

# Health Equity

## POSITION STATEMENT Oklahoma Health Equity Campaign

*We are social by nature and when the ties that bind begin to unravel, so does our health.<sup>1</sup>*

**HEALTH** begins at home in our families, with a loving relationship between parents and their children, where kids can expect to be safe, nurtured and protected.

**HEALTH** begins with healthy communities, with safe streets and sidewalks, freedom from violence and parks where kids can play.

**HEALTH** begins with a good education, where children learn not only how to read, write, and prepare for fulfilling, prosperous lives, but how to treat each other with dignity and respect.

**HEALTH** begins with safe jobs and fair wages, where people derive a sense of personal satisfaction from their work and connection to their co-workers.

**HEALTH** begins with healthy relationships, healthy communities and healthy jobs, which protect us from the stress of everyday life.

**HEALTH EQUITY** is when everyone has the opportunity to “attain his/her full health potential” and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstance.<sup>2</sup>

### FACTS

**OKLAHOMANS** with lower socioeconomic status die earlier and have more disability.<sup>3,4</sup>

**OKLAHOMA** ranks 19<sup>th</sup> highest adults without a high school diploma (14.4%), ranks 6<sup>th</sup> lowest in median household income (\$41,664), ranks 7<sup>th</sup> highest in the percentage of individuals uninsured (18.7%) among all states (including District of Columbia).<sup>5</sup> Oklahoma ranks 3<sup>rd</sup> in incarcerations (655 per 100,000, 32% higher than the national average) among 50 states.<sup>6</sup>

**OKLAHOMA** ranks at the bottom of the national health rankings, according to the United Health Foundation (46<sup>th</sup>) and the Commonwealth Fund State Scorecard (50<sup>th</sup>).

**OKLAHOMANS** suffer more unhealthy days (mentally and physically) than adults nationally with suicide being the most common type of violent death according to the 2008 State of the State’s Health Report.

**OKLAHOMA** consistently ranks among the lowest states in the consumption of fruits and vegetables<sup>7</sup> and is ranked as the 5<sup>th</sup> most obese state.<sup>8</sup>

**OKLAHOMA** is 49<sup>th</sup> in the nation in the limited availability of primary care physicians per 100,000 population.<sup>9</sup>

**OKLAHOMA** reports that 65% of infants and toddlers have at least one known risk factor to increase the chance of poor health, and developmental outcomes.<sup>10</sup>

### ACHIEVING HEALTH EQUITY

Organizations and families create communities by building and nurturing a healthier Oklahoma. This will require leadership and a partnership of business, government, civic, faith-based and educational institutions. We can’t eradicate illness, but we can foster health by positively impacting the factors affecting health.

**THE OKLAHOMA HEALTH EQUITY CAMPAIGN PARTNERS** will collaborate with public and private organizations, governmental and community partnerships to build public commitment to achieve health equity and decrease the health inequities in Oklahoma. Our partners will include businesses, advocacy groups, community non-profits, environmental justice organizations, chambers of commerce, faith-based organizations, labor organizations, professional associations and people like you and me that want our families to be healthy and happy.

**Vision:** All people and communities are healthy with no one at a disadvantage in achieving the best possible health.

**Mission:** Maximize the health potential of all Oklahomans through resources and opportunities available in our communities.

## SOURCES

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- <sup>1</sup> Robert Wood Johnson Foundation. [A New Way to Talk About the Social Determinants of Health](#), July 28, 2010
- <sup>2</sup> Brennan Ramirez LK, Baker EA, Metzler M. [Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health](#). Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2008
- <sup>3</sup> Oklahoma Health Improvement Plan, 2010-2014. Urban Institute and Kaiser Commission on Medicaid and the Uninsured (Estimates of 2007-2008 data). U.S. Census Bureau, March 2008 and 2009, Current Population Survey (CPS: Annual Social and Economic Supplements). Retrieved November 22, 2009 [www.statehealthfacts.org/](http://www.statehealthfacts.org/).
- <sup>4</sup> DeNavas Walt, Carmen, Proctor, Bernadette D. & Smith, Jessica C. (2008, August). Income, poverty and health insurance coverage in the United States: 2007 U.S. Census Bureau. (U.S. Census Bureau, pp. 60-235). [www.census.gov/prod/2008pubs/p60-235.pdf](http://www.census.gov/prod/2008pubs/p60-235.pdf).
- <sup>5</sup> U.S. Census Bureau. (2009, September) American Community Survey. NOTE: Data reflects percentage of adults aged 25 and over who had not received a high school diploma, GED or alternative credential, or higher degree. <http://www.census.gov/prod/2012pubs/p20-566.pdf>.
- <sup>6</sup> National Institute of Corrections (2009). Retrieved from <http://nicic.gov/features/statestats/?state=ok>.
- <sup>7</sup> Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007.
- <sup>8</sup> Centers for Disease Control and Prevention (2009). *U.S. Obesity Trends*. Retrieved from <http://www.cdc.gov/obesity/data/trends.html>.
- <sup>9</sup> United Health Foundation America's Health Rankings Report, 2011.
- <sup>10</sup> National Center for Children in Poverty, "Young Child Risk Calculator." National Center for Children in Poverty, 2012. [www.nccp.org](http://www.nccp.org).

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