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PROJECT OVERVIEW

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Tulsa County. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

This assessment was conducted on behalf of the Tulsa Health Department, in collaboration with Saint Francis Hospital, by PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for comparison to benchmark data at the state and national levels.

PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by the Tulsa Health Department, Saint Francis Health System, and PRC.

Community Defined for This Assessment

The study area for the survey effort is defined as Tulsa County, with ZIP Code strata created for North Tulsa, Midtown, and South Tulsa. In surveying respondents in ZIP Codes extending outside Tulsa County borders, responses were included in this analysis only if the respondent lived within Tulsa County. The community definition is illustrated in the following map.
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed a mixed-mode methodology was implemented. This included targeted surveys conducted by PRC via telephone (landline and cell phone) as well as a community outreach component promoted by Tulsa Health Department and Saint Francis Health System through social media posting and other communications.

**RANDOM-SAMPLE SURVEYS (PRC)** ➤ For the targeted administration, PRC administered 636 random-sample interviews by phone among the following strata: 147 surveys in North Tulsa; 191 in the Midtown area; and 298 in South Tulsa.

**COMMUNITY OUTREACH SURVEYS (SPONSORING ORGANIZATIONS)** ➤ PRC also created a link to an online version of the survey, and Tulsa Health Department and Saint Francis Health System promoted this link throughout the various communities in order to drive additional participation and bolster overall samples, yielding an additional 197 surveys to the overall sample.

In all, 833 surveys were completed through these mechanisms. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Tulsa County as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 833 respondents is ±3.5% at the 95 percent confidence level.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random
sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias.

The following chart outlines the characteristics of the Tulsa County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s health care needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics  
(Tulsa County, 2022)

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

INCOME & RACE/ETHNICITY

INCOME ► Poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2021 guidelines place the poverty threshold for a family of four at $26,500 annual household income or lower). In sample segmentation: “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents). Groups with fewer than 50 respondents are not shown.
Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Saint Francis Health System; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 65 community stakeholders took part in the Online Key Informant Survey, as outlined below:

<table>
<thead>
<tr>
<th>ONLINE KEY INFORMANT SURVEY PARTICIPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEY INFORMANT TYPE</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>Physicians</td>
</tr>
<tr>
<td>Public Health Reps.</td>
</tr>
<tr>
<td>Other Health Prov.</td>
</tr>
<tr>
<td>Social Services</td>
</tr>
<tr>
<td>Other Leaders</td>
</tr>
</tbody>
</table>

Final participation included representatives of the organizations outlined below.

- Ascension St. John Foundation
- City of Tulsa
- Community Service Council
- Diocese of Tulsa
- Due North
- EMSA
- George Kaiser Family Foundation
- Greenwood Chamber of Commerce
- Greenwood Cultural Center
- INCOG
- Jenks Public School
- John Hope Franklin Center for Reconciliation
- Laureate Psychiatric Clinic and Hospital
- Life Senior Services
- Make A New Way Foundation
- Met Cares Foundation
- Morton Comprehensive Health Services
- Oklahoma Center for Community and Justice
- Oklahoma Project Woman
- Oklahoma Public Resource Center
- OSU Center for Public Life
- OSU Cooperative Extension Service
- OU College of Public Health
- OU Health–Tulsa
- Saint Francis Health System
- Saint Francis Hospital
- Saint Francis Hospital South
- Supporters of Families with Sickle Cell Disease
- Tulsa Bicycle/Pedestrian Advisory Committee
Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE ► These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants’ opinions and perceptions of the health needs of the residents in the area.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Tulsa County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
Benchmark Data

Oklahoma Risk Factor Data
Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data
Nationwide risk factor data, which are also provided in comparison charts, are taken from the 2020 PRC National Health Survey; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2030
Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative’s fifth iteration, builds on knowledge gained over the first four decades.

Healthy People 2030’s overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

The Healthy People 2030 framework was based on recommendations made by the Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Information Gaps
While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.
In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.
SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

### AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT

<table>
<thead>
<tr>
<th>Category</th>
<th>Areas of Opportunity</th>
</tr>
</thead>
</table>
| **ACCESS TO HEALTH CARE SERVICES** | - Barriers to Access  
- Inconvenient Office Hours  
- Cost of Prescriptions  
- Cost of Physician Visits  
- Appointment Availability  
- Finding a Physician  
- Lack of Transportation  
- Skipping/Stretching Prescriptions  
- Routine Medical Care (Adults)  
- Eye Exams  
- Ratings of Local Health Care |
| **CANCER**                       | - Leading Cause of Death  
- Colorectal Cancer Deaths |
| **HEART DISEASE & STROKE**       | - Leading Cause of Death  
- Heart Disease Deaths  
- High Blood Pressure Prevalence  
- Overall Cardiovascular Risk |
| **INFANT HEALTH & FAMILY PLANNING** | - Prenatal Care  
- Infant Deaths  
- Teen Births |
| **INJURY & VIOLENCE**            | - Firearm-Related Deaths  
- Homicide Deaths  
- Violent Crime Rate  
- Intimate Partner Violence |

---continued on the following page---
<table>
<thead>
<tr>
<th>AREAS OF OPPORTUNITY (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MENTAL HEALTH</strong></td>
</tr>
<tr>
<td>▪ “Fair/Poor” Mental Health</td>
</tr>
<tr>
<td>▪ Diagnosed Depression</td>
</tr>
<tr>
<td>▪ Symptoms of Chronic Depression</td>
</tr>
<tr>
<td>▪ Stress</td>
</tr>
<tr>
<td>▪ Suicide Deaths</td>
</tr>
<tr>
<td>▪ Receiving Treatment for Mental Health</td>
</tr>
<tr>
<td>▪ Difficulty Obtaining Mental Health</td>
</tr>
<tr>
<td>▪ Key Informants: Mental health ranked as a top concern.</td>
</tr>
<tr>
<td><strong>NUTRITION, PHYSICAL ACTIVITY &amp; WEIGHT</strong></td>
</tr>
<tr>
<td>▪ Difficulty Accessing Fresh Produce</td>
</tr>
<tr>
<td>▪ Fruit/Vegetable Consumption</td>
</tr>
<tr>
<td>▪ Overweight &amp; Obesity [Adults]</td>
</tr>
<tr>
<td>▪ Key Informants: Nutrition, physical activity, and weight ranked as a top concern.</td>
</tr>
<tr>
<td><strong>POTENTIALLY DISABLING CONDITIONS</strong></td>
</tr>
<tr>
<td>▪ Multiple Chronic Conditions</td>
</tr>
<tr>
<td>▪ Activity Limitations</td>
</tr>
<tr>
<td>▪ High-Impact Chronic Pain</td>
</tr>
<tr>
<td>▪ Alzheimer’s Disease Deaths</td>
</tr>
<tr>
<td>▪ Caregiving</td>
</tr>
<tr>
<td><strong>RESPIRATORY DISEASE</strong></td>
</tr>
<tr>
<td>▪ Lung Disease Deaths</td>
</tr>
<tr>
<td><strong>SEXUAL HEALTH</strong></td>
</tr>
<tr>
<td>▪ HIV/AIDS Deaths</td>
</tr>
<tr>
<td>▪ Chlamydia Incidence</td>
</tr>
<tr>
<td>▪ Gonorrhea Incidence</td>
</tr>
<tr>
<td><strong>SUBSTANCE ABUSE</strong></td>
</tr>
<tr>
<td>▪ Cirrhosis/Liver Disease Deaths</td>
</tr>
<tr>
<td>▪ Personally Impacted by Substance Abuse (Self or Other’s)</td>
</tr>
<tr>
<td>▪ Key Informants: Substance abuse ranked as a top concern.</td>
</tr>
</tbody>
</table>
Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Tulsa County, including comparisons among the individual communities. These data are grouped by health topic.

Reading the Summary Tables

- In the following tables, Tulsa County results are shown in the larger, gray column.
- The columns to the left of the Tulsa County column provide comparisons among the three Tulsa subareas, identifying differences for each as “better than” (◇), “worse than” (◆), or “similar to” (≡) the combined opposing areas.
- The columns to the right of the Tulsa County column provide comparisons between county data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether Tulsa County compares favorably (◇), unfavorably (◆), or comparably (≡) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.
### Social Determinants

<table>
<thead>
<tr>
<th></th>
<th>North Tulsa</th>
<th>Midtown</th>
<th>South Tulsa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linguistically Isolated Population (Percent)</td>
<td>3.5</td>
<td>2.1</td>
<td>4.3</td>
</tr>
<tr>
<td>Population in Poverty (Percent)</td>
<td>15.0</td>
<td>15.7</td>
<td>13.4</td>
</tr>
<tr>
<td>Children in Poverty (Percent)</td>
<td>21.8</td>
<td>21.5</td>
<td>18.5</td>
</tr>
<tr>
<td>No High School Diploma (Age 25+, Percent)</td>
<td>10.6</td>
<td>12.0</td>
<td>12.0</td>
</tr>
<tr>
<td>% Unable to Pay Cash for a $400 Emergency Expense</td>
<td>39.3</td>
<td>27.1</td>
<td>25.5</td>
</tr>
<tr>
<td>% Worry/Stress Over Rent/Mortgage in Past Year</td>
<td>36.0</td>
<td>36.0</td>
<td>32.6</td>
</tr>
<tr>
<td>% Unhealthy/Unsafe Housing Conditions</td>
<td>15.9</td>
<td>20.3</td>
<td>25.9</td>
</tr>
<tr>
<td>% Food Insecure</td>
<td>31.3</td>
<td>37.5</td>
<td>32.2</td>
</tr>
</tbody>
</table>

**Note:** In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

### Overall Health

<table>
<thead>
<tr>
<th></th>
<th>North Tulsa</th>
<th>Midtown</th>
<th>South Tulsa</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Overall Health</td>
<td>13.9</td>
<td>21.9</td>
<td>12.6</td>
</tr>
</tbody>
</table>

**Note:** In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
## Community Health Needs Assessment

### Disparity Among Subareas

<table>
<thead>
<tr>
<th>Access to Health Care</th>
<th>North Tulsa</th>
<th>Midtown</th>
<th>South Tulsa</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18-64] Lack Health Insurance</td>
<td>16.2</td>
<td>12.0</td>
<td>8.8</td>
</tr>
<tr>
<td>% Difficulty Accessing Health Care in Past Year (Composite)</td>
<td>55.6</td>
<td>56.5</td>
<td>53.8</td>
</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Year</td>
<td>32.8</td>
<td>23.5</td>
<td>19.6</td>
</tr>
<tr>
<td>% Cost Prevented Getting Prescription in Past Year</td>
<td>22.4</td>
<td>25.8</td>
<td>19.7</td>
</tr>
<tr>
<td>% Difficulty Getting Appointment in Past Year</td>
<td>31.6</td>
<td>27.6</td>
<td>31.3</td>
</tr>
<tr>
<td>% Inconvenient Hrs Prevented Dr Visit in Past Year</td>
<td>26.1</td>
<td>18.8</td>
<td>18.6</td>
</tr>
<tr>
<td>% Difficulty Finding Physician in Past Year</td>
<td>20.5</td>
<td>18.9</td>
<td>18.6</td>
</tr>
<tr>
<td>% Transportation Hindered Dr Visit in Past Year</td>
<td>13.7</td>
<td>16.3</td>
<td>7.8</td>
</tr>
<tr>
<td>% Language/Culture Prevented Care in Past Year</td>
<td>1.0</td>
<td>0.9</td>
<td>1.3</td>
</tr>
<tr>
<td>% Skipped Prescription Doses to Save Costs</td>
<td>25.4</td>
<td>23.4</td>
<td>17.7</td>
</tr>
<tr>
<td>% Difficulty Getting Child's Health Care in Past Year</td>
<td>4.3</td>
<td>13.6</td>
<td>6.4</td>
</tr>
</tbody>
</table>

### Primary Care Doctors per 100,000

<table>
<thead>
<tr>
<th>Tulsa County</th>
<th>vs. OK</th>
<th>vs. US</th>
<th>vs. HP2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tulsa County</td>
<td>11.6</td>
<td>19.1</td>
<td>8.7</td>
</tr>
<tr>
<td></td>
<td>55.2</td>
<td></td>
<td>35.0</td>
</tr>
<tr>
<td></td>
<td>23.9</td>
<td>16.2</td>
<td>12.9</td>
</tr>
<tr>
<td></td>
<td>22.5</td>
<td></td>
<td>12.8</td>
</tr>
<tr>
<td></td>
<td>30.0</td>
<td></td>
<td>14.5</td>
</tr>
<tr>
<td></td>
<td>20.3</td>
<td></td>
<td>12.5</td>
</tr>
<tr>
<td></td>
<td>19.1</td>
<td></td>
<td>9.4</td>
</tr>
<tr>
<td></td>
<td>12.2</td>
<td></td>
<td>8.9</td>
</tr>
<tr>
<td></td>
<td>1.0</td>
<td></td>
<td>2.8</td>
</tr>
<tr>
<td></td>
<td>21.5</td>
<td></td>
<td>12.7</td>
</tr>
<tr>
<td></td>
<td>8.4</td>
<td></td>
<td>8.0</td>
</tr>
<tr>
<td></td>
<td>130.6</td>
<td>85.6</td>
<td>102.0</td>
</tr>
</tbody>
</table>
### DISPARITY AMONG SUBAREAS

<table>
<thead>
<tr>
<th>ACCESS TO HEALTH CARE (continued)</th>
<th>North Tulsa</th>
<th>Midtown</th>
<th>South Tulsa</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Have a Specific Source of Ongoing Care</td>
<td>🌤️ 61.9</td>
<td>☁️ 72.2</td>
<td>☀️ 77.6</td>
</tr>
<tr>
<td>% Have Had Routine Checkup in Past Year</td>
<td>☁️ 58.3</td>
<td>☁️ 66.0</td>
<td>☁️ 60.7</td>
</tr>
<tr>
<td>% Child Has Had Checkup in Past Year</td>
<td>☁️ 76.7</td>
<td>☁️ 82.7</td>
<td>☁️ 81.1</td>
</tr>
<tr>
<td>% Two or More ER Visits in Past Year</td>
<td>☁️ 11.7</td>
<td>☁️ 11.1</td>
<td>☁️ 10.5</td>
</tr>
<tr>
<td>% Eye Exam in Past 2 Years</td>
<td>☁️ 44.4</td>
<td>☁️ 48.8</td>
<td>☁️ 53.4</td>
</tr>
<tr>
<td>% Rate Local Health Care “Fair/Poor”</td>
<td>🌤️ 22.2</td>
<td>☁️ 16.1</td>
<td>☀️ 12.2</td>
</tr>
</tbody>
</table>

**Tulsa County vs. Benchmarks**

<table>
<thead>
<tr>
<th>Tulsa County</th>
<th>vs. OK</th>
<th>vs. US</th>
<th>vs. HP2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Have a Specific Source of Ongoing Care</td>
<td>☁️ 72.2</td>
<td>🌤️ 74.2</td>
<td>☀️ 84.0</td>
</tr>
<tr>
<td>% Have Had Routine Checkup in Past Year</td>
<td>☁️ 62.1</td>
<td>☁️ 74.5</td>
<td>☀️ 84.0</td>
</tr>
<tr>
<td>% Child Has Had Checkup in Past Year</td>
<td>☀️ 80.8</td>
<td>☁️ 77.4</td>
<td>☁️ 84.0</td>
</tr>
<tr>
<td>% Two or More ER Visits in Past Year</td>
<td>☁️ 10.9</td>
<td>☁️ 10.1</td>
<td>☁️ 84.0</td>
</tr>
<tr>
<td>% Eye Exam in Past 2 Years</td>
<td>☁️ 49.8</td>
<td>☁️ 61.0</td>
<td>☀️ 84.0</td>
</tr>
<tr>
<td>% Rate Local Health Care “Fair/Poor”</td>
<td>☀️ 15.7</td>
<td>☁️ 8.0</td>
<td>☁️ 84.0</td>
</tr>
</tbody>
</table>

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### DISPARITY AMONG SUBAREAS

<table>
<thead>
<tr>
<th>CANCER</th>
<th>North Tulsa</th>
<th>Midtown</th>
<th>South Tulsa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung Cancer (Age-Adjusted Death Rate)</td>
<td>☀️ 162.8</td>
<td>☁️ 174.1</td>
<td>☁️ 146.5</td>
</tr>
<tr>
<td>Prostate Cancer (Age-Adjusted Death Rate)</td>
<td>☁️ 39.2</td>
<td>☁️ 45.5</td>
<td>☁️ 33.4</td>
</tr>
</tbody>
</table>

**Tulsa County vs. Benchmarks**

<table>
<thead>
<tr>
<th>Tulsa County</th>
<th>vs. OK</th>
<th>vs. US</th>
<th>vs. HP2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer (Age-Adjusted Death Rate)</td>
<td>☁️ 162.8</td>
<td>☁️ 174.1</td>
<td>☁️ 146.5</td>
</tr>
<tr>
<td>Lung Cancer (Age-Adjusted Death Rate)</td>
<td>☀️ 39.2</td>
<td>☁️ 45.5</td>
<td>☁️ 33.4</td>
</tr>
<tr>
<td>Prostate Cancer (Age-Adjusted Death Rate)</td>
<td>☁️ 20.6</td>
<td>☁️ 19.5</td>
<td>☁️ 18.5</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>CANCER (continued)</th>
<th>North Tulsa</th>
<th>Midtown</th>
<th>South Tulsa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female Breast Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer Incidence Rate (All Sites)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Breast Cancer Incidence Rate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer Incidence Rate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung Cancer Incidence Rate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer Incidence Rate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Women 50-74] Mammogram in Past 2 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Women 21-65] Cervical Cancer Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 50-75] Colorectal Cancer Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Tulsa County</th>
<th>TULSA COUNTY vs. BENCHMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. OK</td>
</tr>
<tr>
<td>--------------</td>
<td>--------</td>
</tr>
<tr>
<td>Female Breast Cancer (Age-Adjusted Death Rate)</td>
<td>21.2</td>
</tr>
<tr>
<td>Colorectal Cancer (Age-Adjusted Death Rate)</td>
<td>16.1</td>
</tr>
<tr>
<td>Cancer Incidence Rate (All Sites)</td>
<td>472.7</td>
</tr>
<tr>
<td>Female Breast Cancer Incidence Rate</td>
<td>136.3</td>
</tr>
<tr>
<td>Prostate Cancer Incidence Rate</td>
<td>113.9</td>
</tr>
<tr>
<td>Lung Cancer Incidence Rate</td>
<td>61.9</td>
</tr>
<tr>
<td>Colorectal Cancer Incidence Rate</td>
<td>40.4</td>
</tr>
<tr>
<td>% Cancer</td>
<td>6.2</td>
</tr>
<tr>
<td>% [Women 50-74] Mammogram in Past 2 Years</td>
<td>73.0</td>
</tr>
<tr>
<td>% [Women 21-65] Cervical Cancer Screening</td>
<td>75.0</td>
</tr>
<tr>
<td>% [Age 50-75] Colorectal Cancer Screening</td>
<td>76.5</td>
</tr>
</tbody>
</table>

Note: The symbols (best, similar, worst) indicate the relative comparison between Tulsa County and benchmarks.
### Diabetes

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Tulsa County</th>
<th>North Tulsa</th>
<th>Midtown</th>
<th>South Tulsa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Diabetes/High Blood Sugar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Borderline/Pre-Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Non-Diabetics] Blood Sugar Tested in Past 3 Years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Heart Disease & Stroke

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Tulsa County</th>
<th>North Tulsa</th>
<th>Midtown</th>
<th>South Tulsa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Heart (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Heart Disease (Heart Attack, Angina, Coronary Disease)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Stroke</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Told Have High Blood Pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Told Have High Cholesterol</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### HEART DISEASE & STROKE (continued)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>North Tulsa</th>
<th>Midtown</th>
<th>South Tulsa</th>
</tr>
</thead>
<tbody>
<tr>
<td>% 1+ Cardiovascular Risk Factor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>88.7</td>
<td>87.0</td>
<td>89.1</td>
</tr>
</tbody>
</table>

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### INFANT HEALTH & FAMILY PLANNING

<table>
<thead>
<tr>
<th>Indicator</th>
<th>North Tulsa</th>
<th>Midtown</th>
<th>South Tulsa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Late or No Prenatal Care (Percent)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7.5</td>
<td>6.7</td>
<td>6.1</td>
</tr>
</tbody>
</table>

### INJURY & VIOLENCE

<table>
<thead>
<tr>
<th>Indicator</th>
<th>North Tulsa</th>
<th>Midtown</th>
<th>South Tulsa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional Injury (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>52.7</td>
<td>60.8</td>
<td>51.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator</th>
<th>North Tulsa</th>
<th>Midtown</th>
<th>South Tulsa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor Vehicle Crashes (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12.3</td>
<td>16.7</td>
<td>11.4</td>
</tr>
</tbody>
</table>

### Tulsa County vs. Benchmarks

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Tulsa County</th>
<th>vs. OK</th>
<th>vs. US</th>
<th>vs. HP2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>% 1+ Cardiovascular Risk Factor</td>
<td>88.2</td>
<td></td>
<td></td>
<td>84.6</td>
</tr>
</tbody>
</table>

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## Injuries and Violence (Continued)

<table>
<thead>
<tr>
<th>DISPARITY AMONG SUBAREAS</th>
<th>Tulsa County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>North Tulsa</td>
</tr>
<tr>
<td>[65+] Falls (Age-Adjusted Death Rate)</td>
<td></td>
</tr>
<tr>
<td>70.6 vs. OK</td>
<td>106.4</td>
</tr>
<tr>
<td>19.8 vs. US</td>
<td>18.7</td>
</tr>
<tr>
<td>10.5 vs. HP2030</td>
<td>8.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kidney Disease (Age-Adjusted Death Rate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1 vs. OK</td>
</tr>
<tr>
<td>3.1 vs. US</td>
</tr>
</tbody>
</table>

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## Kidney Disease

<table>
<thead>
<tr>
<th>DISPARITY AMONG SUBAREAS</th>
<th>Tulsa County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>North Tulsa</td>
</tr>
<tr>
<td>21.6 vs. OK</td>
<td>13.7</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>MENTAL HEALTH</th>
<th>North Tulsa</th>
<th>Midtown</th>
<th>South Tulsa</th>
<th>Tulsa County vs. OK</th>
<th>Tulsa County vs. US</th>
<th>Tulsa County vs. HP2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Mental Health</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>28.1</td>
<td>13.4</td>
<td></td>
</tr>
<tr>
<td>% Diagnosed Depression</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>34.2</td>
<td>23.0</td>
<td>20.6</td>
</tr>
<tr>
<td>% Symptoms of Chronic Depression (2+ Years)</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>45.8</td>
<td>30.3</td>
<td></td>
</tr>
<tr>
<td>% Typical Day Is &quot;Extremely/Very&quot; Stressful</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>20.1</td>
<td>16.1</td>
<td></td>
</tr>
<tr>
<td>Suicide (Age-Adjusted Death Rate)</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>19.9</td>
<td>20.8</td>
<td>13.9</td>
</tr>
<tr>
<td>Mental Health Providers per 100,000</td>
<td></td>
<td></td>
<td></td>
<td>214.9</td>
<td>219.0</td>
<td>123.1</td>
</tr>
<tr>
<td>% Taking Rx/Receiving Mental Health Trtmt</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>24.7</td>
<td>16.8</td>
<td></td>
</tr>
<tr>
<td>% Unable to Get Mental Health Svcs in Past Yr</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>15.2</td>
<td>7.8</td>
<td></td>
</tr>
<tr>
<td>% Spent &lt;7 Hours on Personal Time Last Week</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>39.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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## DISPARITY AMONG SUBAREAS

### NUTRITION, PHYSICAL ACTIVITY & WEIGHT

<table>
<thead>
<tr>
<th>Indicator</th>
<th>North Tulsa</th>
<th>Midtown</th>
<th>South Tulsa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population With Low Food Access (Percent)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% &quot;Very/Somewhat&quot; Difficult to Buy Fresh Produce</td>
<td>35.5</td>
<td>30.4</td>
<td>21.3</td>
</tr>
<tr>
<td>% 5+ Servings of Fruits/Vegetables per Day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>39.4</td>
<td>28.0</td>
<td>26.6</td>
</tr>
<tr>
<td>% Meeting Physical Activity Guidelines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Child [Age 2-17] Physically Active 1+ Hours per Day</td>
<td>36.3</td>
<td>41.3</td>
<td>34.1</td>
</tr>
<tr>
<td>Recreation/Fitness Facilities per 100,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Overweight (BMI 25+)</td>
<td>65.8</td>
<td>70.5</td>
<td>74.3</td>
</tr>
<tr>
<td>% Obese (BMI 30+)</td>
<td>38.8</td>
<td>39.5</td>
<td>37.7</td>
</tr>
<tr>
<td>% Children [Age 5-17] Overweight (85th Percentile)</td>
<td>28.5</td>
<td>27.7</td>
<td></td>
</tr>
<tr>
<td>% Children [Age 5-17] Obese (95th Percentile)</td>
<td>19.1</td>
<td>10.1</td>
<td></td>
</tr>
</tbody>
</table>

### TULSA COUNTY vs. BENCHMARKS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Tulsa County</th>
<th>vs. OK</th>
<th>vs. US</th>
<th>vs. HP2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population With Low Food Access (Percent)</td>
<td>25.5</td>
<td>25.2</td>
<td>22.2</td>
<td></td>
</tr>
<tr>
<td>% &quot;Very/Somewhat&quot; Difficult to Buy Fresh Produce</td>
<td>27.6</td>
<td></td>
<td></td>
<td>21.1</td>
</tr>
<tr>
<td>% 5+ Servings of Fruits/Vegetables per Day</td>
<td>28.3</td>
<td></td>
<td></td>
<td>32.7</td>
</tr>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>29.9</td>
<td>34.0</td>
<td>31.3</td>
<td>21.2</td>
</tr>
<tr>
<td>% Meeting Physical Activity Guidelines</td>
<td>19.9</td>
<td>15.6</td>
<td>21.4</td>
<td>28.4</td>
</tr>
<tr>
<td>% Child [Age 2-17] Physically Active 1+ Hours per Day</td>
<td>37.0</td>
<td></td>
<td></td>
<td>33.0</td>
</tr>
<tr>
<td>Recreation/Fitness Facilities per 100,000</td>
<td>14.3</td>
<td>9.3</td>
<td>12.2</td>
<td></td>
</tr>
<tr>
<td>% Overweight (BMI 25+)</td>
<td>71.1</td>
<td></td>
<td></td>
<td>61.0</td>
</tr>
<tr>
<td>% Obese (BMI 30+)</td>
<td>38.6</td>
<td>36.8</td>
<td>31.3</td>
<td>36.0</td>
</tr>
<tr>
<td>% Children [Age 5-17] Overweight (85th Percentile)</td>
<td>30.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Children [Age 5-17] Obese (95th Percentile)</td>
<td>16.3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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## Community Health Needs Assessment

### Disparity Among Subareas

#### Oral Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>North Tulsa</th>
<th>Midtown</th>
<th>South Tulsa</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Have Dental Insurance</td>
<td>64.3</td>
<td>73.9</td>
<td>75.2</td>
</tr>
<tr>
<td>% [Age 18+] Dental Visit in Past Year</td>
<td>51.9</td>
<td>56.8</td>
<td>67.0</td>
</tr>
<tr>
<td>% Child [Age 2-17] Dental Visit in Past Year</td>
<td>84.3</td>
<td>76.4</td>
<td>78.9</td>
</tr>
</tbody>
</table>

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#### Potentially Disabling Conditions

<table>
<thead>
<tr>
<th>Indicator</th>
<th>North Tulsa</th>
<th>Midtown</th>
<th>South Tulsa</th>
</tr>
</thead>
<tbody>
<tr>
<td>% 3+ Chronic Conditions</td>
<td>39.8</td>
<td>47.7</td>
<td>37.7</td>
</tr>
<tr>
<td>% Activity Limitations</td>
<td>32.8</td>
<td>33.3</td>
<td>28.5</td>
</tr>
<tr>
<td>% With High-Impact Chronic Pain</td>
<td>23.4</td>
<td>19.2</td>
<td>17.2</td>
</tr>
<tr>
<td>Alzheimer’s Disease (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Caregiver to a Friend/Family Member</td>
<td>27.8</td>
<td>31.4</td>
<td>30.7</td>
</tr>
</tbody>
</table>

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### Respiratory Disease

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Tulsa County</th>
<th>North Tulsa</th>
<th>Midtown</th>
<th>South Tulsa</th>
<th>vs. OK</th>
<th>vs. US</th>
<th>vs. HP2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLRD (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia/Influenza (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 65+] Flu Vaccine in Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Adult] Asthma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Child 0-17] Asthma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% COPD (Lung Disease)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVID-19 (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

### Septicemia

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Tulsa County</th>
<th>North Tulsa</th>
<th>Midtown</th>
<th>South Tulsa</th>
<th>vs. OK</th>
<th>vs. US</th>
<th>vs. HP2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septicemia (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
## DISPARITY AMONG SUBAREAS

### SEXUAL HEALTH

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Tulsa County</th>
<th>North Tulsa</th>
<th>Midtown</th>
<th>South Tulsa</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV Prevalence Rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia Incidence Rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gonorrhea Incidence Rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

### SUBSTANCE ABUSE

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Tulsa County</th>
<th>North Tulsa</th>
<th>Midtown</th>
<th>South Tulsa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cirrhosis/Liver Disease (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Excessive Drinker</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Illicit Drug Use in Past Month</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Used a Prescription Opioid in Past Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
## DISPARITY AMONG SUBAREAS

### TULSA COUNTY vs. BENCHMARKS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Tulsa County</th>
<th>vs. OK</th>
<th>vs. US</th>
<th>vs. HP2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Ever Sought Help for Alcohol or Drug Problem</td>
<td>7.9</td>
<td>8.0</td>
<td>7.3</td>
<td>8.5</td>
</tr>
<tr>
<td>% Personally Impacted by Substance Abuse</td>
<td>47.7</td>
<td>46.0</td>
<td>48.3</td>
<td>48.0</td>
</tr>
</tbody>
</table>

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

### TOBACCO USE

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Tulsa County</th>
<th>vs. OK</th>
<th>vs. US</th>
<th>vs. HP2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Current Smoker</td>
<td>18.3</td>
<td>24.1</td>
<td>16.2</td>
<td>17.0</td>
</tr>
<tr>
<td>% Someone Smokes at Home</td>
<td>15.5</td>
<td>22.4</td>
<td>16.0</td>
<td>11.5</td>
</tr>
<tr>
<td>% [Household With Children] Someone Smokes in the Home</td>
<td>18.1</td>
<td>19.4</td>
<td>21.8</td>
<td>14.5</td>
</tr>
<tr>
<td>% [Smokers] Have Quit Smoking 1+ Days in Past Year</td>
<td>50.1</td>
<td>50.1</td>
<td>58.0</td>
<td>42.8</td>
</tr>
<tr>
<td>% [Smokers] Received Advice to Quit Smoking</td>
<td>56.8</td>
<td>12.0</td>
<td>9.9</td>
<td>10.4</td>
</tr>
<tr>
<td>% Currently Use Vaping Products</td>
<td>10.6</td>
<td>10.6</td>
<td>7.1</td>
<td>8.9</td>
</tr>
</tbody>
</table>

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 17 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community

<table>
<thead>
<tr>
<th>Health Topic</th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>79.7%</td>
<td>71.4%</td>
<td>71.0%</td>
<td>14.1%</td>
</tr>
<tr>
<td>Nutrition, Physical Activity &amp; Weight</td>
<td>71.4%</td>
<td>71.0%</td>
<td>20.6%</td>
<td>24.2%</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>57.4%</td>
<td>32.8%</td>
<td>33.9%</td>
<td>42.6%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>56.5%</td>
<td>42.6%</td>
<td>41.3%</td>
<td>28.8%</td>
</tr>
<tr>
<td>Heart Disease &amp; Stroke</td>
<td>45.9%</td>
<td>36.1%</td>
<td>38.1%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>42.6%</td>
<td>38.1%</td>
<td>38.1%</td>
<td>28.8%</td>
</tr>
<tr>
<td>Infant Health &amp; Family Planning</td>
<td>41.3%</td>
<td>33.3%</td>
<td>50.8%</td>
<td>38.1%</td>
</tr>
<tr>
<td>Coronavirus/COVID-19</td>
<td>33.3%</td>
<td>42.6%</td>
<td>49.4%</td>
<td>36.1%</td>
</tr>
<tr>
<td>Oral Health</td>
<td>32.2%</td>
<td>52.5%</td>
<td>40.4%</td>
<td>38.1%</td>
</tr>
<tr>
<td>Disability &amp; Chronic Pain</td>
<td>31.7%</td>
<td>55.6%</td>
<td>55.6%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Access to Healthcare Services</td>
<td>30.5%</td>
<td>50.8%</td>
<td>55.6%</td>
<td>28.8%</td>
</tr>
<tr>
<td>Injury &amp; Violence</td>
<td>28.8%</td>
<td>55.9%</td>
<td>55.9%</td>
<td>28.8%</td>
</tr>
<tr>
<td>Cancer</td>
<td>25.0%</td>
<td>60.0%</td>
<td>60.0%</td>
<td>28.8%</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td>21.7%</td>
<td>58.3%</td>
<td>58.3%</td>
<td>28.8%</td>
</tr>
<tr>
<td>Dementia/Alzheimer’s Disease</td>
<td>19.6%</td>
<td>50.0%</td>
<td>50.0%</td>
<td>19.6%</td>
</tr>
<tr>
<td>Sexual Health</td>
<td>19.3%</td>
<td>54.4%</td>
<td>54.4%</td>
<td>19.3%</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>19.3%</td>
<td>54.4%</td>
<td>54.4%</td>
<td>19.3%</td>
</tr>
</tbody>
</table>
The following sections present data from multiple sources, including the population-based PRC Community Health Survey, public health and other existing data sets (secondary data), as well as qualitative input from the Online Key Informant Survey.

Data indicators from these sources are intermingled and organized by health topic. To better understand the source data for specific indicators, please refer to the footnotes accompanying each chart.
COMMUNITY CHARACTERISTICS

Population Characteristics

Land Area, Population Size & Density

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL POPULATION</th>
<th>TOTAL LAND AREA (square miles)</th>
<th>POPULATION DENSITY (per square mile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tulsa County</td>
<td>646,419</td>
<td>570.32</td>
<td>1,133</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>3,932,870</td>
<td>68,596.35</td>
<td>57</td>
</tr>
<tr>
<td>United States</td>
<td>324,697,795</td>
<td>3,532,068.58</td>
<td>92</td>
</tr>
</tbody>
</table>

Sources:  
- US Census Bureau American Community Survey 5-year estimates.  

Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

<table>
<thead>
<tr>
<th></th>
<th>Age 0-17</th>
<th>Age 18-64</th>
<th>Age 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tulsa County</td>
<td>25.3%</td>
<td>24.3%</td>
<td>22.8%</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>24.3%</td>
<td>60.3%</td>
<td>15.3%</td>
</tr>
<tr>
<td>United States</td>
<td>14.0%</td>
<td>15.6%</td>
<td>15.6%</td>
</tr>
</tbody>
</table>

Sources:  
- US Census Bureau American Community Survey 5-year estimates.  
Race & Ethnicity
The following charts illustrate the racial and ethnic makeup of our community. Note that ethnicity (Hispanic or Latino) can be of any race.

Total Population by Race Alone
(2015-2019)

<table>
<thead>
<tr>
<th>Race</th>
<th>Tulsa County</th>
<th>OK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>70.1%</td>
<td>72.3%</td>
<td>72.5%</td>
</tr>
<tr>
<td>Black</td>
<td>10.1%</td>
<td>7.3%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Some Other Race</td>
<td>11.9%</td>
<td>12.6%</td>
<td>11.5%</td>
</tr>
<tr>
<td>Multiple Races</td>
<td>7.9%</td>
<td>7.8%</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

Sources:
- US Census Bureau American Community Survey 5-year estimates.

Hispanic Population
(2015-2019)

The Hispanic population increased by 33,467 persons, or 50.3%, between 2010 and 2020.

<table>
<thead>
<tr>
<th>Race</th>
<th>Tulsa County</th>
<th>OK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>12.7%</td>
<td>10.6%</td>
<td>18.0%</td>
</tr>
</tbody>
</table>

Sources:
- US Census Bureau American Community Survey 5-year estimates.
Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person’s parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.
Social Determinants of Health

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people’s health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don’t have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won’t eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people’s environments.

- Healthy People 2030 (https://health.gov/healthypeople)

Income & Poverty

Poverty

The following chart outlines the proportion of our population below the federal poverty threshold in comparison to state and national proportions.

Population in Poverty
(Populations Living Below the Poverty Level; 2015-2019)
Healthy People 2030 = 8.0% or Lower

- Total Population
- Children

<table>
<thead>
<tr>
<th></th>
<th>Total Population</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tulsa County</td>
<td>95,237</td>
<td>35,030</td>
</tr>
<tr>
<td></td>
<td>15.0%</td>
<td>21.8%</td>
</tr>
<tr>
<td>OK</td>
<td>15.7%</td>
<td>21.5%</td>
</tr>
<tr>
<td>US</td>
<td>13.4%</td>
<td>18.5%</td>
</tr>
</tbody>
</table>

Sources:
- US Census Bureau American Community Survey 5-year estimates.

Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
Financial Resilience

“Suppose that you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?”

The following charts further detail percentage responses among survey respondents in Tulsa County in comparison to benchmark data, as well as by basic demographic characteristics (namely by gender, age groupings, income [based on poverty status], race/ethnicity, and LGBTQ+ identification).

Do Not Have Cash on Hand to Cover a $400 Emergency Expense

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 63] 2020 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.
Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Do Not Have Cash on Hand to Cover a $400 Emergency Expense
(Tulsa County, 2022)

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 63]
Notes: Asked of all respondents.
Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.
Education

Education levels are reflected in the proportion of our population without a high school diploma.

Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2015-2019)

<table>
<thead>
<tr>
<th></th>
<th>Tulsa County</th>
<th>OK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.6%</td>
<td></td>
<td>12.0%</td>
<td>12.0%</td>
</tr>
</tbody>
</table>

Sources:  
- US Census Bureau American Community Survey 5-year estimates.

Notes:  
- This indicator is relevant because educational attainment is linked to positive health outcomes.

Housing

Housing Insecurity

“In the past 12 months, how often were you worried or stressed about having enough money to pay your rent or mortgage? Would you say you were worried or stressed: always, usually, sometimes, rarely, or never?”

Frequency of Worry or Stress
About Paying Rent or Mortgage in the Past Year
(Tulsa County, 2022)

- Always: 9.6%
- Usually: 8.2%
- Sometimes: 16.7%
- Rarely: 18.1%
- Never: 47.3%

Sources:  
- 2022 PRC Community Health Survey, PRC, Inc. [Item 66]

Notes:  
- Asked of all respondents.
Unhealthy or Unsafe Housing

“Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?”

Unhealthy or Unsafe Housing Conditions in the Past Year

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 65]
2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Unhealthy or Unsafe Housing Conditions in the Past Year (Tulsa County, 2022)

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 65]

Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.
Food Insecurity

“Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was ‘often true,’ ‘sometimes true,’ or ‘never true’ for you in the past 12 months.

- The first statement is: ‘I worried about whether our food would run out before we got money to buy more.’
- The next statement is: ‘The food that we bought just did not last, and we did not have money to get more.’

Agreement with either or both of these statements (“often true” or “sometimes true”) defines food insecurity for respondents.

Food Insecurity

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 112]
Notes: Asked of all respondents.
Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Food Insecurity
(Tulsa County, 2022)

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 112]
Notes: Asked of all respondents.
Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.
HEALTH STATUS

Overall Health

“Would you say that in general your health is: excellent, very good, good, fair, or poor?”

Self-Reported Health Status (Tulsa County, 2022)

- Excellent 10.7%
- Very Good 3.2%
- Good 12.2%
- Fair 37.7%
- Poor 36.2%

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: Asked of all respondents.

Experience “Fair” or “Poor” Overall Health

- North Tulsa 17.5%
- Midtown 13.1%
- South Tulsa 12.8%
- Tulsa County 13.9%
- OK 21.9%
- US 12.6%

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 5]
2020 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.
Experience “Fair” or “Poor” Overall Health
(Tulsa County, 2022)

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: Asked of all respondents.
Mental Health

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people’s ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

— Healthy People 2030 (https://health.gov/healthypeople)

Mental Health Status

“Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair, or poor?”

Self-Reported Mental Health Status
(Tulsa County, 2022)

- Excellent: 16.2%
- Very Good: 27.4%
- Good: 28.3%
- Fair: 19.3%
- Poor: 8.8%

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 90]
Notes: Asked of all respondents.
Experience “Fair” or “Poor” Mental Health

![Bar chart showing percentages of people experiencing “Fair” or “Poor” mental health across different areas and the US.]

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 90]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Depression

**DIAGNOSED DEPRESSION** ▶ “Has a doctor or other healthcare provider ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?”

Have Been Diagnosed With a Depressive Disorder

![Bar chart showing percentages of people diagnosed with depression across different areas and the US.]

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 93]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Oklahoma data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.
SYMPTOMS OF CHRONIC DEPRESSION ▶ “Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?”

Have Experienced Symptoms of Chronic Depression
(Tulsa County, 2022)

Suicide
The following chart outlines the most current age-adjusted mortality rates attributed to suicide in our population (refer to “Leading Causes of Death” for an explanation of the use of age-adjusting for these rates).

Suicide: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2022.
Mental Health Treatment

The following chart outlines access to mental health providers, expressed as the number of providers (psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care) per 100,000 residents.

Access to Mental Health Providers
(Number of Mental Health Providers per 100,000 Population, 2021)

<table>
<thead>
<tr>
<th>Location</th>
<th>Mental Health Providers per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tulsa County</td>
<td>214.9</td>
</tr>
<tr>
<td>OK</td>
<td>219.0</td>
</tr>
<tr>
<td>US</td>
<td>123.1</td>
</tr>
</tbody>
</table>

1,438 Mental Health Providers

Tulsa County

OK

US

Sources: • University of Wisconsin Population Health Institute, County Health Rankings. • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2022 via SparkMap (sparkmap.org).

Notes: • This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

“Are you now taking medication or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?”

Currently Receiving Mental Health Treatment

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Tulsa</td>
<td>22.1%</td>
</tr>
<tr>
<td>Midtown</td>
<td>25.6%</td>
</tr>
<tr>
<td>South Tulsa</td>
<td>25.3%</td>
</tr>
<tr>
<td>Tulsa County</td>
<td>24.7%</td>
</tr>
<tr>
<td>US</td>
<td>16.8%</td>
</tr>
</tbody>
</table>

Among respondents ever diagnosed with a depressive disorder, 57.8% are currently receiving treatment.

Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 93-94] • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents. • ‘Treatment’ can include taking medications for mental health.
“Was there a time in the past 12 months when you needed mental health services but were not able to get them?”

Unable to Get Mental Health Services
When Needed in the Past Year

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 95]
- 2020 PRC National Health Survey, PRC, Inc.
Notes:
- Asked of all respondents.

Unable to Get Mental Health Services
When Needed in the Past Year
(Tulsa County, 2022)

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 95]
Notes:
- Asked of all respondents.
Barriers to Maintaining Mental Health

“For you, what is the biggest barrier to maintaining your mental health?”

Biggest Barrier to Maintaining Mental Health
(Tulsa County, 2022)

- Other (<2% each)
- Nothing/Uncertain
- Stress
- Relationships
- Age
- COVID/Isolation
- Existing Condition
- Boredom
- Work
- Time

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 304]
Notes: Asked of all respondents.

Personal Time

There are many demands on peoples’ time, such as working, doing housework, running errands, caregiving, and otherwise taking care of obligations. The following survey question was asked in the interest of gauging how much time people have for themselves.

“In the past seven days, how many hours would you say that you spent doing the things you wanted to do, such as relaxing, socializing, pursuing hobbies, traveling, or otherwise taking care of yourself?”

Hours Spent in the Past Week On Personal Time
(Tulsa County, 2022)

- <7 Hours
- 7 to 13
- 14 to 20
- 21/More

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: Asked of all respondents.
Spent <7 Hours on Personal Time Last Week
(Tulsa County, 2022)

Key Informant Input: Mental Health

The following chart outlines key informants’ perceptions of the severity of Mental Health as a problem in the community:

Perceptions of Mental Health as a Problem in the Community
(Key Informants, 2022)

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

Lack of sufficient treatment services, especially for inpatient needs. – Other Health Provider

Staffing organizations that provide mental health support for children/families and funding to ensure that children/families can access these resources. – Community Leader

Access to mental health services and supports for the BIPOC communities. We need more access to mental health services for the minority community. These services should represent the communities that are being served with varies resources that incorporate the person and their family. – Public Health Representative

Lack of insurance, lack of access, lack of beds and lack of psychiatrists, counselors and social workers. We need more beds for adults and many more for children. We especially need more child psychiatrists and counselors, and we need to promote and support for programs in our public schools. Teachers need training and help to deal with a 4th grader that is threatening suicide – Community Leader

Availability and accessibility of mental health practitioners. Information is not shared across providers. Post treatment care/support is limited. – Community Leader
Tremendous lack of services and unaffordable for most, even those employed and with health insurance. – Public Health Representative

Lack of access to mental health facilities in our community. At agencies outside of the community, the onboarding process is long and tedious. It is difficult to get your immediate needs met regarding mental health. There is a lot of inconsistency! – Community Leader

Not enough providers and resources. – Public Health Representative

Access to mental health providers. Mental health emergencies. Social isolation from pandemic. Resuming in person counseling/therapy. Availability of inpatient treatment facilities. – Physician

Lack of long-term inpatient treatment. – Social Service Agency

Lack of mental health resources and providers within the community. – Physician

Lack of services. – Public Health Representative

Poor access. Without private insurance it is extremely difficult to be seen regularly by a psychiatrist. – Physician

Lack of access. This is worst for pediatric psychiatry. I have seen pediatric psychiatric patients in an acute suicidal crisis wait for more than 1 week for treatment in a pediatric psychiatric hospital. It is horrible that a young teen in the Tulsa area is actively suicidal and then told no one wants to treat them for a week. State and local government officials in Oklahoma and Tulsa do not care about the children of Oklahoma and their health care needs. There should be multiple pediatric psychiatric hospitals in Tulsa. There should be multiple hospitals in Tulsa that admit general pediatric patients. Right now, there is only one general pediatric, Saint Francis. The only major psychiatric hospital that admits pediatric patients is Parkside. – Physician

Timely access to care. – Physician

Quote — Key Informant

Contributing Factors


None of these health issues is a standalone issue. Behavioral health should not be separated from physical health. Services are available, however, the demand for therapists and psychiatrists has created a shortage of skilled practitioners. Substance use is a contributing factor. – Other Health Provider

Stigma around acknowledging issues. Ability to access services on a timely basis, particularly for low-income individuals (but also broadly across the entire population). Prevalence of mental health issues among those in the criminal justice system (and lack of resources to support within the system). Declining services in the region and state (i.e. – loss of services for children). – Community Leader

Lack of mental health awareness, awareness of evidence-based practices, and service connections in general health care settings and by general health care practitioners. This prohibits early detection and intervention of mental health conditions resulting in higher ER utilization, criminal justice involvement, homelessness and escalating crises. Lack of insurance network adequacy resulting in limited access and long wait times for outpatient therapy for individuals who aren’t on Medicaid and can’t afford self-pay. Limited mental health workforce for master-level practitioners and psychologists/psychiatrist preventing wider adoption of integrated care practices and intensive services. Lack of intensive services for those with chronic and high needs, resulting in increased ER utilization and criminal justice involvement. (Examples: Home-based services and intensive outpatient). This is especially true for children, resulting in higher demand on limited inpatient beds.5) – Public Health Representative

Lack of services. High crime area. Lack of transportation to services. – Community Leader

Lack of facilities for treatment and the whole stigma for needing treatment for mental health issues. – Other Health Provider

The biggest challenges relate to treatment adherence, wait times and access, and reliance on street drugs. The children’s mental health access problem is particularly acute. – Community Leader

Access to care/medication secondary to homelessness, addiction, transportation, and cost of prescriptions. – Physician

Diagnosis/Treatment

Poor initial community response to suspected initial or subsequent psychosis as the police are usually called, then poor access to inpatient psychiatric care. After discharge there is nonexistent proactive community follow up, which is worse with patients not having a permanent home or job – Physician

Need to take medication. – Community Leader
Mental health is not the goal of our community or the providers. We treat people who have crossed the threshold and present with a diagnosis of a disorder. The money is in the treatment of disease. And even then, we do not have clear guidance of what is effective treatment to restore good mental health. Most insurance companies will cover psychotropic medications and counseling sessions. Community Mental Health agencies spend a relatively small amount of tax dollars on treatment, rather providing case management and more indirect care. The correlation between trauma, as revealed in the ACEs study, is generally unrecognized and Oklahoma citizens continue to be among the most traumatized population in our country, as evidenced by rates of domestic violence, violent crimes, imprisonment, child abuse, drug and alcohol abuse, and other indicators. – Public Health Representative

Not seeking help. – Community Leader

Denial/Stigma

The community does not address their mental health care needs because it is a taboo subject and the cost. – Social Service Agency

Mental health is taboo in the Latino community, yet many suffer from undiagnosed and untreated mental health issues. The lack of health insurance also prevents them from accessing care. There are very few mental health professionals who speak Spanish. – Community Leader

Stigma of the disease and an unwillingness to seek help. Cost. Lack of physicians. – Community Leader

Health Education

Not enough information, services, and education available. – Community Leader

Continuing to help people understand that it’s ok to not “feel” ok. Asking for help is not a sign of weakness. Making mental health resources more easily accessible for all. – Social Service Agency

Lack of understanding of the issues. Lack of access to treatment. – Social Service Agency

Affordable Care/Services

Access for poorer people. – Physician

Affordable care/housing for homeless. – Community Leader

Access and affordability of care. There is a large gap in the need to address mental health challenges and the capacity to meet that need. – Public Health Representative

Prevalence/Incidence

Mental health has been a challenge in the community, but the numbers have increased since the pandemic. – Community Leader

Oklahoma has some of the highest average ACE scores for young people in the nation. – Public Health Representative

Homelessness

Our homeless population is growing and in need of mental health treatment. – Community Leader

So many of the homeless people have mental health issues. Many people do not want to be tagged with the “mental illness” label and do not go to get help, or know where to get help, or cannot afford to do so. Increases in suicide, child abuse, and COVID that result in mental health issues. Feelings of isolation, stress, depression, hopelessness seem to be increasing. – Community Leader

Funding

Limited funding for providers and facilities. – Physician
Leading Causes of Death

Distribution of Deaths by Cause

Heart disease and cancers are leading causes of death in the community.

Leading Causes of Death (Tulsa County, 2020)

- Heart Disease: 27.1%
- Cancer: 26.2%
- COVID-19: 17.0%
- CLRD: 8.8%
- Unintentional Injuries: 5.1%
- Stroke: 4.3%
- Alzheimer's Disease: 4.2%
- Other Conditions: 4.2%

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2022.

Notes: Lung disease is CLRD, or chronic lower respiratory disease.
### Age-Adjusted Death Rates for Selected Causes

#### AGE-ADJUSTED DEATH RATES

In order to compare mortality in the region with other localities (in this case, Oklahoma and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2030 objectives.

The following chart outlines annual average age-adjusted death rates per 100,000 population for selected causes of death in Tulsa County.

#### Age-Adjusted Death Rates for Selected Causes

(2018-2020 Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Tulsa County</th>
<th>OK</th>
<th>US</th>
<th>HP2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Heart</td>
<td>244.6</td>
<td>234.7</td>
<td>164.4</td>
<td>127.4*</td>
</tr>
<tr>
<td>Malignant Neoplasms (Cancers)</td>
<td>162.8</td>
<td>174.1</td>
<td>146.5</td>
<td>122.7</td>
</tr>
<tr>
<td>Falls [Age 65+]</td>
<td>70.6</td>
<td>106.4</td>
<td>67.1</td>
<td>63.4</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>52.7</td>
<td>60.8</td>
<td>51.6</td>
<td>43.2</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease (CLRD)</td>
<td>49.8</td>
<td>62.0</td>
<td>38.1</td>
<td>—</td>
</tr>
<tr>
<td>Cerebrovascular Disease (Stroke)</td>
<td>43.2</td>
<td>39.8</td>
<td>37.6</td>
<td>33.4</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>40.1</td>
<td>38.0</td>
<td>30.9</td>
<td>—</td>
</tr>
<tr>
<td>Diabetes</td>
<td>20.9</td>
<td>29.9</td>
<td>22.6</td>
<td>—</td>
</tr>
<tr>
<td>Intentional Self-Harm (Suicide)</td>
<td>19.9</td>
<td>20.8</td>
<td>13.9</td>
<td>12.8</td>
</tr>
<tr>
<td>Firearm-Related</td>
<td>19.8</td>
<td>18.7</td>
<td>12.5</td>
<td>10.7</td>
</tr>
<tr>
<td>Unintentional Drug-Related Deaths</td>
<td>18.6</td>
<td>15.9</td>
<td>21.0</td>
<td>—</td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease</td>
<td>16.2</td>
<td>16.2</td>
<td>11.9</td>
<td>10.9</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>15.1</td>
<td>15.1</td>
<td>13.4</td>
<td>—</td>
</tr>
<tr>
<td>Motor Vehicle Deaths</td>
<td>12.3</td>
<td>16.7</td>
<td>11.4</td>
<td>10.1</td>
</tr>
<tr>
<td>Homicide/Legal Intervention</td>
<td>10.5</td>
<td>8.3</td>
<td>6.1</td>
<td>5.5</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>8.1</td>
<td>10.7</td>
<td>12.8</td>
<td>—</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>2.3</td>
<td>1.5</td>
<td>1.8</td>
<td>—</td>
</tr>
</tbody>
</table>

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2022.

Note:
- *The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.
Cardiovascular Disease

ABOUT HEART DISEASE & STROKE

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. …Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

— Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Heart Disease & Stroke Deaths

The greatest share of cardiovascular deaths is attributed to heart disease. The following charts outline age-adjusted mortality rates for heart disease and for stroke in our community.

Heart Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)

Tulsa County
244.6

OK
234.7

US
164.4

Sources:

Notes:
- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.
Prevalence of Heart Disease & Stroke

“Has a doctor, nurse, or other health professional ever told you that you had:

- A heart attack, also called a myocardial infarction?
- Angina or coronary heart disease?”

Heart disease prevalence here is a calculated prevalence that includes those responding affirmatively to either.

Prevalence of Heart Disease
“Has a doctor, nurse, or other health professional ever told you that you had a stroke?”

Prevalence of Stroke

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

“Have you ever been told by a doctor, nurse, or other health care professional that you had high blood pressure?”

“Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?”

Prevalence of High Blood Pressure
Healthy People 2030 = 27.7% or Lower

Prevalence of High Blood Cholesterol

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 29]
2020 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.
Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

The following chart reflects the percentage of adults in Tulsa County who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol.

**Present One or More Cardiovascular Risks or Behaviors**

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Tulsa</td>
<td>88.7%</td>
</tr>
<tr>
<td>Midtown</td>
<td>87.0%</td>
</tr>
<tr>
<td>South Tulsa</td>
<td>89.1%</td>
</tr>
<tr>
<td>Tulsa County</td>
<td>88.2%</td>
</tr>
<tr>
<td>US</td>
<td>84.6%</td>
</tr>
</tbody>
</table>

Sources:  
- 2022 PRC Community Health Survey, PRC, Inc. [Item 115]  
- 2020 PRC National Health Survey, PRC, Inc.

Notes:  
- Reflects all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.
Present One or More Cardiovascular Risks or Behaviors (Tulsa County, 2022)

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 115]
2020 PRC National Health Survey, PRC, Inc.

Notes: Reflects all respondents.
Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

The following chart outlines key informants’ perceptions of the severity of Heart Disease & Stroke as a problem in the community:

Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2022)

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

One of the highest incidences of death by heart attack. – Public Health Representative
Leading cause of death in Tulsa. – Community Leader
The number of patients being seen every day is a good indication that we have a major problem with this. – Other Health Provider
According to CDC, Oklahoma has the third highest death rate of all states. – Community Leader
Have seen data related to the prevalence of these issues in the community and their impact on mortality rates. – Community Leader
Data indicates that one in every 173 Tulsans will lose their life to a cardiovascular illness. – Public Health Representative
These conditions debilitate or kill many. They cause extensive economic damage. – Community Leader
A large portion of our population suffer from heart disease and stroke. Lifestyle changes could have prevented this or reduced the risk in many of the cases. – Physician
Top Oklahoma health concern. – Community Leader

Obesity

Obesity and untreated diabetes are rampant, leading to an increase in risk for these diseases. Unless the issue of obesity is addressed, these related illnesses will continue to cause fatalities. – Physician
Obesity and rate of heart disease and stroke. – Community Leader
We are an obese state and an obese county with much lower than average activity levels. This contributes to diabetes and heart disease, which contributes to inequity on lifespans from one area or demographic to the next. – Public Health Representative
Obesity is an issue for many community members. There needs to be a focus on more active lifestyles and healthy food choices. – Community Leader

Contributing Factors

I still believe women do not know or take seriously some symptoms of heart attacks and get medical care or get preventative care. There is an obesity problem that leads to heart disease/stroke, a diabetes problem, a lack of exercise/movement, eating out a lot and not choosing healthy foods or knowing what are healthy foods at these dining establishments. – Community Leader
Oklahoma has a high rate of obesity. It may in part be due to many food deserts where people do not have access to fresh fruits and vegetables and may not be able to afford them. That with a lack of primary health care, smoking, and drug use add to the problem. – Community Leader
Diet choices, stress/hypertension. – Community Leader
Poor nutrition, prevalent diabetes, tobacco use. – Physician

Prevention/Screenings

Prevention. Not seeking regular medical care. – Community Leader
Not a lot of services for preventative services and education. – Community Leader

Health Disparities

Especially in North Tulsa where life expectancy is lower due to diet, physical activity, and economic limitations. – Community Leader
There is a large disparity in incidence of heart disease by race. We need better answers. – Other Health Provider

Access to Care/Services

There is very limited neurology services in the community. Both inpatient and outpatient. The wait list to see an outpatient neurologist in Tulsa can be more than one year. This is like seeking healthcare in a third world country. – Physician
Once again, due to Covid, the lack of accessing providers for treatment. – Public Health Representative

Comorbidities

All of the chronic illnesses in Tulsa and Oklahoma, diabetes, obesity, heart disease, etc. are interrelated. If one is diabetic, one is at risk of heart disease. If one is obese, the same. The handful of metrics in Oklahoma and Tulsa tell the story. – Other Health Provider

Affordable Medications/Supplies

It is one of the chronic illnesses Morton treats. Unmanaged hypertension due to the high cost of medication. – Social Service Agency

Aging Population

Aging, unhealthy population (high smoking/diabetes rates). – Physician

Homelessness

Most of our clients are experiencing homelessness, are smokers, addiction to alcohol and drugs, and trauma related issues. – Social Service Agency

Lifestyle

Smokers, drug and alcohol abuse, casinos, and the lifestyle of people who patronize them. Rampant obesity. – Community Leader
Cancer

ABOUT CANCER

Cancer is the second leading cause of death in the United States. …The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

    — Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Cancer Deaths

The following chart illustrates age-adjusted cancer mortality (all types) in Tulsa County.

Cancer: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower

Lung cancer is by far the leading cause of cancer deaths in the county.
### Age-Adjusted Cancer Death Rates by Site
(2018-2020 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Site</th>
<th>Tulsa County</th>
<th>OK</th>
<th>US</th>
<th>HP2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL CANCERS</td>
<td>162.8</td>
<td>174.1</td>
<td>146.5</td>
<td>122.7</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>39.2</td>
<td>45.5</td>
<td>33.4</td>
<td>25.1</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>21.2</td>
<td>22.7</td>
<td>19.4</td>
<td>15.3</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>20.6</td>
<td>19.5</td>
<td>18.5</td>
<td>16.9</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>16.1</td>
<td>16.3</td>
<td>13.1</td>
<td>8.9</td>
</tr>
</tbody>
</table>

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2022.

### Cancer Incidence

“Incidence rate” or “case rate” is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

### Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2014-2018)

#### Sources:
- State Cancer Profiles.

#### Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 U.S. standard population age groups (under age 1, 1-4, 5-9, ... 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death, and it is important to identify cancers separately to better target interventions.
Prevalence of Cancer

“Have you ever suffered from or been diagnosed with cancer?”

“Which type of cancer were you diagnosed with? (If more than one past diagnosis, respondent was asked about the most recent.)

The most common types of cancers cited include:
1) Skin/Melanoma 26.0%
2) Breast Cancer 19.6%

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Items 25-26]
2020 PRC National Health Survey, PRC, Inc.

Notes: Reflects all respondents.

ABOUT CANCER RISK

Reducing the nation’s cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.
  - National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

RELATED ISSUE
See also Nutrition, Physical Activity & Weight and Tobacco Use in the Modifiable Health Risks section of this report.
Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor’s checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

**FEMALE BREAST CANCER**

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

**CERVICAL CANCER**

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

**COLORECTAL CANCER**

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

**BREAST CANCER SCREENING**

“A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?”

Breast cancer screening is calculated here among women age 50 to 74 who indicate mammography within the past 2 years.

**CERVICAL CANCER SCREENING**

“A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?”

[If Pap test in the past five years] “HPV, or the human papillomavirus, is a common infection that can cause several types of cancer. When you received your last Pap test, were you screened for HPV?”

“Have you ever had a hysterectomy?”

“Appropriate cervical cancer screening” includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65. Women 21 to 65 with hysterectomy are excluded.
COLORECTAL CANCER SCREENING ► “Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since your last sigmoidoscopy or colonoscopy?”

“A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test?”

“Appropriate colorectal cancer screening” is calculated here among men and women age 50 to 75 years who have had a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

Key Informant Input: Cancer
The following chart outlines key informants’ perceptions of the severity of Cancer as a problem in the community:

Perceptions of Cancer as a Problem in the Community (Key Informants, 2022)
- Major Problem
- Moderate Problem
- Minor Problem
- No Problem At All

Sources:  
- PRC Online Key Informant Survey, PRC, Inc.
Notes:  
- Asked of all respondents.
Among those rating this issue as a “major problem,” reasons related to the following:

**Prevalence/Incidence**
- Oklahoma has one of the highest cancer rates in the country and some of the worst health screening rates and tobacco use rates. – Physician
- Rate of occurrence, emphasis on treatment rather than prevention, deferred primary health care options prior to expanded Medicaid. – Other Health Provider
- Current data suggests that roughly one in every 200 residents in Tulsa County will be diagnosed with cancer. This rate is above both the state and national average. – Public Health Representative
- It’s one of the leading causes of death. One must seek treatment in Oklahoma City or outside the state for some forms of cancer. – Community Leader
- I have known a number of people with cancer in the last few years. – Public Health Representative
- It is a leading cause of death. – Community Leader

**Prevention/Screenings**
- There are no preventative services, and the community does not have any healthy options for food. – Community Leader
- No regular and consistent medical exams, therefore no prevention, just intervention. – Community Leader
- Due to COVID, many folks have put aside preventive care, including cancer screenings. – Public Health Representative
- Need more screenings, even with blood work, etc. Too many people dying with treatable cancer. – Community Leader

**Access to Care/Services**
- Finding an organization to treat individuals who have cancer and are uninsured is a challenge. – Social Service Agency
- I was formerly involved with a women's cancer health organization. There are very limited resources for women, particularly those with limited income, those who live in rural communities, and those belonging to marginalized populations. This health organization no longer has a presence in Oklahoma, leaving an even greater void in our community for women facing certain types of cancer. – Social Service Agency

**Contributing Factors**
- Poor access to primary care service, leading to lack of screening combined with persistent tobacco use, alcohol abuse and obesity. – Physician
- Smoking and obesity. – Physician

**Overall Health Status**
- Oklahoma’s poor health rankings. – Community Leader
Respiratory Disease

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Respiratory Disease Deaths

Chronic lower respiratory diseases (CLRD) are diseases affecting the lungs; the most deadly of these is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Mortality for CLRD is illustrated in the charts that follow.

Pneumonia and influenza mortality is also illustrated.

CLRD: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2022.
Notes: CLRD is chronic lower respiratory disease.
Prevalence of Respiratory Disease

Asthma

ADULTS ► “Have you ever been told by a doctor, nurse, or other health professional that you had asthma?” and “Do you still have asthma?” (Calculated here as a prevalence of all adults who have ever been diagnosed with asthma and who still have asthma.)

CHILDREN ► “Has a doctor or other health professional ever told you that this child had asthma?” and “Does this child still have asthma?” (Calculated here as a prevalence of all children who have ever been diagnosed with asthma and who still have asthma.)

Prevalence of Asthma

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 119]
2020 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.
Includes those who have ever been diagnosed with asthma and report that they still have asthma.
Prevalence of Asthma in Children (Parents of Children Age 0-17)

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 120]
2020 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents with children 0 to 17 in the household.
Includes children who have ever been diagnosed with asthma and are reported to still have asthma.

Chronic Obstructive Pulmonary Disease (COPD)

“Would you please tell me if you have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?”

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)
Key Informant Input: Respiratory Disease

The following chart outlines key informants’ perceptions of the severity of Respiratory Disease as a problem in the community:

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2022)

- Major Problem - Moderate Problem - Minor Problem - No Problem At All

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.0%</td>
</tr>
<tr>
<td>60.0%</td>
</tr>
<tr>
<td>13.3%</td>
</tr>
<tr>
<td>1.7%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Tobacco Use
- Due to our high number of smokers. – Public Health Representative
- Addiction to tobacco. – Social Service Agency
- Prevalence of smoking. – Physician

Contributing Factors
- I have seen stats stating we have higher than average numbers, but don’t know myself. I believe poor air quality, limited urban tree canopy, and poor health due to low activity are drives. – Public Health Representative
- This is related to being inactive and fat. – Community Leader
- There are few outpatient pulmonary practitioners. Although there is adequate coverage for acute hospitalizations, the follow up and more importantly the prevention of acute hospitalization is lacking. The tobacco use and other untreated respiratory disease (some of this is financial since medications are costly for many people in the community) are also major factors. – Physician

Prevalence/Incidence
- EMS services run numerous calls daily and with so many ethnic groups who are prone to respiratory disease in this area, it is clearly a major problem in all of Oklahoma. – Other Health Provider
- Number of staff members who continually suffer with sinus infections and respiratory illnesses. – Social Service Agency

COVID-19
- Covid. – Community Leader

Lifestyle
- Lifestyle. – Community Leader

Prevention/Screenings
- Not enough preventative services and education. – Community Leader
Age-Adjusted COVID-19 Deaths

2020 death rates for COVID-19 are illustrated in the following chart.

COVID-19: Age-Adjusted Mortality
(2020 Annual Average Deaths per 100,000 Population)

Key Informant Input: Coronavirus Disease/COVID-19

The following chart outlines key informants’ perceptions of the severity of Coronavirus Disease/COVID-19 as a problem in the community:

Perceptions of Coronavirus Disease/COVID-19
as a Problem in the Community
(Key Informants, 2022)

Health Education

Misinformation leading to lower vaccination rates, especially in conservative circles. – Community Leader

It’s a major problem worldwide. Citizens in our community don’t tend to follow science or the advice from public health officials. As a result, the community suffers prolonged community spread. – Community Leader

Suspicion of public health directives and vaccine hesitancy. – Physician

Lack of knowledge. – Community Leader

Guidance from all sides, at times politically motivated, results in low confidence in public health and a failure of the citizens to act on them, thus increasing risks for others, particularly the most vulnerable to the virus. – Public Health Representative

Sources: CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2022.

Sources: PRC Online Key Informant Survey, PRC, Inc. Notes: Asked of all respondents.
Lack of Adherence to Public Health Mitigation Measures

Rates of infection due to resistance to prevention/mitigation measures. Vaccine hesitancy and low rates of vaccination and lack of political leadership to support community and state solutions. – Other Health Provider

High death and infection rates. Poor adherence to precautions, vaccination hesitation. – Physician

Many people do not take the recommendations seriously. It can be a fatal disease, but those that do not follow mask and hand washing guidance put the entire population at risk. More should be done to encourage the general public to get vaccinated. – Physician

People are getting tired of COVID restrictions, and many have doubted science. This puts the most vulnerable in our community at great risk of serious health conditions, including death. – Social Service Agency

Contributing Factors

There was not enough hospital capacity or resources to take care of the large number of patients that needed hospitalization. There was a valiant effort at education and offering immunization and medication to the community, but the amount of misinformation was too great. – Physician

We have a relatively small percentage of vaccinated people and no desire for people to wear masks. And we are experiencing staffing issues at area hospitals. – Public Health Representative

General denial that Covid still exists. Failure to maintain proven methods to reduce transmission, i.e., masking. Low vaccination rates. – Other Health Provider

Low vaccination rates, misinformation, displeasure with masking protocols. – Social Service Agency

People are not vaccinated still in 2022. Need more Covid testing sites. – Community Leader

Vaccination Rates

Too many unvaccinated people. Inequities in reaching people with testing and vaccines. – Other Health Provider

A lot of individuals are not vaccinated, which is their choice, and the virus is preyed upon underserved communities. – Community Leader

There is still a resistance in the community to get vaccinated. – Social Service Agency

Prevalence/Incidence

Community spread and fatality rate. – Community Leader

Prevalence and politics. – Physician

It is a major problem due to the specificity rate for our state and the numbers with Covid. – Public Health Representative

Diagnosis/Treatment

There has been a major number of cases that have negatively impacted our ability to diagnose, treat and manage other people with new or chronic health care conditions. For example, people have not been getting access to care or not coming to appointments secondary to lack of access for heart disease, diabetes and particularly oncology care. I believe that our screening and monitoring systems for cancer (lung, GI, breast, etc.) are not functioning well now. We will have late presentations of disease in the months to come. – Physician

Impact on Quality of Life

Because it has affected the most people and has some lasting effects on health, some effects are still not known. It has caused children to not be able to attend school in person and learn, and they may never learn what they need to know and/or may cause more dropouts. It’s increased anxiety/stress, behavior issues and mental health issues, and has created business/and financial loss, with less available people to work (we need more employees). – Community Leader

Vulnerable Populations

Many Latinos experienced language, cultural, and documentation barriers to accessing Covid education and vaccination. My organization, The Uma Center Inc, helped ameliorate these barriers through our Covid initiative. Initially, Latinos were hit pretty badly with Covid infections, hospitalizations, and deaths. – Community Leader
Injury & Violence

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. …Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers’ prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. …Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

Healthy People 2030 (https://health.gov/healthypeople)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

The following chart outlines age-adjusted mortality rates for unintentional injury in the area.

Unintentional Injuries: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower

Tulsa County OK US

Leading Causes of Unintentional Injury Deaths

Leading causes of accidental death in the county include the following:

### Leading Causes of Unintentional Injury Deaths (Tulsa County, 2018-2020)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poisoning (Including Drug Overdoses)</td>
<td>11.9%</td>
</tr>
<tr>
<td>Motor Vehicle Crashes</td>
<td>37.5%</td>
</tr>
<tr>
<td>Falls</td>
<td>24.7%</td>
</tr>
<tr>
<td>Drowning</td>
<td>3.4%</td>
</tr>
<tr>
<td>Suffocation</td>
<td>18.5%</td>
</tr>
<tr>
<td>Other</td>
<td>3.9%</td>
</tr>
<tr>
<td>Other</td>
<td>11.9%</td>
</tr>
</tbody>
</table>

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2022.

### Intentional Injury (Violence)

#### Age-Adjusted Homicide Deaths

Age-adjusted mortality attributed to homicide is shown in the following chart.

### Homicide: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population)

- **Tulsa County**: 10.5
- **OK**: 8.3
- **US**: 6.1

Healthy People 2030 = 5.5 or Lower

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2022.


### RELATED ISSUE

For more information about unintentional drug-related deaths, see also Substance Abuse in the Modifiable Health Risks section of this report.

See also Mental Health (Suicide) in the General Health Status section of this report.
Violent Crime

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Violent Crime
(Rate per 100,000 Population, 2014-2016)

Tulsa County: 699.0
OK: 443.5
US: 416.0

Sources: Federal Bureau of Investigation, FBI Uniform Crime Reports.

Notes: This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety. Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

VIOLENT CRIME EXPERIENCE  ► “Have you been the victim of a violent crime in your area in the past 5 years?”

Victim of a Violent Crime in the Past Five Years

North Tulsa: 7.2%
Midtown: 7.7%
South Tulsa: 5.6%
Tulsa County: 6.7%
US: 6.2%

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 38]
2020 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.
Victim of a Violent Crime in the Past Five Years  
(Tulsa County, 2022)

INTIMATE PARTNER VIOLENCE ▶ “The next questions are about different types of violence in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with, would also be considered an intimate partner. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?”

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

Sources:  
2022 PRC Community Health Survey, PRC, Inc. [Item 38]  
Notes:  
* Asked of all respondents.
**Key Informant Input: Injury & Violence**

The following chart outlines key informants’ perceptions of the severity of *Injury & Violence* as a problem in the community:

### Perceptions of Injury and Violence as a Problem in the Community

*(Key Informants, 2022)*

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>30.5%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>50.8%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>13.6%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

**Prevalence/Incidence**

- Increasing crime rates. – Other Health Provider
- It is consistently one of the top 10 causes of early death/mortality in Tulsa. – Public Health Representative
- Incidence of domestic violence, homicide, and traffic fatalities. – Community Leader
- There are more and more reports of this on the news daily and the need for trauma care continues to climb. With only two level 2 trauma hospitals in Tulsa, their Emergency Departments stay busy. – Other Health Provider

**Impact of Violence**

- Gun violence is still a major issue, as are spousal and child abuse. These types of abuse feed into mental health challenges, homelessness, dropout rates, and more. – Social Service Agency

**Gun Violence**

- Gun deaths are one of the drivers to inequities in life expectancy from north and south Tulsa. – Public Health Representative

**Vulnerable Populations**

- Our clients experiencing homelessness are the most vulnerable, staying outside, on the streets and even shelters. – Social Service Agency
- Latinos get injured at work often because they work in dangerous occupations. They also often live in unsafe neighborhoods, where they are exposed to violence. – Community Leader

**Crime**

- Crime. – Community Leader

**Media**

- Media perpetuates violence and there are hardly any positive outlets in the community. – Community Leader

**Systemic Neglect**

- Systemic neglect. – Community Leader

**Contributing Factors**

- Historical trauma, at-risk behavior, addiction, not enough employment opportunities, not enough community-based activities, and programs. – Community Leader
Diabetes

ABOUT DIABETES
More than 30 million people in the United States have diabetes, and it’s the seventh leading cause of death. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don’t know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don’t have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Diabetes Deaths
Age-adjusted diabetes mortality for the area is shown in the following chart.

Diabetes: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2022.

Notes:
- The Healthy People 2030 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
**Prevalence of Diabetes**

“Have you ever been told by a doctor, nurse, or other health professional that you have diabetes? (If female, add: not counting diabetes only occurring during pregnancy?)”

“Have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes? (If female, add: other than during pregnancy?)”

[Adults who do not have diabetes] “Have you had a test for high blood sugar or diabetes within the past three years?”

---

**Prevalence of Diabetes**

Another 11.0% of adults have been diagnosed with “pre-diabetes” or “borderline” diabetes.

---

**Prevalence of Diabetes**

(Tulsa County, 2022)

Note that among adults who have not been diagnosed with diabetes, 45.0% report having had their blood sugar level tested within the past three years.

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**Sources:**
- 2022 PRC Community Health Survey, PRC, Inc. [Item 121]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Oklahoma data.
- 2020 PRC National Health Survey, PRC, Inc.

**Notes:**
- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).
Key Informant Input: Diabetes

The following chart outlines key informants’ perceptions of the severity of Diabetes as a problem in the community:

<table>
<thead>
<tr>
<th>Perceptions of Diabetes as a Problem in the Community (Key Informants, 2022)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Major Problem</strong></td>
</tr>
<tr>
<td><strong>Moderate Problem</strong></td>
</tr>
<tr>
<td><strong>Minor Problem</strong></td>
</tr>
<tr>
<td><strong>No Problem At All</strong></td>
</tr>
<tr>
<td>57.4%</td>
</tr>
<tr>
<td>32.8%</td>
</tr>
<tr>
<td>6.6%</td>
</tr>
<tr>
<td>3.3%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

Affordable access to medications, test strips, supplies, access to nutritious food. – Public Health Representative

Expensive care for the co-morbid issues related. Strong public narrative of indulging with fast foods and alcohol to increase happiness. Low public attention to the promotion of healthy lifestyles. – Public Health Representative

Access to care, access to medications for treatment, very limited diabetes education and the education available is only a few sessions instead of longer term, very few resources for gyms/exercise particularly for those that do not live in safe areas for walking, the cost of well-fitting shoes like those purchased at running stores after foot mapping is done so that you know they are a good fit for ankle/knee/hip support during exercise. – Physician

People with diabetes lack access to medical care and options for exercise and healthy food choices. There are few opportunities to learn more about living with or preventing diabetes. Cost of treatment, lack of understanding of the disease and nutrition. Food deserts and transportation barriers. – Social Service Agency

Self-care, education, and costs of medications. – Physician

Obesity-poverty connection. Lack of nutritional awareness/knowledge. – Community Leader

Obesity, diet, lack of exercise, and build environments to encourage outdoor activity. – Public Health Representative

Affordable nutritious food, easy accessibility to gyms, parks and trails. Affordability of medications especially injectables. Affordable electric power for refrigerator to store insulin. Access to glucose monitors and associated strips. Access to free or cheap transportation to healthcare appointments. – Physician

Affordable Medications/Supplies

Access to affordable insulin. – Public Health Representative

Not being able to afford their medication. – Social Service Agency

Access to affordable medications. – Physician

Cost of drugs. – Physician

Medications, keeping up with their supplies and being able to manage the diabetic condition. – Social Service Agency

Affordable Care/Services

Costs. – Community Leader

Cost, access to services, getting initial diagnosis. – Public Health Representative

Access to Care/Services

No close access to health services. – Community Leader

It is difficult to get an appointment with an endocrinologist. – Physician
Prevention/Screenings

The biggest challenges are on prevention and chronic disease maintenance. – Community Leader
Several preventative programs exist, but they remain small in scale and coverage. – Community Leader
Prevention care. – Community Leader
There are hardly any preventative services or constant education in the community. – Community Leader

Lifestyle

Poor habits that develop at a young age, which become hard to break. Cheap, unhealthy food. Costly healthy food. Lack of education. – Community Leader
Nutrition and lifestyle plans, and advice and support for people with type 2. – Community Leader

Health Education

Access to adequate education regarding long term consequences if the disease is not treated properly. I care for newborns, and we see so many infants with serious complications because the mother does not control her sugars during pregnancy. – Physician
Educating individuals on how to avoid diabetes, when possible, and then how to control diabetes. – Social Service Agency

Comorbidities

Multiple health issues, including heart, kidney, eye, cardiovascular, nerve issues, and disability, early death, or loss of quality health as a result. – Community Leader
Generally poor health conditions. – Community Leader

Vulnerable Populations

The Latino community has high levels of diabetes and pre-diabetes, and high BMIs. Many Latinos lack health insurance and thus don't have a primary care physician. – Community Leader

Diagnosis/Treatment

Early diagnosis; understanding of relationship between nutrition and lifestyle; understanding of risk factors; seamless services and continuity of care, especially for those with chronic conditions. Because Oklahoma has only had expanded Medicaid coverage for less than one year, the high percentage of uninsured are unaccustomed to health insurance that provides resources for prevention and management of diabetes. Morton has a highly integrated and specialized program that has shown great success. – Other Health Provider

Follow-Up/Support

Sufficient support to make the necessary behavior changes for healthy behavior. – Other Health Provider
Kidney Disease

ABOUT KIDNEY DISEASE

More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don’t know they have it. …People with CKD are more likely to have heart disease and stroke — and to die early. Managing risk factors like diabetes and high blood pressure can help prevent or delay CKD. Strategies to make sure more people with CKD are diagnosed early can help people get the treatment they need.

Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve quality of life.

— Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Kidney Disease Deaths

Age-adjusted kidney disease mortality is described in the following chart.

Kidney Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)

Tulsa County OK US

Sources:

CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2022.
Prevalence of Kidney Disease

“Would you please tell me if you have ever suffered from or been diagnosed with kidney disease?”

Prevalence of Kidney Disease

Sources: 
- 2022 PRC Community Health Survey, PRC, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Oklahoma data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes: 
- Asked of all respondents.

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Tulsa</td>
<td>3.4%</td>
</tr>
<tr>
<td>Midtown</td>
<td>4.6%</td>
</tr>
<tr>
<td>South Tulsa</td>
<td>1.6%</td>
</tr>
<tr>
<td>Tulsa County</td>
<td>3.1%</td>
</tr>
<tr>
<td>OK</td>
<td>4.0%</td>
</tr>
<tr>
<td>US</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

Key Informant Input: Kidney Disease

The following chart outlines key informants’ perceptions of the severity of Kidney Disease as a problem in the community:

Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2022)

- **Major Problem**: 19.3%
- **Moderate Problem**: 54.4%
- **Minor Problem**: 22.8%
- **No Problem At All**: 3.5%

Sources: 
- PRC Online Key Informant Survey, PRC, Inc.

Notes: 
- Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

**Alcohol/Drug Use**

- Alcohol abuse. – Community Leader
- Addictions to alcohol and other drug issues. – Social Service Agency

**Access to Care for Uninsured/Underinsured**

- Community is not aware of access to health care for the uninsured. – Social Service Agency
Health Education

Many tend to think of kidney disease only as an adult issue, however, there are young people who live with CKD and the resources and support are limited and non-existent. – Public Health Representative

Prevention/Screenings

Not any services hardly for preventative care and education. – Community Leader

Contributing Factors

Lifestyle and substance abuse. Lack of consistent medical care. – Community Leader

Vulnerable Populations

We see it a lot with minority elderly population. – Community Leader

Potentially Disabling Conditions

Multiple Chronic Conditions

The following charts outline the prevalence of multiple chronic conditions among surveyed adults, taking into account all of the various conditions measured in the survey.

Number of Current Chronic Conditions
(Tulsa County, 2022)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>41.8%</td>
</tr>
<tr>
<td>One</td>
<td>19.5%</td>
</tr>
<tr>
<td>Two</td>
<td>18.7%</td>
</tr>
<tr>
<td>Three/More</td>
<td>19.9%</td>
</tr>
</tbody>
</table>

For the purposes of this assessment, chronic conditions include:
- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart attack/angina
- High blood cholesterol
- High blood pressure
- Kidney disease
- Lung disease
- Obesity
- Stroke

Multiple chronic conditions are concurrent conditions.

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 123]

Notes:
- As per all respondents.
- In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.
Currently Have Three or More Chronic Conditions

Sources:  
- 2022 PRC Community Health Survey, PRC, Inc. [Item 123]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:  
- Asked of all respondents.
- In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.

Currently Have Three or More Chronic Conditions (Tulsa County, 2022)

Sources:  
- 2022 PRC Community Health Survey, PRC, Inc. [Item 123]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:  
- Asked of all respondents.
- In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.
### Activity Limitations

#### ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

‒ Healthy People 2030 (https://health.gov/healthypeople)

```
"Are you limited in any way in any activities because of physical, mental, or emotional problems?"

[Adults with activity limitations] "What is the major impairment or health problem that limits you?"
```

#### Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem

```
North Tulsa 32.8%  
Midtown 33.3%  
South Tulsa 28.5%  
SFH Service Area 31.2%  
US 24.0%
```

Most common conditions:
- Mental health
- Back/neck problems
- Arthritis

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 96-97]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem
(Tulsa County, 2022)

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 96]
Notes: Asked of all respondents.
High-Impact Chronic Pain

“Over the past six months, how often did physical pain limit your life or work activities? Would you say: never, some days, most days, or every day?” (Reported here among those responding “most days” or “every day.”)

Experience High-Impact Chronic Pain
Healthy People 2030 = 7.0% or Lower

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 37]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- High impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.

Experience High-Impact Chronic Pain
(Tulsa County, 2022)
Healthy People 2030 = 7.0% or Lower

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 37]

Notes:
- Asked of all respondents.
- High impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.
Key Informant Input: Disability & Chronic Pain

The following chart outlines key informants’ perceptions of the severity of Disability & Chronic Pain as a problem in the community:

Perceptions of Disability & Chronic Pain as a Problem in the Community (Key Informants, 2022)

- Major Problem: 32.2%
- Moderate Problem: 52.5%
- Minor Problem: 15.3%
- No Problem At All

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services
- Our clients have difficulty getting adequate resources for assessments for pain management. – Social Service Agency
- There are few places available to assist. – Community Leader
- Significant wait list for services with a disability. – Community Leader
- We believe that this is a major problem due to lack of community resources, physician and provider services. There is a lack of understanding as to how this impact patients and their families. There should be appropriated wrap around services, that incorporate community care coordination and other empowering services that place the family at the center of care. – Public Health Representative

Prevalence/Incidence
- Unsure of etiology, but good percentage of individuals on chronic pain medicine. – Physician
- High percentage of folks on Social Security Disability and dually eligible for Medicare and Medicaid. – Public Health Representative
- I feel like I've seen Tulsa Health Department data on high incidence of chronic pain. I'm not sure there are good solutions for people suffering from chronic pain. – Other Health Provider
- Chronic pain is recognized by the VA as a disability now. Sometimes it is mental illness too. – Community Leader

Access to Providers
- There are not very many pain management physicians in the area and many of the ones who are only wish to do procedures. – Physician
- There are more patients with chronic pain than there are pain management provider openings. – Physician
- Not enough pain doctors to address the issue and people turn to street drugs. – Physician

Alcohol/Drug Use
- The high correlation of SUDs as a coping strategy. – Public Health Representative
- Because of our issue with addiction to pain medications in our community. – Public Health Representative

Diagnosis/Treatment
- Not seeking medical treatment until crisis. – Community Leader

Contributing Factors
- No healthcare. Low income. Elderly. No transportation. – Community Leader
Vulnerable Populations

Latinos work in occupations that have high levels of work-related accidents. Often, they are not aware that they qualify for worker’s comp or disability insurance. – Community Leader

Alzheimer’s Disease

ABOUT DEMENTIA

Alzheimer’s disease is the most common cause of dementia and the sixth leading cause of death in U.S. adults.1 Nearly 6 million people in the United States have Alzheimer’s, and that number will increase as the population ages.

Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there’s no cure for Alzheimer’s disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Alzheimer’s Disease Deaths

Age-adjusted Alzheimer’s disease mortality is outlined in the following chart.

Alzheimer’s Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th>Tulsa County</th>
<th>OK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>40.1</td>
<td>38.0</td>
<td>30.9</td>
</tr>
</tbody>
</table>

Sources: CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2022.
Key Informant Input: Dementia/Alzheimer’s Disease

The following chart outlines key informants’ perceptions of the severity of Dementia, Including Alzheimer’s Disease as a problem in the community:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>21.7%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>58.3%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>18.3%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

Access to resources. These individuals are for the most part 65 or older and accordingly there are not good benefits from Medicare to assist with the disease process such as adult daycare, home health, medication assistance, etc. Essentially to carry this diagnosis you have to have means (money) if you want any quality of life whatsoever. – Physician

Lack of care. – Community Leader

There are long waitlists for services at every Neurology and Psychiatric in the area, and many psychiatrists will not see patients over the age of 65. Both OU Psychiatry and OSU Psychiatry would like to start geriatric psychiatry fellowships, but we do not have the needed number of board-certified geriatric psychiatrists in the area to meet the required faculty needs. – Physician

Prevalence/Incidence

It has always been a major problem. Now it is getting attention. – Community Leader

Numerous friends and family members have parents with dementia/Alzheimer’s. I have personally witnessed the struggle they face in both trying to care for them at home and/or trying to find the appropriate care for them. – Social Service Agency

Affordable Care/Services

There are nursing homes for persons below the poverty line. For others, costs of care become financially devastating, and/or personal daily care requires family members to sacrifice work and time with other family members to attend needs. Healthcare costs are particularly burdensome and insurance is inadequate – Public Health Representative

There needs to be affordable facilities designated for caring for individuals with dementia/Alzheimer’s disease so care takers can continue their lives. The communities at large are not sure how to care for individuals experiencing dementia/Alzheimer’s disease. – Social Service Agency

Contributing Factors

Aging population. Financial strain on caregivers. – Physician

Tulsa’s aging population. Lack of understanding of neurologically based disorders. Fragmented infrastructure to obtain services. Cost of in-home care. – Other Health Provider

Aging Population

Aging population. – Community Leader

Prevention/Screenings

There are no preventative measures in place. – Community Leader
Caregiving

“People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past 30 days, did you provide any such care or assistance to a friend or family member?”

[Among those providing care] “What is the main health problem, long-term illness, or disability that the person you care for has?”

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability

The top issues affecting those receiving their care include:
- Dementia/cognitive impairment
- Old age/frailty
- Mental illness
- Cancer

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Items 98-99] 2020 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.
BIRTHS

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women’s health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants’ health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

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Healthy People 2030 (https://health.gov/healthypeople)

Prenatal Care

Early and continuous prenatal care is the best assurance of infant health. Lack of (or late) prenatal care (care initiated during the seventh month of pregnancy, if at all) is outlined in the following chart.

Late or No Prenatal Care: 7th Month or Later, If At All
(Percentage of Live Births, 2017–2019)


Note: This indicator reports the percentage of women who did not obtain prenatal care until the seventh month (or later) of pregnancy or who didn’t have any prenatal care, as of all who gave birth during the three-year period from 2017 to 2019. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.
### Birth Outcomes & Risks

#### Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

#### Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births. These rates are outlined in the following chart.
Family Planning

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. ... Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

Healthy People 2030 (https://health.gov/healthypeople)

Births to Adolescent Mothers

The following chart describes births to adolescent mothers under the age of 20 years.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2013-2019)


Notes:  This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.
Key Informant Input: Infant Health & Family Planning

The following chart outlines key informants’ perceptions of the severity of Infant Health and Family Planning as a problem in the community:

Perceptions of Infant Health and Family Planning as a Problem in the Community (Key Informants, 2022)

- Major Problem 42.6%
- Moderate Problem 36.1%
- Minor Problem 14.8%
- No Problem At All 6.6%

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

- Due to the stigma associated with Planned Parenthood, there are limited options for people without finances/insurance. Long-term birth control is frowned upon by many within Oklahoma secondary to religious beliefs or the political climate. Accordingly, we are high on the list of teenage pregnancies. Lots of individuals in these demographic groups may not know they are pregnant and accordingly may miss out on nutritional recommendations or prenatal vitamins etc. – Physician
- I work in an NICU, we care for many babies whose mothers have not had prenatal care. That leads to significant risk to the infant. Also, if birth control were more available, there would be fewer unintended pregnancies. we also care for many babies born to narcotic addicted mothers. These mothers sometimes have multiple children, all at risk for long term developmental abnormalities and most go to foster care. These mothers need access to withdrawal care and birth control. – Physician
- High smoking and drug use. Poverty. Poor adherence to prenatal care. – Physician
- Not a lot of services and education. – Community Leader
- Lack of access to prenatal care, lack of knowledge of resources, uninsured. – Community Leader

Health Disparities

- This is a north and east Tulsa issue. – Community Leader
- One only has to review the high mortality rates among minority women, especially, to know this is a problem. Teen age pregnancies and lack of family planning and contraception use are recipes for children who are born into difficult or unwelcomed circumstances. Access to contraception, reproductive education, and the impacts of poor pre-natal health are essential. – Other Health Provider
- Infant mortality has one of the higher measures of disparities in the Tulsa Equity Indicators report. – Other Health Provider

Access to Care/Services

- Transportation. Need home healthcare. – Community Leader
- Lack of resources, services, and programs. Not enough agencies addressing these issues. – Community Leader
- Overall, I think we could have better infant mortality rates. I believe that is an outcome of inadequate services in those two areas. – Public Health Representative

Access to Care for Uninsured/Underinsured

- Lack of insurance or ability to pay for health care affects the entire family. Sometimes the only option is the Emergency Room or Urgent Care, which does not give consistent care. – Community Leader
- Lack of health insurance leaves many Latinos with few options to pay for family planning services. – Community Leader
Prevalence/Incidence

Have seen stats related to the infant mortality. Tulsa has also historically had a high rate of teen births, although this has gone down. – Community Leader

Our organization has a specific focus on reducing infant mortality and maternal morbidity. Oklahoma has one of the highest infant mortality rates in the nation. – Social Service Agency

Government/Policy

Movements to restrict abortion access and high poverty rates that contribute to food insecurity among families with children. – Other Health Provider

Oklahoma policymakers continuously propose legislation that interferes with women's ability to make sound decisions around their reproductive health in consultation with their physicians and that impacts accessibility to reproductive health services. – Public Health Representative

Cultural/Personal Beliefs

Conservative ideals. – Public Health Representative

Health Education

While access is possibly less the issue, many parents, who were not well cared for themselves as children, often do not grasp importance of infant health and mental health and fail to access care on behalf of their infants. – Public Health Representative

Impact on Quality of Life

Infant health is important as they are our future. – Public Health Representative
MODIFIABLE HEALTH RISKS

Nutrition

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don’t eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don’t have the information they need to choose healthy foods. Other people don’t have access to healthy foods or can’t afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

— Healthy People 2030 (https://health.gov/healthypeople)

Daily Recommendation of Fruits/Vegetables

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

“Now I would like you to think about the foods you ate or drank yesterday. Include all the foods you ate, both at home and away from home. How many servings of fruit or fruit juices did you have yesterday?”

“How many servings of vegetables did you have yesterday?”

The questions above are used to calculate daily fruit/vegetable consumption for respondents. The proportion reporting having 5 or more servings per day is shown here.

Consume Five or More Servings of Fruits/Vegetables Per Day

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 125]
         2020 PRC National Health Survey, PRC, Inc.

Notes: * Asked of all respondents.
       * For this issue, respondents were asked to recall their food eaten on the prior day.
Access to Fresh Produce

“How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford — would you say: very difficult, somewhat difficult, not too difficult, or not at all difficult?”

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 79]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Tulsa County, 2022)

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 79]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This related chart is based on US Department of Agriculture data.

**Population With Low Food Access**

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2019)

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tulsa County</td>
<td>25.5%</td>
</tr>
<tr>
<td>OK</td>
<td>25.2%</td>
</tr>
<tr>
<td>US</td>
<td>22.2%</td>
</tr>
</tbody>
</table>

153,982 individuals have low food access


Notes: This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

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**Barriers to Healthy Eating**

“For you, what is the biggest barrier to healthy eating?”

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing/Uncertain</td>
<td>21.1%</td>
</tr>
<tr>
<td>Preference/Taste</td>
<td>16.6%</td>
</tr>
<tr>
<td>Time/Prep/Planning</td>
<td>15.4%</td>
</tr>
<tr>
<td>Cost/Access</td>
<td>16.8%</td>
</tr>
<tr>
<td>Consistency/Habits</td>
<td>19.3%</td>
</tr>
<tr>
<td>Other (&lt;3% each)</td>
<td>10.8%</td>
</tr>
</tbody>
</table>

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 302]

Notes: Asked of all respondents.
Physical Activity

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don’t get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

Healthy People 2030 (https://health.gov/healthypeople)

Leisure-Time Physical Activity

“During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?”

No Leisure-Time Physical Activity in the Past Month
Healthy People 2030 = 21.2% or Lower

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 82]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Oklahoma data.
2020 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.
Meeting Physical Activity Recommendations

**ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY**

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do muscle-strengthening activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.


To measure physical activity frequency, duration and intensity, respondents were asked:

“During the past month, what type of physical activity or exercise did you spend the most time doing?”

“And during the past month, how many times per week or per month did you take part in this activity?”

“And when you took part in this activity, for how many minutes or hours did you usually keep at it?”

Respondents could answer the above series for up to two types of physical activity. The specific activities identified (e.g., jogging, basketball, treadmill, etc.) determined the intensity values assigned to that respondent when calculating total aerobic physical activity hours/minutes.

Respondents were also asked about strengthening exercises:

“During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? Do not count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups, or push-ups, and those using weight machines, free weights, or elastic bands.”

“Meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activity:

- Aerobic activity is at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous physical activity, or an equivalent combination of both;
- Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.
Meets Physical Activity Recommendations
(Tulsa County, 2022)
Healthy People 2030 = 28.4% or Higher

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 126]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

Barriers to Physical Activity

“For you, what is the biggest barrier to physical activity?”

Biggest Barrier to Physical Activity/Exercise
(Tulsa County, 2022)

- Motivation
- Time
- Health Condition
- Nothing/Uncertain
- Other (<3% each)

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 303]
Notes:
- Asked of all respondents.
Children’s Physical Activity

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.


“During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?”

Child Is Physically Active for One or More Hours per Day
(Parents of Children Age 2-17)

| Boys   | 39.4% |
| Girls  | 34.1% |
| Age 2-4| 51.7% |
| Age 5-12| 39.4% |
| Age 13-17| 27.3% |

Sources:  
- 2022 PRC Community Health Survey, PRC, Inc. [Item 109]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:  
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on
Weight Status

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

Source: Healthy People 2030 (https://health.gov/healthypeople)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI ≥30 kg/m², mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m².


Adult Weight Status

<table>
<thead>
<tr>
<th>CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI</th>
<th>BMI (kg/m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
</tr>
<tr>
<td>Normal</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0 – 29.9</td>
</tr>
<tr>
<td>Obese</td>
<td>≥30.0</td>
</tr>
</tbody>
</table>


“About how much do you weigh without shoes?”

“About how tall are you without shoes?”

Reported height and weight were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).
Prevalence of Total Overweight (Overweight and Obese)

<table>
<thead>
<tr>
<th>Location</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Tulsa</td>
<td>65.8%</td>
</tr>
<tr>
<td>Midtown</td>
<td>70.5%</td>
</tr>
<tr>
<td>South Tulsa</td>
<td>74.3%</td>
</tr>
<tr>
<td>Tulsa County</td>
<td>71.1%</td>
</tr>
<tr>
<td>OK</td>
<td>71.4%</td>
</tr>
<tr>
<td>US</td>
<td>61.0%</td>
</tr>
</tbody>
</table>

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 128]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Prevalence of Obesity
Healthy People 2030 = 36.0% or Lower

<table>
<thead>
<tr>
<th>Location</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Tulsa</td>
<td>38.8%</td>
</tr>
<tr>
<td>Midtown</td>
<td>39.5%</td>
</tr>
<tr>
<td>South Tulsa</td>
<td>37.7%</td>
</tr>
<tr>
<td>Tulsa County</td>
<td>38.6%</td>
</tr>
<tr>
<td>OK</td>
<td>36.8%</td>
</tr>
<tr>
<td>US</td>
<td>31.3%</td>
</tr>
</tbody>
</table>

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 128]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
Prevalence of Obesity
(Tulsa County, 2022)
Healthy People 2030 = 36.0% or Lower

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 128]

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

ABOUT WEIGHT STATUS IN CHILDREN & TEENS
In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child’s BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

Centers for Disease Control and Prevention

Children’s Weight Status
The following questions were used to calculate a BMI value (and weight classification as noted above) for each child represented in the survey:

“How much does this child weigh without shoes?”

“About how tall is this child?”
Prevalence of Overweight in Children
(Parents of Children Age 5-17)

Key Informant Input: Nutrition, Physical Activity & Weight

The following chart outlines key informants’ perceptions of the severity of Nutrition, Physical Activity & Weight as a problem in the community:

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community
(Key Informants, 2022)

Major Problem
Moderate Problem
Minor Problem
No Problem At All
71.4%
20.6%
4.8%
3.2%

Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

Many Oklahomans do not have access to fresh fruits and vegetables. They either can’t afford it, live in a food desert, or do not have transportation to get it. Some do not have stable or adequate housing to cook it. – Community Leader

High rates of poverty and food deserts contribute to obesity and poor nutrition, although obesity crosses economic lines. Lack of understanding of nutrition and low walkability score also factor into the issues. – Social Service Agency

Especially in north and east Tulsa where getting good food is hard and parks up there are not that good. – Community Leader

Uneducated and poor population. Car dependency, lack of a walkable community. Weather. Numerous fast food restaurant offerings. – Community Leader

Notes:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 131]
- 2020 PRC National Health Survey, PRC, Inc.
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children’s Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Notes:
- PRC Online Key Informant Survey, PRC, Inc.
- Asked of all respondents.

Note: n/a indicates not available.
Lack of knowledge, motivation, time, money to address these issues of good nutrition, exercise, and how to maintain or lose weight properly. Other things in life take priority over healthy lifestyles. Of course, so many health problems occur in tandem with poor nutrition, lack of physical activity and obesity. – Community Leader

Uneducated and poor population. Car dependency, lack of a walkable community. Weather. Numerous fast food restaurant offerings. – Community Leader

Lack of knowledge, motivation, time, money to address these issues of good nutrition, exercise, and how to maintain or lose weight properly. Other things in life take priority over healthy lifestyles. Of course, so many health problems occur in tandem with poor nutrition, lack of physical activity and obesity. – Community Leader

Lack of education. Lack of resources. Lack of health clinics. Lack of transportation. Poverty. – Community Leader

There are few places to walk and exercise without paying for a gym membership. Latinos become overweight as they acculturate to the U.S. They abandon their traditional diets and start eating fast foods. – Community Leader

Lack of infrastructure to support healthy lifestyles (sidewalks, trails, bike lanes), particularly in lower-income communities; stress stemming from living in poverty and the impact of this stress; lack of access to healthy food and the economic development challenges related to solving food desert gaps. – Community Leader

Food deserts throughout Tulsa, lack of access to recreational facilities, parks, and trails, in underserved communities. High rates of trauma, ACEs, and toxic stress, which impact health behaviors, inflammation, and other biomarkers associated with obesity. – Public Health Representative

Nutrition & Physical Activity Factors

Lack of equitable access to nutritious, affordable food. Too many unsafe neighborhoods where people cannot go for a walk or ride a bike. Lack of amenities in parks that make recreation attractive. – Other Health Provider

We have significant food deserts and a much lower than average adult activity level. Need better, safer access to trails and parks, including sidewalks, adequate lighting, a police force that prioritizes the issue. – Public Health Representative

We don't eat well, don't get enough activity, and are fat. These all lead to serious health issues. – Community Leader

Poor diet, poor education about nutrition, and lack of access to fresh fruits and vegetables in parts of Tulsa. – Public Health Representative

Food deserts and poor access to safe parks. – Physician

Poor diet and exercise habits culturally accepted. Money for healthy foods. – Physician

We need more innovation in what a physical place could look like. More access to nutrition, physical activity, and weight information for the family. Innovative ways to engage all people and especially those within the BIPOC community. – Public Health Representative

A lack of access to physical fitness facilities and programs, healthy food choices, medical support. – Community Leader

Lack of places to exercise, cost of joining a gym, lack of time to spend preparing meals. – Public Health Representative

Access to Healthy Food

Food deserts. – Public Health Representative

Access to fresh and healthy foods via a walkable, bike-able or comfortable and convenient transit journey. The lack of small-scale, convenient food services and grocery stores located within communities of need creates a sense of strain, increased affordability concerns and lack of provision of fresh and healthy food choices. This creates multi-dimensional food insecurities from poor diet to food cost burden to lack of adequate sustenance particularly for the most immobile members of vulnerable communities – seniors and children. – Public Health Representative

High calorie but nutritionally deficient foods and drinks. Fast food, processed food, lack of appropriate grocery store access for certain geographic areas. – Physician

Food desert and lack of access. – Community Leader

Insufficient Physical Activity

Need to be active. – Community Leader

We need to encourage more activity for the SEDENTARY – everything available in the community thus far such as bike races are for those who are already active. We have some good parks that can be cleaned up and we ought to make neighborhoods more walkable. – Public Health Representative

Lifestyle

Healthy lifestyle. – Community Leader

People make poor lifestyle choices. There is not a strong culture of health in Oklahoma. – Community Leader
Nutrition
- Low fruit/vegetable consumption. High food insecurity rates. – Other Health Provider
- Continued poor eating habits. – Social Service Agency

Health Education
- Failure of AMA and the health industry, including pharma, to fully stress the importance of achieving good health, through active lifestyles, conscientious diets, and healthy relationships rather than promotion of treatments to maintain the status quo. – Public Health Representative

Homelessness
- Most people experiencing homelessness do not have access to nutritional food, mostly high carbs, etc. – Social Service Agency

Prevention/Screenings
- Not enough preventative services and education. – Community Leader

Eating Disorders
- Eating disorders. Greatly increased prevalence during the pandemic, disordered eating as well as DSM identified ED. – Physician
Substance Abuse

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. …Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

— Healthy People 2030 (https://health.gov/healthypeople)

Alcohol

Age-Adjusted Cirrhosis/Liver Disease Deaths

Heavy alcohol use contributes to a significant share of liver disease, including cirrhosis. The following chart outlines age-adjusted mortality for cirrhosis/liver disease in the area.

Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 10.9 or Lower

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2022.
Excessive Drinking

**Excessive drinking** includes heavy and/or binge drinkers:

- **HEAVY DRINKERS** ‣ men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **BINGE DRINKERS** ‣ men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

“During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?”

“On the day(s) when you drank, about how many drinks did you have on the average?”

“Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (if male)/4 (if female) or more drinks on an occasion?”

### Excessive Drinkers

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Tulsa</td>
<td>21.9%</td>
</tr>
<tr>
<td>Midtown</td>
<td>22.2%</td>
</tr>
<tr>
<td>South Tulsa</td>
<td>23.8%</td>
</tr>
<tr>
<td>Tulsa County</td>
<td>22.8%</td>
</tr>
<tr>
<td>OK</td>
<td>13.6%</td>
</tr>
<tr>
<td>US</td>
<td>27.2%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2022 PRC Community Health Survey, PRC, Inc. [Item 136]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Oklahoma data.
- 2020 PRC National Health Survey, PRC, Inc.

**Notes:**
- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Drugs

**Age-Adjusted Unintentional Drug-Related Deaths**

Unintentional drug-related deaths include all deaths, other than suicide, for which drugs are the underlying cause. A “drug” includes illicit or street drugs (e.g., heroin and cocaine), as well as legal prescription and over-the-counter drugs; alcohol is not included. The following chart outlines local age-adjusted mortality for unintentional drug-related deaths.
Unintentional Drug-Related Deaths: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2022.

Illicit Drug Use

“During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?”

Illicit Drug Use in the Past Month
Healthy People 2030 = 12.0% or Lower


Notes: Asked of all respondents.
Use of Prescription Opioids

“Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opioids include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. In the past year, have you used any of these prescription opioids?”

Used a Prescription Opioid in the Past Year

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 50]
         2020 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.

16.9% 18.1% 11.3% 15.0% 12.9%
North Tulsa Midtown South Tulsa Tulsa County US

Used a Prescription Opioid in the Past Year
(Tulsa County, 2022)

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 50]
         2020 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents.

14.0% 16.1% 11.3% 17.7% 18.1% 17.2% 14.0% 15.2% 22.8% 13.3% 12.3% 15.4% 15.0%
Men Women 18 to 39 40 to 64 65+ Low Income Mid/High Income White Black American Native LGBTQ+ Non-LGBTQ+ Tulsa County
Personal Impact From Substance Abuse

“To what degree has your life been negatively affected by your own or someone else’s substance abuse issues, including alcohol, prescription, and other drugs? Would you say: a great deal, somewhat, a little, or not at all?”

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)
(Tulsa County, 2022)

Key Informant Input: Substance Abuse
The following chart outlines key informants’ perceptions of the severity of Substance Abuse as a problem in the community:

Perceptions of Substance Abuse as a Problem in the Community
(Key Informants, 2022)

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.
Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

No resources. Lack of transportation. High crime area. Lack of education. Impoverished area. – Community Leader
Limited coverage of intensive outpatient programs and/or residential programs by insurance/government payers. – Physician
Limitation on availability of free resources for uninsured or underinsured. – Physician
Usually a waiting time for detox bed and inpatient beds. The transitory nature of our clients for consistent outpatient treatment. – Social Service Agency
Counseling. – Community Leader
Very few providers and places to go for help. – Public Health Representative
Adequately trained professionals to manage substance abuse treatment. – Physician
Lack of resources. – Public Health Representative
Lack of clinics and inpatient and outpatient rehab treatment. Especially lack of pediatric psychiatric care. Lack of MAT clinics. – Physician
There are not a lot of services and education. – Community Leader
There is little in the community that addresses substance abuse, especially in a proactive way. Treating it as a disease. – Physician

Contributing Factors

Stigma – SAMSHA NSDUH data indicate that stigma is the No. 1 reason why people don’t seek treatment for substance abuse when they otherwise had access to it. Children’s SUD treatment – very little capacity exists in Tulsa to treat children with substance use issues. Lack of private provider capacity for intensive outpatient and inpatient SUD treatment. The largest capacity is in the public system at 12&12, which is often not a great resource for those with private insurance. Widespread adoption of evidence-based practices for treating meth addiction, which is one of Tulsa’s greatest SUD needs according to the data. In primary care settings: Lack of awareness of evidence-based practices appropriate for primary care, lack of consistent screening, and limited use of integrated care practices. – Public Health Representative
Availability and affordability of treatments and services. Stigma preventing people from seeking help. – Public Health Representative
Transportation, living problems, support, encouragement, and education. – Community Leader
Access to providers and cost barriers, prevalence of substance abuse issues (especially given COVID), and how this strains an already limited system. Culture that doesn’t acknowledge substance abuse, particularly alcohol abuse. – Community Leader
Addiction is difficult to fix. More emphasis needs to be placed on ‘Why you should say ‘no’ to drugs.’ There are no/few treatments centers providing peer-reviewed and proven treatment programs for many types of addiction. The treatment programs that exist are often too short in duration. Cost can be an issue. There is no way to tell the success rates between various treatment centers. The front-end problems are growing. In addition, widespread cannabis access is unhelpful. Culturally, using illicit drugs is considered to be a “reasonable” solution to personal problems. – Community Leader
Drug addiction and lack of accessibility of drug and alcohol services for lower socioeconomic groups. – Physician

Denial/Stigma

The biggest issue for substance abuse is for the person to be able to say they need help. There are many services in the area for this, but people that are currently in this category either don’t want help or don’t want to admit that they have a problem. – Other Health Provider
Stigma. – Other Health Provider
Afraid to admit they have a problem, not wanting to correct it or motivated to do it, continue due to friends taking drugs, selling drugs makes money, not knowing where to get help. – Community Leader
The stigma still keeps persons away from seeking interventions to intentionally change the course of their lives. There are often no beds available when a person is in crisis, finally motivated to change and seeks inpatient treatment. Other than NA, AA, and Celebrate Recovery in churches, there is little available and essentially no investment in ongoing supports for persons with SUDs. – Public Health Representative

Health Education

Lack of awareness, social normalization of substance abuse. – Physician
Funding and knowledge of potential programs. – Physician
How to provide these services in the community. – Social Service Agency
Prevalence/Incidence

Oklahoma has a very high incidence of drug abuse. There are many reasons for this. OSU Center for health Sciences received about $200 million and invested in the National Center for Wellness and Recovery which will research addiction and hope to find treatments – Community Leader

The opioid epidemic is bad here, as well as the recreational use of medical grade marijuana. – Community Leader

Affordable Care/Services

Cost of treatment, lack of outpatient treatment. – Social Service Agency

Excellent programs are too expensive. The short detox with no further support is inadequate for overcoming addiction. – Physician

Addiction

Addiction. – Physician

Cultural/Personal Beliefs

Programs that incorporate the intersectionality of culture and the role that it plays in substance abuse. Historical trauma and how it can affect treatment with families. – Public Health Representative

Diagnosis/Treatment

Practitioners and strategies that promote treatment on a long term basis. The insidious nature of addiction is obvious in poor outcomes. – Other Health Provider

Easy Access

Affordability and the ridiculous medical marijuana law that causes substance abuse to begin for many. – Community Leader

Vulnerable Populations

That definitely seems to be a significant factor, particularly with the homeless. – Public Health Representative
ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

— Healthy People 2030 (https://health.gov/healthypeople)

Cigarette Smoking

“Do you now smoke cigarettes every day, some days, or not at all?” (“Current smokers” include those smoking “every day” or on “some days.”)

Cigarette Smoking Prevalence
(Tulsa County, 2022)

- Every Day: 13.0%
- Some Days: 5.3%
- Not At All: 81.8%

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: Asked of all respondents.
Current Smokers
Healthy People 2030 = 5.0% or Lower

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 40]
2020 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.
Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Environmental Tobacco Smoke
“In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars or pipes anywhere in your home on an average of four or more days per week?”

The following chart details these responses among the total sample of respondents, as well as among only households with children (age 0-17).

Member of Household Smokes at Home

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Items 43, 134]
2020 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.
“Smokes at home” refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times in a week.
Use of Vaping Products

“The next questions are about electronic vaping products, such as electronic cigarettes, also known as e-cigarettes. These are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. The cartridge or liquid “e-juice” used in these devices produces vapor and comes in a variety of flavors. Have you ever used an electronic vaping product, such as an e-cigarette, even just one time in your entire life?”

“Do you now use electronic vaping products, such as e-cigarettes, “every day,” “some days,” or “not at all”?”

“Current use” includes use “every day” or on “some days.”

Currently Use Vaping Products
(Tulsa County, 2022)

Key Informant Input: Tobacco Use

The following chart outlines key informants’ perceptions of the severity of Tobacco Use as a problem in the community:

Perceptions of Tobacco Use as a Problem in the Community
(Key Informants, 2022)

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.
Among those rating this issue as a “major problem,” reasons related to the following:

**Prevalence/Incidence**

- It is very prevalent, family history and accessibility. – Community Leader
- High percentage of smokers and Indian tobacco shops. – Public Health Representative
- Still seeing more than expected patients with heart disease, PAD, and COPD that smoke. – Physician
- Roughly one in five Tulsa County adults regularly smoke tobacco products, according to Health Department data. – Public Health Representative
- You still see many people on the sidewalks smoking. In the casinos it is sometimes too much to be in there. – Community Leader
- The state has an incredibly high percentage of use in comparison to other states. People are elected to quit. – Physician
- Many people continue to use tobacco, including the smokeless tobacco, flavored tobacco, and other forms of smoking, including adolescents. It is hard to stop smoking especially when they start at a younger age. Tobacco causes all kinds of health issues-cancer, high blood pressure, heart disease, stroke, emphysema, chronic bronchitis. – Community Leader

**Comorbidities**

- Its contribution to cancer, heart disease, respiratory problems, asthma, etc. Tobacco use correlates to nearly every major health problem. – Other Health Provider
- Morbidities. – Physician

**Easy Access**

- The number of vape shops and cigarette smokers among my employees. – Social Service Agency

**Addiction**

- It is highly addictive; many have had long history of smoking. – Social Service Agency

**Health Education**

- Not enough incentive to provide education. Lack of knowledge about programs. – Physician

**Environmental Exposure**

- There is no smoking in most eating places, but when you leave the eatery all you smell is smoke. People are always smoking around the smoke-free campuses, which still affects people’s health. – Community Leader

**Contributing Factors**

- Because of poverty, poor education, medical marijuana and casinos. – Community Leader

**Lifestyle**

- Lifestyle. – Community Leader

**Social Norms**

- Because we have a society that promotes it. – Public Health Representative
Sexual Health

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people’s risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn’t prevent HIV from spreading.

— Healthy People 2030 (https://health.gov/healthypeople)

HIV

The following chart outlines prevalence (current cases, regardless of when they were diagnosed) of HIV per 100,000 population in the area.

HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2018)

Tulsa County OK US

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.
Sexually Transmitted Infections (STIs)

**Chlamydia** ► Chlamydia is the most commonly reported STI in the United States; most people who have chlamydia are unaware, since the disease often has no symptoms.

**Gonorrhea** ► Anyone who is sexually active can get gonorrhea. Gonorrhea can be cured with the right medication; left untreated, however, gonorrhea can cause serious health problems in both women and men.

The following chart outlines local incidence for these STIs.

### Chlamydia & Gonorrhea Incidence
**(Incidence Rate per 100,000 Population, 2018)**

<table>
<thead>
<tr>
<th></th>
<th>Tulsa County</th>
<th>OK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>678.7</td>
<td>559.0</td>
<td>539.9</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>322.8</td>
<td>228.9</td>
<td>179.1</td>
</tr>
</tbody>
</table>

Sources:  
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

Notes:  
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

### Perceptions of Sexual Health
as a Problem in the Community
**(Key Informants, 2022)**

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tulsa County</td>
<td>19.6%</td>
<td>50.0%</td>
<td>25.0%</td>
<td>5.4%</td>
</tr>
</tbody>
</table>

Sources:  
- PRC Online Key Informant Survey, PRC, Inc.

Notes:  
- Asked of all respondents.
Among those rating this issue as a “major problem,” reasons related to the following:

**Prevalence/Incidence**
- Syphilis cases exponentially increasing with new cases of congenital syphilis occurring much more commonly where it was previously extremely rare. – Physician
- There are a few services but still a major issue. – Community Leader
- Tulsa has among the highest rate of several STIs in the state and rates have been increasing in recent years. – Public Health Representative
- High rates of STIs and HIV. – Other Health Provider
- Statistics regarding the number of HIV/AIDs cases among women in our community. – Social Service Agency

**Health Education**
- Lack of education regarding disease protection. – Social Service Agency
- Education surrounding sexual health is needed for youth and in general. Helping individuals understand their bodies and empowering them to take control is always needed. There is a great need within the BIPOC communities that may have certain ideas surrounding the education of this, however; young people should be empowered to know the risk factors of decision they may make. – Public Health Representative
- Lack of education in north Tulsa. – Public Health Representative

**Access to Care/Services**
- Lack of access, limitations for care at some facilities due to religious limitations. – Physician

**Affordable Care/Services**
- The cost to access treatment for both parties. – Social Service Agency
ACCESS TO HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don’t get the health care services they need. … About 1 in 10 people in the United States don’t have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don’t get recommended health care services, like cancer screenings, because they don’t have a primary care provider. Other times, it’s because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

Healthy People 2030 (https://health.gov/healthypeople)

Lack of Health Insurance Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

“Do you have any government-assisted healthcare coverage, such as Medicare, Medicaid (or another state-sponsored program), or VA/military benefits?”

“Do you currently have: health insurance you get through your own or someone else’s employer or union; health insurance you purchase yourself; or, you do not have health insurance and pay for health care entirely on your own?”

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus excluding the Medicare population), who have no type of insurance coverage for healthcare services — neither private insurance nor government-sponsored plans (e.g., Medicaid).

Lack of Health Care Insurance Coverage
(Adults Age 18-64)
Healthy People 2030 = 7.9% or Lower

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Tulsa</td>
<td>16.2%</td>
</tr>
<tr>
<td>Midtown</td>
<td>12.0%</td>
</tr>
<tr>
<td>South Tulsa</td>
<td>8.8%</td>
</tr>
<tr>
<td>Tulsa County</td>
<td>11.6%</td>
</tr>
<tr>
<td>OK</td>
<td>19.1%</td>
</tr>
<tr>
<td>US</td>
<td>8.7%</td>
</tr>
</tbody>
</table>

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 137]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents under the age of 65.
Lack of Health Care Insurance Coverage  
(Adults Age 18-64; Tulsa County, 2022)  
Healthy People 2030 = 7.9% or Lower

Sources:  
- 2022 PRC Community Health Survey, PRC, Inc. [Item 137]  

Notes:  
- Asked of all respondents under the age of 65.

Difficulties Accessing Health Care

Barriers to Health Care Access

To better understand healthcare access barriers, survey participants were asked whether any of the following barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

“Was there a time in the past 12 months when you needed medical care, but had difficulty finding a doctor?”

“Was there a time in the past 12 months when you had difficulty getting an appointment to see a doctor?”

“Was there a time in the past 12 months when you needed to see a doctor, but could not because of the cost?”

“Was there a time in the past 12 months when a lack of transportation made it difficult or prevented you from seeing a doctor or making a medical appointment?”

“Was there a time in the past 12 months when you were not able to see a doctor because the office hours were not convenient?”

“Was there a time in the past 12 months when you needed a prescription medicine, but did not get it because you could not afford it?”

“Was there a time in the past 12 months when you were not able to see a doctor due to language or cultural differences?”

The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.
Barriers to Access Have Prevented Medical Care in the Past Year

- Tulsa County
- US

In addition, 21.5% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.

The following charts reflect the composite percentage of the total population experiencing problems accessing healthcare in the past year (indicating one or more of the aforementioned barriers or any other problem not specifically asked), again regardless of whether they needed or sought care.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year
(Tulsa County, 2022)

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 140]
Notes: Asked of all respondents. Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Accessing Health Care for Children
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

“Was there a time in the past 12 months when you needed medical care for this child, but could not get it?”

Had Trouble Obtaining Medical Care for Child in the Past Year
(Parents of Children 0-17)

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 104]
2020 PRC National Health Survey, PRC, Inc.
Notes: Asked of all respondents with children 0 to 17 in the household.
Key Informant Input: Access to Health Care Services

The following chart outlines key informants’ perceptions of the severity of Access to Health Care Services as a problem in the community:

Perceptions of Access to Health Care Services as a Problem in the Community
(Key Informants, 2022)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.7%</td>
<td>55.6%</td>
<td>11.1%</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

Mental health access. Lack of local health resource in certain areas. – Physician
So many residents do not have access to consistent care and wait too long before seeking assistance with medical issues. They skip taking needed medications and do not understand what their options are in the charitable community. – Social Service Agency
I see basically three tiers of healthcare in Tulsa. Those that are VIPs in the community can use their social status and other privileges to see any healthcare provider in the area and receive treatments not available to the rest of the population. The second tier is people who have health care insurance; however, it can still take months to be seen, and deductibles and copays are so high that these patients decide not to obtain needed care. The third tier is the uninsured or underinsured who have little to no access to routine health care and tend to use expensive emergency room services, often after their condition has become severe. – Physician
The nursing shortage on inpatient hospital units is the most critical issue for access to healthcare. Nursing shortages close hospital beds for months. Critically ill patients go to the ER, wait in the waiting room or hallway for 24+ hours to be placed in a proper room. This makes Tulsa feel like a third world country. Another situation, a patient presents to a smaller community or rural ER with a life-threatening critical condition. Normally the patient would be transferred immediately to a large hospital in Tulsa for a specialist. Now because of the nurse shortage, the same patient sits in the community or rural ER for 3-4 days waiting to be transferred. Another major problem with access to healthcare is specialty physicians refuse to take call at a hospital. These Tulsa physicians refuse to take hospital call for the community ophthalmology, ENT, gastroenterology, urology, oral surgery/dentistry. Patients present to the ER needing these specialists and none are available. – Physician
No health clinics in the area within miles. – Community Leader
Lack of health care professionals, namely nurses. – Public Health Representative
Lack of medical services such as urgent care facilities, hospital with emergency room and inpatient care (beds), doctor/patient ratio in the immediate community. – Community Leader
Lack of resources at 61st and Peoria Tulsa. Lack of transportation. Lack of community outreach. Very little mental health services, almost nonexistent. – Community Leader
There are simply not enough health agencies in our community and transportation to health agencies outside of North Tulsa can be a challenge. – Community Leader

Access to Care for Uninsured/Underinsured

Verification of insurance. Even if you have private insurance, it takes too long to get verified and approved for surgery and sometimes your medical claims are not paid even if you have insurance. – Community Leader
There is no health care system for a majority of Tulsans. Only those fortunate enough to have health care insurance. – Physician
Poor access to routine outpatient services, mostly due to lack of insurance coverage. As such, use of ED and hospital for these issues with poor outcomes. – Physician
A great percentage of Latinos lack access to health insurance, so they use emergency services often. Many treat family members at home before they seek medical care. Latinos also face language and cultural barriers when attempting to access health care services. – Community Leader

The biggest challenge is access to full coverage health care benefits. – Community Leader

**Contributing Factors**

Lack of affordability and insurance, limited locations for care in north and west Tulsa. Very little follow up on patients and lack of ongoing support to patients once they are home. Need for ‘hospital at home’ services and nursing or social worker continued contact to link patients to needed services, prescriptions, food services and transportation. Many patients do not have the finances, knowledge or ability to access services such as Meals on Wheels, various food pantries or transportation. Tulsa’s 211 Helpline is a good resource for help with finding health services. – Community Leader

Lack of transportation. Lack of knowledge. Lack of motivation to access healthcare until it becomes a crisis. – Community Leader

The biggest challenge is community partners making patients/clients aware of the services that Federally Quality Health Care Centers (FQHC) provide. As by definition no one is turned away regardless of their insurance status and a Sliding Fee Scale is in place for uninsured patients. Transportation is huge barrier for the underserved population to and from medical care visits and Morton provides these services as well as other FQHC. – Social Service Agency

**Health Education**

Our community is largely health illiterate. This is at the root of the front-end of poor health outcomes. For example, people don’t know that as little as 15 minutes of exercise per day can improve their mood. K-12 was part of the solution in a bygone era. Now, I do not believe that it is much of a solution even though schools actually decide the foods kids are eating (which should be a huge advantage). The kids often throw the healthy food in the trash, so the schools stop serving healthy food. Again, the kids are largely illiterate and need to be educated. – Community Leader

Lack of patient education. – Physician

**Transportation**

The biggest challenge is multi-modal transportation access to health care services and the placement of service locations in relation to neighborhoods of highest need. For the neighborhoods I work with, health care services are primarily not able to be accessed via a safe walking, biking or convenient and comfortable transit journey. There also appears to be a lack of small-scale health care services like urgent cares which can support avoiding the hospital/emergency room for small complaints. – Public Health Representative

**Affordable Care/Services**

Affordability and low wage workforce. – Community Leader

**Systemic Racism**

Systemic racism is a pervasive health issue in the city, both in the ways it presents itself within a medical office setting, and in the deeply rooted policies around housing, food access, transportation, education, air/water quality and the legal system – all of which contribute to health outcomes. – Public Health Representative

**Specialty Care**

Traumatic brain injury. The region has no specific neuro-rehabilitative programs. – Physician

**Employment**

There are few resources and occupations for gainful employment for individuals in North Tulsa. – Community Leader
Primary Care Services

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don’t get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they’re usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don’t get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

— Healthy People 2030 (https://health.gov/healthypeople)

Access to Primary Care

This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2021)


Notes: Doctors classified as “primary care physicians” by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
Utilization of Primary Care Services

ADULTS ▶ “A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup?”

CHILDREN ▶ “About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?”

Have Visited a Physician for a Checkup in the Past Year

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Tulsa</td>
<td>58.3%</td>
</tr>
<tr>
<td>Midtown</td>
<td>66.0%</td>
</tr>
<tr>
<td>South Tulsa</td>
<td>60.7%</td>
</tr>
<tr>
<td>Tulsa County</td>
<td>74.5%</td>
</tr>
<tr>
<td>OK</td>
<td>70.5%</td>
</tr>
<tr>
<td>US</td>
<td></td>
</tr>
</tbody>
</table>


Notes: Asked of all respondents.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Parents of Children 0-17)

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Tulsa</td>
<td>76.7%</td>
</tr>
<tr>
<td>Midtown</td>
<td>82.7%</td>
</tr>
<tr>
<td>South Tulsa</td>
<td>81.1%</td>
</tr>
<tr>
<td>Tulsa County</td>
<td>80.8%</td>
</tr>
<tr>
<td>US</td>
<td>77.4%</td>
</tr>
</tbody>
</table>

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 105] 2020 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents with children 0 to 17 in the household.
Oral Health

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. Regular preventive dental care can catch problems early, when they’re usually easier to treat. But many people don’t get the care they need, often because they can’t afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (https://health.gov/healthypeople)

Dental Care

ADULTS ➤ “About how long has it been since you last visited a dentist or a dental clinic for any reason?”

CHILDREN AGE 2-17 ➤ “About how long has it been since this child visited a dentist or dental clinic?”

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Tulsa</td>
<td>51.9%</td>
</tr>
<tr>
<td>Midtown</td>
<td>56.8%</td>
</tr>
<tr>
<td>South Tulsa</td>
<td>67.0%</td>
</tr>
<tr>
<td>Tulsa County</td>
<td>60.0%</td>
</tr>
<tr>
<td>OK</td>
<td>60.4%</td>
</tr>
<tr>
<td>US</td>
<td>62.0%</td>
</tr>
</tbody>
</table>

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 20, 21]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Oklahoma data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- 72.4% of respondents have some type of dental coverage.
Child Has Visited a Dentist or Dental Clinic Within the Past Year
(Parents of Children Age 2-17)

Healthy People 2030 = 45.0% or Higher

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 108]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

The following chart outlines key informants’ perceptions of the severity of Oral Health as a problem in the community:

Perceptions of Oral Health as a Problem in the Community
(Key Informants, 2022)

- Major Problem
- Moderate Problem
- Minor Problem
- No Problem At All

33.3% 40.4% 21.1% 5.3%

Sources: PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care for Uninsured/Underinsured

- Even some people with health insurance do not have dental insurance and cannot afford dental care. Bad dental health can lead to a variety of general and mental health problems. It can also be a barrier to getting a job. – Community Leader
- Lack of free or very low cost dental care for uninsured individuals, especially for preventive care. Too many people have to wait until they have major, expensive and painful issues to solve. – Other Health Provider
- Lack of access to dental services, especially those that assist people with no insurance or difficulty meeting their copay. – Community Leader
- Many people do not go and see their dentists regularly, probably because they don't have dental insurance or resources to pay for services or transportation to the dentist. May not consider dental health as important as other health issues. – Community Leader
Cost of Care

Dental care is extremely expensive without insurance and even with it. – Community Leader
The cost is prohibitive, even sometimes with insurance. – Physician
Poor access to free dental services from routine oral care to extractions, root canals, and oral surgery. – Physician
The cost to access oral health. – Social Service Agency
Lack of affordable dental care. Essentially, every dentist is for profit and has a surplus of patients, meaning they can charge exorbitant costs and accordingly, patients forego care secondary to expense. – Physician

Access to Care/Services

Accessible dentistry. Transportation. – Community Leader
Lack of access and costs. – Community Leader
Children need better access to dental care. – Community Leader
Not enough dental services in the North Tulsa community. – Community Leader

Homelessness

One only has to spend time in a dental clinic serving the uninsured or newly insured with Medicaid to see the impact of poor oral health. Tulsa’s homeless population is in constant need of extractions and infection treatments. Deferred oral health for children and adults has resulted in poor oral health which impacts every other health outcome. – Other Health Provider
Once again, people experiencing homelessness do not have access to dental care. – Social Service Agency

Contributing Factors

No dentist in the area. Poverty area. Black transportation to dental services. – Community Leader
Perceptions of Local Health Care Services

“How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair, or poor?”

Perceive Local Health Care Services as “Fair/Poor”

Sources: 2022 PRC Community Health Survey, PRC, Inc. [Item 6]
2020 PRC National Health Survey, PRC, Inc.

Notes: Asked of all respondents.

North Tulsa: 22.2%
Midtown: 16.1%
South Tulsa: 12.2%
Tulsa County: 15.7%
US: 8.0%
Resources Available
to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

### Access to Health Care Services
- Catholic Charities
- Community Health Connection
- Crossover Health
- Doctor's Offices
- Economic Development Initiatives
- Federal Grant Money
- Federally Qualified Health Centers
- Good Samaritan Clinic
- Greenwood Cultural Center
- Hospitals
- Infrastructure to Support Safe/Comfortable Transit
- Life Senior Services
- Medicaid Reimbursements
- Medical Marijuana Cards
- Modus
- Morton Comprehensive Health Services
- Morton Health Care
- Morton Health Clinic
- MyHealth
- Neighbor for Neighbor
- Nonprofit Health Agencies
- Nursing Care
- Nursing Programs
- OSU Medical Center
- OSU-Tulsa Hospital
- OU Bedlam and Crossover Clinic
- OU Healthcare
- OU Wayman Tisdale Center
- PA Program
- Partner With Managed Care Organizations
- Pediatric Psychiatry
- Project Woman
- Rudisell Library
- Saint Francis Hospital
- School Systems
- Social Services
- South Peoria Neighborhood House
- Tulsa County Pharmacy
- Tulsa Dream Center
- Tulsa Health Department
- Tulsa Transit
- Westview Medical Center
- Xavier Clinic

### Cancer
- 1-800-Quit-Now
- American Cancer Society
- Doctor's Offices
- Hospitals
- Morton Comprehensive Health Services
- Morton Health Care
- OU Healthcare
- Project Woman
- Westview Health Services

### Chronic Kidney Disease
- 12 and 12
- Catholic Hospitals
- Family and Children's Services
- John 3:16 Program
- Morton Comprehensive Health Services
- Morton Health Care
- OU Healthcare
- OU Wayman Tisdale Center
- Tulsa County
- Tulsa Health Department

### Coronavirus
- Care ATC
- City of Tulsa
- Community Care Insurance
- Community Health Connection
- Crossover Health
- Doctor's Offices
- Federally Qualified Health Centers
- Health Care Facilities
- Health Department
- Hillcrest Hospital System
- Hillcrest Longitudinal Clinic
- Hospitals
- Indian Health Care
- Life Senior Services
Morton Comprehensive Health Services
Morton Health Care
Oklahoma Health Department
OSU
OU Healthcare
OU Wayman Tisdale Center
Pharmacies
Saint Francis Health System
Saint Francis Hospital
School Systems
Social Services
St. John
Synergy Tulsa Employee Assistance Program
The Caring Van
The Uma Center Inc
Tribal Nations
Tulsa Health Department
VA
Westview Health Services

Dementia/Alzheimer’s Disease
Adult Senior Services
Alzheimer's Association
Doctor's Offices
Home Health Agencies
Laureate
Life Senior Services
Mayor's Dementia Friendly Task Force
Meals on Wheels
Morton Comprehensive Health Services
Morton Health Care
Nursing Homes/Assisted Living Facilities
OU Healthcare
Psychiatric Clinics
Tulsa Health Department

Disabilities
Caregiver Support
Chiropractic Care
Doctor's Offices
Mental Health Association
Morton Comprehensive Health Services
Morton Health Care
Oklahoma Parent Center
OU Healthcare
PACE Program
Pain Management Clinic
Physical Therapy Clinics
Senior Centers
Sooner Success
Supporters of Families With Sickle Cell Disease, Inc.
Tulsa Health Department
YMCA

Diabetes
ADA
Care ATC
Catholic Charities
Catholic Hospitals
Community Food Bank
Community Health Connection
Community Health Workers
Crossover Health
Diabetes Foundation
Dieticians
Doctor's Offices
Farmer's Market
GoodRx
Hillcrest Longitudinal Clinic

Infant Health and Family Planning
211
Access to Contraception
Affordable Care Act
Catholic Charities
Child and Infant Services
Community Food Bank
Community Health Connection
Emergency Infant Services
Family and Children's Services
Health Department
Healthy Women, Health Futures
Morton Comprehensive Health Services  
Morton Health Care  
Planned Parenthood  
Saint Francis Hospital  
SNAP  
South Tulsa Community House  
Take Control  
Tulsa Birth Equity Initiative  
Tulsa County  
Tulsa Health Department  
WIC  
Xavier Clinic  

OSHA Laws  
Parent Child Center  
Police Department  
Rapid Rehousing  
Shelters  
Terrence Crutcher Foundation  
Tribal Agencies  
Tulsa Battered Women's Shelter  
Tulsa Health Department  
Tulsa Police Department

**Heart Disease**

American Heart Association  
Cardiac Screening CT Exams Available  
Catholic Hospitals  
Community Food Bank  
Diabetes Education  
Doctor's Offices  
Federal Grant Money  
Good Samaritan Clinic  
Heart Association of Oklahoma  
Hospitals  
Morton Comprehensive Health Services  
Morton Health Care  
Morton Health Clinic  
Nursing Care  
Oklahoma Heart Institute  
Online Resources  
OU Healthcare  
OU Wayman Tisdale Center  
Rehab Facilities  
Saint Francis Health System  
Saint Francis Heart Hospital  
Saint Francis Hospital  
St. John  
TSET  
Tulsa Health Department

**Mental Health**

12 and 12  
211  
CALM Center  
Catholic Charities  
Catholic Hospitals  
Center Point Behavioral Health  
Children's Behavioral Health Partnership  
Community Health Connection  
COPES  
Counseling and Recovery Services  
CREOKS  
Doctor's Offices  
Drug/Alcohol Rehab Programs  
Family and Children's Services  
Federally Qualified Health Centers  
Healthy Minds Policy Initiative  
Hospitals  
John 3:16 Program  
Laureate  
Mason Counseling  
McClure Elementary and Marshall Elementary  
Medication Assisted Treatment Program  
Mental Health Association  
Mental Health Services  
Morton Comprehensive Health Services  
Morton Health Care  
Morton Health Clinic  
Oklahoma Policy Institute  
OU Healthcare  
Parkside  
Saint Francis Health System  
School Systems  
Shadow Mountain  
South Tulsa Community House  
Suicide Hotline  
Synergy Tulsa Employee Assistance Program  
TCBH  
The Uma Center Inc  
Tulsa Center of Behavioral Health  
Tulsa County

**Injury and Violence**

Child Abuse Network  
DVIS  
Family and Children's Services  
Family Violence Center  
Global Gardens  
Hospitals  
Housing Stabilization  
Indian Health Care  
Morton Health Care  
Oklahoma Coalition Against Domestic Violence  

**Heart Disease**

American Heart Association  
Cardiac Screening CT Exams Available  
Catholic Hospitals  
Community Food Bank  
Diabetes Education  
Doctor's Offices  
Federal Grant Money  
Good Samaritan Clinic  
Heart Association of Oklahoma  
Hospitals  
Morton Comprehensive Health Services  
Morton Health Care  
Morton Health Clinic  
Nursing Care  
Oklahoma Heart Institute  
Online Resources  
OU Healthcare  
OU Wayman Tisdale Center  
Rehab Facilities  
Saint Francis Health System  
Saint Francis Heart Hospital  
Saint Francis Hospital  
St. John  
TSET  
Tulsa Health Department

**Mental Health**

12 and 12  
211  
CALM Center  
Catholic Charities  
Catholic Hospitals  
Center Point Behavioral Health  
Children's Behavioral Health Partnership  
Community Health Connection  
COPES  
Counseling and Recovery Services  
CREOKS  
Doctor's Offices  
Drug/Alcohol Rehab Programs  
Family and Children's Services  
Federally Qualified Health Centers  
Healthy Minds Policy Initiative  
Hospitals  
John 3:16 Program  
Laureate  
Mason Counseling  
McClure Elementary and Marshall Elementary  
Medication Assisted Treatment Program  
Mental Health Association  
Mental Health Services  
Morton Comprehensive Health Services  
Morton Health Care  
Morton Health Clinic  
Oklahoma Policy Institute  
OU Healthcare  
Parkside  
Saint Francis Health System  
School Systems  
Shadow Mountain  
South Tulsa Community House  
Suicide Hotline  
Synergy Tulsa Employee Assistance Program  
TCBH  
The Uma Center Inc  
Tulsa Center of Behavioral Health  
Tulsa County

**Injury and Violence**

Child Abuse Network  
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Family Violence Center  
Global Gardens  
Hospitals  
Housing Stabilization  
Indian Health Care  
Morton Health Care  
Oklahoma Coalition Against Domestic Violence
**Nutrition, Physical Activity, and Weight**
- Community Food Bank
- Farmer’s Market
- Fitness Centers/Gyms
- Food Bank
- Food Security Programs
- Global Gardens
- HealthZone
- Hospitals
- Hunger Free Oklahoma
- Iron Gate
- Laureate
- Morton Health Care
- Muscle Squad Gym
- Neighbor for Neighbor
- Oklahoma State Department of Education
- OSU - Cowboy Kids
- OSU Family Health and Nutrition Clinic
- OU Culinary Medicine
- Parks and Recreation
- R&G Grocers
- Saint Francis Health Zone
- Saint Francis Tulsa Tough
- School Systems
- Shape Down Exercise Program
- South Tulsa Community House
- Sports Leagues
- TSET
- Tulsa Community Food Bank
- Tulsa Food and Security Council
- Tulsa Health Department
- Union Public Schools
- Vibrant Neighborhoods Partnership at INCOG
- WIC
- YMCA
- YWCA

**Oral Health**
- Catholic Charities
- Community Health Connection
- D Dent
- Dentist’s Offices
- Eastern Oklahoma Dental Services
- Morton Comprehensive Health Services
- Morton Health Care
- Morton Health Clinic
- Neighbor for Neighbor

**Respiratory Diseases**
- 1-800-Quit-Now
- Doctor’s Offices
- Lung Association
- Morton Comprehensive Health Services
- Morton Health Care
- Oklahoma State Tobacco Programs
- OU Healthcare
- St. John
- TSET
- Tulsa Health Department

**Sexual Health**
- Doctor’s Offices
- DVIS
- Guiding Right
- Health Department
- HOPE
- Morton Comprehensive Health Services
- Morton Health Care
- Planned Parenthood
- Take Charge Program
- Take Control
- Tulsa Cares
- Tulsa Health Department
- Xavier Clinic

**Substance Abuse**
- 12 and 12
- AA/NA
- Adult and Teen Challenge
- CALM Center
- Celebrate Recovery
- COPES
- Family and Children’s Services
- Health Systems
- Healthy Minds Policy Initiative
- Laureate
- LIBR
- Medication Assisted Treatment Program
- Morton Comprehensive Health Services
- Morton Health Care
- National Center for Wellness Recovery
- ODMHSAS
- OSU
- OSU Addiction Medicine Clinic
- OSU Center for Wellness and Recovery
- Parkside
- Rightway Methadone Clinic
Sangha
Substance Use Programs
Synergy Tulsa Employee Assistance Program
TBHC
Tulsa Health Department
Valley Hope
Women in Recovery
Youth Services of Tulsa

**Tobacco Use**

1-800-Quit-Now
Morton Comprehensive Health Services
Morton Health Care
Oklahoma State Tobacco Programs
Oklahoma Tobacco Text Program
TSET
Tulsa Health Department
EVALUATION OF PAST ACTIVITIES

PENDING