADING CAUSES OF DEATH (RATE PER 100,000)</b>			
HEART DISEASE	295.1	267.6	F
CANCER	227.2	214.9	F
STROKE	38.7	32.0	A
CHRONIC LOWER RESPIRATORY DISEASE	49.2	60.7	F
UNINTENTIONAL INJURY	95.9	94.2	F
DIABETES	26.0	38.5	F
INFLUENZA/PNEUMONIA	38.0	51.2	F
ALZHEIMER'S DISEASE	-	-	
NEPHRITIS (KIDNEY DISEASE)	11.8	10.2	B
SUICIDE	-	-	
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	5.3%	6.3%	B
ASTHMA PREVALENCE	12.0%	17.6%	F
CANCER INCIDENCE (RATE PER 100,000)	446.3	464.2	B
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	15.1%	F
NO PHYSICAL ACTIVITY	29.2%	36.2%	F
SMOKING	28.5%	17.7%	C
OBESITY	22.7%	38.5%	F
IMMUNIZATIONS < 3 YEARS	80.4%	80.2%	B
SENIORS FLU VACCINATION	72.4%	67.6%	D
SENIORS PNEUMONIA VACCINATION	-	72.5%	B
LIMITED ACTIVITY DAYS (AVG)	7.8	-	
POOR MENTAL HEALTH DAYS (AVG)	4.9	3.9	D
POOR PHYSICAL HEALTH DAYS (AVG)	6.3	3.6	C
GOOD OR BETTER HEALTH RATING	71.0%	78.6%	F
TEEN FERTILITY (RATE PER 1,000)	38.0	36.6	F
FIRST TRIMESTER PRENATAL CARE	73.1%	75.8%	
LOW BIRTHWEIGHT	6.3%	6.3%	B
ADULT DENTAL VISITS	46.5%	51.2%	F
USUAL SOURCE OF CARE	86.4%	81.3%	C
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	18.6%	28.0%	F
POVERTY	21.8%	20.3%	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Hughes County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	7.8	7.9	D
TOTAL (RATE PER 100,000)	1002.1	978.7	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	341.7	307.5	F
CANCER	217.3	217.4	F
STROKE	57.1	58.6	F
CHRONIC LOWER RESPIRATORY DISEASE	44.1	62.0	F
UNINTENTIONAL INJURY	84.1	66.2	F
DIABETES	27.1	33.7	F
INFLUENZA/PNEUMONIA	16.8	20.9	D
ALZHEIMER'S DISEASE	30.1	27.3	D
NEPHRITIS (KIDNEY DISEASE)	12.0	13.3	C
SUICIDE	-	16.2	D
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	8.0%	19.4%	F
ASTHMA PREVALENCE	2.9%	17.6%	F
CANCER INCIDENCE (RATE PER 100,000)	554.3	609.3	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	12.3%	F
NO PHYSICAL ACTIVITY	28.8%	27.3%	D
SMOKING	35.6%	32.2%	F
OBESITY	17.7%	26.9%	C
IMMUNIZATIONS < 3 YEARS	79.1%	58.6%	D
SENIORS FLU VACCINATION	63.8%	69.8%	C
SENIORS PNEUMONIA VACCINATION	67.2%	68.1%	C
LIMITED ACTIVITY DAYS (AVG)	9.4	-	
POOR MENTAL HEALTH DAYS (AVG)	4.1	2.9	B
POOR PHYSICAL HEALTH DAYS (AVG)	4.4	4.7	F
GOOD OR BETTER HEALTH RATING	75.1%	76.5%	F
TEEN FERTILITY (RATE PER 1,000)	43.3	44.6	F
FIRST TRIMESTER PRENATAL CARE	72.0%	69.2%	
LOW BIRTHWEIGHT	7.4%	7.4%	B
ADULT DENTAL VISITS	47.8%	49.5%	F
USUAL SOURCE OF CARE	70.3%	73.0%	D
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	33.7%	24.7%	F
POVERTY	27.2%	24.3%	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Hughes County ranked 44<sup>th</sup> in the state for age-adjusted total mortality.
- Hughes County's leading causes of death were heart disease, cancer, and unintentional injury.

### Disease Rates

- Hughes County had the third highest prevalence of both diabetes and asthma, with rates that were double the national rates.
- Hughes County's incidence of cancer was the worst in the state at 26 percent higher than the national rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Hughes County had one of the largest percentages of adult smokers in the state.
- Hughes County had the fifth lowest percentage of children under 3 years of age that received the primary immunization series.
- Hughes County had the sixth highest rate of births to teens aged 15-17 years, at double the national rate.
- Fewer than half of Hughes County adults had visited a dentist recently.
- Almost one in four Hughes County adults was without health care coverage and one in four residents lived in poverty.

### Changes from Previous Report

- Mortality rates for unintentional injury declined 21 percent.
- Mortality rates for chronic lower respiratory disease, diabetes, and influenza/pneumonia increased 41 percent, 24 percent, 24 percent, respectively.
- The prevalence among adults for diabetes, asthma, and obesity increased 143 percent, 507 percent, and 52 percent, respectively.
- Twenty-six percent fewer children had completed the primary immunization series.
- Adults experienced 29 percent fewer poor mental health days.
- Adults without health care coverage declined 27 percent.



## Jackson County

### Mortality and Leading Causes of Death

- Jackson County ranked 65<sup>th</sup> in the state for age-adjusted total mortality, with a rate that was 40 percent higher than the national rate.
- Jackson County's leading causes of death were heart disease, cancer, and stroke.
- Jackson County had the highest rate of deaths due to Alzheimer's disease and the fourth worst rate of deaths due to stroke in the state.

### Disease Rates

- Jackson County's prevalence of diabetes was one of the highest in the state, more than double the national rate.
- Jackson County's prevalence of asthma was third lowest in the state.

### Risk Factors, Behaviors and Socioeconomic Factors

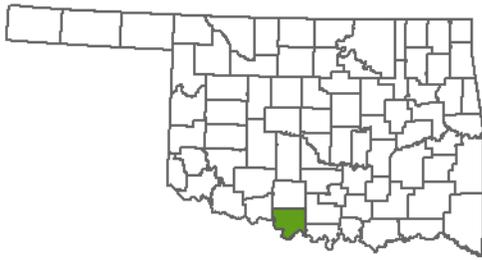
- Jackson County had the second largest percentage of seniors who received a pneumonia vaccination and of adults who had recently visited the dentist.
- More than 86 percent of pregnant females received early prenatal care, ranking Jackson County sixth in the state for this indicator.
- Jackson County had the sixth largest percentage of low birth weight births.
- Jackson County had the fifth smallest percentage of adults without health care coverage.

### Changes from Previous Report

- Mortality rates increased 16 percent for chronic lower respiratory disease, and 22 percent for nephritis.
- The mortality rate decreased 17 percent for diabetes.
- Prevalence among adults increased 72 percent for diabetes and 17 percent for obesity.
- Adult smokers increased 23 percent.
- Adults experienced 41 percent fewer limited activity days and 26 percent fewer poor physical health days.
- Adults without health care coverage declined 34 percent.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	10.2	9.2	F
TOTAL (RATE PER 100,000)	1070.5	1066.8	F
<b>LEADING CAUSES OF DEATH (RATE PER 100,000)</b>			
HEART DISEASE	311.9	297.0	F
CANCER	192.5	214.9	F
STROKE	89.8	83.5	F
CHRONIC LOWER RESPIRATORY DISEASE	67.4	78.0	F
UNINTENTIONAL INJURY	49.3	55.3	F
DIABETES	34.4	28.4	D
INFLUENZA/PNEUMONIA	24.4	24.2	F
ALZHEIMER'S DISEASE	65.3	67.2	F
NEPHRITIS (KIDNEY DISEASE)	13.9	17.0	C
SUICIDE	-	-	
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	10.6%	18.2%	F
ASTHMA PREVALENCE	5.9%	5.1%	A
CANCER INCIDENCE (RATE PER 100,000)	508.1	541.9	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	19.1%	17.5%	F
NO PHYSICAL ACTIVITY	28.4%	30.5%	F
SMOKING	20.9%	25.7%	F
OBESITY	26.9%	31.5%	D
IMMUNIZATIONS < 3 YEARS	81.0%	73.6%	C
SENIORS FLU VACCINATION	70.9%	75.2%	A
SENIORS PNEUMONIA VACCINATION	75.9%	77.9%	A
LIMITED ACTIVITY DAYS (AVG)	8.5	5.0	D
POOR MENTAL HEALTH DAYS (AVG)	3.0	3.6	C
POOR PHYSICAL HEALTH DAYS (AVG)	4.7	3.5	C
GOOD OR BETTER HEALTH RATING	77.2%	82.5%	D
TEEN FERTILITY (RATE PER 1,000)	38.4	36.3	F
FIRST TRIMESTER PRENATAL CARE	85.7%	86.2%	
LOW BIRTHWEIGHT	10.6%	10.6%	F
ADULT DENTAL VISITS	67.7%	70.0%	C
USUAL SOURCE OF CARE	73.3%	84.6%	B
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	18.5%	12.2%	B
POVERTY	19.8%	17.2%	D

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Jefferson County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	-	-	
TOTAL (RATE PER 100,000)	1060.5	1096.2	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	303.5	322.3	F
CANCER	225.4	220.1	F
STROKE	78.2	55.3	F
CHRONIC LOWER RESPIRATORY DISEASE	79.6	90.1	F
UNINTENTIONAL INJURY	65.2	78.8	F
DIABETES	62.5	59.1	F
INFLUENZA/PNEUMONIA	23.9	17.5	C
ALZHEIMER'S DISEASE	-	-	
NEPHRITIS (KIDNEY DISEASE)	-	22.4	F
SUICIDE	-	-	
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	-	10.8%	D
ASTHMA PREVALENCE	-	-	
CANCER INCIDENCE (RATE PER 100,000)	538.7	560.8	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	-	
NO PHYSICAL ACTIVITY	-	33.3%	F
SMOKING	-	26.6%	F
OBESITY	-	29.5%	D
IMMUNIZATIONS < 3 YEARS	90.1%	75.3%	B
SENIORS FLU VACCINATION	-	-	
SENIORS PNEUMONIA VACCINATION	-	-	
LIMITED ACTIVITY DAYS (AVG)	-	-	
POOR MENTAL HEALTH DAYS (AVG)	3.4	3.3	B
POOR PHYSICAL HEALTH DAYS (AVG)	4.6	5.5	F
GOOD OR BETTER HEALTH RATING	-	77.7%	F
TEEN FERTILITY (RATE PER 1,000)	46.8	41.5	F
FIRST TRIMESTER PRENATAL CARE	79.6%	80.1%	
LOW BIRTHWEIGHT	8.1%	8.1%	C
ADULT DENTAL VISITS	-	45.4%	F
USUAL SOURCE OF CARE	-	-	
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	-	31.6%	F
POVERTY	22.0%	22.3%	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Jefferson County ranked 71<sup>st</sup> in the state for age-adjusted total mortality.
- Jefferson County's leading causes of death were heart disease, cancer, and chronic lower respiratory disease.
- Jefferson County had the second worst rate of deaths due to chronic lower respiratory disease and sixth worst mortality rates for heart disease and diabetes.

### Disease Rates

- Jefferson County's incidence of cancer was 13 percent higher than the state rate, ranking the county 68<sup>th</sup> in the state for this indicator.

### Risk Factors, Behaviors and Socioeconomic Factors

- Jefferson County had one of the higher rates of births to teens aged 15-17 years at almost double the national rate.
- Jefferson County had one of the lowest (worst) percentages of adults who had visited a dentist recently.
- Jefferson County had the second highest percentage of adults in the state who were without health care coverage.

### Changes from Previous Report

- Mortality rates increased 13 percent for chronic lower respiratory disease and 21 percent for unintentional injury.
- Mortality rates decreased 29 percent for stroke and 27 percent for influenza/pneumonia.
- Sixteen percent fewer children had completed the primary immunization series.
- The rate of births to teens aged 15-17 years declined 11 percent.



## Johnston County

### Mortality and Leading Causes of Death

- Johnston County ranked 64<sup>th</sup> in the state for age-adjusted total mortality, with a rate that was 40 percent higher than the national rate.
- Johnston County's leading causes of death were heart disease, cancer, and chronic lower respiratory disease.
- Johnston County had the worst rate of deaths due to nephritis and fifth worst rate of deaths due to diabetes in the state.

### Disease Rates

- Johnston County's prevalence of diabetes was 6<sup>th</sup> highest in the state and more than double the national rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Johnston County had the second highest percentage of physically inactive adults in the state.
- Johnston County had the fewest obese adults in the state.
- Johnston County adults had extremely poor perceived quality of life, with high numbers of poor mental and physical health days and the second worst perceptions of their health.
- Fewer than half of adults had visited a dentist recently.

### Changes from Previous Report

- Mortality rates for stroke, chronic lower respiratory disease, and nephritis increased 22 percent, 18 percent, and 68 percent, respectively.
- Mortality rates declined 14 percent for unintentional injury and 19 percent for influenza/pneumonia.
- The prevalence of diabetes among adults increased 118 percent.
- Physically inactive adults increased 78 percent and adult smokers increased 25 percent.
- Obese adults declined 67 percent.
- Perceived quality of life worsened as the number of poor mental health days and poor physical health days increased 52 percent and 27 percent, respectively, and the positive health rating declined 13 percent.
- Adults without health care coverage almost doubled.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	-	10.6	F
TOTAL (RATE PER 100,000)	1051.7	1060.6	F
<b>LEADING CAUSES OF DEATH (RATE PER 100,000)</b>			
HEART DISEASE	289.0	258.0	F
CANCER	195.7	218.3	F
STROKE	32.5	39.8	C
CHRONIC LOWER RESPIRATORY DISEASE	64.6	76.2	F
UNINTENTIONAL INJURY	84.6	72.8	F
DIABETES	56.9	62.6	F
INFLUENZA/PNEUMONIA	31.4	25.4	F
ALZHEIMER'S DISEASE	25.1	25.6	C
NEPHRITIS (KIDNEY DISEASE)	25.4	42.7	F
SUICIDE	-	24.3	F
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	8.4%	18.3%	F
ASTHMA PREVALENCE	5.8%	-	
CANCER INCIDENCE (RATE PER 100,000)	469.1	493.9	C
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	17.2%	F
NO PHYSICAL ACTIVITY	24.1%	42.8%	F
SMOKING	23.8%	29.7%	F
OBESITY	40.6%	13.6%	A
IMMUNIZATIONS < 3 YEARS	76.9%	72.4%	C
SENIORS FLU VACCINATION	-	-	
SENIORS PNEUMONIA VACCINATION	-	-	
LIMITED ACTIVITY DAYS (AVG)	9.9	-	
POOR MENTAL HEALTH DAYS (AVG)	4.6	7.0	F
POOR PHYSICAL HEALTH DAYS (AVG)	6.4	8.1	F
GOOD OR BETTER HEALTH RATING	72.0%	62.4%	F
TEEN FERTILITY (RATE PER 1,000)	38.0	37.7	F
FIRST TRIMESTER PRENATAL CARE	86.1%	82.3%	
LOW BIRTHWEIGHT	8.2%	8.3%	C
ADULT DENTAL VISITS	48.8%	49.1%	F
USUAL SOURCE OF CARE	84.1%	74.0%	D
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	9.9%	19.6%	D
POVERTY	20.4%	20.3%	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Kay County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	7.8	6.6	C
TOTAL (RATE PER 100,000)	948.5	952.3	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	259.6	250.1	F
CANCER	206.5	210.3	F
STROKE	54.4	51.1	D
CHRONIC LOWER RESPIRATORY DISEASE	52.3	53.9	D
UNINTENTIONAL INJURY	64.9	63.4	F
DIABETES	41.0	38.7	F
INFLUENZA/PNEUMONIA	20.9	20.0	D
ALZHEIMER'S DISEASE	24.1	26.6	D
NEPHRITIS (KIDNEY DISEASE)	15.6	14.7	C
SUICIDE	14.3	14.0	D
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	12.0%	13.8%	F
ASTHMA PREVALENCE	10.1%	10.9%	F
CANCER INCIDENCE (RATE PER 100,000)	598.0	551.6	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	21.8%	13.7%	F
NO PHYSICAL ACTIVITY	28.3%	28.3%	D
SMOKING	27.0%	22.1%	D
OBESITY	26.9%	34.5%	F
IMMUNIZATIONS < 3 YEARS	73.1%	72.7%	C
SENIORS FLU VACCINATION	71.1%	73.1%	B
SENIORS PNEUMONIA VACCINATION	60.0%	67.6%	C
LIMITED ACTIVITY DAYS (AVG)	4.9	4.2	C
POOR MENTAL HEALTH DAYS (AVG)	4.1	4.2	D
POOR PHYSICAL HEALTH DAYS (AVG)	5.1	4.1	D
GOOD OR BETTER HEALTH RATING	79.2%	80.1%	F
TEEN FERTILITY (RATE PER 1,000)	39.2	37.9	F
FIRST TRIMESTER PRENATAL CARE	67.0%	66.0%	
LOW BIRTHWEIGHT	7.2%	7.2%	B
ADULT DENTAL VISITS	50.6%	54.0%	F
USUAL SOURCE OF CARE	82.4%	80.0%	C
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	21.0%	16.2%	C
POVERTY	18.1%	17.2%	D

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Kay County ranked 36<sup>th</sup> in the state for age-adjusted total mortality.
- Kay County's leading causes of death were heart disease, cancer, and unintentional injury.

### Disease Rates

- Kay County's incidence of cancer was one of the higher rates in the state.

### Risk Factors, Behaviors and Socioeconomic Factors

- Kay County's rates for most indicators fell within the middle of the other counties.
- Kay County had one of the higher rates for births to teens aged 15-17 years.
- Fewer than 70 percent of pregnant females received early prenatal care, ranking Kay County 71<sup>st</sup> in the state for this indicator.

### Changes from Previous Report

- The infant mortality rate declined 15 percent.
- The prevalence of diabetes and obesity among adults increased 15 percent and 28 percent, respectively.
- The percentage of adults consuming the recommended servings of fruits and vegetables declined 37 percent.
- The percentage of adult smokers decreased 18 percent.
- Thirteen percent more seniors received a pneumonia vaccination.
- Adults experienced 20 percent fewer poor physical health days.
- The percentage of adults without health care coverage declined 23 percent.



## Kingfisher County

### Mortality and Leading Causes of Death

- Kingfisher County had the third lowest infant mortality rate.
- Kingfisher County ranked 20<sup>th</sup> in the state for age-adjusted total mortality.
- Kingfisher County's leading causes of death were heart disease, cancer, and unintentional injury.
- Kingfisher County had the second lowest mortality rates for stroke and Alzheimer's disease in the state.

### Disease Rates

- Kingfisher County's incidence of cancer was ninth highest in the state.

### Risk Factors, Behaviors and Socioeconomic Factors

- Kingfisher County ranked seventh best for the percentage of adult smokers.
- Kingfisher County had relatively high rates of vaccinations among its seniors.
- Kingfisher County adults experienced few poor mental and physical health days.
- Kingfisher County ranked ninth in the state for receiving early prenatal care.
- More than 90 percent of Kingfisher County adults had a regular health care provider.

### Changes from Previous Report

- Mortality rates decreased 28 percent for stroke and Alzheimer's disease.
- While the number of obese adults decreased 13 percent, the number of adults with diabetes increased 221 percent.
- Twelve percent more adults were physically inactive and 23 percent fewer adults smoked.
- Eighteen percent fewer children had completed the primary immunization series.
- Adults experienced 24 percent fewer poor mental health days and 29 percent fewer poor physical health days.
- Eighteen percent fewer adults were without health care coverage, and 13 percent more residents lived in poverty.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	-	5.1	B
TOTAL (RATE PER 100,000)	897.1	891.1	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	253.5	259.8	F
CANCER	206.5	184.8	C
STROKE	43.1	31.0	A
CHRONIC LOWER RESPIRATORY DISEASE	58.1	66.9	F
UNINTENTIONAL INJURY	67.4	68.5	F
DIABETES	31.9	34.6	F
INFLUENZA/PNEUMONIA	36.5	32.9	F
ALZHEIMER'S DISEASE	14.6	10.4	A
NEPHRITIS (KIDNEY DISEASE)	13.4	14.1	C
SUICIDE	15.8	-	
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	4.8%	15.4%	F
ASTHMA PREVALENCE	8.4%	-	
CANCER INCIDENCE (RATE PER 100,000)	551.7	563.1	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	21.1%	D
NO PHYSICAL ACTIVITY	26.3%	30.0%	F
SMOKING	22.4%	17.3%	C
OBESITY	33.5%	29.0%	D
IMMUNIZATIONS < 3 YEARS	84.0%	69.0%	C
SENIORS FLU VACCINATION	-	81.6%	A
SENIORS PNEUMONIA VACCINATION	-	77.6%	A
LIMITED ACTIVITY DAYS (AVG)	4.0	-	
POOR MENTAL HEALTH DAYS (AVG)	4.2	3.2	B
POOR PHYSICAL HEALTH DAYS (AVG)	3.4	2.4	A
GOOD OR BETTER HEALTH RATING	80.2%	87.9%	B
TEEN FERTILITY (RATE PER 1,000)	20.5	20.4	C
FIRST TRIMESTER PRENATAL CARE	85.1%	85.4%	
LOW BIRTHWEIGHT	6.3%	6.3%	B
ADULT DENTAL VISITS	62.0%	62.1%	F
USUAL SOURCE OF CARE	85.8%	90.6%	A
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	18.0%	14.8%	C
POVERTY	10.4%	11.8%	C

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Kiowa County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	8.5	-	
TOTAL (RATE PER 100,000)	1063.1	1055.0	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	295.4	281.4	F
CANCER	205.9	193.7	D
STROKE	84.2	93.8	F
CHRONIC LOWER RESPIRATORY DISEASE	73.1	74.9	F
UNINTENTIONAL INJURY	63.2	74.6	F
DIABETES	40.7	38.0	F
INFLUENZA/PNEUMONIA	25.4	27.2	F
ALZHEIMER'S DISEASE	19.7	20.5	C
NEPHRITIS (KIDNEY DISEASE)	21.8	20.4	D
SUICIDE	-	-	
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	19.8%	8.5%	C
ASTHMA PREVALENCE	7.9%	11.0%	F
CANCER INCIDENCE (RATE PER 100,000)	558.3	510.7	D
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	20.9%	D
NO PHYSICAL ACTIVITY	25.4%	36.1%	F
SMOKING	26.2%	31.4%	F
OBESITY	37.1%	26.8%	C
IMMUNIZATIONS < 3 YEARS	77.0%	78.6%	B
SENIORS FLU VACCINATION	69.0%	84.9%	A
SENIORS PNEUMONIA VACCINATION	71.2%	-	
LIMITED ACTIVITY DAYS (AVG)	10.1	-	
POOR MENTAL HEALTH DAYS (AVG)	4.8	3.7	C
POOR PHYSICAL HEALTH DAYS (AVG)	4.8	3.8	C
GOOD OR BETTER HEALTH RATING	65.1%	72.0%	F
TEEN FERTILITY (RATE PER 1,000)	38.1	38.7	F
FIRST TRIMESTER PRENATAL CARE	76.6%	78.6%	
LOW BIRTHWEIGHT	11.3%	11.3%	F
ADULT DENTAL VISITS	53.9%	55.9%	F
USUAL SOURCE OF CARE	80.0%	82.1%	C
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	25.2%	22.5%	F
POVERTY	20.7%	19.2%	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Kiowa County ranked 61<sup>st</sup> in the state for age-adjusted total mortality.
- Kiowa County's leading causes of death were heart disease, cancer, and stroke.
- Kiowa County had the second worst rate of deaths due to stroke in the state.

### Disease Rates

- Kiowa County's prevalence of diabetes was 23 percent lower than the state rate and similar to the national rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Kiowa County had a larger percentage of adults who were eating the recommended servings of fruits and vegetables.
- There were more adult smokers in Kiowa County compared to most other counties.
- Almost 85 percent of seniors had recently received their influenza vaccination, ranking Kiowa County second in the state.
- Kiowa County had the third highest rate of low birth weight births.

### Changes from Previous Report

- The unintentional injury mortality rate increased 18 percent.
- Prevalence among adults declined 57 percent for diabetes and 28 percent for obesity.
- Prevalence among adults increased 39 percent for asthma.
- Twenty-three percent more seniors received a recent influenza vaccination.
- Adults experienced 23 percent fewer poor mental health days and 21 percent fewer poor physical health days.



## Latimer County

### Mortality and Leading Causes of Death

- Latimer County had the third highest infant mortality rate.
- Latimer County ranked 52<sup>nd</sup> in the state for age-adjusted total mortality.
- Latimer County's leading causes of death were heart disease, cancer, and unintentional injury.
- Latimer County had the lowest rate of deaths due to stroke and the highest rate of suicide in the state.

### Disease Rates

- Latimer County's incidence of cancer was second lowest in the state.

### Risk Factors, Behaviors and Socioeconomic Factors

- Latimer County had one of the poorest rates of fruit and vegetable consumption and physical inactivity in the state.
- Latimer County had the third lowest percentage of adult smokers.
- Latimer County had the third highest percentage of children under 3 years of age that had been received the primary immunization series.
- Latimer County had the third lowest percentage of low birth weight births.

### Changes from Previous Report

- Mortality rates increased 13 percent for diabetes, 19 percent for influenza/pneumonia, and 29 percent for Alzheimer's disease.
- The prevalence of diabetes among adults increased 28 percent and overall incidence of cancer decreased 13 percent.
- Fifteen percent more adults were physically inactive and 30 percent fewer adults were obese.
- Forty-three percent fewer adults were smoking.
- Perceived quality of life improved as adults experienced 43 percent fewer poor mental and physical health days and positive perceptions of health increased 25 percent.
- Eighteen percent fewer adults were without health care coverage.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	14.0	14.3	F
TOTAL (RATE PER 100,000)	1028.4	1024.0	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	276.3	279.9	F
CANCER	192.9	203.5	F
STROKE	28.2	24.6	A
CHRONIC LOWER RESPIRATORY DISEASE	47.0	44.5	C
UNINTENTIONAL INJURY	107.1	101.9	F
DIABETES	37.9	42.9	F
INFLUENZA/PNEUMONIA	28.5	34.0	F
ALZHEIMER'S DISEASE	24.8	32.0	D
NEPHRITIS (KIDNEY DISEASE)	28.4	25.6	F
SUICIDE	48.3	45.0	F
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	11.9%	15.2%	F
ASTHMA PREVALENCE	8.1%	8.1%	B
CANCER INCIDENCE (RATE PER 100,000)	425.6	372.2	A
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	9.0%	F
NO PHYSICAL ACTIVITY	35.7%	41.1%	F
SMOKING	27.7%	15.8%	B
OBESITY	44.6%	31.1%	D
IMMUNIZATIONS < 3 YEARS	86.0%	84.0%	A
SENIORS FLU VACCINATION	-	-	
SENIORS PNEUMONIA VACCINATION	-	-	
LIMITED ACTIVITY DAYS (AVG)	8.2	-	
POOR MENTAL HEALTH DAYS (AVG)	7.2	4.1	D
POOR PHYSICAL HEALTH DAYS (AVG)	8.2	4.6	F
GOOD OR BETTER HEALTH RATING	60.7%	75.7%	F
TEEN FERTILITY (RATE PER 1,000)	27.3	27.5	D
FIRST TRIMESTER PRENATAL CARE	78.3%	78.0%	
LOW BIRTHWEIGHT	5.2%	5.1%	A
ADULT DENTAL VISITS	57.7%	51.9%	F
USUAL SOURCE OF CARE	84.0%	84.9%	B
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	24.0%	19.6%	D
POVERTY	20.2%	17.5%	D

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## LeFlore County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	8.2	7.3	C
TOTAL (RATE PER 100,000)	999.5	1025.2	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	267.5	287.6	F
CANCER	200.9	213.6	F
STROKE	61.4	50.9	D
CHRONIC LOWER RESPIRATORY DISEASE	55.9	60.2	F
UNINTENTIONAL INJURY	75.6	68.5	F
DIABETES	23.5	26.7	D
INFLUENZA/PNEUMONIA	38.6	32.8	F
ALZHEIMER'S DISEASE	32.8	32.6	F
NEPHRITIS (KIDNEY DISEASE)	14.4	13.4	C
SUICIDE	16.3	20.9	F
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	13.5%	14.7%	F
ASTHMA PREVALENCE	7.6%	8.4%	C
CANCER INCIDENCE (RATE PER 100,000)	471.4	462.6	B
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	17.4%	11.7%	F
NO PHYSICAL ACTIVITY	29.7%	36.2%	F
SMOKING	26.4%	29.5%	F
OBESITY	35.7%	25.0%	B
IMMUNIZATIONS < 3 YEARS	79.8%	76.3%	B
SENIORS FLU VACCINATION	73.6%	65.5%	D
SENIORS PNEUMONIA VACCINATION	68.8%	72.2%	B
LIMITED ACTIVITY DAYS (AVG)	5.6	6.9	F
POOR MENTAL HEALTH DAYS (AVG)	4.8	4.6	F
POOR PHYSICAL HEALTH DAYS (AVG)	4.6	5.7	F
GOOD OR BETTER HEALTH RATING	74.8%	73.1%	F
TEEN FERTILITY (RATE PER 1,000)	35.1	37.7	F
FIRST TRIMESTER PRENATAL CARE	75.5%	72.9%	F
LOW BIRTHWEIGHT	6.8%	6.8%	B
ADULT DENTAL VISITS	56.3%	58.0%	F
USUAL SOURCE OF CARE	77.5%	82.0%	C
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	26.9%	20.2%	D
POVERTY	22.8%	21.0%	F

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### Mortality and Leading Causes of Death

- LeFlore County ranked 54<sup>th</sup> in the state for age-adjusted total mortality.
- LeFlore County's leading causes of death were heart disease, cancer, and unintentional injury.

### Disease Rates

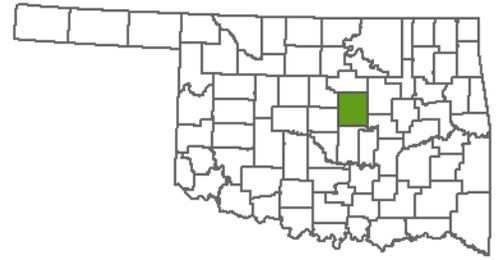
- LeFlore County's prevalence of diabetes was 34 percent higher than the state rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- LeFlore County had one of the lower rates of adult obesity in the state.
- LeFlore County had one of the poorest rates of senior influenza vaccination in the state.

### Changes from Previous Report

- Mortality rates declined 16 percent for stroke and influenza/pneumonia and increased 28 percent for suicide.
- Thirty-three percent fewer adults were consuming the recommended servings of fruits and vegetables.
- There were 22 percent fewer physically inactive adults and 30 percent fewer obese adults.
- Adults experienced 23 percent fewer limited activity days and poor physical health days.
- Twenty-five percent fewer adults were without health care coverage.



## Lincoln County

### Mortality and Leading Causes of Death

- Lincoln County ranked 56<sup>th</sup> in the state for age-adjusted total mortality.
- Lincoln County's leading causes of death were heart disease, cancer, and unintentional injury.
- Lincoln County had one of the higher rates of deaths due to nephritis in the state.

### Disease Rates

- Lincoln County's disease rates for diabetes, asthma, and cancer were similar to the state rates.

### Risk Factors, Behaviors and Socioeconomic Factors

- Lincoln County had the fifth largest percentage of physically inactive adults of all the counties.
- Lincoln County had the largest percentages of seniors who had recently received an influenza vaccination and who had ever received a pneumonia vaccination.
- Lincoln County adults experienced more poor mental health days than adults in most other counties.

### Changes from Previous Report

- The infant mortality rate declined 11 percent.
- Mortality rates decreased 13 percent for stroke and 28 percent for suicide.
- Mortality rates increased 14 percent for chronic lower respiratory disease, 14 percent for diabetes, 17 percent for Alzheimer's disease, and 20 percent for nephritis.
- The prevalence of diabetes among adults increased 33 percent.
- The prevalence of asthma among adults decreased 12 percent.
- Thirteen percent fewer adults were consuming the recommended servings of fruits and vegetables, and 20 percent more adults were not physically active.
- There were 24 percent fewer adult smokers.
- Adults experienced 36 percent more poor mental health days and 35 percent fewer poor physical health days.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	9.9	8.8	D
TOTAL (RATE PER 100,000)	1002.5	1026.4	F
<b>LEADING CAUSES OF DEATH (RATE PER 100,000)</b>			
HEART DISEASE	287.3	276.1	F
CANCER	223.4	217.7	F
STROKE	61.1	53.2	F
CHRONIC LOWER RESPIRATORY DISEASE	51.3	58.4	F
UNINTENTIONAL INJURY	69.8	73.7	F
DIABETES	18.9	26.6	D
INFLUENZA/PNEUMONIA	26.7	27.5	F
ALZHEIMER'S DISEASE	22.2	26.0	D
NEPHRITIS (KIDNEY DISEASE)	21.0	25.2	F
SUICIDE	26.1	18.8	F
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	9.0%	12.0%	F
ASTHMA PREVALENCE	11.8%	10.4%	D
CANCER INCIDENCE (RATE PER 100,000)	501.9	491.4	C
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	17.5%	15.2%	F
NO PHYSICAL ACTIVITY	34.4%	41.2%	F
SMOKING	29.4%	22.2%	D
OBESITY	29.9%	26.8%	C
IMMUNIZATIONS < 3 YEARS	74.2%	69.7%	C
SENIORS FLU VACCINATION	82.6%	86.1%	A
SENIORS PNEUMONIA VACCINATION	82.5%	84.3%	A
LIMITED ACTIVITY DAYS (AVG)	5.1	5.7	F
POOR MENTAL HEALTH DAYS (AVG)	4.2	5.7	F
POOR PHYSICAL HEALTH DAYS (AVG)	6.2	4.0	D
GOOD OR BETTER HEALTH RATING	77.3%	80.7%	D
TEEN FERTILITY (RATE PER 1,000)	20.2	20.1	C
FIRST TRIMESTER PRENATAL CARE	79.9%	79.0%	
LOW BIRTHWEIGHT	8.0%	8.0%	C
ADULT DENTAL VISITS	58.2%	56.6%	F
USUAL SOURCE OF CARE	82.5%	80.1%	C
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	20.0%	18.3%	D
POVERTY	14.6%	14.2%	C

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## Logan County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	8.7	7.9	D
TOTAL (RATE PER 100,000)	858.1	858.7	D
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	240.1	226.2	D
CANCER	192.8	182.9	C
STROKE	62.3	61.4	F
CHRONIC LOWER RESPIRATORY DISEASE	52.4	52.7	D
UNINTENTIONAL INJURY	45.2	47.9	D
DIABETES	21.9	23.2	C
INFLUENZA/PNEUMONIA	21.7	21.2	F
ALZHEIMER'S DISEASE	15.0	14.2	B
NEPHRITIS (KIDNEY DISEASE)	14.1	8.7	B
SUICIDE	10.0	9.4	B
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	6.7%	12.9%	F
ASTHMA PREVALENCE	10.6%	9.8%	D
CANCER INCIDENCE (RATE PER 100,000)	449.7	435.5	B
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	10.1%	11.9%	F
NO PHYSICAL ACTIVITY	31.4%	30.2%	F
SMOKING	17.8%	25.4%	F
OBESITY	29.5%	32.4%	F
IMMUNIZATIONS < 3 YEARS	76.5%	67.0%	C
SENIORS FLU VACCINATION	66.7%	72.1%	B
SENIORS PNEUMONIA VACCINATION	63.3%	72.9%	B
LIMITED ACTIVITY DAYS (AVG)	2.9	3.9	B
POOR MENTAL HEALTH DAYS (AVG)	3.9	3.8	D
POOR PHYSICAL HEALTH DAYS (AVG)	2.8	3.2	B
GOOD OR BETTER HEALTH RATING	83.4%	83.9%	C
TEEN FERTILITY (RATE PER 1,000)	12.9	13.6	B
FIRST TRIMESTER PRENATAL CARE	86.4%	88.5%	B
LOW BIRTHWEIGHT	7.1%	7.1%	B
ADULT DENTAL VISITS	56.1%	58.9%	F
USUAL SOURCE OF CARE	81.2%	79.9%	C
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	16.9%	21.1%	F
POVERTY	13.0%	13.9%	C

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Logan County ranked 16<sup>th</sup> in the state for age-adjusted total mortality.
- Logan County's leading causes of death were heart disease, cancer, and stroke.
- Compared to the other counties, Logan County had relatively low mortality rates for unintentional injury (rank: ninth), diabetes (rank: 11<sup>th</sup>), Alzheimer's disease (rank: fifth), nephritis (rank: second), and suicide (rank: third).

### Disease Rates

- Logan County's incidence of cancer was ninth lowest in the state.

### Risk Factors, Behaviors and Socioeconomic Factors

- Perceived quality of life among Logan County adults was relatively positive, with adults experiencing the second fewest limited activity days and seventh fewest poor physical health days. Their perceptions of their health ranked ninth highest in the state.
- Logan County had the fifth lowest rate of births to teens aged 15-17 years.
- Almost 89 percent of pregnant females received early prenatal care, ranking Logan County third in the state for this indicator.

### Changes from Previous Report

- The nephritis mortality rate decreased 38 percent.
- The prevalence of diabetes among adults almost doubled.
- There were 43 percent more adult smokers.
- Fifteen percent more seniors had ever received a pneumonia vaccination.
- Twelve percent fewer children had completed the primary immunization series.
- Adults experienced 34 percent more limited activity days and 14 percent more poor physical health days.
- Twenty-five percent more adults were without health care coverage.



## Love County

### Mortality and Leading Causes of Death

- Love County had one of the higher rates of infant mortality in the state.
- Love County ranked 35<sup>th</sup> in the state for age-adjusted total mortality, with a rate that was similar to the state rate.
- Love County's leading causes of death were heart disease, cancer, and unintentional injury.
- Love County had the lowest rate of deaths due to diabetes and the second highest rates of deaths due to influenza/pneumonia and nephritis.

### Disease Rates

- Love County's prevalence of diabetes was the highest in the state.
- Love County's incidence of cancer was the seventh lowest in the state.

### Risk Factors, Behaviors and Socioeconomic Factors

- Love County had the fourth smallest percentage of obese adults in the state.
- Love County had the second largest percentage of low birth weight births in the state.
- One in 4 Love County adults was without health care coverage.

### Changes from Previous Report

- Total mortality increased 9 percent.
- Mortality rates increased 26 percent for heart disease, 19 percent for stroke, 14 percent for Alzheimer's disease, and 23 percent for suicide.
- Mortality rates decreased 14 percent for chronic lower respiratory disease, 47 percent for influenza/pneumonia, and 20 percent for nephritis.
- The prevalence of diabetes among adults increased 27 percent.
- There were 22 percent fewer physically inactive adults, 15 percent fewer adult smokers, and 25 percent fewer obese adults.
- Adults experienced 25 percent fewer poor physical health days.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	-	11.7	F
TOTAL (RATE PER 100,000)	868.2	947.0	F
<b>LEADING CAUSES OF DEATH (RATE PER 100,000)</b>			
HEART DISEASE	185.4	233.0	D
CANCER	193.0	178.6	C
STROKE	37.1	44.0	C
CHRONIC LOWER RESPIRATORY DISEASE	68.3	59.0	F
UNINTENTIONAL INJURY	80.4	80.2	F
DIABETES	22.5	12.0	A
INFLUENZA/PNEUMONIA	50.4	48.1	F
ALZHEIMER'S DISEASE	21.0	24.0	C
NEPHRITIS (KIDNEY DISEASE)	50.5	40.2	F
SUICIDE	19.0	23.4	F
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	19.1%	24.2%	F
ASTHMA PREVALENCE	14.7%	-	
CANCER INCIDENCE (RATE PER 100,000)	429.1	432.0	B
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	18.0%	D
NO PHYSICAL ACTIVITY	39.4%	30.9%	F
SMOKING	35.8%	30.3%	F
OBESITY	30.7%	23.0%	B
IMMUNIZATIONS < 3 YEARS	79.1%	76.5%	B
SENIORS FLU VACCINATION	-	-	
SENIORS PNEUMONIA VACCINATION	-	-	
LIMITED ACTIVITY DAYS (AVG)	-	-	
POOR MENTAL HEALTH DAYS (AVG)	4.2	4.9	F
POOR PHYSICAL HEALTH DAYS (AVG)	6.0	4.5	F
GOOD OR BETTER HEALTH RATING	65.4%	72.5%	F
TEEN FERTILITY (RATE PER 1,000)	21.2	25.3	C
FIRST TRIMESTER PRENATAL CARE	84.1%	83.7%	
LOW BIRTHWEIGHT	11.5%	11.5%	F
ADULT DENTAL VISITS	54.2%	58.2%	F
USUAL SOURCE OF CARE	80.6%	83.6%	C
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	27.2%	25.2%	F
POVERTY	14.6%	14.2%	C

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Major County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	-	-	
TOTAL (RATE PER 100,000)	890.8	854.1	D
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	324.5	317.8	F
CANCER	180.4	179.3	C
STROKE	54.7	54.4	F
CHRONIC LOWER RESPIRATORY DISEASE	40.2	36.9	C
UNINTENTIONAL INJURY	88.8	35.9	C
DIABETES	20.8	33.0	F
INFLUENZA/PNEUMONIA	-	11.9	B
ALZHEIMER'S DISEASE	-	-	
NEPHRITIS (KIDNEY DISEASE)	30.3	23.5	F
SUICIDE	-	-	
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	11.1%	5.6%	A
ASTHMA PREVALENCE	-	8.6%	C
CANCER INCIDENCE (RATE PER 100,000)	513.2	495.3	C
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	22.9%	C
NO PHYSICAL ACTIVITY	30.7%	30.3%	F
SMOKING	-	14.3%	B
OBESITY	34.7%	25.7%	C
IMMUNIZATIONS < 3 YEARS	90.0%	71.7%	C
SENIORS FLU VACCINATION	-	-	
SENIORS PNEUMONIA VACCINATION	-	-	
LIMITED ACTIVITY DAYS (AVG)	3.2	-	
POOR MENTAL HEALTH DAYS (AVG)	2.8	1.9	A
POOR PHYSICAL HEALTH DAYS (AVG)	3.2	2.7	A
GOOD OR BETTER HEALTH RATING	77.4%	76.7%	F
TEEN FERTILITY (RATE PER 1,000)	8.5	13.4	B
FIRST TRIMESTER PRENATAL CARE	77.9%	76.7%	
LOW BIRTHWEIGHT	7.8%	7.7%	C
ADULT DENTAL VISITS	55.1%	50.0%	F
USUAL SOURCE OF CARE	72.4%	80.8%	C
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	9.6%	16.1%	C
POVERTY	11.5%	9.8%	B

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Major County ranked 13<sup>th</sup> in the state for age-adjusted total mortality.
- Major County's leading causes of death were heart disease, cancer, and stroke.
- Major County had the lowest rates of deaths due to chronic lower respiratory disease and unintentional injury and the third lowest rate of influenza/pneumonia deaths in the state.

### Disease Rates

- Major County had the third lowest prevalence of diabetes in the state.

### Risk Factors, Behaviors and Socioeconomic Factors

- Major County had the fourth largest percentage of adults who consumed the recommended servings of fruits and vegetables.
- Major County had the second smallest percentage of adult smokers and eighth fewest obese adults.
- Adults in Major County experienced few poor mental and physical health days.
- Major County had the fourth lowest teen birth rate.
- Major County had the second lowest poverty rate in the state.

### Changes from Previous Report

- Mortality rates increased 59 percent for diabetes.
- Mortality rates decreased 60 percent for unintentional injury and 22 percent for nephritis.
- The prevalence of diabetes and obesity among adults declined 50 percent and 26 percent, respectively.
- Twenty percent fewer children had completed the primary immunization series.
- Adults experienced 32 percent fewer poor mental health days and 16 percent fewer poor physical health days.
- The birth rate for teens aged 15-17 years increased 58 percent.
- Sixty-eight percent more adults did not have health care coverage.
- Fifteen percent fewer residents lived in poverty.



## Marshall County

### Mortality and Leading Causes of Death

- Marshall County had the second lowest infant mortality rate in the state.
- Marshall County ranked 28<sup>th</sup> in the state for age-adjusted total mortality.
- Marshall County's leading causes of death were heart disease, cancer, and chronic lower respiratory disease.
- Marshall County had the third lowest rates of deaths due to unintentional injury and diabetes in the state.

### Disease Rates

- One in 5 Marshall County adults had asthma, ranking Marshall as the worst county for this indicator.

### Risk Factors, Behaviors and Socioeconomic Factors

- Marshall County has the second worst rate of fruit and vegetable consumption in the state.
- Marshall County had one of the worst rates for pneumonia vaccination among seniors.
- Marshall County adults experienced the second fewest poor mental health days.
- Compared to other counties, relatively few adults in Marshall County were without health care coverage.

### Changes from Previous Report

- Mortality rates increased 17 percent for cancer, 27 percent for Alzheimer's disease, and 109 percent for nephritis.
- Mortality rates decreased 20 percent for stroke, 15 percent for unintentional injury, and 27 percent for diabetes.
- Ninety percent more adults had diabetes and 405 percent more had asthma.
- Forty-one percent fewer adults were physically inactive and 15 percent fewer adults smoked.
- Eleven percent fewer children had completed the primary immunization series.
- Adults experienced 51 percent fewer poor mental health days.
- Thirty-six percent fewer adults were without health care coverage and 29 percent fewer residents were living in poverty.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	5.1	4.9	B
TOTAL (RATE PER 100,000)	901.9	918.7	F
<b>LEADING CAUSES OF DEATH (RATE PER 100,000)</b>			
HEART DISEASE	246.2	259.0	F
CANCER	187.6	219.8	F
STROKE	62.2	49.7	D
CHRONIC LOWER RESPIRATORY DISEASE	75.3	72.7	F
UNINTENTIONAL INJURY	47.3	40.1	C
DIABETES	25.1	18.2	B
INFLUENZA/PNEUMONIA	26.8	28.1	F
ALZHEIMER'S DISEASE	16.1	20.5	C
NEPHRITIS (KIDNEY DISEASE)	7.9	16.5	C
SUICIDE	14.1	14.6	D
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	8.6%	16.3%	F
ASTHMA PREVALENCE	4.0%	20.2%	F
CANCER INCIDENCE (RATE PER 100,000)	507.0	538.4	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	7.7%	F
NO PHYSICAL ACTIVITY	43.1%	25.5%	C
SMOKING	26.3%	22.3%	D
OBESITY	34.3%	37.7%	F
IMMUNIZATIONS < 3 YEARS	78.8%	70.2%	C
SENIORS FLU VACCINATION	-	72.3%	B
SENIORS PNEUMONIA VACCINATION	-	63.2%	F
LIMITED ACTIVITY DAYS (AVG)	5.5	-	
POOR MENTAL HEALTH DAYS (AVG)	3.5	1.7	A
POOR PHYSICAL HEALTH DAYS (AVG)	5.8	5.3	F
GOOD OR BETTER HEALTH RATING	71.2%	75.4%	F
TEEN FERTILITY (RATE PER 1,000)	35.2	37.7	F
FIRST TRIMESTER PRENATAL CARE	80.2%	78.6%	
LOW BIRTHWEIGHT	6.8%	6.8%	B
ADULT DENTAL VISITS	53.2%	48.3%	F
USUAL SOURCE OF CARE	76.7%	84.0%	B
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	20.6%	13.1%	C
POVERTY	24.2%	17.1%	D

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Mayes County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	6.1	6.9	C
TOTAL (RATE PER 100,000)	908.3	901.4	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	255.8	242.2	F
CANCER	199.0	201.8	D
STROKE	51.1	47.9	D
CHRONIC LOWER RESPIRATORY DISEASE	52.7	53.1	D
UNINTENTIONAL INJURY	59.8	65.2	F
DIABETES	23.5	27.3	D
INFLUENZA/PNEUMONIA	24.8	24.4	F
ALZHEIMER'S DISEASE	14.6	8.7	A
NEPHRITIS (KIDNEY DISEASE)	9.5	10.2	B
SUICIDE	17.2	18.4	F
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	11.7%	10.3%	D
ASTHMA PREVALENCE	6.1%	7.9%	B
CANCER INCIDENCE (RATE PER 100,000)	507.1	523.4	D
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	16.6%	14.0%	F
NO PHYSICAL ACTIVITY	34.1%	35.3%	F
SMOKING	30.7%	28.6%	F
OBESITY	28.6%	40.3%	F
IMMUNIZATIONS < 3 YEARS	78.3%	70.5%	C
SENIORS FLU VACCINATION	79.8%	83.7%	A
SENIORS PNEUMONIA VACCINATION	74.7%	77.1%	A
LIMITED ACTIVITY DAYS (AVG)	5.8	7.2	F
POOR MENTAL HEALTH DAYS (AVG)	5.2	4.7	F
POOR PHYSICAL HEALTH DAYS (AVG)	4.7	5.0	F
GOOD OR BETTER HEALTH RATING	75.9%	78.9%	F
TEEN FERTILITY (RATE PER 1,000)	25.4	29.6	D
FIRST TRIMESTER PRENATAL CARE	81.4%	80.2%	
LOW BIRTHWEIGHT	6.9%	6.9%	B
ADULT DENTAL VISITS	53.2%	60.7%	F
USUAL SOURCE OF CARE	80.8%	83.9%	B
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	17.6%	14.3%	C
POVERTY	20.6%	17.3%	D

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Mayes County ranked 24<sup>th</sup> in the state for age-adjusted total mortality.
- Mayes County's leading causes of death were heart disease, cancer, and unintentional injury.
- Mayes County had the lowest rate of deaths due to Alzheimer's disease in the state.

### Disease Rates

- Mayes County's prevalence of asthma was 10 percent lower than the national rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Mayes County had the fifth largest percentage of obese adults in the state.
- Mayes County had high percentages of seniors who had recently received an influenza vaccination and who had ever received a pneumonia vaccination.
- Adults in Mayes County experienced the third most limited activity days in the state.

### Changes from Previous Report

- The infant mortality rate increased 13 percent.
- The mortality rate for diabetes increased 16 percent and the mortality rate for Alzheimer's disease decreased 40 percent.
- Prevalence of diabetes among adults declined 12 percent.
- Prevalence among adults increased 30 percent for asthma and 41 percent for obesity.
- There were 16 percent fewer adults who were consuming the recommended servings of fruits and vegetables.
- Ten percent fewer children had completed the primary immunization series.
- Adults experienced 24 percent more limited activity days.
- The birth rate for teens aged 15-17 years increased 17 percent.
- Fourteen percent more adults had recently visited the dentist.
- Nineteen percent fewer adults were without health care coverage.



## McClain County

### Mortality and Leading Causes of Death

- McClain County ranked 33<sup>rd</sup> in the state for age-adjusted total mortality.
- McClain County's leading causes of death were heart disease, cancer, and chronic lower respiratory disease.
- McClain County had the lowest rate of deaths due to suicide in the state. McClain County also had the fifth lowest rate of deaths due to diabetes and the fourth lowest nephritis mortality rate.

### Disease Rates

- McClain County's prevalence of diabetes was the tenth lowest in the state.

### Risk Factors, Behaviors and Socioeconomic Factors

- McClain County had the sixth smallest percentage of adult smokers in the state.
- McClain County adults had relatively positive perceptions of their health, ranking eighth in the state for this indicator.
- McClain County had the tenth lowest rate of teen births.
- McClain County had the third lowest poverty rate in the state.

### Changes from Previous Report

- Mortality rates decreased 13 percent for stroke and diabetes, and 15 percent for unintentional injury.
- The mortality rate increased 29 percent for nephritis.
- Prevalence among adults increased 21 percent for diabetes, 69 percent for asthma, and 34 percent for obesity.
- There were 16 percent fewer adults who consumed the recommended servings of fruits and vegetables daily and 19 percent more physically inactive adults.
- There were 18 percent fewer adult smokers.
- Adults experienced more than double the number of limited activity days.
- Thirty-two percent fewer adults were without health care coverage and 22 percent fewer residents lived in poverty.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	8.0	8.7	D
TOTAL (RATE PER 100,000)	957.3	941.0	F
<b>LEADING CAUSES OF DEATH (RATE PER 100,000)</b>			
HEART DISEASE	265.0	265.3	F
CANCER	225.9	211.5	F
STROKE	74.8	65.3	F
CHRONIC LOWER RESPIRATORY DISEASE	64.7	68.0	F
UNINTENTIONAL INJURY	65.3	55.6	F
DIABETES	21.1	18.3	B
INFLUENZA/PNEUMONIA	28.9	25.8	F
ALZHEIMER'S DISEASE	22.7	20.6	C
NEPHRITIS (KIDNEY DISEASE)	7.0	9.0	B
SUICIDE	-	6.8	B
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	7.2%	8.7%	C
ASTHMA PREVALENCE	5.5%	9.3%	C
CANCER INCIDENCE (RATE PER 100,000)	553.0	556.1	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	17.7%	14.8%	F
NO PHYSICAL ACTIVITY	24.2%	28.9%	D
SMOKING	20.9%	17.2%	C
OBESITY	26.2%	35.1%	F
IMMUNIZATIONS < 3 YEARS	74.8%	70.7%	C
SENIORS FLU VACCINATION	65.5%	73.5%	B
SENIORS PNEUMONIA VACCINATION	64.5%	67.5%	C
LIMITED ACTIVITY DAYS (AVG)	2.8	5.9	F
POOR MENTAL HEALTH DAYS (AVG)	2.1	3.0	B
POOR PHYSICAL HEALTH DAYS (AVG)	4.2	4.1	D
GOOD OR BETTER HEALTH RATING	84.1%	84.4%	C
TEEN FERTILITY (RATE PER 1,000)	16.2	16.4	B
FIRST TRIMESTER PRENATAL CARE	84.2%	84.0%	
LOW BIRTHWEIGHT	8.6%	8.6%	C
ADULT DENTAL VISITS	61.1%	57.0%	F
USUAL SOURCE OF CARE	91.3%	80.0%	C
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	19.6%	13.4%	C
POVERTY	12.8%	10.0%	B

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## McCurtain County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	7.8	9.5	F
TOTAL (RATE PER 100,000)	1138.0	1087.7	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	295.9	269.5	F
CANCER	235.4	225.1	F
STROKE	58.4	67.3	F
CHRONIC LOWER RESPIRATORY DISEASE	61.3	71.7	F
UNINTENTIONAL INJURY	105.9	88.1	F
DIABETES	52.2	52.6	F
INFLUENZA/PNEUMONIA	24.1	21.7	F
ALZHEIMER'S DISEASE	22.1	18.3	B
NEPHRITIS (KIDNEY DISEASE)	16.8	19.2	D
SUICIDE	30.9	26.0	F
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	9.0%	11.5%	F
ASTHMA PREVALENCE	9.3%	9.4%	C
CANCER INCIDENCE (RATE PER 100,000)	512.5	510.2	D
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	9.9%	10.2%	F
NO PHYSICAL ACTIVITY	29.8%	38.6%	F
SMOKING	24.0%	25.8%	F
OBESITY	29.1%	35.7%	F
IMMUNIZATIONS < 3 YEARS	84.8%	82.0%	A
SENIORS FLU VACCINATION	58.9%	64.9%	F
SENIORS PNEUMONIA VACCINATION	66.6%	76.0%	A
LIMITED ACTIVITY DAYS (AVG)	7.9	7.1	F
POOR MENTAL HEALTH DAYS (AVG)	3.8	4.4	F
POOR PHYSICAL HEALTH DAYS (AVG)	6.3	6.0	F
GOOD OR BETTER HEALTH RATING	73.1%	75.1%	F
TEEN FERTILITY (RATE PER 1,000)	41.0	41.6	F
FIRST TRIMESTER PRENATAL CARE	84.4%	83.6%	F
LOW BIRTHWEIGHT	8.4%	8.4%	C
ADULT DENTAL VISITS	50.0%	48.0%	F
USUAL SOURCE OF CARE	73.9%	81.5%	C
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	28.0%	22.5%	F
POVERTY	16.9%	25.6%	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- McCurtain County ranked 70<sup>th</sup> in the state for age-adjusted total mortality.
- McCurtain County's leading causes of death were heart disease, cancer, and unintentional injury.
- McCurtain County had some of the worst rates of deaths due to diabetes and suicide in the state.

### Disease Rates

- McCurtain County's disease rates were similar to the state rates for diabetes, asthma, and cancer.

### Risk Factors, Behaviors and Socioeconomic Factors

- McCurtain County had some of the worst rates in the state for fruit and vegetable consumption, no physical activity, adult obesity, and number of limited activity and poor physical health days.
- McCurtain County had the seventh highest percentage of children under 3 years of age that received the primary immunization series.
- McCurtain County had the third smallest percentage of seniors who had recently received an influenza vaccination.
- McCurtain County had the eighth worst teen birth rate.
- McCurtain County had the third highest poverty rate.

### Changes from Previous Report

- The infant mortality rate increased 22 percent.
- Mortality rates increased 14 percent for nephritis, 15 percent for stroke, and 17 percent for chronic lower respiratory disease.
- Mortality rates decreased 17 percent for unintentional injury and Alzheimer's disease and 16 percent for suicide.
- Twenty-eight percent more adults had diabetes and 23 percent more were obese.
- Thirty percent more adults were not physically active.
- Ten percent more seniors received influenza vaccine, and 14 percent more received pneumonia vaccinations.
- Twenty percent fewer adults were without health care coverage and 51 percent more residents lived in poverty.



## McIntosh County

### Mortality and Leading Causes of Death

- McIntosh County had the fourth highest infant mortality rate.
- McIntosh County ranked 39<sup>th</sup> in the state for age-adjusted total mortality.
- McIntosh County's leading causes of death were heart disease, cancer, and unintentional injury.
- McIntosh County had the fifth lowest influenza/pneumonia mortality rate and fourth lowest Alzheimer's disease mortality rate in the state.

### Disease Rates

- McIntosh County had the sixth lowest rates of diabetes and asthma in the state.

### Risk Factors, Behaviors and Socioeconomic Factors

- McIntosh County had the fourth largest percentage of adults who were not physically active and the third largest percentage of obese adults.
- McIntosh County ranked 72<sup>nd</sup> in the state for receiving early prenatal care.
- McIntosh had the second lowest percentage of adults who had a usual health care provider.

### Changes from Previous Report

- Mortality rates increased 18 percent for stroke and 37 percent for chronic lower respiratory disease (+37 percent).
- Mortality rates decreased 15 percent for influenza/pneumonia and infant deaths.
- Prevalence decreased 41 percent among adults for diabetes and 54 percent for asthma.
- Prevalence for obesity increased 55 percent.
- Fourteen percent more adults were consuming the recommended servings of fruits and vegetables and 22 percent fewer adults smoked.
- Twenty-three percent more adults were not physically active.
- Fifteen percent fewer children had completed the primary immunization series.
- Twenty-one percent fewer adults had a regular health care provider and 33 percent more residents lived in poverty.
- 23 percent fewer adults were without health care coverage.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	15.3	12.8	F
TOTAL (RATE PER 100,000)	950.5	965.5	F
<b>LEADING CAUSES OF DEATH (RATE PER 100,000)</b>			
HEART DISEASE	292.0	277.9	F
CANCER	212.0	205.1	F
STROKE	47.3	55.9	F
CHRONIC LOWER RESPIRATORY DISEASE	56.6	77.3	F
UNINTENTIONAL INJURY	75.5	83.4	F
DIABETES	25.0	28.6	D
INFLUENZA/PNEUMONIA	17.6	15.0	C
ALZHEIMER'S DISEASE	13.0	12.6	A
NEPHRITIS (KIDNEY DISEASE)	12.0	11.9	B
SUICIDE	19.5	18.0	F
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	11.3%	6.7%	B
ASTHMA PREVALENCE	12.5%	5.7%	A
CANCER INCIDENCE (RATE PER 100,000)	518.4	484.8	C
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	16.4%	18.7%	D
NO PHYSICAL ACTIVITY	33.8%	41.7%	F
SMOKING	34.3%	26.9%	F
OBESITY	26.9%	41.7%	F
IMMUNIZATIONS < 3 YEARS	73.4%	62.5%	D
SENIORS FLU VACCINATION	77.5%	66.8%	D
SENIORS PNEUMONIA VACCINATION	67.4%	67.2%	C
LIMITED ACTIVITY DAYS (AVG)	6.0	7.0	F
POOR MENTAL HEALTH DAYS (AVG)	4.2	4.6	F
POOR PHYSICAL HEALTH DAYS (AVG)	5.0	4.7	F
GOOD OR BETTER HEALTH RATING	74.7%	79.0%	F
TEEN FERTILITY (RATE PER 1,000)	22.8	21.0	C
FIRST TRIMESTER PRENATAL CARE	65.4%	64.8%	
LOW BIRTHWEIGHT	9.4%	9.4%	D
ADULT DENTAL VISITS	55.7%	53.6%	F
USUAL SOURCE OF CARE	90.4%	71.8%	F
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	21.8%	16.7%	D
POVERTY	15.6%	20.8%	F

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## Murray County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	6.1	-	
TOTAL (RATE PER 100,000)	1039.0	1028.4	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	309.1	282.3	F
CANCER	226.5	219.4	F
STROKE	59.8	51.5	D
CHRONIC LOWER RESPIRATORY DISEASE	58.4	80.3	F
UNINTENTIONAL INJURY	74.7	73.4	F
DIABETES	56.9	40.6	F
INFLUENZA/PNEUMONIA	31.3	35.7	F
ALZHEIMER'S DISEASE	17.7	22.6	C
NEPHRITIS (KIDNEY DISEASE)	17.3	23.3	F
SUICIDE	23.2	30.0	F
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	13.7%	10.7%	D
ASTHMA PREVALENCE	-	18.0%	F
CANCER INCIDENCE (RATE PER 100,000)	550.8	563.3	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	9.2%	F
NO PHYSICAL ACTIVITY	25.8%	20.4%	B
SMOKING	26.9%	26.0%	F
OBESITY	18.6%	34.1%	F
IMMUNIZATIONS < 3 YEARS	82.6%	66.7%	C
SENIORS FLU VACCINATION	-	-	
SENIORS PNEUMONIA VACCINATION	-	-	
LIMITED ACTIVITY DAYS (AVG)	4.9	-	
POOR MENTAL HEALTH DAYS (AVG)	3.5	3.7	C
POOR PHYSICAL HEALTH DAYS (AVG)	4.6	5.3	F
GOOD OR BETTER HEALTH RATING	75.6%	77.6%	F
TEEN FERTILITY (RATE PER 1,000)	46.2	51.1	F
FIRST TRIMESTER PRENATAL CARE	86.7%	85.7%	
LOW BIRTHWEIGHT	9.1%	9.1%	D
ADULT DENTAL VISITS	68.1%	69.9%	C
USUAL SOURCE OF CARE	80.2%	90.5%	A
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	15.3%	11.9%	B
POVERTY	14.8%	16.8%	D

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Murray County ranked 57<sup>th</sup> in the state for age-adjusted total mortality.
- Murray County's leading causes of death were heart disease, cancer, and chronic lower respiratory disease.
- Murray County had the fifth worst chronic lower respiratory disease mortality rate and 3<sup>rd</sup> worst suicide mortality rate.

### Disease Rates

- Murray County's asthma prevalence was second highest in the state.
- Murray County's cancer incidence was seventh highest in the state.

### Risk Factors, Behaviors and Socioeconomic Factors

- Murray County had the fewest physically inactive adults.
- Murray County had the fourth highest rate of teen births.
- Murray County ranked eighth in the state for receiving early prenatal care.
- Murray County had the third largest percentage of adults who had recently visited the dentist.
- More than 90 percent of adults had a usual health care provider, ranking Murray County fourth for this indicator.
- Fewer than 12 percent of adults were without health care coverage, the second lowest rate in the state.

### Changes from Previous Report

- Mortality rates increased 38 percent for chronic lower respiratory disease, 28 percent for Alzheimer's disease, and 29 percent for suicide.
- The mortality rate declined 29 percent for diabetes.
- Prevalence of diabetes among adults declined 22 percent.
- Prevalence for obesity increased 83 percent.
- Nineteen percent fewer children had completed the primary immunization series.
- The birth rate for teens aged 15-17 years increased 11 percent.
- Twenty-two percent fewer adults were without health care coverage and 14 percent more residents lived in poverty.



## Muskogee County

### Mortality and Leading Causes of Death

- Muskogee County had the seventh lowest infant mortality rate in the state.
- Muskogee County ranked 38<sup>th</sup> in the state for age-adjusted total mortality.
- Muskogee County's leading causes of death were heart disease, cancer, and chronic lower respiratory disease.
- Muskogee County had the fifth worst rate of deaths due to Alzheimer's disease in the state.

### Disease Rates

- Muskogee County's prevalence of asthma was similar to the national rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Muskogee County had the fifth largest percentage of adult smokers.
- Muskogee County ranked poorly for the percentage of seniors who had ever received a pneumonia vaccination.
- Adults in Muskogee County experienced more limited activity and poor mental and physical health days than adults in most other counties.

### Changes from Previous Report

- Mortality rates increased 13 percent for chronic lower respiratory disease and 11 percent for influenza/pneumonia.
- The prevalence of diabetes among adults increased 27 percent.
- The prevalence of asthma among adults declined 12 percent.
- There were 14 percent more adult smokers.
- Eleven percent fewer children had completed the primary immunization series.
- Adults experienced 18 percent more limited activity days and 31 percent more poor mental health days.
- Thirteen percent fewer adults were without health care coverage.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	6.2	5.9	B
TOTAL (RATE PER 100,000)	958.3	963.7	F
<b>LEADING CAUSES OF DEATH (RATE PER 100,000)</b>			
HEART DISEASE	267.4	252.9	F
CANCER	208.9	217.4	F
STROKE	52.7	54.7	F
CHRONIC LOWER RESPIRATORY DISEASE	67.6	76.2	F
UNINTENTIONAL INJURY	51.4	49.7	D
DIABETES	27.1	29.8	F
INFLUENZA/PNEUMONIA	16.6	18.5	D
ALZHEIMER'S DISEASE	42.0	43.7	F
NEPHRITIS (KIDNEY DISEASE)	16.1	15.7	C
SUICIDE	14.0	14.6	D
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	10.8%	13.7%	F
ASTHMA PREVALENCE	10.1%	8.9%	C
CANCER INCIDENCE (RATE PER 100,000)	537.1	545.3	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	14.3%	14.6%	F
NO PHYSICAL ACTIVITY	35.6%	38.5%	F
SMOKING	29.7%	33.9%	F
OBESITY	29.6%	27.7%	C
IMMUNIZATIONS < 3 YEARS	80.6%	72.0%	C
SENIORS FLU VACCINATION	68.4%	73.5%	B
SENIORS PNEUMONIA VACCINATION	65.3%	64.7%	D
LIMITED ACTIVITY DAYS (AVG)	6.0	7.1	F
POOR MENTAL HEALTH DAYS (AVG)	4.2	5.5	F
POOR PHYSICAL HEALTH DAYS (AVG)	5.5	5.4	F
GOOD OR BETTER HEALTH RATING	76.3%	71.7%	F
TEEN FERTILITY (RATE PER 1,000)	32.5	35.5	F
FIRST TRIMESTER PRENATAL CARE	71.7%	70.4%	F
LOW BIRTHWEIGHT	8.6%	8.6%	C
ADULT DENTAL VISITS	55.3%	50.4%	F
USUAL SOURCE OF CARE	71.6%	76.2%	D
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	25.9%	22.5%	F
POVERTY	19.9%	19.7%	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Noble County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	-	12.6	F
TOTAL (RATE PER 100,000)	794.8	816.4	D
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	236.1	198.7	C
CANCER	176.8	166.5	B
STROKE	27.0	35.1	B
CHRONIC LOWER RESPIRATORY DISEASE	38.1	39.5	C
UNINTENTIONAL INJURY	63.8	60.3	F
DIABETES	26.8	41.2	F
INFLUENZA/PNEUMONIA	37.0	43.3	F
ALZHEIMER'S DISEASE	22.3	25.2	C
NEPHRITIS (KIDNEY DISEASE)	11.5	11.2	B
SUICIDE	13.8	17.3	F
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	12.4%	11.7%	F
ASTHMA PREVALENCE	10.9%	9.7%	D
CANCER INCIDENCE (RATE PER 100,000)	411.5	401.1	A
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	8.3%	F
NO PHYSICAL ACTIVITY	27.6%	42.3%	F
SMOKING	22.7%	36.8%	F
OBESITY	22.4%	48.3%	F
IMMUNIZATIONS < 3 YEARS	69.2%	58.5%	D
SENIORS FLU VACCINATION	-	-	
SENIORS PNEUMONIA VACCINATION	-	-	
LIMITED ACTIVITY DAYS (AVG)	4.6	-	
POOR MENTAL HEALTH DAYS (AVG)	3.6	3.3	B
POOR PHYSICAL HEALTH DAYS (AVG)	3.8	2.8	B
GOOD OR BETTER HEALTH RATING	74.9%	71.3%	F
TEEN FERTILITY (RATE PER 1,000)	16.9	16.4	B
FIRST TRIMESTER PRENATAL CARE	78.7%	77.8%	
LOW BIRTHWEIGHT	5.4%	5.4%	A
ADULT DENTAL VISITS	61.0%	65.2%	D
USUAL SOURCE OF CARE	88.3%	73.6%	D
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	23.5%	24.2%	F
POVERTY	14.5%	13.7%	C

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Noble County had the fifth highest infant mortality rate in the state.
- Noble County ranked fifth in the state for age-adjusted total mortality, with a rate seven percent higher than the national rate.
- Noble County's leading causes of death were heart disease, cancer, and unintentional injury.
- Noble County had low rates of deaths due to heart disease, cancer, stroke, and chronic lower respiratory disease compared to the other counties.
- Noble County had the fifth highest influenza/pneumonia mortality rate.

### Disease Rates

- Noble County's incidence of cancer was fourth lowest in the state.

### Risk Factors, Behaviors and Socioeconomic Factors

- Noble County had the third worst rankings for fruit and vegetable consumption, no physical activity, and children receiving the primary immunization series.
- Noble County had the highest percentage of adult smokers and obese adults.
- Noble County had the sixth highest percentage of adults who had recently visited a dentist.
- Noble County had the sixth lowest percentage of low birth weight births and sixth fewest poor physical health days.

### Changes from Previous Report

- Mortality rates increased 54 percent for diabetes, 17 percent for influenza/pneumonia, and 25 percent for suicide.
- Mortality rates declined 16 percent for heart disease and 30 percent for stroke.
- There were 53 percent more physically inactive adults, 62 percent more adult smokers, and 116 percent more obese adults.
- Fifteen percent fewer children had completed the primary immunization series.
- Adults had 26 percent fewer poor physical health days.
- Seventeen percent fewer adults had a usual health care provider.



## Nowata County

### Mortality and Leading Causes of Death

- Nowata County ranked 17<sup>th</sup> in the state for age-adjusted total mortality.
- Nowata County's leading causes of death were heart disease, cancer, and unintentional injury.
- Nowata County had the fourth lowest death rate for chronic lower respiratory disease and the seventh highest death rate for Alzheimer's disease.

### Disease Rates

- Nowata County's rates of disease were higher than the state rates for diabetes, asthma, and cancer.

### Risk Factors, Behaviors and Socioeconomic Factors

- Nowata County had the ninth best rate of fruit/vegetable consumption; the second best rate of no physical activity; and the sixth best rate of adult obesity.
- Nowata County ranked seventh best in the state for early prenatal care.
- Nowata County had the lowest rate of low birth weight births and best rate of adults with a usual health care provider.
- Nowata County had the worst rate of seniors pneumonia vaccination; the fifth worst rate of seniors influenza vaccination; and the third poorest rate of adult dental visits.

### Changes from Previous Report

- Mortality rates declined 27 percent for stroke and 16 percent for chronic lower respiratory disease.
- Mortality rates increased 57 percent for diabetes and 74 percent for suicide.
- Thirteen percent more adults had diabetes and 27 percent fewer were obese.
- Fifty-two percent more adults were consuming the recommended servings of fruits and vegetables and 29 percent fewer were physically inactive.
- Fourteen percent fewer children had completed the primary immunization series.
- Adults experienced 31 percent more poor health days.
- Twenty-five percent fewer adults had visited a dentist recently and 40 percent fewer were without health care coverage.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	-	-	
TOTAL (RATE PER 100,000)	862.6	859.6	D
<b>LEADING CAUSES OF DEATH (RATE PER 100,000)</b>			
HEART DISEASE	256.1	250.6	F
CANCER	185.8	196.4	D
STROKE	50.6	37.0	B
CHRONIC LOWER RESPIRATORY DISEASE	49.1	41.2	C
UNINTENTIONAL INJURY	50.5	53.6	D
DIABETES	25.4	40.0	F
INFLUENZA/PNEUMONIA	16.8	17.4	C
ALZHEIMER'S DISEASE	40.5	41.2	F
NEPHRITIS (KIDNEY DISEASE)	11.5	-	
SUICIDE	14.1	24.5	F
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	10.9%	12.3%	F
ASTHMA PREVALENCE	11.7%	10.4%	D
CANCER INCIDENCE (RATE PER 100,000)	519.4	543.2	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	13.7%	20.8%	D
NO PHYSICAL ACTIVITY	32.0%	22.7%	C
SMOKING	28.1%	26.6%	F
OBESITY	32.9%	24.1%	B
IMMUNIZATIONS < 3 YEARS	79.1%	67.7%	C
SENIORS FLU VACCINATION	60.7%	65.6%	D
SENIORS PNEUMONIA VACCINATION	45.9%	52.2%	F
LIMITED ACTIVITY DAYS (AVG)	5.6	-	
POOR MENTAL HEALTH DAYS (AVG)	3.6	3.4	C
POOR PHYSICAL HEALTH DAYS (AVG)	3.9	5.1	F
GOOD OR BETTER HEALTH RATING	70.7%	74.8%	F
TEEN FERTILITY (RATE PER 1,000)	22.4	22.3	C
FIRST TRIMESTER PRENATAL CARE	84.2%	85.9%	
LOW BIRTHWEIGHT	4.5%	4.5%	A
ADULT DENTAL VISITS	56.3%	42.4%	F
USUAL SOURCE OF CARE	82.0%	91.8%	A
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	20.1%	12.1%	B
POVERTY	15.5%	17.1%	D

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Okfuskee County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	-	6.9	C
TOTAL (RATE PER 100,000)	1118.3	1024.5	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	363.6	328.3	F
CANCER	227.2	195.4	D
STROKE	31.8	33.6	B
CHRONIC LOWER RESPIRATORY DISEASE	54.2	64.7	F
UNINTENTIONAL INJURY	83.9	88.2	F
DIABETES	38.2	37.2	F
INFLUENZA/PNEUMONIA	15.1	30.0	F
ALZHEIMER'S DISEASE	18.8	16.2	B
NEPHRITIS (KIDNEY DISEASE)	19.7	23.7	F
SUICIDE	-	-	
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	18.2%	9.6%	D
ASTHMA PREVALENCE	7.9%	-	
CANCER INCIDENCE (RATE PER 100,000)	535.5	543.2	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	-	
NO PHYSICAL ACTIVITY	47.4%	40.8%	F
SMOKING	31.4%	32.3%	F
OBESITY	28.0%	26.4%	C
IMMUNIZATIONS < 3 YEARS	81.6%	66.4%	C
SENIORS FLU VACCINATION	-	-	
SENIORS PNEUMONIA VACCINATION	-	-	
LIMITED ACTIVITY DAYS (AVG)	7.1	-	
POOR MENTAL HEALTH DAYS (AVG)	4.8	2.8	B
POOR PHYSICAL HEALTH DAYS (AVG)	5.0	3.7	C
GOOD OR BETTER HEALTH RATING	75.4%	70.5%	F
TEEN FERTILITY (RATE PER 1,000)	34.9	35.1	F
FIRST TRIMESTER PRENATAL CARE	73.3%	76.3%	
LOW BIRTHWEIGHT	8.0%	8.0%	C
ADULT DENTAL VISITS	48.3%	49.2%	F
USUAL SOURCE OF CARE	71.5%	74.3%	D
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	38.8%	28.4%	F
POVERTY	24.3%	23.7%	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Okfuskee County ranked 13<sup>th</sup> in the state for infant mortality and 53<sup>rd</sup> in the state for age-adjusted total mortality.
- Okfuskee County's leading causes of death were heart disease, cancer, and unintentional injury.
- Okfuskee County had the fifth worst rate of deaths due to heart disease and rated fifth and seventh best for stroke and Alzheimer's disease mortality, respectively.

### Disease Rates

- Okfuskee County had a smaller percentage of adults with diabetes than the state as a whole.

### Risk Factors, Behaviors and Socioeconomic Factors

- Okfuskee County had the seventh largest percentage of physically inactive adults and sixth largest percentage of adult smokers in the state.
- Okfuskee County had the ninth fewest obese adults.
- Adults in Okfuskee County experienced relatively few poor mental and physical health days.
- Fewer than half of adults had recently visited the dentist.
- Okfuskee County ranked poorly in the percentages of adults with health care coverage and residents living in poverty.

### Changes from Previous Report

- Mortality rates for cancer and Alzheimer's disease decreased 14 percent each, while mortality for chronic lower respiratory disease and nephritis increased almost 20 percent and influenza/pneumonia mortality doubled.
- The prevalence of diabetes among adults declined 47 percent.
- There were 14 percent fewer physically inactive adults and 27 percent fewer adults without health care coverage.
- Nineteen percent fewer children had completed the primary immunization series.
- Adults experienced 42 percent fewer poor mental health days and 26 percent fewer poor physical health days.



## Oklahoma County

### Mortality and Leading Causes of Death

- Oklahoma County ranked 21<sup>st</sup> in the state for age-adjusted total mortality.
- Oklahoma County's leading causes of death were heart disease, cancer, and chronic lower respiratory disease.
- Oklahoma County had the sixth lowest rate of deaths due to unintentional injury in the state.

### Disease Rates

- Oklahoma County's disease rates for diabetes and asthma were lower than the overall state rates.

### Risk Factors, Behaviors and Socioeconomic Factors

- Oklahoma County ranked in the middle of the other counties for most indicators.
- Adults in Oklahoma County experienced fewer limited activity days than adults in most other counties.
- Oklahoma County had one of the higher rates of recent dental visits among adults (rank: 12<sup>th</sup>).

### Changes from Previous Report

- Most of the indicator rates remained consistent with the previous time period.
- The prevalence of diabetes among adults increased 25 percent.
- The prevalence of asthma among adults increased 14 percent.
- There were 13 percent more obese adults.
- Fifteen percent fewer children had completed the primary immunization series.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	8.9	9.0	D
TOTAL (RATE PER 100,000)	904.9	892.3	F
<b>LEADING CAUSES OF DEATH (RATE PER 100,000)</b>			
HEART DISEASE	247.5	231.0	D
CANCER	191.5	185.9	C
STROKE	56.8	52.5	F
CHRONIC LOWER RESPIRATORY DISEASE	55.3	57.1	F
UNINTENTIONAL INJURY	43.8	45.9	D
DIABETES	26.4	26.6	D
INFLUENZA/PNEUMONIA	20.3	20.0	D
ALZHEIMER'S DISEASE	19.4	20.9	C
NEPHRITIS (KIDNEY DISEASE)	14.3	13.2	C
SUICIDE	14.4	14.3	D
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	7.9%	9.9%	D
ASTHMA PREVALENCE	8.6%	9.8%	D
CANCER INCIDENCE (RATE PER 100,000)	542.2	544.2	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	16.4%	16.7%	F
NO PHYSICAL ACTIVITY	29.5%	29.7%	D
SMOKING	25.1%	23.9%	F
OBESITY	25.4%	28.7%	C
IMMUNIZATIONS < 3 YEARS	81.3%	68.7%	C
SENIORS FLU VACCINATION	73.5%	73.4%	B
SENIORS PNEUMONIA VACCINATION	68.9%	73.4%	A
LIMITED ACTIVITY DAYS (AVG)	4.4	4.5	C
POOR MENTAL HEALTH DAYS (AVG)	3.9	4.1	D
POOR PHYSICAL HEALTH DAYS (AVG)	3.8	3.9	C
GOOD OR BETTER HEALTH RATING	81.2%	82.2%	D
TEEN FERTILITY (RATE PER 1,000)	37.2	38.0	F
FIRST TRIMESTER PRENATAL CARE	78.1%	78.5%	
LOW BIRTHWEIGHT	8.9%	8.8%	C
ADULT DENTAL VISITS	63.2%	61.8%	F
USUAL SOURCE OF CARE	75.1%	74.2%	D
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	22.5%	23.8%	F
POVERTY	17.6%	16.1%	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Okmulgee County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	9.5	7.3	C
TOTAL (RATE PER 100,000)	1048.9	1066.8	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	294.6	299.3	F
CANCER	231.2	227.7	F
STROKE	51.8	53.1	F
CHRONIC LOWER RESPIRATORY DISEASE	62.2	70.1	F
UNINTENTIONAL INJURY	63.2	61.2	F
DIABETES	52.2	45.4	F
INFLUENZA/PNEUMONIA	22.6	18.9	D
ALZHEIMER'S DISEASE	18.5	20.4	C
NEPHRITIS (KIDNEY DISEASE)	20.6	29.4	F
SUICIDE	16.9	20.7	F
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	11.9%	11.4%	F
ASTHMA PREVALENCE	8.8%	8.3%	C
CANCER INCIDENCE (RATE PER 100,000)	510.1	496.9	C
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	15.5%	11.8%	F
NO PHYSICAL ACTIVITY	34.8%	38.5%	F
SMOKING	33.7%	25.9%	F
OBESITY	28.3%	40.8%	F
IMMUNIZATIONS < 3 YEARS	82.1%	54.1%	F
SENIORS FLU VACCINATION	72.5%	66.4%	D
SENIORS PNEUMONIA VACCINATION	69.0%	64.1%	D
LIMITED ACTIVITY DAYS (AVG)	6.1	5.2	D
POOR MENTAL HEALTH DAYS (AVG)	4.5	5.1	F
POOR PHYSICAL HEALTH DAYS (AVG)	4.5	5.1	F
GOOD OR BETTER HEALTH RATING	76.0%	75.1%	F
TEEN FERTILITY (RATE PER 1,000)	28.5	30.1	D
FIRST TRIMESTER PRENATAL CARE	75.2%	72.0%	F
LOW BIRTHWEIGHT	8.4%	8.4%	C
ADULT DENTAL VISITS	55.2%	50.6%	F
USUAL SOURCE OF CARE	77.0%	76.6%	D
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	26.8%	25.6%	F
POVERTY	24.4%	20.3%	F

Note: A "." is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Okmulgee County ranked 65<sup>th</sup> in the state for age-adjusted total mortality, with a rate that was 40 percent higher than the national rate.
- Okmulgee County's leading causes of death were heart disease, cancer, and chronic lower respiratory disease.
- Okmulgee County had higher rates of deaths due to cancer and nephritis compared to other counties.

### Disease Rates

- Okmulgee County's prevalence of asthma was 17 percent lower than the state rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Okmulgee County had the fourth largest percentage of obese adults.
- Okmulgee County had the second smallest (worst) percentage of children under 3 years of age that received the primary immunization series.
- Okmulgee County ranked poorly in both seniors influenza vaccination and seniors pneumonia vaccination.
- One in four adults did not have health care coverage and one in five residents lived in poverty.

### Changes from Previous Report

- The infant mortality rate declined 23 percent.
- Mortality rates declined 13 percent for chronic lower respiratory disease and diabetes and 16 percent for influenza/pneumonia.
- Mortality increased 43 percent for nephritis and 22 percent for suicide.
- Twenty-four percent fewer adults were consuming the recommended servings of fruits and vegetables.
- There were 23 percent fewer adult smokers and 44 percent more obese adults.
- Thirty-four percent fewer children had completed the primary immunization series.
- Adults experienced 15 percent fewer limited activity days but 15 percent more poor mental and physical health days.
- Seventeen percent fewer residents lived in poverty.



## Osage County

### Mortality and Leading Causes of Death

- Osage County ranked 12<sup>th</sup> in the state for age-adjusted total mortality.
- Osage County's leading causes of death were heart disease, cancer, and chronic lower respiratory disease.

### Disease Rates

- Osage County's prevalence of asthma was 19 percent lower than the state rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Osage County ranked poorly compared to other counties for fruit/vegetable consumption, no physical activity, and obesity.
- Osage County had the eighth lowest percentage of children under 3 years of age that completed the primary immunization series.
- Almost 85 percent of adults had a usual health care provider, ranking Osage County 12<sup>th</sup> in the state for this indicator.

### Changes from Previous Report

- Mortality rates increased 17 percent for diabetes and 14 percent for nephritis.
- The percentage of adults with asthma increased 25 percent.
- Twenty-two percent more adults were consuming the recommended servings of fruits and vegetables.
- Nineteen percent more adults were physically inactive and 25 percent more adults were smokers.
- Nineteen percent fewer children had completed the primary immunization series.
- Nineteen percent more seniors had ever received a pneumonia vaccination.
- Adults experienced 52 percent more limited activity days.
- Seventeen percent fewer adults were without health care coverage and 15 percent fewer residents lived in poverty.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	8.8	8.8	D
TOTAL (RATE PER 100,000)	820.3	853.9	D
<b>LEADING CAUSES OF DEATH (RATE PER 100,000)</b>			
HEART DISEASE	230.6	230.6	D
CANCER	182.6	193.3	D
STROKE	48.2	45.3	C
CHRONIC LOWER RESPIRATORY DISEASE	54.6	56.8	F
UNINTENTIONAL INJURY	49.1	53.1	D
DIABETES	21.1	24.6	C
INFLUENZA/PNEUMONIA	16.2	18.5	D
ALZHEIMER'S DISEASE	19.8	20.8	C
NEPHRITIS (KIDNEY DISEASE)	13.9	15.9	C
SUICIDE	13.8	13.8	D
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	11.7%	12.0%	F
ASTHMA PREVALENCE	6.5%	8.1%	B
CANCER INCIDENCE (RATE PER 100,000)	556.9	511.8	D
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	8.8%	10.7%	F
NO PHYSICAL ACTIVITY	31.3%	37.3%	F
SMOKING	23.4%	29.3%	F
OBESITY	31.6%	35.0%	F
IMMUNIZATIONS < 3 YEARS	73.9%	59.9%	D
SENIORS FLU VACCINATION	67.9%	68.4%	C
SENIORS PNEUMONIA VACCINATION	59.4%	70.9%	B
LIMITED ACTIVITY DAYS (AVG)	4.2	6.4	F
POOR MENTAL HEALTH DAYS (AVG)	3.2	4.0	D
POOR PHYSICAL HEALTH DAYS (AVG)	3.7	4.1	D
GOOD OR BETTER HEALTH RATING	76.5%	81.0%	D
TEEN FERTILITY (RATE PER 1,000)	19.4	18.3	C
FIRST TRIMESTER PRENATAL CARE	76.1%	75.5%	C
LOW BIRTHWEIGHT	8.2%	8.2%	C
ADULT DENTAL VISITS	59.8%	55.5%	F
USUAL SOURCE OF CARE	87.6%	84.9%	B
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	19.8%	16.5%	C
POVERTY	15.5%	13.1%	C

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Ottawa County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	7.4	7.6	D
TOTAL (RATE PER 100,000)	1029.3	1077.7	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	284.8	278.6	F
CANCER	227.2	231.5	F
STROKE	69.3	67.2	F
CHRONIC LOWER RESPIRATORY DISEASE	56.6	67.3	F
UNINTENTIONAL INJURY	72.0	78.4	F
DIABETES	32.1	37.2	F
INFLUENZA/PNEUMONIA	24.5	33.2	F
ALZHEIMER'S DISEASE	14.6	16.6	B
NEPHRITIS (KIDNEY DISEASE)	21.6	17.7	D
SUICIDE	22.8	25.4	F
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	11.8%	12.0%	F
ASTHMA PREVALENCE	11.7%	11.5%	F
CANCER INCIDENCE (RATE PER 100,000)	455.3	454.0	B
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	20.4%	16.1%	F
NO PHYSICAL ACTIVITY	32.1%	44.4%	F
SMOKING	31.0%	34.4%	F
OBESITY	30.1%	33.1%	F
IMMUNIZATIONS < 3 YEARS	84.9%	78.2%	B
SENIORS FLU VACCINATION	70.7%	71.5%	C
SENIORS PNEUMONIA VACCINATION	72.6%	74.8%	A
LIMITED ACTIVITY DAYS (AVG)	7.0	5.3	D
POOR MENTAL HEALTH DAYS (AVG)	4.4	4.0	D
POOR PHYSICAL HEALTH DAYS (AVG)	5.1	4.6	F
GOOD OR BETTER HEALTH RATING	74.0%	76.7%	F
TEEN FERTILITY (RATE PER 1,000)	35.0	36.3	F
FIRST TRIMESTER PRENATAL CARE	65.0%	67.6%	F
LOW BIRTHWEIGHT	8.1%	8.1%	C
ADULT DENTAL VISITS	46.1%	41.2%	F
USUAL SOURCE OF CARE	73.5%	74.1%	D
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	26.1%	27.3%	F
POVERTY	18.9%	19.6%	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Ottawa County ranked 69<sup>th</sup> in the state for age-adjusted total mortality.
- Ottawa County's leading causes of death were heart disease, cancer, and unintentional injury.
- Ottawa County had the sixth worst rate of deaths due to cancer and suicide and the eighth lowest rate of deaths attributed to Alzheimer's disease.

### Disease Rates

- Ottawa County's incidence of cancer was 9 percent lower than the state rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Ottawa County had the largest percentage of physically inactive adults and the fourth largest percentage of adult smokers in the state.
- Fewer than 68 percent of pregnant females were receiving early prenatal care, ranking Ottawa County 67<sup>th</sup> in the state for this indicator.
- Ottawa County had the worst rate of dental visits with less than 42 percent of adults having recently visited the dentist.
- Ottawa County had the seventh largest percentage of adults without health care coverage.

### Changes from Previous Report

- Mortality rates increased 19 percent for chronic lower respiratory disease, 16 percent for diabetes, 36 percent for influenza/pneumonia, and 14 percent for Alzheimer's disease.
- Mortality attributed to nephritis declined 18 percent.
- Twenty-one percent fewer adults were consuming the recommended servings of fruits and vegetables.
- Thirty-eight percent more adults were physically inactive.
- Adults experienced 24 percent fewer limited activity days.
- Eleven percent fewer adults had recently visited the dentist.



## Pawnee County

### Mortality and Leading Causes of Death

- Pawnee County ranked 32<sup>nd</sup> in the state for age-adjusted total mortality.
- Pawnee County's leading causes of death were heart disease, cancer, and unintentional injury.

### Disease Rates

- Pawnee County's prevalence of asthma is the fifth highest in the state.
- Pawnee County's incidence of cancer is the fourth highest in the state.

### Risk Factors, Behaviors and Socioeconomic Factors

- Adults in Pawnee County experienced more limited activity days than adults in most other counties.
- Fewer than 68 percent of pregnant females received early prenatal care, ranking Pawnee County as tenth worst in the state for this indicator.
- Pawnee County had the 6th largest percentage of adults who had a usual health care provider.

### Changes from Previous Report

- Diabetes mortality decreased 15 percent and mortality attributed to suicide increased 82 percent.
- Adults with diabetes increased 20 percent.
- Adults with asthma increased 58 percent.
- Twelve percent more adults were physically inactive.
- Twenty-four percent fewer adults were smokers.
- Thirty-four percent more adults were obese.
- Thirteen percent more adults had positive perceptions of their health.
- Eighty-five percent more adults did not have health care coverage.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	-	-	
TOTAL (RATE PER 100,000)	922.7	935.3	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	246.5	246.5	F
CANCER	211.8	204.7	F
STROKE	54.7	53.0	F
CHRONIC LOWER RESPIRATORY DISEASE	51.0	51.5	D
UNINTENTIONAL INJURY	88.9	86.6	F
DIABETES	32.2	27.3	D
INFLUENZA/PNEUMONIA	21.1	21.0	D
ALZHEIMER'S DISEASE	37.6	36.9	F
NEPHRITIS (KIDNEY DISEASE)	8.2	-	
SUICIDE	12.4	22.6	F
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	12.2%	14.7%	F
ASTHMA PREVALENCE	10.6%	16.8%	F
CANCER INCIDENCE (RATE PER 100,000)	643.7	593.3	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	11.8%	F
NO PHYSICAL ACTIVITY	32.8%	36.7%	F
SMOKING	37.1%	28.1%	F
OBESITY	26.2%	35.1%	F
IMMUNIZATIONS < 3 YEARS	72.8%	70.1%	C
SENIORS FLU VACCINATION	-	-	
SENIORS PNEUMONIA VACCINATION	-	-	
LIMITED ACTIVITY DAYS (AVG)	7.3	6.8	F
POOR MENTAL HEALTH DAYS (AVG)	4.2	4.8	F
POOR PHYSICAL HEALTH DAYS (AVG)	5.7	4.7	F
GOOD OR BETTER HEALTH RATING	73.0%	82.3%	D
TEEN FERTILITY (RATE PER 1,000)	25.0	28.2	D
FIRST TRIMESTER PRENATAL CARE	69.5%	67.6%	
LOW BIRTHWEIGHT	7.7%	7.7%	C
ADULT DENTAL VISITS	51.7%	55.5%	F
USUAL SOURCE OF CARE	85.2%	87.4%	B
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	10.1%	18.7%	D
POVERTY	16.1%	15.8%	D

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Payne County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	7.1	6.3	C
TOTAL (RATE PER 100,000)	741.2	739.3	C
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	219.8	208.0	D
CANCER	165.6	162.1	B
STROKE	35.9	35.5	B
CHRONIC LOWER RESPIRATORY DISEASE	43.4	53.1	D
UNINTENTIONAL INJURY	46.1	41.8	C
DIABETES	18.7	23.2	C
INFLUENZA/PNEUMONIA	17.3	18.5	D
ALZHEIMER'S DISEASE	27.2	30.2	D
NEPHRITIS (KIDNEY DISEASE)	10.8	11.0	B
SUICIDE	8.7	8.5	B
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	7.3%	11.0%	F
ASTHMA PREVALENCE	10.1%	6.8%	A
CANCER INCIDENCE (RATE PER 100,000)	451.7	459.9	B
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	12.2%	14.9%	F
NO PHYSICAL ACTIVITY	22.3%	24.4%	C
SMOKING	20.7%	16.7%	C
OBESITY	24.3%	32.2%	D
IMMUNIZATIONS < 3 YEARS	74.3%	45.2%	F
SENIORS FLU VACCINATION	73.6%	70.8%	C
SENIORS PNEUMONIA VACCINATION	67.1%	67.4%	C
LIMITED ACTIVITY DAYS (AVG)	4.2	4.9	D
POOR MENTAL HEALTH DAYS (AVG)	4.0	4.5	F
POOR PHYSICAL HEALTH DAYS (AVG)	3.6	4.3	D
GOOD OR BETTER HEALTH RATING	80.8%	83.6%	D
TEEN FERTILITY (RATE PER 1,000)	23.1	22.0	C
FIRST TRIMESTER PRENATAL CARE	78.1%	77.8%	
LOW BIRTHWEIGHT	6.2%	6.3%	B
ADULT DENTAL VISITS	64.4%	64.3%	D
USUAL SOURCE OF CARE	80.2%	77.4%	D
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	17.0%	13.1%	C
POVERTY	25.9%	18.7%	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Payne County had the eighth lowest infant mortality rate.
- Payne County ranked first in the state for age-adjusted total mortality, and was the only county with a rate lower than the national rate.
- Payne County's leading causes of death were heart disease, cancer, and chronic lower respiratory disease.
- Payne County had the second lowest rate of deaths due to suicide in the state.

### Disease Rates

- Payne County's disease rates for asthma and cancer are lower than the state rates.

### Risk Factors, Behaviors and Socioeconomic Factors

- Payne County had the fourth smallest percentages of physically inactive adults and adult smokers.
- Payne County had the worst percentage of children under 3 years of age that had completed the primary immunization series.
- Payne County had the tenth smallest percentage of low birth weight births.
- Payne County had the eighth best rate of adult dental visits.

### Changes from Previous Report

- The infant mortality rate decreased 11 percent.
- Mortality rates increased 22 percent for chronic lower respiratory disease, 24 percent for diabetes, and 11 percent for Alzheimer's disease.
- Fifty-one percent more adults had diabetes; 33 percent more were obese; and 33 percent fewer had asthma.
- Twenty-two percent more adults were consuming the recommended servings of fruits and vegetables and 19 percent fewer adults were smoking.
- Thirty-nine percent fewer children had completed the primary immunization series.
- Twenty-three percent fewer adults were without health care coverage and 28 percent fewer residents lived in poverty.



## Pittsburg County

### Mortality and Leading Causes of Death

- Pittsburg County ranked 55<sup>th</sup> in the state for age-adjusted total mortality.
- Pittsburg County's leading causes of death were heart disease, cancer, and unintentional injury.
- Pittsburg County had the third lowest rate of deaths due to diabetes in the state.

### Disease Rates

- Pittsburg County's prevalence of asthma was lower than the national rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Pittsburg County's rates for most indicators fell within the middle of the other counties.
- Adults in Pittsburg County experienced more poor mental and physical health days than adults in most other counties.
- Almost 1 in 4 Pittsburg County adults did not have health care coverage.

### Changes from Previous Report

- Mortality rates increased 11 percent for heart disease and 34 percent for nephritis.
- There were 16 percent more adults who had diabetes.
- Ten percent fewer children had completed the primary immunization series.
- Twelve percent fewer seniors had ever received a pneumonia vaccination.
- Adults experienced 25 percent more poor mental health days.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	7.6	7.2	C
TOTAL (RATE PER 100,000)	968.9	1026.2	F
<b>LEADING CAUSES OF DEATH (RATE PER 100,000)</b>			
HEART DISEASE	282.8	312.6	F
CANCER	203.4	215.2	F
STROKE	51.7	48.5	D
CHRONIC LOWER RESPIRATORY DISEASE	55.8	61.6	F
UNINTENTIONAL INJURY	69.8	72.1	F
DIABETES	16.7	18.2	B
INFLUENZA/PNEUMONIA	23.1	22.3	F
ALZHEIMER'S DISEASE	34.9	33.9	F
NEPHRITIS (KIDNEY DISEASE)	15.2	20.3	D
SUICIDE	21.3	21.5	F
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	10.3%	11.9%	F
ASTHMA PREVALENCE	7.8%	8.4%	C
CANCER INCIDENCE (RATE PER 100,000)	471.7	493.6	C
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	18.4%	16.9%	F
NO PHYSICAL ACTIVITY	32.7%	34.7%	F
SMOKING	27.3%	28.0%	F
OBESITY	28.7%	30.0%	D
IMMUNIZATIONS < 3 YEARS	82.9%	75.0%	B
SENIORS FLU VACCINATION	76.6%	68.7%	C
SENIORS PNEUMONIA VACCINATION	81.0%	72.7%	B
LIMITED ACTIVITY DAYS (AVG)	6.6	6.5	F
POOR MENTAL HEALTH DAYS (AVG)	4.4	5.5	F
POOR PHYSICAL HEALTH DAYS (AVG)	5.5	5.8	F
GOOD OR BETTER HEALTH RATING	74.0%	76.5%	F
TEEN FERTILITY (RATE PER 1,000)	32.6	32.2	D
FIRST TRIMESTER PRENATAL CARE	75.2%	73.5%	
LOW BIRTHWEIGHT	8.9%	8.9%	C
ADULT DENTAL VISITS	53.9%	52.9%	F
USUAL SOURCE OF CARE	70.1%	74.5%	D
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	25.3%	24.6%	F
POVERTY	18.1%	17.2%	D

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Pontotoc County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	8.3	9.7	F
TOTAL (RATE PER 100,000)	976.6	998.3	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	238.0	235.9	D
CANCER	207.1	204.1	F
STROKE	81.3	71.1	F
CHRONIC LOWER RESPIRATORY DISEASE	48.6	51.1	D
UNINTENTIONAL INJURY	73.5	79.1	F
DIABETES	39.9	39.9	F
INFLUENZA/PNEUMONIA	45.3	45.3	F
ALZHEIMER'S DISEASE	16.8	23.4	C
NEPHRITIS (KIDNEY DISEASE)	13.7	14.7	C
SUICIDE	17.1	14.9	D
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	10.5%	7.5%	B
ASTHMA PREVALENCE	9.8%	14.8%	F
CANCER INCIDENCE (RATE PER 100,000)	511.2	514.0	D
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	12.4%	11.4%	F
NO PHYSICAL ACTIVITY	29.2%	35.1%	F
SMOKING	33.3%	25.9%	F
OBESITY	26.0%	39.9%	F
IMMUNIZATIONS < 3 YEARS	84.6%	75.1%	B
SENIORS FLU VACCINATION	81.8%	82.3%	A
SENIORS PNEUMONIA VACCINATION	73.4%	77.5%	A
LIMITED ACTIVITY DAYS (AVG)	4.9	6.3	F
POOR MENTAL HEALTH DAYS (AVG)	3.8	5.0	F
POOR PHYSICAL HEALTH DAYS (AVG)	4.5	4.8	F
GOOD OR BETTER HEALTH RATING	74.6%	73.6%	F
TEEN FERTILITY (RATE PER 1,000)	27.5	29.1	D
FIRST TRIMESTER PRENATAL CARE	82.3%	79.1%	F
LOW BIRTHWEIGHT	8.8%	8.8%	C
ADULT DENTAL VISITS	56.5%	52.6%	F
USUAL SOURCE OF CARE	76.1%	76.1%	D
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	20.3%	25.3%	F
POVERTY	18.3%	19.4%	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Pontotoc County ranked 47<sup>th</sup> in the state for age-adjusted total mortality.
- Pontotoc County's leading causes of death were heart disease, cancer, and unintentional injury.
- Pontotoc County had the eighth worst rate of deaths due to stroke and third worst rate of deaths attributed to influenza/pneumonia.

### Disease Rates

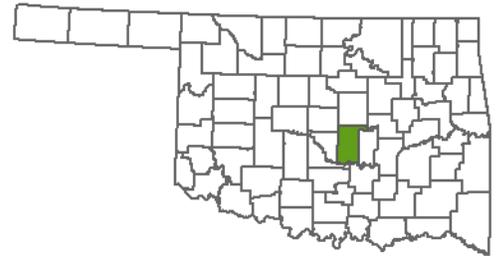
- Pontotoc County had the seventh lowest prevalence of diabetes and the seventh highest prevalence of asthma.

### Risk Factors, Behaviors and Socioeconomic Factors

- Pontotoc County had the sixth largest percentage of obese adults in the state.
- Pontotoc County ranked in the top five for the percentages of seniors who had recently received an influenza vaccination and had ever received a pneumonia vaccination.
- One in 4 Pontotoc County adults did not have health care coverage and 1 in 5 residents lived in poverty.

### Changes from Previous Report

- The infant mortality rate increased 17 percent and Alzheimer's mortality increased 39 percent.
- Mortality rates declined 13 percent for both stroke and suicide.
- Twenty-nine percent fewer adults had diabetes; 51 percent more had asthma; and 53 percent more were obese.
- Twenty percent more adults were physically inactive.
- There were 22 percent fewer adult smokers.
- Eleven percent fewer children had completed the primary immunization series.
- Adults experienced approximately 30 percent more limited activity days and poor mental health days.
- Twenty-five percent more adults did not have health care coverage.



## Pottawatomie County

### Mortality and Leading Causes of Death

- Pottawatomie County ranked 40<sup>th</sup> in the state for age-adjusted total mortality.
- Pottawatomie County's leading causes of death were heart disease, cancer, and chronic lower respiratory disease.
- Pottawatomie County had the fourth worst rate of deaths due to chronic lower respiratory disease and seventh lowest rate of deaths due to nephritis.

### Disease Rates

- Pottawatomie County's prevalence of asthma was 44 percent higher than the national rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Most rates for Pottawatomie County fell within the middle of the other county rates.
- Pottawatomie County had the tenth largest percentage of seniors who had ever received a pneumonia vaccination.

### Changes from Previous Report

- Mortality rates increased 11 percent for unintentional injury and 14 percent for Alzheimer's disease.
- Mortality rates declined 12 percent for diabetes, 25 percent for nephritis, and 16 percent for suicide.
- There were 65 percent more adults with asthma and 24 percent more adults who were obese.
- Seventeen percent more adults were consuming the recommended servings of fruits and vegetables.
- Nineteen percent fewer children completed the primary immunization series.
- Adults experienced 19 percent more limited activity days and 31 percent more poor physical health days.
- Eleven percent fewer residents lived in poverty.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	7.3	7.6	D
TOTAL (RATE PER 100,000)	978.4	969.9	F
<b>LEADING CAUSES OF DEATH (RATE PER 100,000)</b>			
HEART DISEASE	259.9	242.3	F
CANCER	185.6	190.9	D
STROKE	60.1	60.6	F
CHRONIC LOWER RESPIRATORY DISEASE	75.0	82.3	F
UNINTENTIONAL INJURY	58.6	65.1	F
DIABETES	34.1	30.0	F
INFLUENZA/PNEUMONIA	31.8	28.7	F
ALZHEIMER'S DISEASE	20.5	23.4	C
NEPHRITIS (KIDNEY DISEASE)	12.9	9.7	B
SUICIDE	15.4	13.0	C
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	9.4%	10.2%	D
ASTHMA PREVALENCE	7.7%	12.7%	F
CANCER INCIDENCE (RATE PER 100,000)	536.3	526.2	D
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	15.5%	18.2%	D
NO PHYSICAL ACTIVITY	29.7%	31.0%	F
SMOKING	28.7%	29.5%	F
OBESITY	29.8%	37.0%	F
IMMUNIZATIONS < 3 YEARS	76.6%	62.1%	D
SENIORS FLU VACCINATION	76.5%	75.8%	A
SENIORS PNEUMONIA VACCINATION	70.7%	75.7%	A
LIMITED ACTIVITY DAYS (AVG)	4.8	5.7	F
POOR MENTAL HEALTH DAYS (AVG)	4.7	3.9	D
POOR PHYSICAL HEALTH DAYS (AVG)	4.5	5.9	F
GOOD OR BETTER HEALTH RATING	83.3%	77.9%	F
TEEN FERTILITY (RATE PER 1,000)	31.7	31.0	D
FIRST TRIMESTER PRENATAL CARE	82.5%	81.1%	
LOW BIRTHWEIGHT	7.2%	7.2%	B
ADULT DENTAL VISITS	59.5%	56.9%	F
USUAL SOURCE OF CARE	74.3%	78.7%	C
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	20.9%	19.9%	D
POVERTY	18.6%	16.5%	D

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Pushmataha County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	7.3	7.0	C
TOTAL (RATE PER 100,000)	1039.7	1000.1	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	363.4	340.6	F
CANCER	248.1	212.0	F
STROKE	53.5	62.8	F
CHRONIC LOWER RESPIRATORY DISEASE	55.5	58.4	F
UNINTENTIONAL INJURY	62.5	81.3	F
DIABETES	26.8	21.0	C
INFLUENZA/PNEUMONIA	24.1	24.7	F
ALZHEIMER'S DISEASE	17.2	19.3	B
NEPHRITIS (KIDNEY DISEASE)	20.9	22.4	F
SUICIDE	13.9	12.7	C
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	10.0%	11.1%	F
ASTHMA PREVALENCE	7.6%	16.2%	F
CANCER INCIDENCE (RATE PER 100,000)	562.5	552.1	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	10.8%	F
NO PHYSICAL ACTIVITY	29.0%	32.6%	F
SMOKING	46.8%	31.2%	F
OBESITY	32.8%	24.0%	B
IMMUNIZATIONS < 3 YEARS	84.5%	82.0%	A
SENIORS FLU VACCINATION	-	-	
SENIORS PNEUMONIA VACCINATION	-	-	
LIMITED ACTIVITY DAYS (AVG)	7.5	6.5	F
POOR MENTAL HEALTH DAYS (AVG)	5.2	5.9	F
POOR PHYSICAL HEALTH DAYS (AVG)	5.5	8.4	F
GOOD OR BETTER HEALTH RATING	68.6%	63.6%	F
TEEN FERTILITY (RATE PER 1,000)	36.4	34.2	F
FIRST TRIMESTER PRENATAL CARE	76.1%	76.6%	
LOW BIRTHWEIGHT	7.8%	7.8%	C
ADULT DENTAL VISITS	57.9%	50.2%	F
USUAL SOURCE OF CARE	70.8%	72.5%	F
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	22.1%	18.5%	D
POVERTY	24.1%	25.8%	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Pushmataha County ranked 48<sup>th</sup> in the state for age-adjusted total mortality.
- Pushmataha County's leading causes of death were heart disease, cancer, and unintentional injury.
- Pushmataha County had the fourth worst rate of deaths due to heart disease and the sixth lowest rate of deaths due to diabetes.

### Disease Rates

- Pushmataha County's prevalence of asthma was 84 percent higher than the national rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Pushmataha County had the fifth smallest percentage of obese adults in the state.
- Pushmataha County had the seventh highest percentage of children under 3 years of age that completed the primary immunization series.
- Adults in Pushmataha County experienced the third most poor mental health days and the most poor physical health days than adults in the other counties. They also rated their health as third poorest in the state.
- Pushmataha County had the second highest rate of poverty.

### Changes from Previous Report

- Mortality rates declined 15 percent for cancer and 22 percent for diabetes.
- Mortality rates increased 17 percent for stroke, 30 percent for unintentional injury, and 12 percent for Alzheimer's disease.
- Eleven percent more adults had diabetes and 113 percent more adults had asthma.
- There were 33 percent fewer adult smokers and 27 percent fewer obese adults.
- Adults experienced 13 percent fewer limited activity days and 53 percent more poor physical health days.
- Thirteen percent fewer adults had recently visited the dentist.
- Sixteen percent fewer adults were without health care coverage.



## Roger Mills County

### Mortality and Leading Causes of Death

- Roger Mills County ranked third in the state for age-adjusted total mortality.
- Roger Mills County's leading causes of death were heart disease, cancer, and stroke.
- Roger Mills County had the lowest rate of deaths due to heart disease and second lowest cancer mortality rate.
- Roger Mills County had the worst stroke mortality rate and fourth highest rate of deaths attributed to diabetes.

### Disease Rates

- Roger Mills County's incidence of cancer was slightly lower than the national rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Because Roger Mills County has a relatively small population, rates for some risk factors and behaviors were unavailable.
- Roger Mills County had the ninth best rate for fruit and vegetable consumption.
- Roger Mills County had the third largest percentage of seniors who had recently received an influenza vaccination.
- Fewer than half of pregnant females received early prenatal care, ranking Roger Mills County second worst in the state for this indicator.
- Roger Mills County had the third smallest percentage of low birth weight births.

### Changes from Previous Report

- The heart disease mortality rate decreased 16 percent and mortality rates for stroke and unintentional injury increased 102 percent and 26 percent, respectively.
- More than twice the percentage of adults were consuming the recommended servings of fruits and vegetables.
- Twenty-four percent fewer children completed the primary immunization series, and 30 percent more seniors had recently received an influenza vaccination.
- The birth rate for teens aged 15-17 years increased 45 percent.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	-	-	
TOTAL (RATE PER 100,000)	775.0	799.0	C
<b>LEADING CAUSES OF DEATH (RATE PER 100,000)</b>			
HEART DISEASE	206.2	173.6	B
CANCER	109.2	122.3	A
STROKE	47.9	96.6	F
CHRONIC LOWER RESPIRATORY DISEASE	41.8	41.8	C
UNINTENTIONAL INJURY	66.1	83.3	F
DIABETES	58.1	64.5	F
INFLUENZA/PNEUMONIA	-	29.5	F
ALZHEIMER'S DISEASE	-	-	
NEPHRITIS (KIDNEY DISEASE)	-	-	
SUICIDE	-	-	
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	7.8%	-	
ASTHMA PREVALENCE	9.9%	-	
CANCER INCIDENCE (RATE PER 100,000)	496.1	471.9	C
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	10.2%	20.8%	D
NO PHYSICAL ACTIVITY	35.9%	-	
SMOKING	24.5%	-	
OBESITY	35.3%	-	
IMMUNIZATIONS < 3 YEARS	81.8%	62.2%	D
SENIORS FLU VACCINATION	65.0%	84.5%	A
SENIORS PNEUMONIA VACCINATION	66.1%	65.7%	D
LIMITED ACTIVITY DAYS (AVG)	3.1	-	
POOR MENTAL HEALTH DAYS (AVG)	4.0	-	
POOR PHYSICAL HEALTH DAYS (AVG)	2.8	-	
GOOD OR BETTER HEALTH RATING	81.4%	-	
TEEN FERTILITY (RATE PER 1,000)	23.8	34.4	F
FIRST TRIMESTER PRENATAL CARE	46.4%	48.1%	
LOW BIRTHWEIGHT	5.1%	5.1%	A
ADULT DENTAL VISITS	-	-	
USUAL SOURCE OF CARE	84.9%	-	
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	20.3%	-	
POVERTY	12.0%	11.5%	B

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Rogers County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	6.3	7.4	C
TOTAL (RATE PER 100,000)	900.1	912.0	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	258.9	253.2	F
CANCER	179.9	195.2	D
STROKE	59.2	56.8	F
CHRONIC LOWER RESPIRATORY DISEASE	60.4	64.7	F
UNINTENTIONAL INJURY	59.9	60.7	F
DIABETES	30.0	22.8	C
INFLUENZA/PNEUMONIA	18.5	21.8	F
ALZHEIMER'S DISEASE	28.4	24.0	C
NEPHRITIS (KIDNEY DISEASE)	19.4	24.0	F
SUICIDE	12.1	11.7	C
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	10.6%	9.0%	C
ASTHMA PREVALENCE	9.0%	12.1%	F
CANCER INCIDENCE (RATE PER 100,000)	429.9	437.8	B
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	14.6%	15.4%	F
NO PHYSICAL ACTIVITY	25.4%	30.2%	F
SMOKING	26.8%	26.0%	F
OBESITY	24.6%	33.7%	F
IMMUNIZATIONS < 3 YEARS	77.2%	65.8%	D
SENIORS FLU VACCINATION	73.8%	75.0%	B
SENIORS PNEUMONIA VACCINATION	66.1%	63.9%	D
LIMITED ACTIVITY DAYS (AVG)	5.4	5.2	D
POOR MENTAL HEALTH DAYS (AVG)	3.4	3.7	C
POOR PHYSICAL HEALTH DAYS (AVG)	4.2	4.1	D
GOOD OR BETTER HEALTH RATING	82.5%	83.5%	D
TEEN FERTILITY (RATE PER 1,000)	13.6	13.8	B
FIRST TRIMESTER PRENATAL CARE	83.0%	83.1%	
LOW BIRTHWEIGHT	6.9%	7.0%	B
ADULT DENTAL VISITS	61.2%	62.3%	F
USUAL SOURCE OF CARE	82.2%	79.0%	C
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	17.1%	16.6%	D
POVERTY	8.0%	10.0%	B

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Rogers County ranked 26<sup>th</sup> in the state for age-adjusted total mortality.
- Rogers County's leading causes of death were heart disease, cancer, and chronic lower respiratory disease.

### Disease Rates

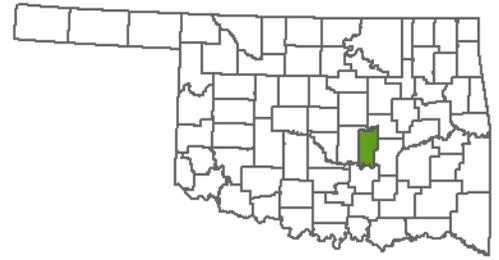
- Rogers County's prevalence of asthma was 21 percent higher than the state rate.
- Rogers County's incidence of cancer was nine percent lower than the national rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Rogers County had the fifth smallest percentage of seniors who had ever received a pneumonia vaccination.
- Rogers County had the sixth lowest rate of births to teens aged 15-17 years.
- Rogers County had the ninth largest percentage of adults who had recently visited the dentist.
- Rogers County had the third lowest poverty rate in the state.

### Changes from Previous Report

- The infant mortality rate increased 17 percent.
- Mortality rates increased 18 percent for influenza/pneumonia and 24 percent for nephritis.
- Mortality rates declined 24 percent for diabetes and 15 percent for Alzheimer's disease.
- Fifteen percent fewer adults had diabetes.
- Thirty-four percent more adults had asthma and 37 percent more were obese.
- Nineteen percent more adults were physically inactive.
- Fifteen percent fewer children completed the primary immunization series.
- Twenty-five percent more residents were living in poverty.



## Seminole County

### Mortality and Leading Causes of Death

- Seminole County had the sixth highest infant mortality rate.
- Seminole County ranked 72<sup>nd</sup> in the state for age-adjusted total mortality.
- Seminole County's leading causes of death were heart disease, cancer, and unintentional injury.
- Seminole County had the fifth worst rate of deaths due to cancer and seventh highest rate of deaths due to diabetes.

### Disease Rates

- Seminole County's disease rates for diabetes and asthma are lower than the state rates.

### Risk Factors, Behaviors and Socioeconomic Factors

- Seminole County had the seventh largest percentage of obese adults and seventh worst rate of adults visiting the dentist.
- Seminole County had the seventh highest percentage of seniors who had recently received an influenza vaccination.
- Seminole County adults had lower quality of life, with poorer rates for limited activity days and poor mental and physical health days, as well as for self-rated health.
- Seminole County had the worst rankings for having a usual source of care and not having health care coverage.

### Changes from Previous Report

- The infant mortality rate increased 28 percent.
- Mortality rates increased 25 percent for Alzheimer's disease and 30 percent for nephritis.
- The mortality rate decreased 31 percent for suicide.
- Thirty-one percent more adults had diabetes; 43 percent more were obese; and 41 percent fewer had asthma.
- Fourteen percent fewer children completed the primary immunization series.
- Thirty percent fewer adults consumed the recommended servings of fruits and vegetables; 26 percent fewer adults smoked; and 12 percent more adults recently visited the dentist.
- Adults experienced 63 percent more limited activity days, 33 percent more poor mental health days, and 38 percent more poor physical health days.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	9.5	12.2	F
TOTAL (RATE PER 100,000)	1076.1	1097.4	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	318.3	316.3	F
CANCER	218.9	232.3	F
STROKE	45.3	44.6	C
CHRONIC LOWER RESPIRATORY DISEASE	65.3	72.1	F
UNINTENTIONAL INJURY	80.3	81.6	F
DIABETES	52.0	53.0	F
INFLUENZA/PNEUMONIA	26.7	25.4	F
ALZHEIMER'S DISEASE	28.1	35.1	F
NEPHRITIS (KIDNEY DISEASE)	18.8	24.4	F
SUICIDE	25.1	17.3	F
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	7.4%	9.7%	D
ASTHMA PREVALENCE	14.5%	8.5%	C
CANCER INCIDENCE (RATE PER 100,000)	506.8	533.2	D
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	18.5%	12.9%	F
NO PHYSICAL ACTIVITY	28.4%	27.5%	D
SMOKING	36.7%	27.3%	F
OBESITY	27.6%	39.4%	F
IMMUNIZATIONS < 3 YEARS	78.2%	67.5%	C
SENIORS FLU VACCINATION	79.9%	80.0%	A
SENIORS PNEUMONIA VACCINATION	69.7%	66.0%	D
LIMITED ACTIVITY DAYS (AVG)	4.3	7.0	F
POOR MENTAL HEALTH DAYS (AVG)	3.9	5.2	F
POOR PHYSICAL HEALTH DAYS (AVG)	4.0	5.5	F
GOOD OR BETTER HEALTH RATING	72.3%	70.6%	F
TEEN FERTILITY (RATE PER 1,000)	37.7	35.4	F
FIRST TRIMESTER PRENATAL CARE	76.2%	76.6%	F
LOW BIRTHWEIGHT	8.4%	8.3%	C
ADULT DENTAL VISITS	42.3%	47.5%	F
USUAL SOURCE OF CARE	64.5%	61.0%	F
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	30.9%	34.8%	F
POVERTY	24.2%	22.0%	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Sequoyah County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	7.6	8.9	D
TOTAL (RATE PER 100,000)	993.3	983.3	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	262.6	264.9	F
CANCER	222.5	208.6	F
STROKE	78.6	62.5	F
CHRONIC LOWER RESPIRATORY DISEASE	59.5	55.9	F
UNINTENTIONAL INJURY	67.4	64.8	F
DIABETES	35.9	34.7	F
INFLUENZA/PNEUMONIA	20.5	21.0	F
ALZHEIMER'S DISEASE	30.0	26.5	D
NEPHRITIS (KIDNEY DISEASE)	17.2	17.8	D
SUICIDE	11.3	14.3	D
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	9.5%	13.0%	F
ASTHMA PREVALENCE	12.0%	13.2%	F
CANCER INCIDENCE (RATE PER 100,000)	491.1	487.9	C
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	14.3%	18.7%	D
NO PHYSICAL ACTIVITY	36.0%	38.6%	F
SMOKING	28.0%	35.0%	F
OBESITY	31.0%	35.2%	F
IMMUNIZATIONS < 3 YEARS	76.3%	76.5%	B
SENIORS FLU VACCINATION	74.6%	77.5%	A
SENIORS PNEUMONIA VACCINATION	64.5%	73.0%	B
LIMITED ACTIVITY DAYS (AVG)	7.6	6.7	F
POOR MENTAL HEALTH DAYS (AVG)	5.3	5.3	F
POOR PHYSICAL HEALTH DAYS (AVG)	6.4	5.3	F
GOOD OR BETTER HEALTH RATING	70.5%	75.9%	F
TEEN FERTILITY (RATE PER 1,000)	30.7	33.4	D
FIRST TRIMESTER PRENATAL CARE	68.9%	66.3%	
LOW BIRTHWEIGHT	8.6%	8.6%	C
ADULT DENTAL VISITS	51.2%	50.0%	F
USUAL SOURCE OF CARE	76.8%	80.0%	C
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	25.2%	20.5%	D
POVERTY	20.6%	20.7%	F

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### Mortality and Leading Causes of Death

- Sequoyah County ranked 45<sup>th</sup> in the state for age-adjusted total mortality.
- Sequoyah County's leading causes of death were heart disease, cancer, and unintentional injury.

### Disease Rates

- Sequoyah County's disease rates for diabetes and asthma were higher than the state rates.
- Sequoyah County's incidence of cancer was similar to the national rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Sequoyah County had the third largest percentage of adult smokers.
- Sequoyah County had the tenth largest percentage of seniors who had recently received an influenza vaccination.
- Sequoyah County adults experienced a greater number of limited activity and poor mental and physical health days.
- Sequoyah County had the ninth lowest rate of receiving early prenatal care.
- One in 5 adults did not have health care coverage and one in five residents lived in poverty.

### Changes from Previous Report

- Mortality rates increased 17 percent for infants and 27 percent for suicide,
- Mortality rates decreased 20 percent for stroke and 12 percent for Alzheimer's disease.
- Thirty-seven percent more adults had diabetes and 14 percent more were obese.
- Thirty-one percent more adults were consuming the recommended servings of fruits and vegetables and 15 percent more seniors had ever received a pneumonia vaccination.
- There were 25 percent more adult smokers.
- Adults experienced 12 percent fewer limited activity days and 17 percent fewer poor physical health days.
- Nineteen percent fewer adults were without health care coverage.



## Stephens County

### Mortality and Leading Causes of Death

- Stephens County ranked 43<sup>rd</sup> in the state for age-adjusted total mortality.
- Stephens County's leading causes of death were heart disease, cancer, and unintentional injury.
- Stephens County had the eighth worst rate of deaths due to heart disease in the state.
- Stephens County had the eighth lowest suicide mortality rate and tenth lowest mortality rates for Alzheimer's disease and nephritis.

### Disease Rates

- Stephens County's prevalence of asthma was 20 percent lower than the state rate.
- Stephens County's cancer incidence was eighth highest in the state.

### Risk Factors, Behaviors and Socioeconomic Factors

- Stephens County had the tenth largest percentages of seniors pneumonia vaccination and adult dental visits.
- Stephens County adults experienced the eighth fewest limited activity days and ninth fewest poor physical health days.
- Stephens County had the fifth lowest (best) percentage of adults who did not have health care coverage.

### Changes from Previous Report

- Mortality rates increased 15 percent for infants, 15 percent for unintentional injury, and 21 percent for influenza/pneumonia.
- Mortality rates decreased 15 percent for nephritis and 11 percent for suicide.
- Seventeen percent more adults had diabetes and 35 percent fewer had asthma.
- Fourteen percent fewer adults consumed the recommended servings of fruits and vegetables and 19 percent more adults were smokers.
- Fourteen percent fewer children completed the primary immunization series.
- Forty percent fewer adults were without health care coverage and 18 percent fewer residents lived in poverty.
- The birth rate for teens aged 15-17 increased 39 percent.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	8.4	9.7	F
TOTAL (RATE PER 100,000)	974.5	977.6	F
<b>LEADING CAUSES OF DEATH (RATE PER 100,000)</b>			
HEART DISEASE	342.0	317.5	F
CANCER	195.9	200.8	D
STROKE	66.1	59.9	F
CHRONIC LOWER RESPIRATORY DISEASE	49.4	52.5	D
UNINTENTIONAL INJURY	55.8	64.4	F
DIABETES	26.2	24.9	D
INFLUENZA/PNEUMONIA	18.7	22.7	F
ALZHEIMER'S DISEASE	18.5	18.3	B
NEPHRITIS (KIDNEY DISEASE)	12.7	10.8	B
SUICIDE	11.1	9.9	C
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	9.6%	11.2%	F
ASTHMA PREVALENCE	12.3%	8.0%	B
CANCER INCIDENCE (RATE PER 100,000)	542.2	563.2	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	18.3%	15.8%	F
NO PHYSICAL ACTIVITY	34.4%	32.7%	F
SMOKING	18.7%	22.3%	D
OBESITY	29.1%	27.6%	C
IMMUNIZATIONS < 3 YEARS	79.2%	68.5%	C
SENIORS FLU VACCINATION	75.7%	72.8%	B
SENIORS PNEUMONIA VACCINATION	76.4%	75.7%	A
LIMITED ACTIVITY DAYS (AVG)	5.0	4.6	C
POOR MENTAL HEALTH DAYS (AVG)	3.2	3.8	D
POOR PHYSICAL HEALTH DAYS (AVG)	3.7	3.5	C
GOOD OR BETTER HEALTH RATING	77.4%	82.2%	D
TEEN FERTILITY (RATE PER 1,000)	22.2	22.4	C
FIRST TRIMESTER PRENATAL CARE	74.6%	74.2%	
LOW BIRTHWEIGHT	6.6%	6.6%	B
ADULT DENTAL VISITS	63.0%	62.1%	F
USUAL SOURCE OF CARE	85.8%	76.6%	D
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	20.5%	12.2%	B
POVERTY	15.9%	13.0%	C

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## Texas County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	5.7	8.3	D
TOTAL (RATE PER 100,000)	819.2	858.1	D
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	272.6	256.3	F
CANCER	140.1	132.3	A
STROKE	33.1	36.8	B
CHRONIC LOWER RESPIRATORY DISEASE	50.6	60.3	F
UNINTENTIONAL INJURY	62.8	59.1	F
DIABETES	37.3	44.0	F
INFLUENZA/PNEUMONIA	25.4	35.8	F
ALZHEIMER'S DISEASE	15.6	25.1	C
NEPHRITIS (KIDNEY DISEASE)	25.4	27.0	F
SUICIDE	-	9.4	B
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	3.5%	4.2%	A
ASTHMA PREVALENCE	6.4%	3.6%	A
CANCER INCIDENCE (RATE PER 100,000)	396.9	392.6	A
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	17.0%	F
NO PHYSICAL ACTIVITY	27.6%	27.0%	D
SMOKING	22.2%	16.7%	C
OBESITY	24.0%	29.3%	D
IMMUNIZATIONS < 3 YEARS	82.2%	62.8%	D
SENIORS FLU VACCINATION	74.2%	-	
SENIORS PNEUMONIA VACCINATION	64.1%	-	
LIMITED ACTIVITY DAYS (AVG)	3.0	2.5	A
POOR MENTAL HEALTH DAYS (AVG)	1.7	2.2	A
POOR PHYSICAL HEALTH DAYS (AVG)	2.6	2.3	A
GOOD OR BETTER HEALTH RATING	88.0%	82.9%	D
TEEN FERTILITY (RATE PER 1,000)	50.0	48.4	F
FIRST TRIMESTER PRENATAL CARE	59.4%	60.9%	
LOW BIRTHWEIGHT	7.1%	7.1%	B
ADULT DENTAL VISITS	61.6%	56.2%	F
USUAL SOURCE OF CARE	70.4%	72.6%	F
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	31.8%	23.1%	F
POVERTY	13.3%	12.2%	C

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Texas County ranked 15<sup>th</sup> in the state for age-adjusted total mortality.
- Texas County's leading causes of death were heart disease, cancer, and chronic lower respiratory disease.
- Texas County had the third lowest rates of deaths due to cancer and suicide in the state.

### Disease Rates

- Texas County had the lowest prevalence of both diabetes and asthma in the state.
- Texas County's incidence of cancer was third lowest in the state.

### Risk Factors, Behaviors and Socioeconomic Factors

- Texas County had the ninth lowest percentage of physically inactive adults and fourth lowest percentage of adult smokers.
- Adults in Texas County experienced the fewest limited activity days; the fifth fewest poor mental health days; and the second fewest poor physical health days.
- Texas County had the fifth highest rate of teen births.
- Texas County had the third poorest rate of receiving early prenatal care.

### Changes from Previous Report

- Mortality rates increased 46 percent for infants, 11 percent for stroke, 19 percent for chronic lower respiratory disease, 18 percent for diabetes, 41 percent for influenza/pneumonia, and 61 percent for Alzheimer's disease.
- Twenty percent more adults had diabetes and 44 percent fewer adults had asthma.
- There were 25 percent fewer adult smokers.
- Twenty-two percent more adults were obese.
- Twenty-four percent fewer children completed the primary immunization series.
- Twenty-seven percent fewer adults were without health care coverage.



## Tillman County

### Mortality and Leading Causes of Death

- Tillman County had the seventh highest infant mortality rate.
- Tillman County ranked 67<sup>th</sup> in the state for age-adjusted total mortality.
- Tillman County's leading causes of death were cancer, heart disease, and diabetes.
- Tillman County had the worst rate of deaths due to cancer, 3<sup>rd</sup> highest diabetes mortality rate, and the lowest rate of influenza/pneumonia mortality in the state.

### Disease Rates

- Tillman County had the second highest prevalence of diabetes at more than twice the state rate and almost three times the national rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Tillman County adults had the third highest rate of fruit/vegetable consumption.
- Tillman County had the ninth highest percentage of children under 3 years of age that completed the primary immunization series.
- Tillman County adults rated their health as worst in the state.
- Tillman County had the third highest rate of teen births.
- Tillman County had the fifth best rate of having a usual health care provider and second lowest (best) rate of adults without health care coverage.

### Changes from Previous Report

- Mortality rates increased 16 percent for infants, 14 percent for cancer, 13 percent for chronic lower respiratory disease, and 38 percent for Alzheimer's disease.
- Diabetes and nephritis mortality declined 14 percent.
- Sixty-six percent more adults had diabetes and 29 percent more adults were physically inactive.
- Forty-six percent fewer adults had positive perceptions of their health.
- Twenty-eight percent fewer adults were without health care coverage.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	10.4	12.1	F
TOTAL (RATE PER 100,000)	1016.9	1071.9	F
<b>LEADING CAUSES OF DEATH (RATE PER 100,000)</b>			
HEART DISEASE	229.2	235.1	D
CANCER	300.6	343.0	F
STROKE	45.8	50.0	D
CHRONIC LOWER RESPIRATORY DISEASE	53.8	60.9	F
UNINTENTIONAL INJURY	63.7	58.3	F
DIABETES	101.0	86.8	F
INFLUENZA/PNEUMONIA	-	11.0	A
ALZHEIMER'S DISEASE	13.7	18.9	B
NEPHRITIS (KIDNEY DISEASE)	17.8	15.3	C
SUICIDE	-	-	
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	14.5%	24.1%	F
ASTHMA PREVALENCE	16.7%	-	
CANCER INCIDENCE (RATE PER 100,000)	503.4	524.6	D
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	23.3%	C
NO PHYSICAL ACTIVITY	28.3%	36.4%	F
SMOKING	31.8%	-	
OBESITY	31.5%	-	
IMMUNIZATIONS < 3 YEARS	79.1%	81.3%	B
SENIORS FLU VACCINATION	-	-	
SENIORS PNEUMONIA VACCINATION	-	-	
LIMITED ACTIVITY DAYS (AVG)	4.0	-	
POOR MENTAL HEALTH DAYS (AVG)	6.1	-	
POOR PHYSICAL HEALTH DAYS (AVG)	5.6	-	
GOOD OR BETTER HEALTH RATING	77.9%	50.0%	F
TEEN FERTILITY (RATE PER 1,000)	46.6	51.5	F
FIRST TRIMESTER PRENATAL CARE	81.4%	82.2%	
LOW BIRTHWEIGHT	8.1%	8.1%	C
ADULT DENTAL VISITS	50.4%	59.4%	F
USUAL SOURCE OF CARE	74.9%	88.9%	B
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	16.6%	11.9%	B
POVERTY	23.5%	21.9%	F

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Tulsa County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	8.0	8.1	D
TOTAL (RATE PER 100,000)	927.9	932.5	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	252.4	241.1	F
CANCER	191.8	197.8	D
STROKE	58.6	60.6	F
CHRONIC LOWER RESPIRATORY DISEASE	58.7	58.4	F
UNINTENTIONAL INJURY	54.9	55.3	F
DIABETES	27.3	25.9	D
INFLUENZA/PNEUMONIA	22.1	20.9	D
ALZHEIMER'S DISEASE	29.7	27.2	D
NEPHRITIS (KIDNEY DISEASE)	13.9	14.1	C
SUICIDE	15.0	15.6	D
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	8.2%	9.6%	D
ASTHMA PREVALENCE	7.0%	8.1%	B
CANCER INCIDENCE (RATE PER 100,000)	519.5	542.7	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	15.4%	16.5%	F
NO PHYSICAL ACTIVITY	25.9%	28.5%	D
SMOKING	22.5%	24.6%	F
OBESITY	24.1%	27.4%	C
IMMUNIZATIONS < 3 YEARS	76.1%	60.0%	D
SENIORS FLU VACCINATION	77.2%	74.8%	B
SENIORS PNEUMONIA VACCINATION	69.5%	71.3%	B
LIMITED ACTIVITY DAYS (AVG)	4.6	4.9	D
POOR MENTAL HEALTH DAYS (AVG)	3.6	3.9	D
POOR PHYSICAL HEALTH DAYS (AVG)	3.6	3.8	C
GOOD OR BETTER HEALTH RATING	84.8%	83.3%	D
TEEN FERTILITY (RATE PER 1,000)	31.2	30.4	D
FIRST TRIMESTER PRENATAL CARE	70.8%	69.0%	
LOW BIRTHWEIGHT	8.2%	8.2%	C
ADULT DENTAL VISITS	64.5%	61.5%	F
USUAL SOURCE OF CARE	80.0%	79.0%	C
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	18.6%	19.0%	D
POVERTY	14.2%	13.6%	C

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Tulsa County ranked 31<sup>st</sup> in the state for age-adjusted total mortality.
- Tulsa County's leading causes of death were heart disease, cancer, and stroke.

### Disease Rates

- Tulsa County's disease rates for diabetes and asthma were lower than the state rates.

### Risk Factors, Behaviors and Socioeconomic Factors

- Tulsa County had the ninth poorest percentage of children under 3 years of age that completed the primary immunization series.
- Adults in Tulsa County experienced relatively few limited activity days and poor physical health days compared to adults in other counties.
- Tulsa County had a relatively higher rate of adults having recently visited the dentist compared to the other counties.

### Changes from Previous Report

- There were 17 percent more adults who had diabetes.
- Sixteen percent more adults had asthma.
- Ten percent more adults were physically inactive.
- Fourteen percent more adults were obese.
- Twenty-one percent fewer children completed the primary immunization series.



## Wagoner County

### Mortality and Leading Causes of Death

- Wagoner County had the sixth lowest infant mortality rate.
- Wagoner County ranked 25<sup>th</sup> in the state for age-adjusted total mortality.
- Wagoner County's leading causes of death were heart disease, cancer, and chronic lower respiratory disease.
- Wagoner County had the lowest rate of deaths due to nephritis in the state.

### Disease Rates

- Wagoner County had the ninth lowest prevalence of asthma.
- Wagoner County's incidence of cancer was the lowest in the state.

### Risk Factors, Behaviors and Socioeconomic Factors

- Wagoner County had the ninth lowest percentage of children under 3 years of age that completed the primary immunization series.
- Adults in Wagoner County experienced the ninth fewest limited activity days.
- Wagoner County had the eighth lowest rate of births to teens.
- Wagoner County had the seventh lowest poverty rate in the state.

### Changes from Previous Report

- Mortality rates increased 11 percent for chronic lower respiratory disease and 15 percent for unintentional injury.
- Mortality rates declined 14 percent for Alzheimer's disease, 17 percent for nephritis, and 13 percent for suicide.
- Fifteen percent fewer adults had diabetes.
- There were 12 percent more new cases of cancer.
- Thirty-four percent more adults were consuming the recommended servings of fruits and vegetables.
- Twelve percent fewer children had completed the primary immunization series.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	5.4	5.4	B
TOTAL (RATE PER 100,000)	894.8	910.8	F
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	244.5	249.4	F
CANCER	189.3	206.0	F
STROKE	58.7	59.1	F
CHRONIC LOWER RESPIRATORY DISEASE	61.9	68.8	F
UNINTENTIONAL INJURY	46.8	55.0	D
DIABETES	36.7	36.1	F
INFLUENZA/PNEUMONIA	20.4	21.8	F
ALZHEIMER'S DISEASE	32.8	28.3	D
NEPHRITIS (KIDNEY DISEASE)	7.1	5.9	A
SUICIDE	11.7	10.2	C
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	11.5%	9.8%	D
ASTHMA PREVALENCE	7.3%	7.1%	B
CANCER INCIDENCE (RATE PER 100,000)	267.3	300.7	A
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	11.6%	15.5%	F
NO PHYSICAL ACTIVITY	29.6%	31.9%	F
SMOKING	25.8%	27.4%	F
OBESITY	31.8%	30.1%	D
IMMUNIZATIONS < 3 YEARS	68.6%	60.1%	D
SENIORS FLU VACCINATION	76.9%	70.6%	C
SENIORS PNEUMONIA VACCINATION	70.4%	68.2%	C
LIMITED ACTIVITY DAYS (AVG)	4.2	4.8	D
POOR MENTAL HEALTH DAYS (AVG)	4.7	4.3	F
POOR PHYSICAL HEALTH DAYS (AVG)	4.0	4.1	D
GOOD OR BETTER HEALTH RATING	80.8%	82.8%	D
TEEN FERTILITY (RATE PER 1,000)	16.2	14.9	B
FIRST TRIMESTER PRENATAL CARE	77.6%	76.6%	
LOW BIRTHWEIGHT	8.1%	8.1%	C
ADULT DENTAL VISITS	53.1%	50.1%	F
USUAL SOURCE OF CARE	84.1%	78.5%	C
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	18.2%	18.7%	D
POVERTY	10.7%	11.0%	B

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Washington County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	7.7	8.6	D
TOTAL (RATE PER 100,000)	841.7	836.8	D
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	210.1	202.5	C
CANCER	170.1	179.5	C
STROKE	54.1	58.9	F
CHRONIC LOWER RESPIRATORY DISEASE	57.0	52.5	D
UNINTENTIONAL INJURY	47.2	53.9	D
DIABETES	25.6	25.4	D
INFLUENZA/PNEUMONIA	21.3	20.1	D
ALZHEIMER'S DISEASE	30.6	19.7	C
NEPHRITIS (KIDNEY DISEASE)	8.9	9.6	B
SUICIDE	23.0	24.1	F
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	11.6%	9.2%	D
ASTHMA PREVALENCE	10.5%	8.8%	C
CANCER INCIDENCE (RATE PER 100,000)	475.4	505.0	D
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	18.5%	21.8%	C
NO PHYSICAL ACTIVITY	28.6%	29.7%	D
SMOKING	24.7%	23.8%	F
OBESITY	23.3%	30.6%	D
IMMUNIZATIONS < 3 YEARS	80.5%	78.4%	B
SENIORS FLU VACCINATION	80.0%	77.2%	A
SENIORS PNEUMONIA VACCINATION	73.5%	75.8%	A
LIMITED ACTIVITY DAYS (AVG)	6.1	4.5	C
POOR MENTAL HEALTH DAYS (AVG)	3.7	2.7	A
POOR PHYSICAL HEALTH DAYS (AVG)	4.7	4.3	D
GOOD OR BETTER HEALTH RATING	83.7%	84.6%	C
TEEN FERTILITY (RATE PER 1,000)	21.1	21.0	C
FIRST TRIMESTER PRENATAL CARE	86.4%	85.2%	
LOW BIRTHWEIGHT	7.5%	7.4%	B
ADULT DENTAL VISITS	64.0%	61.1%	F
USUAL SOURCE OF CARE	85.8%	85.6%	B
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	17.0%	21.8%	F
POVERTY	13.2%	13.2%	C

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Washington County ranked eighth in the state for age-adjusted total mortality.
- Washington County's leading causes of death were heart disease, cancer, and stroke.
- Washington County had the fifth lowest heart disease mortality rate and sixth lowest nephritis mortality rate.
- Washington County's suicide mortality rate was more than double the national rate.

### Disease Rates

- Washington County's disease rates for diabetes and asthma were lower than the state rates.

### Risk Factors, Behaviors and Socioeconomic Factors

- Washington County had the fifth best rate of fruit/vegetable consumption.
- Washington County ranked relatively high for the percentage of seniors who received influenza and pneumonia vaccinations.
- Washington County adults experienced the sixth fewest limited activity days and eighth fewest poor mental health days, and perceived their health to be seventh best in the state.
- Washington County ranked tenth best in the state for receiving early prenatal care.
- Washington County had the ninth largest percentage of adults who had a usual health care provider.

### Changes from Previous Report

- Mortality rates increased 12 percent for infants and 14 percent for unintentional injury, and declined 36 percent for Alzheimer's disease.
- Twenty-one percent fewer adults had diabetes; 16 percent fewer adults had asthma; and 31 percent more adults were obese.
- Fruit/vegetable consumption increased 18 percent, and adults experienced 26 percent fewer limited activity and poor mental health days.
- Twenty-eight percent fewer adults were without health care coverage.



## Washita County

### Mortality and Leading Causes of Death

- Washita County ranked seventh in the state for age-adjusted total mortality.
- Washita County's leading causes of death were heart disease, cancer, and unintentional injury.
- Washita County mortality rates were among the lowest in the state for cancer and nephritis (rank: fifth) and heart disease and diabetes (rank: eighth).
- Washita County's mortality due to suicide was more than double the national rate and was fourth highest in state.

### Disease Rates

- Washita County had the second lowest prevalence of diabetes in the state at less than half the national rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Washita County had the second best rates for fruit/vegetable consumption and adult obesity.
- Washita County had the fourth worst rates for children's immunizations and early prenatal care.
- Washita County adults experienced the fewest poor mental health days.
- Washita County had the highest rate of adult dental visits, the only county to receive a grade of "B" or better.

### Changes from Previous Report

- Mortality rates increased 23 percent for stroke, 41 percent for unintentional injury, 36 percent for Alzheimer's disease, and 57 percent for suicide.
- Mortality rates declined 18 percent for cancer and 41 percent for nephritis.
- Sixty-seven percent more adults had diabetes; 60 percent fewer adults had asthma; and 50 percent fewer adults were obese.
- Eighteen percent more adults smoked and 40 percent fewer adults were without health care coverage.
- Twenty-seven percent fewer children completed the primary immunization series.
- Adults experienced 64 percent fewer poor mental health days.
- The birth rate for teens aged 15-17 years increased 27 percent.

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	6.5	-	
TOTAL (RATE PER 100,000)	847.2	831.8	D
<b>LEADING CAUSES OF DEATH (RATE PER 100,000)</b>			
HEART DISEASE	235.0	209.8	D
CANCER	188.4	154.2	B
STROKE	50.3	61.7	F
CHRONIC LOWER RESPIRATORY DISEASE	42.7	45.6	D
UNINTENTIONAL INJURY	61.0	85.9	F
DIABETES	22.4	21.4	C
INFLUENZA/PNEUMONIA	16.3	18.0	D
ALZHEIMER'S DISEASE	19.3	26.2	D
NEPHRITIS (KIDNEY DISEASE)	16.0	9.4	B
SUICIDE	16.8	26.4	F
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	5.7%	9.5%	D
ASTHMA PREVALENCE	10.6%	4.2%	A
CANCER INCIDENCE (RATE PER 100,000)	504.4	519.5	D
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	23.5%	C
NO PHYSICAL ACTIVITY	26.6%	27.1%	D
SMOKING	24.9%	29.4%	F
OBESITY	27.8%	14.0%	A
IMMUNIZATIONS < 3 YEARS	79.8%	58.6%	D
SENIORS FLU VACCINATION	-	69.1%	C
SENIORS PNEUMONIA VACCINATION	-	70.5%	B
LIMITED ACTIVITY DAYS (AVG)	7.3	-	
POOR MENTAL HEALTH DAYS (AVG)	4.7	1.7	A
POOR PHYSICAL HEALTH DAYS (AVG)	4.5	4.1	D
GOOD OR BETTER HEALTH RATING	80.3%	74.6%	F
TEEN FERTILITY (RATE PER 1,000)	24.1	30.6	D
FIRST TRIMESTER PRENATAL CARE	56.9%	61.8%	
LOW BIRTHWEIGHT	5.9%	5.9%	A
ADULT DENTAL VISITS	68.1%	77.3%	B
USUAL SOURCE OF CARE	85.7%	85.0%	B
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	23.5%	14.2%	C
POVERTY	15.7%	14.9%	D

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



## Woods County

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	-	-	
TOTAL (RATE PER 100,000)	777.2	855.3	D
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	251.0	251.2	F
CANCER	132.2	167.6	B
STROKE	76.6	70.5	F
CHRONIC LOWER RESPIRATORY DISEASE	56.2	79.3	F
UNINTENTIONAL INJURY	42.2	53.2	D
DIABETES	16.1	15.0	A
INFLUENZA/PNEUMONIA	36.6	33.4	F
ALZHEIMER'S DISEASE	14.1	12.0	A
NEPHRITIS (KIDNEY DISEASE)	22.4	18.8	D
SUICIDE	-	-	
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	-	8.8%	C
ASTHMA PREVALENCE	9.0%	6.3%	A
CANCER INCIDENCE (RATE PER 100,000)	474.0	466.8	C
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	-	21.4%	D
NO PHYSICAL ACTIVITY	35.5%	28.5%	D
SMOKING	24.3%	13.7%	B
OBESITY	17.9%	22.1%	B
IMMUNIZATIONS < 3 YEARS	90.1%	78.2%	B
SENIORS FLU VACCINATION	-	-	
SENIORS PNEUMONIA VACCINATION	-	-	
LIMITED ACTIVITY DAYS (AVG)	3.8	-	
POOR MENTAL HEALTH DAYS (AVG)	4.2	3.9	D
POOR PHYSICAL HEALTH DAYS (AVG)	5.7	4.2	D
GOOD OR BETTER HEALTH RATING	73.5%	85.3%	C
TEEN FERTILITY (RATE PER 1,000)	7.0	10.0	A
FIRST TRIMESTER PRENATAL CARE	75.4%	71.8%	
LOW BIRTHWEIGHT	5.4%	5.3%	A
ADULT DENTAL VISITS	63.1%	59.0%	F
USUAL SOURCE OF CARE	89.5%	84.5%	B
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	13.0%	8.7%	B
POVERTY	16.3%	16.6%	D

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

### Mortality and Leading Causes of Death

- Woods County ranked 14<sup>th</sup> in the state for age-adjusted total mortality.
- Woods County's leading causes of death were heart disease, cancer, and chronic lower respiratory disease.
- Woods County had the second lowest diabetes mortality rate and third lowest Alzheimer's disease mortality rate.
- Mortality due to chronic lower respiratory disease was the sixth highest in the state.

### Disease Rates

- Woods County's asthma prevalence was seventh best in the state.

### Risk Factors, Behaviors and Socioeconomic Factors

- Woods County had the fewest adults smokers, sixth best rate of fruit/vegetable consumption, and third lowest obesity rate.
- Adults in Woods County ranked fifth best for having positive perceptions of their health.
- Woods County had the lowest rate of teen births and fifth lowest percentage of low birth weight births.
- Woods County had the fewest adults who were without health care coverage.

### Changes from Previous Report

- Total mortality increased 10 percent.
- Mortality rates increased 27 percent for cancer, 41 percent for chronic lower respiratory disease, and 26 percent for unintentional injury. Mortality rates for Alzheimer's disease and nephritis declined about 15 percent.
- Thirty percent fewer adults had asthma and 23 percent more were obese.
- Twenty percent fewer adults were physically inactive; 44 percent fewer adults smoked; and 33 percent fewer adults were without health care coverage.
- Thirteen percent fewer children completed the primary immunization series.
- The birth rate for teens aged 15-17 years increased 43 percent.
- Adults had 26 percent fewer poor physical health days, and 16 percent more adults had positive perceptions of their health.



## Woodward County

### Mortality and Leading Causes of Death

- Woodward County had the ninth highest infant mortality rate.
- Woodward County ranked 18<sup>th</sup> in the state for age-adjusted total mortality.
- Woodward County's leading causes of death were heart disease, cancer, and unintentional injury.
- Woodward County had the fourth lowest stroke mortality rate and third lowest nephritis mortality rate in the state.

### Disease Rates

- Woodward County's disease rates for diabetes and asthma were much higher than the state rates.

### Risk Factors, Behaviors and Socioeconomic Factors

- Woodward County's rates for most indicators fell within the middle of the other county rates.
- Woodward County had the tenth lowest rate of adult obesity in the state.
- Woodward County had relatively higher immunization rates for children and for seniors.
- Adults in Woodward County experienced relatively few poor mental health days.

### Changes from Previous Report

- Mortality rates for infants increased 22 percent.
- Mortality rates increased 17 percent for chronic lower respiratory disease and 37 percent for Alzheimer's disease.
- The mortality rate for stroke declined 15 percent.
- Fifty-five percent more adults had diabetes and 246 percent more adults had asthma.
- Twenty percent fewer adults were obese.
- Adults experienced 34 percent more limited activity days and 61 percent more poor physical health days.
- The birth rate for teens aged 15-17 years increased 21 percent.
- Thirty-six percent fewer adults were without health care coverage

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	9.3	11.3	F
TOTAL (RATE PER 100,000)	853.9	882.6	F
<b>LEADING CAUSES OF DEATH (RATE PER 100,000)</b>			
HEART DISEASE	256.9	270.7	F
CANCER	176.4	188.1	D
STROKE	38.9	33.2	B
CHRONIC LOWER RESPIRATORY DISEASE	49.6	58.2	F
UNINTENTIONAL INJURY	63.8	63.5	F
DIABETES	38.6	37.6	F
INFLUENZA/PNEUMONIA	20.2	22.0	F
ALZHEIMER'S DISEASE	15.3	21.0	C
NEPHRITIS (KIDNEY DISEASE)	8.9	8.9	B
SUICIDE	13.4	13.3	D
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	9.4%	14.6%	F
ASTHMA PREVALENCE	4.1%	14.2%	F
CANCER INCIDENCE (RATE PER 100,000)	534.0	501.2	D
<b>RISK FACTORS &amp; BEHAVIORS</b>			
FRUIT/VEGETABLE CONSUMPTION	15.8%	16.9%	F
NO PHYSICAL ACTIVITY	30.3%	32.9%	F
SMOKING	27.9%	27.4%	F
OBESITY	33.2%	26.7%	C
IMMUNIZATIONS < 3 YEARS	80.6%	75.4%	B
SENIORS FLU VACCINATION	72.1%	75.0%	B
SENIORS PNEUMONIA VACCINATION	74.5%	72.2%	B
LIMITED ACTIVITY DAYS (AVG)	3.8	5.1	D
POOR MENTAL HEALTH DAYS (AVG)	3.3	3.0	B
POOR PHYSICAL HEALTH DAYS (AVG)	3.3	5.3	F
GOOD OR BETTER HEALTH RATING	86.2%	78.4%	F
TEEN FERTILITY (RATE PER 1,000)	26.9	32.5	D
FIRST TRIMESTER PRENATAL CARE	69.9%	70.5%	
LOW BIRTHWEIGHT	7.7%	7.8%	C
ADULT DENTAL VISITS	55.7%	56.7%	F
USUAL SOURCE OF CARE	74.4%	80.3%	C
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE	22.9%	14.7%	C
POVERTY	12.5%	12.8%	C

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.



# county rankings



	ADAIR		ALFALFA		ATOKA		BEAVER		BECKHAM		BLAINE		BRYAN	
M = MEASURE    R = RANKING	M	R	M	R	M	R	M	R	M	R	M	R	M	R
<b>MORTALITY</b>														
INFANT (RATE PER 1,000)	5.2	5	-	-	9.7	44	-	-	5.1	3	6.5	10	8.6	33
TOTAL (RATE PER 100,000)	1102.4	73	764.7	2	844.6	10	808.3	4	1126.9	76	953.5	37	1032.5	58
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)														
HEART DISEASE	273.2	48	219.0	11	274.6	49	178.4	2	294.3	62	300.3	65	272.0	47
CANCER	246.6	75	156.4	6	178.4	12	186.4	20	188.7	22	197.2	35	209.9	48
STROKE	45.9	22	46.2	23	53.8	42	58.6	48	44.5	18	49.8	29	59.2	53
CHRONIC LOWER RESPIRATORY DISEASE	71.2	57	40.5	3	55.7	27	59.9	37	77.6	66	41.7	6	84.4	72
UNINTENTIONAL INJURY	62.4	30	71.7	43	61.2	26	81.5	59	102.8	73	62.3	29	73.3	47
DIABETES	92.7	75	34.6	36	37.4	46	30.9	28	47.3	66	44.9	62	38.3	50
INFLUENZA/PNEUMONIA	11.4	2	40.0	63	-	-	-	-	43.4	67	17.7	10	16.3	6
ALZHEIMER'S DISEASE	26.4	41	-	-	-	-	44.6	62	52.5	64	-	-	26.2	39
NEPHRITIS (KIDNEY DISEASE)	31.4	63	20.4	44	16.2	33	-	-	19.8	42	23.8	54	13.3	17
SUICIDE	11.3	11	-	-	17.3	31	36.2	55	18.9	37	-	-	22.6	44
<b>DISEASE RATES</b>														
DIABETES PREVALENCE	16.8	58	-	-	19.4	62	8.9	12	13.0	46	-	-	6.6	5
ASTHMA PREVALENCE	9.4	29	-	-	-	-	-	-	13.9	50	11.6	45	10.6	39
CANCER INCIDENCE (RATE PER 100,000)	482.4	24	521.0	43	414.0	6	410.2	5	604.4	76	471.3	20	521.5	44
<b>RISK FACTORS &amp; BEHAVIORS</b>														
FRUIT/VEGETABLE CONSUMPTION	6.9	65	-	-	8.8	62	9.2	59	17.5	16	15.8	28	16.3	25
NO PHYSICAL ACTIVITY	32.6	36	-	-	27.6	14	31.6	32	26.7	8	29.6	21	39.5	59
SMOKING	25.4	26	-	-	21.1	12	18.9	10	25.1	25	18.7	9	27.2	39
OBESITY	39.1	58	-	-	30.9	33	36.0	53	30.6	31	26.7	10	30.0	27
IMMUNIZATIONS < 3 YEARS	79.3	12	66.7	58	75.5	23	82.8	4	59.1	71	76.8	19	73.8	31
SENIORS FLU VACCINATION	59.0	52	-	-	64.5	51	-	-	74.1	19	-	-	70.6	35
SENIORS PNEUMONIA VACCINATION	54.8	50	-	-	67.8	35	-	-	65.0	44	-	-	68.1	33
LIMITED ACTIVITY DAYS (AVG)	6.0	30	-	-	5.8	27	-	-	4.9	11	-	-	6.7	37
POOR MENTAL HEALTH DAYS (AVG)	2.5	7	-	-	6.6	64	2.9	10	2.2	5	1.7	1	4.6	47
POOR PHYSICAL HEALTH DAYS (AVG)	3.9	16	-	-	7.1	63	2.7	4	4.2	27	1.9	1	4.9	44
GOOD OR BETTER HEALTH RATING	81.4	22	-	-	69.4	63	82.8	14	77.9	33	90.8	1	81.9	21
TEEN FERTILITY (RATE PER 1,000)	43.5	71	14.7	7	25.8	27	17.4	12	34.4	52	33.6	49	37.1	61
FIRST TRIMESTER PRENATAL CARE	72.0	55	75.7	46	75.6	47	72.3	54	42.3	77	79.5	24	78.3	32
LOW BIRTHWEIGHT	8.2	44	8.5	55	10.1	69	7.5	28	8.5	55	10.7	73	8.4	49
ADULT DENTAL VISITS	51.2	44	-	-	53.9	37	50.5	48	55.5	31	41.6	66	52.8	41
USUAL SOURCE OF CARE	73.6	59	-	-	84.8	14	80.8	30	90.9	2	77.2	45	80.3	32
<b>SOCIOECONOMIC FACTORS</b>														
NO INSURANCE	16.8	26	-	-	27.1	59	15.0	17	19.0	32	27.6	61	21.5	45
POVERTY	22.9	69	17.0	38	20.8	60	10.9	6	15.8	27	22.6	68	20.3	55
<b>NEW INDICATORS (RATE PER 100,000)</b>														
OCCUPATIONAL FATALITIES	-	-	-	-	-	-	-	-	11.8	34	-	-	4.6	20
PREVENTABLE HOSPITALIZATIONS	3239.2	57	2422.6	35	2851.3	48	1703.4	13	3819.9	67	2949.2	53	3899.9	69

		CADDO		CANADIAN		CARTER		CHEROKEE		CHOCTAW		CIMARRON		CLEVELAND	
M = MEASURE	R = RANKING	M	R	M	R	M	R	M	R	M	R	M	R	M	R
<b>MORTALITY</b>															
INFANT (RATE PER 1,000)		7.5	20	8.2	29	7.7	23	8.9	38	8.9	38	-	-	6.3	8
TOTAL (RATE PER 100,000)		1073.0	68	819.5	6	1059.3	63	1053.9	60	1122.2	75	837.2	9	882.9	19
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)															
HEART DISEASE		286.0	57	206.0	6	289.5	59	291.8	60	347.6	76	214.0	10	256.0	35
CANCER		228.2	70	188.8	23	195.9	33	194.4	30	245.8	74	121.7	1	175.8	11
STROKE		47.3	24	52.6	38	60.8	58	73.2	71	52.4	36	36.9	10	62.3	61
CHRONIC LOWER RESPIRATORY DISEASE		55.2	26	51.4	14	65.4	48	63.9	45	54.7	25	-	-	54.0	23
UNINTENTIONAL INJURY		94.5	71	45.1	5	73.4	48	74.7	52	78.1	53	106.6	75	38.2	2
DIABETES		52.1	68	22.7	9	32.1	30	35.7	41	21.3	7	42.0	58	23.5	13
INFLUENZA/PNEUMONIA		22.4	34	20.1	22	34.8	59	24.4	28	40.4	64	-	-	19.6	17
ALZHEIMER'S DISEASE		27.9	46	28.3	47	19.1	15	15.5	6	19.0	13	47.5	63	19.4	18
NEPHRITIS (KIDNEY DISEASE)		27.1	60	14.4	22	23.2	50	20.7	46	13.0	15	-	-	15.9	29
SUICIDE		10.1	9	14.7	25	15.4	28	14.0	18	21.6	43	-	-	9.8	6
<b>DISEASE RATES</b>															
DIABETES PREVALENCE		11.2	34	10.6	28	9.3	16	13.5	48	11.6	38	-	-	9.1	14
ASTHMA PREVALENCE		5.5	4	7.1	9	11.4	43	10.2	36	7.4	12	-	-	7.2	11
CANCER INCIDENCE (RATE PER 100,000)		528.9	50	519.3	41	506.1	35	447.3	12	588.0	73	477.5	23	535.0	53
<b>RISK FACTORS &amp; BEHAVIORS</b>															
FRUIT/VEGETABLE CONSUMPTION		13.1	42	15.8	28	16.9	20	13.6	41	29.7	1	-	-	16.1	26
NO PHYSICAL ACTIVITY		28.2	15	26.4	7	33.3	41	34.3	44	34.2	43	-	-	26.3	6
SMOKING		28.5	46	20.8	11	26.6	35	31.4	56	22.8	20	-	-	21.6	13
OBESITY		28.7	20	28.7	20	26.9	14	32.3	38	33.4	42	-	-	28.4	19
IMMUNIZATIONS < 3 YEARS		69.3	47	62.4	64	74.9	29	74.8	30	70.3	43	67.6	54	70.9	40
SENIORS FLU VACCINATION		79.9	8	74.7	18	68.0	43	68.5	40	67.7	44	-	-	70.7	34
SENIORS PNEUMONIA VACCINATION		77.5	4	75.7	10	66.8	40	68.5	31	60.0	49	-	-	74.0	15
LIMITED ACTIVITY DAYS (AVG)		5.5	24	4.8	9	5.1	16	5.2	18	9.9	47	-	-	4.0	3
POOR MENTAL HEALTH DAYS (AVG)		4.5	45	3.6	22	4.1	37	4.4	43	3.2	15	-	-	3.4	20
POOR PHYSICAL HEALTH DAYS (AVG)		4.1	20	3.3	8	4.5	33	5.6	58	4.6	35	-	-	3.5	9
GOOD OR BETTER HEALTH RATING		76.0	42	87.1	3	79.1	27	76.0	42	72.5	56	-	-	86.3	4
TEEN FERTILITY (RATE PER 1,000)		31.2	44	15.5	9	32.7	47	33.7	50	39.0	68	18.2	13	12.9	3
FIRST TRIMESTER PRENATAL CARE		78.6	28	90.2	2	87.1	4	68.5	66	74.3	49	63.4	73	86.6	5
LOW BIRTHWEIGHT		8.4	49	7.2	22	10.3	71	7.7	30	10.8	74	5.9	8	7.3	25
ADULT DENTAL VISITS		53.7	38	67.6	5	51.2	44	59.1	19	46.0	62	-	-	69.3	4
USUAL SOURCE OF CARE		86.3	7	84.7	15	81.8	25	75.5	52	85.9	8	-	-	82.1	22
<b>SOCIOECONOMIC FACTORS</b>															
NO INSURANCE		24.1	52	12.4	8	12.2	5	20.0	38	31.3	64	-	-	14.8	15
POVERTY		21.3	63	8.5	1	16.4	32	25.3	74	24.7	73	16.3	30	11.4	8
<b>NEW INDICATORS (RATE PER 100,000)</b>															
OCCUPATIONAL FATALITIES		-	-	3.6	15	7.0	30	-	-	-	-	-	-	2.4	6
PREVENTABLE HOSPITALIZATIONS		2384.8	32	1445.7	6	2714.3	42	1717.8	14	5101.4	75	1886.8	21	1548.1	8

		COAL		COMANCHE		COTTON		CRAIG		CREEK		CUSTER		DELAWARE	
M = MEASURE	R = RANKING	M	R	M	R	M	R	M	R	M	R	M	R	M	R
<b>MORTALITY</b>															
INFANT (RATE PER 1,000)		17.1	58	7.8	25	-	-	10.7	48	8.4	32	3.6	1	6.5	10
TOTAL (RATE PER 100,000)		1113.0	74	946.2	34	971.8	42	1002.0	49	1013.2	51	914.0	27	898.5	23
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)															
HEART DISEASE		445.5	77	251.6	30	342.9	75	292.4	61	257.2	37	275.4	50	263.6	41
CANCER		198.6	37	208.4	46	189.4	24	215.4	57	220.9	65	166.7	9	191.4	26
STROKE		51.0	32	59.3	54	37.8	13	44.1	17	58.7	50	33.7	6	49.5	27
CHRONIC LOWER RESPIRATORY DISEASE		54.6	24	72.9	61	46.4	10	48.5	11	69.0	55	56.5	29	52.2	16
UNINTENTIONAL INJURY		72.3	45	52.7	11	58.1	20	67.9	40	67.4	39	46.9	8	61.7	28
DIABETES		31.7	29	33.6	33	45.9	65	35.1	40	37.9	48	40.1	55	33.7	34
INFLUENZA/PNEUMONIA		27.4	45	31.3	53	-	-	37.8	62	19.7	18	27.5	46	14.8	4
ALZHEIMER'S DISEASE		-	-	20.7	24	30.4	51	19.0	13	38.9	58	25.5	36	18.2	9
NEPHRITIS (KIDNEY DISEASE)		40.2	64	15.1	25	-	-	16.0	32	15.9	29	21.2	47	18.3	39
SUICIDE		-	-	14.0	18	-	-	9.8	6	19.7	39	9.7	5	19.0	38
<b>DISEASE RATES</b>															
DIABETES PREVALENCE		-	-	8.0	8	-	-	19.2	61	9.4	17	10.2	25	15.6	56
ASTHMA PREVALENCE		-	-	7.2	11	-	-	5.5	4	11.2	42	8.1	16	8.2	20
CANCER INCIDENCE (RATE PER 100,000)		546.9	64	474.7	22	460.5	15	543.9	60	541.4	55	526.5	48	507.2	36
<b>RISK FACTORS &amp; BEHAVIORS</b>															
FRUIT/VEGETABLE CONSUMPTION		-	-	15.3	33	-	-	10.1	58	12.3	46	18.9	11	11.6	53
NO PHYSICAL ACTIVITY		-	-	32.9	39	-	-	32.0	34	29.6	21	32.1	35	36.6	52
SMOKING		-	-	36.6	64	-	-	28.2	45	31.7	58	22.0	14	22.5	19
OBESITY		-	-	32.2	36	-	-	43.5	64	32.3	38	29.3	24	34.3	45
IMMUNIZATIONS < 3 YEARS		86.3	1	66.8	57	82.2	6	84.6	2	58.8	72	73.0	34	73.1	33
SENIORS FLU VACCINATION		-	-	72.4	26	-	-	71.4	31	71.0	32	78.4	9	68.4	41
SENIORS PNEUMONIA VACCINATION		-	-	70.3	27	-	-	76.1	7	69.5	29	69.6	28	66.0	41
LIMITED ACTIVITY DAYS (AVG)		-	-	5.4	23	-	-	8.9	46	5.8	27	6.5	34	6.0	30
POOR MENTAL HEALTH DAYS (AVG)		-	-	5.1	55	-	-	4.0	34	4.1	37	3.3	17	3.9	29
POOR PHYSICAL HEALTH DAYS (AVG)		-	-	5.3	49	-	-	4.7	38	4.9	44	5.3	49	4.4	32
GOOD OR BETTER HEALTH RATING		-	-	79.4	26	-	-	73.7	53	79.0	28	74.8	50	75.2	47
TEEN FERTILITY (RATE PER 1,000)		30.3	39	27.0	31	26.0	28	26.5	29	24.3	25	34.7	54	27.5	32
FIRST TRIMESTER PRENATAL CARE		77.5	37	83.2	15	90.3	1	74.3	49	71.5	59	79.1	25	76.5	42
LOW BIRTHWEIGHT		8.4	49	8.5	55	9.3	66	10.1	69	7.7	30	7.5	28	8.0	36
ADULT DENTAL VISITS		-	-	65.2	6	-	-	48.5	58	54.0	35	59.6	17	50.3	50
USUAL SOURCE OF CARE		-	-	76.1	50	-	-	80.1	34	81.7	26	80.9	29	85.2	10
<b>SOCIOECONOMIC FACTORS</b>															
NO INSURANCE		-	-	18.6	29	-	-	16.4	22	20.2	39	16.2	20	19.4	34
POVERTY		22.2	66	18.3	47	16.8	36	19.2	49	12.7	13	18.0	46	19.9	54
<b>NEW INDICATORS (RATE PER 100,000)</b>															
OCCUPATIONAL FATALITIES		-	-	4.7	21	-	-	-	-	2.2	3	8.6	31	4.4	19
PREVENTABLE HOSPITALIZATIONS		5215.2	76	1659.7	12	1171.7	2	3364.5	61	2772.9	45	2644.0	40	1819.0	18

		DEWEY		ELLIS		GARFIELD		GARVIN		GRADY		GRANT		GREER	
M = MEASURE	R = RANKING	M	R	M	R	M	R	M	R	M	R	M	R	M	R
<b>MORTALITY</b>															
INFANT (RATE PER 1,000)		-	-	-	-	10.7	48	8.2	29	7.7	23	-	-	16.1	57
TOTAL (RATE PER 100,000)		1047.5	59	850.3	11	930.3	30	1055.7	62	1003.4	50	897.1	22	994.8	46
<b>LEADING CAUSES OF DEATH</b>															
(RATE PER 100,000)															
HEART DISEASE		229.0	14	210.2	9	234.8	18	254.7	34	306.4	66	195.6	3	244.9	24
CANCER		203.3	40	152.8	4	185.9	18	212.3	52	224.2	66	230.6	71	191.8	27
STROKE		63.8	64	41.2	15	64.2	65	74.0	72	37.7	12	52.2	35	74.9	73
CHRONIC LOWER RESPIRATORY DISEASE		78.4	68	105.5	74	67.1	51	66.5	49	63.8	44	41.5	5	50.7	12
UNINTENTIONAL INJURY		112.3	76	92.2	68	46.1	7	93.4	69	60.6	24	83.3	61	64.8	34
DIABETES		37.1	43	42.0	58	34.9	39	32.7	31	45.2	63	50.4	67	29.1	25
INFLUENZA/PNEUMONIA		23.3	36	-	-	19.9	19	17.8	11	17.5	8	-	-	29.9	51
ALZHEIMER'S DISEASE		43.0	60	-	-	21.6	28	29.1	49	32.8	54	-	-	19.3	16
NEPHRITIS (KIDNEY DISEASE)		-	-	-	-	15.4	27	17.3	36	12.1	14	-	-	-	-
SUICIDE		-	-	-	-	15.3	27	24.3	48	11.3	11	-	-	-	-
<b>DISEASE RATES</b>															
DIABETES PREVALENCE		-	-	-	-	9.8	22	11.1	32	5.4	2	-	-	-	-
ASTHMA PREVALENCE		-	-	-	-	7.5	13	9.7	31	9.7	31	-	-	-	-
CANCER INCIDENCE (RATE PER 100,000)		594.0	75	435.9	10	528.7	49	534.8	52	468.2	19	544.1	61	434.4	8
<b>RISK FACTORS &amp; BEHAVIORS</b>															
FRUIT/VEGETABLE CONSUMPTION		-	-	-	-	12.6	45	12.1	48	12.9	43	-	-	-	-
NO PHYSICAL ACTIVITY		-	-	-	-	29.3	20	27.3	11	24.1	3	-	-	-	-
SMOKING		-	-	-	-	23.7	21	25.8	29	29.6	52	-	-	-	-
OBESITY		-	-	-	-	37.0	54	30.4	30	34.4	46	-	-	-	-
IMMUNIZATIONS < 3 YEARS		75.5	23	60.9	67	69.0	48	77.7	18	71.6	39	68.8	50	77.9	17
SENIORS FLU VACCINATION		-	-	-	-	72.4	26	74.8	16	73.8	20	-	-	-	-
SENIORS PNEUMONIA VACCINATION		-	-	-	-	69.1	30	71.7	23	74.6	14	-	-	-	-
LIMITED ACTIVITY DAYS (AVG)		-	-	-	-	4.2	4	5.0	14	5.3	21	-	-	-	-
POOR MENTAL HEALTH DAYS (AVG)		-	-	-	-	3.0	12	5.5	59	4.9	52	-	-	-	-
POOR PHYSICAL HEALTH DAYS (AVG)		-	-	-	-	4.3	29	4.7	38	4.0	18	-	-	-	-
GOOD OR BETTER HEALTH RATING		-	-	-	-	85.0	6	77.4	37	82.5	16	-	-	-	-
TEEN FERTILITY (RATE PER 1,000)		22.0	21	20.2	16	26.8	30	28.4	35	20.2	16	10.1	2	58.6	77
FIRST TRIMESTER PRENATAL CARE		66.1	70	71.6	58	69.3	63	78.3	32	85.1	11	75.8	44	82.3	17
LOW BIRTHWEIGHT		4.5	1	5.4	6	8.0	36	8.4	49	9.4	67	6.3	10	12.5	77
ADULT DENTAL VISITS		55.1	34	-	-	61.1	14	44.6	64	56.3	28	-	-	-	-
USUAL SOURCE OF CARE		-	-	-	-	75.2	53	82.9	21	77.0	46	-	-	-	-
<b>SOCIOECONOMIC FACTORS</b>															
NO INSURANCE		-	-	-	-	16.0	18	21.0	43	20.6	42	-	-	-	-
POVERTY		12.9	15	12.4	12	16.7	35	15.6	26	16.3	30	13.6	19	23.2	70
<b>NEW INDICATORS (RATE PER 100,000)</b>															
OCCUPATIONAL FATALITIES		-	-	-	-	2.6	7	5.5	25	3.1	9	-	-	-	-
PREVENTABLE HOSPITALIZATIONS		3882.9	68	3279.2	58	2373.8	31	3219.5	56	1604.2	10	2150.5	29	4053.2	71

		HARMON		HARPER		HASKELL		HUGHES		JACKSON		JEFFERSON		JOHNSTON	
M = MEASURE	R = RANKING	M	R	M	R	M	R	M	R	M	R	M	R	M	R
<b>MORTALITY</b>															
INFANT (RATE PER 1,000)		-	-	-	-	-	-	7.9	26	9.2	42	-	-	10.6	47
TOTAL (RATE PER 100,000)		1184.8	77	924.7	29	970.3	41	978.7	44	1066.8	65	1096.2	71	1060.6	64
<b>LEADING CAUSES OF DEATH</b>															
(RATE PER 100,000)															
HEART DISEASE		252.1	31	227.0	13	267.6	44	307.5	67	297.0	63	322.3	72	258.0	38
CANCER		300.9	76	226.1	68	214.9	54	217.4	58	214.9	54	220.1	64	218.3	61
STROKE		44.8	20	93.0	75	32.0	3	58.6	48	83.5	74	55.3	45	39.8	14
CHRONIC LOWER RESPIRATORY DISEASE		-	-	-	-	60.7	40	62.0	43	78.0	67	90.1	73	76.2	63
UNINTENTIONAL INJURY		112.8	77	105.8	74	94.2	70	66.2	38	55.3	17	78.8	55	72.8	46
DIABETES		158.7	76	-	-	38.5	51	33.7	34	28.4	23	59.1	71	62.6	72
INFLUENZA/PNEUMONIA		41.2	65	-	-	51.2	70	20.9	24	24.2	37	17.5	8	25.4	41
ALZHEIMER'S DISEASE		-	-	-	-	-	-	27.3	45	67.2	65	-	-	25.6	37
NEPHRITIS (KIDNEY DISEASE)		29.9	62	-	-	10.3	9	13.3	17	17.0	35	22.4	48	42.7	66
SUICIDE		-	-	-	-	-	-	16.2	30	-	-	-	-	24.3	48
<b>DISEASE RATES</b>															
DIABETES PREVALENCE		-	-	-	-	6.3	4	19.4	62	18.2	59	10.8	30	18.3	60
ASTHMA PREVALENCE		-	-	-	-	17.6	55	17.6	55	5.1	3	-	-	-	-
CANCER INCIDENCE (RATE PER 100,000)		495.8	31	582.4	72	464.2	17	609.3	77	541.9	56	560.8	68	493.9	29
<b>RISK FACTORS &amp; BEHAVIORS</b>															
FRUIT/VEGETABLE CONSUMPTION		-	-	-	-	15.1	35	12.3	46	17.5	16	-	-	17.2	18
NO PHYSICAL ACTIVITY		-	-	-	-	36.2	49	27.3	11	30.5	29	33.3	41	42.8	65
SMOKING		-	-	-	-	17.7	8	32.2	59	25.7	28	26.6	35	29.7	53
OBESITY		-	-	-	-	38.5	57	26.9	14	31.5	35	29.5	26	13.6	1
IMMUNIZATIONS < 3 YEARS		80.4	10	82.7	5	80.2	11	58.6	73	73.6	32	75.3	26	72.4	36
SENIORS FLU VACCINATION		-	-	-	-	67.6	45	69.8	37	75.2	13	-	-	-	-
SENIORS PNEUMONIA VACCINATION		-	-	-	-	72.5	20	68.1	33	77.9	2	-	-	-	-
LIMITED ACTIVITY DAYS (AVG)		-	-	-	-	-	-	-	-	5.0	14	-	-	-	-
POOR MENTAL HEALTH DAYS (AVG)		-	-	-	-	3.9	29	2.9	10	3.6	22	3.3	17	7.0	65
POOR PHYSICAL HEALTH DAYS (AVG)		-	-	-	-	3.6	12	4.7	38	3.5	9	5.5	56	8.1	64
GOOD OR BETTER HEALTH RATING		-	-	-	-	78.6	31	76.5	40	82.5	16	77.7	35	62.4	65
TEEN FERTILITY (RATE PER 1,000)		54.9	76	30.8	42	36.6	60	44.6	72	36.3	58	41.5	69	37.7	62
FIRST TRIMESTER PRENATAL CARE		81.8	20	69.5	62	75.8	44	69.2	64	86.2	6	80.1	23	82.3	17
LOW BIRTHWEIGHT		8.6	58	7.1	19	6.3	10	7.4	26	10.6	72	8.1	40	8.3	47
ADULT DENTAL VISITS		-	-	-	-	51.2	44	49.5	55	70.0	2	45.4	63	49.1	57
USUAL SOURCE OF CARE		-	-	-	-	81.3	28	73.0	61	84.6	16	-	-	74.0	58
<b>SOCIOECONOMIC FACTORS</b>															
NO INSURANCE		-	-	-	-	28.0	62	24.7	55	12.2	5	31.6	65	19.6	35
POVERTY		27.5	77	10.3	5	20.3	55	24.3	72	17.2	41	22.3	67	20.3	55
<b>NEW INDICATORS (RATE PER 100,000)</b>															
OCCUPATIONAL FATALITIES		-	-	-	-	-	-	10.7	32	6.0	27	-	-	-	-
PREVENTABLE HOSPITALIZATIONS		5828.2	77	4270.6	73	3323.9	59	2581.8	39	3700.9	65	2822.3	47	3735.1	66

	KAY		KINGFISHER		KIOWA		LATIMER		LEFLORE		LINCOLN		LOGAN	
M = MEASURE    R = RANKING	M	R	M	R	M	R	M	R	M	R	M	R	M	R
<b>MORTALITY</b>														
INFANT (RATE PER 1,000)	6.6	12	5.1	3	-	-	14.3	56	7.3	17	8.8	36	7.9	26
TOTAL (RATE PER 100,000)	952.3	36	891.1	20	1055.0	61	1024.0	52	1025.2	54	1026.4	56	858.7	16
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)														
HEART DISEASE	250.1	27	259.8	40	281.4	55	279.9	54	287.6	58	276.1	51	226.2	12
CANCER	210.3	49	184.8	17	193.7	29	203.5	41	213.6	53	217.7	60	182.9	16
STROKE	51.1	33	31.0	2	93.8	76	24.6	1	50.9	31	53.2	41	61.4	59
CHRONIC LOWER RESPIRATORY DISEASE	53.9	22	66.9	50	74.9	62	44.5	8	60.2	38	58.4	33	52.7	19
UNINTENTIONAL INJURY	63.4	31	68.5	41	74.6	51	101.9	72	68.5	41	73.7	50	47.9	9
DIABETES	38.7	52	34.6	36	38.0	49	42.9	60	26.7	20	26.6	18	23.2	11
INFLUENZA/PNEUMONIA	20.0	20	32.9	55	27.2	44	34.0	58	32.8	54	27.5	46	21.2	28
ALZHEIMER'S DISEASE	26.6	43	10.4	2	20.5	21	32.0	52	32.6	53	26.0	38	14.2	5
NEPHRITIS (KIDNEY DISEASE)	14.7	23	14.1	20	20.4	44	25.6	58	13.4	19	25.2	57	8.7	2
SUICIDE	14.0	18	-	-	-	-	45.0	56	20.9	41	18.8	36	9.4	3
<b>DISEASE RATES</b>														
DIABETES PREVALENCE	13.8	50	15.4	55	8.5	9	15.2	54	14.7	52	12.0	41	12.9	45
ASTHMA PREVALENCE	10.9	40	-	-	11.0	41	8.1	16	8.4	22	10.4	37	9.8	34
CANCER INCIDENCE (RATE PER 100,000)	551.6	65	563.1	69	510.7	38	372.2	2	462.6	16	491.4	27	435.5	9
<b>RISK FACTORS &amp; BEHAVIORS</b>														
FRUIT/VEGETABLE CONSUMPTION	13.7	40	21.1	7	20.9	8	9.0	61	11.7	52	15.2	34	11.9	49
NO PHYSICAL ACTIVITY	28.3	16	30.0	25	36.1	48	41.1	61	36.2	49	41.2	62	30.2	26
SMOKING	22.1	15	17.3	7	31.4	56	15.8	3	29.5	50	22.2	16	25.4	26
OBESITY	34.5	47	29.0	23	26.8	12	31.1	34	25.0	7	26.8	12	32.4	40
IMMUNIZATIONS < 3 YEARS	72.7	35	69.0	48	78.6	13	84.0	3	76.3	22	69.7	46	67.0	56
SENIORS FLU VACCINATION	73.1	24	81.6	6	84.9	2	-	-	65.5	49	86.1	1	72.1	29
SENIORS PNEUMONIA VACCINATION	67.6	36	77.6	3	-	-	-	-	72.2	21	84.3	1	72.9	18
LIMITED ACTIVITY DAYS (AVG)	4.2	4	-	-	-	-	-	-	6.9	40	5.7	25	3.9	2
POOR MENTAL HEALTH DAYS (AVG)	4.2	41	3.2	15	3.7	24	4.1	37	4.6	47	5.7	62	3.8	27
POOR PHYSICAL HEALTH DAYS (AVG)	4.1	20	2.4	3	3.8	14	4.6	35	5.7	59	4.0	18	3.2	7
GOOD OR BETTER HEALTH RATING	80.1	25	87.9	2	72.0	58	75.7	45	73.1	55	80.7	24	83.9	9
TEEN FERTILITY (RATE PER 1,000)	37.9	65	20.4	18	38.7	67	27.5	32	37.7	62	20.1	15	13.6	5
FIRST TRIMESTER PRENATAL CARE	66.0	71	85.4	9	78.6	28	78.0	34	72.9	53	79.0	27	88.5	3
LOW BIRTHWEIGHT	7.2	22	6.3	10	11.3	75	5.1	3	6.8	15	8.0	36	7.1	19
ADULT DENTAL VISITS	54.0	35	62.1	10	55.9	30	51.9	43	58.0	23	56.6	27	58.9	21
USUAL SOURCE OF CARE	80.0	36	90.6	3	82.1	22	84.9	12	82.0	24	80.1	34	79.9	39
<b>SOCIOECONOMIC FACTORS</b>														
NO INSURANCE	16.2	20	14.8	15	22.5	47	19.6	35	20.2	39	18.3	27	21.1	44
POVERTY	17.2	41	11.8	10	19.2	49	17.5	45	21.0	62	14.2	23	13.9	22
<b>NEW INDICATORS (RATE PER 100,000)</b>														
OCCUPATIONAL FATALITIES	2.7	8	10.7	32	-	-	-	-	5.2	24	-	-	3.5	14
PREVENTABLE HOSPITALIZATIONS	2526.2	37	3024.5	54	4028.3	70	3354.5	60	2074.0	26	2396.1	33	1373.7	4

	LOVE		MAJOR		MARSHALL		MAYES		MCCLAIN		MCCURTAIN		MCINTOSH	
M = MEASURE    R = RANKING	M	R	M	R	M	R	M	R	M	R	M	R	M	R
<b>MORTALITY</b>														
INFANT (RATE PER 1,000)	11.7	51	-	-	4.9	2	6.9	13	8.7	35	9.5	43	12.8	55
TOTAL (RATE PER 100,000)	947.0	35	854.1	13	918.7	28	901.4	24	941.0	33	1087.7	70	965.5	39
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)														
HEART DISEASE	233.0	17	317.8	71	259.0	39	242.2	22	265.3	43	269.5	45	277.9	52
CANCER	178.6	13	179.3	14	219.8	63	201.8	39	211.5	50	225.1	67	205.1	44
STROKE	44.0	16	54.4	43	49.7	28	47.9	25	65.3	66	67.3	68	55.9	46
CHRONIC LOWER RESPIRATORY DISEASE	59.0	36	36.9	1	72.7	60	53.1	20	68.0	53	71.7	58	77.3	65
UNINTENTIONAL INJURY	80.2	57	35.9	1	40.1	3	65.2	37	55.6	19	88.1	66	83.4	63
DIABETES	12.0	1	33.0	32	18.2	3	27.3	21	18.3	5	52.6	69	28.6	24
INFLUENZA/PNEUMONIA	48.1	69	11.9	3	28.1	48	24.4	38	25.8	43	21.7	29	15.0	5
ALZHEIMER'S DISEASE	24.0	32	-	-	20.5	21	8.7	1	20.6	23	18.3	10	12.6	4
NEPHRITIS (KIDNEY DISEASE)	40.2	64	23.5	52	16.5	34	10.2	8	9.0	4	19.2	41	11.9	13
SUICIDE	23.4	46	-	-	14.6	23	18.4	35	6.8	1	26.0	52	18.0	34
<b>DISEASE RATES</b>														
DIABETES PREVALENCE	24.2	65	5.6	3	16.3	57	10.3	27	8.7	10	11.5	37	6.7	6
ASTHMA PREVALENCE	-	-	8.6	25	20.2	58	7.9	14	9.3	28	9.4	29	5.7	6
CANCER INCIDENCE (RATE PER 100,000)	432.0	7	495.3	30	538.4	54	523.4	45	556.1	67	510.2	37	484.8	25
<b>RISK FACTORS &amp; BEHAVIORS</b>														
FRUIT/VEGETABLE CONSUMPTION	18.0	15	22.9	4	7.7	64	14.0	39	14.8	37	10.2	57	18.7	12
NO PHYSICAL ACTIVITY	30.9	30	30.3	28	25.5	5	35.3	47	28.9	19	38.6	57	41.7	63
SMOKING	30.3	54	14.3	2	22.3	17	28.6	47	17.2	6	25.8	29	26.9	38
OBESITY	23.0	4	25.7	8	37.7	56	40.3	61	35.1	49	35.7	52	41.7	63
IMMUNIZATIONS < 3 YEARS	76.5	20	71.7	38	70.2	44	70.5	42	70.7	41	82.0	7	62.5	63
SENIORS FLU VACCINATION	-	-	-	-	72.3	28	83.7	4	73.5	21	64.9	50	66.8	46
SENIORS PNEUMONIA VACCINATION	-	-	-	-	63.2	48	77.1	6	67.5	37	76.0	8	67.2	39
LIMITED ACTIVITY DAYS (AVG)	-	-	-	-	-	-	7.2	45	5.9	29	7.1	43	7.0	41
POOR MENTAL HEALTH DAYS (AVG)	4.9	52	1.9	4	1.7	1	4.7	50	3.0	12	4.4	43	4.6	47
POOR PHYSICAL HEALTH DAYS (AVG)	4.5	33	2.7	4	5.3	49	5.0	46	4.1	20	6.0	62	4.7	38
GOOD OR BETTER HEALTH RATING	72.5	56	76.7	38	75.4	46	78.9	30	84.4	8	75.1	48	79.0	28
TEEN FERTILITY (RATE PER 1,000)	25.3	26	13.4	4	37.7	62	29.6	37	16.4	10	41.6	70	21.0	19
FIRST TRIMESTER PRENATAL CARE	83.7	13	76.7	38	78.6	28	80.2	22	84.0	12	83.6	14	64.8	72
LOW BIRTHWEIGHT	11.5	76	7.7	30	6.8	15	6.9	17	8.6	58	8.4	49	9.4	67
ADULT DENTAL VISITS	58.2	22	50.0	53	48.3	59	60.7	16	57.0	24	48.0	60	53.6	39
USUAL SOURCE OF CARE	83.6	20	80.8	30	84.0	18	83.9	19	80.0	36	81.5	27	71.8	64
<b>SOCIOECONOMIC FACTORS</b>														
NO INSURANCE	25.2	56	16.1	19	13.1	9	14.3	13	13.4	11	22.5	47	16.7	25
POVERTY	14.2	23	9.8	2	17.1	39	17.3	44	10.0	3	25.6	75	20.8	60
<b>NEW INDICATORS (RATE PER 100,000)</b>														
OCCUPATIONAL FATALITIES	-	-	20.1	36	-	-	3.9	17	5.0	22	6.1	28	-	-
PREVENTABLE HOSPITALIZATIONS	2766.8	44	2553.5	38	4055.7	72	2059.4	24	2141.1	28	2084.2	27	2432.6	36

		MURRAY		MUSKOGEE		NOBLE		NOWATA		OKFUSKEE		OKLAHOMA		OKMULGEE	
M = MEASURE	R = RANKING	M	R	M	R	M	R	M	R	M	R	M	R	M	R
<b>MORTALITY</b>															
INFANT (RATE PER 1,000)		-	-	5.9	7	12.6	54	-	-	6.9	13	9.0	41	7.3	17
TOTAL (RATE PER 100,000)		1028.4	57	963.7	38	816.4	5	859.6	17	1024.5	53	892.3	21	1066.8	65
<b>LEADING CAUSES OF DEATH</b>															
(RATE PER 100,000)															
HEART DISEASE		282.3	56	252.9	32	198.7	4	250.6	28	328.3	73	231.0	16	299.3	64
CANCER		219.4	62	217.4	58	166.5	8	196.4	34	195.4	32	185.9	18	227.7	69
STROKE		51.5	34	54.7	44	35.1	7	37.0	11	33.6	5	52.5	37	53.1	40
CHRONIC LOWER RESPIRATORY DISEASE		80.3	70	76.2	64	39.5	2	41.2	4	64.7	46	57.1	31	70.1	56
UNINTENTIONAL INJURY		73.4	48	49.7	10	60.3	23	53.6	14	88.2	67	45.9	6	61.2	26
DIABETES		40.6	56	29.8	26	41.2	57	40.0	54	37.2	44	26.6	18	45.4	64
INFLUENZA/PNEUMONIA		35.7	60	18.5	13	43.3	66	17.4	7	30.0	52	20.0	52	18.9	16
ALZHEIMER'S DISEASE		22.6	29	43.7	61	25.2	35	41.2	59	16.2	7	20.9	26	20.4	20
NEPHRITIS (KIDNEY DISEASE)		23.3	51	15.7	28	11.2	12	-	-	23.7	53	13.2	16	29.4	61
SUICIDE		30.0	54	14.6	23	17.3	31	24.5	50	-	-	14.3	21	20.7	40
<b>DISEASE RATES</b>															
DIABETES PREVALENCE		10.7	29	13.7	49	11.7	39	12.3	44	9.6	19	9.9	24	11.4	36
ASTHMA PREVALENCE		18.0	57	8.9	27	9.7	31	10.4	37	-	-	9.8	34	8.3	21
CANCER INCIDENCE (RATE PER 100,000)		563.3	71	545.3	63	401.1	4	543.2	58	543.2	58	544.2	62	496.9	32
<b>RISK FACTORS &amp; BEHAVIORS</b>															
FRUIT/VEGETABLE CONSUMPTION		9.2	59	14.6	38	8.3	63	20.8	9	-	-	16.7	23	11.8	50
NO PHYSICAL ACTIVITY		20.4	1	38.5	55	42.3	64	22.7	2	40.8	60	29.7	23	38.5	55
SMOKING		26.0	33	33.9	61	36.8	65	26.6	35	32.3	60	23.9	23	25.9	31
OBESITY		34.1	44	27.7	18	48.3	65	24.1	6	26.4	9	28.7	20	40.8	62
IMMUNIZATIONS < 3 YEARS		66.7	58	72.0	37	58.5	75	67.7	53	66.4	60	68.7	51	54.1	76
SENIORS FLU VACCINATION		-	-	73.5	21	-	-	65.6	48	-	-	73.4	23	66.4	47
SENIORS PNEUMONIA VACCINATION		-	-	64.7	45	-	-	52.2	51	-	-	73.4	16	64.1	46
LIMITED ACTIVITY DAYS (AVG)		-	-	7.1	43	-	-	-	-	-	-	4.5	6	5.2	18
POOR MENTAL HEALTH DAYS (AVG)		3.7	24	5.5	59	3.3	17	3.4	20	2.8	9	4.1	37	5.1	55
POOR PHYSICAL HEALTH DAYS (AVG)		5.3	49	5.4	55	2.8	6	5.1	47	3.7	13	3.9	16	5.1	47
GOOD OR BETTER HEALTH RATING		77.6	36	71.7	59	71.3	60	74.8	50	70.5	62	82.2	19	75.1	48
TEEN FERTILITY (RATE PER 1,000)		51.1	74	35.5	57	16.4	10	22.3	23	35.1	55	38.0	66	30.1	38
FIRST TRIMESTER PRENATAL CARE		85.7	8	70.4	61	77.8	35	85.9	7	76.3	43	78.5	31	72.0	55
LOW BIRTHWEIGHT		9.1	65	8.6	58	5.4	6	4.5	1	8.0	36	8.8	62	8.4	49
ADULT DENTAL VISITS		69.9	3	50.4	49	65.2	6	42.4	65	49.2	56	61.8	12	50.6	47
USUAL SOURCE OF CARE		90.5	4	76.2	49	73.6	59	91.8	1	74.3	55	74.2	56	76.6	47
<b>SOCIOECONOMIC FACTORS</b>															
NO INSURANCE		11.9	2	22.5	47	24.2	53	12.1	4	28.4	63	23.8	51	25.6	58
POVERTY		16.8	36	19.7	53	13.7	21	17.1	39	23.7	71	16.1	29	20.3	55
<b>NEW INDICATORS (RATE PER 100,000)</b>															
OCCUPATIONAL FATALITIES		-	-	5.0	22	-	-	-	-	-	-	2.3	5	3.2	11
PREVENTABLE HOSPITALIZATIONS		3404.1	62	2943.5	52	2904.8	50	1765.2	15	1867.0	20	1775.1	16	2405.5	34

		OSAGE		OTTAWA		PAWNEE		PAYNE		PITTSBURG		PONTOTOC		POTTAWATOMIE	
M = MEASURE	R = RANKING	M	R	M	R	M	R	M	R	M	R	M	R	M	R
<b>MORTALITY</b>															
INFANT (RATE PER 1,000)		8.8	36	7.6	21	-	-	6.3	8	7.2	16	9.7	44	7.6	21
TOTAL (RATE PER 100,000)		853.9	12	1077.7	69	935.3	32	739.3	1	1026.2	55	998.3	47	969.9	40
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)															
HEART DISEASE		230.6	15	278.6	53	246.5	25	208.0	7	312.6	68	235.9	20	242.3	23
CANCER		193.3	28	231.5	72	204.7	43	162.1	7	215.2	56	204.1	42	190.9	25
STROKE		45.3	21	67.2	67	53.0	39	35.5	8	48.5	26	71.1	70	60.6	56
CHRONIC LOWER RESPIRATORY DISEASE		56.8	30	67.3	52	51.5	15	53.1	20	61.6	42	51.1	13	82.3	71
UNINTENTIONAL INJURY		53.1	12	78.4	54	86.6	65	41.8	4	72.1	44	79.1	56	65.1	36
DIABETES		24.6	14	37.2	44	27.3	21	23.2	11	18.2	3	39.9	53	30.0	27
INFLUENZA/PNEUMONIA		18.5	13	33.2	56	21.0	26	18.5	13	22.3	33	45.3	68	28.7	49
ALZHEIMER'S DISEASE		20.8	25	16.6	8	36.9	57	30.2	50	33.9	55	23.4	30	23.4	30
NEPHRITIS (KIDNEY DISEASE)		15.9	29	17.7	37	-	-	11.0	11	20.3	43	14.7	23	9.7	7
SUICIDE		13.8	17	25.4	51	22.6	44	8.5	2	21.5	42	14.9	26	13.0	15
<b>DISEASE RATES</b>															
DIABETES PREVALENCE		12.0	41	12.0	41	14.7	52	11.0	31	11.9	40	7.5	7	10.2	25
ASTHMA PREVALENCE		8.1	16	11.5	44	16.8	54	6.8	8	8.4	22	14.8	52	12.7	48
CANCER INCIDENCE (RATE PER 100,000)		511.8	39	454.0	13	593.3	74	459.9	14	493.6	28	514.0	40	526.2	47
<b>RISK FACTORS &amp; BEHAVIORS</b>															
FRUIT/VEGETABLE CONSUMPTION		10.7	56	16.1	26	11.8	50	14.9	36	16.9	20	11.4	54	18.2	14
NO PHYSICAL ACTIVITY		37.3	54	44.4	66	36.7	53	24.4	4	34.7	45	35.1	46	31.0	31
SMOKING		29.3	48	34.4	62	28.1	44	16.7	4	28.0	43	25.9	31	29.5	50
OBSESITY		35.0	48	33.1	41	35.1	49	32.2	36	30.0	27	39.9	60	37.0	54
IMMUNIZATIONS < 3 YEARS		59.9	70	78.2	15	70.1	45	45.2	77	75.0	28	75.1	27	62.1	66
SENIORS FLU VACCINATION		68.4	41	71.5	30	-	-	70.8	33	68.7	39	82.3	5	75.8	12
SENIORS PNEUMONIA VACCINATION		70.9	25	74.8	13	-	-	67.4	38	72.7	19	77.5	4	75.7	10
LIMITED ACTIVITY DAYS (AVG)		6.4	33	5.3	21	6.8	39	4.9	11	6.5	34	6.3	32	5.7	25
POOR MENTAL HEALTH DAYS (AVG)		4.0	34	4.0	34	4.8	51	4.5	45	5.5	59	5.0	54	3.9	29
POOR PHYSICAL HEALTH DAYS (AVG)		4.1	20	4.6	35	4.7	38	4.3	29	5.8	60	4.8	43	5.9	61
GOOD OR BETTER HEALTH RATING		81.0	23	76.7	38	82.3	18	83.6	10	76.5	40	73.6	54	77.9	33
TEEN FERTILITY (RATE PER 1,000)		18.3	14	36.3	58	28.2	34	22.0	21	32.2	45	29.1	36	31.0	43
FIRST TRIMESTER PRENATAL CARE		75.5	48	67.6	67	67.6	67	77.8	35	73.5	52	79.1	25	81.1	21
LOW BIRTHWEIGHT		8.2	44	8.1	40	7.7	30	6.3	10	8.9	64	8.8	62	7.2	22
ADULT DENTAL VISITS		55.5	31	41.2	67	55.5	31	64.3	8	52.9	40	52.6	42	56.9	25
USUAL SOURCE OF CARE		84.9	12	74.1	57	87.4	6	77.4	44	74.5	54	76.1	50	78.7	42
<b>SOCIOECONOMIC FACTORS</b>															
NO INSURANCE		16.5	23	27.3	60	18.7	30	13.1	9	24.6	54	25.3	57	19.9	37
POVERTY		13.1	17	19.6	52	15.8	27	18.7	48	17.2	41	19.4	51	16.5	33
<b>NEW INDICATORS (RATE PER 100,000)</b>															
OCCUPATIONAL FATALITIES		3.8	16	-	-	-	-	3.1	9	3.3	13	4.2	18	2.2	3
PREVENTABLE HOSPITALIZATIONS		1825.7	19	3442.5	63	2172.2	30	1319.5	3	2688.1	41	1449.8	7	1897.5	22

		PUSHMATAHA		ROGER MILLS		ROGERS		SEMINOLE		SEQUOYAH		STEPHENS		TEXAS	
M = MEASURE	R = RANKING	M	R	M	R	M	R	M	R	M	R	M	R	M	R
<b>MORTALITY</b>															
INFANT (RATE PER 1,000)		7.0	15	-	-	7.4	19	12.2	53	8.9	38	9.7	44	8.3	31
TOTAL (RATE PER 100,000)		1000.1	48	799.0	3	912.0	26	1097.4	72	983.3	45	977.6	43	858.1	15
<b>LEADING CAUSES OF DEATH</b>															
(RATE PER 100,000)															
HEART DISEASE		340.6	74	173.6	1	253.2	33	316.3	69	264.9	42	317.5	70	256.3	36
CANCER		212.0	51	122.3	2	195.2	31	232.3	73	208.6	47	200.8	38	132.3	3
STROKE		62.8	63	96.6	77	56.8	47	44.6	19	62.5	62	59.9	55	36.8	9
CHRONIC LOWER RESPIRATORY DISEASE		58.4	33	41.8	7	64.7	46	72.1	59	55.9	28	52.5	17	60.3	39
UNINTENTIONAL INJURY		81.3	58	83.3	61	60.7	25	81.6	60	64.8	34	64.4	33	59.1	22
DIABETES		21.0	6	64.5	73	22.8	10	53.0	70	34.7	38	24.9	15	44.0	61
INFLUENZA/PNEUMONIA		24.7	40	29.5	50	21.8	30	25.4	41	21.0	26	22.7	35	35.8	61
ALZHEIMER'S DISEASE		19.3	16	-	-	24.0	32	35.1	56	26.5	42	18.3	10	25.1	34
NEPHRITIS (KIDNEY DISEASE)		22.4	48	-	-	24.0	55	24.4	56	17.8	38	10.8	10	27.0	59
SUICIDE		12.7	14	-	-	11.7	13	17.3	31	14.3	21	9.9	8	9.4	3
<b>DISEASE RATES</b>															
DIABETES PREVALENCE		11.1	32	-	-	9.0	13	9.7	21	13.0	46	11.2	34	4.2	1
ASTHMA PREVALENCE		16.2	53	-	-	12.1	46	8.5	24	13.2	49	8.0	15	3.6	1
CANCER INCIDENCE (RATE PER 100,000)		552.1	66	471.9	21	437.8	11	533.2	51	487.9	26	563.2	70	392.6	3
<b>RISK FACTORS &amp; BEHAVIORS</b>															
FRUIT/VEGETABLE CONSUMPTION		10.8	55	20.8	9	15.4	32	12.9	43	18.7	12	15.8	28	17.0	19
NO PHYSICAL ACTIVITY		32.6	36	-	-	30.2	26	27.5	13	38.6	57	32.7	38	27.0	9
SMOKING		31.2	55	-	-	26.0	33	27.3	40	35.0	63	22.3	17	16.7	4
OBESITY		24.0	5	-	-	33.7	43	39.4	59	35.2	51	27.6	17	29.3	24
IMMUNIZATIONS < 3 YEARS		82.0	7	62.2	65	65.8	61	67.5	55	76.5	20	68.5	52	62.8	62
SENIORS FLU VACCINATION		-	-	84.5	3	75.0	14	80.0	7	77.5	10	72.8	25	-	-
SENIORS PNEUMONIA VACCINATION		-	-	65.7	43	63.9	47	66.0	41	73.0	17	75.7	10	-	-
LIMITED ACTIVITY DAYS (AVG)		6.5	34	-	-	5.2	18	7.0	41	6.7	37	4.6	8	2.5	1
POOR MENTAL HEALTH DAYS (AVG)		5.9	63	-	-	3.7	24	5.2	57	5.3	58	3.8	27	2.2	5
POOR PHYSICAL HEALTH DAYS (AVG)		8.4	65	-	-	4.1	20	5.5	56	5.3	49	3.5	9	2.3	2
GOOD OR BETTER HEALTH RATING		63.6	64	-	-	83.5	11	70.6	61	75.9	44	82.2	19	82.9	13
TEEN FERTILITY (RATE PER 1,000)		34.2	51	34.4	52	13.8	6	35.4	56	33.4	48	22.4	24	48.4	73
FIRST TRIMESTER PRENATAL CARE		76.6	39	48.1	76	83.1	16	76.6	39	66.3	69	74.2	51	60.9	75
LOW BIRTHWEIGHT		7.8	34	5.1	3	7.0	18	8.3	47	8.6	58	6.6	14	7.1	19
ADULT DENTAL VISITS		50.2	51	-	-	62.3	9	47.5	61	50.0	53	62.1	10	56.2	29
USUAL SOURCE OF CARE		72.5	63	-	-	79.0	40	61.0	65	80.0	36	76.6	47	72.6	62
<b>SOCIOECONOMIC FACTORS</b>															
NO INSURANCE		18.5	28	-	-	16.6	24	34.8	66	20.5	41	12.2	5	23.1	50
POVERTY		25.8	76	11.5	9	10.0	3	22.0	65	20.7	59	13.0	16	12.2	11
<b>NEW INDICATORS (RATE PER 100,000)</b>															
OCCUPATIONAL FATALITIES		-	-	-	-	1.9	1	6.3	29	-	-	5.8	26	-	-
PREVENTABLE HOSPITALIZATIONS		5089.7	74	2899.1	49	2064.9	25	1934.8	23	1153.3	1	2794.1	46	1580.4	9

	TILLMAN		TULSA		WAGONER		WASHINGTON		WASHITA		WOODS		WOODWARD	
M = MEASURE    R = RANKING	M	R	M	R	M	R	M	R	M	R	M	R	M	R
<b>MORTALITY</b>														
INFANT (RATE PER 1,000)	12.1	52	8.1	28	5.4	6	8.6	33	-	-	-	-	11.3	50
TOTAL (RATE PER 100,000)	1071.9	67	932.5	31	910.8	25	836.8	8	831.8	7	855.3	14	882.6	18
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)														
HEART DISEASE	235.1	19	241.1	21	249.4	26	202.5	5	209.8	8	251.2	29	270.7	46
CANCER	343.0	77	197.8	36	206.0	45	179.5	15	154.2	5	167.6	10	188.1	21
STROKE	50.0	30	60.6	56	59.1	52	58.9	51	61.7	60	70.5	69	33.2	4
CHRONIC LOWER RESPIRATORY DISEASE	60.9	41	58.4	33	68.8	54	52.5	17	45.6	9	79.3	69	58.2	32
UNINTENTIONAL INJURY	58.3	21	55.3	17	55.0	16	53.9	15	85.9	64	53.2	13	63.5	32
DIABETES	86.8	74	25.9	17	36.1	42	25.4	16	21.4	8	15.0	2	37.6	47
INFLUENZA/PNEUMONIA	11.0	1	20.9	24	21.8	30	20.1	22	18.0	12	33.4	57	22.0	32
ALZHEIMER'S DISEASE	18.9	12	27.2	44	28.3	47	19.7	19	26.2	39	12.0	3	21.0	27
NEPHRITIS (KIDNEY DISEASE)	15.3	26	14.1	20	5.9	1	9.6	6	9.4	5	18.8	40	8.9	3
SUICIDE	-	-	15.6	29	10.2	10	24.1	47	26.4	53	-	-	13.3	16
<b>DISEASE RATES</b>														
DIABETES PREVALENCE	24.1	64	9.6	19	9.8	22	9.2	15	9.5	18	8.8	11	14.6	51
ASTHMA PREVALENCE	-	-	8.1	16	7.1	9	8.8	26	4.2	2	6.3	7	14.2	51
CANCER INCIDENCE (RATE PER 100,000)	524.6	46	542.7	57	300.7	1	505.0	34	519.5	42	466.8	18	501.2	33
<b>RISK FACTORS &amp; BEHAVIORS</b>														
FRUIT/VEGETABLE CONSUMPTION	23.3	3	16.5	24	15.5	31	21.8	5	23.5	2	21.4	6	16.9	20
NO PHYSICAL ACTIVITY	36.4	51	28.5	17	31.9	33	29.7	23	27.1	10	28.5	17	32.9	39
SMOKING	-	-	24.6	24	27.4	41	23.8	22	29.4	49	13.7	1	27.4	41
OBESITY	-	-	27.4	16	30.1	29	30.6	31	14.0	2	22.1	3	26.7	10
IMMUNIZATIONS < 3 YEARS	81.3	9	60.0	69	60.1	68	78.4	14	58.6	73	78.2	15	75.4	25
SENIORS FLU VACCINATION	-	-	74.8	16	70.6	35	77.2	11	69.1	38	-	-	75.0	14
SENIORS PNEUMONIA VACCINATION	-	-	71.3	24	68.2	32	75.8	9	70.5	26	-	-	72.2	21
LIMITED ACTIVITY DAYS (AVG)	-	-	4.9	11	4.8	9	4.5	6	-	-	-	-	5.1	16
POOR MENTAL HEALTH DAYS (AVG)	-	-	3.9	29	4.3	42	2.7	8	1.7	1	3.9	29	3.0	12
POOR PHYSICAL HEALTH DAYS (AVG)	-	-	3.8	14	4.1	20	4.3	29	4.1	20	4.2	27	5.3	49
GOOD OR BETTER HEALTH RATING	50.0	66	83.3	12	82.8	14	84.6	7	74.6	52	85.3	5	78.4	32
TEEN FERTILITY (RATE PER 1,000)	51.5	75	30.4	40	14.9	8	21.0	19	30.6	41	10.0	1	32.5	46
FIRST TRIMESTER PRENATAL CARE	82.2	19	69.0	65	76.6	39	85.2	10	61.8	74	71.8	57	70.5	60
LOW BIRTHWEIGHT	8.1	40	8.2	44	8.1	40	7.4	26	5.9	8	5.3	5	7.8	34
ADULT DENTAL VISITS	59.4	18	61.5	13	50.1	52	61.1	14	77.3	1	59.0	20	56.7	26
USUAL SOURCE OF CARE	88.9	5	79.0	40	78.5	43	85.6	9	85.0	11	84.5	17	80.3	32
<b>SOCIOECONOMIC FACTORS</b>														
NO INSURANCE	11.9	2	19.0	32	18.7	30	21.8	46	14.2	12	8.7	1	14.7	14
POVERTY	21.9	64	13.6	19	11.0	7	13.2	18	14.9	25	16.6	34	12.8	14
<b>NEW INDICATORS (RATE PER 100,000)</b>														
OCCUPATIONAL FATALITIES	-	-	3.2	11	2.0	2	-	-	-	-	-	-	11.8	34
PREVENTABLE HOSPITALIZATIONS	2934.7	51	1784.5	17	1620.6	11	1390.7	5	3623.8	64	3213.2	55	2736.3	43



## Purpose of Report

The purpose of the *State of the State's Health Report* is to provide readers with information regarding the health status of Oklahoma residents. The report presents data on overall deaths, infant deaths, and leading causes of death; rates of some chronic diseases; and rates of several health behaviors and risk factors for chronic diseases. There are also two new indicators: occupational fatalities and preventable hospitalizations. Grades are assigned to data for each demographic and geographic group to enable readers to view patterns that occur for each indicator. Differences between groups are not statistically tested, and assumptions regarding statistically significant differences should not be made.

## Selection of Health Indicators

Health indicators for the *State of the State's Health Report* were chosen based on practical considerations regarding certain qualities of the indicators. In general terms, health indicators were selected for the report when one or more of the following conditions were evident: 1) there was a perceived ability to effect change in the health indicator through health program or policy interventions; 2) the health indicator reflected an emerging issue of import to public health; 3) the health indicator evidenced an increase in prevalence or incidence deemed negative to the public's health; 4) the health indicator could be meaningfully measured; 5) the health indicator was acceptable as a measure of the underlying characteristic; and 6) data to measure the health indicator were available and considered timely.

## Sources of Data

Data for each health indicator included in the *State of the State's Health Report* were gathered from the best available sources. Mortality data for the demographic variables and county level were acquired from OK2SHARE, the interactive queryable data system of the Oklahoma State Department of Health. Current demographic data represent deaths for calendar year 2007, while county level data reflect the three-year period 2005-2007. Demographic data are compared to deaths that occurred in 2006 and county-level data are compared to the three-year period 2004-2006 (titled "previous"). County-level infant mortality rates reflect the five-year period from 2003-2007 and are compared to data from 2002-2006. National and state-level mortality data were taken from the Wonder queryable data system, Centers for Disease Control and Prevention (CDC), representing 2007 deaths.

Prevalence data for diabetes and current asthma were drawn from the Oklahoma Behavioral Risk Factor Surveillance System (BRFSS). The current demographic data reflect BRFSS data for collection year 2009 and are compared to data from 2007. Current county-level data were for the three-year period 2007-2009 and were compared to the previous three-year period 2005-2007. National and state-level data were queried from the CDC BRFSS on-line queryable system and represent data collected during 2009. The Oklahoma Cancer Registry provided incidence data for all cancer sites. Current demographic data represent 2006 and are compared to data from 2005, and current county-level data reflect years 2004-2006 and are compared to data from years 2003-2005. Data for the United States and the 50 states were acquired through CDC WONDER. These data reflect incidence data for 2006.

The BRFSS is the source for data documenting behavioral risk patterns. This includes data for fruit and vegetable consumption; physical activity; current smoking prevalence; obesity; influenza and pneumonia vaccinations among seniors (ages 65 and older);

days of limited activity and poor mental and physical health days; self health rating; dental visitation; usual source of care; and lack of health care coverage. Demographic, historic, and county-level data were drawn from the OK2SHARE. Current demographic data were for year 2009 for most indicators and are compared to data from 2007. Adult dental visits represent data from 2008 because this indicator was not on the 2009 survey, and the comparison year was 2006. Current county-level data cover the years 2007-2009 for most indicators and are compared to data from 2004-2006. Exceptions include fruit/vegetable consumption (current: 2005, 2007, 2009; previous: 2003, 2005, 2007), seniors influenza and pneumonia vaccination (current: 2005-2009; previous: 2002-2006), and adult dental visits (current: 2004, 2006, 2008; previous: 2002, 2004, 2006). National data and comparative state-level data reflect BRFSS data for 2009 (exception: adult dental visits, 2008), queried from the CDC BRFSS data system.

Data for childhood immunization rates were drawn from two separate sources. Current demographic and county-level data were acquired from the 2007 Oklahoma State Immunization Information System (OSIIS) Birth Cohort Survey and are compared to state data from the 2005 OSIIS Birth Cohort Survey. Immunization rates by gender are not available for the 2005 Birth Cohort Survey. These data represent the proportion of children 24 months old that are up-to-date for the primary (4:3:1:3:3:1) immunization series. Comparative data at the national and state-level were obtained from the National Immunization Survey (NIS), 2009. These data also reflect the primary (4:3:1:3:3:1) antigen series.

Nativity data reported for the demographics and counties were drawn from the Oklahoma birth certificate registry. These data reflect the teenage birth rate for ages 15-17 years, the percentage of births weighing less than 2,500 grams (low birth weight), and the percentage of births occurring to Oklahoma women receiving prenatal care beginning in the first trimester of pregnancy. Current demographic and region data were for calendar year 2007 and are compared to data from 2006, while current county-level data were for years 2005-2007 and are compared to data from 2004-2006 (exception: teen fertility, current years from 2003-2007 and previous years from 2002-2006). National and state-level comparative data were drawn from CDC Wonder for 2007 for teen fertility and low birth weight. Comparative data were not used for first trimester prenatal care in this report because data were not collected in the same manner in a majority of states in 2007; thus, grades cannot be assigned and comparisons cannot be made.

Current demographic data documenting the percent of people living in poverty reflect data obtained from the 2008 American Community Survey (ACS) and are compared to data from 2007. Region and county-level data reflect 2008 data obtained from the Small Area Income and Poverty Estimates Program, ACS and are compared to data from 2007.

Current demographic data and county-level data for preventable hospitalizations were obtained from the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Hospital Discharge Data. The data were calculated using SAS programs from the Agency for Healthcare Quality and Research (AHRQ), and represent the Prevention Quality Indicator for the Overall Rate of Hospitalizations (PQI 90). Current data are for the year 2008 and are compared to 2007 data. The national rate was obtained from AHRQ, but state-level data are unavailable. Grading could not be performed for this measure.

Current demographic data and county-level data for age specific occupational fatalities (ages 15 years and over) were obtained from the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics Mortality Data. Current data are for the years 2003-2007 and are compared to 2002-2006 data. National data was obtained from the National Vital Statistics Report on the final 2007 data. State specific data was obtained from the 2006 and 2007 census of fatal occupational injuries from the U.S. Department of Labor, Bureau of Labor Statistics.

### Grading Methodology

To assign grades to each of the health indicators included in the *State of the State's Health Report*, we designed grading scales. For each indicator, we examined the U.S. rate and the distribution of rates for the 50 states and the District of Columbia. We calculated the standard deviation for each national rate using the variability of the respective state rates. We assigned cutoff points for each grade level using the standard deviations. Rates ranging between (0.5) standard deviations below the national rate to (0.5) standard deviations above the national rate were assigned the letter grade C (average).

For indicator rates in which higher rates were deemed favorable, rates that were between (0.5) standard deviations and (1.5) standard deviations above the national rate were assigned the letter grade B. Rates that were beyond the (+1.5) standard deviations of the national rate were given the letter grade A. Rates that were (-0.5) and (-1.5) standard deviations below the national rate were given a letter grade of D. A letter grade of F was assigned to grades falling below (-1.5) standard deviations from the national rate. In this situation, the highest (best) rates – those greater than (1.5) standard deviations above the U.S. rate – were assigned As and the lowest (worst) rates – those greater than (1.5) standard deviations below the U.S. rate – were assigned Fs.

For indicator rates in which higher rates were deemed negative, the grading was reversed. That is, rates that were between (0.5) standard deviations and (1.5) standard deviations below the national rate were assigned the letter grade B. Rates that were beyond (-1.5) standard deviations of the national rate were given the letter grade A. Rates above the national rate were given a letter grade of D if the rate was between (+0.5) and (+1.5) standard deviations of the national rate. A letter grade of F was assigned to grades beyond (+1.5) standard deviations of the national rate. Thus, the highest (worst) rates – those greater than (+1.5) standard deviations above the U.S. rate – were assigned Fs and the lowest (best) rates – those greater than 1.5 standard deviations below the U.S. rate – were assigned As.

The grading scheme yields a single distinct scale for each health indicator in the report. Letter grade cutoff points are determined by variability in state-level data for each indicator. The grading scales are used to assign grades to select population demographics (e.g., age group, racial/ethnic group, income and education levels), geographic units (e.g., Oklahoma regions and counties, best and worst state rates), and historical trend data.

### Limitations of Data

When fewer than 5 events occur in a given county or among a demographic group, the resulting rate is considered unstable or unreliable due to its large relative standard error. This is also the case when making estimates about the population using sample sizes smaller than 50 (as is the case with the BRFSS data). Thus, data for each indicator may not be available for every demographic and county.

Differences in grading occur among groups (i.e., the 18-24 age group may receive a letter grade of A, while the 25-34 age group may receive a letter grade of B on a selected health indicator). This finding does not necessarily indicate a statistically significant difference between the two age groups. No significance testing was done in the completion of this report. Letter grades were assigned, as described above, for the purposes of making relative comparisons for select population subgroups and domains. A difference in assigned letter grade does not denote a significantly worse or better statistical finding, though the finding may suggest a difference of practical import.

Grades are assigned and comparisons are made among groups using a single distinct grading scale for each indicator. These scales were determined using state-level data and are not specific to a group. For example, the same scale is used to assign a grade for males' total mortality rate, females' total mortality rate, Hispanics' total mortality rate, and the mortality rate among those aged 45-54 years. Males' total mortality is not being compared to the mortality of males only across the United States, but rather to all mortality in the nation.

The source for a number of health indicators was a surveillance system in which data were collected as part of a sample survey (e.g., BRFSS). Sample survey data are subject to sampling error. As a result, responses obtained from the selected sample may differ from the targeted population from which it was drawn. It is worthwhile to recognize that a margin of error in sample estimates exists and may impact the distribution of survey responses. This will in turn affect the relative grades of population subgroups. Year-on-year differences may also occur. Rather than representing real changes in the population, yearly fluctuation may indicate sampling error. Registry data was the source for some health indicators. While these data are not subject to sampling error, health indicator values may fluctuate year-to-year due to small differences in the number of events (i.e., the number of infant deaths per year). This variability may be due to small yearly changes in the number of the underlying event rather than an indication of any meaningful trend.

### Mortality-specific Data Concerns

**Age.** There logically will be a worsening trend related to advancing age given the natural risk of dying as age increases.

**Race/Mortality:** Race is obviously not self-reported on Death Certificates, and as such is subject to racial misclassification. Oklahoma linkage studies with Indian Health Services indicate one-third of Native American (NA) deaths in Oklahoma are classified as white. Consequently, often NA mortality rates are based on numerators that have been undercounted. Certain Causes of Death (CODs) that typically are included in NA studies, such as diabetes, tend to have more accurate coding, but will still be under represented.

**Hispanics Death Rates:** There may be a cultural effect resulting in uncharacteristically low Cause Of Death rates. This may be due to the immigrant population returning to their country of birth prior to death. This will underestimate the overall rate of death generally, but particularly among that migrant population group.

### **Acknowledgments**

The Oklahoma State Board of Health would like to express their appreciation to the following individuals, services, and organizations for their contributions.

#### **Organization & Content**

Kelly Baker, MPH  
Neil Hann, MPH, CHES  
Joyce Marshall, MPH

#### **Graphic Design**

Shauna Schroder

#### **Content & Expertise**

Jennifer Han, PhD  
Derek Pate, MPH  
Chronic Disease Service  
Dental Health Service  
Health Care Information Division  
Immunization Service  
Injury Prevention Service  
Maternal and Child Health Service  
National Alliance on Mental Illness  
Tobacco Use Prevention Service  
Vital Records Division

For full report, including individual indicator and county report cards, visit [www.ok.gov/health/pub/boh/state/index.html](http://www.ok.gov/health/pub/boh/state/index.html)

The Oklahoma State Department of Health (OSDH) is an equal opportunity employer. This publication was issued by the OSDH as authorized by Terry L. Cline, PhD, Commissioner. 100 copies were printed by OSDH in August 2011 for \$1,133.

