



2014 STATE OF THE STATE'S HEALTH
OKLAHOMA STATE DEPARTMENT OF HEALTH



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FOREWORD

Thank you for taking time to read through our *2014 State of the State's Health Report*. This report provides important information regarding the health status of the residents of Oklahoma.

First, we *do* have reason to celebrate! Our infant mortality and smoking rates have decreased – two critical measures of the health of our state. These positive outcomes result from an investment in evidence-based practices and approaches utilized by community coalitions, statewide organizations, and Oklahomans who are actively seeking health improvements for our state.

Even so, we continue to have many health status challenges. Our state ranks 44th in overall health status of its residents compared to the other states in the nation (1st is the best, 50th is the worst). We have a high prevalence of deaths due to heart disease, stroke, cancer, chronic lower respiratory disease, and diabetes. Unhealthy lifestyles and behaviors such as low physical activity and fruit and vegetable consumption, along with a high prevalence of smoking and obesity, contribute to most of today's leading causes of death.

Based upon these findings, it is essential to recognize that we each have a role in improving our state's health outcomes. Please join us as we work together to *shape our future* for the health of today's Oklahomans and for the generations to come.

Sincerely,



R. Murali Krishna, MD
President
Oklahoma State Board of Health



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

SUMMARY

The 2014 *State of the State's Health Report* reveals ongoing challenges as well as signs of promise for improved health status. Based on the most current data available, there is reason to be hopeful as the Oklahoma State Department of Health and our many partners continue to focus on the key *Oklahoma Health Improvement Plan* flagship issues of tobacco use prevention, obesity, and children's health.

Areas of continued challenges include many of our mortality statistics. Overall, Oklahoma has the fourth highest rate of death from all causes in the nation, 23 percent higher than the national rate. Perhaps more disturbing is the fact that while Oklahoma's mortality rate dropped five percent over the past 20 years, the U.S. mortality rate dropped 20 percent. So, Oklahoma is not keeping up with the rest of the nation.

Specific leading causes of death that contribute to Oklahoma's high mortality rate include the following:

- Oklahoma has the 12th highest rate of *death due to cancer* in the nation.
- Oklahoma has the third highest rate of *death due to heart disease* in the nation.
- Oklahoma has the fourth highest rate of *death due to stroke* in the nation.

- Oklahoma has the highest rate of *death due to chronic lower respiratory disease* in the nation.
- Oklahoma has the fourth highest rate of *death due to diabetes* in the nation.
- Oklahoma had a nearly 50 percent increase in *death due to unintentional injuries* from 2000 to 2012.

Contributing to our high mortality rates are behavioral risk factors that disproportionately overburden Oklahomans. Areas of concern include the following:

- Oklahoma has the next to lowest rate of *fruit consumption* in the nation.
- Oklahoma has the 44th lowest rate of *vegetable consumption* in the nation.
- Oklahoma is the 44th *least physically active* state in the nation.
- Oklahoma has the sixth highest rate of *obesity* in the nation.
- Oklahoma's adult *smoking* rate in 2012, while better than the 26.1 percent in 2011, was 23.3 percent compared to 19.6 percent nationally.



Without question, there is much work to do to improve the health of our state. However, there are reasons for celebration. For example, Oklahoma is ranked 10th highest in the nation for the percentage of senior citizens who received flu vaccinations in 2012. This high rate of flu vaccination among Oklahoma’s seniors represents lives saved.

Another area where Oklahoma is showing signs of improvement is infant mortality. Any death of a baby before the age of 1 is tragic and reducing the heart-ache felt by families impacted by infant mortality has been a priority of the Oklahoma State Department of Health. Because of intense, targeted programs like the “Preparing for a Lifetime” initiative, Oklahoma’s infant mortality rate has dropped 10 percent since 2007. Programs like “Every Week Counts,” which focuses on reducing pre-term deliveries, and community events like “A Healthy Baby Begins with You,” promote prenatal care and are making a difference.

Other statewide initiatives such as the Million Hearts campaign seek to reduce cardiovascular disease deaths through improved blood pressure control. We also continue to work closely with key state partners, such as the Oklahoma Tobacco Settlement Endowment Trust on tobacco use prevention and nutrition and fitness initiatives. Finally, one of the most exciting developments over the past three years has been the exponential growth of the Certified Healthy Oklahoma activities. With continued support from the founding Certified Healthy partners (Oklahoma Turning Point Coalition, the State Chamber, the Oklahoma Academy, and the Oklahoma State Department of Health), the number of certified healthy businesses, schools, communities, campuses, and restaurants increased from 490 in 2011 to 1,146 in 2013! These certifications mean that communities are implementing policies to encourage increased fitness and decreased tobacco use. Businesses are creating work environments conducive to health. Schools are finding ways to bring healthy meals to students through farm-to-school nutrition programs and other healthy eating policies.

So, while we still have much work to do, there is cause for hope and celebration. Through our continued collaborative activities with partners such as local Turning Point coalitions, communities of faith, schools, businesses, community leaders, and our sustained focus on the *Oklahoma Health Improvement Plan* flagship issues, we will *Create a State of Health*.

STATE REPORT CARD

	U.S.	OK	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	6.1	7.6	D
TOTAL (RATE PER 100,000)	747.0	915.5	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	179.1	235.2	F
MALIGNANT NEOPLASM (CANCER)	172.8	191.3	D
CEREBROVASCULAR DISEASE (STROKE)	39.1	50.0	F
CHRONIC LOWER RESPIRATORY DISEASE	42.2	67.4	F
UNINTENTIONAL INJURY	38.1	60.5	F
DIABETES	20.8	26.9	D
INFLUENZA/PNEUMONIA	15.1	19.7	D
ALZHEIMER'S DISEASE	25.1	26.1	C
NEPHRITIS (KIDNEY DISEASE)	15.3	15.0	C
SUICIDES	12.1	16.5	D
DISEASE RATES			
DIABETES PREVALENCE	9.7%	11.5%	D
CURRENT ASTHMA PREVALENCE	8.9%	10.2%	D
CANCER INCIDENCE (RATE PER 100,000)	460.5	456.9	C
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	37.7%	50.2%	F
MINIMAL VEGETABLE CONSUMPTION	22.6%	26.8%	D
NO PHYSICAL ACTIVITY	22.9%	28.3%	D
CURRENT SMOKING PREVALENCE	19.6%	23.3%	D
OBESITY	27.6%	32.2%	D
IMMUNIZATIONS < 3 YEARS	71.9%	64.7%	D
SENIORS INFLUENZA VACCINATION	60.1%	67.8%	B
SENIORS PNEUMONIA VACCINATION	68.8%	74.9%	A
LIMITED ACTIVITY DAYS (AVG)	2.6	3.0	D
POOR MENTAL HEALTH DAYS (AVG)	3.9	4.2	C
POOR PHYSICAL HEALTH DAYS (AVG)	4.0	4.4	D
GOOD OR BETTER HEALTH RATING	83.1%	81.0%	D
TEEN FERTILITY (RATE PER 1,000)	15.4	22.9	D
FIRST TRIMESTER PRENATAL CARE	73.1%	65.5%	F
LOW BIRTH WEIGHT	8.1%	8.4%	C
ADULT DENTAL VISITS	67.2%	58.9%	F
USUAL SOURCE OF CARE	77.8%	75.9%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	4.1	7.0	F
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1562.1	1815.8	D
SOCIOECONOMIC FACTORS			
NO INSURANCE	17.1%	18.0%	C
POVERTY	15.9%	17.2%	C

CALL TO ACTION

The *2014 State of the State's Health Report* represents a rallying cry for continued, concentrated actions that will result in improved health for all Oklahomans. Change often takes time. We have seen over the past several years that while our investments in prevention have resulted in positive outcomes, much more work is needed.

Key health status indicators are improving, such as infant mortality and smoking rates. This is a cause for celebration. Yet, we still see many challenges that require us to redouble our efforts, engage our community partners, and focus on the flagship issues of the *Oklahoma Health Improvement Plan*. It is only through strong, deliberate, and ongoing interventions that we will see a turnabout from a

state with poor health status indicators to one of the healthiest states in the nation.

We ask that you continue to work with us to improve the health of all our residents by engaging in efforts such as *Certified Healthy Oklahoma* and *Shape Your Future*. Without question, there is uncertainty about the future of health-related policies and actions on a national level. But this only confirms the need for more intensified efforts right here in Oklahoma. Our future generations are depending on us and by joining together through local Turning Point coalitions (see appendix), communities of faith, schools, businesses, and community leaders, we will make a difference and *Create a State of Health*.



BOARD OF HEALTH

R Murali Krishna, MD, 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 president/president emeritus 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.

Ronald Woodson, MD, Vice President

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.

Martha A Burger, Secretary-Treasurer

Ms. Burger served as Senior Vice President of 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 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.

Jenny Alexopoulos, DO

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.

Terry R Gerard II, DO

Dr. Gerard is board-certified in Family Medicine and is currently an Emergency Department Physician at the Medical Center of Southeastern Oklahoma, Durant, OK. He is a member of the American Osteopathic Association and the Oklahoma Osteopathic Association. He represents LeFlore, Latimer, Pittsburg, Atoka, Pushmataha, McCurtain, Choctaw, Bryan, Marshall, Carter, and Love counties.

Charles W Grim, DDS, MHSA

Dr. Grim is the Deputy Director of Health Services for the Cherokee Nation. He is a former Director of Indian Health Services, and a retired Assistant Surgeon General and Rear Admiral (upper half) in the Commissioned Corps of the United

States Public Health Services. He is board certified in Dental Public Health, a member of the Society of American Indian Dentists, a Fellow in the Academy of General Dentistry and a Diplomate of the American Board of Dental Public Health. Dr. Grim represents Adair, Sequoyah, Cherokee, Wagoner, Muskogee, Haskell, McIntosh, and Okmulgee counties.

Cris Hart-Wolfe

Ms. Hart-Wolfe is a physical therapist from Clinton. She is employed by Mercy at Kingfisher Regional Hospital. Ms Hart-Wolfe represents Ellis, Dewey, Custer, Roger Mills, Beckham, Washita, Kiowa, Greer, Jackson, Harmon, and Tillman counties.

Timothy E Starkey, MBA

Mr. Starkey is the Executive Director of the Great Salt Plains Health Center in Cherokee, Oklahoma. He has 25 years of experience in the healthcare industry, serves as president of the Oklahoma Primary Care Association Board of Directors, and is a Fellow of the American College of Healthcare Executives. Mr. Starkey represents Cimarron, Texas, Beaver, Harper, Woodward, Woods, Major, Alfalfa, Grant, Garfield, Kay and Noble counties.

Robert S Stewart, MD

Dr. Stewart is a full-time family physician practicing with St. Anthony Physicians - Shawnee. He serves on the national Board for the American Association for Primary Care Endoscopy, is a member of the Oklahoma State Medical Association, the American Academy of Family Physicians, and the Oklahoma Academy of Family Physicians. Dr. Stewart represents Creek, Lincoln, Okfuskee, Seminole, Pottawatomie, Pontotoc, Hughes,



INDICATOR REPORT CARDS



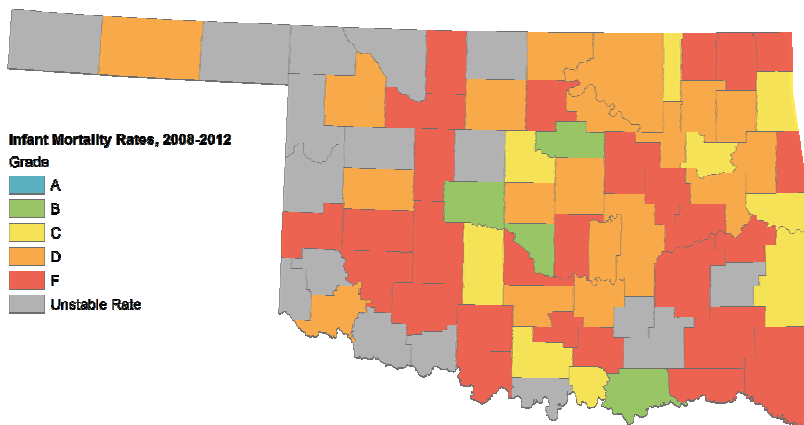
INFANT MORTALITY

The state infant mortality rate (IMR) has dropped by more than 12 percent since 2007.¹

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

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

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



HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS ¹
D	D	D	D	D	D	NO CHANGE

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

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

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

NH = Non-Hispanic

TOTAL MORTALITY

HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS ¹
F	F	F	F	F	F	NO CHANGE

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

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

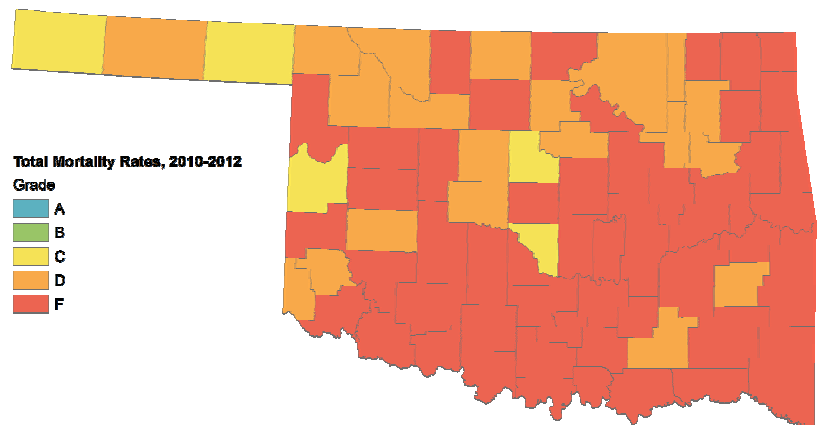
1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 1990 and 2012; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

Oklahoma had the 4th highest rate of death from all causes in the nation.¹

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

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



HEART DISEASE DEATHS

Heart disease is the leading cause of death in Oklahoma.

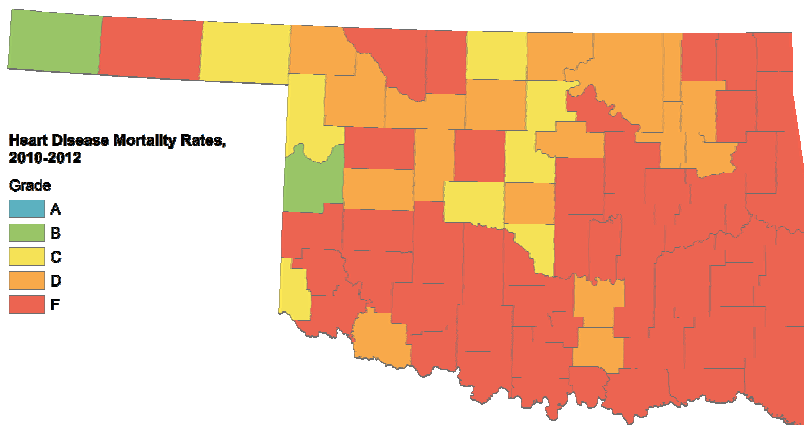
- In 2010, Oklahoma had the third highest death rate for heart disease in the nation.¹
- More than 9,000 Oklahomans died from heart disease in 2012.²
- Heart disease accounted for 1 in 4 Oklahoma deaths in 2012.²
- From 1999 to 2010, heart disease death rates decreased by 26% in Oklahoma and by 33% in the U.S.¹
- The heart disease death rate was 50% higher among Oklahoma males than females in 2012.
- In 2012, heart disease death rates were highest among non-Hispanic Blacks and American Indians.
- In 2010 through 2012, the percent of premature deaths from heart disease (occurring in individuals under the age of 75) was 38% for non-Hispanic Whites, 58% for non-Hispanic Blacks, 56% for non-Hispanic American Indians, and 59% for Hispanics.²
- High blood pressure, high cholesterol, smoking, physical inactivity, obesity, poor diet, and diabetes are the leading causes of cardiovascular disease.³
- The Oklahoma State Department of Health is collaborating with partners across the state to promote health system changes as well as promoting community-clinical linkages in support of the *Million Hearts®* initiative to reduce hypertension.
- The Chronic Disease Service has developed a Toolkit Trilogy to drive evidence-based preventive strategies to support decision-making to improve chronic disease health outcomes.⁴

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

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

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

4 www.ok.gov/health/Disease_Prevention_Preparedness/Chronic_Disease_Service/Toolkit_Triology/index.html



HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS ¹
F	F	F	F	F	D	👍

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

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

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

NH = Non-Hispanic

CHRONIC LOWER RESPIRATORY DISEASE DEATHS

HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS ¹
C	D	F	F	F	F	

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

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

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

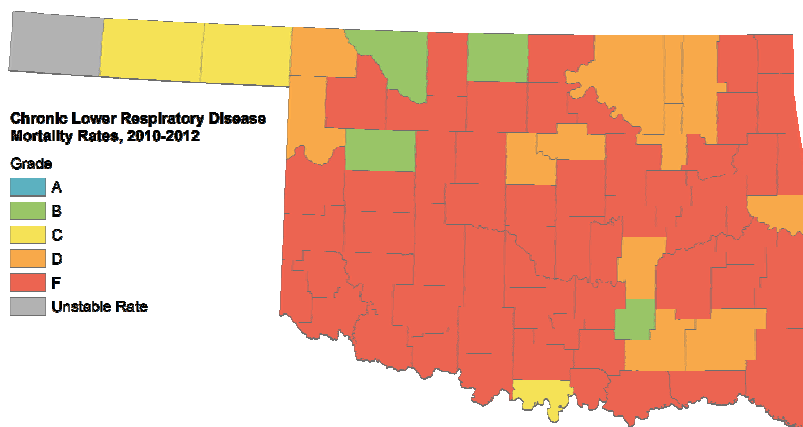
* Denotes <5 events in mortality fields and <5 or <50 in the sample population for BRFSS data, which result in unstable rates.

NH = Non-Hispanic

Oklahoma's death rate due to chronic lower respiratory disease was the highest in the nation in 2010.¹

- Chronic lower respiratory diseases (including chronic obstructive pulmonary disease [COPD] and asthma) were the third leading cause of death in Oklahoma.¹
- Death rates from COPD among males remained stable between 2007 and 2010, however they increased by 17% among females.¹
- The death rate was 2 times higher among White non-Hispanics and 1.4 times higher among American Indian non-Hispanics when compared to the lowest rate among the Hispanic population.¹
- COPD was responsible for 98% of deaths from chronic lower respiratory diseases in Oklahoma.²
- COPD is a major cause of disability. People with COPD over the age of 50 years are more likely to be considered disabled.²
- 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.²
- Cigarette smoking is the leading cause of COPD, and secondhand smoke is associated with a 10% - 43% increase in the risk of COPD in adults.²
- Approximately 85% - 90% of COPD deaths are caused by smoking.³
- Female smokers are nearly 13 times more likely to die from COPD compared to females who have never smoked. Male smokers are nearly 12 times more likely to die from COPD compared to males who have never smoked.³

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

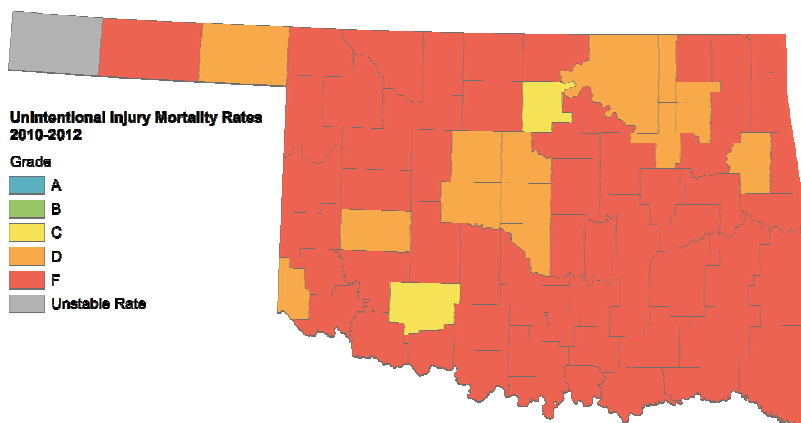


UNINTENTIONAL INJURY DEATHS

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

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

1 Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2012, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Retrieved from <<http://www.health.ok.gov/ok2share>>.
 2 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2005). Web-based Injury Statistics Query and Reporting System (WISQARS). Available from <<http://www.cdc.gov/nipc/wisqars>>.
 3 Oklahoma State Department of Health, Injury Prevention Service. (n.d.). Tai Chi: Moving for Better Balance.



HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS ¹
C	C	C	F	F	F	👎

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

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

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

NH = Non-Hispanic

MALIGNANT NEOPLASM (CANCER) DEATHS

HISTORIC



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

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

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

NH = Non-Hispanic

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

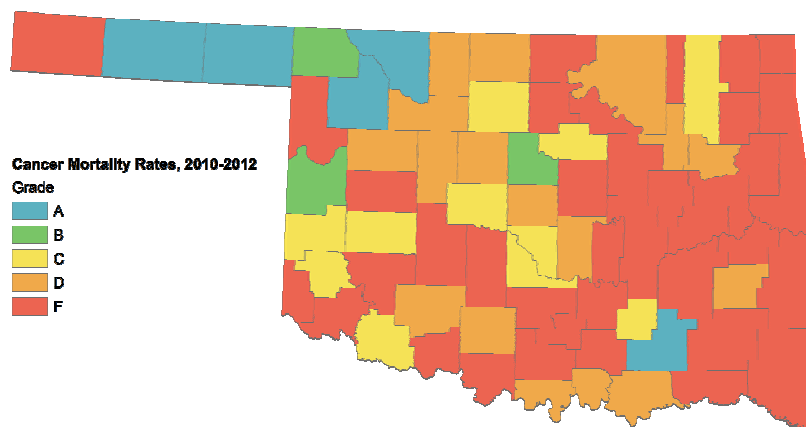
- Cancer is responsible for nearly 1 out of every 4 deaths in the U.S.¹
- In 2010, Oklahoma had the 12th highest rate of cancer deaths in the U.S.¹
- The rate of cancer deaths increased steadily with age.
- Cancer death rates were 37% higher among males than females in Oklahoma in 2012.
- The rate of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

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

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

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

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



CEREBROVASCULAR DISEASE (STROKE) DEATHS

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

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

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

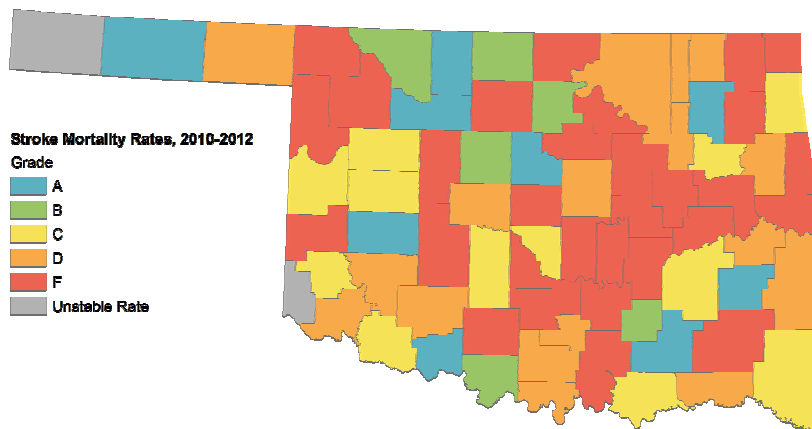
2 National Stroke Association. Stroke 101 Fact Sheet. Accessed at <<http://www.stroke.org/site/PageServer?pagename=factsheets>> on 04/08/13.

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

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

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

6 www.ok.gov/health/Disease_Prevention_Preparedness/Chronic_Disease_Service/Toolkit_Triology/index.html



HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS ¹
F	F	F	F	F	D	👍

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

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

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

NH = Non-Hispanic

DIABETES DEATHS

HISTORIC



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

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

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

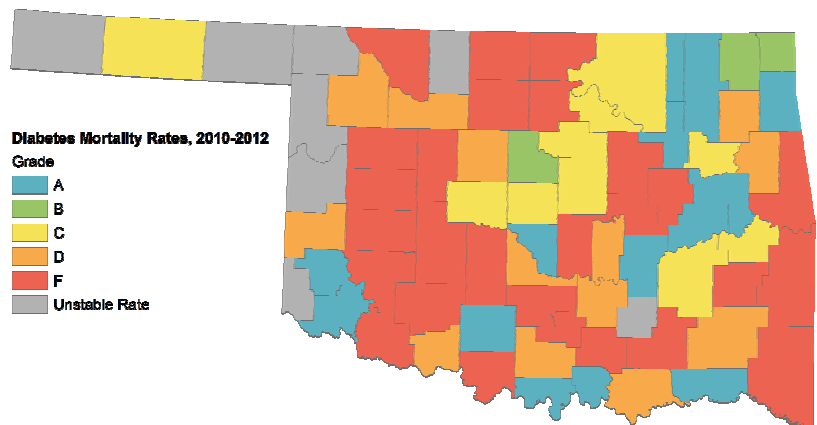
* Denotes <5 events in mortality fields and <5 or <50 in the sample population for BRFSS data, which result in unstable rates.

NH = Non-Hispanic

In 2010, Oklahoma had the 4th highest death rate in the nation due to diabetes.¹

- Diabetes was the 7th leading cause of death in Oklahoma in 2012.²
- The death rate from diabetes decreased 38% between 2005 and 2012.²
- While males have seen a greater decline in the rate of death due to diabetes, they continue to have a rate that is over 30% higher than females.
- Type 2 diabetes accounts for the vast majority of all diabetes cases (90-95%) and can be prevented through healthy food choices, physical activity, and weight loss.³
- Cardiovascular disease is a major complication and the leading cause of premature death among people with diabetes.⁴
- After adjusting for age and gender, people with diabetes have annual health care expenditures that are more than twice as high (\$13,741 vs. \$5,853) as people without diabetes.⁴
- Type 2 diabetes is frequently not diagnosed until complications appear, and approximately one-third of all people with the disease may be undiagnosed.⁵
- Evidence suggests that complications from diabetes begins early and that early identification and management has the potential to reduce both the incidence of diabetes and its related complications.^{5,6}
- Oklahomans can participate in the Living Longer, Living Stronger program which can help persons with diabetes and other chronic conditions improve their health and lower medical costs.⁷

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

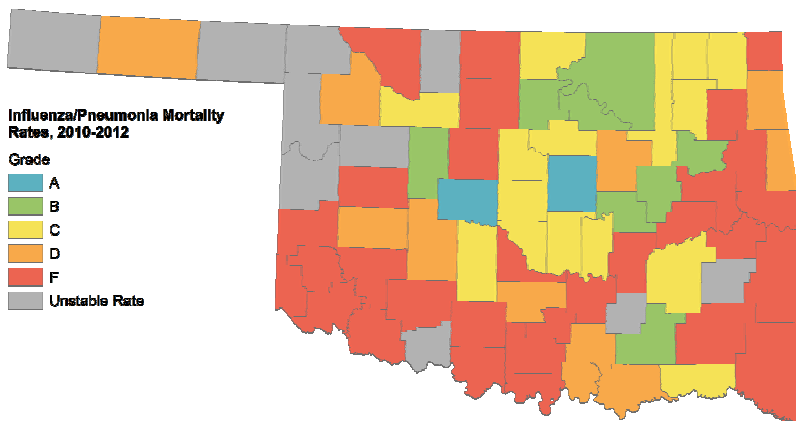


INFLUENZA/PNEUMONIA DEATHS

Influenza and pneumonia were the 8th leading cause of death in the U.S. and Oklahoma in 2010.

- Influenza (“flu”) is a highly contagious respiratory viral infection that usually occurs seasonally.
- Influenza vaccinations prevent a substantial number of influenza-associated illnesses and hospitalizations.
- In the U.S., flu causes more than 200,000 people to be hospitalized each year and the number of deaths due to flu complications have ranged from a low of 3,000 to a high of 49,000.¹
- Pneumonia can be a complication of the flu, especially among infants, persons age 65+ or persons with other chronic conditions, such as asthma, chronic obstructive pulmonary disease (COPD), diabetes, cancer, or heart disease.
- Everyone over 6 months of age is recommended to receive “flu” vaccination every year.
- Only one dose of the “pneumonia shot” is recommended for persons age 19+ with chronic medical conditions or for all persons age 65+.²
- Children younger than 2 years of age should receive four doses of pneumococcal conjugate vaccine. A 5th dose is recommended before age 5 or for children age 6-18 who are at higher risk of developing invasive pneumococcal disease.³
- Immunization programs are working to vaccinate at least 90% of Oklahoma seniors (65+),⁴ to help reduce the number of deaths due to flu and pneumonia.

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



HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS ¹
F	F	F	F	D	C	👍

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

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

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

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

NH = Non-Hispanic

ALZHEIMER'S DISEASE DEATHS

HISTORIC



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

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

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

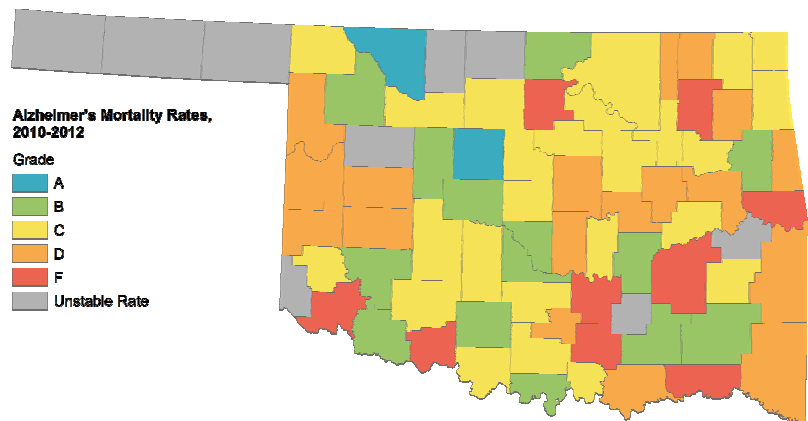
* Denotes <5 events in mortality fields and <5 or <50 in the sample population for BRFSS data, which result in unstable rates.

NH = Non-Hispanic

Alzheimer's disease was the 6th leading cause of death in the U.S. in 2010.¹

- Alzheimer's disease is a progressively debilitating disease of the brain that results in the eventual loss of cognitive function.²
- In 2012, Alzheimer's disease was the sixth leading cause of death among Oklahomans, causing more than 1,000 deaths.³
- Causes of Alzheimer's are not fully understood but are likely a mix of genetic, environmental, and lifestyle factors.²
- The average age of diagnosis for Alzheimer's is 60 and 70% of the Alzheimer's deaths in Oklahoma in 2012 occurred after age 65.
- The Alzheimer's disease death rate in Oklahoma was almost 40% higher for females than for males in 2012.
- The rates of death due to Alzheimer's disease has increased 45% among women and 32% among men since 1999.³
- The rates of death due to Alzheimer's disease were highest among non-Hispanic Whites and non-Hispanic Blacks.
- More than 5 million people in America are living with Alzheimer's disease and 1 in 3 seniors dies with Alzheimer's or another dementia.⁴
- In 2013, Alzheimer's disease will cost the US \$203 billion. This figure is expected to rise to \$1.2 trillion by mid-century.⁴
- Alzheimer's is the only top 10 cause of death in the U.S. without a way to prevent it, cure it, or even slow its progression.⁴
- Dementia is the second largest contributor to death among older Americans, second only to heart failure.⁴

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

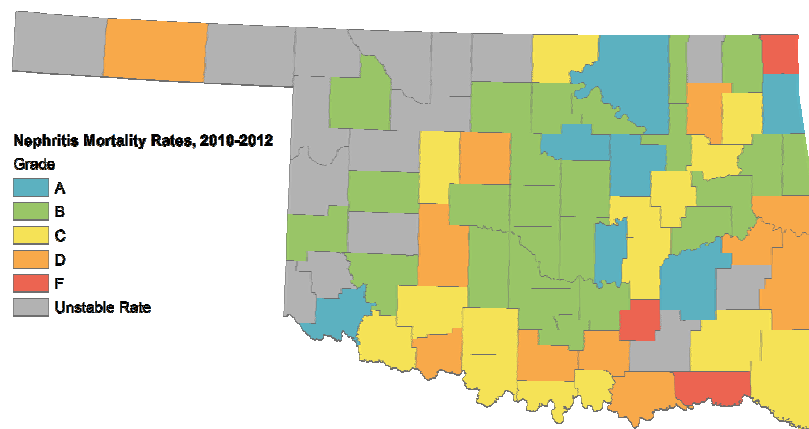


NEPHRITIS (KIDNEY DISEASE) DEATHS

Kidney diseases (nephritis, nephrotic syndrome and nephrosis) were the 12th leading cause of death in Oklahoma in 2012.¹

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

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



HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS ¹
C	B	C	C	C	B	👍

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

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

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

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

NH = Non-Hispanic

SUICIDES

HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS ¹
D	D	D	D	D	D	NO CHANGE

	RATE PER 100,000			GRADE
	2007	2010	2012	

STATE COMPARISON

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

AGE IN YEARS

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

GENDER

MALE	23.5	27.1	28.3	F
FEMALE	6.8	6.2	7.2	B

RACE/ETHNICITY

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

INCOME

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

EDUCATION

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

REGION

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

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

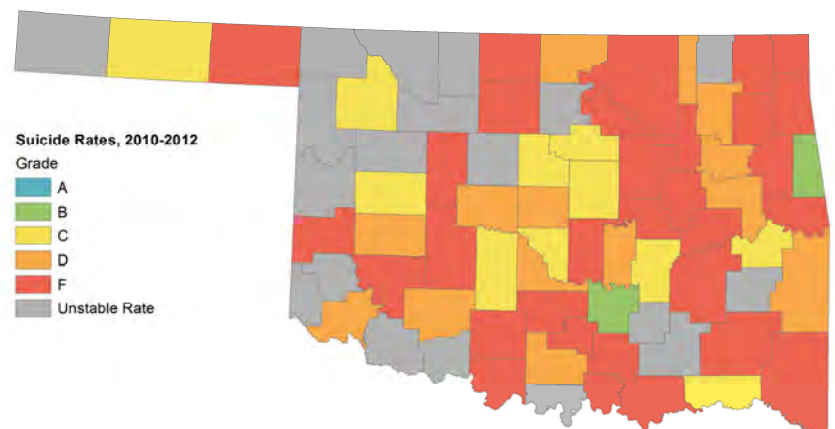
1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 1990 and 2012; it does not represent a statistically significant change in the *rate*.

NH = Non-Hispanic

Suicide is the leading cause of intentional deaths in Oklahoma.

- Suicide deaths outnumber homicides nearly 3 to 1.¹
- The suicide rate in Oklahoma was 36% higher than the U.S. rate.
- The suicide rate in Oklahoma worsened by 25% from 1990 to 2010.
- Central Oklahoma had the largest increase (42%) in the rate of deaths due to suicide between 2007 and 2012.
- Men were four times more likely than women to kill themselves.
- Non-Hispanic Whites had the highest rate of suicide.
- 1 in 5 suicide victims had a history of suicide attempts and 32% had shared their intent with another person.²
- Firearms were the most common means of suicide, followed by hanging and poisoning.²
- Two-thirds of men and 39% of women used firearms to kill themselves.²
- Factors that likely increased the risk for suicide included poor mental health, poor physical health, and intimate partner problems.²
- Three times more women than men report attempting suicide.³
- For each suicide prevented, Oklahoma could save an average of \$1,097,763 in medical expenses (\$3,545) and lost productivity (\$1,094,218).⁴
- The Oklahoma State Department of Health participates in the National Violent Death Reporting System collecting detailed surveillance data that has been used to develop a state strategic plan for suicide prevention and community-based suicide prevention efforts.

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

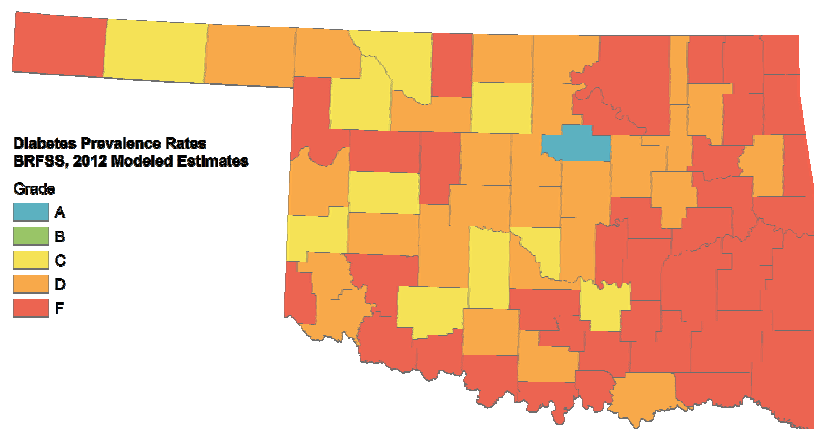


DIABETES PREVALENCE

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

- Approximately 313,800 Oklahomans age 18+ have been diagnosed with diabetes.¹
- Oklahoma ranked 9th highest in the nation for the prevalence of people living with diabetes in 2012.¹
- Non-Hispanic American Indians reported 33% higher prevalence than non-Hispanic Blacks and 41% higher prevalence than non-Hispanic Whites in 2012.
- Adults that were older in age, had lower annual household incomes, or had fewer years of education tended to report a higher prevalence of diabetes in Oklahoma in 2012.
- Adults who have ever been diagnosed with diabetes are more likely to report having cardiovascular diseases.¹
- Approximately 1 in 5 Oklahomans aged 65 years and older have been diagnosed with diabetes.
- Diabetes is a major cause of heart disease and stroke. The risk for stroke is 2 to 4 times higher among people with diabetes.²
- Diabetes is the leading cause of kidney failure, non-traumatic lower limb amputations, and new cases of blindness among adults in the United States.²
- Being obese (Body Mass Index, BMI>=30) or overweight (25<= BMI <30) are risk factors of diabetes.
- Lack of physical activity is a major risk factors of diabetes. Oklahoma adults who participated in leisure-time physical activity reported a significantly lower prevalence of diabetes.
- The Oklahoma State Department of Health is working with partners across the state to promote and increase participation in community-based diabetes prevention and self-management programs.

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



HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS ¹
A	A	A	C	D	D	👎

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

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

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

NH = Non-Hispanic

ⁱ Regional estimates calculated using direct method. See Data Guide for more detailed explanation.

CURRENT ASTHMA PREVALENCE

HISTORIC

1990	1995	2000	2005	2011	2012	PROGRESS ¹
NA	NA	A	C	D	D	

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

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

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

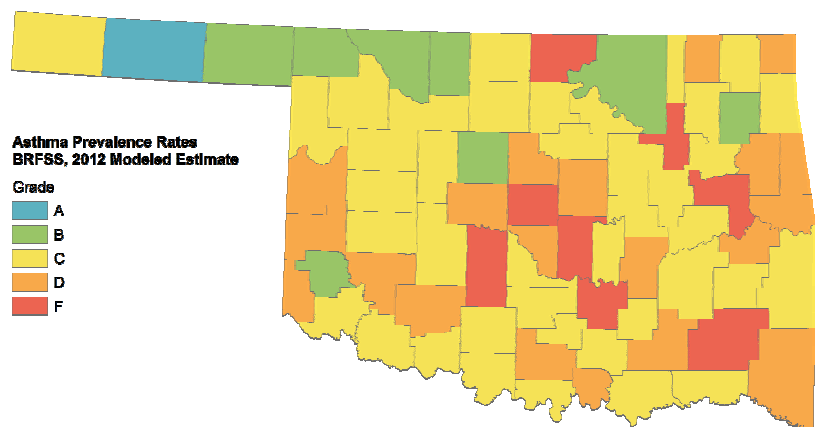
NH = Non-Hispanic

ⁱ Regional estimates calculated using direct method. See Data Guide for more detailed explanation.

One in ten Oklahomans currently has asthma.

- 292,000 Oklahoma adults aged 18+ reported in 2012 that they currently had asthma.¹
- Females were nearly twice as likely to report having asthma than males in Oklahoma in 2012.
- Higher prevalence of asthma in 2012 was reported by those with lower incomes, fewer years of education and non-Hispanic American Indians in Oklahoma.
- Adults who reported having asthma has increased from 7.1% to 10.2% over the past decade.¹
- About 1 in 10 Oklahoma children aged 0-17 reported having asthma (about 123,100 children) in 2011-2012.²
- Boys age 0-17 years were slightly more likely to have asthma now or ever compared to girls age 0-17 years old.²
- Those who smoke are more likely to have asthma than non-smokers.³
- In Oklahoma, non-Hispanic Black children age 0-17 years were significantly more likely to be suffering currently from asthma than non-Hispanic White children.²
- 3 in 5 people report limiting their activity due to asthma and nearly 1 in 3 adults in the U.S. report missing at least one day of work each year due to asthma.³
- The Oklahoma State Department of Health works with schools to become more asthma-friendly by providing education to school personnel and students with asthma about reducing or minimizing asthma triggers and recognizing and responding to asthma emergencies.
- Treating symptoms early can result in prevented or less severe attacks, and most cases can be managed with proper ongoing therapy.

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

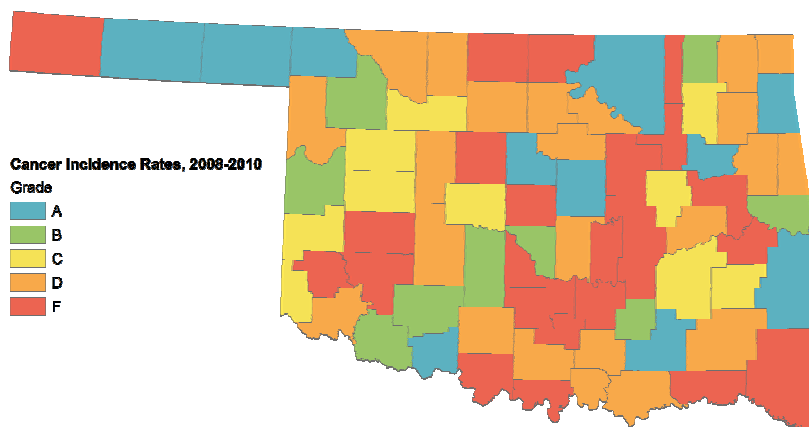


CANCER INCIDENCE

One in two men and one in three women will develop cancer at some time in their lives.¹

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

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



HISTORIC

1990	1995	2000	2005	2010	PROGRESS ¹
NA	NA	C	D	C	NO CHANGE

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

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

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

NH = Non-Hispanic

MINIMAL FRUIT CONSUMPTION (<1/DAY)

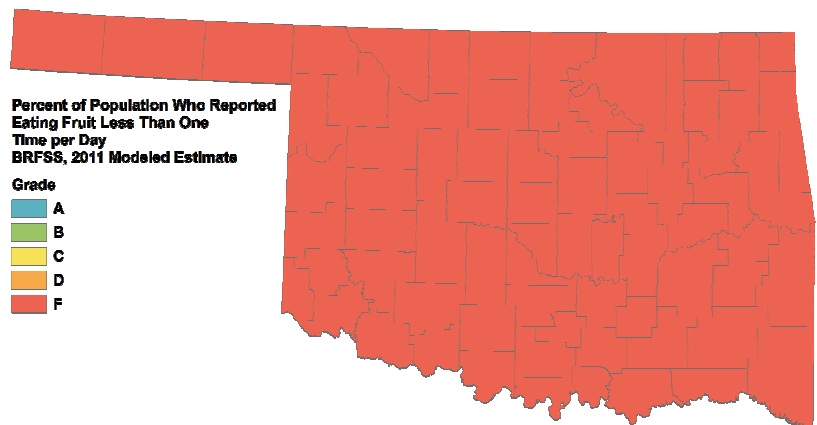
Oklahoma ranks 50th for fruit consumption nationally.¹

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

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

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

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

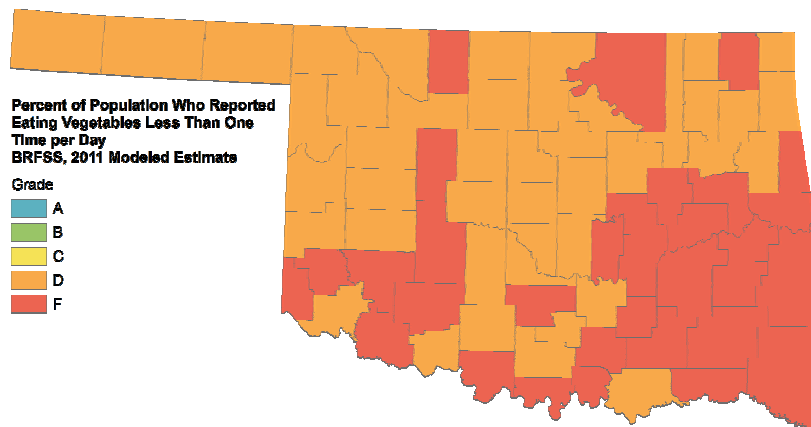


MINIMAL VEGETABLE CONSUMPTION (<1/DAY)

Oklahoma ranks 44th for vegetable consumption nationally.¹

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

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



PERCENT
2011 GRADE

STATE COMPARISON

US	22.6	C
WASHINGTON (best)	15.3	A
OKLAHOMA	26.8	D
DC (worst)	32.5	F

AGE IN YEARS

18 - 24	34.1	F
25 - 34	28.4	F
35 - 44	25.9	D
45 - 54	23.7	C
55 - 64	27.2	D
65+	23.4	C

GENDER

MALE	30.1	F
FEMALE	23.6	C

RACE/ETHNICITY

WHITE (NH)	25.3	D
BLACK (NH)	43.0	F
AMER INDIAN (NH)	29.4	F
HISPANIC	27.7	D

INCOME

< \$15k	37.5	F
\$15 - 24k	31.0	F
\$25k - 49k	25.7	D
\$50 - 74k	21.1	C
\$75+	19.2	B

EDUCATION

< HS	33.5	F
HS	31.2	F
HS+	25.7	D
COLLEGE GRADUATE	17.0	B

REGION

CENTRAL	25.1	D
NE	26.8	D
NW	25.8	D
SE	31.7	F
SW	30.1	F
TULSA	25.4	D

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

NH = Non-Hispanic

NO PHYSICAL ACTIVITY

HISTORIC



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

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

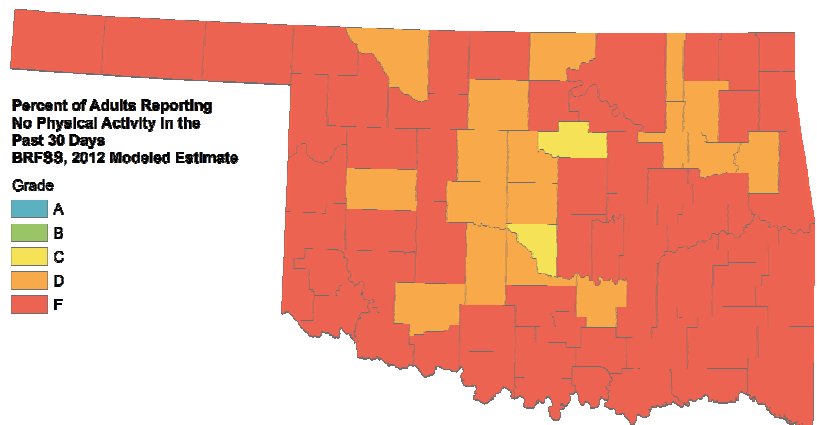
1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 1990 and 2012; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

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

- In 2012, more than a quarter of Oklahoma adults were not physically active.
- Physical activity can play a role in reversing or preventing health problems¹ and help reduce the risk of premature death.¹
- The World Health Organization estimates that 3.2 million deaths worldwide can be attributed to physical inactivity, which is the 4th leading risk for global mortality.²
- College graduates were more than twice as likely to be physically active as those with only a high school education.^{3,4}
- Physical inactivity was highest among Hispanics.⁴
- As income decreases, so does physical activity.⁴
- No physical activity is the greatest in the southeast Region of Oklahoma.
- The amount of physical activity in an Oklahoman's life decreases as their age increases.
- The *Oklahoma Safe Routes to School* program provides schools with opportunities to encourage walking and bicycling to school.
- The Oklahoma State Department of Health has partnered with the Department of Tourism and Recreation to promote physical activity in state parks in conjunction with Tourism's Park Passport program.
- The Oklahoma State Department of Health is promoting physical activity in public schools, businesses, and communities statewide through a partnership with the Oklahoma Tobacco Settlement Endowment Trust (TSET).

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

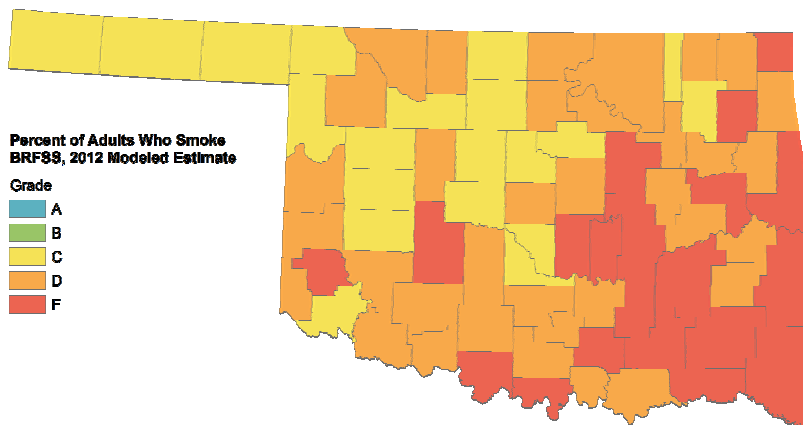


CURRENT SMOKING PREVALENCE

Smoking is Oklahoma's leading cause of preventable death.

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

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



HISTORIC

1990	1995	2000	2005	2011	2012	PROGRESS ¹
F	D	F	F	F	D	👍

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

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

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

NH = Non-Hispanic

OBESITY

HISTORIC



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

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

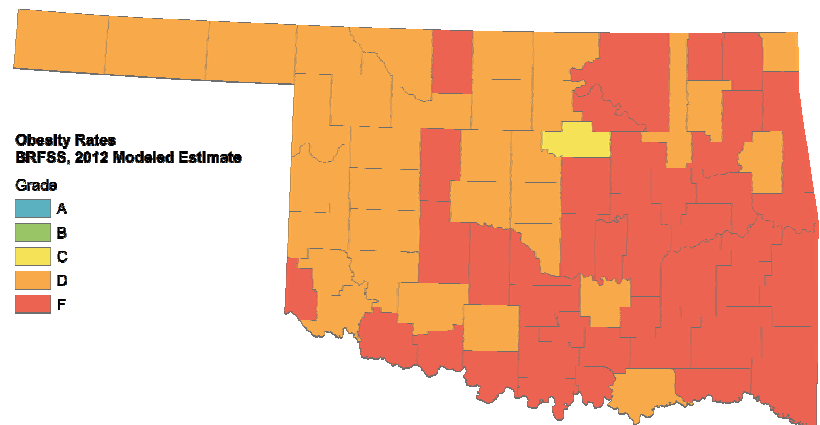
1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 1990 and 2012; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

Oklahoma is the 6th most obese state in the nation.¹

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

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

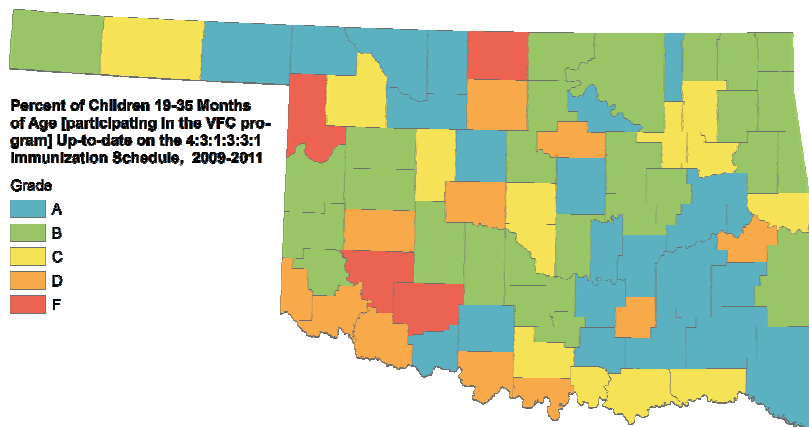


IMMUNIZATION < 3 YEARS (4:3:1:3:3:1 SERIES)

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

- Childhood immunization rates for all children in Oklahoma age 19–35 months have declined from 77% in 2011 to 65% in 2012.¹
- The U.S. rate dropped from 77% in 2011 to 72% in 2012.¹
- In 2012, 74% of Oklahoma children age 19 to 35 months [participating in the *Vaccines for Children* program (VFC)] were up-to-date on their vaccinations.^{2, 3}
- Vaccination is the best way parents can protect infants, children and teens from 16 potentially harmful diseases.
- Children need to receive 4 DTaP (Diphtheria, Tetanus and Pertussis), 3 Polio, 1 MMR (Measles, Mumps and Rubella), 3 Hib (*Haemophilus Influenza* type B), 3 Hepatitis B and 1 Varicella (chicken pox) before age 3 (4:3:1:3:3:1).
- Healthy People 2020 has set a goal to try to assure that 90% of children are up-to-date on the 4:3:1:3:3:1 series plus have 4 doses of PCV (pneumococcal vaccine) by age 3.
- The Oklahoma State Department of Health is using evidence-based programs such as increased use of the reminder cards for parents and is working to reduce missed opportunities to vaccinate in county health department clinics.
- Every dollar spent on vaccinations saves \$18.40 in direct medical costs and losses due to death, disability and missed work and productivity.⁴
- Vaccines are available for all children in Oklahoma through private physicians or county health departments even if the child has no health insurance.

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



HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS!
NA	NA	D	C	B	F	👎

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

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NH = Non-Hispanic

NOTE:

SENIORS INFLUENZA VACCINATION

HISTORIC

1990	1995	2000	2005	2011	2012	PROGRESS ¹
F	F	B	B	C	B	👍

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

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

NH = Non-Hispanic

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

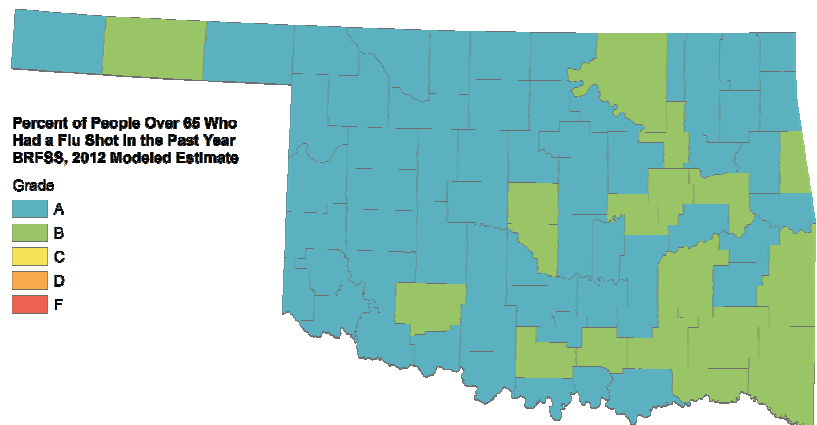
- More than 70% of Oklahoma seniors (age 65+) received the flu vaccine during the 2012-13 flu season. The national rate of senior flu vaccination was 66%.¹
- Influenza is highly contagious and causes 200,000 hospitalizations and over 36,000 deaths each year due to complications.
- Complications of influenza,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

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

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

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

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

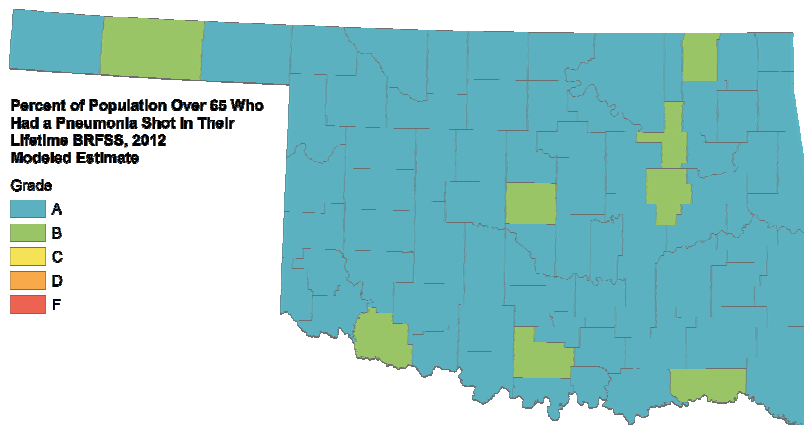


SENIORS PNEUMONIA VACCINATION

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

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

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



HISTORIC

1990	1995	2000	2005	2011	2012	PROGRESS ¹
F	F	D	B	B	A	👍

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

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

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

NH = Non-Hispanic

LIMITED ACTIVITY DAYS

HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS ¹
NA	C	C	D	D	D	

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

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

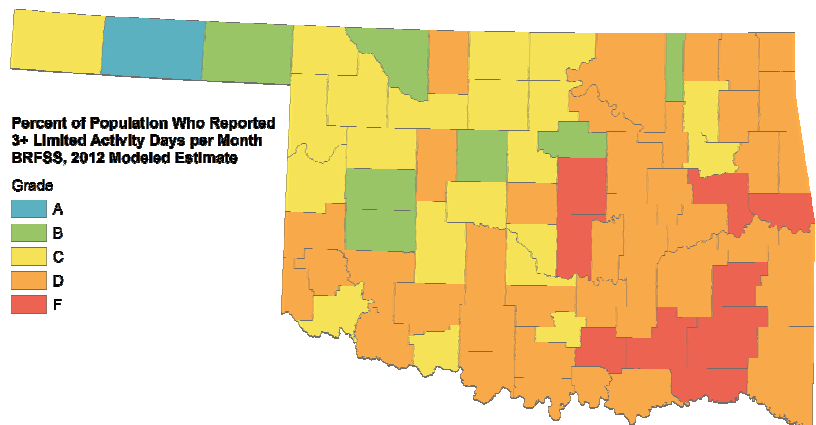
1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 1990 and 2012; it does not represent a statistically significant change in the *rate*.

NH = Non-Hispanic

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

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

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

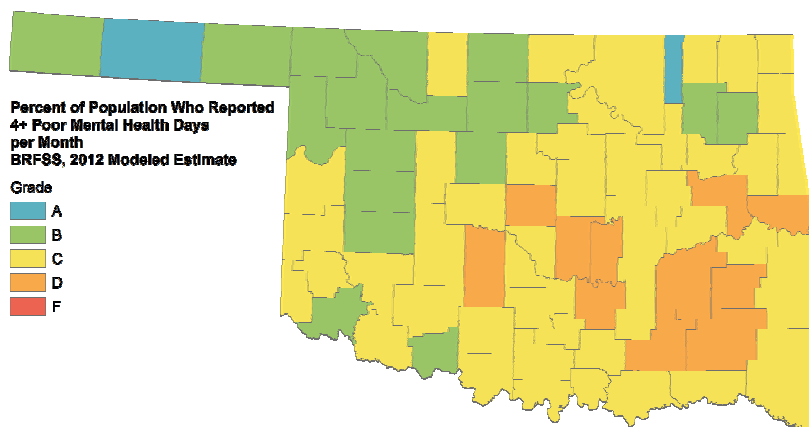


POOR MENTAL HEALTH DAYS

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

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

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



HISTORIC

1990	1995	2000	2005	2011	2012	PROGRESS ¹
NA	A	A	C	D	C	👎

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

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

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

NH = Non-Hispanic

ⁱ Regional estimates calculated using direct method. See Data Guide for more detailed explanation.

POOR PHYSICAL HEALTH DAYS

HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS ¹
NA	A	B	D	D	D	

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

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

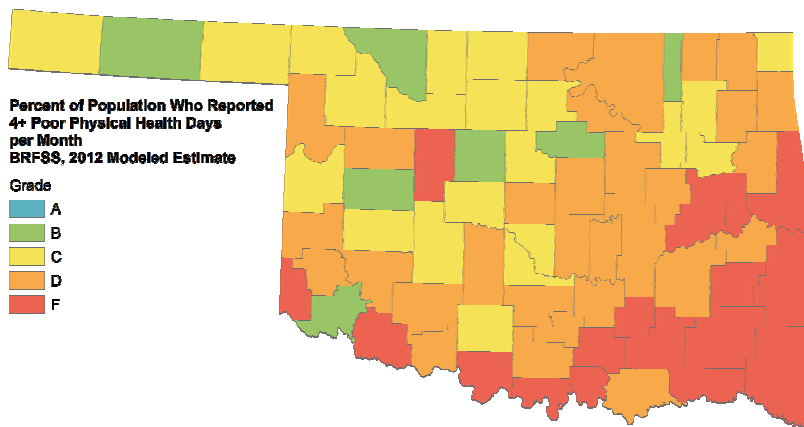
1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 1990 and 2012; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

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

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

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

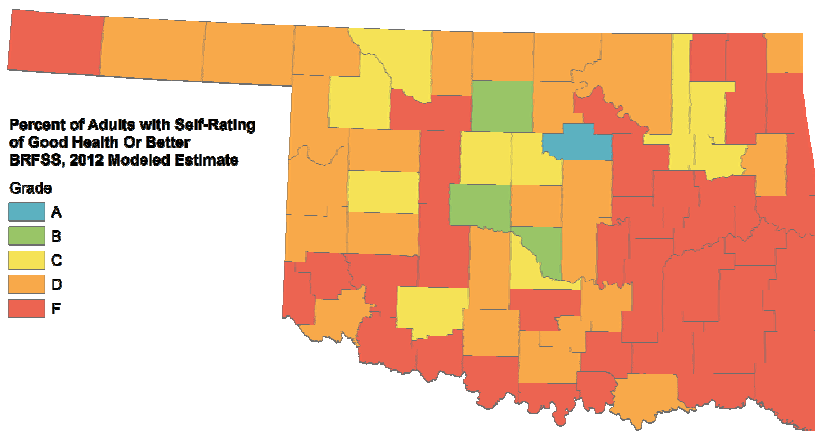


GOOD OR BETTER HEALTH RATING

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

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

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



HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS ¹
D	C	C	D	D	D	NO CHANGE

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

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NH = Non-Hispanic

ⁱ Regional estimates calculated using direct method. See Data Guide for more detailed explanation.

TEEN FERTILITY (AGE 15-17)

HISTORIC



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

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

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

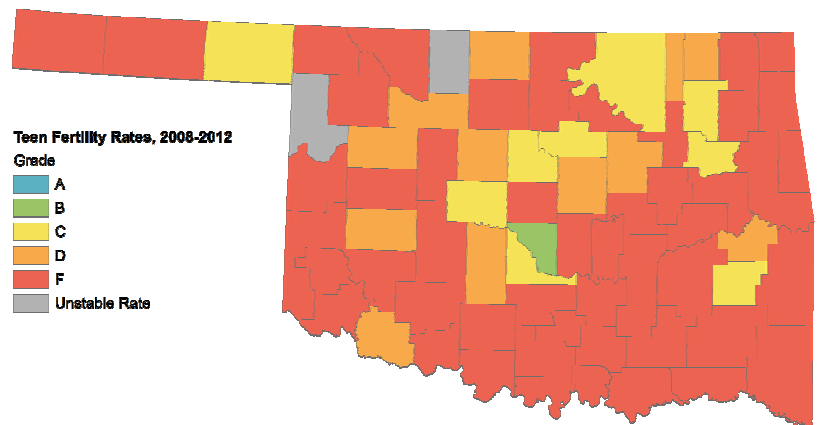
NH = Non-Hispanic

ⁱ Regional estimates calculated using direct method. See Data Guide for more detailed explanation.

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

- In 2012, there were 1,667 births to Oklahoma females aged 15-17 years.
- Each day in Oklahoma, an average of 15 teenage girls aged 15-19 give birth.
- Compared with their peers who delay childbearing, teen mothers are less likely to finish high school, more likely to live in poverty as adults, and more likely to rely on public assistance.¹
- Hispanic teens had the highest teen birth rate at 45.8 births per 1,000 females aged 15-17 years.
- Non-Hispanic White teens had the lowest teen birth rate at 17.0 births per 1,000 females aged 15-17 years.
- Only Cleveland County has a teen birth rate better than the national average.
- Sixty-nine of Oklahoma's 77 counties had a teen birth rate higher than the national average.
- Teen childbearing cost Oklahoma taxpayers approximately \$190 million in 2008.¹
- 3 of every 4 Oklahoma teen births in 2011 were the result of an unintended pregnancy.²
- Evidence-based teen pregnancy prevention curricula are used by schools in Oklahoma, Tulsa, and 16 other counties with high teen pregnancy rates.
- The Oklahoma State Department of Health is collaborating with tribal entities to expand the availability of teen pregnancy prevention programs.

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

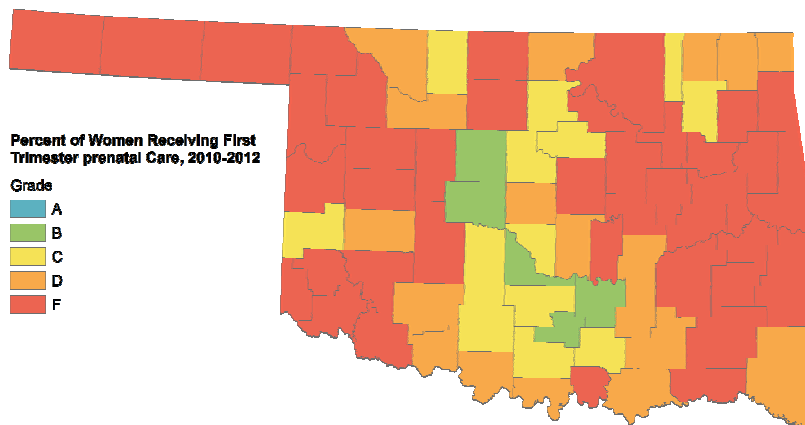


FIRST TRIMESTER PRENATAL CARE

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

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

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



HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS ¹
F	F	D	D	F	D	👍

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

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

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

NH = Non-Hispanic

LOW BIRTH WEIGHT

HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS ¹
B	B	B	C	C	C	

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

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

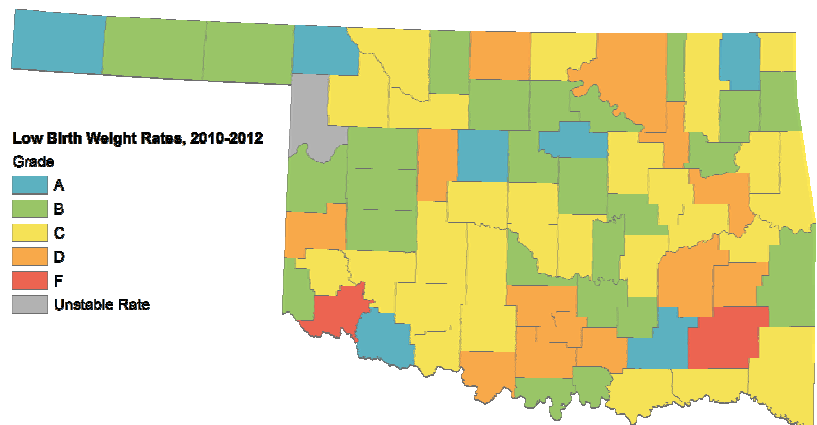
1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 1990 and 2012; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

Oklahoma's low birth weight (LBW) ranking dropped from 27th to 31st in 2010.¹

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

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

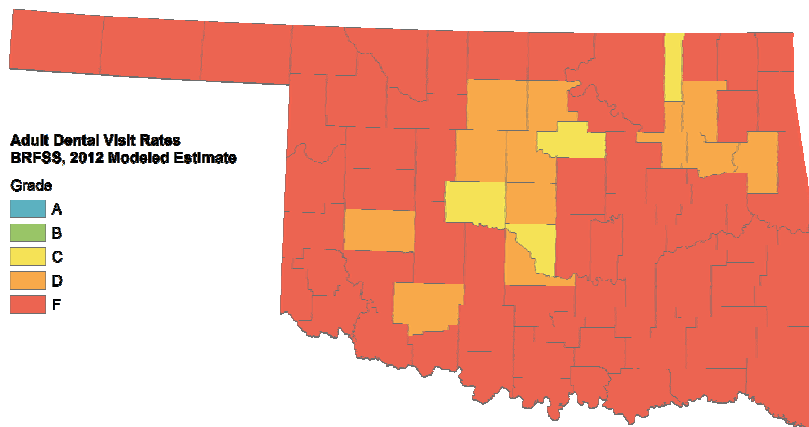


DENTAL VISITS

Oklahoma ranks 45th among the states for adults with a recent dental visit.

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

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



HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS ¹
NA	NA	F	F	F	F	NO CHANGE

	PERCENT	GRADE
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STATE COMPARISON

US	67.2	C
MASSACHUSETTS (best)	76.2	A
OKLAHOMA	58.9	F
ARKANSAS (worst)	54.9	F

AGE IN YEARS

18 - 24	62.6	D
25 - 34	59.6	D
35 - 44	56.0	F
45 - 54	58.0	F
55 - 64	61.8	D
65+	56.5	F

GENDER

MALE	57.7	F
FEMALE	60.1	D

RACE/ETHNICITY

WHITE (NH)	60.6	D
BLACK (NH)	54.3	F
AMER INDIAN (NH)	61.4	D
HISPANIC	54.7	F

INCOME

< \$15k	35.2	F
\$15 - 24k	41.4	F
\$25k - 49k	58.7	F
\$50 - 74k	72.2	B
\$75+	80.2	A

EDUCATION

< HS	35.0	F
HS	53.0	F
HS+	62.6	D
COLLEGE GRADUATE	79.1	A

REGION

CENTRAL	63.9	D
NE	57.2	F
NW	58.6	F
SE	53.1	F
SW	54.5	F
TULSA	61.1	D

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

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

NH = Non-Hispanic

USUAL SOURCE OF CARE

HISTORIC

1990	1995	2000	2005	2011	2012	PROGRESS ¹
NA	NA	C	C	C	C	NO CHANGE

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

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

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

NH = Non-Hispanic

ⁱ Regional estimates calculated using direct method. See Data Guide for more detailed explanation.

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

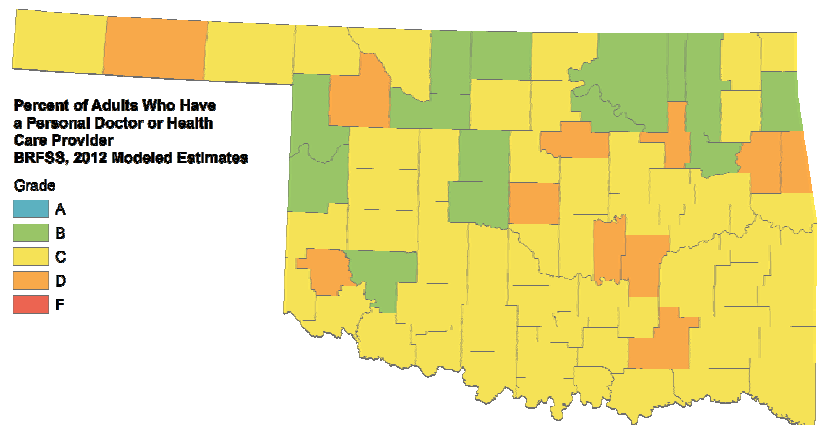
- Oklahoma ranked 35th in the nation for the percentage of adults who had a usual source of care.¹
- People with one or more personal health care providers are more likely to receive routine preventive health care services.¹
- While Oklahoma's overall rate has not changed since 2011, American Indians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

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

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

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

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

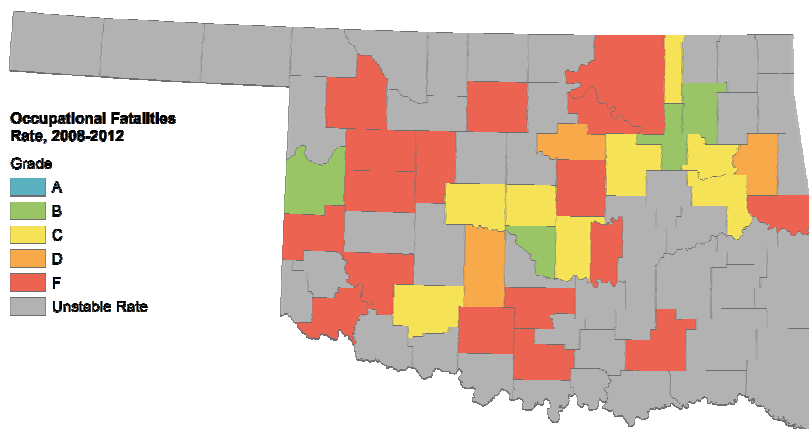


OCCUPATIONAL FATALITIES

Oklahoma ranked 42nd in the U.S. in the rate of occupational fatalities in 2012.¹

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

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



HISTORIC

1990	1995	2000	2005	2007	2012	PROGRESS ¹
C	F	C	D	D	F	👎

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

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

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

NH = Non-Hispanic

PREVENTABLE HOSPITALIZATIONS

HISTORIC

1990	1995	2000	2008	2010	2011	PROGRESS ¹
NA	NA	NA	NA	D	D	NO CHANGE

	RATE PER 100,000			GRADE
	2008	2010	2011	

STATE COMPARISONⁱ

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

AGE IN YEARSⁱⁱ

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

GENDERⁱⁱ

MALE	1745.9	1516.5	1483.1
FEMALE	2476.8	2150.8	2110.6

RACE/ETHNICITYⁱⁱ

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

INCOME

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

EDUCATION

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

REGIONⁱ

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

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

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

NH = Non-Hispanic

i Risk Adjusted Rates

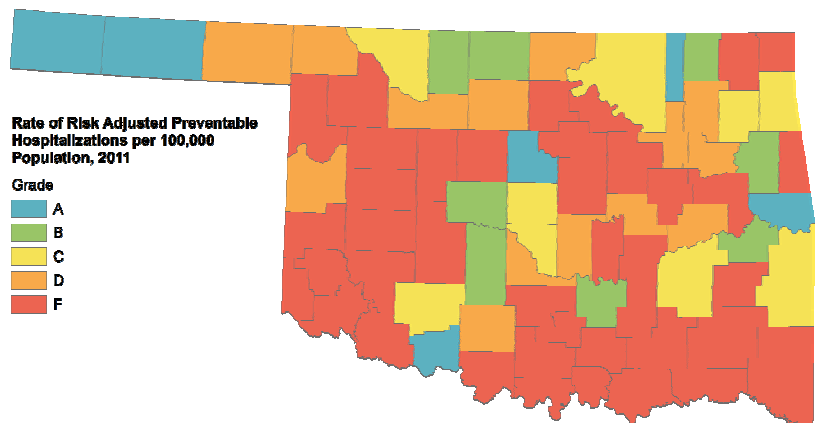
ii Observed Rates. Grades were not assigned because estimates are not risk adjusted.

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

- Preventable hospitalizations are hospital stays that might have been avoided with timely and effective outpatient care and appropriate self-management.¹
- Diseases typically associated with preventable hospitalization include diabetes, hypertension, congestive heart failure, angina, asthma, dehydration, bacterial pneumonia and urinary infections.²
- In 2010, costs for preventable conditions totaled nearly \$32 billion for the nation.³
- If low income residents had been hospitalized at the same rate as high income residents, the U.S. would have saved \$4 billion in 2007.⁴
- Oklahoma and the other southern states tended to have the highest rates of hospitalizations for preventable chronic and acute conditions.⁵
- Counties in the central region had the lowest rates of preventable hospitalizations compared to the southeast region with the highest.
- Patients who actively participate in their care and adopt healthy lifestyle behaviors may avoid some hospital admissions.¹
- Comprehensive, coordinated outpatient care has been shown to reduce preventable hospitalizations.⁵

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

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

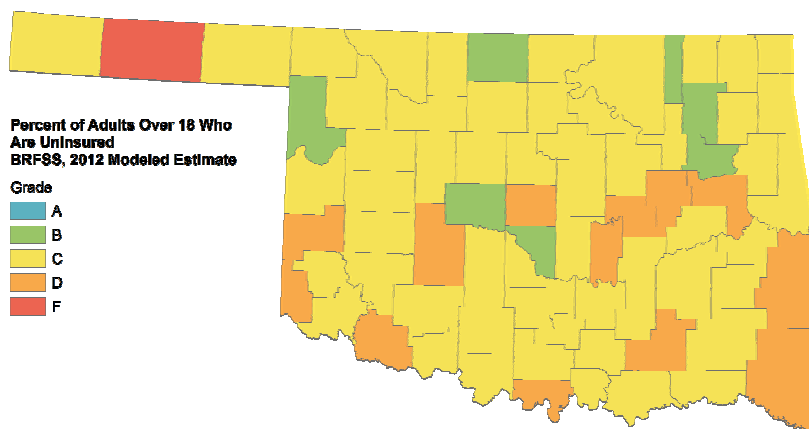


NO INSURANCE COVERAGE

In 2012, Oklahoma had the 29th highest rate of uninsured adults in the nation.¹

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

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



HISTORIC

1990	1995	2000	2005	2011	2012	PROGRESS ¹
D	C	D	D	D	C	👍

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

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

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

NH = Non-Hispanic

POVERTY

HISTORIC

1990	1995	2000	2005	2010	2011	PROGRESS ¹
D	D	C	D	C	C	👍

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

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

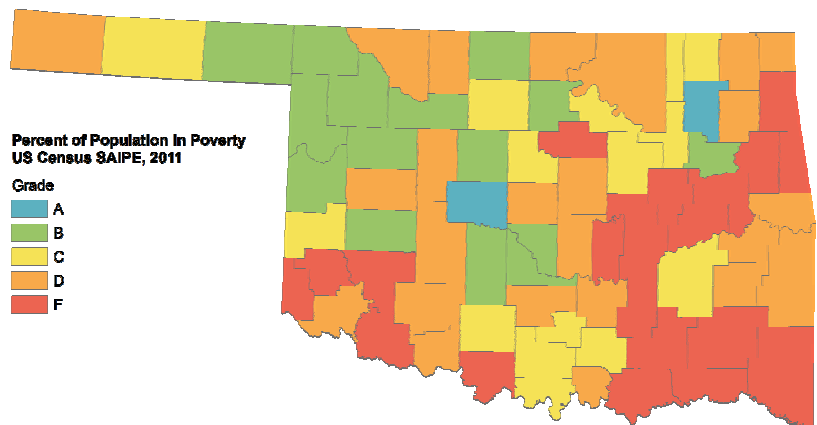
1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 1990 and 2011; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

In 2012, one in six Oklahomans lived in poverty.

- Since 2008, the rate of poverty has increased by 20% across the nation.
- Oklahoma's national ranking improved from 41st in 2008 to 35th in 2012.¹
- The rate of Oklahomans living in poverty has exceeded that of the nation since 1990.¹
- Oklahoma's women, young adults, and non-whites had the highest rates of poverty in 2012.
- 1 in 4 Oklahomans without a HS education lived in poverty compared to 1 in 20 with a college degree.
- Those living in poverty are more likely to engage in unhealthy behaviors, be exposed to environmental hazards, and have limited access to health care services.²
- The threshold for poverty is set by the U.S. Census Bureau and reflects the point under which people lack the basic resources necessary to maintain a healthy standard of living.³
- Oklahoma's southeast region had the highest poverty rate (21%) in the state compared to 13% in the northwest region.
- Oklahoma's median per capita income was \$24,046 in 2012 and the median household income was \$44,891.⁴
- In 2012 the poverty threshold for a family of 4 was an annual household income of \$23,283 or less and for a single adult it was \$11,720.⁵

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





COUNTY REPORT CARDS





ADAIR COUNTY

Mortality and Leading Causes of Death

- Adair County's suicide rate was the 2nd lowest in the state.
- Adair County ranked near the bottom (72nd) in stroke deaths.
- Adair County ranked 62nd in total mortality (age-adjusted).
- Death from nephritis and influenza/pneumonia were relatively uncommon in Adair County.
- Heart disease was the leading cause of death in Adair County, followed by cancer and unintentional injury.

Disease Rates

- Adair County's diabetes disease prevalence rate was one of the worst in Oklahoma and 40% higher than that of the nation.

Risk Factors, Behaviors and Socioeconomic Factors

- Approximately 1 in 4 of the adults in Adair County was a current smoker (28%). This rate was one of the highest in the state and was 44% higher than that of the nation.
- Approximately 1 in 3 of adults was obese (35%). This was 28% higher than the nation's obesity rate.
- 1 in 5 adults in Adair County did not have health insurance.
- Adair County ranked among the bottom ten counties for several health indicators including adults with a usual source of healthcare, mothers seeking first trimester prenatal care, adult dental visits, fruit/vegetable consumption, and senior influenza vaccinations.
- Approximately 1 in 5 people in Adair County lived in poverty (22%).
- 1 in 5 adults reported 3+ days with limited activity in the past month (20%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (27%) and 4+ days of poor mental health (24%) in the previous month.

Changes from the Previous Year

- The rate of deaths due to nephritis decreased by 66%.
- The cancer mortality rate decreased 12%.
- Deaths attributed to suicide decreased 17%.
- The teen fertility rate decreased by 55%.

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	5.2	12.6	F
TOTAL (RATE PER 100,000)	1102.4	1024.1	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	273.2	236.3	F
MALIGNANT NEOPLASM (CANCER)	246.6	218.2	F
CEREBROVASCULAR DISEASE (STROKE)	45.6	61.7	F
CHRONIC LOWER RESPIRATORY DISEASE	71.2	63.8	F
UNINTENTIONAL INJURY	62.4	70.2	F
DIABETES	92.7	52.9	F
INFLUENZA/PNEUMONIA	11.4	19.1	D
ALZHEIMER'S DISEASE	26.4	29.8	D
NEPHRITIS (KIDNEY DISEASE)	31.4	10.8	B
SUICIDES	11.3	9.4	B
DISEASE RATES			
DIABETES PREVALENCE	13.2%	13.6%	F
CURRENT ASTHMA PREVALENCE	9.3%	9.9%	D
CANCER INCIDENCE (RATE PER 100,000)	482.4	482.2	D
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	55.5%	F
MINIMAL VEGETABLE CONSUMPTION	NA	30.3%	F
NO PHYSICAL ACTIVITY	35.6%	32.6%	F
CURRENT SMOKING PREVALENCE	31.5%	28.3%	F
OBESITY	34.1%	35.3%	F
IMMUNIZATIONS < 3 YEARS	79.3%	76.6%	B
SENIORS INFLUENZA VACCINATION	61.7%	67.2%	B
SENIORS PNEUMONIA VACCINATION	73.0%	75.2%	A
LIMITED ACTIVITY DAYS	18.1%	19.7%	D
POOR MENTAL HEALTH DAYS	25.4%	23.8%	C
POOR PHYSICAL HEALTH DAYS	25.9%	26.6%	F
GOOD OR BETTER HEALTH RATING	72.8%	74.2%	F
TEEN FERTILITY (RATE PER 1,000)	43.5	24.8	F
FIRST TRIMESTER PRENATAL CARE	51.0%	57.1%	F
LOW BIRTH WEIGHT	8.2%	8.6%	C
ADULT DENTAL VISITS	46.2%	47.6%	F
USUAL SOURCE OF CARE	73.5%	73.6%	D
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	3241.3	2911.6	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	23.6%	19.5%	C
POVERTY	22.9%	22.2%	F

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



ALFALFA COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	*	18.2	F
TOTAL (RATE PER 100,000)	764.7	920.7	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	219.0	244.2	F
MALIGNANT NEOPLASM (CANCER)	156.4	182.0	D
CEREBROVASCULAR DISEASE (STROKE)	46.2	26.5	A
CHRONIC LOWER RESPIRATORY DISEASE	40.5	57.1	F
UNINTENTIONAL INJURY	71.7	111.9	F
DIABETES	34.6	*	
INFLUENZA/PNEUMONIA	40.0	*	
ALZHEIMER'S DISEASE	*	*	
NEPHRITIS (KIDNEY DISEASE)	20.4	*	
SUICIDES	*	*	
DISEASE RATES			
DIABETES PREVALENCE	12.3%	12.5%	F
CURRENT ASTHMA PREVALENCE	7.4%	7.9%	B
CANCER INCIDENCE (RATE PER 100,000)	521.0	496.0	D
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	52.6%	F
MINIMAL VEGETABLE CONSUMPTION	NA	28.4%	F
NO PHYSICAL ACTIVITY	34.4%	31.3%	F
CURRENT SMOKING PREVALENCE	27.2%	24.3%	D
OBESITY	31.8%	33.0%	F
IMMUNIZATIONS < 3 YEARS	66.7%	86.4%	A
SENIORS INFLUENZA VACCINATION	63.7%	69.4%	A
SENIORS PNEUMONIA VACCINATION	73.8%	76.3%	A
LIMITED ACTIVITY DAYS	17.0%	18.4	D
POOR MENTAL HEALTH DAYS	24.4%	22.9	C
POOR PHYSICAL HEALTH DAYS	22.9%	23.4	C
GOOD OR BETTER HEALTH RATING	77.3%	78.8	D
TEEN FERTILITY (RATE PER 1,000)	14.7	*	
FIRST TRIMESTER PRENATAL CARE	67.1%	71.8%	C
LOW BIRTH WEIGHT	8.5%	6.6%	B
ADULT DENTAL VISITS	51.6%	53.4%	F
USUAL SOURCE OF CARE	80.9%	80.9%	B
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1817.7	1402.0	B
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	20.8%	17.2%	C
POVERTY	17.0%	18.3%	F

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

Mortality and Leading Causes of Death

- Alfalfa County's rate of deaths due to stroke was the 2nd lowest in the state.
- Heart disease, cancer and unintentional injury were the leading causes of death in Alfalfa County.
- Alfalfa County ranked near the bottom (73rd) in deaths due to unintentional injury.

Disease Rates

- Alfalfa County's asthma prevalence was among the lowest in the state and 11% lower than that of the nation.

Risk Factors, Behaviors and Socioeconomic Factors

- At 6.6%, Alfalfa County had the 9th lowest rate of low birth weight births in the state.
- 86% of Alfalfa County's children completed the primary immunization series making it the 2nd highest ranked county.
- 81% of Alfalfa County adults had a usual source of healthcare, earning them a "B" when compared to the national rates.
- Nearly 1 in 5 people in Alfalfa County lived in poverty (18%).
- Nearly 1 in 5 adults reported 3+ days with limited activity in the past month (18%).
- Nearly 1 in 4 adults reported 4+ days of poor physical health (23%) and 4+ days of poor mental health (23%) in the previous month.

Changes from the Previous Year

- The total age-adjusted mortality rate increased 20%.
- The rate of deaths due to cancer increased 16% and the rate of deaths due to heart disease increased 12%.
- Nearly 70% of seniors received the influenza vaccine, which was an improvement of 9% from the previous year.
- The rate of deaths due to stroke decreased 43%.



ATOKA COUNTY

Mortality and Leading Causes of Death

- Atoka County ranked 3rd best in deaths due to cancer, stroke, and Alzheimer's disease.
- Atoka County's leading causes of death were heart disease and cancer.
- Atoka County had few deaths attributed to chronic lower respiratory disease and influenza/pneumonia.
- Atoka County ranked near the bottom (73rd) in deaths due to heart disease.

Disease Rates

- Atoka County's diabetes disease prevalence was very high (13.1% of adults). This was 35% higher than that of the nation.
- Atoka County had the 4th lowest rate of cancer incidence in the state and was 17% lower than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- 6.2% of Atoka County births were low birth weight, earning it the 7th best ranking in the state.
- 83% of children under 3 years of age completed the primary immunization series earning the county an "A".
- Atoka County ranked among the bottom ten counties for obesity prevalence, fruit/vegetable consumption, seniors influenza vaccination, and occupational fatalities.
- Atoka County had the worst rate of dental visits with only 44% of adults having recently visited the dentist.
- Nearly 1 in 4 people in Atoka County lived in poverty (24%).
- Approximately 1 in 5 adults reported 3+ days with limited activity in the past month (22%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (28%) and 4+ days of poor mental health (26%) in the previous month.

Changes from the Previous Year

- The rate of deaths due to heart disease increased 12%.
- The rate of deaths due to cancer and stroke decreased 20% and 46% respectively.
- The rate of deaths due to cancer dropped by 8%.

PREVIOUS CURRENT GRADE

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	9.7	*	
TOTAL (RATE PER 100,000)	844.6	855.3	D
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	274.6	306.4	F
MALIGNANT NEOPLASM (CANCER)	178.4	143.5	A
CEREBROVASCULAR DISEASE (STROKE)	53.8	28.8	A
CHRONIC LOWER RESPIRATORY DISEASE	55.7	47.4	D
UNINTENTIONAL INJURY	61.2	58.6	F
DIABETES	37.4	41.8	F
INFLUENZA/PNEUMONIA	*	12.9	B
ALZHEIMER'S DISEASE	*	15.6	B
NEPHRITIS (KIDNEY DISEASE)	16.2	*	
SUICIDES	17.3	*	
DISEASE RATES			
DIABETES PREVALENCE	12.7%	13.1%	F
CURRENT ASTHMA PREVALENCE	9.3%	9.8%	D
CANCER INCIDENCE (RATE PER 100,000)	414.0	381.3	A
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	54.5%	F
MINIMAL VEGETABLE CONSUMPTION	NA	29.6%	F
NO PHYSICAL ACTIVITY	35.3%	32.4%	F
CURRENT SMOKING PREVALENCE	30.1%	26.9%	F
OBESITY	32.7%	33.9%	F
IMMUNIZATIONS < 3 YEARS	75.5%	83.1%	A
SENIORS INFLUENZA VACCINATION	60.1%	65.7%	B
SENIORS PNEUMONIA VACCINATION	73.5%	75.8%	A
LIMITED ACTIVITY DAYS	19.9%	21.6%	F
POOR MENTAL HEALTH DAYS	27.2%	25.6%	D
POOR PHYSICAL HEALTH DAYS	27.2%	28.0%	F
GOOD OR BETTER HEALTH RATING	73.2%	74.4%	F
TEEN FERTILITY (RATE PER 1,000)	25.8	25.8	F
FIRST TRIMESTER PRENATAL CARE	67.2%	68.4%	D
LOW BIRTH WEIGHT	10.1%	6.2%	A
ADULT DENTAL VISITS	42.5%	43.9%	F
USUAL SOURCE OF CARE	74.1%	74.3%	D
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	23.8	F
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2637.3	2785.9	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	26.1%	22.0%	D
POVERTY	20.8%	24.0%	F

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



BEAVER COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	*	*	
TOTAL (RATE PER 100,000)	808.3	735.6	C
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	178.4	170.5	C
MALIGNANT NEOPLASM (CANCER)	186.4	145.6	A
CEREBROVASCULAR DISEASE (STROKE)	58.6	46.1	D
CHRONIC LOWER RESPIRATORY DISEASE	59.9	44.0	C
UNINTENTIONAL INJURY	81.5	49.1	D
DIABETES	30.9	*	
INFLUENZA/PNEUMONIA	*	*	
ALZHEIMER'S DISEASE	44.6	*	
NEPHRITIS (KIDNEY DISEASE)	*	*	
SUICIDES	36.2	35.9	F
DISEASE RATES			
DIABETES PREVALENCE	10.9%	11.3%	D
CURRENT ASTHMA PREVALENCE	7.7%	8.1%	B
CANCER INCIDENCE (RATE PER 100,000)	410.2	332.5	A
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	49.6%	F
MINIMAL VEGETABLE CONSUMPTION	NA	25.7%	D
NO PHYSICAL ACTIVITY	32.9%	30.0%	F
CURRENT SMOKING PREVALENCE	23.0%	20.2%	C
OBESITY	31.0%	32.0%	D
IMMUNIZATIONS < 3 YEARS	82.8%	82.6%	A
SENIORS INFLUENZA VACCINATION	64.2%	69.6%	A
SENIORS PNEUMONIA VACCINATION	73.8%	76.0%	A
LIMITED ACTIVITY DAYS	14.1%	15.2%	B
POOR MENTAL HEALTH DAYS	21.5%	20.0%	B
POOR PHYSICAL HEALTH DAYS	22.0%	22.6%	C
GOOD OR BETTER HEALTH RATING	79.3%	80.5%	D
TEEN FERTILITY (RATE PER 1,000)	17.4	14.1	C
FIRST TRIMESTER PRENATAL CARE	50.5%	58.2%	F
LOW BIRTH WEIGHT	7.5%	6.7%	B
ADULT DENTAL VISITS	55.7%	57.5%	F
USUAL SOURCE OF CARE	77.3%	77.5%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1322.4	1653.4	D
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	21.3%	17.5%	C
POVERTY	10.9%	11.2%	B

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

Mortality and Leading Causes of Death

- Beaver County had the lowest total mortality rate (age-adjusted) in the state.
- Beaver County had the 4th lowest mortality rate for heart disease and cancer.
- Beaver County had few deaths attributed to chronic lower respiratory disease, but had one of the highest rates for suicide in the state.

Disease Rates

- Beaver County had the lowest cancer incidence rate in the state. The rate was 28% lower than that of the nation.
- Beaver County ranked as the 4th best for asthma prevalence.

Risk Factors, Behaviors and Socioeconomic Factors

- 11% of Beaver County residents were living in poverty. This was the 3rd lowest county rate and was 35% lower than the state rate.
- Beaver County had the 6th lowest rate of births to teens aged 15-17 years.
- Beaver County ranked among the top ten counties for vaccination coverage for children under 3 years of age and fruit/vegetable consumption.
- 1 in 9 people in Beaver County lived in poverty (11%).
- Approximately 1 in 7 adults reported 3+ days with limited activity in the past month (15%).
- Nearly 1 in 4 adults reported 4+ days of poor physical health (24%) and 1 in 5 reported 4+ days of poor mental health (20%) in the previous month.

Changes from the Previous Year

- The age-adjusted total mortality rate decreased 9% from the previous year.
- The rate of deaths due to cancer decreased 22%.
- The rate of deaths due to unintentional injuries decreased 40%.
- The cancer incidence rate increased nearly 20%.



BECKHAM COUNTY

Mortality and Leading Causes of Death

- Beckham County ranked 54th in the state for total mortality (age-adjusted).
- Beckham County ranked 75th in the rate of deaths due to stroke.
- Beckham County's leading causes of mortality were heart disease, cancer, and chronic lower respiratory disease.
- Beckham County had few deaths attributed to nephritis.

Disease Rates

- Beckham County's diabetes disease prevalence was similar to that of the nation and was the 7th lowest rate in the state.
- Beckham County's cancer incidence rate was similar to that of the nation.

Risk Factors, Behaviors and Socioeconomic Factors

- Beckham County ranked in the bottom ten for both percentage of low birth weight births and teen fertility.
- 1 in 6 people in Beckham County lived in poverty (17%).
- Nearly 1 in 5 adults reported 3+ days with limited activity in the past month (19%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (24%) and 4+ days of poor mental health (24%) in the previous month.

Changes from the Previous Year

- The rate of deaths due to stroke increased 51% from the previous year.
- The rate of deaths attributed to nephritis decreased 41%.
- The teen fertility rate increased nearly 20%.

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	5.1	10.4	F
TOTAL (RATE PER 100,000)	1126.90	995.7	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	294.3	264.6	F
MALIGNANT NEOPLASM (CANCER)	188.7	171.2	F
CEREBROVASCULAR DISEASE (STROKE)	44.5	67.0	C
CHRONIC LOWER RESPIRATORY DISEASE	77.6	81.5	F
UNINTENTIONAL INJURY	102.8	57.2	F
DIABETES	47.3	23.7	D
INFLUENZA/PNEUMONIA	43.4	24.9	F
ALZHEIMER'S DISEASE	52.5	33.4	D
NEPHRITIS (KIDNEY DISEASE)	19.8	11.7	B
SUICIDES	18.9	32.1	F
DISEASE RATES			
DIABETES PREVALENCE	9.8%	10.0%	C
CURRENT ASTHMA PREVALENCE	9.7%	10.2%	D
CANCER INCIDENCE (RATE PER 100,000)	604.4	455.0	C
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	52.1%	F
MINIMAL VEGETABLE CONSUMPTION	NA	27.5%	D
NO PHYSICAL ACTIVITY	32.6%	29.6%	F
CURRENT SMOKING PREVALENCE	27.6%	24.7%	D
OBESITY	31.2%	32.4%	D
IMMUNIZATIONS < 3 YEARS	59.1%	78.5%	B
SENIORS INFLUENZA VACCINATION	64.8%	70.2%	A
SENIORS PNEUMONIA VACCINATION	74.3%	76.5%	A
LIMITED ACTIVITY DAYS	17.4%	18.8%	D
POOR MENTAL HEALTH DAYS	24.9%	23.4%	C
POOR PHYSICAL HEALTH DAYS	23.8%	24.3%	D
GOOD OR BETTER HEALTH RATING	77.3%	78.6%	D
TEEN FERTILITY (RATE PER 1,000)	34.4	40.9	F
FIRST TRIMESTER PRENATAL CARE	64.2%	70.9%	C
LOW BIRTH WEIGHT	8.5%	9.5%	D
ADULT DENTAL VISITS	49.6%	50.9%	F
USUAL SOURCE OF CARE	79.4%	79.4%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	11.8	12.3	F
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	3311.8	2288.5	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	25.8%	22.0%	D
POVERTY	15.8%	16.7%	C



BLAINE COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	6.5	14.2	F
TOTAL (RATE PER 100,000)	953.5	942.8	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	300.3	220.4	D
MALIGNANT NEOPLASM (CANCER)	197.2	189.5	D
CEREBROVASCULAR DISEASE (STROKE)	49.8	50.1	F
CHRONIC LOWER RESPIRATORY DISEASE	41.7	57.7	F
UNINTENTIONAL INJURY	62.3	78.7	F
DIABETES	44.9	29.5	F
INFLUENZA/PNEUMONIA	17.7	13.1	B
ALZHEIMER'S DISEASE	*	17.2	B
NEPHRITIS (KIDNEY DISEASE)	23.8	17.7	C
SUICIDES	*	25.9	F
DISEASE RATES			
DIABETES PREVALENCE	11.9%	12.2%	F
CURRENT ASTHMA PREVALENCE	8.2%	8.6%	C
CANCER INCIDENCE (RATE PER 100,000)	471.3	490.4	D
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	51.9%	F
MINIMAL VEGETABLE CONSUMPTION	NA	28.5%	F
NO PHYSICAL ACTIVITY	35.5%	32.4%	F
CURRENT SMOKING PREVALENCE	26.6%	23.8%	D
OBESITY	31.7%	32.8%	F
IMMUNIZATIONS < 3 YEARS	76.8%	72.3%	C
SENIORS INFLUENZA VACCINATION	63.0%	68.5%	A
SENIORS PNEUMONIA VACCINATION	73.0%	75.2%	A
LIMITED ACTIVITY DAYS	17.6%	19.0%	D
POOR MENTAL HEALTH DAYS	24.3%	22.9%	C
POOR PHYSICAL HEALTH DAYS	25.7%	26.3%	F
GOOD OR BETTER HEALTH RATING	74.7%	76.2%	F
TEEN FERTILITY (RATE PER 1,000)	33.6	34.0	F
FIRST TRIMESTER PRENATAL CARE	52.6%	53.7%	F
LOW BIRTH WEIGHT	10.7%	9.7%	D
ADULT DENTAL VISITS	50.4%	52.0%	F
USUAL SOURCE OF CARE	80.5%	80.7%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	27.2	F
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2631.6	2344.8	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	21.3%	17.6%	C
POVERTY	22.6%	19.3%	D

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

Mortality and Leading Causes of Death

- Blaine County ranked 44th for total mortality (age-adjusted).
- Blaine County had few deaths attributed to influenza/pneumonia or Alzheimer's disease.
- Heart disease, cancer and unintentional injury accounted for the leading causes of mortality in Blaine County.

Disease Rates

- The diabetes disease prevalence rate for Blaine County was 26% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Just over half of Blaine County mothers sought first trimester prenatal care, which was the 3rd worst rate in the state.
- Nearly 10% of births in Blaine County were low birth weight, which was the 6th highest rate in the state.
- Blaine County earned a "C" for childhood immunizations, poor mental health days, and usual source of care based on rates similar to that of the nation.
- Blaine County was ranked among the worst counties for occupational fatalities.
- Nearly 1 in 5 people in Blaine County lived in poverty (19%).
- Nearly 1 in 5 adults reported 3+ days with limited activity in the past month (19%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (26%) and 4+ days of poor mental health (23%) in the previous month.

Changes from Previous the Year

- The rate of deaths attributed to heart disease decreased 27% from the previous year.
- The rate of deaths due to influenza/pneumonia declined 26%.



BRYAN COUNTY

Mortality and Leading Causes of Death

- Bryan County ranked 32nd in the state for total mortality (age-adjusted).
- Bryan County ranked as the 3rd best in the state for infant mortality.
- The leading causes of death in Bryan County were heart disease, cancer and unintentional injury.
- The rates of death in Bryan County were higher than the national average for most of the leading causes except stroke.

Disease Rates

- Bryan County's asthma prevalence is similar to that of the nation.

Risk Factors, Behaviors and Socioeconomic Factors

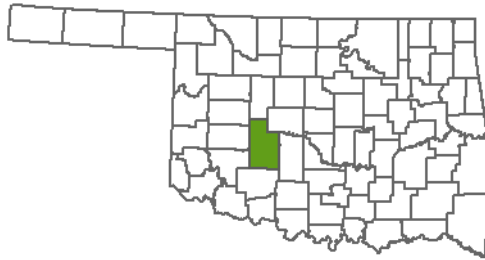
- Bryan County had the 5th highest rate of preventable hospitalizations in the state.
- Bryan County received an "A" grade for its senior vaccination rates of 68% for influenza and 74% for pneumonia.
- Approximately 1 in 5 people in Bryan County lived in poverty (21%).
- Nearly 1 in 5 adults reported 3+ days with limited activity in the past month (19%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (24%) and 4+ days of poor mental health (24%) in the previous month.

Changes from the Previous Year

- Total age-adjusted mortality declined 13% from the previous year.
- The rate of deaths attributed to suicide increased 16%.

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	8.6	5.3	B
TOTAL (RATE PER 100,000)	1032.5	894.4	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	272.0	225.0	F
MALIGNANT NEOPLASM (CANCER)	209.9	191.7	D
CEREBROVASCULAR DISEASE (STROKE)	59.2	38.0	C
CHRONIC LOWER RESPIRATORY DISEASE	84.4	65.2	F
UNINTENTIONAL INJURY	73.3	67.9	F
DIABETES	38.3	25.4	D
INFLUENZA/PNEUMONIA	16.3	19.9	D
ALZHEIMER'S DISEASE	26.2	32.6	D
NEPHRITIS (KIDNEY DISEASE)	13.3	18.3	D
SUICIDES	22.6	19.0	F
DISEASE RATES			
DIABETES PREVALENCE	10.6%	11.1%	D
CURRENT ASTHMA PREVALENCE	8.3%	8.8%	C
CANCER INCIDENCE (RATE PER 100,000)	521.5	477.1	D
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	51.9%	F
MINIMAL VEGETABLE CONSUMPTION	NA	27.2%	D
NO PHYSICAL ACTIVITY	31.9%	29.1%	F
SMOKING	25.3%	22.5%	D
OBESITY	31.0%	32.2%	D
IMMUNIZATIONS < 3 YEARS	73.8%	71.0%	C
SENIORS INFLUENZA VACCINATION	62.7%	68.2%	A
SENIORS PNEUMONIA VACCINATION	71.9%	74.1%	A
LIMITED ACTIVITY DAYS	17.9%	19.4%	D
POOR MENTAL HEALTH DAYS	25.3%	23.7%	C
POOR PHYSICAL HEALTH DAYS	23.6%	24.3%	D
GOOD OR BETTER HEALTH RATING	77.5%	78.6%	D
TEEN FERTILITY (RATE PER 1,000)	37.1	31.4	F
FIRST TRIMESTER PRENATAL CARE	64.0%	67.2%	D
LOW BIRTH WEIGHT	8.4%	7.7%	C
ADULT DENTAL VISITS	51.4%	52.9%	F
USUAL SOURCE OF CARE	76.4%	76.7%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	4.6	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	3462.1	3325.9	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	21.3%	17.3%	C
POVERTY	20.3%	20.9%	F

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



CADDO COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	7.5	9.0	F
TOTAL (RATE PER 100,000)	1073.00	1031.70	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	286.0	245.4	F
MALIGNANT NEOPLASM (CANCER)	228.2	229.3	F
CEREBROVASCULAR DISEASE (STROKE)	47.3	58.3	F
CHRONIC LOWER RESPIRATORY DISEASE	55.2	66.7	F
UNINTENTIONAL INJURY	94.5	87.6	F
DIABETES	52.1	40.0	F
INFLUENZA/PNEUMONIA	22.4	18.8	D
ALZHEIMER'S DISEASE	27.9	22.8	C
NEPHRITIS (KIDNEY DISEASE)	27.1	18.9	D
SUICIDES	10.1	21.3	F
DISEASE RATES			
DIABETES PREVALENCE	11.4%	11.8%	D
CURRENT ASTHMA PREVALENCE	8.5%	9.0%	C
CANCER INCIDENCE (RATE PER 100,000)	528.9	476.1	D
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	52.5%	F
MINIMAL VEGETABLE CONSUMPTION	NA	28.5%	F
NO PHYSICAL ACTIVITY	33.3%	30.4%	F
CURRENT SMOKING PREVALENCE	28.1%	25.1%	F
OBESITY	32.2%	33.4%	F
IMMUNIZATIONS < 3 YEARS	69.3%	76.5%	B
SENIORS INFLUENZA VACCINATION	65.4%	70.8%	A
SENIORS PNEUMONIA VACCINATION	76.3%	78.5%	A
LIMITED ACTIVITY DAYS	15.4%	16.7%	C
POOR MENTAL HEALTH DAYS	24.9%	23.3%	C
POOR PHYSICAL HEALTH DAYS	21.4%	22.0%	C
GOOD OR BETTER HEALTH RATING	76.1%	77.4%	F
TEEN FERTILITY (RATE PER 1,000)	31.2	32.9	F
FIRST TRIMESTER PRENATAL CARE	51.6%	56.7%	F
LOW BIRTH WEIGHT	8.4%	8.1%	C
ADULT DENTAL VISITS	50.4%	51.9%	F
USUAL SOURCE OF CARE	76.9%	77.1%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2108.4	2261.0	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	24.1%	20.1%	D
POVERTY	21.3%	20.4%	D

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

Mortality and Leading Causes of Death

- Caddo County ranked 64th in the state for total mortality (age-adjusted).
- Heart disease, cancer and unintentional injury were the leading causes of death in Caddo County.
- Caddo County ranked 18th in the state for deaths due to Alzheimer's disease.
- Caddo County led the state in deaths due to cancer.

Disease Rates

- Caddo County ranked 32nd in the state for both cancer incidence and diabetes disease prevalence.

Risk Factors, Behaviors and Socioeconomic Factors

- 1 in 5 people in Caddo County lived in poverty (20%) and 1 in 5 adults did not have health insurance (20%).
- Caddo County had the highest rate of seniors pneumonia vaccination in the state (78.5%) and was among the top 10 counties for seniors influenza vaccination (70.8%) earning it an "A" for both indicators when compared to national rates.
- Caddo County received low grades for numerous indicators, including fruit/vegetable consumption, no physical activity, smoking and obesity prevalence, self-health rating, teen fertility, 1st trimester prenatal care, and adult dental visits.
- Less than 60% of Caddo County mothers received first trimester prenatal care.
- 1 in 6 adults reported 3+ days with limited activity in the past month (17%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (22%) and 4+ days of poor mental health (24%) in the previous month.

Changes from Previous the Year

- The rate of deaths due to stroke increased 23% from the previous year.
- The percent of adult smokers declined 11%.
- Adults without health care coverage declined 17%.
- The rate of deaths due to diabetes decreased 23%.



CANADIAN COUNTY

Mortality and Leading Causes of Death

- Canadian County ranked 9th in the state for total mortality (age-adjusted) with a rate that was 13% lower than that of the state.
- Canadian County ranked as the 2nd best in deaths due to influenza/pneumonia and 4th best in infant mortality.
- Canadian County had few deaths attributed to nephritis or Alzheimer's disease.

Disease Rates

- Canadian County ranked 50th in asthma prevalence and was 8% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- 8% of Canadian County residents were living in poverty. This was the lowest rate in the state and 52% lower than the overall state rate.
- 86% of adults reported good or better health earning Canadian County the 3rd highest ranking in the state.
- Canadian County consistently ranked in the top ten for various indicators including teen fertility, obesity prevalence, physically inactive adults, self-health rating, usual source of healthcare, vegetable consumption, adult dental visits, and seniors influenza/pneumonia vaccination.
- Approximately 1 in 6 adults reported 3+ days with limited activity in the past month (18%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (22%) and 4+ days of poor mental health (24%) in the previous month.

Changes from the Previous Year

- The infant mortality rate decreased 34% from the previous year.
- The rate of deaths due to influenza/pneumonia declined by 57%.
- The percent of adults who experienced 3+ limited activity days increased slightly.

PREVIOUS CURRENT GRADE

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	8.2	5.4	B
TOTAL (RATE PER 100,000)	819.5	797.8	D
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	206.0	190.1	C
MALIGNANT NEOPLASM (CANCER)	188.8	172.4	C
CEREBROVASCULAR DISEASE (STROKE)	52.6	42.5	D
CHRONIC LOWER RESPIRATORY DISEASE	51.4	58.4	F
UNINTENTIONAL INJURY	45.1	50.4	D
DIABETES	22.7	22.9	C
INFLUENZA/PNEUMONIA	20.1	8.6	A
ALZHEIMER'S DISEASE	28.3	20.5	B
NEPHRITIS (KIDNEY DISEASE)	14.4	8.4	B
SUICIDES	14.7	17.3	D
DISEASE RATES			
DIABETES PREVALENCE	10.7	11.0%	D
CURRENT ASTHMA PREVALENCE	9.0	9.6%	D
CANCER INCIDENCE (RATE PER 100,000)	519.3	474.3	C
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	50.3%	F
MINIMAL VEGETABLE CONSUMPTION	NA	24.9%	D
NO PHYSICAL ACTIVITY	29.9%	26.9%	D
CURRENT SMOKING PREVALENCE	23.9%	21.1%	C
OBESITY	30.6%	31.7%	D
IMMUNIZATIONS < 3 YEARS	62.4%	69.0%	D
SENIORS INFLUENZA VACCINATION	66.2%	71.4%	A
SENIORS PNEUMONIA VACCINATION	76.5%	78.4%	A
LIMITED ACTIVITY DAYS	16.7%	18.0%	C
POOR MENTAL HEALTH DAYS	25.3%	23.7%	C
POOR PHYSICAL HEALTH DAYS	21.3%	21.8%	C
GOOD OR BETTER HEALTH RATING	84.9%	85.8%	B
TEEN FERTILITY (RATE PER 1,000)	15.5	13.9	C
FIRST TRIMESTER PRENATAL CARE	68.7%	77.2%	B
LOW BIRTH WEIGHT	7.2%	7.6%	C
ADULT DENTAL VISITS	66.4%	68.2%	C
USUAL SOURCE OF CARE	81.7%	81.9%	B
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	3.6	4.3	C
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1599.8	1368.8	B
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	17.4%	13.8%	B
POVERTY	8.5%	8.3%	A



CARTER COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	7.7	5.5	C
TOTAL (RATE PER 100,000)	1059.3	1080.0	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	289.5	271.4	F
MALIGNANT NEOPLASM (CANCER)	195.9	208.0	F
CEREBROVASCULAR DISEASE (STROKE)	60.8	44.1	D
CHRONIC LOWER RESPIRATORY DISEASE	65.4	93.6	F
UNINTENTIONAL INJURY	73.4	95.1	F
DIABETES	32.1	26.1	D
INFLUENZA/PNEUMONIA	34.8	32.6	F
ALZHEIMER'S DISEASE	19.1	22.8	C
NEPHRITIS (KIDNEY DISEASE)	23.2	20.9	D
SUICIDES	15.4	15.9	D
DISEASE RATES			
DIABETES PREVALENCE	11.0%	11.3%	D
CURRENT ASTHMA PREVALENCE	9.2%	9.7%	D
CANCER INCIDENCE (RATE PER 100,000)	506.1	493.2	D
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	51.6%	F
MINIMAL VEGETABLE CONSUMPTION	NA	27.2%	D
NO PHYSICAL ACTIVITY	33.3%	30.3%	F
CURRENT SMOKING PREVALENCE	27.7%	24.7%	D
OBESITY	31.7%	32.9%	F
IMMUNIZATIONS < 3 YEARS	74.9%	74.0%	C
SENIORS INFLUENZA VACCINATION	60.8%	66.1%	B
SENIORS PNEUMONIA VACCINATION	71.5%	73.5%	B
LIMITED ACTIVITY DAYS	17.5%	18.9%	D
POOR MENTAL HEALTH DAYS	25.0%	23.4%	C
POOR PHYSICAL HEALTH DAYS	23.3%	23.9%	D
GOOD OR BETTER HEALTH RATING	77.2%	78.5%	D
TEEN FERTILITY (RATE PER 1,000)	32.7	35.6	F
FIRST TRIMESTER PRENATAL CARE	64.0%	73.1	C
LOW BIRTH WEIGHT	10.3%	9.4%	D
ADULT DENTAL VISITS	53.6%	55.2%	F
USUAL SOURCE OF CARE	79.0%	79.1%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	7.0	8.8	F
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2276.2	2304.4	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	20.2%	16.5%	C
POVERTY	16.4%	16.2%	C

Mortality and Leading Causes of Death

- Carter County ranked 71st in the state for total mortality (age-adjusted). The rate was 18% higher than the state rate and 45% higher than the national rate.
- Carter County had the 5th lowest infant mortality rate.
- Carter County's leading causes of death were heart disease, cancer, unintentional injury and chronic lower respiratory disease.

Disease Rates

- Carter County ranked 54th in the state for asthma prevalence and was 9% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- 1 in 6 adults in Carter County did not have health insurance.
- At 9.4%, Carter County ranked among the ten worst counties for the percentage of low birth weight births in the state.
- Carter County ranked near the bottom for both senior influenza and pneumonia vaccination rates at 55% and 74% respectively.
- Nearly 1 in 6 people in Carter County lived in poverty (16%).
- Nearly 1 in 5 adults reported 3+ days with limited activity in the past month (19%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (24%) and 4+ days of poor mental health (23%) in the previous month.

Changes from the Previous Year

- The rate of deaths among infants declined 29% from the previous year.
- The rate of deaths due to stroke decreased 27%.
- The percentage of pregnant women who received first trimester prenatal care improved by 14%.
- The rates of death due to chronic lower respiratory disease and unintentional injury increased 43% and 30% respectively.



CHEROKEE COUNTY

Mortality and Leading Causes of Death

- Cherokee County ranked 45th in the state for total mortality (age-adjusted).
- Heart disease, cancer and chronic lower respiratory disease were the leading causes of death in Cherokee County.
- Few deaths were attributed to nephritis and Alzheimer's disease in Cherokee County.

Disease Rates

- Cherokee County ranked 67th in the state for asthma prevalence, 16% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Cherokee County was among the 10 best counties in terms of preventable hospitalizations.
- Nearly 30% of Cherokee County adults did not have usual source of healthcare which was one of the highest county rates in Oklahoma.
- 1 in 4 people in Cherokee County lived in poverty (25%).
- Nearly 1 in 5 adults reported 3+ days with limited activity in the past month (19%).
- 1 in 4 adults reported 4+ days of poor physical health (25%) and nearly 1 in 4 adults reported 4+ days of poor mental health (24%) in the previous month.

Changes from the Previous Year

- The rate of total deaths declined 9% and the rate of deaths due to stroke decreased 40% from the previous year.
- The rate of deaths attributed to nephritis decreased nearly 60%.
- The percentage of physically inactive adults improved by 9% from the previous year.
- The percentage of adults without health care coverage improved 19%.
- The rate of deaths due to suicide increased 80% .

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	8.9	7.2	D
TOTAL (RATE PER 100,000)	1053.9	955.2	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	291.8	257.7	F
MALIGNANT NEOPLASM (CANCER)	194.4	215.6	F
CEREBROVASCULAR DISEASE (STROKE)	73.2	43.8	D
CHRONIC LOWER RESPIRATORY DISEASE	63.9	65.4	F
UNINTENTIONAL INJURY	74.7	48.1	D
DIABETES	35.7	24.2	D
INFLUENZA/PNEUMONIA	24.4	26.0	F
ALZHEIMER'S DISEASE	15.5	20.5	B
NEPHRITIS (KIDNEY DISEASE)	20.7	8.7	B
SUICIDES	14.0	25.2	F
DISEASE RATES			
DIABETES PREVALENCE	10.7%	11.1%	D
CURRENT ASTHMA PREVALENCE	9.7%	10.3%	D
CANCER INCIDENCE (RATE PER 100,000)	447.3	489.2	D
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	51.8%	F
MINIMAL VEGETABLE CONSUMPTION	NA	27.6%	D
NO PHYSICAL ACTIVITY	30.5%	27.7%	D
CURRENT SMOKING PREVALENCE	26.5%	23.7%	D
OBESITY	31.3%	32.6%	D
IMMUNIZATIONS < 3 YEARS	74.8%	76.9%	B
SENIORS INFLUENZA VACCINATION	63.5%	68.9%	A
SENIORS PNEUMONIA VACCINATION	73.5%	75.7%	A
LIMITED ACTIVITY DAYS	17.5%	19.1%	D
POOR MENTAL HEALTH DAYS	26.0%	24.4%	C
POOR PHYSICAL HEALTH DAYS	24.6%	25.3%	D
GOOD OR BETTER HEALTH RATING	79.2%	80.2%	D
TEEN FERTILITY (RATE PER 1,000)	33.7	31.8	F
FIRST TRIMESTER PRENATAL CARE	56.1%	59.6%	F
LOW BIRTH WEIGHT	7.7%	8.7%	C
ADULT DENTAL VISITS	58.4%	60.1%	D
USUAL SOURCE OF CARE	72.6%	72.7%	D
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	5.6	D
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1775.7	1328.7	B
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	21.5%	17.5%	C
POVERTY	25.3%	24.6%	F

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



CHOCTAW COUNTY

PREVIOUS CURRENT GRADE

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	8.9	10.2	F
TOTAL (RATE PER 100,000)	1122.2	1075.0	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	347.6	345.6	F
MALIGNANT NEOPLASM (CANCER)	245.8	239.9	F
CEREBROVASCULAR DISEASE (STROKE)	52.4	46.6	D
CHRONIC LOWER RESPIRATORY DISEASE	54.7	69.8	F
UNINTENTIONAL INJURY	78.1	64.7	F
DIABETES	21.3	17.4	A
INFLUENZA/PNEUMONIA	40.4	14.3	C
ALZHEIMER'S DISEASE	19.0	37.6	F
NEPHRITIS (KIDNEY DISEASE)	13.0	35.6	F
SUICIDES	21.6	11.7	C
DISEASE RATES			
DIABETES PREVALENCE	13.0%	13.4%	F
CURRENT ASTHMA PREVALENCE	8.9%	9.4%	C
CANCER INCIDENCE (RATE PER 100,000)	588.0	515.0	F
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	53.2%	F
MINIMAL VEGETABLE CONSUMPTION	NA	30.0%	F
NO PHYSICAL ACTIVITY	36.4%	33.5%	F
CURRENT SMOKING PREVALENCE	30.6%	27.3%	F
OBESITY	33.2%	34.3%	F
IMMUNIZATIONS < 3 YEARS	70.3%	72.6%	C
SENIORS INFLUENZA VACCINATION	60.1%	65.8%	B
SENIORS PNEUMONIA VACCINATION	70.4%	72.9%	B
LIMITED ACTIVITY DAYS	20.7%	22.4%	F
POOR MENTAL HEALTH DAYS	25.6%	23.9%	C
POOR PHYSICAL HEALTH DAYS	26.1%	26.8%	F
GOOD OR BETTER HEALTH RATING	69.9%	71.2%	F
TEEN FERTILITY (RATE PER 1,000)	39.0	45.3	F
FIRST TRIMESTER PRENATAL CARE	58.1%	57.8%	F
LOW BIRTH WEIGHT	10.8%	8.5%	C
ADULT DENTAL VISITS	45.2%	46.5%	F
USUAL SOURCE OF CARE	76.9%	77.2%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	4034.2	3411.7	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	22.9%	18.9%	C
POVERTY	24.7%	28.1%	F

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

Mortality and Leading Causes of Death

- Choctaw County ranked 70th in the state for total mortality (age-adjusted). The rate was 17% higher than that of the state and 44% higher than the nation's.
- Choctaw County's leading causes of death were heart disease and cancer. The county's death rates were among the worst in the state.
- Choctaw County was ranked as the 5th lowest for deaths due to suicide.

Disease Rates

- The Choctaw County cancer incidence rate was 12% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Choctaw County was among the bottom ten counties for various indicators including smoking, obesity, poverty, self-health rating, fruit/vegetable consumption, teen fertility, and dental visits.
- Approximately 1 in 4 adults was a current smoker (27%) which was the 5th highest county percentage in the state.
- Approximately 1 in 3 adults was obese in Choctaw County (34%). This was the 3rd highest rate in the state.
- Approximately 1 in 4 adults lived in poverty (28%); a rate which was 77% higher than the nation.
- Choctaw County had the 2nd highest rate of births to teens aged 15-17. This rate was double that of the state.
- Approximately 1 in 5 adults reported 3+ days with limited activity in the past month (22%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (27%) and 4+ days of poor mental health (24%) in the previous month.

Changes from the Previous Year

- The infant mortality rate increased 15% from the previous year.
- The rates of death due to influenza/pneumonia and suicide decreased 65% and 45% respectively.
- The rates of death due to Alzheimer's disease and nephritis increased by 98% and 174% respectively.
- Residents living in poverty increased 14%.



CIMARRON COUNTY

Mortality and Leading Causes of Death

- Cimarron County had the 3rd lowest total mortality rate (age-adjusted) in the state.
- Cimarron County had the highest rate of deaths in the state due to cancer.

Disease Rates

- The cancer incidence rate was 12% higher than that of the nation.

Risk Factors, Behaviors and Socioeconomic Factors

- At 4.8%, Cimarron County had the lowest percentage of low birth weight births in the state.
- Cimarron County had the 2nd lowest rate of preventable hospitalizations in the state.
- Nearly half (49%) of Cimarron County adults ate less than 1 piece of fruit per day and approximately 1 in 4 (27%) ate less than one vegetable per day.
- Approximately 1 in 6 people in Cimarron County lived in poverty (18%).
- 1 in 6 adults reported 3+ days with limited activity in the past month (17%).
- Nearly 1 in 4 adults reported 4+ days of poor physical health (23%) and 1 in 5 reported 4+ days of poor mental health (20%) in the previous month.

Changes from Previous Year

- Total mortality rates declined by 8% from the previous year.
- The rate of deaths due to heart disease improved by 25%.
- The rate of deaths attributed to cancer more than doubled (increased 108%).
- The rate of low birth weight babies improved by 19%.
- The rate of births to teens aged 15-17 increased 80%.

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	*	*	
TOTAL (RATE PER 100,000)	837.2	767.0	C
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	214.0	161.1	B
MALIGNANT NEOPLASM (CANCER)	121.7	252.7	F
CEREBROVASCULAR DISEASE (STROKE)	36.9	*	
CHRONIC LOWER RESPIRATORY DISEASE	*	*	
UNINTENTIONAL INJURY	106.6	*	
DIABETES	42.0	*	
INFLUENZA/PNEUMONIA	*	*	
ALZHEIMER'S DISEASE	47.5	*	
NEPHRITIS (KIDNEY DISEASE)	*	*	
SUICIDES	*	*	
DISEASE RATES			
DIABETES PREVALENCE	12.4%	12.7%	F
CURRENT ASTHMA PREVALENCE	8.4%	8.8%	C
CANCER INCIDENCE (RATE PER 100,000)	477.5	512.8	F
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	49.3%	F
MINIMAL VEGETABLE CONSUMPTION	NA	26.5%	D
NO PHYSICAL ACTIVITY	36.4%	33.2%	F
CURRENT SMOKING PREVALENCE	23.5%	20.9%	C
OBESITY	30.8%	31.9%	D
IMMUNIZATIONS < 3 YEARS	67.6%	75.3%	B
SENIORS INFLUENZA VACCINATION	63.9%	69.4%	A
SENIORS PNEUMONIA VACCINATION	73.2%	75.4%	A
LIMITED ACTIVITY DAYS	15.6%	16.8%	C
POOR MENTAL HEALTH DAYS	21.9%	20.4%	B
POOR PHYSICAL HEALTH DAYS	22.9%	23.3%	C
GOOD OR BETTER HEALTH RATING	74.6%	76.1%	F
TEEN FERTILITY (RATE PER 1,000)	18.2	32.8	F
FIRST TRIMESTER PRENATAL CARE	57.5%	62.9%	F
LOW BIRTH WEIGHT	5.9%	4.8%	A
ADULT DENTAL VISITS	50.4%	51.9%	F
USUAL SOURCE OF CARE	78.1%	77.9%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1251.0	526.8	A
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	21.8%	18.3%	C
POVERTY	16.3%	17.8%	D

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



CLEVELAND COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	6.3	4.9	B
TOTAL (RATE PER 100,000)	882.9	786.4	C
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	256.0	192.1	C
MALIGNANT NEOPLASM (CANCER)	175.8	170.0	C
CEREBROVASCULAR DISEASE (STROKE)	62.3	42.1	C
CHRONIC LOWER RESPIRATORY DISEASE	54.0	63.9	F
UNINTENTIONAL INJURY	38.2	43.7	D
DIABETES	23.5	16.9	A
INFLUENZA/PNEUMONIA	19.6	16.4	C
ALZHEIMER'S DISEASE	19.4	20.7	B
NEPHRITIS (KIDNEY DISEASE)	15.9	9.8	B
SUICIDES	9.8	12.8	C
DISEASE RATES			
DIABETES PREVALENCE	9.2%	9.5%	C
CURRENT ASTHMA PREVALENCE	9.6%	10.2%	D
CANCER INCIDENCE (RATE PER 100,000)	535.0	442.2	B
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	48.5%	F
MINIMAL VEGETABLE CONSUMPTION	NA	24.8%	D
NO PHYSICAL ACTIVITY	25.5%	22.8%	C
CURRENT SMOKING PREVALENCE	22.9%	20.3%	C
OBESITY	28.9%	30.0%	D
IMMUNIZATIONS < 3 YEARS	70.9%	72.0%	C
SENIORS INFLUENZA VACCINATION	62.6%	67.9%	B
SENIORS PNEUMONIA VACCINATION	75.0%	77.0%	A
LIMITED ACTIVITY DAYS	16.2%	17.6%	C
POOR MENTAL HEALTH DAYS	25.0%	23.4%	C
POOR PHYSICAL HEALTH DAYS	20.9%	21.5%	C
GOOD OR BETTER HEALTH RATING	86.3%	87.2%	B
TEEN FERTILITY (RATE PER 1,000)	12.9	12.1	B
FIRST TRIMESTER PRENATAL CARE	70.7%	75.3%	C
LOW BIRTH WEIGHT	7.3%	7.7%	C
ADULT DENTAL VISITS	67.4%	69.1%	C
USUAL SOURCE OF CARE	77.0%	77.1%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	2.4	2.2	B
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1895.7	1486.8	C
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	16.9%	13.3%	B
POVERTY	11.4%	13.3%	B

Mortality and Leading Causes of Death

- Cleveland County ranked 5th in the state for total mortality (age-adjusted).
- Cleveland County led the state with the lowest (best) rate for infant mortality. The rate was 40% lower than the state rate and 29% lower than the national rate.
- Heart disease, cancer and chronic lower respiratory disease were the leading causes of death in Cleveland County.
- Cleveland County had the 3rd lowest rate of deaths due to unintentional injuries and is ranked 8th in the state for deaths due to both suicide and diabetes.

Disease Rates

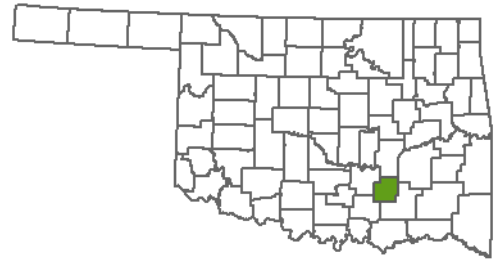
- Cleveland County had one of the lowest diabetes prevalence rates in the state.

Risk Factors, Behaviors and Socioeconomic Factors

- Cleveland County had the lowest (best) rate of teen fertility, and the 6th best percentage of mothers obtaining early prenatal care in the state.
- Cleveland County ranked 2nd (best) in the state for obesity prevalence, physically inactive adults, self-health rating, and adult dental visits.
- Cleveland County ranked 1st (best) in the state for occupational fatalities; a rate that was 46% better than the national rate.
- Approximately 1 in 2 adults consumed at least 1 piece of fruit each day (49%) and 1 in 4 consumed at least 1 vegetable per day (25%).
- 1 in 8 people in Cleveland county lived in poverty (13%).
- Approximately 1 in 6 adults reported 3+ days with limited activity in the past month (18%).
- Approximately 1 in 5 adults reported 4+ days of poor physical health (22%) and nearly 1 in 4 reported 4+ days of poor mental health (23%) in the previous month.

Changes from Previous Year

- Total mortality and infant mortality rates declined 11% and 22% respectively from the previous year.
- The percent of adults without health care coverage improved 21%.



COAL COUNTY

Mortality and Leading Causes of Death

- Coal County ranked 60th in the state for total mortality (age adjusted rate).
- Coal County's leading causes of death were heart disease, cancer, and unintentional injury.
- Coal County's rates of death due to heart disease and unintentional injury were more than double the national rates.
- The rate of deaths due chronic lower respiratory disease ranked the county as the 4th lowest in the state.

Disease Rates

- The prevalence of diabetes in Coal County was 32% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- 1 in 6 adults (17%) did not have health insurance.
- Coal County ranked near the bottom for self-health rating, teen fertility, fruit consumption, adult dental visits, preventable hospitalizations, and vaccination coverage for children under 3 years of age.
- 73% of adults reported good or better health which ranked Coal county as the 5th worst in the state.
- Nearly 1 in 4 people in Coal County lived in poverty (23%).
- Nearly 1 in 5 adults reported 3+ days with limited activity in the past month (19%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (27%) and 1 in 4 reported 4+ days of poor mental health (25%) in the previous month.

Changes from Previous Year

- The rate of deaths due to stroke improved by 35% from the previous year.
- The rate of adults without health care coverage worsened by 20%.
- The rate of births to teens aged 15-17 worsened by 26%.
- The rate of deaths attributed to chronic lower respiratory disease improved by 36%.

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	17.1	*	
TOTAL (RATE PER 100,000)	1113.0	1015.9	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	445.5	414.1	F
MALIGNANT NEOPLASM (CANCER)	198.6	171.8	C
CEREBROVASCULAR DISEASE (STROKE)	51.0	32.9	B
CHRONIC LOWER RESPIRATORY DISEASE	54.6	35.1	B
UNINTENTIONAL INJURY	72.3	87.5	F
DIABETES	31.7	*	
INFLUENZA/PNEUMONIA	27.4	*	
ALZHEIMER'S DISEASE	*	*	
NEPHRITIS (KIDNEY DISEASE)	40.2	23.7	F
SUICIDES	*	*	
DISEASE RATES			
DIABETES PREVALENCE	12.3%	12.8%	F
CURRENT ASTHMA PREVALENCE	8.9%	9.4%	C
CANCER INCIDENCE (RATE PER 100,000)	546.9	437.3	B
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	53.3%	F
MINIMAL VEGETABLE CONSUMPTION	NA	28.6%	F
NO PHYSICAL ACTIVITY	36.0%	33.0%	F
CURRENT SMOKING PREVALENCE	29.2%	25.8%	F
OBESITY	32.3%	32.2%	F
IMMUNIZATIONS < 3 YEARS	86.3%	67.0%	D
SENIORS INFLUENZA VACCINATION	63.9%	69.3%	A
SENIORS PNEUMONIA VACCINATION	74.1%	76.3%	A
LIMITED ACTIVITY DAYS	18.0%	19.4%	D
POOR MENTAL HEALTH DAYS	26.4%	24.6%	C
POOR PHYSICAL HEALTH DAYS	25.9%	26.6%	F
GOOD OR BETTER HEALTH RATING	71.9%	73.2%	F
TEEN FERTILITY (RATE PER 1,000)	30.3	38.3	F
FIRST TRIMESTER PRENATAL CARE	67.0%	70.0%	D
LOW BIRTH WEIGHT	8.4%	7.4%	B
ADULT DENTAL VISITS	45.6%	47.2%	F
USUAL SOURCE OF CARE	78.5%	78.8%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	4034.6	3829.9	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	20.7%	16.6%	C
POVERTY	22.2%	22.9%	F

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



COMANCHE COUNTY

PREVIOUS CURRENT GRADE

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	7.8	9.8	F
TOTAL (RATE PER 100,000)	946.2	889.8	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	251.6	234.7	F
MALIGNANT NEOPLASM (CANCER)	208.4	183.6	D
CEREBROVASCULAR DISEASE (STROKE)	59.3	46.1	D
CHRONIC LOWER RESPIRATORY DISEASE	72.9	63.9	F
UNINTENTIONAL INJURY	52.7	42.8	C
DIABETES	33.6	29.6	F
INFLUENZA/PNEUMONIA	31.3	20.4	F
ALZHEIMER'S DISEASE	20.7	24.3	C
NEPHRITIS (KIDNEY DISEASE)	15.1	14.4	C
SUICIDES	14.0	16.7	D
DISEASE RATES			
DIABETES PREVALENCE	9.6%	9.9%	C
CURRENT ASTHMA PREVALENCE	9.8%	10.3%	D
CANCER INCIDENCE (RATE PER 100,000)	474.7	429.3	B
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	50.5%	F
MINIMAL VEGETABLE CONSUMPTION	NA	28.1%	F
NO PHYSICAL ACTIVITY	29.0%	26.1%	D
CURRENT SMOKING PREVALENCE	27.1%	24.2%	D
OBESITY	30.7%	31.8%	D
IMMUNIZATIONS < 3 YEARS	66.8%	62.3%	F
SENIORS INFLUENZA VACCINATION	62.1%	67.5%	B
SENIORS PNEUMONIA VACCINATION	73.2%	75.5%	A
LIMITED ACTIVITY DAYS	16.7%	18.1%	D
POOR MENTAL HEALTH DAYS	25.8%	24.1%	C
POOR PHYSICAL HEALTH DAYS	23.2%	23.7%	D
GOOD OR BETTER HEALTH RATING	81.4%	82.6%	C
TEEN FERTILITY (RATE PER 1,000)	27.0	24.9	F
FIRST TRIMESTER PRENATAL CARE	64.9%	70.1%	D
LOW BIRTH WEIGHT	8.5%	8.0%	C
ADULT DENTAL VISITS	61.5%	63.2%	D
USUAL SOURCE OF CARE	76.2%	76.1%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	4.7	4.2	C
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1729.2	1525.6	C
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	19.7%	16.0%	C
POVERTY	18.3%	17.6%	F

Mortality and Leading Causes of Death

- Comanche County ranked 30th in the state for total mortality (age-adjusted) with a rate that is 19% higher than the nation.
- Comanche County's leading causes of death were heart disease, cancer, and chronic lower respiratory disease.
- Comanche County had the 2nd lowest rate of deaths due to unintentional injury with a rate that is 23% lower than the rest of the state, but still 9% higher than the national rate.

Disease Rates

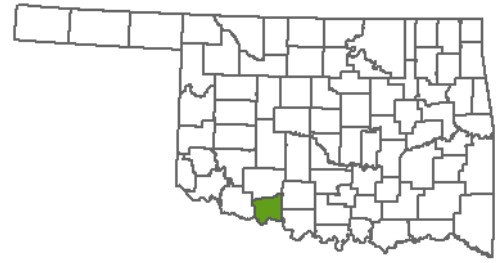
- 1 in 10 Comanche County adults (10%) reported having asthma, which was the highest rate in the state.
- Comanche County had a lower diabetes disease prevalence rate than most other counties in the state.

Risk Factors, Behaviors and Socioeconomic Factors

- Comanche County had the 3rd worst percentage of children under 3 years of age that had completed their primary immunization series.
- Comanche County ranked in the top ten best for adult dental visits.
- Approximately 1 in 6 people in Comanche County lived in poverty (18%).
- Approximately 1 in 6 adults reported 3+ days with limited activity in the past month (18%).
- Nearly 1 in 4 adults reported 4+ days of poor physical health (24%) and nearly 1 in 4 reported 4+ days of poor mental health (24%) in the previous month.

Changes from Previous Year

- The rate of infant deaths worsened by 26% from the previous year.
- The prevalence of asthma improved by 5%.
- The rate of cancer incidence improved by 10%.
- The percentage of uninsured adults worsened by 19%.



COTTON COUNTY

Mortality and Leading Causes of Death

- Cotton County ranked 51st in the state for total mortality (age-adjusted).
- Cotton County ranked near the bottom (71st) for heart disease deaths with a rate that is 15% higher than the state rate and 43% higher than the national rate.
- Cotton County's leading causes of death were heart disease, cancer, and unintentional injury.
- Cotton County ranked 6th in the state for the rate of deaths due to stroke with a rate that was 37% better than the national average.

Disease Rates

- Cotton County had a very low cancer incidence rate with a rate that was 18% lower than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- 1 in 6 adults (17%) in Cotton County was uninsured.
- 81% of children under the age of 3 in Cotton county were appropriately immunized earning the county an "A" compared to the national rate.
- Cotton County received an "F" in teen fertility with a rate that was nearly double the national rate.
- Approximately 1 in 6 people in Cotton County lived in poverty (18%).
- Approximately 1 in 6 adults reported 3+ days with limited activity in the past month (18%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (26%) and more than 1 in 5 reported 4+ days of poor mental health (21%) in the previous month.

Changes from Previous Year

- The rate of deaths due to stroke improved by 23% from the previous year.
- The percent of babies born at low birth weight improved by 15%.
- The percentage of uninsured adults improved by 19%.
- The percent of residents living in poverty improved by 7%.

PREVIOUS CURRENT GRADE

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	*	*	
TOTAL (RATE PER 100,000)	971.8	985.8	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	342.9	302.1	F
MALIGNANT NEOPLASM (CANCER)	189.4	211.4	F
CEREBROVASCULAR DISEASE (STROKE)	37.8	29.3	A
CHRONIC LOWER RESPIRATORY DISEASE	46.4	69.2	F
UNINTENTIONAL INJURY	58.1	71.3	F
DIABETES	45.9	25.3	D
INFLUENZA/PNEUMONIA	*	*	
ALZHEIMER'S DISEASE	30.4	43.5	F
NEPHRITIS (KIDNEY DISEASE)	*	22.8	D
SUICIDES	*	*	
DISEASE RATES			
DIABETES PREVALENCE	11.9%	12.4%	F
CURRENT ASTHMA PREVALENCE	8.5%	8.9%	C
CANCER INCIDENCE (RATE PER 100,000)	460.5	378.4	A
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	51.9%	F
MINIMAL VEGETABLE CONSUMPTION	NA	27.3%	D
NO PHYSICAL ACTIVITY	34.2%	31.3%	F
CURRENT SMOKING PREVALENCE	26.5%	23.4%	D
OBESITY	31.7%	32.9%	F
IMMUNIZATIONS < 3 YEARS	82.2%	80.8%	A
SENIORS INFLUENZA VACCINATION	63.5%	69.0%	A
SENIORS PNEUMONIA VACCINATION	74.6%	76.9%	A
LIMITED ACTIVITY DAYS	16.2%	17.6%	C
POOR MENTAL HEALTH DAYS	22.3%	20.8%	B
POOR PHYSICAL HEALTH DAYS	25.0%	25.7%	D
GOOD OR BETTER HEALTH RATING	76.4%	77.5%	F
TEEN FERTILITY (RATE PER 1,000)	26.0	30.6	F
FIRST TRIMESTER PRENATAL CARE	65.8%	66.5%	D
LOW BIRTH WEIGHT	9.3%	7.9%	C
ADULT DENTAL VISITS	53.0%	54.4%	F
USUAL SOURCE OF CARE	79.5%	79.8%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	956.2	1179.8	A
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	20.4%	16.6%	C
POVERTY	16.8%	18.0%	D

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



CRAIG COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	10.7	10.0	F
TOTAL (RATE PER 100,000)	1002.0	1010.8	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	292.4	304.7	F
MALIGNANT NEOPLASM (CANCER)	215.4	213.6	F
CEREBROVASCULAR DISEASE (STROKE)	44.1	48.8	F
CHRONIC LOWER RESPIRATORY DISEASE	48.5	76.9	F
UNINTENTIONAL INJURY	67.9	87.4	F
DIABETES	35.1	20.2	B
INFLUENZA/PNEUMONIA	37.8	14.1	C
ALZHEIMER'S DISEASE	19.0	23.3	C
NEPHRITIS (KIDNEY DISEASE)	16.0	8.3	B
SUICIDES	9.8	19.4	F
DISEASE RATES			
DIABETES PREVALENCE	12.4%	12.8%	F
CURRENT ASTHMA PREVALENCE	8.1%	8.5%	C
CANCER INCIDENCE (RATE PER 100,000)	543.9	477.7	D
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	52.9%	F
MINIMAL VEGETABLE CONSUMPTION	NA	28.2%	F
NO PHYSICAL ACTIVITY	34.1%	31.2%	F
CURRENT SMOKING PREVALENCE	26.1%	23.3%	D
OBESITY	32.3%	33.5%	F
IMMUNIZATIONS < 3 YEARS	84.6%	78.1%	B
SENIORS INFLUENZA VACCINATION	63.4%	69.0%	A
SENIORS PNEUMONIA VACCINATION	74.2%	76.6%	A
LIMITED ACTIVITY DAYS	18.7%	20.2%	D
POOR MENTAL HEALTH DAYS	26.3%	24.6%	C
POOR PHYSICAL HEALTH DAYS	24.3%	24.9%	D
GOOD OR BETTER HEALTH RATING	75.8%	77.0%	F
TEEN FERTILITY (RATE PER 1,000)	26.5	26.5	F
FIRST TRIMESTER PRENATAL CARE	64.0%	68.7%	D
LOW BIRTH WEIGHT	10.1%	5.5%	A
ADULT DENTAL VISITS	49.4%	51.0%	F
USUAL SOURCE OF CARE	79.4%	79.6%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2773.8	2836.6	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	19.4%	15.6%	C
POVERTY	19.2%	20.3%	D

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

Mortality and Leading Causes of Death

- Craig County ranked 57th in the state for total mortality (age-adjusted).
- Craig County's leading causes of death were heart disease, cancer, and unintentional injury.
- Few deaths were attributed to nephritis and Influenza/pneumonia in Craig County.

Disease Rates

- 1 in 8 of adults (13%) had diabetes, which was 32% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Craig County tied for the 2nd best rate of low birth weight births in the state.
- Craig County had the 10th highest rate of preventable hospitalizations in the state.
- 1 in 5 people in Craig County lived in poverty (20%).
- 1 in 5 adults reported 3+ days with limited activity in the past month (20%).
- 1 in 4 adults reported 4+ days of poor physical health (25%) and 1 in 4 reported 4+ days of poor mental health (25%) in the previous month.

Changes from Previous Year

- The rate of deaths due to chronic lower respiratory disease worsened by 59% from the previous year.
- The rates of death due to influenza/pneumonia and nephritis improved by 63% and 28% respectively.
- The percentage of adult smokers improved by 11%.
- The rate of deaths due to unintentional injury worsened by nearly 30% and the rate of deaths due to suicides doubled.
- The percentage of uninsured adults improved by 20% while the percentage of the population living in poverty worsened by 6%.
- The rate of low birth weight babies born decreased by 46%.



CREEK COUNTY

Mortality and Leading Causes of Death

- Creek County ranked 46th in the state for total mortality (age-adjusted).
- The leading causes of death in Creek County were heart disease, cancer, and chronic lower respiratory disease.
- Creek County ranked 5th highest in the rate of deaths due to nephritis.

Disease Rates

- The rate of cancer incidence was 17% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- 37% of adults in Creek County were smokers, which was 35% higher than the national rate and the 10th highest rate in the state.
- 78% of seniors had received pneumonia vaccinations ranking Creek County among the top 10 counties.
- 1 in 6 people in Creek County lived in poverty (17%).
- Nearly 1 in 5 adults reported 3+ days with limited activity in the past month (19%).
- 1 in 4 adults reported 4+ days of poor physical health (25%) and nearly 1 in 4 reported 4+ days of poor mental health (24%) in the previous month.

Changes from Previous Year

- The rates of death due to nephritis and Alzheimer's disease improved by 53% and 32% respectively from the previous year.
- The rate of adult asthma worsened by 6%.
- The rate of deaths due to occupational fatalities doubled.
- The percentage of uninsured adults improved by 18%, while the percentage of the population living in poverty worsened by 34%.

PREVIOUS CURRENT GRADE

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	8.4	8.9	F
TOTAL (RATE PER 100,000)	1013.2	960.7	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	257.2	248.2	F
CANCER	220.9	207.9	F
CEREBROVASCULAR DISEASE (STROKE)	58.7	53.9	F
CHRONIC LOWER RESPIRATORY DISEASE	69.0	71.3	F
UNINTENTIONAL INJURY	67.4	60.0	F
DIABETES	37.9	28.7	F
INFLUENZA/PNEUMONIA	19.7	17.6	D
ALZHEIMER'S DISEASE	38.9	26.3	C
NEPHRITIS (KIDNEY DISEASE)	15.9	7.4	A
SUICIDES	19.7	20.9	F
DISEASE RATES			
DIABETES PREVALENCE	11.0%	11.4%	D
CURRENT ASTHMA PREVALENCE	8.9%	9.4%	C
CANCER INCIDENCE (RATE PER 100,000)	541.4	540.5	F
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	52.6%	F
MINIMAL VEGETABLE CONSUMPTION	NA	27.2%	D
NO PHYSICAL ACTIVITY	33.3%	30.3%	F
CURRENT SMOKING PREVALENCE	29.7%	26.5%	F
OBESITY	32.0%	33.1%	F
IMMUNIZATIONS < 3 YEARS	58.8%	76.1%	B
SENIORS INFLUENZA VACCINATION	63.2%	68.6%	A
SENIORS PNEUMONIA VACCINATION	75.4%	77.6%	A
LIMITED ACTIVITY DAYS	18.0%	19.4%	D
POOR MENTAL HEALTH DAYS	25.6%	24.0%	C
POOR PHYSICAL HEALTH DAYS	24.5%	25.1%	D
GOOD OR BETTER HEALTH RATING	76.6%	77.8%	F
TEEN FERTILITY (RATE PER 1,000)	24.3%	22.7	D
FIRST TRIMESTER PRENATAL CARE	59.3%	61.0%	F
LOW BIRTH WEIGHT	7.7%	8.5%	C
ADULT DENTAL VISITS	53.0%	54.6%	F
USUAL SOURCE OF CARE	80.0%	80.3%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	2.2	4.6	C
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2495.5	2456.2	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	22.8%	18.8%	C
POVERTY	12.7%	17.0%	C

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



CUSTER COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	3.6	7.3	D
TOTAL (RATE PER 100,000)	914.0	938.2	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	275.4	219.7	D
MALIGNANT NEOPLASM (CANCER)	166.7	203.3	F
CEREBROVASCULAR DISEASE (STROKE)	33.7	37.0	C
CHRONIC LOWER RESPIRATORY DISEASE	56.5	69.3	F
UNINTENTIONAL INJURY	46.9	62.0	F
DIABETES	40.1	32.4	F
INFLUENZA/PNEUMONIA	27.5	22.4	F
ALZHEIMER'S DISEASE	25.5	33.9	D
NEPHRITIS (KIDNEY DISEASE)	21.2	11.0	B
SUICIDES	9.7	12.3	C
DISEASE RATES			
DIABETES PREVALENCE	9.3%	9.5%	C
CURRENT ASTHMA PREVALENCE	8.1%	8.6%	C
CANCER INCIDENCE (RATE PER 100,000)	526.5	449.1	C
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	49.5%	F
MINIMAL VEGETABLE CONSUMPTION	NA	26.3%	D
NO PHYSICAL ACTIVITY	29.1%	26.3%	D
CURRENT SMOKING PREVALENCE	22.5%	20.2%	C
OBESITY	28.8%	30.2%	D
IMMUNIZATIONS < 3 YEARS	73.0%	75.9%	B
SENIORS INFLUENZA VACCINATION	64.4%	69.7%	A
SENIORS PNEUMONIA VACCINATION	73.4%	75.4%	A
LIMITED ACTIVITY DAYS	14.5%	15.7%	B
POOR MENTAL HEALTH DAYS	21.3%	20.0%	B
POOR PHYSICAL HEALTH DAYS	19.6%	20.1%	B
GOOD OR BETTER HEALTH RATING	83.6%	84.6%	C
TEEN FERTILITY (RATE PER 1,000)	34.7	37.6	F
FIRST TRIMESTER PRENATAL CARE	58.2%	63.6%	F
LOW BIRTH WEIGHT	7.5%	6.6%	B
ADULT DENTAL VISITS	56.7%	58.2%	F
USUAL SOURCE OF CARE	77.0%	76.9%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	8.6	7.5	F
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2420.3	2351.8	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	22.0%	18.4%	C
POVERTY	18.0%	17.6%	D

Mortality and Leading Causes of Death

- Custer County ranked 43rd in the state for total mortality (age-adjusted) with a rate that was 26% higher than the national rate.
- The leading causes of death in Custer County were heart disease, cancer, and chronic lower respiratory disease.

Disease Rates

- Custer County ranked 4th (best) in the prevalence of diabetes when compared to other counties.

Risk Factors, Behaviors and Socioeconomic Factors

- Custer County ranked among the top 5 counties in the state for adult smokers, obesity prevalence, physically inactive adults, and self-health rating. The county ranked in the top 10 for fruit consumption.
- 6.6% of Custer County births were low birth weight, tying it for the 9th best rate in the state.
- Approximately 1 in 6 people in Custer County lived in poverty (18%).
- Nearly 1 in 6 adults reported 3+ days with limited activity in the past month (16%).
- 1 in 5 adults reported 4+ days of poor physical health (20%) and 1 in 5 reported 4+ days of poor mental health (20%) in the previous month.

Changes from Previous Year

- The infant mortality rate doubled from the previous year.
- The rate of deaths attributed to suicide worsened by 27%.
- The rate of deaths due to nephritis improved by 48%.
- The rate of adult smokers improved by 10% and the rate of babies born at low birth weight improved by 12%.
- The rate of deaths due to cancer worsened by 22%.



DELAWARE COUNTY

Mortality and Leading Causes of Death

- Delaware County ranked 34th in the state for total mortality (age-adjusted) with a rate that was 21% higher than the national rate.
- The leading causes of death in Delaware County were heart disease, cancer, and unintentional injury.
- Delaware County ranked 3rd (best) in the state for rates of death due to diabetes and nephritis, earning it an “A” in both categories.

Disease Rates

- The county’s diabetes disease prevalence of 9.5% was one of the highest in the state and 46% higher than the national average.
- The cancer incidence rate was the 7th lowest in the state, 12% lower than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Approximately 4 in 5 adults (82%) reported a usual source of health care, ranking Delaware County among the top 10 counties in the state.
- 3 in 4 seniors were vaccinated against pneumonia.
- Approximately 1 in 5 people in Delaware County lived in poverty (21%).
- Nearly 1 in 5 adults reported 3+ days with limited activity in the past month (19%).
- 1 in 4 adults reported 4+ days of poor physical health (25%) and nearly 1 in 4 reported 4+ days of poor mental health (23%) in the previous month.

Changes from Previous Year

- The rates of death due to diabetes and nephritis improved by 57% and 63% respectively from the previous year.
- The percentage of uninsured adults improved by 20%.
- The rate of cancer incidence improved by 20%.

PREVIOUS CURRENT GRADE

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	6.5	6.5	C
TOTAL (RATE PER 100,000)	898.5	906.2	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	263.6	234.9	F
MALIGNANT NEOPLASM (CANCER)	191.4	197.6	F
CEREBROVASCULAR DISEASE (STROKE)	49.5	40.9	C
CHRONIC LOWER RESPIRATORY DISEASE	52.2	61.1	F
UNINTENTIONAL INJURY	61.7	66.4	F
DIABETES	33.7	14.4	A
INFLUENZA/PNEUMONIA	14.8	18.9	D
ALZHEIMER'S DISEASE	18.2	25.9	C
NEPHRITIS (KIDNEY DISEASE)	18.3	6.7	A
SUICIDES	19.0	21.4	F
DISEASE RATES			
DIABETES PREVALENCE	13.8%	14.2%	F
CURRENT ASTHMA PREVALENCE	8.9%	9.5%	C
CANCER INCIDENCE (RATE PER 100,000)	507.2	405.5	A
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	51.5%	F
MINIMAL VEGETABLE CONSUMPTION	NA	26.9%	D
NO PHYSICAL ACTIVITY	35.0%	31.9%	F
CURRENT SMOKING PREVALENCE	25.7%	22.9%	D
OBESITY	32.1%	33.2%	F
IMMUNIZATIONS < 3 YEARS	73.1%	77.7%	B
SENIORS INFLUENZA VACCINATION	63.0%	68.5%	A
SENIORS PNEUMONIA VACCINATION	71.5%	73.8%	A
LIMITED ACTIVITY DAYS	17.5%	19.0%	D
POOR MENTAL HEALTH DAYS	24.1%	22.6%	C
POOR PHYSICAL HEALTH DAYS	24.0%	24.7%	D
GOOD OR BETTER HEALTH RATING	75.1%	76.4%	F
TEEN FERTILITY (RATE PER 1,000)	27.5	28.3	F
FIRST TRIMESTER PRENATAL CARE	61.4%	65.9%	F
LOW BIRTH WEIGHT	8.0%	7.3%	B
ADULT DENTAL VISITS	49.6%	51.3%	F
USUAL SOURCE OF CARE	81.6%	81.9%	B
OCCUPATIONAL FATALITIES (RATE PER 100,000)	4.4	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1436.7	1430.2	C
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	18.7%	14.9%	C
POVERTY	19.9%	20.9%	F

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



DEWEY COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	*	*	
TOTAL (RATE PER 100,000)	1047.5	936.3	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	229.0	274.7	F
MALIGNANT NEOPLASM (CANCER)	203.3	190.7	D
CEREBROVASCULAR DISEASE (STROKE)	63.8	42.1	C
CHRONIC LOWER RESPIRATORY DISEASE	78.4	30.4	B
UNINTENTIONAL INJURY	112.3	123.7	F
DIABETES	37.1	28.5	F
INFLUENZA/PNEUMONIA	23.3	*	
ALZHEIMER'S DISEASE	43.0	*	
NEPHRITIS (KIDNEY DISEASE)	*	*	
SUICIDES	*	*	
DISEASE RATES			
DIABETES PREVALENCE	12.0%	12.1%	F
CURRENT ASTHMA PREVALENCE	7.8%	8.4%	C
CANCER INCIDENCE (RATE PER 100,000)	594.0	449.2	C
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	50.3%	F
MINIMAL VEGETABLE CONSUMPTION	NA	26.2%	D
NO PHYSICAL ACTIVITY	33.4%	30.1%	F
CURRENT SMOKING PREVALENCE	23.6%	21.3%	C
OBESITY	30.8%	32.0%	D
IMMUNIZATIONS < 3 YEARS	75.5%	69.8%	A
SENIORS INFLUENZA VACCINATION	64.3%	75.4%	A
SENIORS PNEUMONIA VACCINATION	73.1%	73.5%	B
LIMITED ACTIVITY DAYS	16.1%	17.5%	C
POOR MENTAL HEALTH DAYS	22.6%	21.4%	B
POOR PHYSICAL HEALTH DAYS	23.5%	24.0%	D
GOOD OR BETTER HEALTH RATING	77.4%	79.0%	D
TEEN FERTILITY (RATE PER 1,000)	22.0	21.7	D
FIRST TRIMESTER PRENATAL CARE	51.7%	62.5%	F
LOW BIRTH WEIGHT	4.5%	7.5%	B
ADULT DENTAL VISITS	53.5%	55.5%	F
USUAL SOURCE OF CARE	79.7%	79.5%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	70.2	F
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2681.3	2168.9	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	20.6%	17.3%	C
POVERTY	12.9%	12.6%	B

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

Mortality and Leading Causes of Death

- Dewey County ranked 42nd in the state for total mortality (age-adjusted) with a rate that was 25% higher than the national rate.
- Dewey County ranked 1st (best) in the state for deaths due to chronic lower respiratory disease.
- The leading causes of death in Dewey County were heart disease, cancer, and unintentional injury.
- Dewey County ranked near the bottom for the rate of deaths due to unintentional injury in the state. It had a rate that was 225% higher than the national rate and 104% higher than the state rate.

Disease Rates

- 1 in 8 Dewey County adults (12%) had diabetes, which was 25% higher than the national average.

Risk Factors, Behaviors and Socioeconomic Factors

- 1 in 8 people in Dewey County lived in poverty (13%).
- Approximately 1 in 6 adults reported 3+ days with limited activity in the past month (18%).
- Nearly 1 in 4 adults reported 4+ days of poor physical health (24%) and approximately 1 in 5 reported 4+ days of poor mental health (21%) in the previous month.

Changes from Previous Year

- The total mortality rate improved by 11% from the previous year.
- The rate of deaths attributed to stroke improved by 34%.
- The percentage of uninsured adults improved by 16%.
- The rate of babies born at low birth weight worsened by 67%.



ELLIS COUNTY

Mortality and Leading Causes of Death

- Ellis County ranked 27th in the state for total mortality (age-adjusted) with a rate that was 18% higher than the national rate.
- The leading causes of death in Ellis County were cancer, heart disease, and unintentional injury.
- Ellis County had the 3rd lowest rate of deaths due to heart disease in the state.
- Ellis County had the 2nd worst rate of deaths due to stroke in the state, which was 70% higher than the national rate.

Disease Rates

- Ellis County ranked 40th in the state for diabetes prevalence, which was 26% higher than the national average.

Risk Factors, Behaviors and Socioeconomic Factors

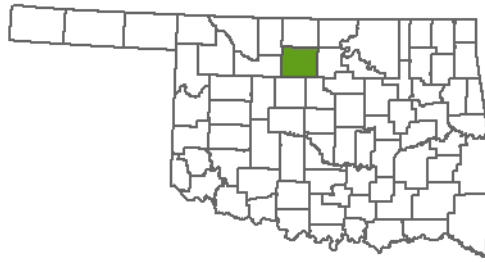
- Approximately 4 of 5 adults (83%) had a usual health care provider ranking Ellis County as 4th in the state.
- Ellis County had the 3rd worst percentage of children under 3 years of age that had completed their primary immunization series.
- 1 in 8 people in Ellis County lived in poverty (13%).
- 1 in 6 adults reported 3+ days with limited activity in the past month (17%).
- Nearly 1 in 4 adults reported 4+ days of poor physical health (24%) and approximately 1 in 5 reported 4+ days of poor mental health (22%) in the previous month.

Changes from Previous Year

- The rate of deaths due to cancer worsened by 36% from the previous year.
- The percentage of uninsured adults improved by 21%.

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	*	*	
TOTAL (RATE PER 100,000)	850.3	879.7	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	210.2	170.1	C
MALIGNANT NEOPLASM (CANCER)	152.8	207.2	F
CEREBROVASCULAR DISEASE (STROKE)	41.2	65.4	F
CHRONIC LOWER RESPIRATORY DISEASE	105.5	50.7	D
UNINTENTIONAL INJURY	92.2	99.1	F
DIABETES	42.0	*	
INFLUENZA/PNEUMONIA	*	*	
ALZHEIMER'S DISEASE	*	29.8	D
NEPHRITIS (KIDNEY DISEASE)	*	*	
SUICIDES	*	*	
DISEASE RATES			
DIABETES PREVALENCE	11.8	12.2%	F
CURRENT ASTHMA PREVALENCE	8.2	8.7%	C
CANCER INCIDENCE (RATE PER 100,000)	435.9	493.2	D
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	50.1%	F
MINIMAL VEGETABLE CONSUMPTION	NA	25.7%	D
NO PHYSICAL ACTIVITY	33.2	30.2%	F
CURRENT SMOKING PREVALENCE	24.3	21.4%	C
OBESITY	31.0	32.0%	D
IMMUNIZATIONS < 3 YEARS	60.9	60.3%	F
SENIORS INFLUENZA VACCINATION	64.6	70.2%	A
SENIORS PNEUMONIA VACCINATION	75.3	77.7%	A
LIMITED ACTIVITY DAYS	15.8	17.1%	C
POOR MENTAL HEALTH DAYS	23.1	21.6%	B
POOR PHYSICAL HEALTH DAYS	23.6	24.2%	D
GOOD OR BETTER HEALTH RATING	77.7	79.0%	D
TEEN FERTILITY (RATE PER 1,000)	20.2	*	
FIRST TRIMESTER PRENATAL CARE	60.3	61.1%	F
LOW BIRTH WEIGHT	5.4	*	
ADULT DENTAL VISITS	56.5	58.3%	F
USUAL SOURCE OF CARE	82.2	82.6%	B
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2161.4	2287.9	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	17.0	13.5%	B
POVERTY	12.4	12.8%	B

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



GARFIELD COUNTY

Mortality and Leading Causes of Death

- Garfield County's infant mortality rate of 8.1/1,000 was 57% higher than the national rate.
- The leading causes of death in Garfield County were heart disease, chronic lower respiratory disease and unintentional injury.

Disease Rates

- Garfield County ranked 11th in the state for diabetes prevalence.

Risk Factors, Behaviors and Socioeconomic Factors

- 85% of Garfield County adults reported good or better health, earning it the 4th best rank in the state.
- Garfield County ranked among the top 10 for obesity prevalence, adult dental visits, and vegetable consumption.
- Garfield County had the 8th lowest rate of children under 3 years of age that had completed their primary immunization series.
- Nearly 1 in 6 people in Garfield County lived in poverty (15%).
- Nearly 1 in 6 adults reported 3+ days with limited activity in the past month (16%).
- Approximately 1 in 5 adults reported 4+ days of poor physical health (21%) and 1 in 5 reported 4+ days of poor mental health (21%) in the previous month.

Changes from Previous Year

- The infant mortality rate improved by 24% from the previous year.
- The rate of deaths due to suicide worsened by 33%.
- The rate of occupational fatalities worsened by 177%.
- The percentage of uninsured adults improved by 18%.

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	10.7	8.1	D
TOTAL (RATE PER 100,000)	930.3	884.7	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	234.8	206.1	D
MALIGNANT NEOPLASM (CANCER)	185.9	178.0	C
CEREBROVASCULAR DISEASE (STROKE)	64.2	52.6	F
CHRONIC LOWER RESPIRATORY DISEASE	67.1	58.9	F
UNINTENTIONAL INJURY	46.1	57.6	F
DIABETES	34.9	28.2	F
INFLUENZA/PNEUMONIA	19.9	22.7	F
ALZHEIMER'S DISEASE	21.6	23.6	C
NEPHRITIS (KIDNEY DISEASE)	15.4	11.5	B
SUICIDES	15.3	20.3	F
DISEASE RATES			
DIABETES PREVALENCE	10.3%	10.5%	C
CURRENT ASTHMA PREVALENCE	8.2%	8.6%	C
CANCER INCIDENCE (RATE PER 100,000)	528.7	491.3	D
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	49.6%	F
MINIMAL VEGETABLE CONSUMPTION	NA	25.7%	D
NO PHYSICAL ACTIVITY	31.1%	28.1%	D
CURRENT SMOKING PREVALENCE	23.6%	21.0%	C
OBESITY	30.5%	31.6%	D
IMMUNIZATIONS < 3 YEARS	69.0%	66.6%	D
SENIORS INFLUENZA VACCINATION	65.1%	70.4%	A
SENIORS PNEUMONIA VACCINATION	73.2%	75.3%	A
LIMITED ACTIVITY DAYS	14.7%	15.8%	C
POOR MENTAL HEALTH DAYS	22.1%	20.7%	B
POOR PHYSICAL HEALTH DAYS	20.9%	21.4%	C
GOOD OR BETTER HEALTH RATING	84.0%	85.1%	B
TEEN FERTILITY (RATE PER 1,000)	26.8	34.1	F
FIRST TRIMESTER PRENATAL CARE	61.1%	60.9%	F
LOW BIRTH WEIGHT	8.0%	7.3%	B
ADULT DENTAL VISITS	62.6%	64.3%	D
USUAL SOURCE OF CARE	76.3%	76.2%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	2.6	7.2	F
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1938.4	1831.2	D
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	20.1%	16.4%	C
POVERTY	16.7%	15.3%	C



GARVIN COUNTY

Mortality and Leading Causes of Death

- Garvin County had the 2nd worst rate in the state for total mortality (age-adjusted) with a rate that was 51% higher than the national rate and 23% higher than the state rate.
- The leading causes of death in Garvin County were heart disease, cancer, and unintentional injury.
- Garvin County ranked near the bottom in Oklahoma for its rates of death due to cancer and unintentional injury.

Disease Rates

- Garvin County ranked worst in the state for cancer incidence with a rate that was 27% higher than the national rate.

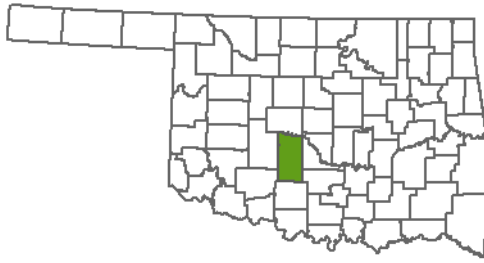
Risk Factors, Behaviors and Socioeconomic Factors

- Less than half of adults (48%) had recently visited a dentist in Garvin County, earning it the 9th worst rank in the state.
- Garvin County was among the worst for deaths due to occupational fatalities.
- Nearly 1 in 5 people in Garvin County lived in poverty (18%).
- Nearly 1 in 5 adults reported 3+ days with limited activity in the past month (19%).
- 1 in 4 adults reported 4+ days of poor physical health (25%) and nearly 1 in 4 reported 4+ days of poor mental health (24%) in the previous month.

Changes from Previous Year

- The rate of deaths due to stroke improved by 21% from the previous year.
- The rate of deaths due to unintentional injury rose 24%.
- The diabetes prevalence rate improved by 45%.
- The cancer incidence rate worsened by 22%.
- The percentage of adult smokers declined by 11%.

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	8.2	7.6	D
TOTAL (RATE PER 100,000)	1055.7	1128.2	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	254.7	265.1	F
MALIGNANT NEOPLASM (CANCER)	212.3	238.7	F
CEREBROVASCULAR DISEASE (STROKE)	74.0	58.5	D
CHRONIC LOWER RESPIRATORY DISEASE	66.5	71.1	F
UNINTENTIONAL INJURY	93.4	115.4	F
DIABETES	32.7	27.7	F
INFLUENZA/PNEUMONIA	17.8	17.3	B
ALZHEIMER'S DISEASE	29.1	25.0	D
NEPHRITIS (KIDNEY DISEASE)	17.3	13.0	F
SUICIDES	24.3	23.7	C
DISEASE RATES			
DIABETES PREVALENCE	12.0%	12.4%	F
CURRENT ASTHMA PREVALENCE	8.9%	9.5%	C
CANCER INCIDENCE (RATE PER 100,000)	534.8	585.3	C
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	52.7%	F
MINIMAL VEGETABLE CONSUMPTION	NA	28.2%	F
NO PHYSICAL ACTIVITY	35.0%	32.0%	F
CURRENT SMOKING PREVALENCE	27.2%	24.2%	D
OBESITY	31.9%	33.1%	F
IMMUNIZATIONS < 3 YEARS	77.7%	75.5%	B
SENIORS INFLUENZA VACCINATION	62.9%	68.3%	A
SENIORS PNEUMONIA VACCINATION	73.1%	75.4%	A
LIMITED ACTIVITY DAYS	17.1%	18.6%	D
POOR MENTAL HEALTH DAYS	25.6%	24.0%	C
POOR PHYSICAL HEALTH DAYS	24.3%	25.0%	D
GOOD OR BETTER HEALTH RATING	75.2%	76.4%	F
TEEN FERTILITY (RATE PER 1,000)	28.4	27.6	F
FIRST TRIMESTER PRENATAL CARE	66.6%	71.5%	C
LOW BIRTH WEIGHT	8.4%	8.9%	D
ADULT DENTAL VISITS	46.1%	47.5%	F
USUAL SOURCE OF CARE	77.6%	77.7%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	5.5	27.4	F
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2528.8	2210.7	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	23.2%	19.3%	C
POVERTY	15.6%	18.2%	D



GRADY COUNTY

PREVIOUS CURRENT GRADE

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	7.7	5.8	C
TOTAL (RATE PER 100,000)	1003.4	929.4	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	306.4	238.2	F
MALIGNANT NEOPLASM (CANCER)	224.2	197.9	F
CEREBROVASCULAR DISEASE (STROKE)	37.7	38.4	C
CHRONIC LOWER RESPIRATORY DISEASE	63.8	69.7	F
UNINTENTIONAL INJURY	60.6	78.6	F
DIABETES	45.2	36.5	F
INFLUENZA/PNEUMONIA	17.5	14.7	C
ALZHEIMER'S DISEASE	32.8	27.7	C
NEPHRITIS (KIDNEY DISEASE)	12.1	10.6	B
SUICIDES	11.3	13.4	C
DISEASE RATES			
DIABETES PREVALENCE	10.1%	10.4%	C
CURRENT ASTHMA PREVALENCE	10.3%	10.9%	F
CANCER INCIDENCE (RATE PER 100,000)	468.2	422.3	B
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	52.1%	F
MINIMAL VEGETABLE CONSUMPTION	NA	26.6%	D
NO PHYSICAL ACTIVITY	31.6%	28.7%	D
CURRENT SMOKING PREVALENCE	27.3%	24.4%	D
OBESITY	32.1%	33.3%	F
IMMUNIZATIONS < 3 YEARS	71.6%	78.2%	B
SENIORS INFLUENZA VACCINATION	63.3%	68.7%	A
SENIORS PNEUMONIA VACCINATION	74.1%	76.2%	A
LIMITED ACTIVITY DAYS	18.3%	19.8%	D
POOR MENTAL HEALTH DAYS	27.2%	25.5%	D
POOR PHYSICAL HEALTH DAYS	23.9%	24.5%	D
GOOD OR BETTER HEALTH RATING	78.6%	79.8%	D
TEEN FERTILITY (RATE PER 1,000)	20.2	21.7	D
FIRST TRIMESTER PRENATAL CARE	67.0%	73.1%	C
LOW BIRTH WEIGHT	9.4%	8.5%	C
ADULT DENTAL VISITS	53.8%	55.3%	F
USUAL SOURCE OF CARE	76.4%	76.4%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	3.1	5.1	D
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1618.5	1274.0	B
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	21.1%	17.3%	C
POVERTY	16.3%	13.8%	B

Mortality and Leading Causes of Death

- Grady County ranked 41st in the state for total mortality (age-adjusted) with a rate that was 24% higher than the national rate.
- The leading causes of death in Grady County were heart disease, cancer, and unintentional injury.
- The rate of deaths in Grady County due to diabetes was 75% worse than the national rate and 36% higher than the state rate.

Disease Rates

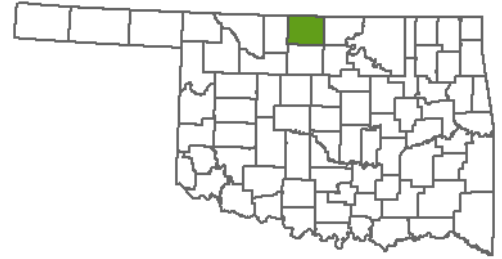
- 11% of Grady County adults had asthma, making its prevalence rate 22% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- 73% of Grady County mothers received first trimester prenatal care, ranking it among the 10 best in the state.
- Grady County had the 9th lowest rate of preventable hospitalizations in the state.
- 1 in 7 people in Grady County lived in poverty (14%).
- 1 in 5 adults reported 3+ days with limited activity in the past month (20%).
- 1 in 4 adults reported 4+ days of poor physical health (25%) and approximately 1 in 4 reported 4+ days of poor mental health (26%) in the previous month.

Changes from Previous Year

- The rate of deaths due to heart disease improved by 22% from the previous year.
- The rate of deaths due to unintentional injury improved by 30%.
- The rate of occupational fatalities worsened by 65%.
- The percentage of the population living in poverty improved by 16%.



GRANT COUNTY

Mortality and Leading Causes of Death

- Grant County ranked 25th in the state for total mortality (age-adjusted).
- The leading causes of death in Grant County were cancer, heart disease, and unintentional injury.
- Grant County had the 2nd worst rate of deaths due to diabetes in the state.

Disease Rates

- The cancer incidence rate in Grant County ranked was 15% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- 20% of adults in Grant County were smokers which was the 6th lowest in the state.
- Approximately 4 of 5 adults (83%) had a usual source of health care, which was the best in the state.
- Grant County had the 5th worst percentage of low birth weight births in the state and the 2nd worst percentage of children under 3 years of age that completed the primary immunization series.
- 3 of 4 seniors in Grant County received influenza vaccinations, ranking it among the top 10 counties.
- 1 in 8 people in Grant County lived in poverty (13%).
- Nearly 1 in 6 adults reported 3+ days with limited activity in the past month (16%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (23%) and 1 in 5 reported 4+ days of poor mental health (20%) in the previous month.

Changes from Previous Year

- The rate of deaths due to stroke improved by 41% from the previous year.
- The percentage of uninsured adults improved by 18%.
- The birth rate for teens aged 15-17 years worsened by 90% and the low birth weight rate worsened by 56%.

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	*	*	
TOTAL (RATE PER 100,000)	897.1	870.5	D
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	195.6	190.9	C
MALIGNANT NEOPLASM (CANCER)	230.6	191.2	D
CEREBROVASCULAR DISEASE (STROKE)	52.2	30.9	B
CHRONIC LOWER RESPIRATORY DISEASE	41.5	30.9	B
UNINTENTIONAL INJURY	83.3	75.3	F
DIABETES	50.4	48.4	F
INFLUENZA/PNEUMONIA	*	20.8	F
ALZHEIMER'S DISEASE	*	*	
NEPHRITIS (KIDNEY DISEASE)	*	*	
SUICIDES	*	43.4	C
DISEASE RATES			
DIABETES PREVALENCE	11.8%	12.0%	D
CURRENT ASTHMA PREVALENCE	8.2%	8.7%	C
CANCER INCIDENCE (RATE PER 100,000)	544.1	527.6	F
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	49.9%	F
MINIMAL VEGETABLE CONSUMPTION	NA	25.8%	D
NO PHYSICAL ACTIVITY	32.9%	29.7%	F
CURRENT SMOKING PREVALENCE	22.5%	20.0%	C
OBESITY	30.8%	31.8%	D
IMMUNIZATIONS < 3 YEARS	68.8%	61.5%	F
SENIORS INFLUENZA VACCINATION	65.6%	70.9%	A
SENIORS PNEUMONIA VACCINATION	75.2%	77.3%	A
LIMITED ACTIVITY DAYS	15.2%	16.4%	C
POOR MENTAL HEALTH DAYS	21.7%	20.3%	B
POOR PHYSICAL HEALTH DAYS	22.5%	23.0%	C
GOOD OR BETTER HEALTH RATING	78.6%	80.0%	D
TEEN FERTILITY (RATE PER 1,000)	10.1	19.2	D
FIRST TRIMESTER PRENATAL CARE	63.8%	64.1%	F
LOW BIRTH WEIGHT	6.3%	9.8%	D
ADULT DENTAL VISITS	55.8%	57.6%	F
USUAL SOURCE OF CARE	83.2%	83.2%	B
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1515.4	1339.1	B
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	17.3%	14.1%	B
POVERTY	13.6%	13.3%	B

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



GREER COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	16.1	*	
TOTAL (RATE PER 100,000)	994.8	869.1	D
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	244.9	264.1	F
MALIGNANT NEOPLASM (CANCER)	191.8	168.8	C
CEREBROVASCULAR DISEASE (STROKE)	74.9	41.2	C
CHRONIC LOWER RESPIRATORY DISEASE	50.7	64.4	F
UNINTENTIONAL INJURY	64.8	54.4	F
DIABETES	29.1	16.1	A
INFLUENZA/PNEUMONIA	29.9	21.6	F
ALZHEIMER'S DISEASE	19.3	23.5	C
NEPHRITIS (KIDNEY DISEASE)	*	*	
SUICIDES	*	*	
DISEASE RATES			
DIABETES PREVALENCE	10.9%	11.3%	D
CURRENT ASTHMA PREVALENCE	7.9%	8.3%	B
CANCER INCIDENCE (RATE PER 100,000)	434.4	530.4	F
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	52.8%	F
MINIMAL VEGETABLE CONSUMPTION	NA	29.6%	F
NO PHYSICAL ACTIVITY	34.5%	31.6%	F
CURRENT SMOKING PREVALENCE	29.2%	25.9%	F
OBESITY	31.6%	32.7%	D
IMMUNIZATIONS < 3 YEARS	77.9%	76.0%	B
SENIORS INFLUENZA VACCINATION	63.9%	69.2%	A
SENIORS PNEUMONIA VACCINATION	74.8%	76.7%	A
LIMITED ACTIVITY DAYS	16.8%	18.2%	D
POOR MENTAL HEALTH DAYS	24.6%	22.9%	C
POOR PHYSICAL HEALTH DAYS	23.7%	24.4%	D
GOOD OR BETTER HEALTH RATING	76.8%	77.9%	F
TEEN FERTILITY (RATE PER 1,000)	58.6	40.8	F
FIRST TRIMESTER PRENATAL CARE	63.3%	63.1%	F
LOW BIRTH WEIGHT	12.5%	7.6%	C
ADULT DENTAL VISITS	51.8%	53.4%	F
USUAL SOURCE OF CARE	73.5%	73.8%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	3111.8	3133.4	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	23.7%	19.4%	C
POVERTY	23.2%	23.8%	F

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

Mortality and Leading Causes of Death

- Greer County ranked 24th in the state for total mortality (age-adjusted).
- Greer County had the 5th lowest (best) rate of deaths in the state due to diabetes.
- The leading causes of death in Greer County were heart disease, cancer, and chronic lower respiratory disease.

Disease Rates

- With an asthma prevalence rate of 8.3%, Greer County had a better asthma prevalence than most of the counties in the state and was also better than the national rate.
- Greer County's cancer incidence rate was 15% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Greer County ranked near the bottom of the counties for vegetable consumption and adults with a usual source of health care.
- Greer County had the 6th highest rate of births to teens, 84% higher than the state rate.
- Greer County had the 5th highest rate of preventable hospitalizations in the state.
- Nearly 1 in 4 people in Greer County lived in poverty (24%).
- Nearly 1 in 5 adults reported 3+ days with limited activity in the past month (18%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (24%) and 4+ days of poor mental health (23%) in the previous month.

Changes from Previous Year

- The total mortality rate improved by 13% and the rate of deaths due to stroke improved by 45% from the previous year.
- The rate of deaths due to diabetes improved by 45%.
- The rate of uninsured adults improved by 18%.
- The percentage of babies born at low birth weight improved by nearly 40%.



HARMON COUNTY

Mortality and Leading Causes of Death

- Harmon County ranked 16th among the counties for total mortality (age-adjusted).
- The leading causes of death in Harmon County were cancer, heart disease, and influenza/pneumonia.
- Harmon County ranked 8th (best) in the state for the rate of deaths due to heart disease.
- Harmon County had the worst ranking for the rate of deaths due to influenza/pneumonia in the state.

Disease Rates

- Harmon County had one of the highest diabetes disease prevalence rates in the state, 36% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Harmon County ranked worst in teen fertility rate, physically inactive adults, and preventable hospitalizations.
- With 28% of the population living in poverty, Harmon County ranked 75th in the state, a rate that was 76% higher than the national rate.
- With only 72% of Harmon County adults reported good or better health, the county had the 3rd worst ranking in the state.
- Approximately 1 in 4 people in Harmon County lived in poverty (28%).
- 1 in 5 adults reported 3+ days with limited activity in the past month (20%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (27%) and 4+ days of poor mental health (24%) in the previous month.

Changes from Previous Year

- The total rate of deaths improved by 20% from the previous year.
- The rate of deaths attributed to heart disease and cancer improved by 25% and 34% respectively.
- The early childhood immunization rate worsened by 20%.
- The rate of uninsured adults improved by 17%.
- The teen fertility rate decreased 10%.

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	*	*	
TOTAL (RATE PER 100,000)	1184.8	837.3	D
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	252.1	190.2	C
MALIGNANT NEOPLASM (CANCER)	300.9	199	F
CEREBROVASCULAR DISEASE (STROKE)	44.8	*	
CHRONIC LOWER RESPIRATORY DISEASE	*	57	F
UNINTENTIONAL INJURY	112.8	52.7	D
DIABETES	158.7	*	
INFLUENZA/PNEUMONIA	41.2	71.4	F
ALZHEIMER'S DISEASE	*	*	
NEPHRITIS (KIDNEY DISEASE)	29.9	*	
SUICIDE	*	*	
DISEASE RATES			
DIABETES PREVALENCE	12.6	13.2%	F
ASTHMA PREVALENCE	9.6	10.2%	D
CANCER INCIDENCE (RATE PER 100,000)	495.8	455.3	C
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	50.9%	F
MINIMAL VEGETABLE CONSUMPTION	NA	29.2%	F
NO PHYSICAL ACTIVITY	38.1%	35.3%	F
CURRENT SMOKING PREVALENCE	25.6%	22.6%	D
OBESITY	31.8%	32.9%	F
IMMUNIZATIONS < 3 YEARS	80.4%	64.9%	D
SENIORS INFLUENZA VACCINATION	63.2%	68.3%	A
SENIORS PNEUMONIA VACCINATION	72.2%	74.1%	A
LIMITED ACTIVITY DAYS	18.7%	20.2%	D
POOR MENTAL HEALTH DAYS	25.9%	24.1%	C
POOR PHYSICAL HEALTH DAYS	26.2%	27.0%	F
GOOD OR BETTER HEALTH RATING	71.1%	72.2%	F
TEEN FERTILITY (RATE PER 1,000)	54.9	49.3	F
FIRST TRIMESTER PRENATAL CARE	50.0%	53.5%	F
LOW BIRTH WEIGHT	8.6%	7.4%	B
ADULT DENTAL VISITS	46.9%	48.3%	F
USUAL SOURCE OF CARE	75.5%	75.9%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	4082.6	6016.9	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	26.2%	21.8%	D
POVERTY	27.5%	28.0%	F

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



HARPER COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	*	*	
TOTAL (RATE PER 100,000)	924.7	798.3	D
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	227	214.3	D
MALIGNANT NEOPLASM (CANCER)	226.1	157.5	B
CEREBROVASCULAR DISEASE (STROKE)	93	61.4	F
CHRONIC LOWER RESPIRATORY DISEASE	*	47.9	D
UNINTENTIONAL INJURY	105.8	53.5	F
DIABETES	*	*	
INFLUENZA/PNEUMONIA	*	*	
ALZHEIMER'S DISEASE	*	26	C
NEPHRITIS (KIDNEY DISEASE)	*	*	
SUICIDES	*	*	
DISEASE RATES			
DIABETES PREVALENCE	11.5%	11.9%	D
CURRENT ASTHMA PREVALENCE	7.3%	7.7%	B
CANCER INCIDENCE (RATE PER 100,000)	582.4	414.3	A
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	49.3%	F
MINIMAL VEGETABLE CONSUMPTION	NA	25.5%	D
NO PHYSICAL ACTIVITY	33.1%	30.2%	F
CURRENT SMOKING PREVALENCE	22.3%	19.7%	C
OBESITY	30.2%	31.2%	D
IMMUNIZATIONS < 3 YEARS	82.7%	82.4%	A
SENIORS INFLUENZA VACCINATION	65.8%	71.2%	A
SENIORS PNEUMONIA VACCINATION	74.8%	77.0%	A
LIMITED ACTIVITY DAYS	14.6%	15.8%	C
POOR MENTAL HEALTH DAYS	21.4%	20.0%	B
POOR PHYSICAL HEALTH DAYS	20.9%	21.5%	C
GOOD OR BETTER HEALTH RATING	79.7%	80.8%	D
TEEN FERTILITY (RATE PER 1,000)	30.8	27.0	F
FIRST TRIMESTER PRENATAL CARE	56.0%	59.4%	F
LOW BIRTH WEIGHT	7.1%	5.8%	A
ADULT DENTAL VISITS	55.3%	57.0%	F
USUAL SOURCE OF CARE	78.6%	78.6%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	3053.6	1851.4	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	19.6%	16.3%	C
POVERTY	10.3%	11.8%	B

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

Mortality and Leading Causes of Death

- Harper County ranked 10th in the state for total mortality (age-adjusted).
- The leading causes of death in Harper County were heart disease, cancer, and stroke.
- Harper County ranked 7th for cancer mortality, which is 8% lower than the national average.
- Harper County ranked near the bottom of the counties in the rate of deaths attributed to stroke.

Disease Rates

- At 7.7%, Harper County had one of the lowest (best) adult asthma prevalence rates in the state.

Risk Factors, Behaviors and Socioeconomic Factors

- Harper County consistently ranked in the top five in the state for low birth weight, residents living in poverty, smoking prevalence, obesity prevalence, fruit and vegetable consumption, and seniors influenza vaccine.
- 4 of 5 Harper County children under 3 years of age completed the primary immunization series ranking the county 9th in the state.
- Only 59% of mothers in Harper County received first trimester prenatal care putting it near the bottom of all counties.
- 1 in 8 people in Harper County lived in poverty (12%).
- Nearly 1 in 6 adults reported 3+ days with limited activity in the past month (16%).
- Approximately 1 in 5 adults reported 4+ days of poor physical health (22%) and 4+ days of poor mental health (20%) in the previous month.

Changes from Previous Year

- The total death rate improved 14% from the previous year.
- The rate of deaths attributed to cancer and unintentional injury improved 30% and 49%, respectively.
- The cancer incidence rate improved by 29%.
- The percentage of uninsured adults improved 17%.
- 12% fewer adults reported smoking.



HASKELL COUNTY

Mortality and Leading Causes of Death

- Haskell County ranked 39th in the state for total mortality (age-adjusted).
- The leading causes of death in Haskell County were heart disease, cancer, and unintentional injury.

Disease Rates

- At 13.1%, Haskell County had a high diabetes prevalence compared to the other counties, 35% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Approximately 1 in 3 adults (34%) in Haskell County was physically inactive, the 2nd highest percentage in the state.
- 1 in 5 people in Haskell County lived in poverty (20%).
- 1 in 5 adults reported 3+ days with limited activity in the past month (20%).
- 1 in 4 adults reported 4+ days of poor physical health (25%) and 4+ days of poor mental health (25%) in the previous month.

Changes from Previous Year

- The rate of deaths due to stroke worsened by 47% while the rate of deaths attributed to diabetes improved by 44% from the previous year.
- The cancer incidence rate improved by 10%.
- The percentage of young children who had completed the primary immunization series decreased by 13%.
- The percentage of seniors who received the influenza vaccination improved 9%.
- The teen fertility rate improved by 40%, but the percentage of babies born at low birth weight worsened by 38%.
- The percentage of uninsured adults improved by 18%.

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	*	9.4	F
TOTAL (RATE PER 100,000)	970.3	922.5	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	267.6	272.3	F
MALIGNANT NEOPLASM (CANCER)	214.9	205.8	F
CEREBROVASCULAR DISEASE (STROKE)	32	46.9	D
CHRONIC LOWER RESPIRATORY DISEASE	60.7	58.2	F
UNINTENTIONAL INJURY	94.2	72.1	F
DIABETES	38.5	21.6	C
INFLUENZA/PNEUMONIA	51.2	32	F
ALZHEIMER'S DISEASE	*	*	
NEPHRITIS (KIDNEY DISEASE)	10.2	21.3	D
SUICIDES	*	13.8	C
DISEASE RATES			
DIABETES PREVALENCE	12.6%	13.1%	F
CURRENT ASTHMA PREVALENCE	9.2%	9.7%	D
CANCER INCIDENCE (RATE PER 100,000)	464.2	514.3	F
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	53.7%	F
MINIMAL VEGETABLE CONSUMPTION	NA	28.7%	F
NO PHYSICAL ACTIVITY	36.9%	34.0%	F
CURRENT SMOKING PREVALENCE	27.2%	24.1%	D
OBESITY	32.3%	33.3%	F
IMMUNIZATIONS < 3 YEARS	80.2%	69.4%	D
SENIORS INFLUENZA VACCINATION	62.8%	68.2%	A
SENIORS PNEUMONIA VACCINATION	72.0%	74.1%	A
LIMITED ACTIVITY DAYS	18.4%	19.9%	D
POOR MENTAL HEALTH DAYS	26.5%	24.8%	C
POOR PHYSICAL HEALTH DAYS	24.3%	25.0%	D
GOOD OR BETTER HEALTH RATING	72.5%	73.8%	F
TEEN FERTILITY (RATE PER 1,000)	36.6	21.9	D
FIRST TRIMESTER PRENATAL CARE	55.2%	59.7%	F
LOW BIRTH WEIGHT	6.3%	8.7%	C
ADULT DENTAL VISITS	44.1%	45.6%	F
USUAL SOURCE OF CARE	77.7%	78.1%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2683	1345.9	B
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	23.6%	19.3%	C
POVERTY	20.3%	20.2%	D

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



HUGHES COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	7.9	8.0	D
TOTAL (RATE PER 100,000)	978.7	1051.9	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	307.5	360.2	F
MALIGNANT NEOPLASM (CANCER)	217.4	224.2	F
CEREBROVASCULAR DISEASE (STROKE)	58.6	60.4	F
CHRONIC LOWER RESPIRATORY DISEASE	62.0	51.0	D
UNINTENTIONAL INJURY	66.2	78.1	F
DIABETES	33.7	18.7	A
INFLUENZA/PNEUMONIA	20.9	33.1	F
ALZHEIMER'S DISEASE	27.3	22	B
NEPHRITIS (KIDNEY DISEASE)	13.3	13.9	C
SUICIDES	16.2	13.4	C
DISEASE RATES			
DIABETES PREVALENCE	13.3%	13.7%	F
CURRENT ASTHMA PREVALENCE	9.4%	9.9%	D
CANCER INCIDENCE (RATE PER 100,000)	609.3	548.2	F
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	53.9%	F
MINIMAL VEGETABLE CONSUMPTION	NA	30.2%	F
NO PHYSICAL ACTIVITY	35.3%	32.5%	F
CURRENT SMOKING PREVALENCE	31.2%	27.9%	F
OBESITY	32.7%	33.8%	F
IMMUNIZATIONS < 3 YEARS	58.6%	83.0%	A
SENIORS INFLUENZA VACCINATION	63.1%	68.5%	A
SENIORS PNEUMONIA VACCINATION	75.2%	77.4%	A
LIMITED ACTIVITY DAYS (AVG)	17.8%	19.2%	D
POOR MENTAL HEALTH DAYS	25.1%	23.4%	C
POOR PHYSICAL HEALTH DAYS	24.8%	25.5%	D
GOOD OR BETTER HEALTH RATING	73.9%	75.1%	F
TEEN FERTILITY (RATE PER 1,000)	44.6	25.9	F
FIRST TRIMESTER PRENATAL CARE	63.6%	68.1%	D
LOW BIRTH WEIGHT	7.4%	8.1%	C
ADULT DENTAL VISITS	46.3%	47.7%	F
USUAL SOURCE OF CARE	73.4%	73.5%	D
OCCUPATIONAL FATALITIES (RATE PER 100,000)	10.7%	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2074.9	2134.6	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	23.5%	19.4%	C
POVERTY	24.3%	25.1%	F

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

Mortality and Leading Causes of Death

- Hughes County ranked 66th for total mortality (age-adjusted), a rate 41% higher than the national rate.
- The leading causes of death in Hughes County were heart disease, cancer, and unintentional injury.
- Hughes County ranked near the bottom (76th) for the rate of deaths due to heart disease.

Disease Rates

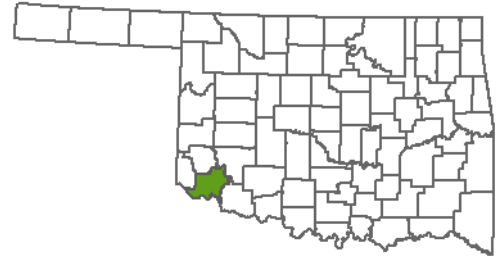
- Hughes County had a high diabetes prevalence rate compared to the other counties in the state; 41% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Approximately 1 in 3 adults (34%) in Hughes County was obese, which was the 6th highest county rate in the state, 23% higher than the national rate.
- 28% of adults in Hughes County smoked, which was the 2nd highest county rate in the state, 42% higher than the national rate.
- 1 in 4 people (25%) in Hughes County lived in poverty.
- Hughes County ranked near the bottom for adults with a usual source of health care and fruit/vegetable consumption.
- Hughes County ranked near the top for seniors pneumonia vaccination and vaccination coverage for young children.
- Nearly 1 in 5 adults reported 3+ days with limited activity in the past month (19%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (26%) and 4+ days of poor mental health (23%) in the previous month.

Changes from Previous Year

- The rate of total deaths improved by 8% from the previous year.
- The rate of young children who were up-to-date on the primary immunization series improved by 42%.
- The percentage of adults who smoked dropped by 11%.
- The percentage of uninsured adults improved by 17%.
- The teen fertility rate improved 42%.



JACKSON COUNTY

Mortality and Leading Causes of Death

- Jackson County received an “A” grade for its low rate of deaths due to diabetes and nephritis, as compared to the national rates.
- Jackson County received the 2nd worst ranking in the state for its high rate of deaths attributed to Alzheimer’s disease.
- The leading causes of death in Jackson County were heart disease, cancer, and chronic lower respiratory disease.

Disease Rates

- Jackson County had a diabetes prevalence rate of 11% among adults, which was 12% higher than the national rate.
- 9% of adults in Jackson County had asthma.

Risk Factors, Behaviors and Socioeconomic Factors

- Jackson County had the worst rate of low birth weight births in the state (10.2%) and had the 6th worst rate of children under 3 years of age that had completed the primary immunization series (65%).
- 1 in 3 adults in Jackson County was obese, ranking the county 8th in the state.
- Half of adults ate on average at least one piece of fruit each day; 1 in 4 ate at least one vegetable.
- Nearly 1 in 5 people in Jackson County lived in poverty (19%).
- 1 in 6 adults reported 3+ days with limited activity in the past month (17%).
- Approximately 1 in 5 adults reported 4+ days of poor physical health (21%) and 4+ days of poor mental health (22%) in the previous month.

Changes from Previous Year

- The rate of deaths due to stroke and nephritis improved from the previous year; 45% and 55% respectively.
- The percent of children who had completed the primary immunization series dropped by 11%.
- The rate of occupational fatalities worsened by 50%.
- The percentage of uninsured improved by 16%.

PREVIOUS CURRENT GRADE

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	9.2	8.1	D
TOTAL (RATE PER 100,000)	1066.8	963.4	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	297.0	244.9	F
MALIGNANT NEOPLASM (CANCER)	214.9	222.2	F
CEREBROVASCULAR DISEASE (STROKE)	83.5	45.6	D
CHRONIC LOWER RESPIRATORY DISEASE	78.0	76.5	F
UNINTENTIONAL INJURY	55.3	61.3	F
DIABETES	28.4	18.7	A
INFLUENZA/PNEUMONIA	24.2	27.6	F
ALZHEIMER’S DISEASE	67.2	50.3	F
NEPHRITIS (KIDNEY DISEASE)	17.0	7.7	A
SUICIDES	*	14.3	D
DISEASE RATES			
DIABETES PREVALENCE	10.6%	10.9%	D
CURRENT ASTHMA PREVALENCE	8.3%	8.7%	C
CANCER INCIDENCE (RATE PER 100,000)	541.9	487.2	D
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	49.4%	F
MINIMAL VEGETABLE CONSUMPTION	NA	26.2%	D
NO PHYSICAL ACTIVITY	31.9%	28.9%	F
CURRENT SMOKING PREVALENCE	23.6%	20.9%	C
OBESITY	30.7%	31.7%	D
IMMUNIZATIONS < 3 YEARS	73.6%	65.2%	D
SENIORS INFLUENZA VACCINATION	63.9%	69.3%	A
SENIORS PNEUMONIA VACCINATION	71.9%	74.0%	A
LIMITED ACTIVITY DAYS	15.5%	16.7%	C
POOR MENTAL HEALTH DAYS	23.2%	21.6%	B
POOR PHYSICAL HEALTH DAYS	20.4%	20.9%	B
GOOD OR BETTER HEALTH RATING	80.0%	81.2%	D
TEEN FERTILITY (RATE PER 1,000)	36.3	36.5	F
FIRST TRIMESTER PRENATAL CARE	60.1%	63.0%	F
LOW BIRTH WEIGHT	10.6%	10.2%	F
ADULT DENTAL VISITS	55.8%	57.4%	F
USUAL SOURCE OF CARE	78.3%	78.3%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	6.0	9.0	F
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	3444.5	2525.4	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	22.7%	19.0%	C
POVERTY	17.2%	18.7%	D

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



JEFFERSON COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	*	15.5	F
TOTAL (RATE PER 100,000)	1096.2	1091.4	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	322.3	251.8	F
MALIGNANT NEOPLASM (CANCER)	220.1	231.4	F
CEREBROVASCULAR DISEASE (STROKE)	55.3	33.9	B
CHRONIC LOWER RESPIRATORY DISEASE	90.1	68.6	F
UNINTENTIONAL INJURY	78.8	108.9	F
DIABETES	59.1	27.5	F
INFLUENZA/PNEUMONIA	17.5	20.5	F
ALZHEIMER'S DISEASE	*	24.9	C
NEPHRITIS (KIDNEY DISEASE)	22.4	17.2	C
SUICIDES	*	25.1	F
DISEASE RATES			
DIABETES PREVALENCE	12.2%	12.5%	F
CURRENT ASTHMA PREVALENCE	8.1%	8.6%	C
CANCER INCIDENCE (RATE PER 100,000)	560.8	507.3	F
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	52.7%	F
MINIMAL VEGETABLE CONSUMPTION	NA	28.5%	F
NO PHYSICAL ACTIVITY	36.6%	33.5%	F
CURRENT SMOKING PREVALENCE	29.4%	26.3%	F
OBESITY	31.9%	33.1%	F
IMMUNIZATIONS < 3 YEARS	75.3%	67.9%	D
SENIORS INFLUENZA VACCINATION	63.9%	69.4%	A
SENIORS PNEUMONIA VACCINATION	74.5%	76.8%	A
LIMITED ACTIVITY DAYS	18.7%	20.2%	D
POOR MENTAL HEALTH DAYS	26.4%	24.8%	C
POOR PHYSICAL HEALTH DAYS	26.3%	27.0%	F
GOOD OR BETTER HEALTH RATING	72.7%	74.1%	F
TEEN FERTILITY (RATE PER 1,000)	41.5	25.4	F
FIRST TRIMESTER PRENATAL CARE	61.4%	69.7%	D
LOW BIRTH WEIGHT	8.1%	10.0%	D
ADULT DENTAL VISITS	44.2%	45.5%	F
USUAL SOURCE OF CARE	79.6%	79.7%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2005.0	2517.0	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	22.2%	18.5%	C
POVERTY	22.3%	21.6%	F

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

Mortality and Leading Causes of Death

- Jefferson County ranked near the bottom (74th) for total mortality (age-adjusted), which was 46% higher than the national average.

- The leading causes of death in Jefferson County were heart disease, cancer and unintentional injuries.

Disease Rates

- Jefferson County's adult diabetes prevalence (12.5%) was higher than most of the other counties in the state and 29% higher than the national rate.

- Jefferson County's cancer incidence rate was 10% higher than national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- 1 in 10 babies born in Jefferson County was low birth weight ranking it 73rd in the state.

- Less than half of the adults (46%) in Jefferson County had visited the dentist during the previous year ranking the county as the 3rd worst.

- Approximately 1 in 5 people in Jefferson County lived in poverty (22%).

- 1 in 5 adults reported 3+ days with limited activity in the past month (20%).

- Approximately 1 in 4 adults reported 4+ days of poor physical health (27%) and 4+ days of poor mental health (25%) in the previous month.

Changes from Previous Year

- The rates of death due to stroke, chronic lower respiratory disease, and diabetes improved by 39%, 24%, and 53% respectively from the previous year.

- The rate of deaths due to unintentional injury worsened by 38%.

- The rate of seniors that received the influenza vaccination improved 9%.

- The rate of births to teens improved nearly 40%.

- The percentage of adults who smoked decreased 11%.



JOHNSTON COUNTY

Mortality and Leading Causes of Death

- Johnston County ranked 19th in the state for total mortality (age-adjusted).
- Johnston County ranked 68th for the rate of deaths attributed to stroke, and chronic lower respiratory disease.
- Johnston County's suicide rate was 231% higher than national average.

Disease Rates

- Johnston County's adult diabetes prevalence rate (12.5%) was higher than most of the other counties in the state and 29% higher than the national rate.
- Johnston County's prevalence rate for adult asthma (9.3%) was similar to the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Johnston County had the 6th highest rate of preventable hospitalizations in the state.
- Johnston County's teen fertility rate was double the national rate.
- 1 in 6 people in Johnston County lived in poverty (17%).
- Approximately 1 in 5 adults reported 3+ days with limited activity in the past month (22%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (28%) and 4+ days of poor mental health (24%) in the previous month.

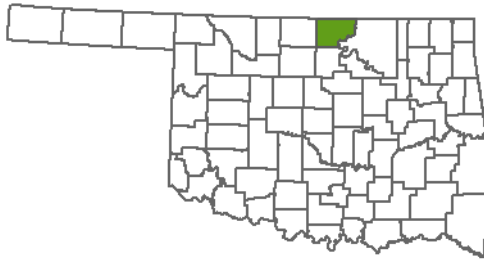
Changes from Previous Year

- The rates of death due to stroke and suicide worsened by 52% and 67%, respectively from the previous year.
- The rate of deaths attributed to diabetes improved 46%.
- The percentage of adult smokers declined 11%.
- The percentage of uninsured adults and the percentage of the population living in poverty improved 19% and 14% respectively.

PREVIOUS CURRENT GRADE

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	10.6	9.7	F
TOTAL (RATE PER 100,000)	1060.6	1082.8	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	258.0	211.6	D
CANCER	218.3	203.0	F
CEREBROVASCULAR DISEASE (STROKE)	39.8	60.4	F
CHRONIC LOWER RESPIRATORY DISEASE	76.2	78.1	F
UNINTENTIONAL INJURY	72.8	79.6	F
DIABETES	62.6	33.8	F
INFLUENZA/PNEUMONIA	25.4	19.8	D
ALZHEIMER'S DISEASE	25.6	36.1	F
NEPHRITIS (KIDNEY DISEASE)	42.7	21.0	D
SUICIDES	24.3	40.6	F
DISEASE RATES			
DIABETES PREVALENCE	12.1%	12.5%	F
CURRENT ASTHMA PREVALENCE	8.8%	9.3%	C
CANCER INCIDENCE (RATE PER 100,000)	493.9	502.5	D
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	53.5%	F
MINIMAL VEGETABLE CONSUMPTION	NA	28.8%	F
NO PHYSICAL ACTIVITY	35.1%	32.2%	F
CURRENT SMOKING PREVALENCE	28.6%	25.5%	F
OBESITY	32.1%	33.3%	F
IMMUNIZATIONS < 3 YEARS	72.4%	81.8%	A
SENIORS INFLUENZA VACCINATION	62.5%	67.9%	B
SENIORS PNEUMONIA VACCINATION	74.5%	76.7%	A
LIMITED ACTIVITY DAYS	20.4%	22.1%	F
POOR MENTAL HEALTH DAYS	25.9%	24.3%	C
POOR PHYSICAL HEALTH DAYS	27.5%	28.3%	F
GOOD OR BETTER HEALTH RATING	73.2%	74.3%	F
TEEN FERTILITY (RATE PER 1,000)	37.7	31.6	F
FIRST TRIMESTER PRENATAL CARE	65.4%	73.2%	C
LOW BIRTH WEIGHT	8.3%	9.4%	D
ADULT DENTAL VISITS	47.7%	49.2%	F
USUAL SOURCE OF CARE	77.7%	77.9%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	3225.8	3178.8	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	21.5%	17.5%	C
POVERTY	20.3%	17.4%	C

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



KAY COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	6.6	7.2	D
TOTAL (RATE PER 100,000)	952.3	919.3	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	250.1	215.4	D
MALIGNANT NEOPLASM (CANCER)	210.3	199.5	F
CEREBROVASCULAR DISEASE (STROKE)	51.1	61.6	F
CHRONIC LOWER RESPIRATORY DISEASE	53.9	65.7	F
UNINTENTIONAL INJURY	63.4	58.9	F
DIABETES	38.7	33.7	F
INFLUENZA/PNEUMONIA	20.0	16.8	C
ALZHEIMER'S DISEASE	26.6	18.6	B
NEPHRITIS (KIDNEY DISEASE)	14.7	15.3	C
SUICIDES	14.0	16.1	D
DISEASE RATES			
DIABETES PREVALENCE	11.5%	11.7%	D
CURRENT ASTHMA PREVALENCE	10.5%	11.1%	F
CANCER INCIDENCE (RATE PER 100,000)	551.6	524.4	F
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	51.0%	F
MINIMAL VEGETABLE CONSUMPTION	NA	26.8%	D
NO PHYSICAL ACTIVITY	31.7%	28.7%	D
CURRENT SMOKING PREVALENCE	25.5%	22.7%	D
OBESITY	30.8%	31.9%	D
IMMUNIZATIONS < 3 YEARS	72.7%	77.0%	B
SENIORS INFLUENZA VACCINATION	64.4%	69.8%	A
SENIORS PNEUMONIA VACCINATION	71.7%	73.8%	A
LIMITED ACTIVITY DAYS	16.5%	17.8%	C
POOR MENTAL HEALTH DAYS	24.8%	23.2%	C
POOR PHYSICAL HEALTH DAYS	23.3%	23.8%	D
GOOD OR BETTER HEALTH RATING	78.6%	79.9%	D
TEEN FERTILITY (RATE PER 1,000)	37.9	41.3	F
FIRST TRIMESTER PRENATAL CARE	62.5%	67.7%	D
LOW BIRTH WEIGHT	7.2%	7.7%	C
ADULT DENTAL VISITS	54.2%	55.9%	F
USUAL SOURCE OF CARE	77.3%	77.4%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	2.7	7.0	F
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1968	1647.6	D
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	19.6%	15.9%	C
POVERTY	17.2%	18.1%	D

Mortality and Leading Causes of Death

- Kay County ranked 36th for total mortality (age-adjusted) in the state.
- The leading causes of death in Kay County were heart disease, cancer, and chronic lower respiratory disease.

Disease Rates

- Kay County's adult asthma prevalence of 11.1% was higher than other counties in the state and 25% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Kay County had the 4th highest teen fertility rate in the state, which was 168% higher than the national rate.
- 74% of seniors had received pneumonia vaccine, ranking Kay County among the bottom counties in the state.
- Approximately 1 in 6 people in Kay County lived in poverty (18%).
- Approximately 1 in 6 adults reported 3+ days with limited activity in the past month (18%).
- Nearly 1 in 4 adults reported 4+ days of poor physical health (24%) and 4+ days of poor mental health (23%) in the previous month.

Changes from Previous Year

- The rate of deaths due to Alzheimer's disease improved 30%.
- The rate of seniors who received the influenza vaccination and pneumonia vaccination increased 8% and 3%, respectively.
- The rate of uninsured adults declined 19%.



KINGFISHER COUNTY

Mortality and Leading Causes of Death

- Kingfisher County had the lowest (best) rate of deaths due to Alzheimer's disease in the state, 64% lower than the national rate.
- The leading causes of death in Kingfisher County were heart disease, cancer, and chronic lower respiratory disease.

Disease Rates

- Kingfisher County had a high cancer incidence rate compared to the rest of counties, 18% higher than the national rate.
- Kingfisher County had a lower adult asthma prevalence rate (8.1%) than most of the other counties, 9% lower than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Kingfisher County ranked among the top 10 (best) for a variety of health indicators including adults with a usual source of care, adult smokers, mothers seeking first trimester care, low birth weight rates, and seniors influenza vaccinations.
- At 19.6%, Kingfisher County had the 4th lowest percentage of adult smokers in the state.
- Approximately 1 in 8 people in Kingfisher County lived in poverty (12%); the 3rd lowest rate in the state and 34% lower than the state rate.
- 1 in 7 adults reported 3+ days with limited activity in the past month (14%).
- Nearly 1 in 5 adults reported 4+ days of poor physical health (19%) and 4+ days of poor mental health (20%) in the previous month.

Changes from Previous Year

- The rate of deaths due to nephritis worsened by 42%.
- The rate of uninsured adults improved 18%.
- The rate of adult smokers declined 11%.

PREVIOUS CURRENT GRADE

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	5.1	*	
TOTAL (RATE PER 100,000)	832.5	836.0	D
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	259.8	254.3	F
MALIGNANT NEOPLASM (CANCER)	184.8	190.4	D
CEREBROVASCULAR DISEASE (STROKE)	31.0	32.2	B
CHRONIC LOWER RESPIRATORY DISEASE	66.9	56.9	F
UNINTENTIONAL INJURY	68.5	52.6	D
DIABETES	34.6	23.5	D
INFLUENZA/PNEUMONIA	32.9	33.6	F
ALZHEIMER'S DISEASE	10.4	9.1	A
NEPHRITIS (KIDNEY DISEASE)	14.1	20.0	D
SUICIDES	*	*	
DISEASE RATES			
DIABETES PREVALENCE	10.8%	11.2%	D
CURRENT ASTHMA PREVALENCE	7.6%	8.1%	B
CANCER INCIDENCE (RATE PER 100,000)	563.1	544.7	F
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	50.4%	F
MINIMAL VEGETABLE CONSUMPTION	NA	26.2%	D
NO PHYSICAL ACTIVITY	31.7%	28.8%	D
CURRENT SMOKING PREVALENCE	22.1%	19.6%	C
OBESITY	31.1%	32.3%	D
IMMUNIZATIONS < 3 YEARS	69.0%	79.4%	A
SENIORS INFLUENZA VACCINATION	65.6%	70.8%	A
SENIORS PNEUMONIA VACCINATION	75.2%	77.3%	A
LIMITED ACTIVITY DAYS	13.1%	14.2%	B
POOR MENTAL HEALTH DAYS	21.8%	20.4%	B
POOR PHYSICAL HEALTH DAYS	18.4%	19.0%	B
GOOD OR BETTER HEALTH RATING	82.6%	83.7%	C
TEEN FERTILITY (RATE PER 1,000)	20.4	19.7	D
FIRST TRIMESTER PRENATAL CARE	68.6%	76.4%	B
LOW BIRTH WEIGHT	6.3%	5.9%	A
ADULT DENTAL VISITS	59.9%	61.7%	D
USUAL SOURCE OF CARE	81.5%	81.8%	B
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	10.7	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2565.9	2602.3	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	20.1%	16.4%	C
POVERTY	11.8%	11.5%	B

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



KIOWA COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	*	12.7	F
TOTAL (RATE PER 100,000)	1055.0	1148.6	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	281.4	269.3	F
MALIGNANT NEOPLASM (CANCER)	193.7	221.7	F
CEREBROVASCULAR DISEASE (STROKE)	93.8	43.4	D
CHRONIC LOWER RESPIRATORY DISEASE	74.9	68.2	F
UNINTENTIONAL INJURY	74.6	96.0	F
DIABETES	38.0	33.6	F
INFLUENZA/PNEUMONIA	27.2	37.2	F
ALZHEIMER'S DISEASE	20.5	17.8	B
NEPHRITIS (KIDNEY DISEASE)	20.4	13.0	B
SUICIDES	*	19.3	F
DISEASE RATES			
DIABETES PREVALENCE	12.3%	12.7%	F
CURRENT ASTHMA PREVALENCE	9.1%	9.6%	D
CANCER INCIDENCE (RATE PER 100,000)	510.7	521.4	F
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	51.5%	F
MINIMAL VEGETABLE CONSUMPTION	NA	27.8%	F
NO PHYSICAL ACTIVITY	34.5%	31.5%	F
CURRENT SMOKING PREVALENCE	25.4%	22.5%	D
OBESITY	31.6%	32.7%	D
IMMUNIZATIONS < 3 YEARS	78.6%	64.1%	F
SENIORS INFLUENZA VACCINATION	64.3%	69.7%	A
SENIORS PNEUMONIA VACCINATION	74.9%	77.0%	A
LIMITED ACTIVITY DAYS	17.0%	18.4%	D
POOR MENTAL HEALTH DAYS	24.4%	22.8%	C
POOR PHYSICAL HEALTH DAYS	24.5%	25.2%	D
GOOD OR BETTER HEALTH RATING	75.5%	76.8%	F
TEEN FERTILITY (RATE PER 1,000)	38.7	28.2	F
FIRST TRIMESTER PRENATAL CARE	55.8%	60.5%	F
LOW BIRTH WEIGHT	11.3%	7.6%	C
ADULT DENTAL VISITS	54.8%	56.5%	F
USUAL SOURCE OF CARE	81.1%	81.4%	B
OCCUPATIONAL FATALITIES (RATE PER 100,000)	*	29.4	F
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2909.6	4250.4	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	20.6%	16.8%	C
POVERTY	19.2%	21.0%	F

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

Mortality and Leading Causes of Death

- Kiowa County ranked worst for total mortality (age-adjusted) in the state, which was 54% higher than the national average.
- Kiowa County's unintentional injury rate was 152% higher than the national average.
- The infant mortality rate for the county was 51% higher than the national average.

Disease Rates

- 1 in 8 adults had diabetes (12.7%).
- Nearly 1 in 10 adults had asthma (9.6%).

Risk Factors, Behaviors and Socioeconomic Factors

- 1 in 6 adults (17%) was uninsured.
- Approximately 2 of 3 young children (64%) completed their primary immunization series in Kiowa County, ranking it as the 4th worst in the state.
- Kiowa County had the 2nd highest rate of preventable hospitalizations in the state, which was 182% higher than the state rate.
- Kiowa County was ranked near the bottom (tied for 32nd out of 35 counties) for occupational fatalities.
- Approximately 1 in 5 people in Kiowa County lived in poverty (21%).
- Approximately 1 in 6 adults reported 3+ days with limited activity in the past month (18%).
- 1 in 4 adults reported 4+ days of poor physical health (25%) and nearly 1 in 4 adults reported 4+ days of poor mental health (23%) in the previous month.

Changes from Previous Year

- The rates of death due to stroke and nephritis improved 54% and 36% respectively from the previous year.
- The percentage of uninsured adults improved 18%.
- The percentage of physically inactive adults decreased 9%.
- The prevalence of asthma declined 12%.
- The rate of young children who completed the primary immunization series worsened by 18%.
- The teen fertility rate improved by 27% and percentage of low birth weight births improved by 33%.



LATIMER COUNTY

Mortality and Leading Causes of Death

- The rate of deaths due to diabetes in Latimer County was 66% higher than the national average.
- The leading causes of death in Latimer County were heart disease, cancer and unintentional injury.
- Latimer County ranked 3rd (best) for the rate of deaths attributed to stroke.

Disease Rates

- Latimer County's asthma prevalence of 8.9% was similar to the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- 1 in 10 births (10%) was low birth weight, tying Latimer County for the 3rd highest percentage of low birth weight births in the state.
 - Latimer County had the 7th lowest teen fertility rate in the state, 32% lower than the overall state rate.
 - Latimer County ranked among the bottom 10 counties for adults eating at least one fruit and adults eating at least one vegetable per day.
 - Nearly 1 in 5 people in Latimer County lived in poverty (19%).
 - Approximately 1 in 5 adults reported 3+ days of limited activity in the past month (21%).
 - Approximately 1 in 4 adults reported 4+ days of poor physical health (27%) and 4+ days of poor mental health (26%) in the previous month.
- ### Changes from Previous Year
- The overall rate of deaths improved by 17% and the rate of deaths due to unintentional injury improved by 29% from the previous year.
 - The rate of deaths due to chronic lower respiratory disease worsened by 36%.
 - The cancer incidence rate worsened by 21%.
 - The teen birth rate dropped by 43%, while the percentage of low birth weight births doubled.

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	14.3	*	
TOTAL (RATE PER 100,000)	1024.0	853.4	D
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	279.9	234.5	F
MALIGNANT NEOPLASM (CANCER)	203.5	187.7	D
CEREBROVASCULAR DISEASE (STROKE)	24.6	28.8	A
CHRONIC LOWER RESPIRATORY DISEASE	44.5	60.7	F
UNINTENTIONAL INJURY	101.9	72.1	F
DIABETES	42.9	34.5	F
INFLUENZA/PNEUMONIA	34.0	*	
ALZHEIMER'S DISEASE	32.0	24.6	C
NEPHRITIS (KIDNEY DISEASE)	25.6	*	
SUICIDES	45.0	*	
DISEASE RATES			
DIABETES PREVALENCE	12.0%	12.4%	F
CURRENT ASTHMA PREVALENCE	8.4%	8.9%	C
CANCER INCIDENCE (RATE PER 100,000)	372.2	450.9	C
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	53.2%	F
MINIMAL VEGETABLE CONSUMPTION	NA	28.9%	F
NO PHYSICAL ACTIVITY	34.9%	32.0%	F
CURRENT SMOKING PREVALENCE	25.5%	22.5%	D
OBESITY	31.8%	32.9%	F
IMMUNIZATIONS < 3 YEARS	84.0%	82.1%	A
SENIORS INFLUENZA VACCINATION	63.3%	68.6%	A
SENIORS PNEUMONIA VACCINATION	73.8%	75.8%	A
LIMITED ACTIVITY DAYS	19.3%	20.9%	F
POOR MENTAL HEALTH DAYS	27.3%	25.6%	D
POOR PHYSICAL HEALTH DAYS	25.9%	26.6%	F
GOOD OR BETTER HEALTH RATING	74.8%	76.0%	F
TEEN FERTILITY (RATE PER 1,000)	27.5	15.6	C
FIRST TRIMESTER PRENATAL CARE	58.7%	61.4%	F
LOW BIRTH WEIGHT	5.1%	10.0%	D
ADULT DENTAL VISITS	47.6%	49.1%	F
USUAL SOURCE OF CARE	77.0%	77.2%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS))	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2885.8	2509.0	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	22.4%	18.3%	C
POVERTY	17.5%	19.2%	D

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



LEFLORE COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	7.3	5.7	C
TOTAL (RATE PER 100,000)	1025.2	1013.0	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	287.6	239.9	F
MALIGNANT NEOPLASM (CANCER)	213.6	212.3	F
CEREBROVASCULAR DISEASE (STROKE)	50.9	46.3	D
CHRONIC LOWER RESPIRATORY DISEASE	60.2	72.0	F
UNINTENTIONAL INJURY	68.5	72.7	F
DIABETES	26.7	35.6	F
INFLUENZA/PNEUMONIA	32.8	23.9	F
ALZHEIMER'S DISEASE	32.6	29.6	D
NEPHRITIS (KIDNEY DISEASE)	13.4	22.1	D
SUICIDES	20.9	17.2	D
DISEASE RATES			
DIABETES PREVALENCE	12.3%	12.7%	F
CURRENT ASTHMA PREVALENCE	8.8%	9.3%	C
CANCER INCIDENCE (RATE PER 100,000)	462.6	407.9	A
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	53.2%	F
MINIMAL VEGETABLE CONSUMPTION	NA	28.5%	F
NO PHYSICAL ACTIVITY	35.5%	32.5%	F
CURRENT SMOKING PREVALENCE	29.0%	26.0%	F
OBESITY	32.2%	33.4%	F
IMMUNIZATIONS < 3 YEARS	76.3%	75.2%	B
SENIORS INFLUENZA VACCINATION	60.8%	66.3%	B
SENIORS PNEUMONIA VACCINATION	73.5%	75.7%	A
LIMITED ACTIVITY DAYS	17.6%	19.1%	D
POOR MENTAL HEALTH DAYS	25.5%	24.0%	C
POOR PHYSICAL HEALTH DAYS	25.8%	26.6%	F
GOOD OR BETTER HEALTH RATING	71.7%	73.0%	F
TEEN FERTILITY (RATE PER 1,000)	37.7	34.1	F
FIRST TRIMESTER PRENATAL CARE	51.9%	55.5%	F
LOW BIRTH WEIGHT	6.8%	7.5%	B
ADULT DENTAL VISITS	47.6%	49.0%	F
USUAL SOURCE OF CARE	75.1%	75.3%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	5.2	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1903.4	1544.3	C
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	25.0%	20.9%	D
POVERTY	21.0%	20.4%	D

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

Mortality and Leading Causes of Death

- Heart disease, cancer, and unintentional injury were the leading causes of death in LeFlore County.
- LeFlore County ranked 59th in the state for total mortality (age-adjusted).

Disease Rates

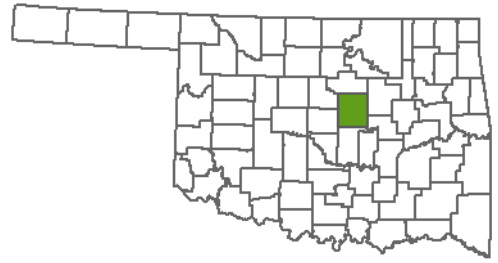
- LeFlore County had a lower cancer incidence rate than most other counties in the state, 11% lower than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- 1 in 5 people (20%) in LeFlore County lived in poverty.
- LeFlore County had the 4th worst self-health rating in the state with only 3 of 4 adults (73%) reporting good or better health.
- LeFlore County ranked among the bottom counties for the percentage of mothers seeking early prenatal care and fruit consumption.
- Nearly 1 in 5 adults reported 3+ days with limited activity in the past month (19%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (27%) and 4+ days of poor mental health (24%) in the previous month.

Changes from Previous Year

- The rates of death due to chronic lower respiratory disease and influenza/pneumonia declined 20% and 27% respectively from the previous year.
- The rate of deaths due to nephritis improved by 65%.
- The percentage of adults who smoke dropped by 10%.
- The percentage of seniors who received the influenza and pneumonia vaccination increased 9% and 3% respectively.
- The percentage of uninsured adults improved 16%.



LINCOLN COUNTY

Mortality and Leading Causes of Death

- Lincoln County ranked 40th for total mortality (age-adjusted) in the state.
- Lincoln County ranked 12th (best) in the state for its infant mortality rate.
- The leading causes of death in Lincoln County were heart disease, cancer and unintentional injury.

Disease Rates

- Lincoln County had a lower cancer incidence rate than most of the counties in the state, 11% lower than the national rate.
- 1 in 8 adults (12%) had diabetes in Lincoln County.

Risk Factors, Behaviors and Socioeconomic Factors

- Half of adults (52%) ate at least one piece of fruit each day and approximately 1 in 4 (27%) ate at least one vegetable each day.
- Nearly 1 in 3 adults (32%) was not physically active.
- More than half of adults (55%) visited a dentist in the past year.
- Approximately 1 in 6 people in Lincoln County lived in poverty (18%).
- Approximately 1 in 5 adults reported 3+ days of limited activity in the past month (21%).
- 1 in 4 adults reported 4+ days of poor physical health (25%) and 4+ days of poor mental health (25%) in the previous month.

Changes from Previous Year

- The infant mortality rate dropped 19% from the previous year.
- The rates of death attributed to influenza/pneumonia and suicide improved 70% and 45% respectively.
- The risk of death due to nephritis dropped 62%.
- The percentage of adults who smoked decreased 11%.

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	8.8	7.1	D
TOTAL (RATE PER 100,000)	1026.4	928.1	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	276.1	234.2	F
MALIGNANT NEOPLASM (CANCER)	217.7	209.0	F
CEREBROVASCULAR DISEASE (STROKE)	53.2	47.5	D
CHRONIC LOWER RESPIRATORY DISEASE	58.4	61.6	F
UNINTENTIONAL INJURY	73.7	68.1	F
DIABETES	26.6	21.2	C
INFLUENZA/PNEUMONIA	27.5	8.2	A
ALZHEIMER'S DISEASE	26.0	29.6	D
NEPHRITIS (KIDNEY DISEASE)	25.2	9.7	B
SUICIDES	18.8	10.4	C
DISEASE RATES			
DIABETES PREVALENCE	11.6%	12.0%	D
CURRENT ASTHMA PREVALENCE	9.7%	10.2%	D
CANCER INCIDENCE (RATE PER 100,000)	491.4	408.2	A
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	52.4%	F
MINIMAL VEGETABLE CONSUMPTION	NA	26.9%	D
NO PHYSICAL ACTIVITY	34.8%	31.9%	F
CURRENT SMOKING PREVALENCE	27.2%	24.1%	D
OBESITY	32.0%	33.1%	F
IMMUNIZATIONS < 3 YEARS	69.7%	79.5%	A
SENIORS INFLUENZA VACCINATION	64.4%	69.8%	A
SENIORS PNEUMONIA VACCINATION	75.0%	77.3%	A
LIMITED ACTIVITY DAYS	19.1%	20.6%	F
POOR MENTAL HEALTH DAYS	26.2%	24.5%	C
POOR PHYSICAL HEALTH DAYS	24.7%	25.4%	D
GOOD OR BETTER HEALTH RATING	77.5%	78.7%	D
TEEN FERTILITY (RATE PER 1,000)	20.1	18.4	D
FIRST TRIMESTER PRENATAL CARE	62.5%	64.1%	F
LOW BIRTH WEIGHT	8.0%	7.2%	B
ADULT DENTAL VISITS	53.4%	55.0%	F
USUAL SOURCE OF CARE	78.7%	79.1%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	8.3	F
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2172.4	2023.5	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	20.3%	16.3%	C
POVERTY	14.2%	17.9%	D

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



LOGAN COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	7.9	6.7	C
TOTAL (RATE PER 100,000)	858.7	759.9	C
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	226.2	186.4	C
MALIGNANT NEOPLASM (CANCER)	182.9	162.8	B
CEREBROVASCULAR DISEASE (STROKE)	61.4	29.5	A
CHRONIC LOWER RESPIRATORY DISEASE	52.7	50.9	D
UNINTENTIONAL INJURY	47.9	52.9	D
DIABETES	23.2	19.1	B
INFLUENZA/PNEUMONIA	21.2	14.1	C
ALZHEIMER'S DISEASE	14.2	28.7	C
NEPHRITIS (KIDNEY DISEASE)	8.7	9.2	B
SUICIDES	9.4	13.7	C
DISEASE RATES			
DIABETES PREVALENCE	10.9%	11.5%	D
CURRENT ASTHMA PREVALENCE	9.3%	9.8%	D
CANCER INCIDENCE (RATE PER 100,000)	435.5	361.5	A
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	50.0%	F
MINIMAL VEGETABLE CONSUMPTION	NA	26.5%	D
NO PHYSICAL ACTIVITY	29.1%	26.4%	D
CURRENT SMOKING PREVALENCE	23.6%	20.7%	C
OBESITY	31.0%	32.1%	D
IMMUNIZATIONS < 3 YEARS	67.0%	75.8%	B
SENIORS INFLUENZA VACCINATION	64.1%	69.6%	A
SENIORS PNEUMONIA VACCINATION	75.7%	78.0%	A
LIMITED ACTIVITY DAYS	15.8%	17.1%	C
POOR MENTAL HEALTH DAYS	25.5%	23.6%	C
POOR PHYSICAL HEALTH DAYS	22.5%	23.3%	C
GOOD OR BETTER HEALTH RATING	83.1%	83.9%	C
TEEN FERTILITY (RATE PER 1,000)	13.6	13.8	C
FIRST TRIMESTER PRENATAL CARE	65.5%	74.1%	C
LOW BIRTH WEIGHT	7.1%	6.8%	B
ADULT DENTAL VISITS	60.8%	62.5%	D
USUAL SOURCE OF CARE	78.8%	79.3%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	3.5	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1395.9	1093.4	A
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	20.5%	16.3%	C
POVERTY	13.9%	14.4%	C

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

Mortality and Leading Causes of Death

- Logan County ranked 2nd (best) in total mortality (age-adjusted) and the 10th (best) in infant mortality in the state.
- The leading causes of death in Logan County were heart disease, cancer and unintentional injury.
- Logan County ranked 7th (best) for its rate of deaths due to stroke and 5th (best) for its rate of deaths attributed to heart disease.

Disease Rates

- Logan County had the 2nd lowest cancer incidence rate in the state; 21% lower than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Logan County ranked among the top 10 (best) counties for self-health rating, teen fertility, adult dental visits, seniors pneumonia vaccinations, and preventable hospitalizations.
- Logan County had the 6th lowest percentage of physically inactive adults in the state (26%) and was ranked 20th for obesity prevalence (32%).
- Logan County had the 3rd lowest teen birth rate, which was 40% lower than the overall state rate.
- 1 in 7 people in Logan County lived in poverty (14%).
- 1 in 6 adults reported 3+ days of limited activity in the past month (17%).
- Nearly 1 in 4 adults reported 4+ days of poor physical health (23%) and 4+ days of poor mental health (24%) in the previous month.

Changes from Previous Year

- The infant mortality rate dropped by 15% from the previous year.
- The rates of death attributed to heart disease and stroke declined 18% and 52% respectively.
- The rate of deaths due to Alzheimer's disease doubled and rate of deaths due to suicides increased 46%.
- The percent of adults who smoked dropped 12%.
- The percentage of uninsured adults improved 20%.



LOVE COUNTY

Mortality and Leading Causes of Death

- Love County ranked 29th in the state for total mortality (age-adjusted).
- Love County ranked 6th in the state for its rate of deaths attributed to diabetes and 7th for its rate of deaths due to chronic lower respiratory disease.
- The rate of deaths due to influenza/pneumonia was 64% higher in Love County than the national average.
- The leading causes of death in Love County were heart disease, cancer and unintentional injury.

Disease Rates

- The cancer incidence rate was high in Love County compared to other counties, 15% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Nearly 1 in 6 people (16%) in Love County lived in poverty, and 1 in 5 adults (20%) was uninsured.
- 1 in 14 babies born (7.2%) was low birth weight, which was better than both the state and national rates.
- 1 in 5 adults reported 3+ days of limited activity in the past month (20%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (27%) and 4+ days of poor mental health (23%) in the previous month.

Changes from Previous Year

- The rates of death due to chronic lower respiratory disease and nephritis improved 25% and 66% respectively from the previous year.
- The cancer incidence rate dropped 23%.
- The percentage of young children who completed the primary immunization series decreased 12%.
- The percentage of adults who smoked dropped 11%.
- The percentage of pregnant women who received early prenatal care improved 13% and the percentage of births that were low birth weight decreased 37%.
- The percentage of uninsured adults improved 16%.

PREVIOUS CURRENT GRADE

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	11.7	*	
TOTAL (RATE PER 100,000)	947.0	889.7	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	233.0	236.6	F
MALIGNANT NEOPLASM (CANCER)	178.6	188.7	D
CEREBROVASCULAR DISEASE (STROKE)	44.0	45.3	D
CHRONIC LOWER RESPIRATORY DISEASE	59.0	44.3	C
UNINTENTIONAL INJURY	80.2	85.7	F
DIABETES	12.0	16.2	A
INFLUENZA/PNEUMONIA	48.1	41.3	F
ALZHEIMER'S DISEASE	24.0	20.3	B
NEPHRITIS (KIDNEY DISEASE)	40.2	13.8	C
SUICIDES	23.4	*	
DISEASE RATES			
DIABETES PREVALENCE	12.4%	12.8%	F
CURRENT ASTHMA PREVALENCE	8.2%	8.6%	C
CANCER INCIDENCE (RATE PER 100,000)	432.0	530.9	F
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	52.2%	F
MINIMAL VEGETABLE CONSUMPTION	NA	27.9%	F
NO PHYSICAL ACTIVITY	35.3%	32.3%	F
CURRENT SMOKING PREVALENCE	28.5%	25.4%	F
OBESITY	31.8%	33.0%	F
IMMUNIZATIONS < 3 YEARS	76.5%	67.5%	D
SENIORS INFLUENZA VACCINATION	64.3%	69.6%	B
SENIORS PNEUMONIA VACCINATION	72.9%	74.9%	A
LIMITED ACTIVITY DAYS	18.1%	19.6%	D
POOR MENTAL HEALTH DAYS	24.7%	23.2%	C
POOR PHYSICAL HEALTH DAYS	25.9%	26.5%	F
GOOD OR BETTER HEALTH RATING	73.7%	75.1%	F
TEEN FERTILITY (RATE PER 1,000)	25.3	31.5	F
FIRST TRIMESTER PRENATAL CARE	61.1%	69.4%	D
LOW BIRTH WEIGHT	11.5%	7.2%	B
ADULT DENTAL VISITS	50.9%	52.6%	F
USUAL SOURCE OF CARE	79.2%	79.4%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2280.4	2124.7	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	23.7%	19.8%	D
POVERTY	14.2%	16.4%	C

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



MAJOR COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	*	19.5	F
TOTAL (RATE PER 100,000)	854.1	837.2	D
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	317.8	194.8	D
MALIGNANT NEOPLASM (CANCER)	179.3	182.9	D
CEREBROVASCULAR DISEASE (STROKE)	54.4	29.6	A
CHRONIC LOWER RESPIRATORY DISEASE	36.9	58.4	F
UNINTENTIONAL INJURY	35.9	71.2	F
DIABETES	33.0	25.6	D
INFLUENZA/PNEUMONIA	11.9	14.0	C
ALZHEIMER'S DISEASE	*	22.9	C
NEPHRITIS (KIDNEY DISEASE)	23.5	*	
SUICIDES	*	*	
DISEASE RATES			
DIABETES PREVALENCE	11.2%	11.5%	D
CURRENT ASTHMA PREVALENCE	8.2%	8.7%	C
CANCER INCIDENCE (RATE PER 100,000)	495.3	454.8	C
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	50.9%	F
MINIMAL VEGETABLE CONSUMPTION	NA	26.4%	D
NO PHYSICAL ACTIVITY	34.1%	31.1%	F
CURRENT SMOKING PREVALENCE	23.5%	20.9%	C
OBESITY	31.0%	32.2%	D
IMMUNIZATIONS < 3 YEARS	71.7%	88.0%	A
SENIORS INFLUENZA VACCINATION	64.4%	69.8%	A
SENIORS PNEUMONIA VACCINATION	74.3%	76.5%	A
LIMITED ACTIVITY DAYS	16.4%	17.7%	C
POOR MENTAL HEALTH DAYS	22.1%	20.7%	B
POOR PHYSICAL HEALTH DAYS	22.0%	22.6%	C
GOOD OR BETTER HEALTH RATING	76.7%	78.0%	F
TEEN FERTILITY (RATE PER 1,000)	13.4	23.3	D
FIRST TRIMESTER PRENATAL CARE	66.6%	66.2%	D
LOW BIRTH WEIGHT	7.7%	8.5%	C
ADULT DENTAL VISITS	53.3%	55.0%	F
USUAL SOURCE OF CARE	81.0%	81.2%	B
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	20.1	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1816.5	1781.0	D
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	18.6%	15.0%	C
POVERTY	9.8%	12.1%	B

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

Mortality and Leading Causes of Death

- Major County ranked 15th in the state for total mortality (age-adjusted).
- Major County ranked worst in the state for infant mortality, a rate 68% higher than the national rate.
- Major County ranked 9th in the state for its rate of deaths attributed to stroke.
- The leading causes of death in Major County were heart disease, cancer, and unintentional injury.

Disease Rates

- The prevalence of asthma in Major County (8.7%) was very similar to the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- At 88%, Major County had the highest percentage of children under 3 years of age that completed the primary immunization series.
- 12% of the population lived in poverty which was the 6th lowest rate in the state and 27% lower than the overall state rate.
- Approximately 1 in 6 adults reported 3+ days of limited activity in the past month (18%).
- Nearly 1 in 4 adults reported 4+ days of poor physical health (23%) and approximately 1 in 5 reported 4+ days of poor mental health (21%) in the previous month.

Changes from Previous Year

- The rates of death attributed to heart disease and stroke improved 39% and 46% respectively from the previous year.
- The rate of early childhood immunization improved by 23%.
- The teen birth rate worsened by 74%.
- The percentage of adults who smoked dropped by 11%.
- The percentage of residents living in poverty worsened by 23%.



MARSHALL COUNTY

Mortality and Leading Causes of Death

- Marshall County was ranked 26th in the state for total mortality (age-adjusted), which was 17% higher than the national rate.
- Marshall County ranked 1st (best) in the state for its rate of deaths attributed to diabetes and 10th for its infant mortality rate.
- The leading causes of death in Marshall County were heart disease, cancer and unintentional injury.

Disease Rates

- 1 in 8 adults (13%) in Marshall County had been diagnosed with diabetes, a rate that was 33% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- At 6.6%, Marshall County had the 9th lowest percentage of low birth weight births in the state.
- 1 in 3 adults was not physically active in Marshall County which was the 3rd highest rate in the state and 49% higher than the national rate.
- Marshall County has the 9th highest rate of preventable hospitalizations in the state.
- Approximately 1 in 6 people in Marshall County lived in poverty (18%).
- Nearly 1 in 5 adults reported 3+ days of limited activity in the past month (19%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (28%) and 4+ days of poor mental health (23%) in the previous month.

Changes from Previous Year

- The infant mortality rate worsened by 22% from the previous year.
- The rates of death due to unintentional injury and suicide worsened by 74% and 59% respectively.
- The asthma prevalence rate improved by 53%.
- The percent of uninsured adults improved by 16%.
- The percentage of adults smokers dropped 11%.

PREVIOUS CURRENT GRADE

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	4.9	6.0	C
TOTAL (RATE PER 100,000)	918.7	876.5	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	259.0	239.7	F
MALIGNANT NEOPLASM (CANCER)	219.8	186.2	D
CEREBROVASCULAR DISEASE (STROKE)	49.7	50.8	F
CHRONIC LOWER RESPIRATORY DISEASE	72.7	58.4	F
UNINTENTIONAL INJURY	40.1	69.8	F
DIABETES	18.2	10.5	A
INFLUENZA/PNEUMONIA	28.1	18.8	D
ALZHEIMER'S DISEASE	20.5	27.6	C
NEPHRITIS (KIDNEY DISEASE)	16.5	17.1	C
SUICIDES	14.6	23.2	F
DISEASE RATES			
DIABETES PREVALENCE	12.6%	13.0%	F
CURRENT ASTHMA PREVALENCE	9.1%	9.6%	D
CANCER INCIDENCE (RATE PER 100,000)	538.4	477.4	D
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	51.7%	F
MINIMAL VEGETABLE CONSUMPTION	NA	27.9%	F
NO PHYSICAL ACTIVITY	36.8%	33.7%	F
CURRENT SMOKING PREVALENCE	25.2%	22.4%	D
OBESITY	31.9%	33.1%	F
IMMUNIZATIONS < 3 YEARS	70.2%	72.3%	C
SENIORS INFLUENZA VACCINATION	63.3%	68.7%	A
SENIORS PNEUMONIA VACCINATION	75.1%	77.3%	A
LIMITED ACTIVITY DAYS	17.9%	19.3%	D
POOR MENTAL HEALTH DAYS	24.5%	23.0%	C
POOR PHYSICAL HEALTH DAYS	27.2%	27.8%	F
GOOD OR BETTER HEALTH RATING	72.8%	74.2%	F
TEEN FERTILITY (RATE PER 1,000)	37.7	36.4	F
FIRST TRIMESTER PRENATAL CARE	58.4%	62.7%	F
LOW BIRTH WEIGHT	6.8%	6.6%	B
ADULT DENTAL VISITS	48.7%	50.4%	F
USUAL SOURCE OF CARE	79.0%	79.0%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	3202.3	2882.7	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	22.6%	18.9%	C
POVERTY	17.1%	17.7%	D

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



MAYES COUNTY

Mortality and Leading Causes of Death

- Mayes County ranked 55th in the state for total mortality (age-adjusted).
- Mayes County ranked 69th for its rate of deaths due to chronic lower respiratory disease which was 89% higher than the national rate.
- The leading causes of death in Mayes County were heart disease, cancer and chronic lower respiratory disease.

Disease Rates

- 1 in 12 adults (8.2%) in Mayes County had been diagnosed with asthma.
- 1 in 8 adults (13%) had been diagnosed with diabetes; a rate that was 34% worse than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Approximately 1 in 3 adults (34%) in Mayes County was obese ranking the county as the 8th highest in the state, which was 22% higher than the national rate.
- Nearly 1 in 5 people in Mayes County lived in poverty (19%).
- Nearly 1 in 5 adults reported 3+ days of limited activity in the past month (19%).
- Nearly 1 in 4 adults reported 4+ days of poor physical health (24%) and approximately 1 in 5 adults reported 4+ days of poor mental health (22%) in the previous month.

Changes from Previous Year

- The rate of deaths attributed to Alzheimer's disease worsened by 239%.
- The rate of deaths due to chronic lower respiratory disease worsened by 50%.
- The percentage of inactive adults improved 7%.
- The rate of uninsured adults improved 20%.
- The teen birth rate improved 17%.

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	6.9	7.2	D
TOTAL (RATE PER 100,000)	901.4	999.4	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	242.2	255.0	F
MALIGNANT NEOPLASM (CANCER)	201.8	208.8	F
CEREBROVASCULAR DISEASE (STROKE)	47.9	56.3	F
CHRONIC LOWER RESPIRATORY DISEASE	53.1	79.9	F
UNINTENTIONAL INJURY	65.2	70.7	F
DIABETES	27.3	24.0	D
INFLUENZA/PNEUMONIA	24.4	20.8	F
ALZHEIMER'S DISEASE	8.7	29.5	D
NEPHRITIS (KIDNEY DISEASE)	10.2	13.7	C
SUICIDES	18.4	22.4	F
DISEASE RATES			
DIABETES PREVALENCE	12.6%	13.0%	F
CURRENT ASTHMA PREVALENCE	7.7%	8.2%	B
CANCER INCIDENCE (RATE PER 100,000)	523.4	498.5	D
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	52.8%	F
MINIMAL VEGETABLE CONSUMPTION	NA	27.4%	D
NO PHYSICAL ACTIVITY	34.2%	31.2%	F
CURRENT SMOKING PREVALENCE	29.4%	26.3%	F
OBESITY	32.5%	33.7%	F
IMMUNIZATIONS < 3 YEARS	70.5%	74.8%	B
SENIORS INFLUENZA VACCINATION	65.2%	70.7%	A
SENIORS PNEUMONIA VACCINATION	73.3%	75.5%	A
LIMITED ACTIVITY DAYS	17.7%	19.1%	D
POOR MENTAL HEALTH DAYS	23.3%	21.9%	B
POOR PHYSICAL HEALTH DAYS	23.2%	23.8%	D
GOOD OR BETTER HEALTH RATING	76.1%	77.4%	F
TEEN FERTILITY (RATE PER 1,000)	29.6	24.7	F
FIRST TRIMESTER PRENATAL CARE	60.7%	63.9%	F
LOW BIRTH WEIGHT	6.9%	7.5%	B
ADULT DENTAL VISITS	55.0%	56.7%	F
USUAL SOURCE OF CARE	79.8%	80.0%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	3.9	5.8	D
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1812.1	1516.1	C
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	18.8%	15.1%	C
POVERTY	17.3%	18.5%	D



MCCLAIN COUNTY

Mortality and Leading Causes of Death

- McClain County ranked 38th in the state for its total mortality rate (age-adjusted) and 53rd for its rate of infant deaths.
- McClain County ranked 5th in the state for the rate of deaths attributed to Alzheimer's disease.
- The rate of deaths due to chronic lower respiratory disease was nearly double the national rate.
- The leading causes of death in McClain County were heart disease, cancer and chronic lower respiratory disease.

Disease Rates

- McClain County ranked as the 70th highest in the state for cancer incidence.

Risk Factors, Behaviors and Socioeconomic Factors

- At 77%, McClain County had the 3rd best rate of mothers receiving early prenatal care in the state.
- McClain County had the 8th lowest teen birth rate, which was 30% lower than the state rate.
- 1 in 7 people in McClain County lived in poverty (14%).
- Approximately 1 in 6 adults reported 3+ days of limited activity in the past month (18%).
- Nearly 1 in 4 adults reported 4+ days of poor physical health (23%) and 4+ days of poor mental health (24%) in the previous month.

Changes from Previous Year

- The infant mortality rate worsened 24% from the previous year.
- The rate of deaths due to cancer improved 16%.
- The rate of deaths attributed to suicide more than doubled.
- The rate of uninsured adults improved 20%.
- The percentage of the population living in poverty increased 40%.
- The low birth weight rate improved by 14%.

PREVIOUS CURRENT GRADE

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	8.7	10.8	F
TOTAL (RATE PER 100,000)	941.0	921.2	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	265.3	232.7	F
MALIGNANT NEOPLASM (CANCER)	211.5	177.0	C
CEREBROVASCULAR DISEASE (STROKE)	65.3	54.7	F
CHRONIC LOWER RESPIRATORY DISEASE	68.0	78.0	F
UNINTENTIONAL INJURY	55.6	58.4	F
DIABETES	18.3	23.0	D
INFLUENZA/PNEUMONIA	25.8	21.0	F
ALZHEIMER'S DISEASE	20.6	16.5	B
NEPHRITIS (KIDNEY DISEASE)	9.0	12.5	B
SUICIDES	6.8	16.6	D
DISEASE RATES			
DIABETES PREVALENCE	10.7%	11.0%	D
CURRENT ASTHMA PREVALENCE	7.9%	8.4%	C
CANCER INCIDENCE (RATE PER 100,000)	556.1	533.6	F
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	51.9%	F
MINIMAL VEGETABLE CONSUMPTION	NA	26.2%	D
NO PHYSICAL ACTIVITY	31.1%	28.2%	D
CURRENT SMOKING PREVALENCE	23.8%	21.1%	C
OBESITY	31.7%	32.8%	F
IMMUNIZATIONS < 3 YEARS	70.7%	74.8%	B
SENIORS INFLUENZA VACCINATION	64.6%	70.1%	A
SENIORS PNEUMONIA VACCINATION	73.5%	75.9%	A
LIMITED ACTIVITY DAYS	16.3%	17.6%	C
POOR MENTAL HEALTH DAYS	25.6%	24.0%	C
POOR PHYSICAL HEALTH DAYS	22.2%	22.8%	C
GOOD OR BETTER HEALTH RATING	81.4%	82.5%	C
TEEN FERTILITY (RATE PER 1,000)	16.4	16.1	C
FIRST TRIMESTER PRENATAL CARE	70.2%	77.0%	B
LOW BIRTH WEIGHT	8.6%	7.4%	B
ADULT DENTAL VISITS	59.7%	61.5%	D
USUAL SOURCE OF CARE	78.8%	79.0%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	5.0	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2102.6	1835.7	D
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	19.2%	15.4%	C
POVERTY	10.0%	14.0%	B

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



MCCURTAIN COUNTY

PREVIOUS CURRENT GRADE

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	9.5	9.6	F
TOTAL (RATE PER 100,000)	1087.7	1010.9	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	269.5	252.1	F
MALIGNANT NEOPLASM (CANCER)	225.1	204.0	F
CEREBROVASCULAR DISEASE (STROKE)	67.3	41.7	C
CHRONIC LOWER RESPIRATORY DISEASE	71.7	74.0	F
UNINTENTIONAL INJURY	88.1	78.2	F
DIABETES	52.6	45.1	F
INFLUENZA/PNEUMONIA	21.7	22.2	F
ALZHEIMER'S DISEASE	18.3	35.0	D
NEPHRITIS (KIDNEY DISEASE)	19.2	18.0	C
SUICIDES	26.0	23.9	F
DISEASE RATES			
DIABETES PREVALENCE	11.9%	12.3%	F
CURRENT ASTHMA PREVALENCE	9.4%	10.0%	D
CANCER INCIDENCE (RATE PER 100,000)	510.2	514.5	F
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	53.8%	F
MINIMAL VEGETABLE CONSUMPTION	NA	29.7%	F
NO PHYSICAL ACTIVITY	36.4%	33.5%	F
CURRENT SMOKING PREVALENCE	28.7%	25.6%	F
OBESITY	33.0%	34.1%	F
IMMUNIZATIONS < 3 YEARS	82.0%	82.2%	A
SENIORS INFLUENZA VACCINATION	61.0%	66.5%	B
SENIORS PNEUMONIA VACCINATION	73.7%	75.9%	A
LIMITED ACTIVITY DAYS	18.4%	19.9%	D
POOR MENTAL HEALTH DAYS	26.2%	24.5%	C
POOR PHYSICAL HEALTH DAYS	27.3%	28.0%	F
GOOD OR BETTER HEALTH RATING	72.6%	73.9%	F
TEEN FERTILITY (RATE PER 1,000)	41.6	39.2	F
FIRST TRIMESTER PRENATAL CARE	66.3%	67.8%	D
LOW BIRTH WEIGHT	8.4%	8.1%	C
ADULT DENTAL VISITS	45.5%	46.9%	F
USUAL SOURCE OF CARE	77.7%	78.0%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	6.1	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1882.3	2170.8	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	25.9%	21.6%	D
POVERTY	25.6%	30.9%	F

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

Mortality and Leading Causes of Death

- McCurtain County ranked 58th in the state for total mortality (age-adjusted), which was 35% higher than the national average.
- The leading causes of death in McCurtain County were heart disease, cancer and unintentional injury.

Disease Rates

- McCurtain County's cancer incidence was 12% higher than the national average.

Risk Factors, Behaviors and Socioeconomic Factors

- Nearly 1 in 3 residents (31%) lived in poverty ranking McCurtain County as the worst in the state, which was 94% higher than the national rate.
 - 1 in 3 adults was obese in McCurtain County tying it for the 4th highest rate in the state, which was 24% higher than the national rate.
 - McCurtain County ranked among the bottom counties for teen fertility, adult dental visits, and fruit/vegetable consumption.
 - Approximately 4 of 5 of young children (82%) in McCurtain County completed their primary immunization series, ranking the county as the 10th best in the state.
 - 1 in 5 adults reported 3+ days of limited activity in the past month (20%).
 - Approximately 1 in 4 adults reported 4+ days of poor physical health (28%) and reported 4+ days of poor mental health (25%) in the previous month.
- ### Changes from Previous Year
- The rate of deaths due to stroke improved 38% from the previous year.
 - The rate of deaths attributed to Alzheimer's disease worsened by 91%.
 - The percentage of adult seniors who received the influenza vaccination increased 9%.
 - The percentage of people living in poverty increased 21%.



MCINTOSH COUNTY

Mortality and Leading Causes of Death

- McIntosh County ranked 63rd for total mortality (age-adjusted) in the state.
- Heart disease, cancer, and unintentional injury were the leading causes of death in McIntosh County.

Disease Rates

- 1 in 7 adults had been diagnosed with diabetes in McIntosh County, the 2nd worst in the state and 46% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- 1 in 4 residents (25%) in McIntosh County lived in poverty, ranking the county as the 8th highest in the state.
- The McIntosh County teen fertility rate ranked 37th in the state and was 77% higher than the national rate.
- 1 in 5 adults reported 3+ days of limited activity in the past month (20%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (27%) and 4+ days of poor mental health (25%) in the previous month.

Changes from Previous Year

- The overall mortality rate improved 6% and the rate of deaths due to nephritis improved by 27% from the previous year.
- The rates of death attributed to influenza/pneumonia and Alzheimer's disease worsened by 136% and 90% respectively.
- The percentage of children who completed the primary immunization series improved by 29%.
- The low birth weight rate dropped by 15%.
- The percentage of uninsured adults decreased 26%.

PREVIOUS CURRENT GRADE

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	12.8	11.4	F
TOTAL (RATE PER 100,000)	965.5	1027.5	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	277.9	255.4	F
MALIGNANT NEOPLASM (CANCER)	205.1	210.8	F
CEREBROVASCULAR DISEASE (STROKE)	55.9	49.0	F
CHRONIC LOWER RESPIRATORY DISEASE	77.3	83.8	F
UNINTENTIONAL INJURY	83.4	87.3	F
DIABETES	28.6	18.6	A
INFLUENZA/PNEUMONIA	15.0	35.4	F
ALZHEIMER'S DISEASE	12.6	24.0	C
NEPHRITIS (KIDNEY DISEASE)	11.9	8.7	B
SUICIDES	18.0	17.9	F
DISEASE RATES			
DIABETES PREVALENCE	13.4	14.0%	F
CURRENT ASTHMA PREVALENCE	8.3	8.8%	C
CANCER INCIDENCE (RATE PER 100,000)	484.8	496.1	D
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	52.2%	F
MINIMAL VEGETABLE CONSUMPTION	NA	28.6%	F
NO PHYSICAL ACTIVITY	35.8%	32.9%	F
CURRENT SMOKING PREVALENCE	26.9%	23.8%	D
OBESITY	32.4%	33.5%	F
IMMUNIZATIONS < 3 YEARS	62.5%	80.6%	A
SENIORS INFLUENZA VACCINATION	63.3%	68.7%	A
SENIORS PNEUMONIA VACCINATION	72.4%	74.6%	A
LIMITED ACTIVITY DAYS	18.5%	20.0%	D
POOR MENTAL HEALTH DAYS	26.5%	24.7%	C
POOR PHYSICAL HEALTH DAYS	26.0%	26.8%	F
GOOD OR BETTER HEALTH RATING	73.8%	75.0%	F
TEEN FERTILITY (RATE PER 1,000)	21.0	27.3	F
FIRST TRIMESTER PRENATAL CARE	54.7%	58.3%	F
LOW BIRTH WEIGHT	9.4%	7.9%	C
ADULT DENTAL VISITS	50.5%	52.1%	F
USUAL SOURCE OF CARE	77.6%	78.1%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1733.0	1763.9	D
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	20.5%	16.3%	C
POVERTY	20.8%	24.5%	F

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



MURRAY COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	*	9.7	F
TOTAL (RATE PER 100,000)	1028.4	1022.7	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	282.3	272.6	F
MALIGNANT NEOPLASM (CANCER)	219.4	201.8	F
CEREBROVASCULAR DISEASE (STROKE)	51.5	44.6	D
CHRONIC LOWER RESPIRATORY DISEASE	80.3	103.0	F
UNINTENTIONAL INJURY	73.4	69.9	F
DIABETES	40.6	28.8	F
INFLUENZA/PNEUMONIA	35.7	28.7	F
ALZHEIMER'S DISEASE	22.6	29.4	D
NEPHRITIS (KIDNEY DISEASE)	23.3	12.4	B
SUICIDES	30.0	19.9	F
DISEASE RATES			
DIABETES PREVALENCE	11.9%	12.4%	F
CURRENT ASTHMA PREVALENCE	8.2%	8.7%	C
CANCER INCIDENCE (RATE PER 100,000)	563.3	531.0	F
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	51.9%	F
MINIMAL VEGETABLE CONSUMPTION	NA	27.1%	D
NO PHYSICAL ACTIVITY	33.9%	31.0%	F
CURRENT SMOKING PREVALENCE	27.8%	24.8%	D
OBESITY	31.9%	33.0%	F
IMMUNIZATIONS < 3 YEARS	66.7%	76.3%	B
SENIORS INFLUENZA VACCINATION	63.8%	69.3%	A
SENIORS PNEUMONIA VACCINATION	72.2%	74.4%	A
LIMITED ACTIVITY DAYS	16.5%	17.9%	C
POOR MENTAL HEALTH DAYS	24.9%	23.2%	C
POOR PHYSICAL HEALTH DAYS	23.5%	24.2%	D
GOOD OR BETTER HEALTH RATING	77.3%	78.4%	D
TEEN FERTILITY (RATE PER 1,000)	51.1	25.5	F
FIRST TRIMESTER PRENATAL CARE	67.4%	76.4%	B
LOW BIRTH WEIGHT	9.1%	8.9%	D
ADULT DENTAL VISITS	54.5%	55.9%	F
USUAL SOURCE OF CARE	79.8%	80.2%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2698.8	2412.8	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	19.8%	15.9%	C
POVERTY	16.8%	15.3%	C

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

Mortality and Leading Causes of Death

- Murray County ranked 61st in the state for total mortality (age-adjusted), which was 37% higher than the national rate.
- Murray County ranked 76th for its rate of deaths due to chronic lower respiratory disease, which was 144% higher than the national rate.
- Murray County's leading causes of death were heart disease, cancer and chronic lower respiratory disease.

Disease Rates

- Murray County's cancer incidence rate ranked 68th in the state and was 15% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Just over half of Murray County adults visited a dentist in the past year, ranking it 30th in the state.
- Approximately 1 in 7 people in Murray County lived in poverty (15%).
- Approximately 1 in 6 adults reported 3+ days of limited activity in the past month (18%).
- Nearly 1 in 4 adults reported 4+ days of poor physical health (24%) and 4+ days of poor mental health (23%) in the previous month.

Changes from Previous Year

- The rates of death from stroke and diabetes improved 13% and 29% respectively from the previous year.
- The percentage of young children who completed the primary immunization series improved by 14%.
- The rate of adult smokers dropped by 11%.
- The teen birth rate improved by 51%.
- The percentage of uninsured adults dropped 20%.



MUSKOGEE COUNTY

Mortality and Leading Causes of Death

- Muskogee County ranked 69th in the state for total mortality (age-adjusted).
- The leading causes of death in Muskogee County were heart disease, cancer and chronic lower respiratory disease.
- Muskogee County ranked 75th in the state for the rate of deaths attributed to chronic lower respiratory disease.

Disease Rates

- Muskogee County's cancer incidence rate was one of the worst in the state, 20% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Approximately 1 in 4 adults (28%) in Muskogee County was a current smoker, ranking the county as the 4th highest in the state 41% higher than the national rate.
- Nearly 1 in 4 people (24%) in Muskogee County lived in poverty and 1 in 5 adults (20%) was uninsured.
- Approximately 1 in 5 adults reported 3+ days of limited activity in the past month (21%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (27%) and 4+ days of poor mental health (27%) in the previous month.

Changes from Previous Year

- The infant mortality rate worsened by 27% from the previous year.
- The rates of death due to chronic lower respiratory disease and unintentional injury worsened by 31% and 36% respectively.
- The rate of deaths due to nephritis improved 37%.
- The percent of the population living in poverty increased 22%.
- The occupational fatality rate improved 28%.

PREVIOUS CURRENT GRADE

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	5.9	7.5	D
TOTAL (RATE PER 100,000)	963.7	1060.5	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	252.9	257.4	F
MALIGNANT NEOPLASM (CANCER)	217.4	212.7	F
CEREBROVASCULAR DISEASE (STROKE)	54.7	53.1	F
CHRONIC LOWER RESPIRATORY DISEASE	76.2	99.8	F
UNINTENTIONAL INJURY	49.7	67.4	F
DIABETES	29.8	18.7	A
INFLUENZA/PNEUMONIA	18.5	32.8	F
ALZHEIMER'S DISEASE	43.7	33.6	D
NEPHRITIS (KIDNEY DISEASE)	15.7	9.9	B
SUICIDES	14.6	15.7	D
DISEASE RATES			
DIABETES PREVALENCE	12.5%	12.9%	F
CURRENT ASTHMA PREVALENCE	10.6%	11.3%	F
CANCER INCIDENCE (RATE PER 100,000)	545.3	553.8	F
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	51.7%	F
MINIMAL VEGETABLE CONSUMPTION	NA	28.6%	F
NO PHYSICAL ACTIVITY	33.1%	30.1%	F
CURRENT SMOKING PREVALENCE	30.7%	27.6%	F
OBESITY	32.2%	33.4%	F
IMMUNIZATIONS < 3 YEARS	72.0%	79.8%	A
SENIORS INFLUENZA VACCINATION	62.2%	67.7%	B
SENIORS PNEUMONIA VACCINATION	71.7%	73.9%	A
LIMITED ACTIVITY DAYS	19.0%	20.6%	F
POOR MENTAL HEALTH DAYS	28.2%	26.5%	D
POOR PHYSICAL HEALTH DAYS	25.8%	26.5%	F
GOOD OR BETTER HEALTH RATING	74.3%	75.6%	F
TEEN FERTILITY (RATE PER 1,000)	35.5	29.9	F
FIRST TRIMESTER PRENATAL CARE	60.3%	63.2%	F
LOW BIRTH WEIGHT	8.6%	8.9%	D
ADULT DENTAL VISITS	49.7%	51.2%	F
USUAL SOURCE OF CARE	75.3%	75.4%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	5.0	3.6	C
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2486.3	2380.6	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	24.0%	19.9%	D
POVERTY	19.7%	24.1%	F



NOBLE COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	12.6	9.7	F
TOTAL (RATE PER 100,000)	816.4	855.7	D
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	198.7	188.0	C
MALIGNANT NEOPLASM (CANCER)	166.5	203.2	F
CEREBROVASCULAR DISEASE (STROKE)	35.1	30.5	B
CHRONIC LOWER RESPIRATORY DISEASE	39.5	74.6	F
UNINTENTIONAL INJURY	60.3	34.7	C
DIABETES	41.2	30.6	F
INFLUENZA/PNEUMONIA	43.3	11.0	B
ALZHEIMER'S DISEASE	25.2	39.9	F
NEPHRITIS (KIDNEY DISEASE)	11.2	13.0	B
SUICIDES	17.3	*	
DISEASE RATES			
DIABETES PREVALENCE	11.4%	11.7%	D
CURRENT ASTHMA PREVALENCE	8.7%	9.2%	C
CANCER INCIDENCE (RATE PER 100,000)	401.1	498.9	D
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	51.2%	F
MINIMAL VEGETABLE CONSUMPTION	NA	26.2%	D
NO PHYSICAL ACTIVITY	32.3%	29.4%	F
CURRENT SMOKING PREVALENCE	24.5%	21.8%	D
OBESITY	31.4%	32.5%	D
IMMUNIZATIONS < 3 YEARS	58.5%	77.6%	B
SENIORS INFLUENZA VACCINATION	64.8%	70.1%	A
SENIORS PNEUMONIA VACCINATION	74.7%	76.8%	A
LIMITED ACTIVITY DAYS	16.6%	17.9%	C
POOR MENTAL HEALTH DAYS	22.8%	21.4%	B
POOR PHYSICAL HEALTH DAYS	22.9%	23.5%	C
GOOD OR BETTER HEALTH RATING	78.9%	80.2%	D
TEEN FERTILITY (RATE PER 1,000)	16.4	27.1	F
FIRST TRIMESTER PRENATAL CARE	68.0%	72.2%	C
LOW BIRTH WEIGHT	5.4%	7.4%	B
ADULT DENTAL VISITS	58.3%	60.0%	D
USUAL SOURCE OF CARE	79.9%	80.1%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2355.4	1972.1	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	18.4%	14.8%	C
POVERTY	13.7%	14.2%	B

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

Mortality and Leading Causes of Death

- Noble County ranked 21st in the state for total mortality (age-adjusted).
- Noble County had the 3rd lowest rate of deaths due to influenza/pneumonia, 27% lower than the national rate.
- Noble County had the lowest (best) rate of deaths in Oklahoma for deaths attributed to unintentional injury.
- The leading causes of death in Noble County were cancer, heart disease and chronic lower respiratory disease

Disease Rates

- Noble County's adult asthma prevalence rate of 9.2% was similar to the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Noble County had the 12th highest percentage of mothers seeking early prenatal care in the state (72%).
- 1 in 7 people in Murray County lived in poverty (14%).
- Approximately 1 in 6 adults reported 3+ days of limited activity in the past month (18%).
- Nearly 1 in 4 adults reported 4+ days of poor physical health (24%) and approximately 1 in 5 reported 4+ days of poor mental health (21%) in the previous month.

Changes from Previous Year

- The infant mortality rate dropped 23% from the previous year.
- The rates of death due to cancer and influenza/pneumonia worsened by 22% and 75% respectively.
- The rate of deaths attributed to diabetes improved by 26%.
- The cancer incidence rate increased 24%.
- The teen birth rate worsened by 65% and the percentage of low birth weight births worsened by 37%.
- The percentage of uninsured adults improved by 20%.



NOWATA COUNTY

Mortality and Leading Causes of Death

- Nowata County ranked 31st in the state for total mortality (age-adjusted).
- Nowata County had the 4th lowest rate of deaths due to diabetes, 25% lower than the national rate.
- Nowata County's leading causes of death were heart disease, cancer and unintentional injury.

Disease Rates

- Nowata County's cancer incidence rate was lower than most counties in the state and lower than the national rate.
- Nowata County's adult diabetes prevalence rate of 12.5% was 29% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- 1 in 6 people (17%) in Nowata County lived in poverty.
- 5 in 7 seniors were vaccinated against pneumonia.
- 1 in 5 adults reported 3+ days of limited activity in the past month (20%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (26%) and 4+ days of poor mental health (24%) in the previous month.

Changes from Previous Year

- The rate of deaths attributed to chronic lower respiratory disease worsened by 34% from the previous year.
- The cancer incidence rate improved by 20%.
- The percentage of adult smokers dropped by 11%.
- The rate of uninsured adults dropped 19%.

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	*	10.1	F
TOTAL (RATE PER 100,000)	859.6	891.7	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	250.6	251.6	F
MALIGNANT NEOPLASM (CANCER)	196.4	173.9	C
CEREBROVASCULAR DISEASE (STROKE)	37.0	44.8	D
CHRONIC LOWER RESPIRATORY DISEASE	41.2	55.3	D
UNINTENTIONAL INJURY	53.6	62.2	F
DIABETES	40.0	15.7	A
INFLUENZA/PNEUMONIA	17.4	15.6	C
ALZHEIMER'S DISEASE	41.2	31.5	D
NEPHRITIS (KIDNEY DISEASE)	*	*	
SUICIDES	24.5	*	
DISEASE RATES			
DIABETES PREVALENCE	12.1%	12.5%	F
CURRENT ASTHMA PREVALENCE	9.2%	9.8%	D
CANCER INCIDENCE (RATE PER 100,000)	543.2	433.8	B
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	52.8%	F
MINIMAL VEGETABLE CONSUMPTION	NA	27.7%	D
NO PHYSICAL ACTIVITY	34.2%	31.3%	F
CURRENT SMOKING PREVALENCE	27.5%	24.5%	D
OBESITY	32.3%	33.5%	F
IMMUNIZATIONS < 3 YEARS	67.7%	77.4%	B
SENIORS INFLUENZA VACCINATION	62.5%	68.1%	A
SENIORS PNEUMONIA VACCINATION	71.3%	73.6%	B
LIMITED ACTIVITY DAYS	18.3%	19.8%	D
POOR MENTAL HEALTH DAYS	25.6%	24.0%	C
POOR PHYSICAL HEALTH DAYS	25.1%	25.8%	D
GOOD OR BETTER HEALTH RATING	76.0%	77.2%	F
TEEN FERTILITY (RATE PER 1,000)	22.3	19.8	D
FIRST TRIMESTER PRENATAL CARE	68.1%	70.3%	D
LOW BIRTH WEIGHT	4.5%	7.9%	C
ADULT DENTAL VISITS	48.9%	50.5%	F
USUAL SOURCE OF CARE	80.6%	80.9%	B
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1416.7	1211.9	B
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	20.0%	16.2%	C
POVERTY	17.1%	16.9%	C

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



OKFUSKEE COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	6.9	7.0	D
TOTAL (RATE PER 100,000)	1024.5	1110.1	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	328.3	295.6	F
MALIGNANT NEOPLASM (CANCER)	195.4	250.8	F
CEREBROVASCULAR DISEASE (STROKE)	33.6	51.6	F
CHRONIC LOWER RESPIRATORY DISEASE	64.7	73.7	F
UNINTENTIONAL INJURY	88.2	77.0	F
DIABETES	37.2	37.7	F
INFLUENZA/PNEUMONIA	30.0	11.6	B
ALZHEIMER'S DISEASE	16.2	30.0	D
NEPHRITIS (KIDNEY DISEASE)	23.7	15.5	C
SUICIDES	*	19.2	F
DISEASE RATES			
DIABETES PREVALENCE	13.1%	13.4%	F
CURRENT ASTHMA PREVALENCE	8.7%	9.2%	C
CANCER INCIDENCE (RATE PER 100,000)	543.2	552.6	F
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	54.6%	F
MINIMAL VEGETABLE CONSUMPTION	NA	30.9%	F
NO PHYSICAL ACTIVITY	36.2%	33.1%	F
CURRENT SMOKING PREVALENCE	30.0%	27.0%	F
OBESITY	33.4%	34.6%	F
IMMUNIZATIONS < 3 YEARS	66.4%	76.9%	B
SENIORS INFLUENZA VACCINATION	61.2%	66.7%	B
SENIORS PNEUMONIA VACCINATION	72.8%	75.1%	A
LIMITED ACTIVITY DAYS	17.7%	19.2%	D
POOR MENTAL HEALTH DAYS	25.6%	24.1%	C
POOR PHYSICAL HEALTH DAYS	23.8%	25.1%	D
GOOD OR BETTER HEALTH RATING	72.7%	74.2%	F
TEEN FERTILITY (RATE PER 1,000)	35.1	33.0	F
FIRST TRIMESTER PRENATAL CARE	59.8%	62.4%	F
LOW BIRTH WEIGHT	8.0%	7.3%	B
ADULT DENTAL VISITS	43.8%	45.3%	F
USUAL SOURCE OF CARE	76.5%	76.4%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1561.6	1666.1	D
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	25.5%	21.7%	D
POVERTY	23.7%	24.7%	F

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

Mortality and Leading Causes of Death

- Okfuskee County ranked 75th in the state for total mortality (age-adjusted), which was 49% higher than the national rate.
- Okfuskee County ranked 76th in the state for the high rate of deaths due to cancer.
- The leading causes of death in Okfuskee County were heart disease, cancer and unintentional injury.

Disease Rates

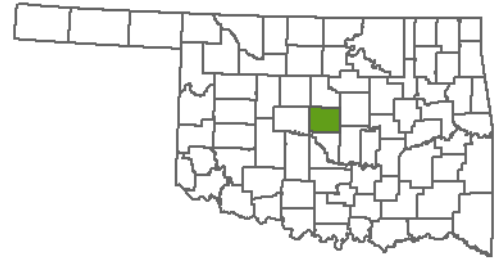
- Nearly 1 in 7 adults (13.4%) had been diagnosed with diabetes in Okfuskee County, which was 38% higher than the national rate.
- Okfuskee County ranked 74th in the state for its high cancer incidence rate.

Risk Factors, Behaviors and Socioeconomic Factors

- 1 in 4 people (25%) in Okfuskee County lived in poverty, ranking the county 72nd in the state.
- Okfuskee County ranked among the bottom ten counties for physically inactive adults, residents in poverty, fruit/vegetable consumption, and adult dental visits.
- Okfuskee County had the 2nd highest rate of obesity in the state (35% of adults).
- Okfuskee County had the 6th highest rate of adult smokers in the state (27%), which was 38% higher than the national rate.
- Nearly 1 in 5 adults reported 3+ days of limited activity in the past month (19%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (25%) and reported 4+ days of poor mental health (24%) in the previous month.

Changes from Previous Year

- The rate of deaths due to stroke worsened by 54% from the previous year.
- The rate of deaths due to influenza/pneumonia improved by 61%.
- The percent of young children who completed the primary immunization series improved by 16%.
- The percent of seniors who received the influenza vaccination increased by 9%.



OKLAHOMA COUNTY

Mortality and Leading Causes of Death

- Oklahoma County ranked 33rd in the state for total mortality (age-adjusted).
- The leading causes of death in Oklahoma County were heart disease, cancer and chronic lower respiratory disease.
- The infant mortality rate in Oklahoma County was 27% higher than the national rate.

Disease Rates

- Oklahoma County cancer incidence was one of the highest in the state, 16% higher than the national rate.
- At 11.4%, Oklahoma County had the worst rate of adult asthma in the state.

Risk Factors, Behaviors and Socioeconomic Factors

- Nearly 1 in 3 adults (32%) was obese in Oklahoma County.
- Nearly 1 in 2 adults (49%) ate at least one piece of fruit each day and approximately 1 in 4 adults (28%) ate at least one vegetable each day.
- Oklahoma County was ranked near the bottom in the state (76th) for both the percentage of adults without health insurance (22%) and the percentage of adults with a usual source of healthcare (70%).
- Nearly 1 in 5 people in Oklahoma County lived in poverty (19%).
- Nearly 1 in 5 adults reported 3+ days of limited activity in the past month (19%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (24%) and 4+ days of poor mental health (25%) in the previous month.

Changes from Previous Year

- The infant mortality rate improved by 12% from the previous year.
- The rates of death due to Alzheimer's disease and chronic lower respiratory disease worsened by 34% and 11% respectively.
- The rate of occupational fatalities worsened by 43%.

PREVIOUS CURRENT GRADE

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	9.0	7.9	D
TOTAL (RATE PER 100,000)	892.3	900.4	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	231.0	210.9	D
MALIGNANT NEOPLASM (CANCER)	185.9	184.5	D
CEREBROVASCULAR DISEASE (STROKE)	52.5	49.6	F
CHRONIC LOWER RESPIRATORY DISEASE	57.1	63.3	F
UNINTENTIONAL INJURY	45.9	52.0	D
DIABETES	26.6	22.5	C
INFLUENZA/PNEUMONIA	20.0	15.7	C
ALZHEIMER'S DISEASE	20.9	28.0	C
NEPHRITIS (KIDNEY DISEASE)	13.2	10.4	B
SUICIDES	14.3	17.6	D
DISEASE RATES			
DIABETES PREVALENCE	11.3%	11.6%	D
CURRENT ASTHMA PREVALENCE	10.8%	11.4%	F
CANCER INCIDENCE (RATE PER 100,000)	544.2	532.3	F
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	49.1%	F
MINIMAL VEGETABLE CONSUMPTION	NA	27.6%	D
NO PHYSICAL ACTIVITY	31.3%	28.3%	D
CURRENT SMOKING PREVALENCE	26.7%	23.8%	D
OBESITY	30.9%	32.1%	D
IMMUNIZATIONS < 3 YEARS	68.7%	73.8%	C
SENIORS INFLUENZA VACCINATION	59.2%	64.4%	B
SENIORS PNEUMONIA VACCINATION	71.5%	73.4%	B
LIMITED ACTIVITY DAYS (AVG)	17.8%	19.3%	D
POOR MENTAL HEALTH DAYS	16.9%	25.0%	D
POOR PHYSICAL HEALTH DAYS	17.5%	24.4%	D
GOOD OR BETTER HEALTH RATING	79.9%	81.2%	D
TEEN FERTILITY (RATE PER 1,000)	38.0	32.1	F
FIRST TRIMESTER PRENATAL CARE	61.3%	68.4%	D
LOW BIRTH WEIGHT	8.8%	8.7%	C
ADULT DENTAL VISITS	58.7%	60.4%	D
USUAL SOURCE OF CARE	70.4%	70.2%	D
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	2.3	3.3	C
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1724.3	1509.0	C
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	26.3%	22.3%	D
POVERTY	16.1%	19.2%	D



OKMULGEE COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	7.3	8.5	F
TOTAL (RATE PER 100,000)	1066.8	1033.2	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	299.3	278.0	F
MALIGNANT NEOPLASM (CANCER)	227.7	212.4	F
CEREBROVASCULAR DISEASE (STROKE)	53.1	51.5	F
CHRONIC LOWER RESPIRATORY DISEASE	70.1	65.1	F
UNINTENTIONAL INJURY	61.2	71.8	F
DIABETES	45.4	28.5	F
INFLUENZA/PNEUMONIA	18.9	12.4	B
ALZHEIMER'S DISEASE	20.4	31.8	D
NEPHRITIS (KIDNEY DISEASE)	29.4	13.7	C
SUICIDES	20.7	19.9	F
DISEASE RATES			
DIABETES PREVALENCE	11.4%	11.7%	D
CURRENT ASTHMA PREVALENCE	8.4%	8.9%	C
CANCER INCIDENCE (RATE PER 100,000)	496.6	465.2	C
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	52.6%	F
MINIMAL VEGETABLE CONSUMPTION	NA	29.2%	F
NO PHYSICAL ACTIVITY	34.3%	31.2%	F
CURRENT SMOKING PREVALENCE	27.1%	24.2%	D
OBESITY	32.5%	33.6%	F
IMMUNIZATIONS < 3 YEARS	54.1%	78.9%	B
SENIORS INFLUENZA VACCINATION	61.4%	66.7%	B
SENIORS PNEUMONIA VACCINATION	71.4%	73.5%	B
LIMITED ACTIVITY DAYS	16.9%	18.3%	D
POOR MENTAL HEALTH DAYS	25.1%	23.5%	C
POOR PHYSICAL HEALTH DAYS	24.7%	25.3%	D
GOOD OR BETTER HEALTH RATING	75.7%	77.0%	F
TEEN FERTILITY (RATE PER 1,000)	30.1	35.1	F
FIRST TRIMESTER PRENATAL CARE	56.6%	55.7%	F
LOW BIRTH WEIGHT	8.4%	8.1%	C
ADULT DENTAL VISITS	49.1%	50.5%	F
USUAL SOURCE OF CARE	77.1%	77.2%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	3.2	6.1	F
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2096.9	2183.3	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	23.8%	19.9%	D
POVERTY	20.3%	23.6%	F

Mortality and Leading Causes of Death

- Okmulgee County ranked 65th in the state for total mortality (age-adjusted).
- Okmulgee County ranked 6th (best) in the state for the rate of deaths attributed to influenza/pneumonia.
- Heart disease, cancer and unintentional injury were the leading causes of death in Okmulgee County.
- The rate of deaths due to heart disease was 55% higher than the national rate.

Disease Rates

- 1 in 11 adults had asthma.
- 1 in 9 adults had diabetes.

Risk Factors, Behaviors and Socioeconomic Factors

- 1 in 5 adults (20%) in Okmulgee County was uninsured, ranking the county 65th in the state.
- Okmulgee County ranked in the bottom ten counties for vegetable consumption (29%).
- Nearly 1 in 4 people in Lincoln County lived in poverty (24%).
- Nearly 1 in 5 adults reported 3+ days of limited activity in the past month (18%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (25%) and 4+ days of poor mental health (24%) in the previous month.

Changes from Previous Year

- The infant mortality rate worsened by 16% from the previous year.
- The rates of death due to nephritis and diabetes improved by 53% and 37% respectively.
- The teen birth rate worsened by 17%.
- The rate of uninsured adults improved by 16%.



OSAGE COUNTY

Mortality and Leading Causes of Death

- Osage County ranked 11th (best) in the state for total mortality (age-adjusted) and 21st for infant mortality.
- Osage County ranked 1st (best) for the rate of deaths attributed to nephritis, with a rate that was 70% better than the national rate.
- The leading causes of death in Osage County were heart disease, cancer and chronic lower respiratory disease.

Disease Rates

- Osage County's cancer incidence rate was 16% lower than the national rate.
- 1 in 12 adults (8.2%) had asthma in Osage County which was one of the lowest rates in the state, 7% below the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Osage County had the 7th highest rate of obese adults (34%) in the state, with an obesity prevalence rate 23% higher than the national rate.
- Osage County had the 9th lowest teen birth rate.
- Osage County had the 7th worst rate of low birth weight births in the state (9.6%).
- Approximately 4 of 5 adults (82%) had a usual health care provider, the 5th best rate in the state.
- Nearly 1 in 5 people in Osage County lived in poverty (18%).
- Nearly 1 in 5 adults reported 3+ days of limited activity in the past month (19%).
- Nearly 1 in 4 adults reported 4+ days of poor physical health (24%) and 4+ days of poor mental health (23%) in the previous month.

Changes from Previous Year

- The infant mortality rate improved by 17% from the previous year.
- The rates of death due to suicide and nephritis improved 38% and 70% respectively.
- The cancer incidence rate improved by 24%.
- The rate of occupational fatalities doubled.

PREVIOUS CURRENT GRADE

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	8.8	7.3	D
TOTAL (RATE PER 100,000)	853.9	802.0	D
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	230.6	207.2	D
MALIGNANT NEOPLASM (CANCER)	193.3	185.4	D
CEREBROVASCULAR DISEASE (STROKE)	45.3	43.1	D
CHRONIC LOWER RESPIRATORY DISEASE	45.8	54.1	D
UNINTENTIONAL INJURY	53.1	51.6	D
DIABETES	24.6	20.7	C
INFLUENZA/PNEUMONIA	18.5	12.4	B
ALZHEIMER'S DISEASE	20.8	28.6	C
NEPHRITIS (KIDNEY DISEASE)	15.9	4.7	A
SUICIDES	13.8	19.0	F
DISEASE RATES			
DIABETES PREVALENCE	11.8%	12.4%	F
CURRENT ASTHMA PREVALENCE	7.8%	8.2%	B
CANCER INCIDENCE (RATE PER 100,000)	511.8	388.9	A
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	52.1%	F
MINIMAL VEGETABLE CONSUMPTION	NA	28.4%	F
NO PHYSICAL ACTIVITY	32.6%	29.8%	F
CURRENT SMOKING PREVALENCE	26.7%	23.5%	D
OBESITY	32.8%	33.8%	F
IMMUNIZATIONS < 3 YEARS	59.9%	77.7%	B
SENIORS INFLUENZA VACCINATION	61.9%	67.4%	B
SENIORS PNEUMONIA VACCINATION	74.4%	76.7%	A
LIMITED ACTIVITY DAYS	17.5%	18.9%	D
POOR MENTAL HEALTH DAYS	25.2%	23.4%	C
POOR PHYSICAL HEALTH DAYS	23.2%	23.9%	D
GOOD OR BETTER HEALTH RATING	77.4%	78.4%	D
TEEN FERTILITY (RATE PER 1,000)	18.3	16.4	C
FIRST TRIMESTER PRENATAL CARE	62.8%	66.1%	F
LOW BIRTH WEIGHT	8.2%	9.6%	D
ADULT DENTAL VISITS	51.0%	52.6%	F
USUAL SOURCE OF CARE	81.7%	82.4%	B
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	3.8	7.9	F
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1714.3	1521.9	C
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	19.8%	15.6%	C
POVERTY	13.1%	18.2%	D



OTTAWA COUNTY

PREVIOUS CURRENT GRADE

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	7.6	9.9	F
TOTAL (RATE PER 100,000)	1077.7	1052.6	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	278.6	259.6	F
MALIGNANT NEOPLASM (CANCER)	231.5	221.6	F
CEREBROVASCULAR DISEASE (STROKE)	67.2	64.6	F
CHRONIC LOWER RESPIRATORY DISEASE	67.3	75.3	F
UNINTENTIONAL INJURY	78.4	72.6	F
DIABETES	37.2	20.4	B
INFLUENZA/PNEUMONIA	33.2	30.6	F
ALZHEIMER'S DISEASE	16.6	22.4	C
NEPHRITIS (KIDNEY DISEASE)	17.7	23.7	F
SUICIDES	25.4	22.8	F
DISEASE RATES			
DIABETES PREVALENCE	12.5%	12.9%	F
CURRENT ASTHMA PREVALENCE	9.4%	10.0%	D
CANCER INCIDENCE (RATE PER 100,000)	454.0	495.9	D
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	52.1%	F
MINIMAL VEGETABLE CONSUMPTION	NA	27.3%	D
NO PHYSICAL ACTIVITY	33.6%	30.6%	F
CURRENT SMOKING PREVALENCE	28.3%	25.4%	F
OBESITY	31.3%	32.5%	D
IMMUNIZATIONS < 3 YEARS	78.2%	76.8%	B
SENIORS INFLUENZA VACCINATION	63.1%	69.7%	A
SENIORS PNEUMONIA VACCINATION	74.6%	78.0%	A
LIMITED ACTIVITY DAYS	17.0%	18.4%	D
POOR MENTAL HEALTH DAYS	23.8%	22.4%	C
POOR PHYSICAL HEALTH DAYS	22.7%	23.3%	C
GOOD OR BETTER HEALTH RATING	77.4%	78.7%	D
TEEN FERTILITY (RATE PER 1,000)	36.3	35.5	F
FIRST TRIMESTER PRENATAL CARE	63.1%	70.4%	D
LOW BIRTH WEIGHT	8.1%	8.0%	C
ADULT DENTAL VISITS	50.9%	52.3%	F
USUAL SOURCE OF CARE	75.2%	75.2%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2816.4	2203.0	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	21.4%	17.5%	C
POVERTY	19.6%	20.7%	D

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

Mortality and Leading Causes of Death

- Ottawa County ranked 67th in the state for total mortality (age-adjusted) with a rate that was 41% higher than the national rate.
- Ottawa County ranked near the bottom of the state for the rates of death attributed to nephritis and stroke.
- Heart disease, cancer and chronic lower respiratory disease were the leading causes of death in Ottawa County.

Disease Rates

- 1 in 8 adults (12.9%) had diabetes in Ottawa County, a rate that was 33% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- At 70%, Ottawa County had the 18th best rate for mothers receiving early prenatal care in the state.
- Approximately 1 in 5 people in Ottawa County lived in poverty (21%).
- Nearly 1 in 5 adults reported 3+ days of limited activity in the past month (18%).
- Nearly 1 in 4 adults reported 4+ days of poor physical health (23%) and 4+ days of poor mental health (22%) in the previous month.

Changes from Previous Year

- The infant mortality rate worsened by 30% from the previous year.
- The rate of deaths due to Alzheimer's disease worsened by 35%.
- The rate of uninsured adults worsened by 18%.



PAWNEE COUNTY

Mortality and Leading Causes of Death

- Pawnee County ranked 73rd in the state for total mortality (age-adjusted) with a rate that was 46% higher than national rate.
- Pawnee County had the highest rate of deaths due to unintentional injury, with a rate that is 243% higher than the national rate.
- The leading causes of death in Pawnee County were heart disease, cancer, and unintentional injury.

Disease Rates

- Nearly 1 in 7 adults (13.4%) had diabetes, which ranked Pawnee County 70th in the state.

Risk Factors, Behaviors and Socioeconomic Factors

- Pawnee County was ranked among the best counties with a senior pneumonia vaccination rate of 78%.
- Pawnee County was ranked among the top 10 counties for the percentage of adults who had a usual source of healthcare (82%).
- Nearly 1 in 6 people in Pawnee County lived in poverty (16%).
- 1 in 5 adults reported 3+ days of limited activity in the past month (20%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (25%) and 4+ days of poor mental health (24%) in the previous month.

Changes from Previous Year

- The rate of deaths due to stroke improved 18% from the previous year.
- The asthma prevalence rate improved 7% and the cancer incidence rate improved 16%.
- The rate of uninsured adults improved by 20%.
- The percent of adults adult smokers decreased by 11%.

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	*	7.1	D
TOTAL (RATE PER 100,000)	935.3	1088.5	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	246.5	259.3	F
MALIGNANT NEOPLASM (CANCER)	204.7	221.0	F
CEREBROVASCULAR DISEASE (STROKE)	53.0	61.0	D
CHRONIC LOWER RESPIRATORY DISEASE	51.5	71.4	F
UNINTENTIONAL INJURY	86.6	130.7	F
DIABETES	27.3	21.1	C
INFLUENZA/PNEUMONIA	21.0	12.5	B
ALZHEIMER'S DISEASE	36.9	26.5	C
NEPHRITIS (KIDNEY DISEASE)	*	11.3	B
SUICIDES	22.6	19.5	F
DISEASE RATES			
DIABETES PREVALENCE	12.9%	13.4%	F
CURRENT ASTHMA PREVALENCE	8.6%	9.2%	C
CANCER INCIDENCE (RATE PER 100,000)	593.3	497.8	D
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	52.3%	F
MINIMAL VEGETABLE CONSUMPTION	NA	27.0%	D
NO PHYSICAL ACTIVITY	33.6%	30.7%	F
CURRENT SMOKING PREVALENCE	27.0%	24.0%	D
OBESITY	32.1%	33.2%	F
IMMUNIZATIONS < 3 YEARS	70.1%	81.3%	A
SENIORS INFLUENZA VACCINATION	64.3%	69.7%	A
SENIORS PNEUMONIA VACCINATION	75.8%	78.0%	A
LIMITED ACTIVITY DAYS	18.6%	20.2%	D
POOR MENTAL HEALTH DAYS	25.4%	23.8%	C
POOR PHYSICAL HEALTH DAYS	24.4%	25.1%	D
GOOD OR BETTER HEALTH RATING	76.4%	77.6%	F
TEEN FERTILITY (RATE PER 1,000)	28.2	25.0	F
FIRST TRIMESTER PRENATAL CARE	60.1%	62.5%	F
LOW BIRTH WEIGHT	7.7%	7.5%	B
ADULT DENTAL VISITS	51.9%	53.5%	F
USUAL SOURCE OF CARE	81.4	81.8%	B
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	13.8	F
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1884.6	2057.2	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	18.6%	14.8%	C
POVERTY	15.8%	16.2%	C

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



PAYNE COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	6.3	5.0	B
TOTAL (RATE PER 100,000)	739.3	792.2	D
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	208.0	197.6	D
MALIGNANT NEOPLASM (CANCER)	162.1	168.3	C
CEREBROVASCULAR DISEASE (STROKE)	35.5	48.7	F
CHRONIC LOWER RESPIRATORY DISEASE	53.1	56.1	D
UNINTENTIONAL INJURY	41.8	53.0	F
DIABETES	23.2	23.8	C
INFLUENZA/PNEUMONIA	18.5	16.6	C
ALZHEIMER'S DISEASE	30.2	25.2	C
NEPHRITIS (KIDNEY DISEASE)	11.0	5.8	A
SUICIDES	8.5	12.0	C
DISEASE RATES			
DIABETES PREVALENCE	7.0%	7.3%	A
CURRENT ASTHMA PREVALENCE	8.6%	9.1%	C
CANCER INCIDENCE (RATE PER 100,000)	459.9	475.2	D
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	48.0%	F
MINIMAL VEGETABLE CONSUMPTION	NA	25.1%	D
NO PHYSICAL ACTIVITY	23.9%	21.3%	C
CURRENT SMOKING PREVALENCE	20.6%	18.3%	C
OBESITY	26.7%	27.8%	C
IMMUNIZATIONS < 3 YEARS	45.2%	66.6%	D
SENIORS INFLUENZA VACCINATION	64.3%	69.7%	A
SENIORS PNEUMONIA VACCINATION	72.3%	74.4%	A
LIMITED ACTIVITY DAYS	13.8%	15.1%	B
POOR MENTAL HEALTH DAYS	24.9%	23.4%	C
POOR PHYSICAL HEALTH DAYS	18.7%	19.3%	B
GOOD OR BETTER HEALTH RATING	88.9%	89.7%	A
TEEN FERTILITY (RATE PER 1,000)	22.0	16.8	C
FIRST TRIMESTER PRENATAL CARE	69.0%	72.1%	C
LOW BIRTH WEIGHT	6.3%	5.6%	A
ADULT DENTAL VISITS	68.2%	69.9%	C
USUAL SOURCE OF CARE	72.9%	72.9%	D
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	3.1	5.8	D
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1495.7	1908.5	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	19.5%	15.7%	C
POVERTY	18.7%	23.4%	F

Mortality and Leading Causes of Death

- Payne County ranked 6th (best) for total mortality (age-adjusted) and ranked 2nd for infant mortality.
- Payne County ranked 2nd (best) in the state for the rate of deaths attributed to nephritis.
- Heart disease, cancer, and chronic lower respiratory disease were the leading causes of death in Payne County.

Disease Rates

- At 7.3%, Payne County had the lowest rate of diabetes in Oklahoma, which was 25% lower than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Payne County had the lowest rates of obese adults (28%), adult smokers (18%) and physically inactive adults (21%) in the state, and had the highest rate of adult dental visits (70%).
- Payne County ranked in the top ten counties for low birth weight rates, teen births, and fruit/vegetable consumption.
- 90% of adults reported good or better health.
- Nearly 1 in 4 people in Payne County lived in poverty (23%).
- Approximately 1 in 7 adults reported 3+ days of limited activity in the past month (15%).
- Nearly 1 in 5 adults reported 4+ days of poor physical health (19%) and approximately 1 in 4 adults reported 4+ days of poor mental health (23%) in the previous month.

Changes from Previous Year

- The infant mortality rate improved by 20% from the previous year.
- The rates of death due to stroke and suicide worsened by 37% and 41% respectively.
- The rate of deaths attributed to nephritis improved by 47%.
- The occupational fatality rate worsened by 87%.
- The percent of children who completed their primary immunization series increased by 47%.
- The rate of uninsured adults improved by 19%.



PITTSBURG COUNTY

Mortality and Leading Causes of Death

- Pittsburg County ranked 50th in the state for total mortality (age-adjusted).
- The rate of deaths due to suicide was double that of the nation.
- The leading causes of death in Pittsburg County were heart disease, cancer and chronic lower respiratory disease.

Disease Rates

- 1 in 8 adults (12.6%) had diabetes which ranked the county 54th in the state.

Risk Factors, Behaviors and Socioeconomic Factors

- Only half of Pittsburg County mothers (55%) received early prenatal care which was the 5th worst percentage in the state.
- Pittsburg County had the 3rd (best) percentage of children under 3 years of age that completed the primary immunization series (86%).
- 1 in 6 people in Pittsburg County lived in poverty (17%).
- 1 in 5 adults reported 3+ days of limited activity in the past month (20%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (26%) and 4+ days of poor mental health (25%) in the previous month.

Changes from Previous Year

- The infant mortality rate improved 20% from the previous year.
- The rate of deaths attributed to nephritis improved 60%.
- The rate of deaths due to chronic lower respiratory disease worsened by 41%.
- The rate of uninsured adults improved 16%.
- The percent of adults that smoked decreased 10%.

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	7.2	8.6	F
TOTAL (RATE PER 100,000)	1026.2	977.2	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	312.6	273.7	F
MALIGNANT NEOPLASM (CANCER)	215.2	196.9	F
CEREBROVASCULAR DISEASE (STROKE)	48.5	38.9	C
CHRONIC LOWER RESPIRATORY DISEASE	61.6	87.1	F
UNINTENTIONAL INJURY	72.1	64.4	F
DIABETES	18.2	22.0	C
INFLUENZA/PNEUMONIA	22.3	14.5	C
ALZHEIMER'S DISEASE	33.9	39.4	F
NEPHRITIS (KIDNEY DISEASE)	20.3	8.1	A
SUICIDES	21.5	24.1	F
DISEASE RATES			
DIABETES PREVALENCE	12.4%	12.7%	F
CURRENT ASTHMA PREVALENCE	8.6%	9.1%	C
CANCER INCIDENCE (RATE PER 100,000)	493.6	463.6	C
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	52.8%	F
MINIMAL VEGETABLE CONSUMPTION	NA	28.4%	F
NO PHYSICAL ACTIVITY	35.1%	32.0%	F
CURRENT SMOKING PREVALENCE	29.7%	26.7%	F
OBESITY	31.9%	33.1%	F
IMMUNIZATIONS < 3 YEARS	75.0%	85.9%	A
SENIORS INFLUENZA VACCINATION	62.3%	67.9%	B
SENIORS PNEUMONIA VACCINATION	74.9%	77.1%	A
LIMITED ACTIVITY DAYS	18.2%	19.6%	D
POOR MENTAL HEALTH DAYS	26.4%	24.9%	D
POOR PHYSICAL HEALTH DAYS	25.3%	25.9%	D
GOOD OR BETTER HEALTH RATING	73.6%	75.1%	F
TEEN FERTILITY (RATE PER 1,000)	32.2	34.5	F
FIRST TRIMESTER PRENATAL CARE	50.1%	54.8%	F
LOW BIRTH WEIGHT	8.9%	9.3%	D
ADULT DENTAL VISITS	50.0%	51.6%	F
USUAL SOURCE OF CARE	75.7%	75.5%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	3.3	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2183.2	1632.0	C
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	23.1%	19.4%	C
POVERTY	17.2%	17.4%	C

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



PONTOTOC COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	9.7	7.6	D
TOTAL (RATE PER 100,000)	998.3	995.1	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	235.9	215.2	D
MALIGNANT NEOPLASM (CANCER)	204.1	210.9	F
CEREBROVASCULAR DISEASE (STROKE)	71.1	50.4	F
CHRONIC LOWER RESPIRATORY DISEASE	51.1	73.8	F
UNINTENTIONAL INJURY	79.1	76.0	F
DIABETES	39.9	24.6	D
INFLUENZA/PNEUMONIA	45.3	21.2	F
ALZHEIMER'S DISEASE	23.4	43.3	F
NEPHRITIS (KIDNEY DISEASE)	14.7	10.6	B
SUICIDES	14.9	8.4	B
DISEASE RATES			
DIABETES PREVALENCE	10.2%	10.4%	C
CURRENT ASTHMA PREVALENCE	10.3%	10.9%	F
CANCER INCIDENCE (RATE PER 100,000)	514.0	530.3	F
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	51.3%	F
MINIMAL VEGETABLE CONSUMPTION	NA	26.9%	D
NO PHYSICAL ACTIVITY	31.6%	28.6%	D
CURRENT SMOKING PREVALENCE	24.5%	21.9%	D
OBESITY	30.8%	32.0%	D
IMMUNIZATIONS < 3 YEARS	75.1%	84.1%	A
SENIORS INFLUENZA VACCINATION	65.8%	71.1%	A
SENIORS PNEUMONIA VACCINATION	74.2%	76.3%	A
LIMITED ACTIVITY DAYS	17.0%	18.4%	D
POOR MENTAL HEALTH DAYS	26.7%	25.1%	D
POOR PHYSICAL HEALTH DAYS	23.6%	24.2%	D
GOOD OR BETTER HEALTH RATING	78.3%	79.6%	D
TEEN FERTILITY (RATE PER 1,000)	29.1	27.4	F
FIRST TRIMESTER PRENATAL CARE	74.4%	77.6%	B
LOW BIRTH WEIGHT	8.8%	7.1%	B
ADULT DENTAL VISITS	54.5%	56.0%	F
USUAL SOURCE OF CARE	76.8%	76.9%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	4.2	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1289.4	1242.0	B
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	21.6%	17.7%	C
POVERTY	19.4%	18.2%	D

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

Mortality and Leading Causes of Death

- Pontotoc County ranked 52nd in the state for total mortality (age-adjusted).
- Pontotoc County led the state with the lowest rate of deaths due to suicide.
- The leading causes of death in Pontotoc County were heart disease, cancer, and unintentional injury.

Disease Rates

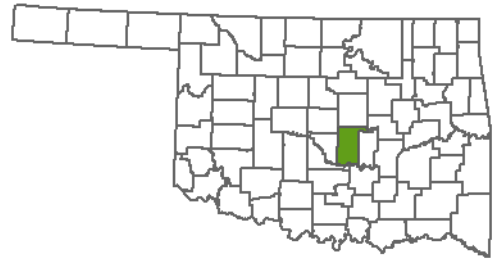
- Pontotoc County's adult asthma prevalence rate of 10.9% ranked the county 70th in the state.
- Pontotoc County's adult diabetes prevalence rate (10.4%) was one of the best in the state.

Risk Factors, Behaviors and Socioeconomic Factors

- Pontotoc County ranked first (best) in the state with the highest rate of women receiving first trimester prenatal care (78%).
- Pontotoc County ranked 16th in low birth weight births (7.1%).
- Pontotoc County ranked among the top five counties for seniors influenza vaccinations and vaccination coverage for children under 3 years of age.
- Nearly 1 in 5 people in Pontotoc County lived in poverty (18%).
- Nearly 1 in 5 adults reported 3+ days of limited activity in the past month (18%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (24%) and 4+ days of poor mental health (25%) in the previous month.

Changes from Previous Year

- The infant mortality rate improved by 22% from the previous year.
- The rate of deaths due to suicide and influenza/pneumonia improved by 43% and 53% respectively.
- The rate of adults who did not participate in any physical activity during the past month improved by 9%.
- The teen birth rate improved 6%.
- The rate of uninsured adults improved by 18%.



POTTAWATOMIE COUNTY

Mortality and Leading Causes of Death

- Pottawatomie County ranked 53rd in the state for total mortality (age-adjusted).
- Pottawatomie County ranked 63rd for chronic lower respiratory disease with a rate that was 79% higher than the national rate.
- Heart disease, cancer and chronic lower respiratory disease were the leading causes of death in Pottawatomie County.

Disease Rates

- At 11.3%, Pottawatomie County had one of the highest rates of adult asthma in the state, which was 27% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Nearly 1 in 5 people in Pottawatomie County lived in poverty (19%).
- Approximately 1 in 5 adults reported 3+ days of limited activity in the past month (21%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (25%) and 4+ days of poor mental health (26%) in the previous month.

Changes from Previous Year

- The infant mortality rate worsened by 18% from the previous year.
- The rate of deaths due to influenza/pneumonia improved by 48%.
- The rate of deaths due to suicide rose 55%.
- The cancer incidence rate improved by 6%.
- The percentage of adult smokers dropped by 11%.
- The occupational fatality rate rose by 81%.
- The rate of uninsured adults dropped by 19%.

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	7.6	9.0	F
TOTAL (RATE PER 100,000)	969.9	995.4	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	242.3	243.9	F
MALIGNANT NEOPLASM (CANCER)	190.9	187.3	D
CEREBROVASCULAR DISEASE (STROKE)	60.6	51.0	F
CHRONIC LOWER RESPIRATORY DISEASE	82.3	75.5	F
UNINTENTIONAL INJURY	65.1	62.3	F
DIABETES	30.0	27.2	F
INFLUENZA/PNEUMONIA	28.7	15.0	C
ALZHEIMER'S DISEASE	23.4	33.1	D
NEPHRITIS (KIDNEY DISEASE)	9.7	10.9	B
SUICIDES	13.0	20.2	F
DISEASE RATES			
DIABETES PREVALENCE	11.0%	11.3%	D
CURRENT ASTHMA PREVALENCE	10.7%	11.3%	F
CANCER INCIDENCE (RATE PER 100,000)	526.2	494.6	D
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	51.4%	F
MINIMAL VEGETABLE CONSUMPTION	NA	26.8%	D
NO PHYSICAL ACTIVITY	31.8%	28.9%	F
CURRENT SMOKING PREVALENCE	28.9%	25.8%	F
OBESITY	31.7%	32.9%	F
IMMUNIZATIONS < 3 YEARS	32.1%	78.8%	B
SENIORS INFLUENZA VACCINATION	35.2%	70.6%	A
SENIORS PNEUMONIA VACCINATION	75.3%	77.6%	A
LIMITED ACTIVITY DAYS	18.9%	20.5%	F
POOR MENTAL HEALTH DAYS	27.2%	25.6%	D
POOR PHYSICAL HEALTH DAYS	24.3%	25.0%	D
GOOD OR BETTER HEALTH RATING	79.9%	81.1%	D
TEEN FERTILITY (RATE PER 1,000)	31.0	28.4	F
FIRST TRIMESTER PRENATAL CARE	64.6%	68.7%	D
LOW BIRTH WEIGHT	7.2%	7.7%	C
ADULT DENTAL VISITS	52.9%	54.4%	F
USUAL SOURCE OF CARE	78.4%	78.6%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	2.2	4.0	C
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1767.6	1839.0	D
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	20.0%	16.2%	C
POVERTY	16.5%	18.5%	D



PUSHMATAHA COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	7.0	10.4	F
TOTAL (RATE PER 100,000)	1000.1	972.8	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	340.6	280.7	F
MALIGNANT NEOPLASM (CANCER)	212.0	199.0	F
STROKE	62.8	57.9	F
CHRONIC LOWER RESPIRATORY DISEASE	58.4	51.7	D
UNINTENTIONAL INJURY	81.3	79.2	F
DIABETES	21.0	23.8	D
INFLUENZA/PNEUMONIA	24.7	26.1	F
ALZHEIMER'S DISEASE	19.3	15.7	B
NEPHRITIS (KIDNEY DISEASE)	22.4	16.7	C
SUICIDES	12.7	28.1	F
DISEASE RATES			
DIABETES PREVALENCE	14.0%	14.4%	F
CURRENT ASTHMA PREVALENCE	10.7%	11.4%	F
CANCER INCIDENCE (RATE PER 100,000)	552.1	478.5	D
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	52.9%	F
MINIMAL VEGETABLE CONSUMPTION	NA	28.4%	F
NO PHYSICAL ACTIVITY	36.1%	33.1%	F
CURRENT SMOKING PREVALENCE	31.1%	27.9%	F
OBESITY	32.2%	33.4%	F
IMMUNIZATIONS < 3 YEARS	82.0%	79.9%	A
SENIORS INFLUENZA VACCINATION	62.1%	67.7%	B
SENIORS PNEUMONIA VACCINATION	72.6%	75.0%	A
LIMITED ACTIVITY DAYS	19.7%	21.3%	F
POOR MENTAL HEALTH DAYS	27.0%	25.5%	D
POOR PHYSICAL HEALTH DAYS	31.8%	32.6%	F
GOOD OR BETTER HEALTH RATING	68.1%	69.5%	F
TEEN FERTILITY (RATE PER 1,000)	34.2	27.9	F
FIRST TRIMESTER PRENATAL CARE	58.2%	61.1%	F
LOW BIRTH WEIGHT	7.8%	10.1%	F
ADULT DENTAL VISITS	45.2%	46.5%	F
USUAL SOURCE OF CARE	79.9%	80.2%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	3933.6	2810.1	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	21.0%	17.2%	C
POVERTY	25.8%	26.4%	F

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

Mortality and Leading Causes of Death

- Pushmataha County ranked 49th in the state for total mortality (age-adjusted) and 51st for infant mortality.
- Pushmataha County ranked 4th (best) for deaths attributed to Alzheimer's disease, with a rate 37% lower than the national rate.
- Heart disease, cancer, and unintentional injury were the leading causes of death in Pushmataha County.

Disease Rates

- Pushmataha County tied for the worst rate of adult asthma in the state (11.4%), with a rate that was 28% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Pushmataha County was among the ten worst counties for low birth weight rates (10%), physically inactive adults (33%), residents living in poverty (26%), and adult dental visits (47%)
- Pushmataha County had the lowest (worst) rate of adults who rated their health as good or better (70%).
- Pushmataha County tied for the second highest percentage of adult smokers in the state (28%), with a smoking rate that was 42% higher than the national rate.
- In Pushmataha County, approximately 1 in 4 people lived in poverty (26.4%) which was 66% higher than the national rate.
- Approximately 1 in 5 adults reported 3+ days of limited activity in the past month (21%).
- 1 in 3 adults reported 4+ days of poor physical health (33%) and approximately 1 in 4 adults reported 4+ days of poor mental health (26%) in the previous month.

Changes from Previous Year

- The infant mortality rate worsened by 49% from the previous year.
- The rate of deaths attributed to heart disease improved by 18%.
- The rate of deaths due to suicide more than doubled.



ROGER MILLS COUNTY

Mortality and Leading Causes of Death

- Roger Mills County ranked 4th (best) in the state for total mortality (age-adjusted).
- Roger Mills County ranked 70th in the state for deaths due to unintentional injury, with a rate 156% higher than the national rate.
- Roger Mills County ranked 72nd for deaths due to chronic lower respiratory disease, with a rate that was double the national rate.
- Roger Mills County led the state with the lowest (best) rate of deaths attributed to heart disease, a rate that was 22% lower than the national rate.
- The leading causes of death in Roger Mills were heart disease, cancer and unintentional injury.

Disease Rates

- The Roger Mills County cancer incidence rate was 8% lower than the national rate and 7% lower than the overall state rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Roger Mills County had the 10th lowest rate of residents living in poverty in the state (13.2%).
- Roger Mills County ranked 2nd worst in the state for its occupational fatality rate.
- Roger Mills County ranked among the top ten counties for seniors influenza vaccinations with a rate of 71%.
- Roger Mills County ranked 63rd for mothers receiving early prenatal care (58%).
- 1 in 6 adults reported 3+ days of limited activity in the past month (17%).
- Nearly 1 in 4 adults reported 4+ days of poor physical health (23%) and approximately 1 in 5 adults reported 4+ days of poor mental health (22%) in the previous month.

Changes from Previous Year

- The rate of deaths attributed to stroke declined 63% from the previous year.
- The percent of babies born at a low birth weight increased by 33%.

PREVIOUS CURRENT GRADE

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	*	*	
TOTAL (RATE PER 100,000)	799.0	772.1	C
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	173.6	139.3	B
MALIGNANT NEOPLASM (CANCER)	122.3	154.6	B
CEREBROVASCULAR DISEASE (STROKE)	96.6	36.2	C
CHRONIC LOWER RESPIRATORY DISEASE	41.8	83.9	F
UNINTENTIONAL INJURY	83.3	97.6	F
DIABETES	64.5	*	
INFLUENZA/PNEUMONIA	29.5	*	
ALZHEIMER'S DISEASE	*	33.8	D
NEPHRITIS (KIDNEY DISEASE)	*	*	
SUICIDES	*	*	
DISEASE RATES			
DIABETES PREVALENCE	11.3%	11.8%	D
CURRENT ASTHMA PREVALENCE	9.1%	9.6%	D
CANCER INCIDENCE (RATE PER 100,000)	471.9	423.8	B
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	51.8%	F
MINIMAL VEGETABLE CONSUMPTION	NA	26.5%	D
NO PHYSICAL ACTIVITY	33.4%	30.7%	F
CURRENT SMOKING PREVALENCE	24.9%	21.7%	D
OBESITY	31.5%	32.4%	D
IMMUNIZATIONS < 3 YEARS	62.2%	78.7%	B
SENIORS INFLUENZA VACCINATION	65.6%	71.0%	A
SENIORS PNEUMONIA VACCINATION	74.6%	76.7%	A
LIMITED ACTIVITY DAYS	15.8%	17.1%	C
POOR MENTAL HEALTH DAYS	24.2%	22.3%	C
POOR PHYSICAL HEALTH DAYS	22.4%	23.1%	C
GOOD OR BETTER HEALTH RATING	78.1%	79.0%	D
TEEN FERTILITY (RATE PER 1,000)	34.4	27.2	F
FIRST TRIMESTER PRENATAL CARE	48.7%	58.3%	F
LOW BIRTH WEIGHT	5.1%	6.8%	B
ADULT DENTAL VISITS	56.1%	57.7%	F
USUAL SOURCE OF CARE	80.2%	80.9%	B
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	66.1	F
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2140.9	1785.6	D
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	19.7%	15.5%	C
POVERTY	11.5%	13.2%	B

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



ROGERS COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	7.4	7.1	D
TOTAL (RATE PER 100,000)	912.0	795.3	D
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	253.2	212.1	D
MALIGNANT NEOPLASM (CANCER)	195.2	177.2	C
CEREBROVASCULAR DISEASE (STROKE)	56.8	29.5	A
CHRONIC LOWER RESPIRATORY DISEASE	64.7	54.4	D
UNINTENTIONAL INJURY	60.7	44.3	D
DIABETES	22.8	16.9	A
INFLUENZA/PNEUMONIA	21.8	16.7	C
ALZHEIMER'S DISEASE	24.0	36.1	F
NEPHRITIS (KIDNEY DISEASE)	24.0	21.9	D
SUICIDES	11.7	16.5	D
DISEASE RATES			
DIABETES PREVALENCE	10.7%	11.0%	D
CURRENT ASTHMA PREVALENCE	8.3%	8.8%	C
CANCER INCIDENCE (RATE PER 100,000)	437.8	461.4	C
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	51.2%	F
MINIMAL VEGETABLE CONSUMPTION	NA	25.7%	D
NO PHYSICAL ACTIVITY	30.7%	27.8%	D
CURRENT SMOKING PREVALENCE	23.8%	21.0%	C
OBESITY	31.4%	32.4%	D
IMMUNIZATIONS < 3 YEARS	65.8%	70.1%	C
SENIORS FLU VACCINATION	66.7%	72.1%	A
SENIORS PNEUMONIA VACCINATION	75.2%	77.4%	A
LIMITED ACTIVITY DAYS	15.1%	16.4%	C
POOR MENTAL HEALTH DAYS	22.6%	21.1%	B
POOR PHYSICAL HEALTH DAYS	21.9%	22.5%	C
GOOD OR BETTER HEALTH RATING	81.7%	82.8%	C
TEEN FERTILITY (RATE PER 1,000)	13.8	12.9	C
FIRST TRIMESTER PRENATAL CARE	68.5%	71.0%	C
LOW BIRTH WEIGHT	7.0%	8.4%	C
ADULT DENTAL VISITS	61.5%	63.3%	D
USUAL SOURCE OF CARE	82.3%	82.7%	B
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	1.9	2.9	B
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2109.1	1769.0%	D
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	15.9%	12.2%	B
POVERTY	10.0%	10.1%	A

Mortality and Leading Causes of Death

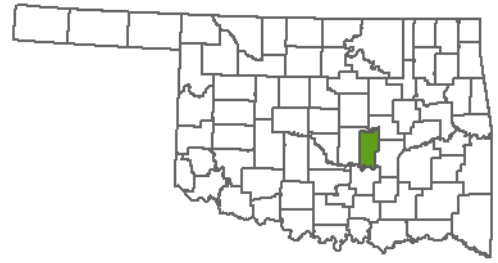
- Rogers County ranked 7th best in the state for total mortality (age-adjusted).
- Rogers County ranked 8th for deaths attributed to diabetes and stroke.
- The leading causes of death in Rogers County were heart disease, cancer and chronic lower respiratory disease.

Disease Rates

- Approximately 1 in 10 adults (11.0%) had diabetes.

Risk Factors, Behaviors and Socioeconomic Factors

- Rogers County had the 2nd (lowest) poverty rate in the state with only 1 in 10 living in poverty (10.1%).
 - Rogers County ranked among the top ten for teen fertility, adults with a usual source of health care (83%) and senior pneumonia vaccinations (77%).
 - Rogers County is ranked 1st (best) in seniors influenza vaccinations (72%).
 - Rogers County ranked 3rd lowest (best) for occupational fatalities.
 - Nearly 1 in 6 adults reported 3+ days of limited activity in the past month (16%).
 - Nearly 1 in 4 adults reported 4+ days of poor physical health (23%) and approximately 1 in 5 adults reported 4+ days of poor mental health (21%) in the previous month.
- ### Changes from Previous Year
- The rate of deaths from any cause improved by 13% from the previous year.
 - The rates of death attributed to stroke and unintentional injury improved by 48% and 27% respectively.
 - The rate of deaths due to suicide increased 41%.
 - The rate of children who completed the primary immunization series improved by 7%.
 - The rate of adults who smoked decreased by 12%.



SEMINOLE COUNTY

Mortality and Leading Causes of Death

- Seminole County ranked 68th in the state for total mortality (age-adjusted), with a rate that was 41% higher than the national rate.
- Seminole County ranked 4th (best) in the state for the rate of deaths attributed to nephritis.
- Seminole County's rate of deaths due to heart disease was 75% higher than the national rate.
- Heart disease, cancer and chronic lower respiratory disease were the leading causes of death in Seminole County.

Disease Rates

- Seminole County had a high cancer incidence rate when compared to the other counties and was 12% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Approximately 1 in 3 adults (34%) in Seminole County was obese. This was the 8th highest rate in the state and 22% higher than the national rate.
- The occupational fatality rate in Seminole County was more than double the national rate.
- Approximately 1 in 5 people in Seminole County lived in poverty (21%).
- 1 in 5 adults reported 3+ days of limited activity in the past month (20%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (26%) and 4+ days of poor mental health (25%) in the previous month.

Changes from Previous Year

- The infant mortality rate improved by 39% from the previous year.
- The rate of deaths attributed to stroke worsened by 23%.
- The rate of deaths due to nephritis improved by 71%.
- The rate of children that completed the primary immunization series improved by 21%.
- The rate of uninsured adults improved by 17%.

PREVIOUS CURRENT GRADE

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	12.2	7.5	D
TOTAL (RATE PER 100,000)	1097.4	1055.1	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	316.3	312.8	F
MALIGNANT NEOPLASM (CANCER)	232.3	213.8	F
CEREBROVASCULAR DISEASE (STROKE)	44.6	55.0	F
CHRONIC LOWER RESPIRATORY DISEASE	72.1	75.9	F
UNINTENTIONAL INJURY	81.6	75.0	F
DIABETES	53.0	24.4	D
INFLUENZA/PNEUMONIA	25.4	15.1	C
ALZHEIMER'S DISEASE	35.1	26.9	C
NEPHRITIS (KIDNEY DISEASE)	24.4	7.0	A
SUICIDES	17.3	16.8	D
DISEASE RATES			
DIABETES PREVALENCE	11.9%	12.3%	F
CURRENT ASTHMA PREVALENCE	8.9%	9.4%	C
CANCER INCIDENCE (RATE PER 100,000)	533.2	516.4	F
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	52.7%	F
MINIMAL VEGETABLE CONSUMPTION	NA	28.9%	F
NO PHYSICAL ACTIVITY	34.9%	32.0%	F
CURRENT SMOKING PREVALENCE	28.5%	25.4%	F
OBESITY	32.6%	33.7%	F
IMMUNIZATIONS < 3 YEARS	67.5%	81.9%	A
SENIORS INFLUENZA VACCINATION	62.9%	68.3%	A
SENIORS PNEUMONIA VACCINATION	72.1%	74.2%	A
LIMITED ACTIVITY DAYS	18.7%	20.2%	D
POOR MENTAL HEALTH DAYS	27.1%	25.3%	D
POOR PHYSICAL HEALTH DAYS	25.1%	25.8%	D
GOOD OR BETTER HEALTH RATING	73.6%	74.9%	F
TEEN FERTILITY (RATE PER 1,000)	35.4	30.7	F
FIRST TRIMESTER PRENATAL CARE	63.7%	64.4%	F
LOW BIRTH WEIGHT	8.3%	7.3%	B
ADULT DENTAL VISITS	46.6%	48.1%	F
USUAL SOURCE OF CARE	71.6%	71.8%	D
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	6.3%	10.3%	F
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1592.5	1945.7	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	25.4%	21.0%	D
POVERTY	22.0%	21.3%	F



SEQUOYAH COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	8.9	5.5	C
TOTAL (RATE PER 100,000)	983.3	1007.9	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	264.9	250.7	F
MALIGNANT NEOPLASM (CANCER)	208.6	204.0	F
CEREBROVASCULAR DISEASE (STROKE)	62.5	52.8	F
CHRONIC LOWER RESPIRATORY DISEASE	55.9	54.9	D
UNINTENTIONAL INJURY	64.8	62.5	F
DIABETES	34.7	29.6	F
INFLUENZA/PNEUMONIA	21.0	24.3	F
ALZHEIMER'S DISEASE	26.5	52.1	F
NEPHRITIS (KIDNEY DISEASE)	17.8	20.0	D
SUICIDES	14.3	20.0	F
DISEASE RATES			
DIABETES PREVALENCE	12.8%	13.1%	F
CURRENT ASTHMA PREVALENCE	9.7%	10.3%	D
CANCER INCIDENCE (RATE PER 100,000)	487.9	440.4	B
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	54.0%	F
MINIMAL VEGETABLE CONSUMPTION	NA	28.3%	F
NO PHYSICAL ACTIVITY	35.8%	32.8%	F
CURRENT SMOKING PREVALENCE	30.1%	26.9%	F
OBESITY	33.0%	34.1%	F
IMMUNIZATIONS < 3 YEARS	76.5%	70.1%	C
SENIORS INFLUENZA VACCINATION	63.3%	68.7%	A
SENIORS PNEUMONIA VACCINATION	71.7%	73.8%	A
LIMITED ACTIVITY DAYS	21.1%	22.8%	F
POOR MENTAL HEALTH DAYS	27.5%	25.8%	D
POOR PHYSICAL HEALTH DAYS	27.8%	28.6%	F
GOOD OR BETTER HEALTH RATING	72.2%	73.6%	F
TEEN FERTILITY (RATE PER 1,000)	33.4	28.9	F
FIRST TRIMESTER PRENATAL CARE	44.7%	48.2%	F
LOW BIRTH WEIGHT	8.6%	8.6%	C
ADULT DENTAL VISITS	47.1%	48.6%	F
USUAL SOURCE OF CARE	78.9%	79.1%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	7.4	F
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1074.8	1024.6	A
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	23.2%	19.1%	C
POVERTY	20.7%	20.8%	D

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

Mortality and Leading Causes of Death

- Sequoyah County ranked 56th in the state for total mortality (age-adjusted).
- Sequoyah County had the highest rate of deaths attributed to Alzheimer's disease, with a rate 27% higher than the national rate.
- The leading causes of death in Sequoyah County were heart disease, cancer and unintentional injury.

Disease Rates

- Sequoyah County's cancer incidence rate was 4% lower than the national rate.
- 1 in 8 adults had diabetes, which was 35% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Approximately 1 in 3 adults was obese (34%) in Sequoyah County, which tied the county for the 4th highest rate in the state.
- Sequoyah County had the 4th lowest rate of preventable hospitalizations.
- Sequoyah County ranked among the worst counties for mothers receiving early prenatal care (48%), good or better self-health rating (74%), and fruit consumption (54%).
- Approximately 1 in 5 people in Sequoyah County lived in poverty (21%).
- Nearly 1 in 4 adults reported 3+ days of limited activity in the past month (23%).
- Nearly 1 in 3 adults reported 4+ days of poor physical health (29%) and approximately 1 in 4 adults reported 4+ days of poor mental health (26%) in the previous month.

Changes from Previous Year

- The infant mortality rate improved by 38% from the previous year.
- The rates of death due to suicide and Alzheimer's disease worsened by 40% and 97% respectively.
- The percentage of adults who smoked dropped by 11%.
- The rate of uninsured adults improved by 18%.



STEPHENS COUNTY

Mortality and Leading Causes of Death

- Stephens County ranked 48th in the state for total mortality (age-adjusted).
- Stephens County ranked 8th in the state for the rate of deaths attributed to diabetes.
- The leading causes of death in Stephens County were heart disease, cancer, and unintentional injury.

Disease Rates

- 9.3% of Stephens County adults had asthma.

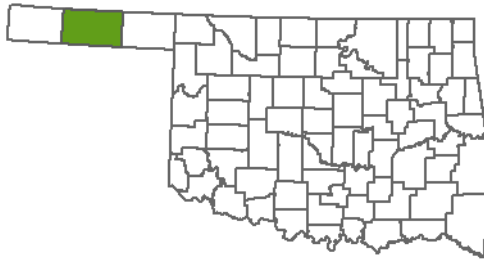
Risk Factors, Behaviors and Socioeconomic Factors

- Stephens County ranked among the ten best for senior pneumonia vaccinations (78%).
- Nearly 1 in 3 adults was obese (32%) and did not participate in physical activity (30%).
- Approximately 1 in 7 people in Stephens County lived in poverty (15%).
- Nearly 1 in 5 adults reported 3+ days of limited activity in the past month (19%).
- Approximately 1 in 5 adults reported 4+ days of poor physical health (22%) and 4+ days of poor mental health (22%) in the previous month.

Changes from Previous Year

- The rates of death due to suicide and nephritis worsened by 135% and 56% respectively from the previous year.
- The occupational fatality rate increased 64%.
- The rate of seniors who received the influenza vaccination increased by 8%.
- The rate of uninsured adults improved by 20%.

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	9.7	9.0	F
TOTAL (RATE PER 100,000)	977.6	970.2	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	317.5	283.0	F
MALIGNANT NEOPLASM (CANCER)	200.8	193.6	D
CEREBROVASCULAR DISEASE (STROKE)	59.9	52.0	F
CHRONIC LOWER RESPIRATORY DISEASE	52.5	69.6	F
UNINTENTIONAL INJURY	64.4	77.5	F
DIABETES	24.9	16.3	A
INFLUENZA/PNEUMONIA	22.7	20.4	F
ALZHEIMER'S DISEASE	18.3	19.0	B
NEPHRITIS (KIDNEY DISEASE)	10.8	16.9	C
SUICIDES	9.9	23.3	F
DISEASE RATES			
DIABETES PREVALENCE	11.6%	11.9%	D
CURRENT ASTHMA PREVALENCE	8.8%	9.3%	C
CANCER INCIDENCE (RATE PER 100,000)	563.2	477.5	D
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	51.1%	F
MINIMAL VEGETABLE CONSUMPTION	NA	26.1%	D
NO PHYSICAL ACTIVITY	33.1%	30.1%	F
CURRENT SMOKING PREVALENCE	24.2%	21.6%	D
OBESITY	31.2%	32.3%	D
IMMUNIZATIONS < 3 YEARS	68.5%	79.2%	A
SENIORS INFLUENZA VACCINATION	64.8%	70.2%	A
SENIORS PNEUMONIA VACCINATION	75.6%	77.8%	A
LIMITED ACTIVITY DAYS	17.6%	19.1%	D
POOR MENTAL HEALTH DAYS	23.7%	22.3%	C
POOR PHYSICAL HEALTH DAYS	21.8%	22.4%	C
GOOD OR BETTER HEALTH RATING	78.9%	80.1%	D
TEEN FERTILITY (RATE PER 1,000)	22.4	23.9	F
FIRST TRIMESTER PRENATAL CARE	67.3%	75.1%	C
LOW BIRTH WEIGHT	6.6%	8.0%	C
ADULT DENTAL VISITS	56.5%	58.1%	F
USUAL SOURCE OF CARE	78.9%	79.0%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS))	5.8	9.5	F
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2199.6	1821.4	D
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	18.4%	14.8%	C
POVERTY	13.0%	15.3%	C



TEXAS COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	8.3	7.3	D
TOTAL (RATE PER 100,000)	858.1	797.4	D
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	256.3	231.0	F
MALIGNANT NEOPLASM (CANCER)	132.3	149.3	A
CEREBROVASCULAR DISEASE (STROKE)	36.8	29.1	A
CHRONIC LOWER RESPIRATORY DISEASE	60.3	39.4	C
UNINTENTIONAL INJURY	59.1	56.1	F
DIABETES	44.0	22.2	C
INFLUENZA/PNEUMONIA	35.8	19.6	D
ALZHEIMER'S DISEASE	25.1	*	
NEPHRITIS (KIDNEY DISEASE)	27.0	21.2	D
SUICIDES	9.4	10.3	C
DISEASE RATES			
DIABETES PREVALENCE	8.7%	9.1%	C
CURRENT ASTHMA PREVALENCE	6.5%	6.8%	A
CANCER INCIDENCE (RATE PER 100,000)	392.6	417.6	A
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	49.7%	F
MINIMAL VEGETABLE CONSUMPTION	NA	27.2%	D
NO PHYSICAL ACTIVITY	34.4%	31.6%	F
CURRENT SMOKING PREVALENCE	21.6%	18.9%	C
OBESITY	30.6%	31.7%	D
IMMUNIZATIONS < 3 YEARS	62.8%	73.7%	C
SENIORS INFLUENZA VACCINATION	62.6%	67.9%	B
SENIORS PNEUMONIA VACCINATION	71.5%	73.4%	B
LIMITED ACTIVITY DAYS	11.8%	12.7%	A
POOR MENTAL HEALTH DAYS	21.0%	19.4%	A
POOR PHYSICAL HEALTH DAYS	18.7%	19.1%	B
GOOD OR BETTER HEALTH RATING	80.2%	81.2%	D
TEEN FERTILITY (RATE PER 1,000)	48.4	45.1	F
FIRST TRIMESTER PRENATAL CARE	48.0%	53.8%	F
LOW BIRTH WEIGHT	7.1%	6.5%	B
ADULT DENTAL VISITS	49.7%	51.2%	F
USUAL SOURCE OF CARE	69.6%	69.4%	D
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1714.8	982.2	A
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	32.2%	28.1%	F
POVERTY	12.2%	14.4%	C

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

Mortality and Leading Causes of Death

- Texas County ranked 8th in the state for total mortality (age-adjusted).
- Texas County ranked 3rd (best) in the state for the rate of deaths attributed to suicide.
- Texas County ranked as the 5th (best) in the state for deaths attributed to stroke, cancer and chronic lower respiratory disease.
- The leading causes of death in Texas County were heart disease, cancer and unintentional injury.

Disease Rates

- Texas County had one of the lowest cancer incidence rates in the state, which was 9% lower than the national rate.
- Texas County had the 2nd (best) adult diabetes rate (9.1%) in the state.
- Texas County had the lowest (best) rate of asthma prevalence in the state (6.8%).

Risk Factors, Behaviors and Socioeconomic Factors

- Texas County ranked among the ten best in the state for adult smokers (19%), obesity (32%), low birth weight (6.5%), and preventable hospitalizations.
- Texas County had the worst rates in the state for uninsured adults (28%) and adults with a usual source of healthcare (69%).
- 1 in 7 people in Texas County lived in poverty (14%).
- 1 in 8 adults reported 3+ days of limited activity in the past month (13%).
- Nearly 1 in 5 adults reported 4+ days of poor physical health (19%) and 4+ days of poor mental health (19%) in the previous month.

Changes from Previous Year

- The infant mortality rate improved by 12% from the previous year.
- The rate of deaths attributed to chronic lower respiratory disease improved by 35%.
- The rate of adults who smoked dropped by 13%.



TILLMAN COUNTY

Mortality and Leading Causes of Death

- Tillman County ranked 35th in the state for total mortality (age-adjusted).
- Tillman County ranked 7th (best) in the state for deaths attributed to Alzheimer's disease, with a rate that is 30% lower than the national rate.
- Tillman County had one of the highest rates of death due to diabetes.
- Heart disease, cancer and chronic lower respiratory disease were the leading causes of death in Tillman County.

Disease Rates

- 1 in 8 adults (12.8%) had diabetes, a rate that was 32% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Tillman County had the 2nd lowest rate of low birth weight births in the state (5.5%), with a rate 32% lower than the national rate.
- Nearly 1 in 4 people in Tillman County lived in poverty (23%).
- Nearly 1 in 5 adults reported 3+ days of limited activity in the past month (19%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (27%) and 4+ days of poor mental health (23%) in the previous month.

Changes from Previous Year

- The rate of deaths from any cause improved by 15% and the rate of deaths due to cancer improved by 50% from the previous year.
- The rate of deaths due to influenza/pneumonia more than doubled.
- The teen birth rate dropped by 54% and the rate of babies born at a low birth weight dropped 32%.
- The rate of uninsured adults improved by 15%.

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	12.1	*	
TOTAL (RATE PER 100,000)	1071.9	913.6	F
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	235.1	207.7	D
MALIGNANT NEOPLASM (CANCER)	343.0	170.0	C
CEREBROVASCULAR DISEASE (STROKE)	50.0	40.9	C
CHRONIC LOWER RESPIRATORY DISEASE	60.9	70.5	F
UNINTENTIONAL INJURY	58.3	64.7	F
DIABETES	86.8	43.3	F
INFLUENZA/PNEUMONIA	11.0	23.9	F
ALZHEIMER'S DISEASE	18.9	17.6	B
NEPHRITIS (KIDNEY DISEASE)	15.3	14.3	C
SUICIDES	*	*	
DISEASE RATES			
DIABETES PREVALENCE	12.5%	12.8%	F
CURRENT ASTHMA PREVALENCE	8.5%	8.9%	C
CANCER INCIDENCE (RATE PER 100,000)	524.6	427.1	B
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	51.1%	F
MINIMAL VEGETABLE CONSUMPTION	NA	28.8%	F
NO PHYSICAL ACTIVITY	36.2%	33.2%	F
CURRENT SMOKING PREVALENCE	25.5%	22.7%	D
OBESITY	31.7%	32.9%	F
IMMUNIZATIONS < 3 YEARS	81.3%	68.1%	D
SENIORS INFLUENZA VACCINATION	64.4%	69.7%	A
SENIORS PNEUMONIA VACCINATION	71.1%	73.3%	B
LIMITED ACTIVITY DAYS	17.9%	19.3%	D
POOR MENTAL HEALTH DAYS	24.2%	22.6%	C
POOR PHYSICAL HEALTH DAYS	26.7%	27.3%	F
GOOD OR BETTER HEALTH RATING	72.2%	73.7%	F
TEEN FERTILITY (RATE PER 1,000)	51.5	23.6	D
FIRST TRIMESTER PRENATAL CARE	59.6%	57.8%	F
LOW BIRTH WEIGHT	8.1%	5.5%	A
ADULT DENTAL VISITS	47.2%	48.7%	F
USUAL SOURCE OF CARE	76.8%	76.7%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2116.1	2586.4	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	24.1%	20.5%	D
POVERTY	21.9%	22.7%	F

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



TULSA COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	8.1	7.3	D
TOTAL (RATE PER 100,000)	932.5	862.2	D
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	241.1	216.9	D
MALIGNANT NEOPLASM (CANCER)	197.8	184.2	D
CEREBROVASCULAR DISEASE (STROKE)	60.6	48.1	D
CHRONIC LOWER RESPIRATORY DISEASE	58.4	55.4	D
UNINTENTIONAL INJURY	55.3	52.1	D
DIABETES	25.9	17.3	A
INFLUENZA/PNEUMONIA	20.9	16.7	C
ALZHEIMER'S DISEASE	27.2	25.3	C
NEPHRITIS (KIDNEY DISEASE)	14.1	9.8	B
SUICIDE	15.6	19.5	F
DISEASE RATES			
DIABETES PREVALENCE	11.6%	11.9%	D
CURRENT ASTHMA PREVALENCE	10.5%	11.1%	F
CANCER INCIDENCE (RATE PER 100,000)	542.7	556.3	F
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	47.8%	F
MINIMAL VEGETABLE CONSUMPTION	NA	25.4%	D
NO PHYSICAL ACTIVITY	29.9%	27.0%	D
CURRENT SMOKING PREVALENCE	26.2%	23.4%	D
OBESITY	31.1%	32.3%	D
IMMUNIZATIONS < 3 YEARS	60.0%	71.6%	C
SENIORS INFLUENZA VACCINATION	60.7%	66.0%	B
SENIORS PNEUMONIA VACCINATION	69.4%	71.3%	B
LIMITED ACTIVITY DAYS	18.6%	20.2%	D
POOR MENTAL HEALTH DAYS	26.4%	24.8%	C
POOR PHYSICAL HEALTH DAYS	23.1%	23.7%	D
GOOD OR BETTER HEALTH RATING	81.2%	82.4%	C
TEEN FERTILITY (RATE PER 1,000)	30.4	25.9	F
FIRST TRIMESTER PRENATAL CARE	59.4%	61.0%	F
LOW BIRTH WEIGHT	8.2%	9.2%	D
ADULT DENTAL VISITS	58.6%	60.3%	D
USUAL SOURCE OF CARE	74.0%	74.1%	D
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	3.2	2.5	B
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1736.3	1782.6	D
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	22.6%	18.7%	C
POVERTY	13.6%	15.0%	C

Mortality and Leading Causes of Death

- Tulsa County ranked 22nd in the state for total mortality (age-adjusted).
- Tulsa County had the 10th best rate in the state for deaths attributed to diabetes.
- The suicide rate in Tulsa County was 61% higher than the national rate.
- The leading causes of death in Tulsa County were heart disease, cancer, and chronic lower respiratory disease.

Disease Rates

- Tulsa County had the 2nd highest rate of cancer incidence in the state.

Risk Factors, Behaviors and Socioeconomic Factors

- Tulsa County ranked among the ten best counties for the lowest rate of physically inactive adults (27%).
- The county's occupational fatality rate was 39% lower than the national rate.
- Tulsa County ranked among the worst counties for the low rate of adults with a usual source of healthcare (74%).
- Approximately 1 in 7 people in Tulsa County lived in poverty (15%).
- 1 in 5 adults reported 3+ days of limited activity in the past month (20%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (24%) and 4+ days of poor mental health (25%) in the previous month.

Changes from Previous Year

- The rate of deaths due to stroke improved 21% from the previous year.
- The rate of suicides improved by 25%.
- The rate of uninsured adults dropped by 17%.
- The occupational fatality rate decreased 22%.



WAGONER COUNTY

Mortality and Leading Causes of Death

- Wagoner County ranked 13th (best) in the state for total mortality (age-adjusted) and 7th for infant mortality.
- Wagoner County ranked 4th in the state for the rate of deaths attributed to influenza/pneumonia.
- The leading causes of death in Wagoner County were heart disease, cancer and chronic lower respiratory disease.

Disease Rates

- Wagoner County had one of the lowest rates of cancer incidence in the state, which was 16% lower than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Wagoner County had the 10th best self-health rating in the state (83%), and the 8th lowest rate of residents living in poverty (13%).
- Wagoner County tied for the 3rd lowest rate of teen births with a rate that is 40% lower than the overall state rate.
- Approximately 1 in 6 adults reported 3+ days of limited activity in the past month (18%).
- Approximately 1 in 4 adults reported 4+ days of poor physical health (23%) and 4+ days of poor mental health (25%) in the previous month.

Changes from Previous Year

- The rate of deaths due to stroke dropped by 20% from the previous year.
- The rates of death attributed to nephritis and suicide worsened by 139% and 67% respectively.
- The occupational fatality rate increased 140%.
- The rate of uninsured adults improved by 21%.
- The percentage of physically inactive adults dropped 9%.

PREVIOUS CURRENT GRADE

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	5.4	5.6	C
TOTAL (RATE PER 100,000)	910.8	830.7	D
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	249.4	208.5	D
MALIGNANT NEOPLASM (CANCER)	206.0	188.6	D
CEREBROVASCULAR DISEASE (STROKE)	59.1	41.2	C
CHRONIC LOWER RESPIRATORY DISEASE	68.8	67.1	F
UNINTENTIONAL INJURY	55.0	56.5	F
DIABETES	36.1	22.4	C
INFLUENZA/PNEUMONIA	21.8	11.4	B
ALZHEIMER'S DISEASE	28.3	26.3	C
NEPHRITIS (KIDNEY DISEASE)	5.9	14.1	C
SUICIDES	10.2	17.0	D
DISEASE RATES			
DIABETES PREVALENCE	11.8%	12.2%	F
CURRENT ASTHMA PREVALENCE	8.1%	8.5%	C
CANCER INCIDENCE (RATE PER 100,000)	300.7	384.8	A
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	51.3%	F
MINIMAL VEGETABLE CONSUMPTION	NA	25.9%	D
NO PHYSICAL ACTIVITY	30.7%	27.9%	D
CURRENT SMOKING PREVALENCE	25.1%	22.2%	D
OBESITY	31.9%	33.0%	F
IMMUNIZATIONS < 3 YEARS	60.1%	73.0%	C
SENIORS INFLUENZA VACCINATION	64.7%	70.1%	A
SENIORS PNEUMONIA VACCINATION	74.1%	76.2%	A
LIMITED ACTIVITY DAYS	16.3%	17.6%	C
POOR MENTAL HEALTH DAYS	26.1%	24.4%	C
POOR PHYSICAL HEALTH DAYS	22.4%	23.0%	C
GOOD OR BETTER HEALTH RATING	81.7%	82.8%	C
TEEN FERTILITY (RATE PER 1,000)	14.9	13.8	C
FIRST TRIMESTER PRENATAL CARE	62.5%	64.2%	F
LOW BIRTH WEIGHT	8.1%	7.3%	B
ADULT DENTAL VISITS	60.7%	62.5%	D
USUAL SOURCE OF CARE	81.5%	81.8%	B
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	2.0	4.8	C
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1831.7	1747.8	D
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	17.3%	13.6%	B
POVERTY	11.0%	12.8%	B



WASHINGTON COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	8.6	6.1	C
TOTAL (RATE PER 100,000)	836.8	810.9	D
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	202.5	196.8	D
MALIGNANT NEOPLASM (CANCER)	179.5	196.5	F
CEREBROVASCULAR DISEASE (STROKE)	58.9	44.9	D
CHRONIC LOWER RESPIRATORY DISEASE	52.5	47.8	D
UNINTENTIONAL INJURY	53.9	49.4	D
DIABETES	25.4	13.0	A
INFLUENZA/PNEUMONIA	20.1	15.4	C
ALZHEIMER'S DISEASE	19.7	29.6	D
NEPHRITIS (KIDNEY DISEASE)	9.6	9.1	B
SUICIDES	24.1	17.1	D
DISEASE RATES			
DIABETES PREVALENCE	10.6%	10.9%	D
CURRENT ASTHMA PREVALENCE	8.5%	9.0%	C
CANCER INCIDENCE (RATE PER 100,000)	505.0	517.1	F
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	48.6%	F
MINIMAL VEGETABLE CONSUMPTION	NA	24.8%	D
NO PHYSICAL ACTIVITY	29.2%	26.2%	D
CURRENT SMOKING PREVALENCE	21.3%	18.9%	C
OBESITY	30.0%	31.1%	D
IMMUNIZATIONS < 3 YEARS	78.4%	79.5%	A
SENIORS INFLUENZA VACCINATION	66.4%	71.7%	A
SENIORS PNEUMONIA VACCINATION	75.4%	77.4%	A
LIMITED ACTIVITY DAYS	14.3%	15.4%	B
POOR MENTAL HEALTH DAYS	21.0%	19.6%	A
POOR PHYSICAL HEALTH DAYS	20.4%	20.9%	B
GOOD OR BETTER HEALTH RATING	83.4%	84.5%	C
TEEN FERTILITY (RATE PER 1,000)	21.0	20.9	D
FIRST TRIMESTER PRENATAL CARE	69.7%	71.0%	C
LOW BIRTH WEIGHT	7.4%	6.9%	B
ADULT DENTAL VISITS	64.8%	66.7%	C
USUAL SOURCE OF CARE	82.6%	82.8%	B
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	4.3	C
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1069.2	508.3	A
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	15.7%	12.3%	B
POVERTY	13.2%	15.6%	C

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

Mortality and Leading Causes of Death

- Washington County ranked 12th (best) in the state for total mortality (age-adjusted) and 11th for infant mortality.
- Washington County ranked 2nd (best) in the state for the rate of deaths attributed to diabetes.
- Heart disease, cancer and unintentional injury were the leading causes of death in Washington County.

Disease Rates

- Washington County's cancer incidence rate ranked 61st in the state with a rate that was 12% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Washington County consistently ranked among the five best counties in the state for physically inactive adults, smoking prevalence, obesity prevalence, usual source of healthcare, adult dental visits, seniors influenza vaccination, and fruit/vegetable consumption.
- Washington County had the lowest (best) rate of preventable hospitalizations in the state.
- Nearly 1 in 6 people in Washington County lived in poverty (16%).
- Nearly 1 in 6 adults reported 3+ days of limited activity in the past month (15%).
- Approximately 1 in 5 adults reported 4+ days of poor physical health (21%) and 4+ days of poor mental health (20%) in the previous month.

Changes from Previous Year

- The infant mortality rate dropped 29% from the previous year.
- The rate of deaths due to diabetes declined 49%.
- The percentage of babies born at a low birth weight decreased by 7%.
- The rate of adults who smoked dropped by 11%.
- The rate of uninsured adults improved by 22%.



WASHITA COUNTY

Mortality and Leading Causes of Death

- Washita County ranked 23rd in the state for total mortality (age-adjusted).
- Washita County led the state with the lowest rate of deaths attributed to stroke, with a rate that is 40% lower than the national rate.
- The leading causes of death in Washita County were heart disease, cancer and chronic lower respiratory disease.

Disease Rates

- Washita County's cancer incidence rate was 10% higher than the national rate.

Risk Factors, Behaviors and Socioeconomic Factors

- 1 in 6 adults (17%) in Washita County did not have health insurance.
- Washita County ranked among the ten best for senior influenza vaccinations with a rate of 71%.
- Washita County had the 7th lowest rate of children under 3 years of age that completed the primary immunization series with a rate of only 66%.
- 1 in 7 people in Washita County lived in poverty (14%).
- Nearly 1 in 6 adults reported 3+ days of limited activity in the past month (15%).
- Approximately 1 in 5 adults reported 4+ days of poor physical health (22%) and 4+ days of poor mental health (21%) in the previous month.

Changes from Previous Year

- The rates of death due to stroke and suicide dropped by 61% and 37% respectively from the previous year.
- The rate of deaths attributed to unintentional injury declined 46%.
- The rate of deaths due to suicide improved by 37%.
- The percentage of babies born at a low birth weight increased by 24%.
- The rate of uninsured adults improved by 18%.

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	*	9.9	F
TOTAL (RATE PER 100,000)	831.8	868.4	D
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	209.8	228.8	F
MALIGNANT NEOPLASM (CANCER)	154.2	178.7	C
CEREBROVASCULAR DISEASE (STROKE)	61.7	23.8	A
CHRONIC LOWER RESPIRATORY DISEASE	45.6	70.8	F
UNINTENTIONAL INJURY	85.9	46.5	D
DIABETES	21.4	29.2	F
INFLUENZA/PNEUMONIA	18.0	17.5	D
ALZHEIMER'S DISEASE	26.2	35.0	D
NEPHRITIS (KIDNEY DISEASE)	9.4	*	
SUICIDES	26.4	16.6	D
DISEASE RATES			
DIABETES PREVALENCE	10.8%	11.1%	D
CURRENT ASTHMA PREVALENCE	8.2%	8.7%	C
CANCER INCIDENCE (RATE PER 100,000)	519.5	508.3	F
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	50.7%	F
MINIMAL VEGETABLE CONSUMPTION	NA	26.4%	D
NO PHYSICAL ACTIVITY	32.3%	29.3%	F
CURRENT SMOKING PREVALENCE	24.1%	21.4%	C
OBESITY	30.7%	31.9%	D
IMMUNIZATIONS < 3 YEARS	58.6%	65.6%	D
SENIORS INFLUENZA VACCINATION	65.3%	70.9%	A
SENIORS PNEUMONIA VACCINATION	74.8%	77.3%	A
LIMITED ACTIVITY DAYS	13.9%	15.1%	B
POOR MENTAL HEALTH DAYS	22.2%	20.7%	B
POOR PHYSICAL HEALTH DAYS	21.7%	22.3%	C
GOOD OR BETTER HEALTH RATING	78.9%	80.1%	D
TEEN FERTILITY (RATE PER 1,000)	30.6	23.4	D
FIRST TRIMESTER PRENATAL CARE	62.2%	69.8%	D
LOW BIRTH WEIGHT	5.9%	7.3%	B
ADULT DENTAL VISITS	58.1%	59.9%	D
USUAL SOURCE OF CARE	80.5%	80.7%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2714.4	2536.6	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	20.2%	16.6%	C
POVERTY	14.9%	14.2%	B

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



WOODS COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	*	*	
TOTAL (RATE PER 100,000)	855.3	849	D
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	251.2	293.8	F
MALIGNANT NEOPLASM (CANCER)	167.6	102.4	A
CEREBROVASCULAR DISEASE (STROKE)	70.5	30.7	B
CHRONIC LOWER RESPIRATORY DISEASE	79.3	30.4	B
UNINTENTIONAL INJURY	53.2	80.5	F
DIABETES	15.0	31.9	F
INFLUENZA/PNEUMONIA	33.4	48.7	F
ALZHEIMER'S DISEASE	12.0	12.2	A
NEPHRITIS (KIDNEY DISEASE)	18.8	*	
SUICIDES	*	*	
DISEASE RATES			
DIABETES PREVALENCE	9.0%	9.4%	C
CURRENT ASTHMA PREVALENCE	7.9%	7.9%	B
CANCER INCIDENCE (RATE PER 100,000)	466.8	466.8	D
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	50.5%	F
MINIMAL VEGETABLE CONSUMPTION	NA	27.0%	D
NO PHYSICAL ACTIVITY	29.6%	27.0%	D
CURRENT SMOKING PREVALENCE	24.4%	22.0%	D
OBESITY	28.5%	30.0%	D
IMMUNIZATIONS < 3 YEARS	78.2%	85.5%	A
SENIORS INFLUENZA VACCINATION	64.6%	70.0%	A
SENIORS PNEUMONIA VACCINATION	75.7%	78.0%	A
LIMITED ACTIVITY DAYS	13.5%	14.8%	B
POOR MENTAL HEALTH DAYS	23.1%	21.7%	B
POOR PHYSICAL HEALTH DAYS	20.0%	20.7%	B
GOOD OR BETTER HEALTH RATING	83.3%	84.1%	C
TEEN FERTILITY (RATE PER 1,000)	10.0	30.8	F
FIRST TRIMESTER PRENATAL CARE	63.7%	68.0%	D
LOW BIRTH WEIGHT	5.3%	8.5%	C
ADULT DENTAL VISITS	56.0%	57.3%	F
USUAL SOURCE OF CARE	78.7%	78.8%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2497.3	1499.9	C
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	19.8%	16.3%	C
POVERTY	16.6%	18.8%	D

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

Mortality and Leading Causes of Death

- Woods County ranked 17th in the state for total mortality (age-adjusted).
- Woods County had the 2nd lowest rate of deaths attributed to Alzheimer's disease in the state.
- Woods County led the state with the lowest rates of death due to chronic lower respiratory disease and cancer.
- The leading causes of death in Woods County were heart disease, cancer, and unintentional injury.

Disease Rates

- Woods County had one of the lowest rates of adult diabetes in the state (9.4%), which was 3% lower than the national average.
- Woods County's asthma prevalence rate was 7.9%.

Risk Factors, Behaviors and Socioeconomic Factors

- Woods County tied for the 2nd lowest percentage of obese adults in the state (30%), and tied for the 8th lowest percentage of physically inactive adults (27%).
- Woods County had the 7th best self-health rating in the state, with 84% of adults reporting good or better health.
- Woods County ranked among the top five counties for senior pneumonia vaccinations (78%) and immunization coverage for children under 3 years of age (86%).
- Nearly 1 in 5 people in Woods County lived in poverty (19%).
- Nearly 1 in 6 adults reported 3+ days of limited activity in the past month (15%).
- Approximately 1 in 5 adults reported 4+ days of poor physical health (21%) and 4+ days of poor mental health (22%) in the previous month.

Changes from Previous Year

- The rates of death attributed to stroke and chronic lower respiratory disease improved by 56% and 70% respectively from the previous year.
- The rate of deaths due to unintentional injury increased 50%.
- The teen fertility rate tripled and the percentage of low birth weight babies increased by 60%.



WOODWARD COUNTY

Mortality and Leading Causes of Death

- Woodward County ranked 18th in the state for total mortality (age-adjusted), with a rate 14% higher than the national rate.
- Woodward County had the 2nd lowest rate of deaths attributed to cancer in the state.
- The leading causes of death in Woodward County were heart disease, cancer, and unintentional injury.

Disease Rates

- Woodward County had the 10th lowest rate of adult diabetes (10.5%).
- Woodward County's cancer incidence rate was 6% lower than the national rate and 5% lower than the state rate.

Risk Factors, Behaviors and Socioeconomic Factors

- Woodward County is ranked among the bottom ten counties for adults with a usual source of healthcare, teen fertility, and occupational fatalities.
- Woodward County had the 13th lowest percentage of residents living in poverty, with a rate that is 21% lower than the overall state rate.
- 1 in 7 people in Woodward County lived in poverty (14%).
- 1 in 6 adults reported 3+ days of limited activity in the past month (17%).
- Nearly 1 in 4 adults reported 4+ days of poor physical health (23%) and 4+ days of poor mental health (22%) in the previous month.

Changes from Previous Year

- The infant mortality rate dropped 31% from the previous year.
- The rates of death due to stroke and chronic lower respiratory disease improved by 47% and 25% respectively.
- The rate of adults who smoked dropped by 10%.
- The percentage of the population who lived in poverty rose 7%.
- The occupational fatality rate doubled.

PREVIOUS CURRENT GRADE

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	11.3	7.8	D
TOTAL (RATE PER 100,000)	882.6	851.7	D
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	270.7	217.3	D
MALIGNANT NEOPLASM (CANCER)	188.1	142.5	A
CEREBROVASCULAR DISEASE (STROKE)	33.2	48.7	F
CHRONIC LOWER RESPIRATORY DISEASE	58.2	72.6	F
UNINTENTIONAL INJURY	63.5	77.2	F
DIABETES	37.6	23.7	D
INFLUENZA/PNEUMONIA	22.0	19.9	D
ALZHEIMER'S DISEASE	21.0	19.9	B
NEPHRITIS (KIDNEY DISEASE)	8.9	12.8	B
SUICIDES	13.3	12.9	C
DISEASE RATES			
DIABETES PREVALENCE	10.3%	10.5%	C
CURRENT ASTHMA PREVALENCE	8.1%	8.5%	C
CANCER INCIDENCE (RATE PER 100,000)	501.2	434.0	B
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	51.5%	F
MINIMAL VEGETABLE CONSUMPTION	NA	26.6%	D
NO PHYSICAL ACTIVITY	32.0%	28.9%	F
CURRENT SMOKING PREVALENCE	25.8%	23.1%	D
OBESITY	31.1%	32.2%	D
IMMUNIZATIONS < 3 YEARS	75.4%	71.7%	C
SENIORS INFLUENZA VACCINATION	62.9%	68.3%	A
SENIORS PNEUMONIA VACCINATION	74.0%	76.3%	A
LIMITED ACTIVITY DAYS	15.6%	16.8%	C
POOR MENTAL HEALTH DAYS	23.0%	21.5%	B
POOR PHYSICAL HEALTH DAYS	22.4%	22.9%	C
GOOD OR BETTER HEALTH RATING	80.4%	81.8%	C
TEEN FERTILITY (RATE PER 1,000)	32.5	40.4	F
FIRST TRIMESTER PRENATAL CARE	54.3%	59.3%	F
LOW BIRTH WEIGHT	7.8%	8.7%	C
ADULT DENTAL VISITS	54.9%	56.6%	F
USUAL SOURCE OF CARE	74.2%	73.9%	D
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	11.8	23.6	F
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2442.2	1987.2	F
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	14.7%	19.0%	C
POVERTY	12.8%	13.7%	B

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
MORTALITY														
INFANT (RATE PER 1,000)	12.6	55	18.2	59	-	-	-	-	10.4	51	14.2	57	5.3	3
TOTAL (RATE PER 100,000)	1024.1	62	920.7	37	855.3	20	735.6	1	995.7	54	942.8	44	894.4	32
LEADING CAUSES OF DEATH (RATE PER 100,000)														
HEART DISEASE	236.3	36	244.2	42	306.4	73	170.5	4	264.6	58	220.4	27	225	28
MALIGNANT NEOPLASM (CANCER)	218.2	66	182.0	21	143.5	3	145.6	4	171.2	13	189.5	32	191.7	36
CEREBROVASCULAR DISEASE (STROKE)	61.7	58	26.5	59	28.8	-	46.1	-	67.0	50	50.1	56	38	3
CHRONIC LOWER RESPIRATORY DISEASE	63.8	35	57.1	23	47.4	8	44.0	6	81.5	70	57.7	24	65.2	39
UNINTENTIONAL INJURY	70.2	41	111.9	73	58.6	24	49.1	7	57.2	21	78.7	59	67.9	37
DIABETES	52.9	69	-	-	41.8	65	-	-	23.7	31	29.5	53	25.4	39
INFLUENZA/PNEUMONIA	9.4	33	-	-	12.9	9	-	-	24.9	52	13.1	10	19.9	36
ALZHEIMER'S DISEASE	29.8	47	-	-	15.6	3	-	-	33.4	54	17.2	6	32.6	52
NEPHRITIS (KIDNEY DISEASE)	10.8	21	-	-	-	-	-	-	11.7	26	17.7	46	18.3	48
SUICIDES	9.4	2	-	-	-	-	35.9	56	32.1	55	25.9	53	19.0	29.0
DISEASE RATES														
DIABETES PREVALENCE	13.6%	73	12.5%	50	13.1%	66	11.3%	21	10.0%	7	12.2%	40	11.1%	17
CURRENT ASTHMA PREVALENCE	9.9%	59	7.9%	3	9.8%	56	8.1%	4	10.2%	63	8.6%	15	8.8%	26
CANCER INCIDENCE (RATE PER 100,000)	482.2	38	496.0	47	381.3	4	332.5	1	455.0	25	490.4	41	477.1	33
RISK FACTORS & BEHAVIORS														
MINIMAL FRUIT CONSUMPTION	55.5%	77	52.6%	54	54.5%	75	49.6%	10	52.1%	45	51.9%	40	51.9%	40
MINIMAL VEGETABLE CONSUMPTION	30.3%	76	28.4%	53.0	29.6%	71	25.7%	7	27.5%	42	28.5%	57	27.2%	35
NO PHYSICAL ACTIVITY	32.6%	64	31.3%	46	32.4%	60	30.0%	29.0	29.6%	26	32.4%	60	29.1%	23
CURRENT SMOKING PREVALENCE	28.3%	77	24.3%	50	26.9%	70	20.2%	72	24.7%	53	23.8%	36	22.5%	28
OBESITY	35.3%	77	33.0%	44	33.9%	72	32.0%	16	32.4%	28	32.8%	36	32.2%	22
IMMUNIZATIONS < 3 YEARS	76.6%	37	86.4%	2	83.1%	6	82.6%	8	78.5%	26	72.3%	55	71.0%	60
SENIORS INFLUENZA VACCINATION	67.2%	68	69.4%	33	65.7%	76	69.6%	30	70.2%	14	68.5%	53	68.2%	62
SENIORS PNEUMONIA VACCINATION	75.2%	53	76.3%	33	75.8%	42	76.0%	39	76.5%	31	75.2%	41	74.1%	52
LIMITED ACTIVITY DAYS	19.7%	57	18.4%	33	21.6%	74	15.2%	6	18.8%	38	19.0%	49	19.4%	57
POOR MENTAL HEALTH DAYS	23.8%	45	22.9%	27	25.6%	73	20.0%	3	23.4%	35	22.9%	27	23.7%	43
POOR PHYSICAL HEALTH DAYS	26.6%	63	23.4%	26	28.0%	73	22.6%	16	24.3%	38	26.3%	60	24.3%	38
GOOD OR BETTER HEALTH RATING	74.2%	65	78.8%	33	74.4%	63	80.5%	21	78.6%	36	76.2%	54	78.6%	39
TEEN FERTILITY (RATE PER 1,000)	24.8	25	-	-	25.8	30	14.1	6	40.9	71	34.0	57	31.4	49
FIRST TRIMESTER PRENATAL CARE	57.1%	69	71.8%	14	68.4%	28	58.2%	66	70.9%	18	53.7%	75	67.2%	34
LOW BIRTH WEIGHT	8.6%	56	6.6%	9	6.2%	7	6.7%	12	9.5%	69	9.7%	71	7.7%	36
ADULT DENTAL VISITS	47.6%	68	53.4%	41	43.9%	77	57.5%	22	50.9%	56	52.0%	48	52.9%	43
USUAL SOURCE OF CARE	73.6%	71	80.9%	13	74.3%	67	77.5%	47	79.4%	27	80.7%	16	76.7%	56
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	-	-	-	-	23.8	30	-	-	12.3	27	27.2	31	-	-
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2911.6	70	1402.0	14	2785.9	66	1653.4	25	2288.5	53	2344.8	55	3325.9	73
SOCIOECONOMIC FACTORS														
NO INSURANCE COVERAGE	19.5%	63	17.2%	36	22.0%	74	17.5%	41	22.0%	74	17.6%	45	17.3%	38
POVERTY	22.2%	62	18.3%	43	24.0%	68	11.2%	3	16.7%	28	19.3%	50	23.7%	43

	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
MORTALITY														
INFANT (RATE PER 1,000)	9.0	37	5.4	4	5.5	5	7.2	18	10.2	50	-	-	4.9	1
TOTAL (RATE PER 100,000)	1031.7	64	797.8	9	1080.0	71	955.2	45	1075.0	70	767.0	3	786.4	5
LEADING CAUSES OF DEATH (RATE PER 100,000)														
HEART DISEASE	245.4	44	190.1	7	271.4	61	257.7	54	345.6	75	161.1	2	192.1	10
MALIGNANT NEOPLASM (CANCER)	229.3	72	172.4	15	208.0	54	215.6	65	239.9	75	252.7	77	170.0	11
CEREBROVASCULAR DISEASE (STROKE)	58.3	36	42.5	4	44.1	5	43.8	16	46.6	49	-	-	42.1	1
CHRONIC LOWER RESPIRATORY DISEASE	66.7	41	58.4	26	93.6	74	65.4	40	69.8	50	-	-	63.9	36
UNINTENTIONAL INJURY	87.6	67	50.4	9	95.1	68	48.1	6	64.7	33	-	-	43.7	3
DIABETES	40	64	22.9	28	26.1	41	24.2	35	17.4	11	-	-	16.9	8
INFLUENZA/PNEUMONIA	18.8	30	8.6	2	32.6	59	26.0	53	14.3	14	-	-	16.4	22
ALZHEIMER'S DISEASE	22.8	18	20.5	13	22.8	18	20.5	13	37.6	62	-	-	20.7	15
NEPHRITIS (KIDNEY DISEASE)	18.9	49	8.4	9	20.9	52	8.7	10	35.6	60	-	-	9.8	15
SUICIDES	21.3	42	17.3	26	15.9	16	25.2	52	11.7	5	-	-	12.8	8
DISEASE RATES														
DIABETES PREVALENCE	11.8%	32	11.0%	14	11.3%	21	11.1%	17	13.4%	70	12.7%	54	9.5%	4
CURRENT ASTHMA PREVALENCE	9.0%	34	9.6%	50	9.7%	54	10.3%	67	9.4%	44	8.8%	26	10.2%	63
CANCER INCIDENCE (RATE PER 100,000)	476.1	32	474.3	30	493.2	43	489.2	40	515.0	59	512.8	56	442.2	20
RISK FACTORS & BEHAVIORS														
MINIMAL FRUIT CONSUMPTION	52.5%	53	50.3%	16	51.6%	35	51.8%	38	53.2%	66	49.3%	6	48.5%	3
MINIMAL VEGETABLE CONSUMPTION	28.5%	57	24.9%	3	27.2%	35	27.6%	43	30.0%	74	26.5%	22	24.8%	1
NO PHYSICAL ACTIVITY	30.4%	37	26.9%	7	30.3%	35	27.7%	10	33.5%	72	33.2%	70	22.8%	2
CURRENT SMOKING PREVALENCE	25.1%	56	21.1%	16	24.7%	53	23.7%	40	27.3%	73	20.9%	11	20.3%	9
OBESITY	33.4%	60	31.7%	8	32.9%	38	32.6%	33	34.3%	75	31.9%	13	30.0%	2
IMMUNIZATIONS < 3 YEARS	76.5%	38	69.0%	64	74.0%	50	76.9%	34	72.6%	54	75.3%	46	72.0%	57
SENIORS INFLUENZA VACCINATION	70.8%	9	71.4%	3	66.1%	73	68.9%	42	65.8%	75	69.4%	33	67.9%	60 SEN-
SENIORS PNEUMONIA VACCINATION	78.5%	1	78.4%	2	73.5%	71	75.7%	44	72.9%	76	75.4%	48	77.0%	19
LIMITED ACTIVITY DAYS	16.7%	13	18.0%	29	18.9%	39	19.1%	43	22.4%	76	16.8%	15	17.6%	21
POOR MENTAL HEALTH DAYS	23.3%	34	23.7%	43	23.4%	35	24.4%	57	23.9%	47	20.4%	7	23.4%	35
POOR PHYSICAL HEALTH DAYS	22.0%	12	21.8%	11	23.9%	32	25.3%	52	26.8%	63	23.3%	23	21.5%	9
GOOD OR BETTER HEALTH RATING	77.4%	46	85.8%	3	78.5%	38	80.2%	22	71.2%	76	76.1%	55	87.2%	2
TEEN FERTILITY (RATE PER 1,000)	32.9	56	13.9	5	35.6	63	31.8	52	45.3	74	32.8	54	12.1	1
FIRST TRIMESTER PRENATAL CARE	56.7%	70	77.2%	2	73.1%	10	59.6%	61	57.8%	67	62.9%	48	75.3%	6
LOW BIRTHWEIGHT	8.1%	46	7.6%	33	9.4%	67	8.7%	59	8.5%	51	4.8%	1	7.7%	36
ADULT DENTAL VISITS	51.9%	49	68.2%	3	55.2%	34	60.1%	14	46.5%	72	51.9%	49	69.1%	2
USUAL SOURCE OF CARE	77.1%	52	81.9%	6	79.1%	30	72.7%	74	77.2%	49	77.9%	44	77.1%	52
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	-	-	4.3	8	8.8	23	5.6	13	-	-	-	-	2.2	1
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2261	51	1368.8	13	2304.4	54	1328.7	10	3411.7	74	526.8	2	1486.8	16
SOCIOECONOMIC FACTORS														
NO INSURANCE COVERAGE	20.1%	67	13.8%	6	16.5%	31	17.5%	41	18.9%	53	18.3%	47	13.3%	3
POVERTY	20.4%	53	8.3%	1	16.2%	25	24.6%	71	28.1%	76	17.8%	36	13.3%	11

	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
MORTALITY														
INFANT (RATE PER 1,000)	-	-	9.8	45	-	-	10.0	48	8.9	36	7.3	21	6.5	12
TOTAL (RATE PER 100,000)	1015.9	60	889.8	30	985.8	51	1010.8	57	960.7	46	938.2	43	906.2	34
LEADING CAUSES OF DEATH (RATE PER 100,000)														
HEART DISEASE	414.1	77	234.7	34	302.1	71	304.7	72	248.2	45	219.7	26	234.9	35
MALIGNANT NEOPLASM (CANCER)	171.8	14	183.6	23	211.4	59	213.6	63	207.9	53	203.3	48	197.6	40
CEREBROVASCULAR DISEASE (STROKE)	32.9	-	46.1	42	29.3	-	48.8	46	53.9	35	37.0	16	40.9	26
CHRONIC LOWER RESPIRATORY DISEASE	35.1	4	63.6	34	69.2	46	76.9	66	71.3	54	69.3	47	61.1	31
UNINTENTIONAL INJURY	87.5	66	42.8	2	71.3	44	87.4	65	60.0	26	62.0	28	66.4	35
DIABETES	-	-	29.6	52	25.3	38	20.2	17	28.7	48	32.4	56	14.4	3
INFLUENZA/PNEUMONIA	-	-	20.4	38	-	-	14.1	12	17.6	29	22.4	47	18.9	32
ALZHEIMER'S DISEASE	-	-	24.3	25	43.5	66	23.3	21	26.3	33	33.9	57	25.9	31
NEPHRITIS (KIDNEY DISEASE)	23.7	59	14.4	39	22.8	58	8.3	8	7.4	5	11.0	23	6.7	3
SUICIDES	-	-	16.7	21	-	-	19.4	33	20.9	41	12.3	7	21.4	43
DISEASE RATES														
DIABETES PREVALENCE	12.8%	58	9.9%	6	12.4%	45	12.8%	58	11.4%	25	9.5%	4	14.2%	76
CURRENT ASTHMA PREVALENCE	9.4%	44	10.3%	67	8.9%	30	8.5%	12	9.4%	44	8.6%	15	9.5%	48
CANCER INCIDENCE (RATE PER 100,000)	437.3	18	429.3	15	378.4	3	477.7	36	540.5	71	449.1	21	405.5	7
RISK FACTORS & BEHAVIORS														
MINIMAL FRUIT CONSUMPTION	53.3%	69	50.5%	19	51.9%	40	52.9%	64	52.6%	54	49.5%	9	51.5%	32
MINIMAL VEGETABLE CONSUMPTION	28.6%	61	27.3%	39	28.2%	50	27.2%	35	26.3%	19	26.9%	29	26.2%	14
NO PHYSICAL ACTIVITY	33.0%	67	26.1%	3	31.3%	46	31.2%	43	30.3%	35	26.3%	5	31.9%	52
CURRENT SMOKING PREVALENCE	25.8%	62	24.2%	47	23.4%	37	23.3%	36	26.5%	68	20.2%	7	22.9%	34
OBESITY	33.2%	54	31.8%	11	32.9%	38	33.5%	64	33.1%	48	30.2%	4	33.2%	54
IMMUNIZATIONS < 3 YEARS	67.0%	68	62.3%	75	80.8%	15	78.1%	28	76.1%	40	75.9%	42	77.7%	29
SENIORS INFLUENZA VACCINATION	69.3%	36	67.5%	66	69.0%	40	69.0%	40	68.6%	47	69.7%	25	68.5%	49
SENIORS PNEUMONIA VACCINATION	76.3%	33	75.5%	46	76.9%	22	76.6%	30	77.6%	8	75.4%	48	73.8%	67
LIMITED ACTIVITY DAYS	19.4%	52	18.1%	30	17.6%	21	20.2%	63	19.4%	52	15.7%	8	19.0%	41
POOR MENTAL HEALTH DAYS	24.6%	61	24.1%	53	20.8%	12	24.6%	61	24.0%	48	20.0%	3	22.6%	24
POOR PHYSICAL HEALTH DAYS	26.6%	63	23.7%	28	25.7%	56	24.9%	44	25.1%	48	20.1%	4	24.7%	43
GOOD OR BETTER HEALTH RATING	73.2%	73	82.6%	12	77.5%	45	77.0%	49	77.8%	43	84.5%	5	76.4%	52
TEEN FERTILITY (RATE PER 1,000)	38.3	67	24.9	26	30.6	46	26.5	33	22.7	19	37.6	66	28.3	42
FIRST TRIMESTER PRENATAL CARE	70.0%	22	70.1%	22	66.5%	35	68.7%	26	61.0%	56	63.6%	44	65.9%	38
LOW BIRTH WEIGHT	7.4%	25	8.0%	43	7.9%	40	5.5%	2	8.5%	51	6.6%	9	7.3%	19
ADULT DENTAL VISITS	47.2%	70	63.2%	7	54.4%	38	51.0%	55	54.6%	37	58.2%	18	51.3%	52
USUAL SOURCE OF CARE	78.8%	36	76.1%	61	79.8%	23	79.6%	25	80.3%	18	76.9%	54	81.9%	6
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	-	-	4.2	7	-	-	-	-	4.6	10	7.5	20	-	-
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	3829.9	75	1525.6	21	1179.8	6	2836.6	68	2456.2	59	2351.8	56	1430.2	15
SOCIOECONOMIC FACTORS														
NO INSURANCE COVERAGE	16.6%	32	16.0%	21	16.6%	32	15.6%	16	18.8%	52	18.4%	49	14.9%	11
POVERTY	22.9%	64	17.6%	33	18.0%	38	20.3%	52	17.0%	30	17.6%	33	20.9%	57

	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
MORTALITY														
INFANT (RATE PER 1,000)	-	-	-	-	8.1	32	7.6	27	5.8	9	-	-	-	-
TOTAL (RATE PER 100,000)	936.3	42	879.7	27	884.7	28	1128.2	76	929.4	41	870.5	25	869.1	24
LEADING CAUSES OF DEATH (RATE PER 100,000)														
HEART DISEASE	274.7	65	170.1	3	206.1	14	265.1	59	238.2	38	190.9	9	264.1	57
MALIGNANT NEOPLASM (CANCER)	190.7	34	207.2	52	178.0	19	238.7	74	197.9	41	191.2	35	168.8	10
CEREBROVASCULAR DISEASE (STROKE)	42.1	-	65.4	-	52.6	31	58.5	23	38.4	7	30.9	-	41.2	-
CHRONIC LOWER RESPIRATORY DISEASE	30.4	1	50.7	11	58.9	29	71.1	53	69.7	49	30.9	3	64.4	37
UNINTENTIONAL INJURY	123.7	75	99.1	71	57.6	22	115.4	74	78.6	58	75.3	51	54.4	18
DIABETES	28.5	46	-	-	28.2	45	27.7	44	36.5	62	48.4	68	16.1	5
INFLUENZA/PNEUMONIA	-	-	-	-	22.7	48	17.3	27	14.7	16	20.8	41	21.6	45
ALZHEIMER'S DISEASE	-	-	29.8	47	23.6	23	25.0	28	27.7	38	-	-	23.5	22
NEPHRITIS (KIDNEY DISEASE)	-	-	-	-	11.5	25	13.0	30	10.6	19	-	-	-	-
SUICIDES	-	-	-	-	20.3	40	23.7	48	13.4	10	43.4	58	-	-
DISEASE RATES														
DIABETES PREVALENCE	12.1%	39	12.2%	40	10.5%	11	12.4%	45	10.4%	8	12.0%	37	11.3%	21
CURRENT ASTHMA PREVALENCE	8.4%	10	8.7%	20	8.6%	15	9.5%	48	10.9%	70	8.7%	20	8.3%	7
CANCER INCIDENCE (RATE PER 100,000)	449.2	22	493.2	43	491.3	42	585.3	77	422.3	12	527.6	64	530.4	66
RISK FACTORS & BEHAVIORS														
MINIMAL FRUIT CONSUMPTION	50.3%	16	50.1%	15	49.6%	10	52.7%	57	52.1%	45	49.9%	13	52.8%	60
MINIMAL VEGETABLE CONSUMPTION	26.2%	14	25.7%	7	25.7%	7	28.2%	50	26.6%	25	25.8%	11	29.6%	71
NO PHYSICAL ACTIVITY	30.1%	30	30.2%	33	28.1%	13	32.0%	54	28.7%	17	29.7%	27	31.6%	50
CURRENT SMOKING PREVALENCE	21.3%	18	21.4%	19	21.0%	14	24.2%	47	24.4%	51	20.0%	6	25.9%	64
OBESITY	32.0%	16	32.0%	16	31.6%	7	33.1%	48	33.3%	57	31.8%	11	32.7%	34
IMMUNIZATIONS < 3 YEARS	75.4%	45	60.3%	77	66.6%	69	75.5%	44	78.2%	27	61.5%	76	76.0%	41
SENIORS INFLUENZA VACCINATION	69.8%	21	70.2%	14	70.4%	13	68.3%	53	68.7%	43	70.9%	7	69.2%	39
SENIORS PNEUMONIA VACCINATION	75.4%	48	77.7%	7	75.3%	52	75.4%	48	76.2%	37	77.3%	13	76.7%	25
LIMITED ACTIVITY DAYS	17.5%	20	17.1%	17	15.8%	9	18.6%	37	19.8%	58	16.4%	11	18.2%	31
POOR MENTAL HEALTH DAYS	21.4%	14	21.6%	17	20.7%	9	24.0%	48	25.5%	71	20.3%	6	22.9%	27
POOR PHYSICAL HEALTH DAYS	24.0%	34	24.2%	35	21.4%	8	25.0%	45	24.5%	42	23.0%	20	24.4%	40
GOOD OR BETTER HEALTH RATING	79.0%	30	79.0%	30	85.1%	4	76.4%	52	79.8%	28	80.0%	26	77.9%	42
TEEN FERTILITY (RATE PER 1,000)	21.0	16	-	-	34.1	58	27.6	39	21.7	17	19.2	12	40.8	70
FIRST TRIMESTER PRENATAL CARE	62.5%	50	61.1%	54	60.9%	58	71.5%	15	73.1%	10	64.1%	41	63.1%	46
LOW BIRTHWEIGHT	7.5%	26	-	-	7.3%	19	8.9%	62	8.5%	51	9.8%	72	7.6%	33
ADULT DENTAL VISITS	55.5%	32	58.3%	17	64.3%	5	47.5%	69	55.3%	33	57.6%	21	53.4%	41
USUAL SOURCE OF CARE	79.5%	26	82.6%	4	76.2%	60	77.7%	46	76.4%	58	83.2%	1	73.8%	70
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	70.2	35	-	-	7.2	18	27.4	32	5.1	12	-	-	-	-
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2168.9	46	2287.9	52	1831.2	34	2210.7	50	1274.0	9	1339.1	11	3133.4	71
SOCIOECONOMIC FACTORS														
NO INSURANCE COVERAGE	17.3%	38	13.5%	4	16.4%	29	19.3%	58	17.3%	38	14.1%	7	19.4%	60
POVERTY	12.6%	7	12.8%	8	15.3%	21	18.2%	40	13.8%	14	13.3%	11	23.8%	67

	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
MORTALITY														
INFANT (RATE PER 1,000)	-	-	-	-	9.4	40	8.0	31	8.1	32	15.5	58	9.7	42
TOTAL (RATE PER 100,000)	837.3	16	798.3	10	922.5	39	1051.9	66	963.4	47	1091.4	74	1082.8	72
LEADING CAUSES OF DEATH (RATE PER 100,000)														
HEART DISEASE	190.2	8	214.3	21	272.3	62	360.2	76	244.9	43	251.8	48	211.6	19
MALIGNANT NEOPLASM (CANCER)	199.0	42	157.5	7	205.8	51	224.2	71	222.2	70	231.4	73	203.0	46
CEREBROVASCULAR DISEASE (STROKE)	-	-	61.4	-	46.9	53	60.4	29	45.6	31	33.9	57	60.4	39
CHRONIC LOWER RESPIRATORY DISEASE	57.0	22	47.9	10	58.2	25	51.0	13	76.5	65	68.6	45	78.1	68
UNINTENTIONAL INJURY	52.7	14	53.5	17	72.1	46	78.1	56	61.3	27	108.9	72	79.6	61
DIABETES	-	-	-	-	21.6	22	18.7	13	18.7	13	27.5	43	33.8	59
INFLUENZA/PNEUMONIA	71.4	67	-	-	32.0	58	33.1	61	27.6	55	20.5	40	19.8	35
ALZHEIMER'S DISEASE	-	-	26.0	32	-	-	22.0	16	50.3	67	24.9	27	36.	60
NEPHRITIS (KIDNEY DISEASE)	-	-	-	-	21.3	55	13.9	36	7.7	6	17.2	45	21.0	53
SUICIDES	-	-	-	-	13.8	13	13.4	10	14.3	14	25.1	51	40.6	57
DISEASE RATES														
DIABETES PREVALENCE	13.2%	69	11.9%	34	13.1%	66	13.7%	74	10.9%	12	12.5%	50	12.5%	50
CURRENT ASTHMA PREVALENCE	10.2%	63	7.7%	2	9.7%	54	9.9%	59	8.7%	20	8.6%	15	9.3%	41
CANCER INCIDENCE (RATE PER 100,000)	455.3	26	414.3	10	514.3	57	548.2	73	487.2	39	507.3	54	502.3	53
RISK FACTORS & BEHAVIORS														
MINIMAL FRUIT CONSUMPTION	50.9%	22	49.3%	6	53.7%	71	53.9%	73	49.4%	8	52.7%	57	53.5%	70
MINIMAL VEGETABLE CONSUMPTION	29.2%	69	25.5%	6	28.7%	64	30.2%	75	26.2%	14	28.5%	57	28.8%	65
NO PHYSICAL ACTIVITY	35.3%	77	30.2%	33	34.0%	76	32.5%	62	28.9%	20	33.5%	72	32.2%	58
CURRENT SMOKING PREVALENCE	22.6%	31	19.7%	5	24.1%	45	27.9%	75	20.9%	11	26.3%	66	25.5%	60
OBESITY	32.9%	38	31.4%	6	33.3%	57	33.8%	70	31.7%	8	33.1%	48	33.3%	57
IMMUNIZATIONS < 3 YEARS	64.9%	73	82.4%	9	69.4%	63	83.0%	7	65.2%	72	67.9%	66	81.8%	13
SENIORS INFLUENZA VACCINATION	68.3%	53	71.2%	4	68.2%	57	68.5%	49	69.3%	38	69.4%	33	67.9%	60
SENIORS PNEUMONIA VACCINATION	74.1%	62	77.0%	19	74.1%	62	77.4%	10	74.0%	65	76.8%	23	76.7%	25
LIMITED ACTIVITY DAYS	20.2%	63	15.8%	9	19.9%	60	19.2%	47	16.7%	13	20.2%	63	22.1%	75
POOR MENTAL HEALTH DAYS	24.1%	53	20.0%	3	24.8%	64	23.4%	35	21.6%	17	24.8%	64	24.3%	56
POOR PHYSICAL HEALTH DAYS	27.0%	69	21.5%	9	25.0%	45	25.5%	55	20.9%	6	27.0%	69	28.3%	75
GOOD OR BETTER HEALTH RATING	72.2%	75	80.8%	20	73.8%	70	75.1%	58	81.2%	16	74.1%	68	74.3%	64
TEEN FERTILITY (RATE PER 1,000)	49.3	75	27.0	34	21.9	18	25.9	31	36.5	65	25.4	28	31.6	51
FIRST TRIMESTER PRENATAL CARE	53.5%	76	59.4%	62	59.7%	60	68.1%	30	63.0%	47	69.7%	24	73.2%	9
LOW BIRTHWEIGHT	7.4%	25	5.8%	5	8.7%	59	8.1%	46	10.2%	76	10.0%	73	9.4%	67
ADULT DENTAL VISITS	48.3%	65	57.0%	25	45.6%	74	47.7%	67	57.4%	23	45.5%	75	49.2%	60
USUAL SOURCE OF CARE	75.9%	62	78.6%	38	78.1%	41	73.5%	72	78.3%	40	79.7%	24	77.9%	44
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	-	-	-	-	-	-	-	-	9.0	24	-	-	-	-
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	6016.9	77	1851.4	37	1345.9	12	2134.6	45	2525.4	62	2517	61	3178.8	72
SOCIOECONOMIC FACTORS														
NO INSURANCE COVERAGE	21.8%	73	16.3%	24	19.3%	58	19.4%	60	19.0%	55	18.5%	50	17.5%	41
POVERTY	28.0%	75	11.8%	5	20.2%	51	25.1%	73	18.7%	46	21.6%	61	17.4%	31

	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
MORTALITY														
INFANT (RATE PER 1,000)	7.2	18	-	-	12.7	56	-	-	5.7	8	7.1	15	6.7	13
TOTAL (RATE PER 100,000)	919.3	36	836.0	14	1148.6	77	853.4	19	1013.0	59	928.1	40	759.9	2
LEADING CAUSES OF DEATH (RATE PER 100,000)														
HEART DISEASE	215.4	23	254.3	50	269.3	60	234.5	33	239.9	40	234.2	32	186.4	5
MALIGNANT NEOPLASM (CANCER)	199.5	44	190.4	33	221.7	69	187.7	29	212.3	60	209.0	56	162.8	8
CEREBROVASCULAR DISEASE (STROKE)	61.6	15	32.2	-	43.4	55	28.8	-	46.3	29	47.5	12	29.5	10
CHRONIC LOWER RESPIRATORY DISEASE	65.7	41	56.9	21	68.2	44	60.7	30	72.0	56	61.6	32	50.9	12
UNINTENTIONAL INJURY	58.9	25	52.6	13	96.0	69	72.1	46	72.7	49	68.1	38	52.9	15
DIABETES	33.7	58	23.5	30	33.6	57	34.5	60	35.6	61	21.2	21	19.1	16
INFLUENZA/PNEUMONIA	16.8	26	33.6	62	37.2	64	-	-	23.9	49	8.2	1	14.1	12
ALZHEIMER'S DISEASE	18.6	9	9.1	1	17.8	8	24.6	26	29.6	44	29.6	44	28.7	41
NEPHRITIS (KIDNEY DISEASE)	15.3	40	20.0	50	13.0	30	-	-	22.1	57	9.7	14	9.2	13
SUICIDES	16.1	17	-	-	19.3	32	-	-	17.2	25	10.4	4	13.7	12
DISEASE RATES														
DIABETES PREVALENCE	11.7%	31	11.2%	20	12.7%	54	12.4%	45	12.7%	54	12.0%	37	11.5%	26
CURRENT ASTHMA PREVALENCE	11.1%	72	8.1%	4	9.6%	50	8.9%	30	9.3%	41	10.2%	63	9.8%	56
CANCER INCIDENCE (RATE PER 100,000)	524.4	63	544.7	72	521.4	62	450.9	23	407.9	8	408.2	9	361.5	2
RISK FACTORS & BEHAVIORS														
MINIMAL FRUIT CONSUMPTION	51.0%	24	50.4%	18	51.5%	32	53.2%	66	53.2%	66	52.4%	52	50.0%	14
MINIMAL VEGETABLE CONSUMPTION	26.8%	27	26.2%	14	27.8%	46	28.9%	67	28.5%	57	26.9%	29	26.5%	22
NO PHYSICAL ACTIVITY	28.7%	17	28.8%	19	31.5%	49	32.0%	54	32.5%	62	31.9%	52	26.4%	6
CURRENT SMOKING PREVALENCE	22.7%	32	19.6%	4	22.5%	28	22.5%	28	26.0%	65	24.1%	45	20.7%	10
OBESITY	31.9%	13	32.3%	25	32.7%	34	32.9%	38	33.4%	60	33.1%	48	32.1%	20
IMMUNIZATIONS < 3 YEARS	77.0%	33	79.4%	21	64.1%	74	82.1%	11	75.2%	47	79.5%	19	75.8%	43
SENIORS INFLUENZA VACCINATION	69.8%	21	70.8%	9	69.7%	25	68.6%	47	66.3%	72	69.8%	21	69.6%	30
SENIORS PNEUMONIA VACCINATION	73.8%	67	77.3%	13	77.0%	19	75.8%	42	75.7%	44	77.3%	13	78.0%	3
LIMITED ACTIVITY DAYS	17.8%	26	14.2%	2	18.4%	33	20.9%	72	19.1%	43	20.6%	70	17.1%	17
POOR MENTAL HEALTH DAYS	23.2%	31	20.4%	7	22.8%	26	25.6%	73	24.0%	48	24.5%	59	23.6%	42
POOR PHYSICAL HEALTH DAYS	23.8v	30	19.0%	1	25.2%	51	26.6%	63	26.6%	63	25.4%	54	23.3%	23
GOOD OR BETTER HEALTH RATING	79.9%	27	83.7%	9	76.8%	51	76.0%	56	73.0%	74	78.7%	34	83.9%	8
TEEN FERTILITY (RATE PER 1,000)	41.3	72	19.7	13	28.2	41	15.6	7	34.1	58	18.4	11	13.8	3
FIRST TRIMESTER PRENATAL CARE	67.7%	33	76.4%	4	60.5%	59	61.4%	53	55.5%	72	64.1%	41	74.1%	8
LOW BIRTHWEIGHT	7.7%	36	5.9%	6	7.6%	33	10.0%	73	7.5%	26	7.2%	17	6.8%	13
ADULT DENTAL VISITS	55.9%	30	61.7%	10	56.5%	28	49.1%	61	49.0%	62	55.0%	35	62.5%	8
USUAL SOURCE OF CARE	77.4%	48	81.8%	8	81.4%	11	77.2%	49	75.3%	65	79.1%	30	79.3%	29
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	7.0	17	-	-	29.4	32	-	-	-	-	8.3	22	-	-
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1647.6	24	2602.3	65	4250.4	76	2509.0	60	1544.3	22	2023.5	42	1093.4	5
SOCIOECONOMIC FACTORS														
NO INSURANCE COVERAGE	15.9%	19	16.4%	29	16.8%	32	18.3%	47	20.9%	69	16.3%	24	16.3%	24
POVERTY	18.1%	39	11.5%	4	21.0%	59	19.2%	48	20.4%	53	17.9%	37	14.4%	18

	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
MORTALITY														
INFANT (RATE PER 1,000)	-	-	19.5	60	6.0	10	7.2	18	10.8	53	9.6	41	11.4	54
TOTAL (RATE PER 100,000)	889.7	29	837.2	15	876.5	26	999.4	55	921.2	38	1010.9	58	1027.5	63
LEADING CAUSES OF DEATH (RATE PER 100,000)														
HEART DISEASE	236.6	37	194.8	11	239.7	39	255.0	51	232.7	31	252.1	49	255.4	52
MALIGNANT NEOPLASM (CANCER)	188.7	31	182.9	22	186.2	27	208.8	55	177.0	17	204.0	49	210.8	57
CEREBROVASCULAR DISEASE (STROKE)	45.3	-	29.6	60	50.8	8	56.3	16	54.7	52	41.7	42	49.0	54
CHRONIC LOWER RESPIRATORY DISEASE	44.3	7	58.4	26	79.9	69	78.0	67	74.0	60	83.8	71	103.0	76
UNINTENTIONAL INJURY	85.7	63	71.2	43	69.8	39	70.7	42	58.4	23	78.2	57	87.3	64
DIABETES	16.2	6	25.6	40	10.5	1	24.0	34	23.0	29	45.1	67	18.6	12
INFLUENZA/PNEUMONIA	41.3	65	14.0	11	18.8	30	20.8	41	21.0	43	22.2	46	35.4	63
ALZHEIMER'S DISEASE	20.3	12	22.9	20	27.6	37	29.5	43	16.5	5	35.0	58	24.0	24
NEPHRITIS (KIDNEY DISEASE)	13.8	35	-	-	17.1	44	13.7	33	12.5	28	18.0	47	8.7	10
SUICIDES	-	-	-	-	23.2	46	22.4	44	16.6	19	23.9	49	17.9	28
DISEASE RATES														
DIABETES PREVALENCE	12.8%	58	11.5%	26	13.0%	64	13.0%	64	11.0%	14	12.3%	43	14.0%	75
CURRENT ASTHMA PREVALENCE	8.6%	15	8.7%	20	9.6%	50	8.2%	6	8.4%	10	10.0%	61	8.8%	26
CANCER INCIDENCE (RATE PER 100,000)	530.9	67	454.8	24	477.4	34	498.5	50	533.6	70	514.5	58	496.1	48
RISK FACTORS & BEHAVIORS														
MINIMAL FRUIT CONSUMPTION	52.2%	49	50.9%	22	51.7%	36	52.8%	60	51.9%	40	53.8%	72	52.2%	49
MINIMAL VEGETABLE CONSUMPTION	27.9%	47	26.4%	20	27.9%	47	27.4%	39	26.2%	14	29.7%	73	28.6%	61
NO PHYSICAL ACTIVITY	32.3%	59	31.1%	42	33.7%	75	31.2%	43	28.2%	14	33.5%	72	32.9%	66
CURRENT SMOKING PREVALENCE	25.4%	57	20.9%	11	22.4%	27	26.3%	66	25.6%	61	23.8%	41	23.8%	55
OBESITY	33.0%	44	32.2%	22	33.1%	48	33.7%	68	32.8%	36	34.1%	73	33.5%	64
IMMUNIZATIONS < 3 YEARS	67.5%	67	88.0%	1	72.3%	55	74.8%	48	74.8%	48	82.2%	10	80.6%	16
SENIORS INFLUENZA VACCINATION	69.6%	30	69.8%	21	68.7%	43	70.7%	11	70.1%	17	66.5%	71	68.7%	43
SENIORS PNEUMONIA VACCINATION	74.9%	57	76.5%	31	77.3%	13	75.5%	46	75.9%	40	75.9%	40	74.6%	58
LIMITED ACTIVITY DAYS	19.6%	55	19.6%	55	17.7%	25	19.3%	49	19.1%	43	17.6%	21	19.9%	60
POOR MENTAL HEALTH DAYS	23.2%	31	20.7%	9	23.0%	30	21.9%	20	24.0%	48	24.5%	59	24.7%	63
POOR PHYSICAL HEALTH DAYS	26.5%	61	22.6%	16	27.8%	72	23.8%	30	22.8%	18	28.0%	73	26.8%	63
GOOD OR BETTER HEALTH RATING	75.1%	58	78.0%	41	74.2%	65	77.4%	46	82.5%	13	73.9%	69	75.0%	61
TEEN FERTILITY (RATE PER 1,000)	31.5	50	23.3	20	36.4	64	24.7	24	16.1	8	39.2	68	27.3	37
FIRST TRIMESTER PRENATAL CARE	69.4%	25	66.2%	36	62.7%	49	63.9%	43	77.0%	3	67.8%	32	58.3%	63
LOW BIRTHWEIGHT	7.2%	17	8.5%	51	6.6%	9	7.5%	26	7.4%	25	8.1%	46	7.9%	40
ADULT DENTAL VISITS	52.6%	44	55.0%	35	50.4%	59	56.7%	26	61.5%	11	46.9%	71	52.1%	47
USUAL SOURCE OF CARE	79.4%	27	81.2%	12	79.0%	33	80.0%	22	79.0%	33	78.0%	43	78.1	41
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	-	-	-	-	-	-	5.8	14	-	-	-	-	-	-
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2124.7	44	1781.0	30	2882.7	69	1516.1	19	1835.7	35	2170.8	47	1763.9	28
SOCIOECONOMIC FACTORS														
NO INSURANCE COVERAGE	19.8%	64	15.0%	12	18.9%	53	15.1%	13	15.4%	14	21.6%	71	16.3%	24
POVERTY	16.4%	27	12.1%	6	17.7%	35	18.5%	44	14.0%	15	30.9%	77	24.5%	70

	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
MORTALITY														
INFANT (RATE PER 1,000)	9.7	42	7.5	25	9.7	42	10.1	49	7.0	14	7.9	30	8.5	34
TOTAL (RATE PER 100,000)	1022.7	61	1060.5	69	855.7	21	891.7	31	1110.1	75	900.4	33	1033.2	65
LEADING CAUSES OF DEATH (RATE PER 100,000)														
HEART DISEASE	272.6	63	257.4	53	188.0	6	251.6	47	295.6	70	210.9	18	278.0	66
MALIGNANT NEOPLASM (CANCER)	201.8	45	212.7	62	203.2	47	173.9	16	250.8	76	184.5	25	212.4	61
CEREBROVASCULAR DISEASE (STROKE)	44.6	39	53.1	23	30.5	39	44.8	48	51.6	11	49.6	28	51.5	33
CHRONIC LOWER RESPIRATORY DISEASE	103.0	76	99.8	75	74.6	61	55.3	18	73.7	58	63.3	33	65.1	38
UNINTENTIONAL INJURY	69.9	40	67.4	36	34.7	1	62.2	29	77.0	53	52.0	11	71.8	45
DIABETES	28.8	49	18.7	13	30.6	54	15.7	4	37.7	63	22.5	27	28.5	46
INFLUENZA/PNEUMONIA	28.7	56	32.8	60	11.0	3	15.6	20	11.6	5	15.7	21	12.4	6
ALZHEIMER'S DISEASE	29.4	42	33.6	55	39.9	64	31.5	50	30.0	49	28.0	39	31.8	51
NEPHRITIS (KIDNEY DISEASE)	12.4	27	9.9	17	13.0	32	-	-	15.5	41	10.4	18	13.7	33
SUICIDES	19.9	36	15.7	15	-	-	-	-	19.2	31	17.6	27	19.9	36
DISEASE RATES														
DIABETES PREVALENCE	12.4%	45	12.9%	62	11.7%	29	12.5%	50	13.4%	70	11.6%	28	11.7%	29
CURRENT ASTHMA PREVALENCE	8.7%	20	11.3%	74	9.2%	38	9.8%	56	9.2%	38	11.4%	76	8.9%	30
CANCER INCIDENCE (RATE PER 100,000)	531.0	68	553.8	75	498.9	52	433.8	16	552.6	74	532.3	69	465.2	29
RISK FACTORS & BEHAVIORS														
MINIMAL FRUIT CONSUMPTION	51.9%	40	51.7%	36	51.2%	27	52.8%	60	54.6%	76	49.1%	5	52.6%	54
MINIMAL VEGETABLE CONSUMPTION	27.1%	34	28.6%	61	26.2%	14	27.7%	45	30.9%	77	27.6%	43	29.2%	69
NO PHYSICAL ACTIVITY	31.0%	41	30.1%	30	29.4%	25	31.3%	46	33.1%	68	28.3%	15	31.2%	43
CURRENT SMOKING PREVALENCE	24.8%	55	27.6%	74	21.8%	23	24.5%	52	27.0%	72	23.8%	41	24.2%	47
OBESITY	33.0%	44	33.4%	60	32.5%	31	33.5%	64	34.6%	76	32.1%	20	33.6%	67
IMMUNIZATIONS < 3 YEARS	76.3%	39	79.8%	18	77.6%	31	77.4%	32	76.9%	34	73.8%	51	78.9%	23
SENIORS INFLUENZA VACCINATION	69.3%	36	67.7%	65	70.1%	17	68.1%	59	66.7%	69	64.4%	77	66.7%	69
SENIORS PNEUMONIA VACCINATION	74.4%	59	73.9%	66	76.8%	23	73.6%	70	75.1%	55	73.4%	73	73.5%	71
LIMITED ACTIVITY DAYS	17.9%	27	20.6%	70	17.9%	27	19.8%	58	19.2%	47	19.3%	49	18.3%	32
POOR MENTAL HEALTH DAYS	23.2%	31	26.5%	77	21.4%	14	24.0%	48	24.1%	53	25.0%	68	23.5%	41
POOR PHYSICAL HEALTH DAYS	24.2%	35	26.5%	61	23.5%	27	25.8%	57	25.1%	48	24.4%	41	25.3%	52
GOOD OR BETTER HEALTH RATING	78.4%	39	75.6%	57	80.2%	22	77.2%	48	74.2%	65	81.2%	16	77.0%	49
TEEN FERTILITY (RATE PER 1,000)	25.5	29	29.9	45	27.1	35	19.8	14	33.0	56	32.1	53	35.1	60
FIRST TRIMESTER PRENATAL CARE	76.4%	4	63.2%	45	72.2%	12	70.3%	20	62.4%	52	68.4%	28	55.7%	71
LOW BIRTHWEIGHT	8.9%	62	8.9%	62	7.4%	25	7.9%	40	7.3%	19	8.7%	56	8.1%	46
ADULT DENTAL VISITS	55.9%	30	51.2%	53	60.0%	15	50.5%	57	45.3%	76	60.4%	12	50.5%	57
USUAL SOURCE OF CARE	80.2%	19	75.4%	64	80.1%	21	80.9%	13	76.4%	58	70.2%	76	77.2%	49
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	-	-	3.6	5	-	-	-	-	-	-	3.3	4	6.1	16
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2412.8	58	2380.6	57	1972.1	40	1211.9	7	1666.1	26	1509.0	18	2183.3	48
SOCIOECONOMIC FACTORS														
NO INSURANCE COVERAGE	15.9%	19	19.9%	65	14.8%	8	16.2%	22	21.7%	72	22.3%	76	19.9%	65
POVERTY	15.3%	21	24.1%	69	14.2%	16	16.9%	29	24.7%	72	19.2%	48	23.6%	66

	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
MORTALITY														
INFANT (RATE PER 1,000)	7.3	21	9.9	46	7.1	15	5.0	2	8.6	35	7.6	27	9.0	37
TOTAL (RATE PER 100,000)	802.0	11	1052.6	67	1088.5	73	792.2	6	977.2	50	995.1	52	995.4	53
LEADING CAUSES OF DEATH (RATE PER 100,000)														
HEART DISEASE	207.2	15	259.6	56	259.3	55	197.6	13	273.7	64	215.2	22	243.9	41
MALIGNANT NEOPLASM (CANCER)	185.4	26	221.6	68	221.0	67	168.3	9	196.9	39	210.9	58	187.3	28
CEREBROVASCULAR DISEASE (STROKE)	43.1	16	64.6	44	61.0	12	48.7	2	38.9	34	50.4	23	51.0	36
CHRONIC LOWER RESPIRATORY DISEASE	54.1	15	75.3	62	71.4	55	56.1	20	87.1	73	73.8	59	75.5	63
UNINTENTIONAL INJURY	51.6	10	72.6	48	130.7	76	53.0	16	64.4	32	76.0	52	62.3	30
DIABETES	20.7	19	20.4	18	21.1	20	21.8	23	22.0	24	24.6	37	27.2	42
INFLUENZA/PNEUMONIA	12.4	6	30.6	57	12.5	8	16.6	23	14.5	15	21.2	44	15.0	17
ALZHEIMER'S DISEASE	28.6	40	22.4	17	26.5	35	25.2	29	39.4	63	43.3	65	33.1	53
NEPHRITIS (KIDNEY DISEASE)	4.7	1	23.7	59	11.3	24	5.8	2	8.1	7	10.6	19	10.9	22
SUICIDES	19.0	29	22.8	45	19.5	34	12.0	6	24.1	50	8.4	1	20.2	39
DISEASE RATES														
DIABETES PREVALENCE	12.4%	45	12.9%	62	13.4%	70	7.3%	1	12.7%	54	10.4%	8	11.3%	21
CURRENT ASTHMA PREVALENCE	8.2%	6	10.0%	61	9.2%	38	9.1%	36	9.1%	36	10.9%	70	11.3%	74
CANCER INCIDENCE (RATE PER 100,000)	388.6	6	495.6	46	497.8	49	475.2	31	463.6	28	530.3	65	494.6	45
RISK FACTORS & BEHAVIORS														
MINIMAL FRUIT CONSUMPTION	52.1%	45	52.1%	45	52.3%	51	48.0%	2	52.8%	60	51.3%	29	51.4%	31
MINIMAL VEGETABLE CONSUMPTION	28.4%	56	27.3%	39	27.0%	32	25.1%	4	28.4%	53	26.9%	29	26.8%	27
NO PHYSICAL ACTIVITY	29.8%	28	30.6%	38	30.7%	39	21.3%	1	32.0%	54	28.6%	16	28.9%	20
CURRENT SMOKING PREVALENCE	23.5%	39	25.4%	57	24.0%	44	18.3%	1	26.7%	69	21.9%	24	25.8%	62
OBESITY	33.8%	70	32.5%	31	33.2%	54	27.8%	1	33.1%	48	32.0%	16	32.9%	38
IMMUNIZATIONS < 3 YEARS	77.7%	29	76.8%	36	81.3%	14	66.6%	69	85.9%	3	84.1%	5	78.8%	24
SENIORS INFLUENZA VACCINATION	67.4%	67	68.4%	52	69.7%	25	69.7%	25	67.9%	60	71.1%	5	70.6%	12
SENIORS PNEUMONIA VACCINATION	76.7%	25	76.7%	25	78.0%	3	74.4%	59	77.1%	18	76.3%	33	77.6%	8
LIMITED ACTIVITY DAYS	18.9%	39	18.4%	33	20.2%	63	15.1%	4	19.6%	55	18.4%	33	20.5%	69
POOR MENTAL HEALTH DAYS	23.4%	35	22.4%	23	23.8%	45	23.4%	35	24.9%	67	25.1%	69	25.6%	73
POOR PHYSICAL HEALTH DAYS	23.9%	32	23.3%	23	25.1%	48	19.3%	3	25.9%	59	24.2%	35	25.0%	45
GOOD OR BETTER HEALTH RATING	78.4%	39	78.7%	34	77.6%	44	89.7%	1	75.1%	60	79.6%	29	81.1%	19
TEEN FERTILITY (RATE PER 1,000)	16.4	9	35.5	62	25.0	27	16.8	10	34.5	59	27.4	38	28.4	43
FIRST TRIMESTER PRENATAL CARE	66.1%	37	70.4%	19	62.5%	50	72.1%	13	54.8%	73	77.6%	1	68.7%	26
LOW BIRTHWEIGHT	9.6%	70	8.0%	43	7.5%	26	5.6%	4	9.3%	66	7.1%	16	7.7%	36
ADULT DENTAL VISITS	52.6%	44	52.3%	46	53.5%	40	69.9%	1	51.6%	51	56.0%	29	54.4%	38
USUAL SOURCE OF CARE	82.4%	5	75.2%	66	81.8%	8	72.9%	73	75.5%	63	76.9%	54	78.6%	38
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	7.9	21	-	-	13.8	28	5.8	14	-	-	-	-	4.0	6
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1521.9	20	2203.0	49	2057.2	43	1908.5	38	1632.0	23	1242.0	8	1839.0	36
SOCIOECONOMIC FACTORS														
NO INSURANCE COVERAGE	15.6%	16	17.5%	41	14.8%	8	15.7%	18	19.4%	60	17.7%	46	16.2%	22
POVERTY	18.2%	40	20.7%	55	16.2%	25	23.4%	65	17.4%	31	18.2%	40	18.5%	44

	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
MORTALITY														
INFANT (RATE PER 1,000)	10.4	51	-	-	7.1	15	7.5	25	5.5	5	9.0	37	7.3	21
TOTAL (RATE PER 100,000)	972.8	49	772.1	4	795.3	7	1055.1	68	1007.9	56	970.2	48	797.4	8
LEADING CAUSES OF DEATH (RATE PER 100,000)														
HEART DISEASE	280.7	67	139.3	1	212.1	20	312.8	74	250.7	46	283.0	68	231.0	30
MALIGNANT NEOPLASM (CANCER)	199.0	42	154.6	6	177.2	18	213.8	64	204.0	49	193.6	37	149.3	5
CEREBROVASCULAR DISEASE (STROKE)	57.9	51	36.2	-	29.5	12	55.0	22	52.8	46	52.0	36	29.1	16
CHRONIC LOWER RESPIRATORY DISEASE	51.7	14	83.9	72	54.4	16	75.9	64	54.9	17	69.6	48	39.4	5
UNINTENTIONAL INJURY	79.2	60	97.6	70	44.3	4	75.0	50	62.5	31	77.5	55	56.1	19
DIABETES	23.8	33	-	-	16.9	8	24.4	36	29.6	52	16.3	7	22.2	25
INFLUENZA/PNEUMONIA	26.1	54	-	-	16.7	24	15.1	18	24.3	51	20.4	38	19.6	34
ALZHEIMER'S DISEASE	15.7	4	33.8	56	36.1	60	26.9	36	52.1	68	19.0	10	-	-
NEPHRITIS (KIDNEY DISEASE)	16.7	42	-	-	21.9	56	7.0	4	20.0	50	16.9	43	21.2	54
SUICIDES	28.1	54	-	-	16.5	18	16.8	22	20.0	38	23.3	47	10.3	3
DISEASE RATES														
DIABETES PREVALENCE	14.4%	77	11.8%	32	11.0%	14	12.3%	43	13.1%	66	11.9%	34	9.1%	2
CURRENT ASTHMA PREVALENCE	11.4%	76	9.6%	50	8.8%	26	9.4%	44	10.3%	67	9.3%	41	6.8%	1
CANCER INCIDENCE (RATE PER 100,000)	478.5	37	423.8	13	461.4	27	516.4	60	440.4	19	477.5	19	417.6	11
RISK FACTORS & BEHAVIORS														
MINIMAL FRUIT CONSUMPTION	52.9%	64	51.8%	38	51.2%	27	52.7%	57	54.0%	74	51.1%	25	49.7%	12
MINIMAL VEGETABLE CONSUMPTION	28.4%	53	26.5%	22	25.7%	7	28.9%	67	28.3%	52	26.1%	13	27.2%	35
NO PHYSICAL ACTIVITY	33.1%	68	30.7%	39	27.8%	11	32.0%	54	32.8%	65	30.1%	30	31.6%	50
CURRENT SMOKING PREVALENCE	27.9%	75	21.7%	22	21.0%	14	25.4%	57	26.9%	70	21.6%	21	18.9%	3
OBESITY	33.4%	60	32.4%	28	32.4%	28	33.7%	68	34.1%	73	32.3%	25	31.7%	8
IMMUNIZATIONS < 3 YEARS	79.9%	17	78.7%	25	70.1%	61	81.9%	12	70.1%	61	79.2%	22	73.7%	52
SENIORS INFLUENZA VACCINATION	67.7%	64	71.0%	6	72.1%	1	68.3%	53	68.7%	43	70.2%	14	67.9%	60
SENIORS PNEUMONIA VACCINATION	75.0%	56	76.7%	25	77.4%	10	74.2%	61	73.8%	67	77.8%	6	73.4%	73
LIMITED ACTIVITY DAYS	21.3%	73	17.1%	17	16.4%	11	20.2%	63	22.8%	77	19.1%	43	12.7%	1
POOR MENTAL HEALTH DAYS	25.5%	71	22.3%	21	21.1%	13	25.3%	70	25.8%	76	22.3%	21	19.4%	1
POOR PHYSICAL HEALTH DAYS	32.6%	77	23.1%	22	22.5%	15	25.8%	57	28.6%	76	22.4%	14	19.1%	2
GOOD OR BETTER HEALTH RATING	69.5%	77	79.0%	30	82.8%	10	74.9%	62	73.6%	72	80.1%	24	81.2%	16
TEEN FERTILITY (RATE PER 1,000)	27.9	40	27.2	36	12.9	2	30.7	47	28.9	44	23.9	23	45.1	73
FIRST TRIMESTER PRENATAL CARE	61.1%	54	58.3%	63	71.0%	16	64.4%	39	48.2%	77	75.1%	7	53.8%	74
LOW BIRTHWEIGHT	10.1%	75	6.8%	13	8.4%	50	7.3%	19	8.6%	56	8.0%	43	6.5%	8
ADULT DENTAL VISITS	46.5%	72	57.7%	20	63.3%	5	48.1%	66	48.6%	64	58.1%	19	51.2%	53
USUAL SOURCE OF CARE	80.2%	19	80.9%	13	82.7%	3	71.8%	75	79.1%	30	79.0%	33	69.4%	77
OCCUPATIONAL FATALITIES (RATE PER 100,000)	-	-	66.1	34	2.9	3	10.3	26	7.4	19	9.5	25	-	-
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2810.1	67	1785.6	32	1769.0	29	1945.7	39	1024.6	4	1821.4	33	982.2	3
SOCIOECONOMIC FACTORS														
NO INSURANCE	17.2%	36	15.5%	15	12.2%	1	21.0%	70	19.1%	57	14.8%	8	28.1%	77
POVERTY	26.4%	74	13.2%	10	10.1%	2	21.3%	60	20.8%	56	15.3%	21	14.4%	18

	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
MORTALITY														
INFANT (RATE PER 1,000)	-	-	7.3	21	5.6	7	6.1	11	9.9	46	-	-	7.8	29
TOTAL (RATE PER 100,000)	913.6	35	862.2	22	830.7	13	810.9	12	868.4	23	849.0	17	851.7	18
LEADING CAUSES OF DEATH (RATE PER 100,000)														
HEART DISEASE	207.7	16	216.9	24	208.5	17	196.8	12	228.8	29	293.8	69	217.3	25
MALIGNANT NEOPLASM (CANCER)	170.0	11	184.2	24	188.6	30	196.5	38	178.7	20	102.4	1	142.5	2
CEREBROVASCULAR DISEASE (STROKE)	40.9	-	48.1	16	41.2	6	44.9	9	23.8	44	30.7	-	48.7	27
CHRONIC LOWER RESPIRATORY DISEASE	70.5	51	55.4	19	67.1	43	47.8	9	70.8	52	30.4	1	72.6	57
UNINTENTIONAL INJURY	64.7	33	52.1	12	56.5	20	49.4	8	46.5	5	80.5	62	77.2	54
DIABETES	43.3	66	17.3	10	22.4	26	13.0	2	29.2	50	31.9	55	23.7	31
INFLUENZA/PNEUMONIA	23.9	49	16.7	24	11.4	4	15.4	19	17.5	28	48.7	66	19.9	36
ALZHEIMER'S DISEASE	17.6	7	25.3	30	26.3	33	29.6	44	35.0	58	12.2	2	19.9	11
NEPHRITIS (KIDNEY DISEASE)	14.3	38	9.8	15	14.1	37	9.1	12	-	-	-	-	12.8	29
SUICIDES	-	-	19.5	34	17.0	23	17.1	24	16.6	19	-	-	12.9	9
DISEASE RATES														
DIABETES PREVALENCE	12.8%	58	11.9%	34	12.2%	40	10.9%	12	11.1%	17	9.4%	3	10.5%	10
CURRENT ASTHMA PREVALENCE	8.9%	30	11.1%	72	8.5%	12	9.0%	34	8.7%	20	8.3%	7	8.5%	12
CANCER INCIDENCE (RATE PER 100,000)	427.1	14	556.3	76	384.8	5	517.1	61	508.3	55	498.8	51	434.0	17
RISK FACTORS & BEHAVIORS														
MINIMAL FRUIT CONSUMPTION	51.1%	25	47.8%	1	51.3%	29	48.6%	4	50.7%	21	50.5%	19	51.5%	32
MINIMAL VEGETABLE CONSUMPTION	28.8%	65	25.4%	5	25.9%	12	24.8%	2	26.4%	20	27.0%	32	26.6%	25
NO PHYSICAL ACTIVITY	33.2%	70	27.0%	8	27.9%	12	26.2%	4	29.3%	24	27.0%	8	28.9%	20
CURRENT SMOKING PREVALENCE	22.7%	32	23.4%	37	22.2%	26	18.9%	2	21.4%	19	22.0%	25	23.1%	35
OBESITY	32.9%	38	32.3%	25	33.0%	44	31.1%	5	31.9%	13	30.0%	2	32.2%	22
IMMUNIZATIONS < 3 YEARS	68.1%	65	71.6%	59	73.0%	53	79.5%	19	65.6%	71	85.5%	4	71.7%	58
SENIORS INFLUENZA VACCINATION	69.7%	25	66.0%	74	70.1%	17	71.7%	2	70.9%	7	70.0%	20	68.3%	53
SENIORS PNEUMONIA VACCINATION	73.3%	75	71.3%	77	76.2%	37	77.4%	10	77.3%	13	78.0%	3	76.3%	33
LIMITED ACTIVITY DAYS	19.3%	49	20.2%	63	17.6%	21	15.4%	7	15.1%	4	14.8%	3	16.8%	15
POOR MENTAL HEALTH DAYS	22.6%	24	24.8%	64	24.4%	57	19.6%	2	20.7%	9	21.7%	17	21.5%	16
POOR PHYSICAL HEALTH DAYS	27.3%	71	23.7%	28	23.0%	20	20.9%	6	22.3%	13	20.7%	5	22.9%	19
GOOD OR BETTER HEALTH RATING	73.7%	71	82.4%	14	82.8%	10	84.5%	6	80.1%	24	84.1%	7	81.8%	15
TEEN FERTILITY (RATE PER 1,000)	23.6	22	25.9	31	13.8	3	20.9	15	23.4	21	30.8	48	40.4	69
FIRST TRIMESTER PRENATAL CARE	57.5%	68	61.0%	56	64.2%	40	71.0%	16	69.8%	23	68.0%	31	59.3%	63
LOW BIRTHWEIGHT	5.5%	2	9.2%	65	7.3%	19	6.9%	15	7.3%	19	8.5%	51	8.7%	59
ADULT DENTAL VISITS	48.7%	63	60.3%	13	62.5%	8	66.7%	4	59.9%	16	57.3%	24	56.6%	27
USUAL SOURCE OF CARE	76.7%	56	74.1%	68	81.8%	8	82.8%	2	80.7%	16	78.8%	36	73.9%	69
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	-	-	2.5	2	4.8	11	4.3	8	-	-	-	-	23.6	29
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2586.4	64	1782.6	31	1747.8	27	508.3	1	2536.6	63	1499.9	17	1987.2	41
SOCIOECONOMIC FACTORS														
NO INSURANCE COVERAGE	20.5%	68	18.7%	51	13.6%	5	12.3%	2	16.6%	32	16.3%	24	19.0%	55
POVERTY	22.7%	63	15%	20	12.8%	8	15.6%	24	14.2%	16	18.8%	47	13.7%	13

APPENDIX



TECHNICAL NOTES

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. 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 in public health; 3) there was evidence that an increase in prevalence or incidence in the indicator is 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 estimates were acquired from OK2SHARE, the web-based data query system of the Oklahoma State Department of Health. Current demographic data represent deaths for calendar year 2012, while county level data reflect the three-year period 2010-2012. Demographic data are compared to deaths that occurred

in 2010 and 2007. County-level data are compared to the three-year period 2005-2007 (titled "previous"). County-level infant mortality rates reflect the five-year period from 2008-2012 and are compared to data from 2003-2007. National and state-level mortality data were taken from the Centers for Disease Control and Prevention (CDC) WONDER web-based data query system, representing 2010 deaths. Age-adjusted rates using the 2000 US Standard Population were reported (exception: infant mortality).

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 2012 and are compared to data from 2011. It is important to note the BRFSS implemented two methodological changes beginning in data collection year 2011. To adjust to the rapid rise of cellular telephone households and to maintain survey coverage and validity, the BRFSS incorporated cellular telephones to their samples. In addition, the CDC incorporated a new weighting method called "raking" in order to account for declining response rates and differences between the demographic characteristics of respondents and the target population.

County-level data representing 2011 and 2012 were estimated using a generalized linear mixed effects regression model with binomial outcome and a logit link function. This model was based on work by Serbotnjak et al., Zhang, X. et al., and Akcin, H. Individual fixed effects included: age group (15 groups), sex, race/ethnicity (5 groups). Random effects included: county of residence and year. County level data by educational attainment and marital status were also included as fixed effects. Modeled county level estimates were adjusted proportionally using state level modeled estimates and direct state wide estimates.

The BRFSS is the source for data documenting behavioral risk patterns. National and state-level data were queried from the CDC BRFSS data system and represent data collected during 2011 and 2012. 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 calculated using SAS. Current demographic data were for year 2012 for most indicators and are compared to data from 2011. Fruit and Vegetable Consumption data is only available for the year 2011. Similarly adult dental visits data are only available for the year 2012. Current county-level data was calculated using the generalized linear mixed effects regression model discussed above. National data and comparative state-level data reflect BRFSS data for 2012 and 2011, queried from the CDC BRFSS data system.

The Oklahoma Cancer Registry provided incidence data for all cancer sites. Current demographic data represent 2010 and are compared to data from 2006, and current county-level data reflect years 2008-2010 and are compared to data from years 2004-2006. Data for the United States and the 50 states were acquired through CDC WONDER. These data reflect incidence data for 2010.

Data for childhood immunization rates were drawn from two separate sources. Current demographic and county-level data were acquired from the Oklahoma State Immunization Information System (OSIIS), which included information on children born from January 2009 to May 2011. This data is compared to state data from the 2007 OSIIS Birth Cohort Survey. Immunization rates by gender, age, income, and education are not available for the current 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), 2012. These data also reflect the primary (4:3:1:3:3:1) antigen series. The main difference between NIS and OSIIS data is the group of children included in the survey. OSIIS data primarily includes children vaccinated through the Vaccines

for Children Program (which is a subset of the population and is not representative of the entire state's immunization rates), and the NIS includes data collected from all children in Oklahoma including those with private insurance with vaccine coverage.

Natality 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 regional data were for calendar year 2012 while current county-level data were for years 2010-2012 and are compared to data from 2005-2007 (exception: teen fertility, current years from 2008-2012 and previous years from 2003-2007). Teen fertility comparative data for 2007 and 2011 are from the National Center for Health Statistics (NCHS) National Vital Statics Reports. National and state level comparative data were drawn from CDC Wonder for 2007 and 2010 for low-birth weight and 2010 for first trimester prenatal care. Comparative data were used for first trimester prenatal care in this report, although some state data (17 states for 2010) were not available. It is important to note that Oklahoma implemented a major revision in how PNC data is collected on the Oklahoma Birth Certificate in 2009. Therefore, updated data in this report cannot be directly compared to previous years.

Current demographic data documenting the percent of people living in poverty reflect data obtained from the 2012 American Community Survey (ACS) and are compared to data from 2008. Region and county-level data reflect 2011 data obtained from the Small Area Income and Poverty Estimates Program (SAIPE), ACS and are compared to data from 2008.

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 System. The data were calculated using SAS QI programs from the Agency for Healthcare Quality and Research (AHRQ), and represent the

Prevention Quality Indicator for the Overall Rate of Potentially Preventable Hospitalizations (PQI 90). Current data are for the year 2011 and are compared to 2008 data. The national rate and standard error were obtained from AHRQ, but individual state-level data are unavailable. In order to assign grades the standard deviation was estimated using the standard error and assuming an 'n' of 50.

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 2008-2012 and are compared to 2003-2007 data. National and state rates was obtained from the U.S. Bureau of Labor and Statistics and Department of Labor.

Grading Methodology

To assign grades to each of the health indicators included in the *State of the State's Health Report*, we developed grading scales using the following methods. 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 importance.

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 survey (e.g., BRFSS). Survey data are subject to sampling error. As a result, responses obtained from the selected sample may differ from the targeted population from which the sample is 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 events rather than an indication of any meaningful trend.

Mortality-specific Data Concerns

Age. There is a worsening trend related to advancing age given the natural risk of dying as age increases.

Race/Mortality. Race is 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 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.

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OKLAHOMANS BY THE NUMBERS

TOTAL POPULATION

3,814,820

GENDER

49.5% male
50.5% female

AGE

24.5% < 18 years of age (936,284)
61.4% 18-64 (2,342,529)
14.1% 65 or older (536,007)

RACE

73.5% white (2,805,612)
7.2% black (272,820)
7.3% American Indian (278,028)
1.8% Asian (70,527)
7.7% two or more races (294,500)

ETHNICITY

9.3% Hispanic (356,299); of those:
83% Mexican
4% Puerto Rican or Cuban
3% other Hispanic or Latino

INCOME

\$44,312 median household income
\$19,351 average retirement income
\$16,383 average Social Security Income
\$ 2,187 average cash public assistance income
\$ 8,866 average Supplemental Security Income (SSI)

POVERTY

Families Living Below Poverty
13.1% of all families
25.0% families with children under 5 years of age
7.2% female headed households (no husband present)

EDUCATION

Age 25+
4.6% < 9th grade (113,362)
8.8% 9-12th grade no diploma (218,198)
31.6% high school graduate or equivalency (786,275)
24.0% some college, no degree (597,927)
7.3% associate's degree (180,387)
15.8% bachelor's degree (393,930)
7.9% graduate or professional degree (197,377)

Currently Enrolled in School
6.5% nursery school (68,848)
5.7% kindergarten (56,527)
42.6% elementary, grades 1-8 (419,653)
19.8% high school (194,611)
25.4% college or graduate school (250,610)

DISABILITIES (among non-institutionalized)

15.3% are disabled (569,999)
5.0% of those < 18 years of age (46,313)
13.7% of those age 18-64 (312,480)
40.8% of those age 65+ (211,206)

GRANDPARENTS

43,023 Oklahoma grandparents responsible for their grandchildren
1 in 4 have been responsible for 5+ years (16,179)

VETERANS (adults)

11.2% civilian veterans (served on active duty) (320,177)

PLACE OF BIRTH

5.6% were foreign born (213,284); of those:
10.7% entered the U.S. 2010 or later (22,856)
59.1% born in Latin America (126,071)
26.4% born in Asia (56,324)

LANGUAGE (spoken at home)

90.3% English only (3,207,801)
6.6% Spanish (235,272)
1.4% Asian/Pac Islander (48,126)

EMPLOYMENT (age 16+)

61.8% in civilian work force (1,818,434)
6.8% unemployed

WORK COMMUTES

21.1 min average travel time to work
82.3% drive alone (1,384,248)
10.4% carpool (174,714)
3.3% work at home
2.0% walk (34,486)

HOUSEHOLD CHARACTERISTICS

1,446,667 occupied housing units
66.4% owner occupied (960,369)
33.6% renter occupied (486,298)
2.5 persons average household size
68.9% moved into unit in 2000 or later (996,019)
5.8% have no vehicles available (83,371)
33.7% have 1 vehicle available (488,141)
2.3% have no telephone service available (32,833)
0.9% lack complete kitchen (12,386)
0.4% lack complete plumbing (5,912)
\$114,300 median value of the unit
57.8% units with a mortgage (554,903)
\$1,111 median mortgage (per month)
\$686 median rent (per month)

Source: U.S. Census Bureau, 2012 American Community Survey

OKLAHOMA TURNING POINT PARTNERS

Local Turning Point partnerships focus on community health improvement initiatives such as tobacco use prevention, obesity reduction and child health.

Adair County Turning Point	Interagency & Community Coalition (ICC) <i>Grady County</i>
Atoka/Coal Partnership for Change	Red River Tobacco Education Consortium <i>Greer/Harmon/Tillman Counties</i>
Partners in Progress <i>Beaver County</i>	Harper County Turning Point
Oklahoma Unified Resources (OUR) Turning Point <i>Beckham/Roger Mills County</i>	Haskell County Coalition
Blaine County Community Health Action Team (BCCHAT)	Hughes County Turning Point Coalition
Bryan County Turning Point Coalition	Jackson County Community Health Action Team (JCCHAT)
Caddo County Interagency Coalition (CCIC)	Tishomingo Development Team <i>Johnston County</i>
Canadian County Coalition for Children and Families	Kay County Early Childhood Planning Council
Mustang Prevention and Coalition Team (MPACT) <i>Canadian County</i>	Kingfisher Community Collaborative (KCC) – <i>Kingfisher County</i>
Carter County Turning Point Coalition	Kiowa County Community Coalition
Cherokee County Community Health Coalition	Living In Latimer County Coalition
Choctaw County Coalition	Health in the Valley – A Turning Point Partnership <i>Latimer/LeFlore/Pushmataha Counties</i>
Believers in Boswell Coalition <i>Choctaw County</i>	LeFlore County Coalition for Healthy Living
Cleveland County Turning Point	Prague Turning Point Coalition
Atoka/Coal Partnership for Change Coal County	Logan County Partnership
Fit Kids of Southwest Oklahoma <i>Comanche County</i>	Love County Community Coalition
Lawton Ft. Sill Community Coalition <i>Comanche County</i>	Major County Coalition
Craig County Community Partnership	Marshall County Partners in Progress
Creek County Community Partnership	Mayes County Hope Coalition
Community Health Improvement Project (C.H.I.P) <i>Creek County</i>	Blanchard Community Coalition (BCC-TP) – A Turning Point Partner <i>McClain County</i>
Custer Health Action Team (CHAT) <i>Custer County</i>	C.A.R.E. Coalition (Community Alliance of Resources for Everyone) <i>McClain County</i>
Delaware County Community Partnership	McCurtain County Coalition for Change
Garfield County Coalition Health Planning Committee	McIntosh County Community Health Coalition
Garvin County Health Coalition	Muskogee Turning Point
	Okfuskee County Community Partnership Board – OCCY/Turning Point

Central Oklahoma Turning Point
Oklahoma County

Wellness Now
Oklahoma County

Okmulgee County Wellness Coalition

Osage County Community Partnership Board

Ottawa County Health Coalition

Payne County Breathe Easy Coalition

Local Service Coalition
Pittsburg County

SE Tobacco-Free OK Coalition
Pittsburg County

Pontotoc County Turning Point/SOC

Pottawatomie County – PATCH Coalition

Pushmataha County Turning Point Coalition

Health in the Valley – A Turning Point
Partnership
Pushmataha/LeFlore/Latimer Counties

Healthy Community Partnership
Rogers County

Seminole County Community Alliance

Sequoyah Wellness Partnership
Sequoyah County

Pathways to a Healthy Stephens County

Texas County Coalition

Tillman County Youth & Family Community
Coalition

Red River Tobacco Education Consortium
Tillman/Greer/Harmon Counties

Family Health Coalition
Tulsa County

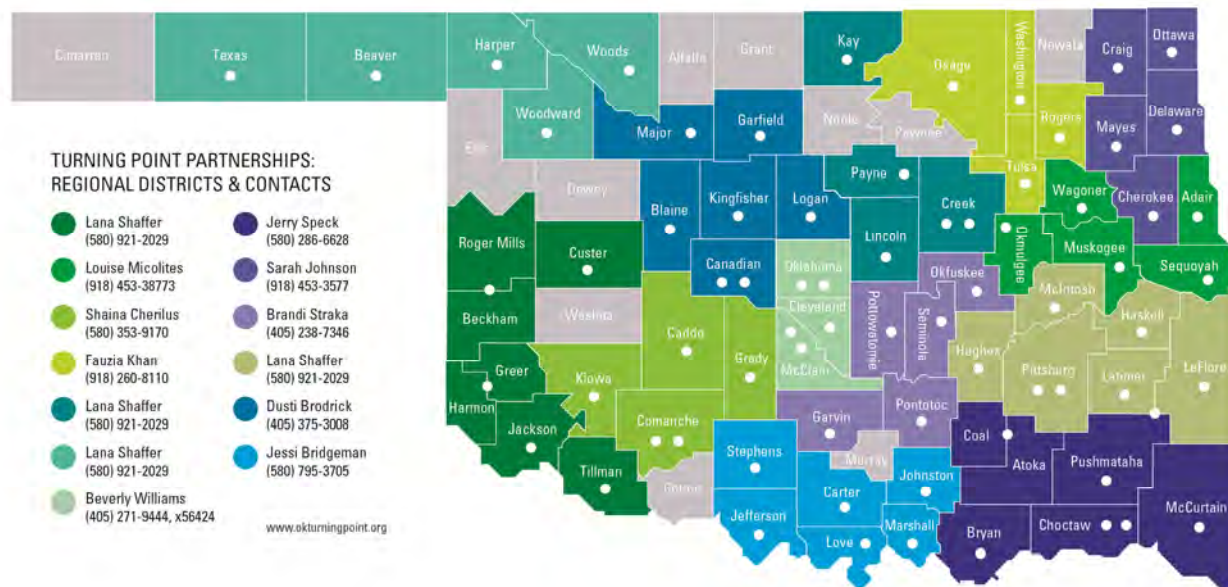
Wagoner Family Service Council
Wagoner County

Washington County Wellness Initiative

Woods Country Coalition

Woodward Area Coalition
Woodward County

For copies of Community Partner annual reports,
contact information, meeting agendas and more,
please visit: [www.ok.gov/health/Community_Health/
Community_Development_Service/Turning_Point](http://www.ok.gov/health/Community_Health/Community_Development_Service/Turning_Point)



ACKNOWLEDGEMENTS

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
Leslea Benett-Webb, MPH
Neil Hann, MPH, CHES
Joyce Marshall, MPH
Derek Pate, DrPH

Graphic Design

Shauna Schroder

Content & Expertise

Rebecca Falkenstern, MPH
Amber Freudenberger, MPH
Mary Miller
Chronic Disease Service
Dental Health Service
Health Care Information
Immunization Service
Injury Prevention
Maternal and Child Health Service
National Alliance on Mental Illness
Center for the Advancement of Wellness
Vital Records Division

For full report, including individual indicator and county report cards, visit 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 May 2014 at a cost of \$1,147.

