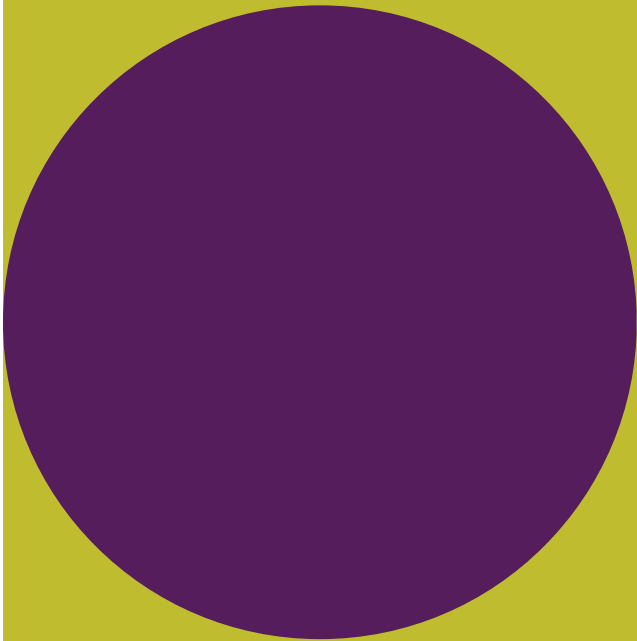


Tulsa County Community Health Needs Assessment

May 2016







Acknowledgements

Prepared by:

Luisa Krug, M.S.
Epidemiologist

Russell Wadlin, B.A.
Graphic Artist

Acknowledgements:

Kiran Duggirala, M.C.R.P., GISP
Health Planner

Kelly VanBuskirk, M.P.H.
Health Data and Evaluation Division Chief

Joani Dotson, M.P.H.
Policy and Health Analytics Manager

Special Thanks to:

Saint Francis Health System

St. John Health System

Morningcrest Healthcare Foundation

College of Public Health at OU Tulsa

Pathways to Health

Oklahoma State University College of Public Health

Tulsa City-County Health Department

Director's Message

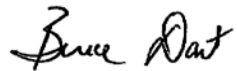
I am pleased to present the new Tulsa County Community Health Needs Assessment (CHNA). The Tulsa County CHNA was done in partnership with other community organizations in order to provide insight into the health and well-being of all Tulsa County residents. This document contains survey data collected in the summer of 2015 regarding perceptions and current health status of Tulsa County residents. This systematic, data-driven approach allows THD to collect important health data and also serves to measure changes over time.

The vision of the Tulsa Health Department is to create a community of empowered citizens making healthy choices that carry forward for future generations. In order to do that, we must understand the choices and barriers that face Tulsa County residents every day which have lasting impacts on their health.

The health concerns and disparities identified in the CHNA will help guide our decision making, specifically in the Community Health Improvement Plan (CHIP). The CHIP will be used to develop strategies that effectively target those areas of greatest public health concern in order to create a healthier Tulsa County.

Please consider this report as a resource for the community. We hope that anyone who uses this document is able to identify with their community and recognize the issues, as well as opportunities, facing Tulsa County residents. Through our collective action, we can work together toward a healthier future and a healthier Tulsa County.

Sincerely,

A handwritten signature in black ink that reads "Bruce Dart". The signature is written in a cursive style with a large initial "B" and a stylized "D".

Bruce Dart, Ph.D.
Executive Director
Tulsa Health Department

Table of Contents

Introduction.....	8
Project Overview	8
Methodology	8
Survey Instrument	8
Community Defined for this Assessment	8
Sample Approach and Design.....	10
Sample Characteristics.....	10
Survey Results	11
Information Gaps	11
Benchmark Data.....	11
Demographics	14
Tulsa County.....	14
Downtown.....	24
East Tulsa.....	27
Jenks/Bixby/Glenpool/Tulsa Hills	30
Midtown.....	33
Tulsa North	36
Owasso/Sperry/Collinsville/Skiatook	39
Sand Springs/West Tulsa	42
South Tulsa/Broken Arrow	45
Healthy People	50
General Health Status	50
Stress	53
Weight Status.....	57
Access to Health Services.....	61
Health Care Coverage and Barriers to Care.....	61
Primary Care	65
Mental Health.....	70
Oral Health.....	73
Auditory Health	75
Specialty Care	79

Table of Contents

Healthy Behaviors.....	83
Sugar-Sweetened Beverages	83
Physical Activity	84
Substance Abuse	99
Tobacco Use.....	105
Willingness to Change	118
Healthy Communities	128
Acceptability and Perceptions of a Healthy Community	128
Community Perceptions.....	128
Acceptability and Accessibility	140
Housing.....	147
Public Transportation.....	152
Food Security	154

Methodology

Introduction

Project Overview

The Community Health Needs Assessment (CHNA) is a systematic, data-driven approach to determining the health and needs of Tulsa County individuals and communities. Since health depends on more than just an individual's health status at a specific point in time, information was collected regarding behaviors and community characteristics that strongly influence health. This data will be used to make decisions to influence and improve community health and wellness. Additionally, data can be collected over time in order to measure changes in health outcomes and behaviors.

Overall, the CHNA aims to serve as a tool to help improve health status and quality of life, reduce disparities, and identify behaviors that increase risk of negative health outcomes in Tulsa County.

This assessment was sponsored by St. John Health System, Saint Francis Health System, Morningcrest Healthcare Foundation, and the Tulsa City-County Health Department. It was conducted by the Oklahoma State University College of Public Health. The development of the CHNA plan was a collaborative effort of the previously mentioned partners as well as the College of Public Health at OU Tulsa, Pathways to Health, and other community partners.

Methodology

This report uses quantitative data derived from primary research (Tulsa County Community Health Needs Assessment). The most current secondary data (other existing health-related data) was used for comparisons at the state and national level. In general, state and national data was available for 2013 or 2014.

Survey Instrument

The survey instrument used for this study was created by the Tulsa City-County Health Department, Health Data & Evaluation Division, with input from community partners. Many of the questions from the 2012 CHNA were utilized again for comparison purposes; however, data requests since the last report provided insight into which questions were not as useful and which questions should have been asked. This demonstrated what information was most valuable to community partners and explains why certain questions were omitted and others added.

Community Defined for this Assessment

The study area includes all of Tulsa County, Oklahoma. Tulsa County was divided into eight geographical regions based on ZIP codes and associated communities: downtown Tulsa, east Tulsa, Jenks/Bixby/Glenpool/Tulsa Hills, midtown Tulsa, north City of Tulsa (Tulsa North), Owasso/Sperry/Collinsville/Skiatook, Sand Springs/west Tulsa, and south Tulsa/Broken Arrow. All ZIP codes that are fully or partially within Tulsa County were assigned regions, although only Tulsa County residents were able to complete the survey. The map on the following page shows the breakdown of regions by ZIP code.

Methodology

Sample Approach and Design

The sample was drawn from the total non-institutionalized adult population residing in Tulsa County, Oklahoma in telephone-equipped dwellings. The study was completed through random digit dialing of both landlines and cell phones by utilizing current area code and prefix combinations and randomly generating the last four digits of the phone number.

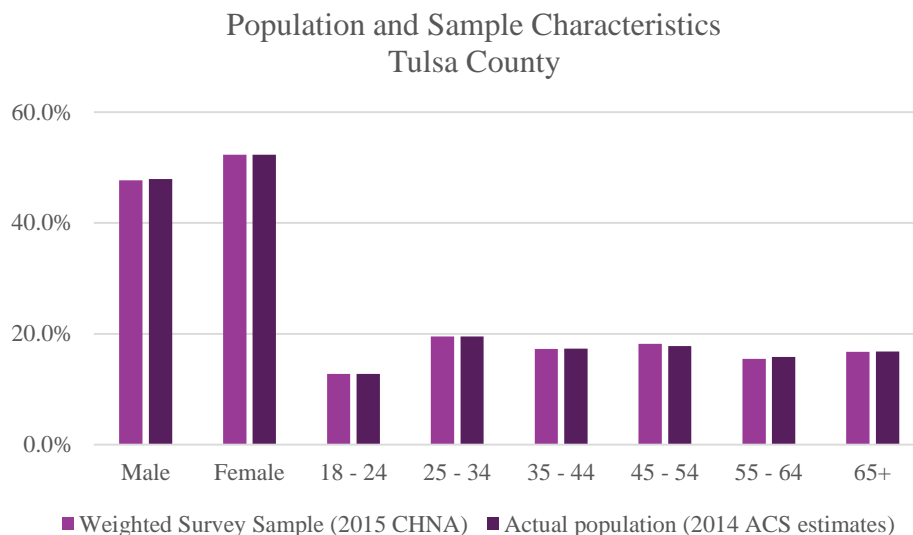
Surveys with 2,428 Tulsa County residents were conducted between May 18, 2015 and September 29, 2015. The cell phone frame yielded 715 completed calls, while the landline frame yielded 1,710 completed surveys. Although all participants were initially called, they were also given the option to complete the survey via text or email. The breakdown of mode of completion was 2,273 phone (29 conducted in Spanish), 118 email, and 37 text. The achieved county-wide confidence interval for the 2015 CHNA was 95% +/- 2%.

Once the interviews were completed, they were weighted in proportion to the actual population distribution so as to appropriately represent Tulsa County as a whole. All administration of the surveys and data collection was conducted by the Oklahoma State University College of Public Health. Data analysis was conducted by the Tulsa City-County Health Department, Health Data & Evaluation Division.

Sample Characteristics

This study incorporated a simple random sample (SRS) design, meaning that every member of the target population had an equal probability of selection. However, even though an SRS was conducted, the demographic variables (e.g., gender, age, race, and ethnicity) are unlikely to perfectly match with the demographic makeup of Tulsa County. To account for this gap, the data has been weighted back to the population of interest using age and gender. The sample design and quality control procedures used during data collection ensure that the sample is representative and can be generalized to the total population with a high degree of confidence.

The following chart outlines the characteristics of the Tulsa County sample for key demographic variables, compared to actual population characteristics from census data.



Methodology

Survey Results

Cross-tabulations were conducted using IBM SPSS Statistics Version 22.0. For this report, results were tabulated by Tulsa County overall and by regions, which were determined by ZIP codes and associated communities. A total of 15 people responded that they did not live in Tulsa County or refused to answer what county they lived in. These individuals were excluded from the results. Additionally, 130 respondents refused to give their ZIP code or gave a ZIP code that did not correspond to a known ZIP code for Tulsa County. Since they had previously confirmed that they lived in Tulsa County, these individuals were included in the analysis for the county overall, but were not included in any specific regional breakdown.

Although results were not tabulated by any additional demographics (e.g., gender, age category, race/ethnicity, education level, and income level), the demographics section includes a breakdown of each region by these demographics.

Unless otherwise noted, 'don't know' and refusal responses were treated as missing values and were not included in analysis. However, for some survey questions, a response of 'don't know' may be very informative for assessing the needs and perceptions of the community. In these instances, 'don't know' was treated as a valid response.

Additionally, there may be opportunities for analysis that are not included in this report. For example, questions can be tabulated by specific demographics or by other questions. For this type of analysis, please contact the Health Data & Evaluation Division at (918) 595-4441 or visit www.tulsa-health.org.

Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and also cannot represent every possible population with Tulsa County. These gaps might in some ways limit the ability to assess all of the community's health needs.

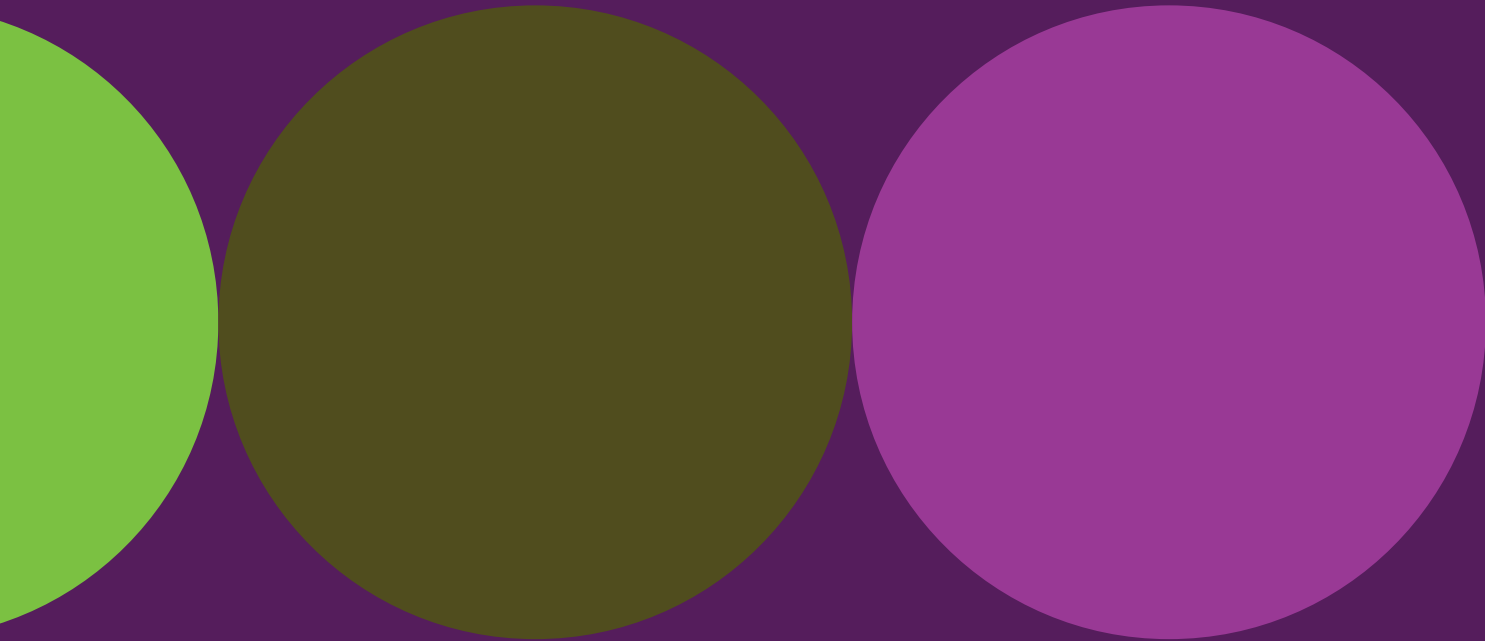
For example, certain population groups such as the transient population, institutionalized people or those who only speak a language other than English or Spanish are not represented in the survey data. Other population groups such as lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups might not be identifiable or might not be represented in numbers sufficient for independent analysis.

Benchmark Data

A variety of secondary data sources were used for comparisons to Oklahoma and the United States. Specific citations are included throughout the report. Healthy People 2020 goals were also utilized as indicators for areas for improvement or success.



Demographics



Demographics

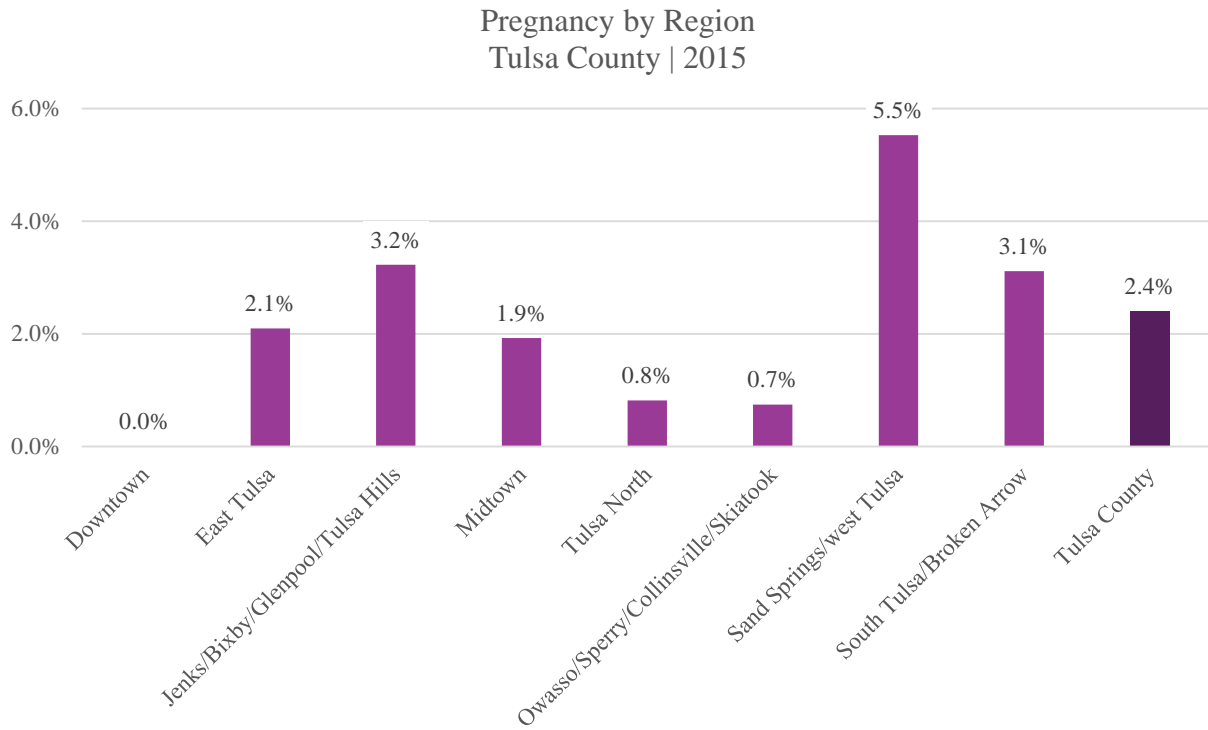
Tulsa County

Overall, a total of 47.7 percent of CHNA respondents were male and 52.3 percent were female. The largest percentages of respondents were 25 – 34 years and 45 – 54 years (19.5 percent and 18.2 percent, respectively). This matched very closely with Tulsa County gender and age percentages from the 2014 American Community Survey (ACS) 5-year estimates.



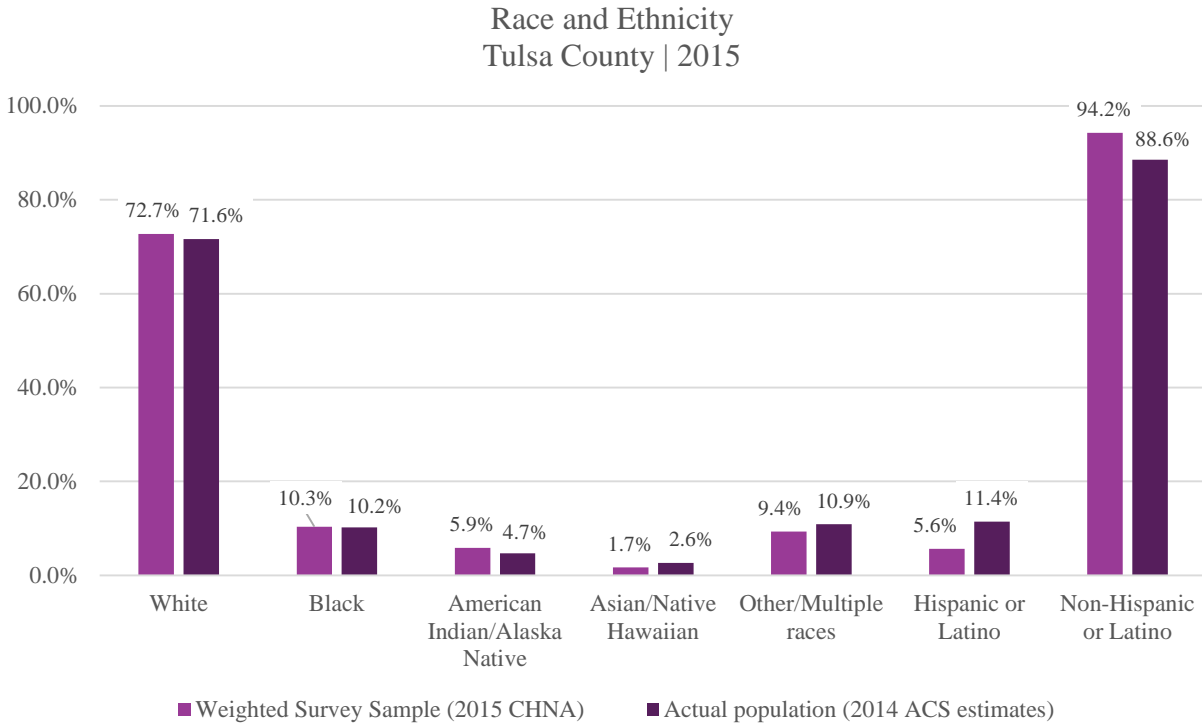
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D1]

Of the 52.3 percent of respondents who were female, 2.4 percent reported that they were currently pregnant. This was highest in Sand Springs/west Tulsa (5.5 percent) and lowest in downtown (0 percent pregnant).



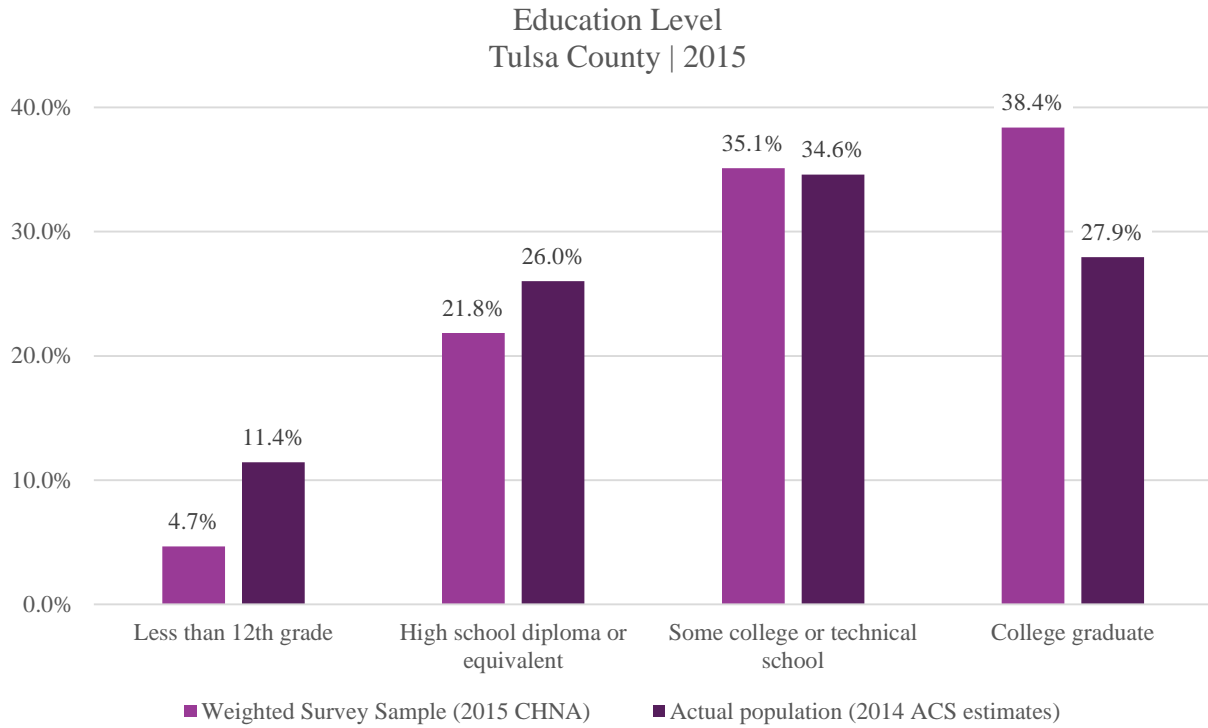
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D18]

The majority of Tulsa County CHNA respondents were white and non-Hispanic (72.7 percent and 94.2 percent, respectively). Although white and black race matched well with 2014 ACS estimates, American Indian/Alaska Native was overrepresented while Asian/Native Hawaiian and other/multiple races were underrepresented. Additionally, Hispanics were underrepresented in the CHNA survey sample (5.6 percent of the weighted survey sample, 11.4 percent of the ACS estimates).



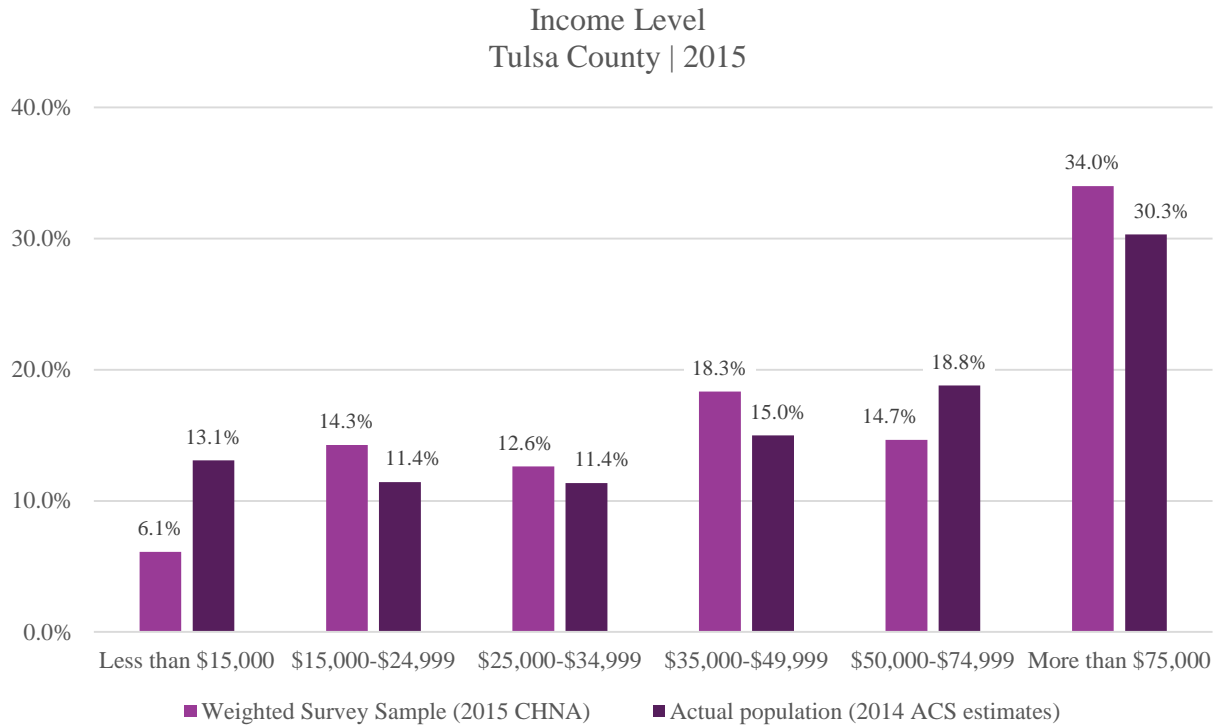
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Items D2 – D3]

The largest percentage of Tulsa County CHNA respondents were college graduates (38.4 percent), followed by individuals who had some college or technical school (35.1 percent). When comparing the ACS estimates, the CHNA survey sample underrepresented individuals with less than 12th grade and high school diploma or equivalent and overrepresented college graduates.



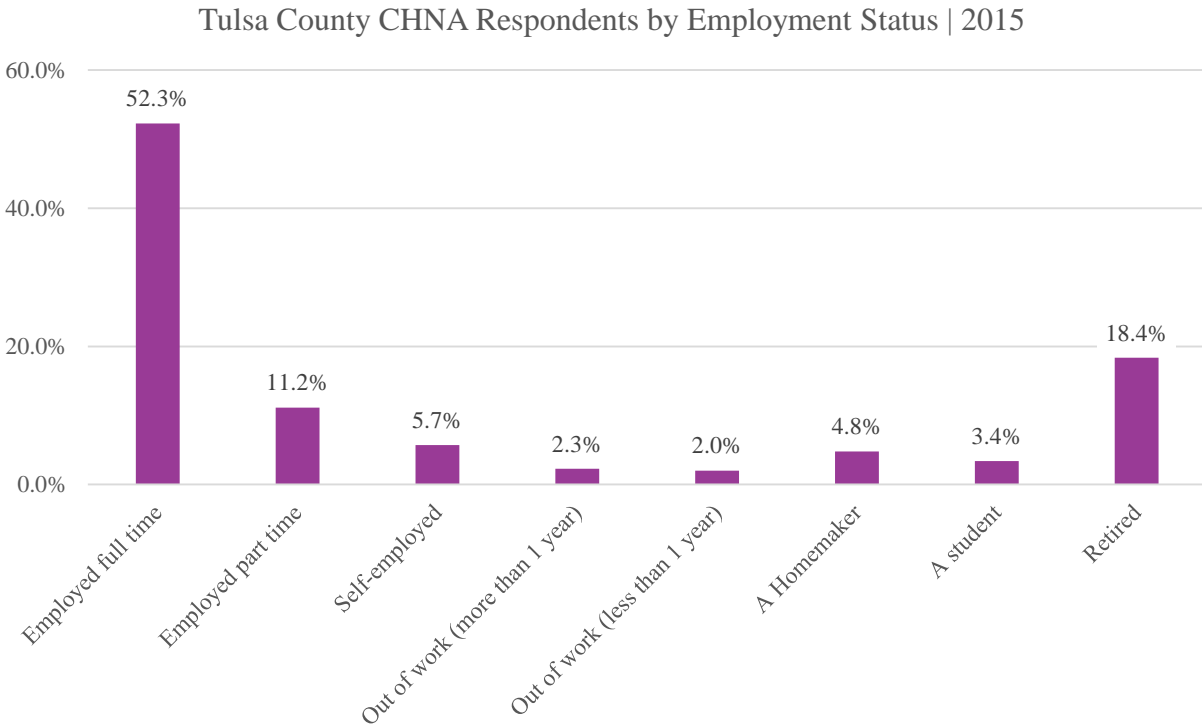
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D7]

The largest percentage of Tulsa County CHNA respondents had a household income over \$75,000 (34.0 percent). Compared to ACS estimates, CHNA respondents with a household income of less than \$15,000 and \$50,000 - \$74,999 were underrepresented in the sample, while individuals with all other incomes were overrepresented.



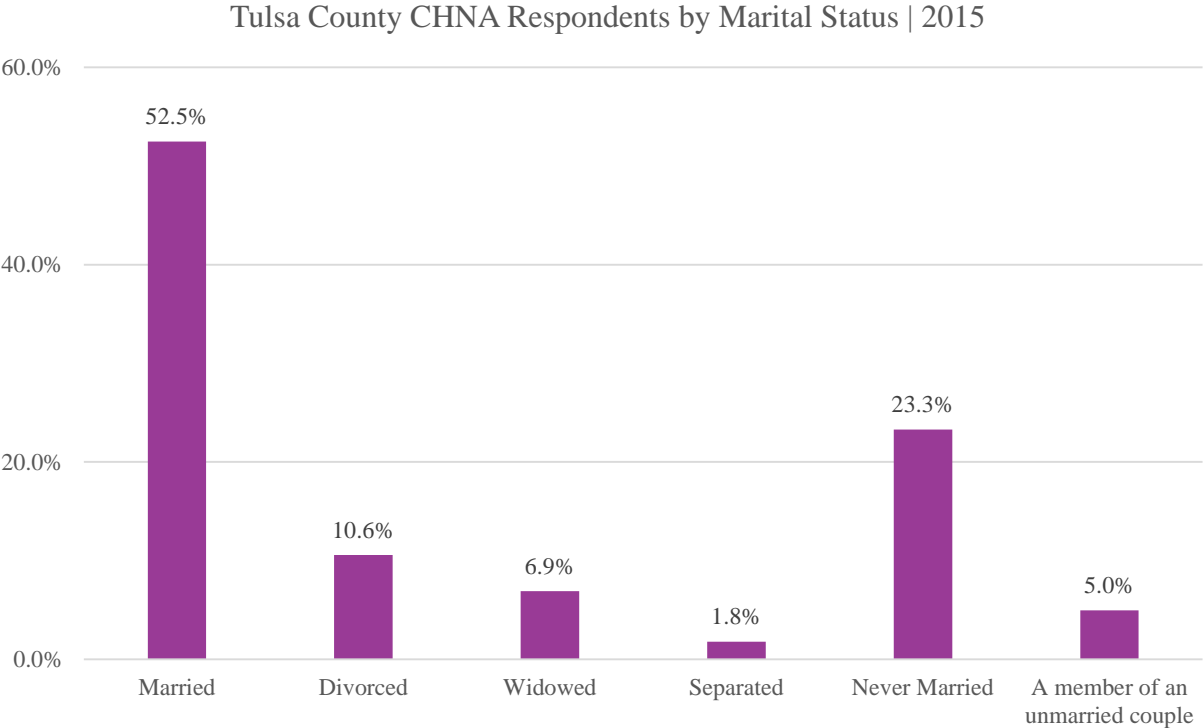
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D9]

The majority of Tulsa County CHNA respondents were employed full time (52.3 percent). Due to differences in the way employment status is asked in the American Community Survey, the sample population cannot be compared to ACS estimates.



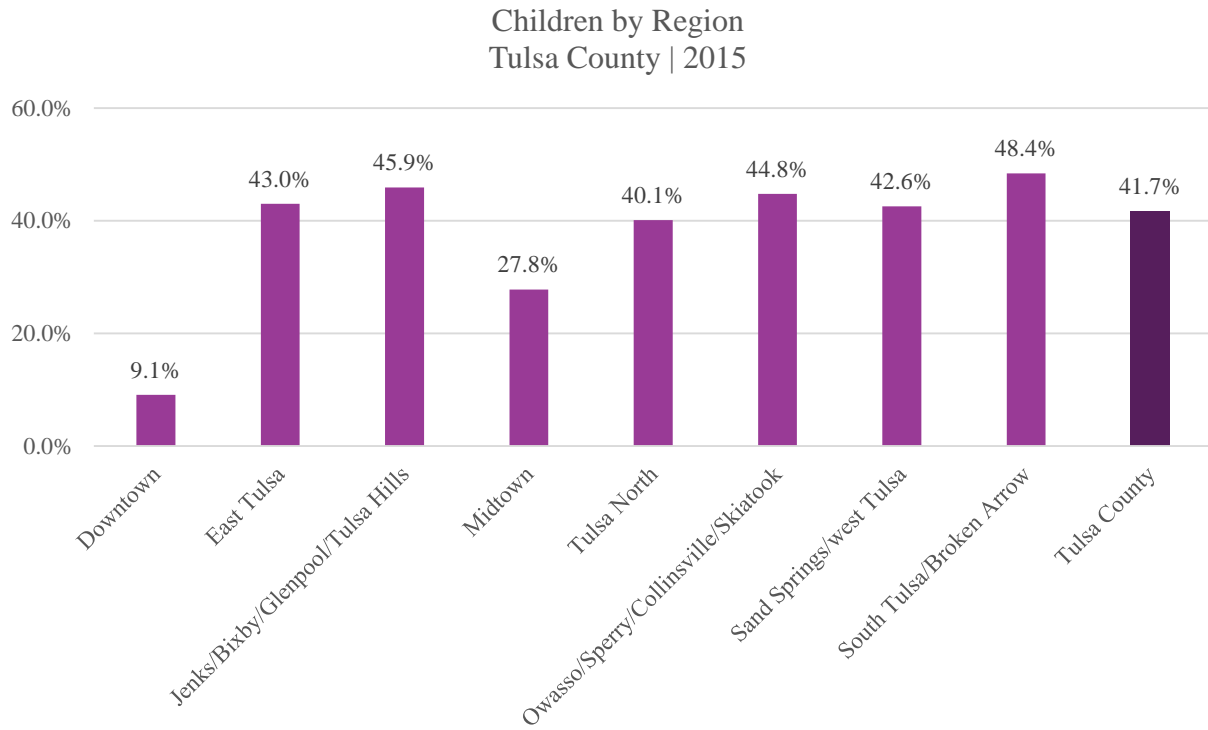
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D8]

The majority of CHNA respondents reported that they were married (52.3 percent). This was followed by 'never married' (23.3 percent).



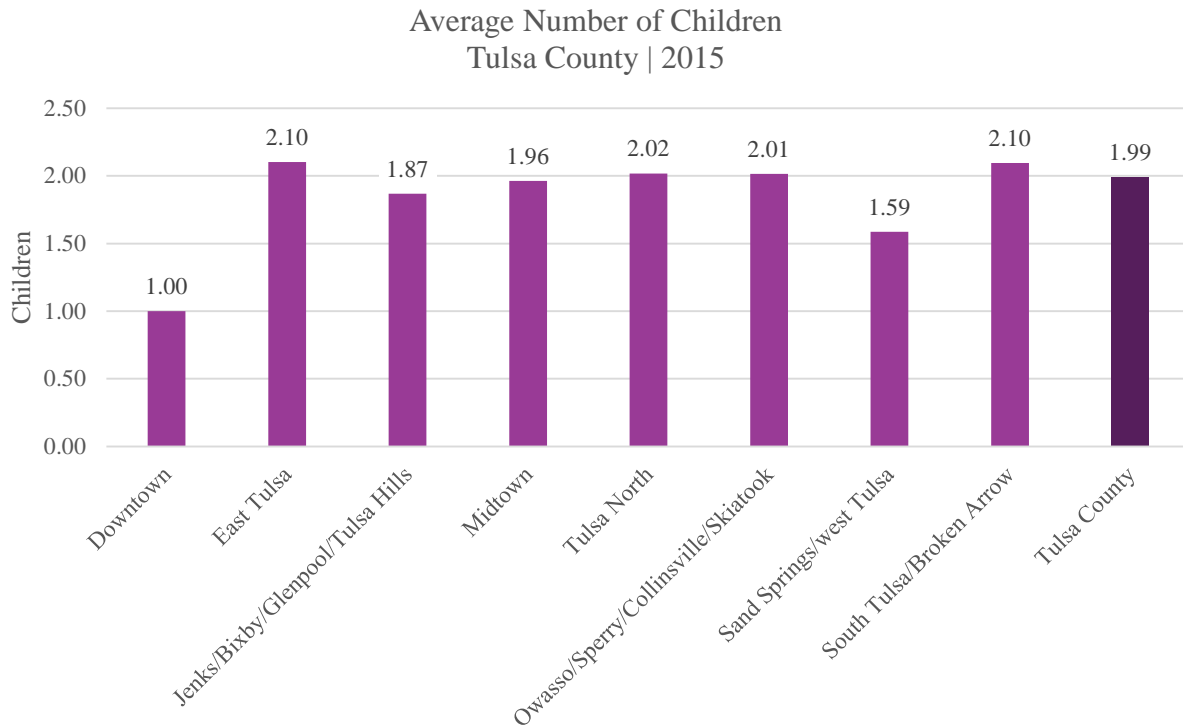
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D5]

Overall, about 40 percent of respondents reported that they had at least one child under 18 living in their household. This was much lower in downtown compared to any other region (9.1 percent in downtown).



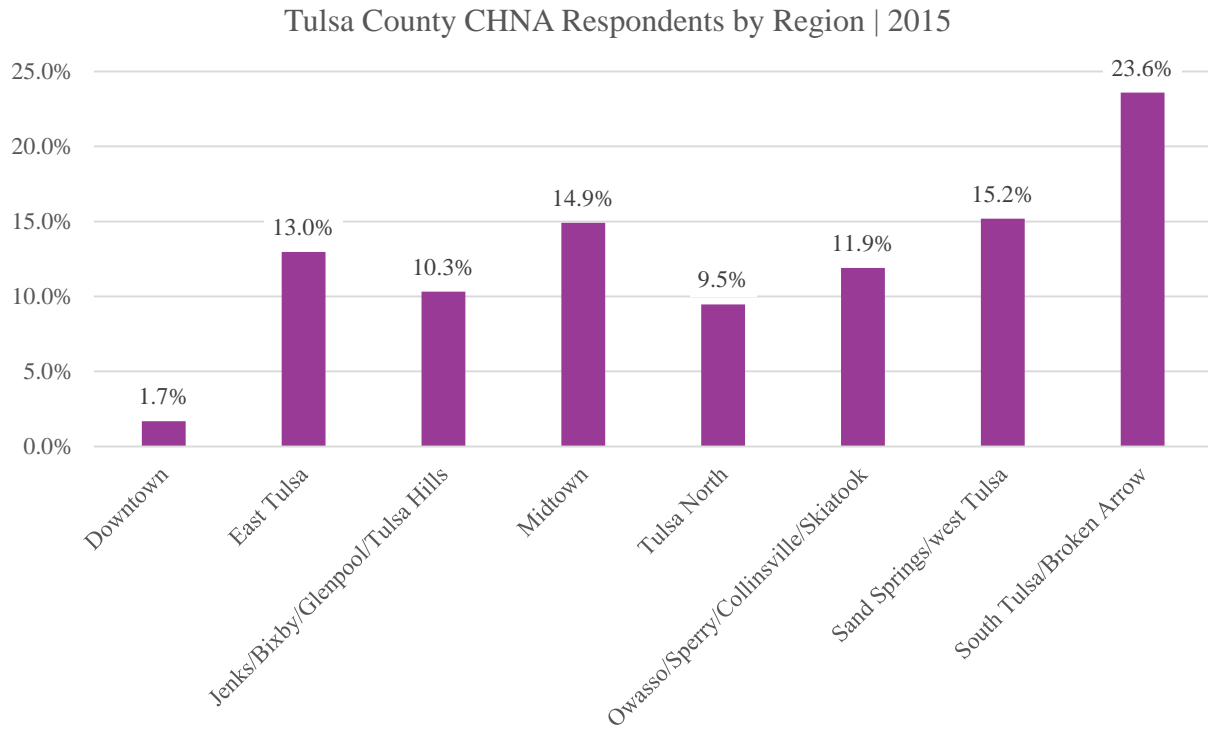
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D6]

Additionally, of those individuals with children in their household, the average number was 1.99 children. Again, this was much lower in downtown compared to other regions (1.00 children)



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D6]

The following graph shows the percentage of respondents that came from each region. The following sections describe the demographics for each region.

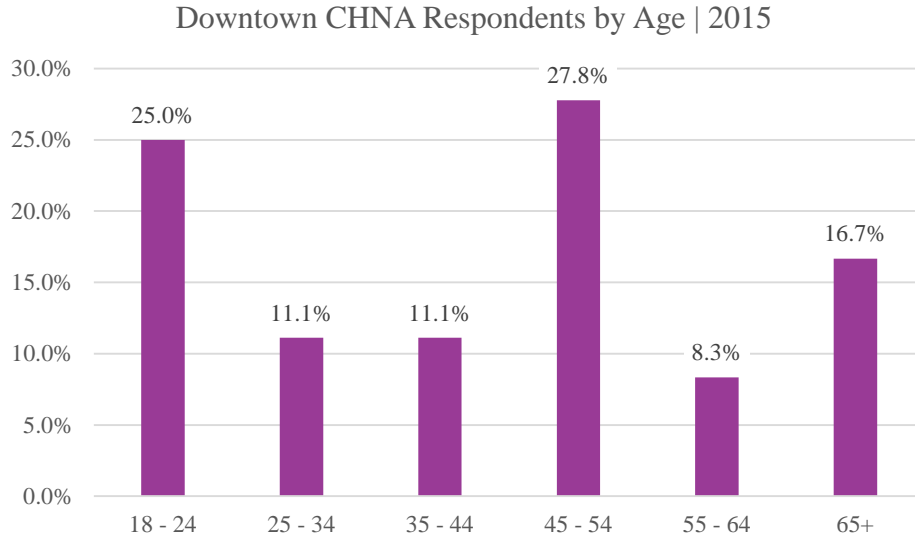


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Items D12 – D13]

Downtown

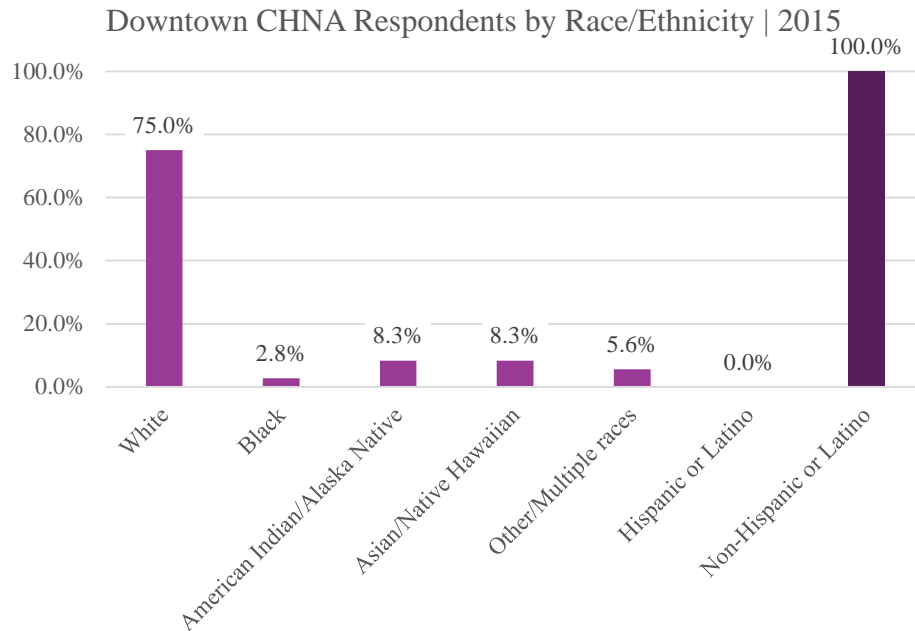
A total of 51.4 percent of downtown CHNA respondents were male and 48.6 percent were female.

The largest percentage of respondents in the downtown region were 45 – 54 years (27.8 percent).



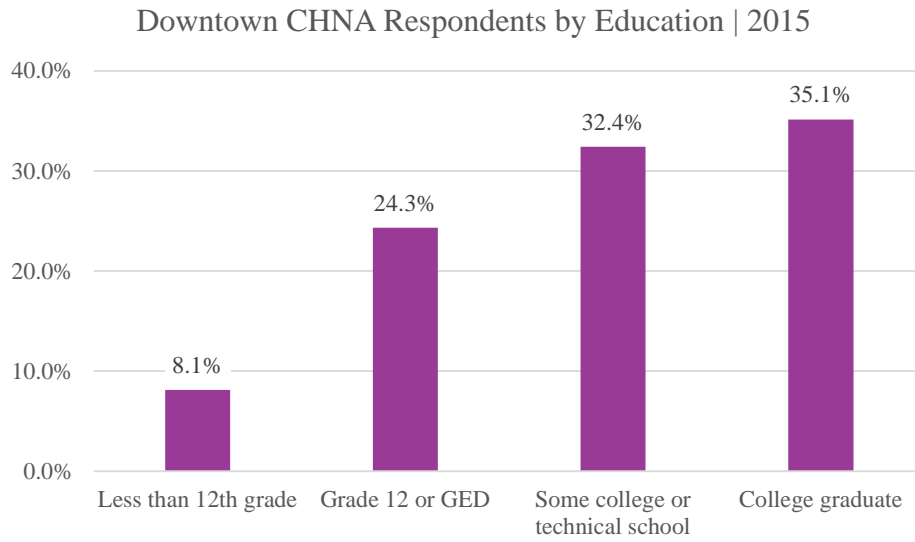
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D1]

The majority of downtown CHNA respondents were white (75 percent) and non-Hispanic (100 percent). The largest minorities were American Indian/Alaska Native and Asian/Native Hawaiian (8.3 percent each).



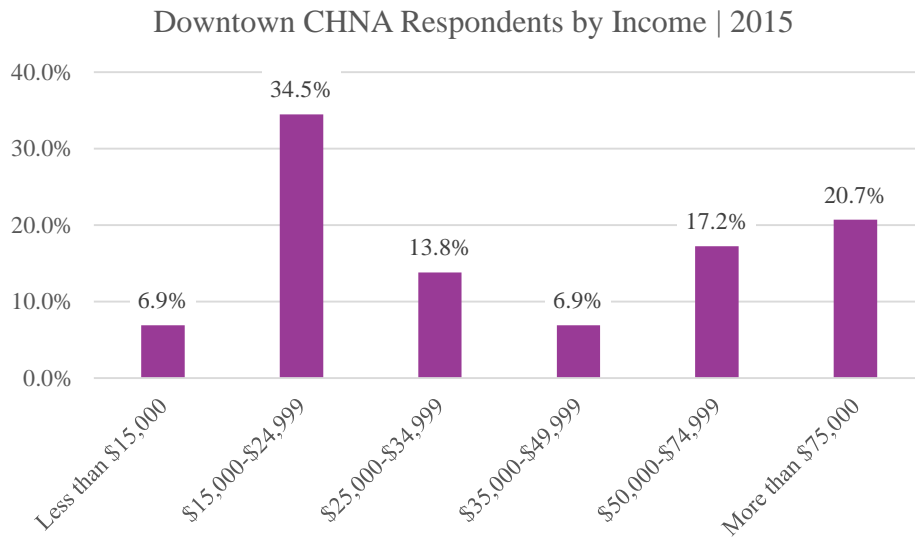
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Items D2 – D3]

The largest percentage of downtown CHNA respondents were college graduates (35.1 percent).



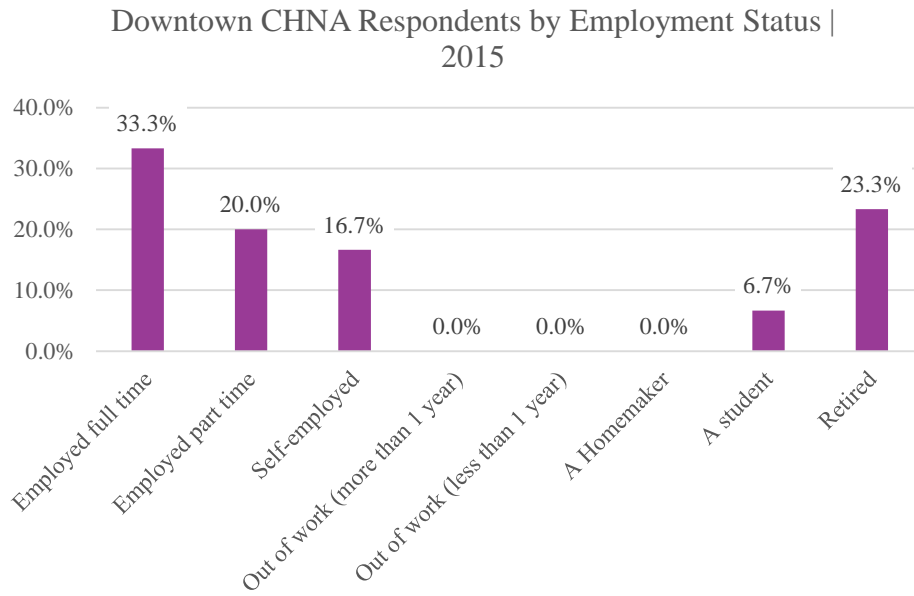
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D7]

The largest percentage of downtown CHNA respondents had an income of \$15,000 – \$24,999 (34.5 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D9]

About one-third of downtown CHNA respondents were employed full time (33.3 percent).

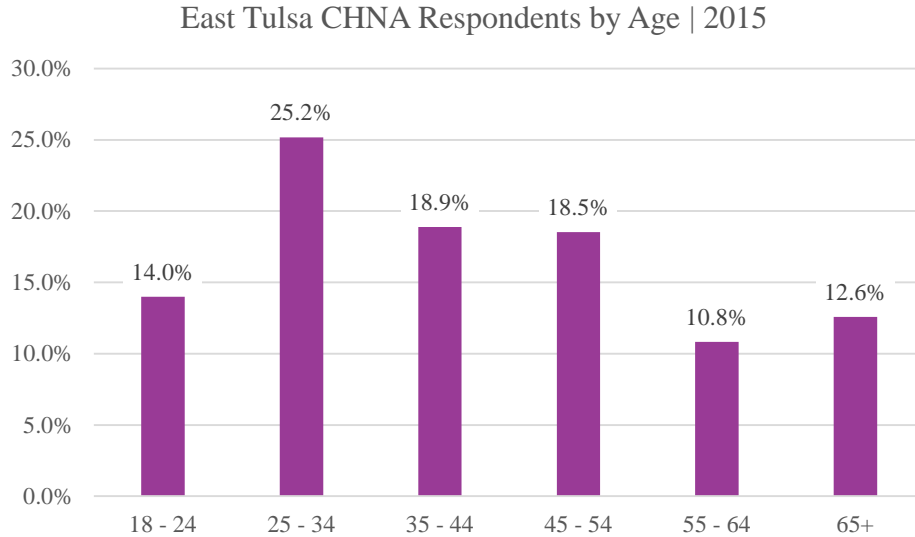


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D8]

East Tulsa

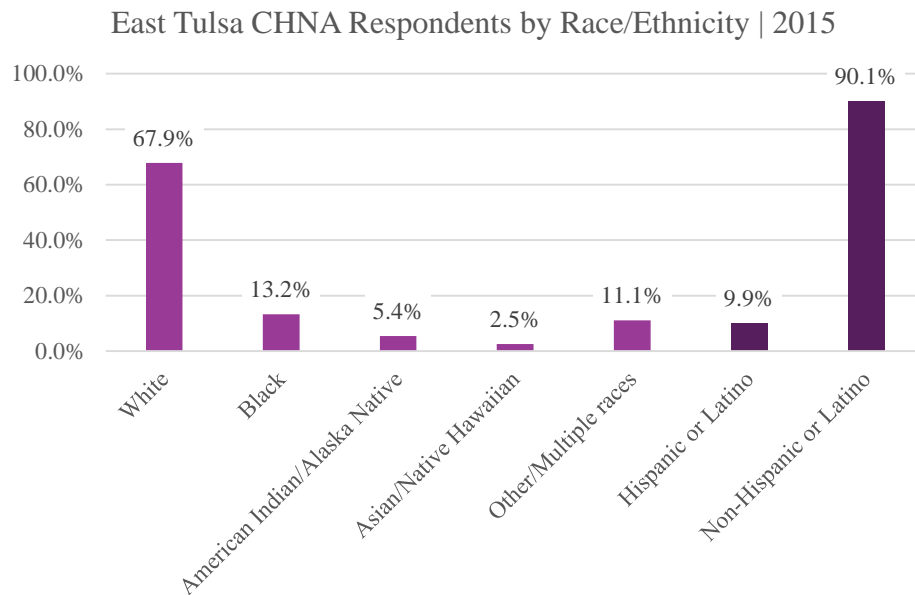
A total of 49.7 percent of east Tulsa CHNA respondents were male and 50.3 percent were female.

The largest percentage of respondents in the east Tulsa region were 25 – 34 years (25.2 percent).



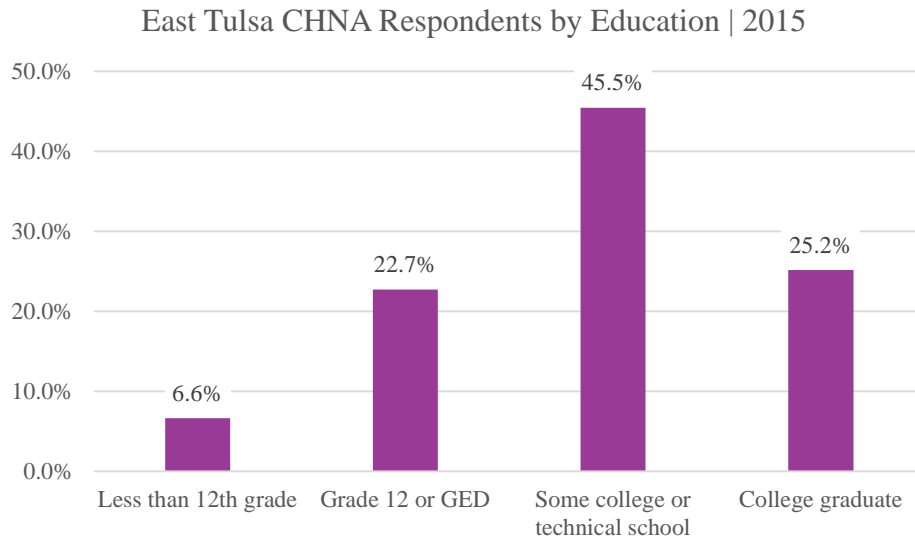
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D1]

The majority of east Tulsa CHNA respondents were white (67.9 percent) and non-Hispanic (90.1 percent). The largest minority was black (13.2 percent). Interestingly, east Tulsa has traditionally been thought of as having a high concentration of Hispanics, although that is not represented here. This may be due to underrepresentation in the sample or movement of Hispanics into different areas in Tulsa County.



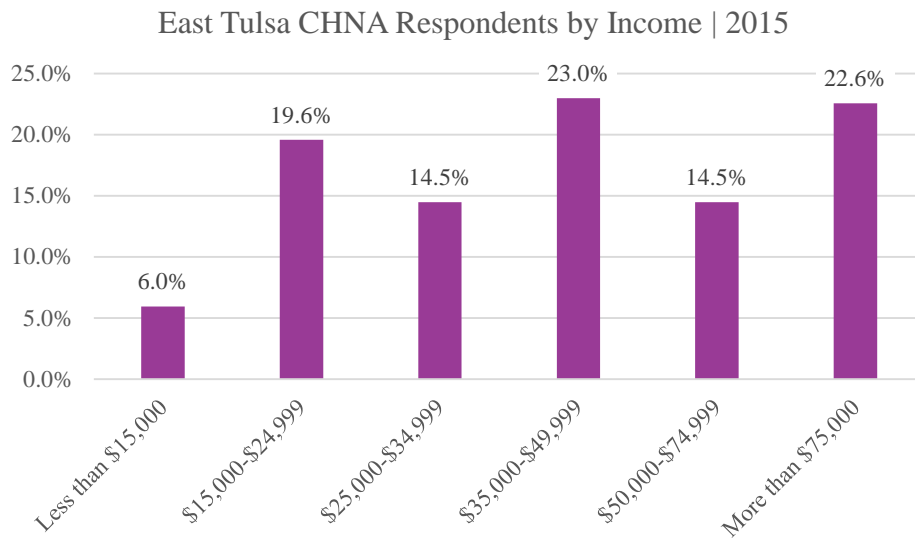
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Items D2 – D3]

The largest percentage of east Tulsa CHNA respondents had some college or technical school (45.5 percent).



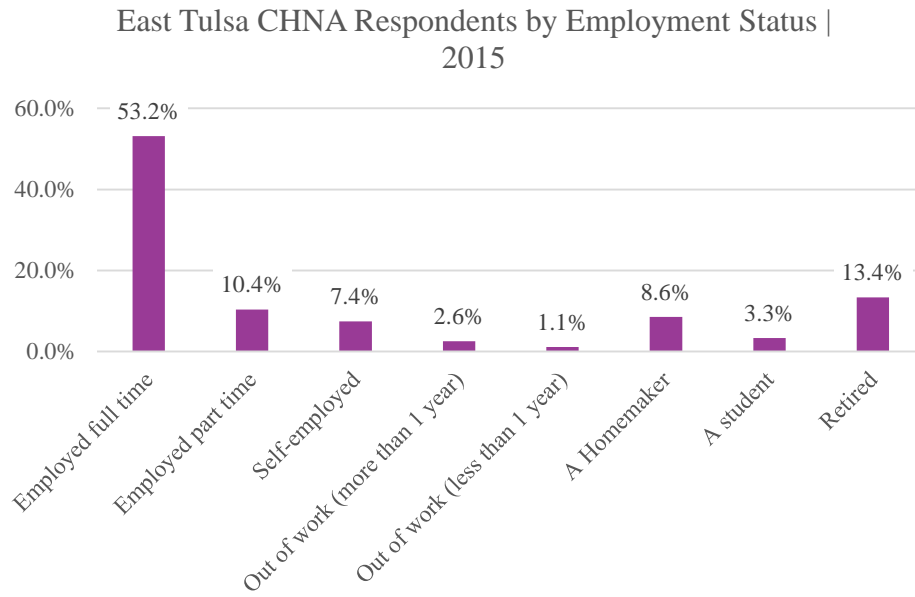
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D7]

The largest percentage of east Tulsa CHNA respondents had an income of \$35,000 – \$49,999 (23.0 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D9]

The majority of east Tulsa CHNA respondents were employed full time (53.2 percent). Although most regions had a retiree population over 20 percent, only 13.8 percent of east Tulsa residents were retired.

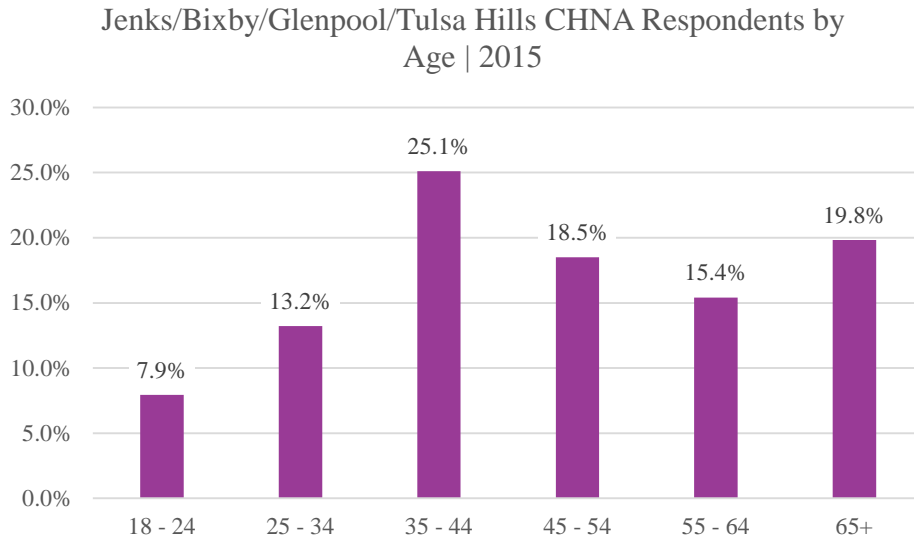


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D8]

Jenks/Bixby/Glenpool/Tulsa Hills

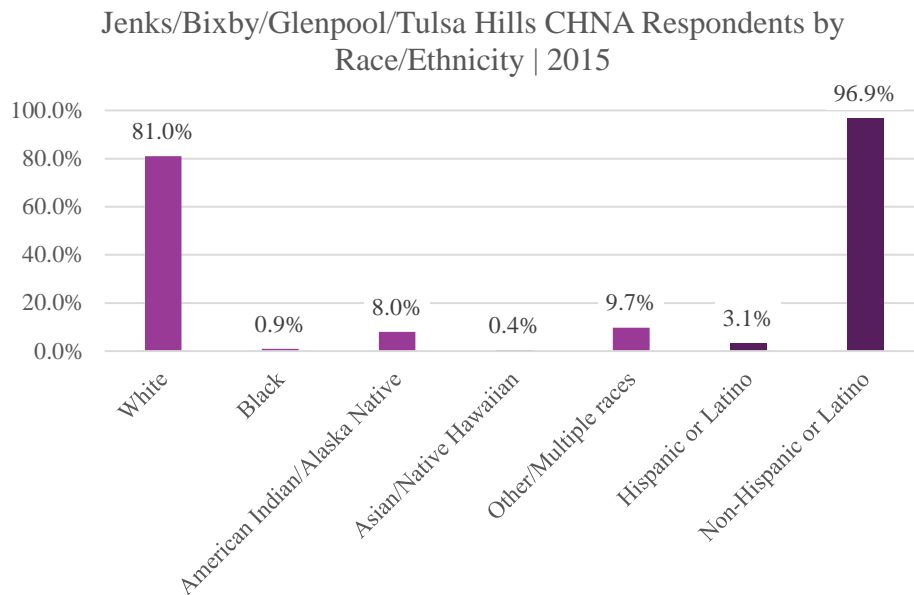
A total of 45.2 percent of Jenks/Bixby/Glenpool/Tulsa Hills CHNA respondents were male and 54.8 percent were female.

The largest percentage of respondents in the Jenks/Bixby/Glenpool/Tulsa Hills region were 35 – 44 years (25.1 percent).



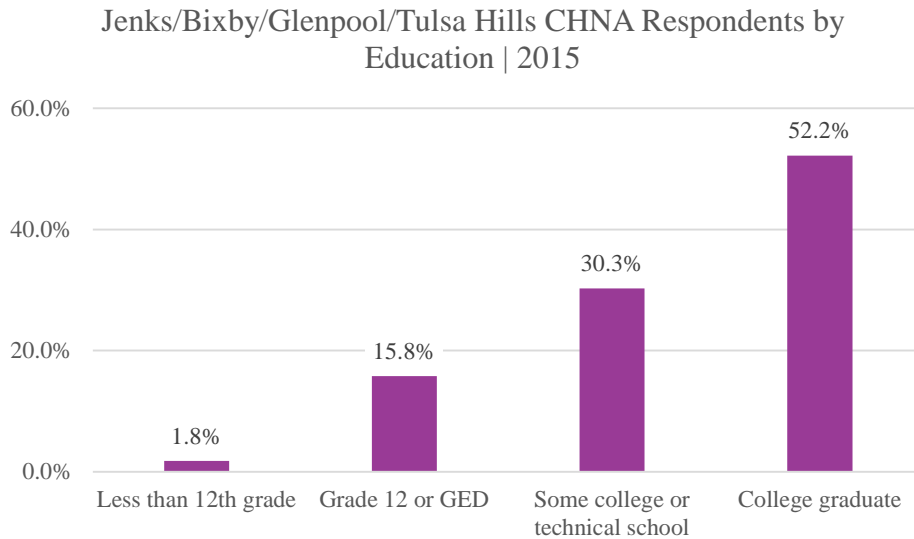
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D1]

The majority of Jenks/Bixby/Glenpool/Tulsa Hills CHNA respondents were white (81 percent) and non-Hispanic (96.9 percent). The largest minority was other/multiple races (9.7 percent).



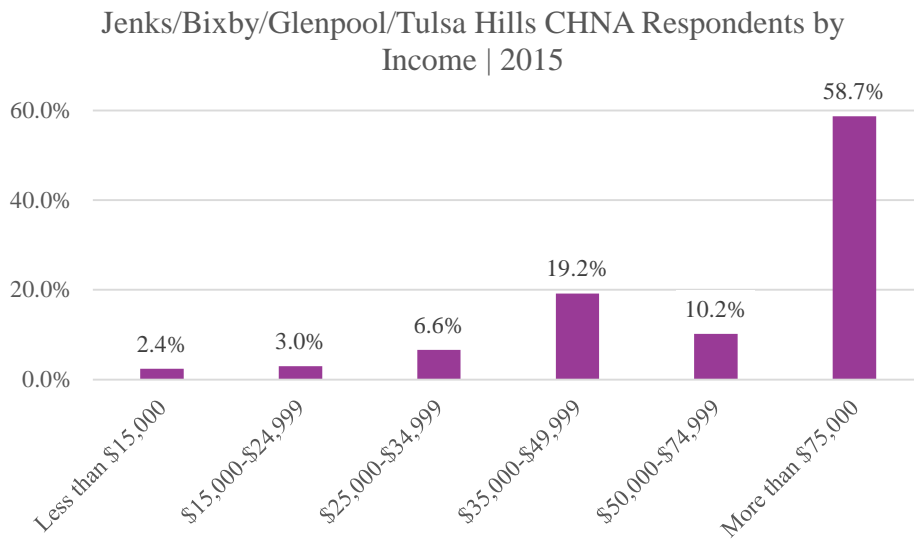
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Items D2 – D3]

The majority of Jenks/Bixby/Glenpool/Tulsa Hills CHNA respondents were college graduates (52.2 percent).



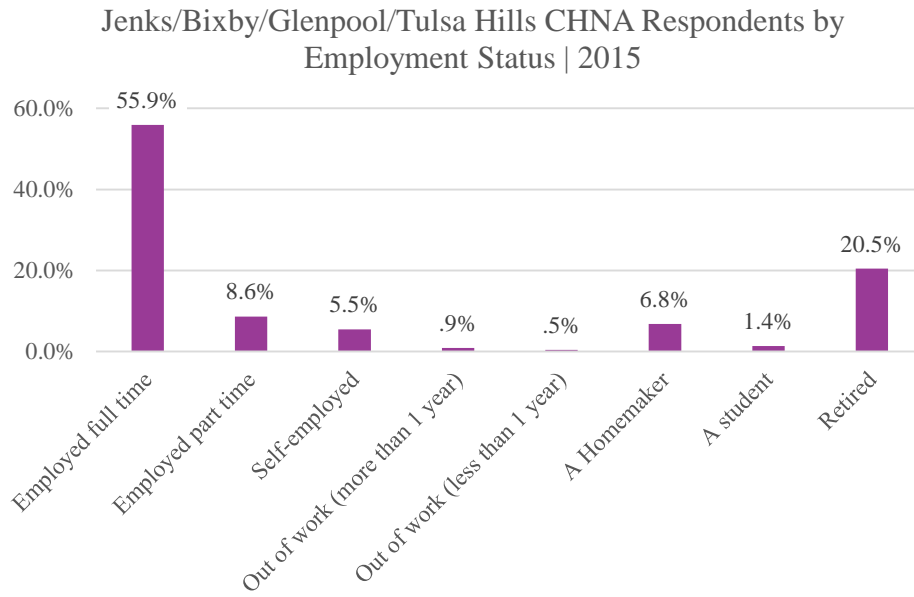
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D7]

The majority of Jenks/Bixby/Glenpool/Tulsa Hills CHNA respondents had an income of more than \$75,000 (58.7 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D9]

The majority of Jenks/Bixby/Glenpool/Tulsa Hills CHNA respondents were employed full time (55.9 percent).

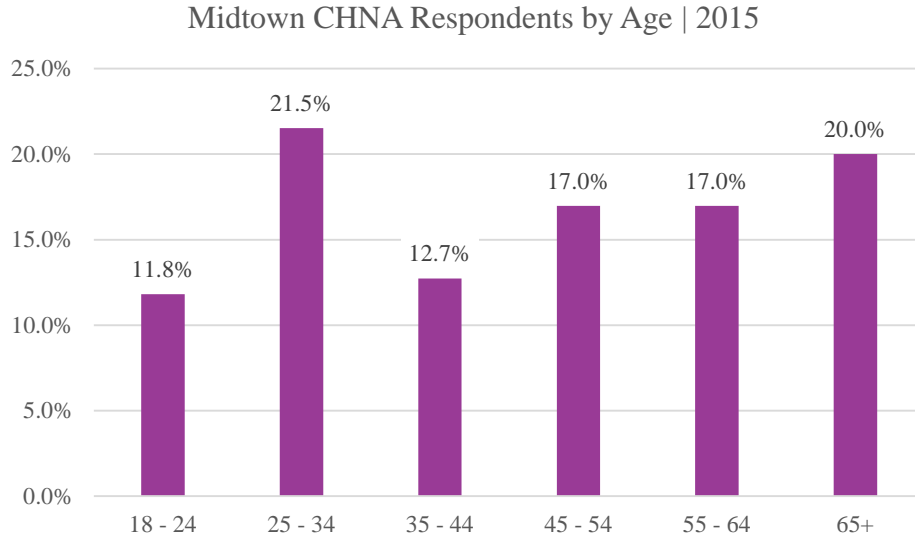


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D8]

Midtown

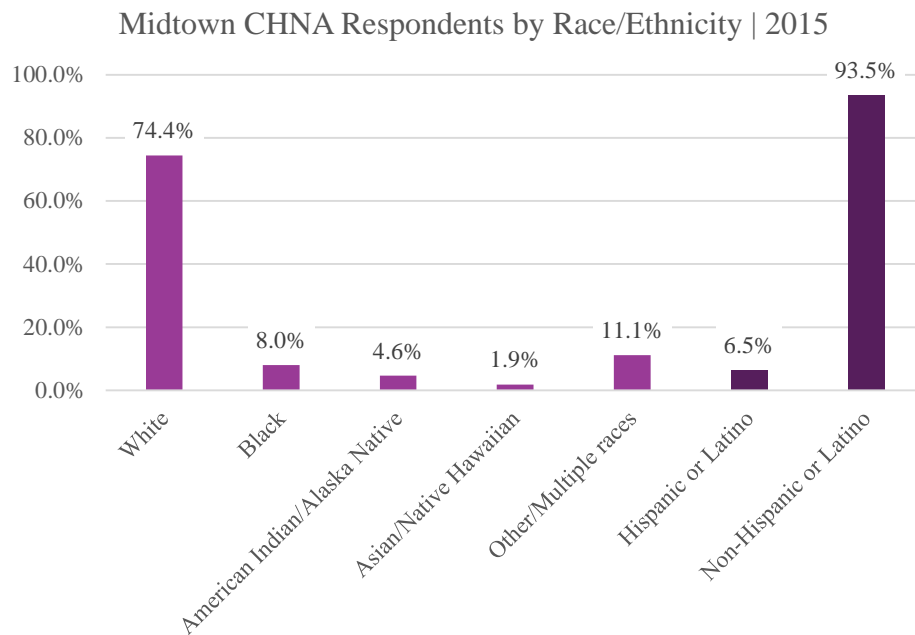
A total of 52.6 percent of midtown CHNA respondents were male and 47.4 percent were female.

The largest percentage of respondents in the midtown region were 25 – 34 years (21.5 percent).



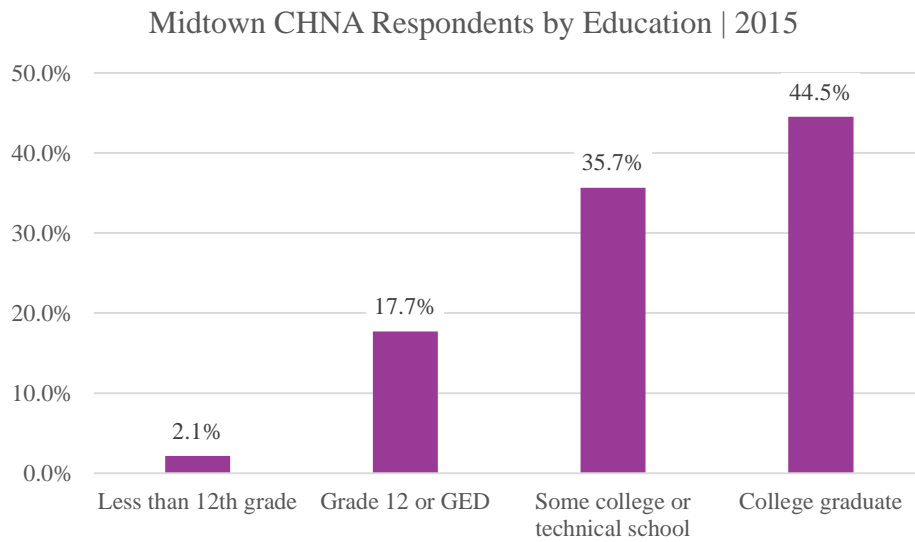
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D1]

The majority of midtown CHNA respondents were white (74.4 percent) and non-Hispanic (93.5 percent). The largest minority was other/multiple races (11.1 percent).



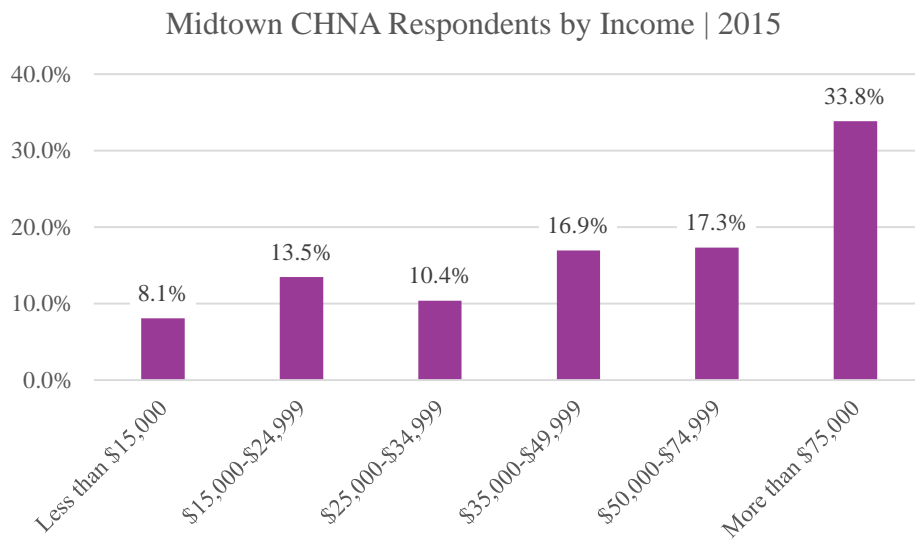
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Items D2 – D3]

The largest percentage of midtown CHNA respondents were college graduates (44.5 percent).



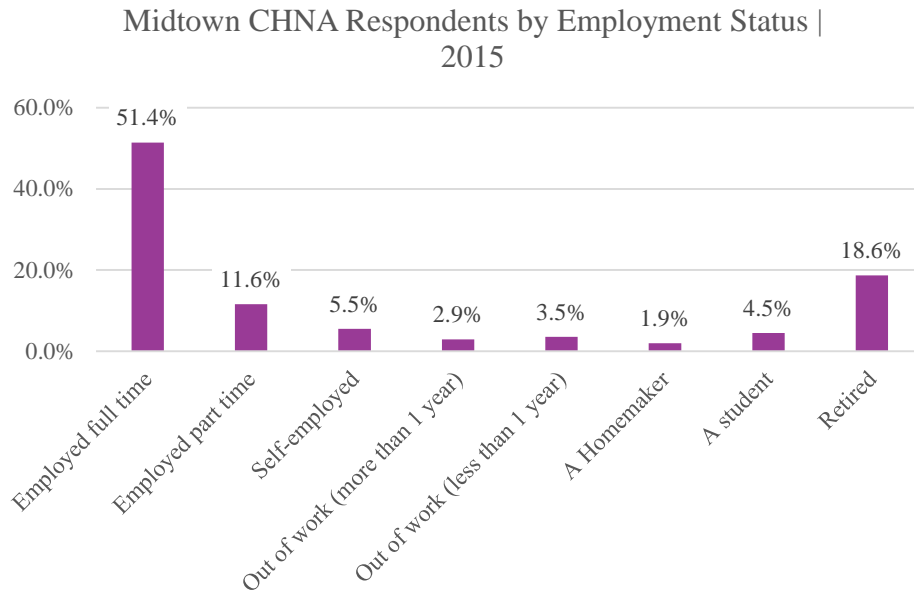
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D7]

The largest percentage of midtown CHNA respondents had an income of more than \$75,000 (33.8 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D9]

The majority of midtown CHNA respondents were employed full time (51.4 percent).

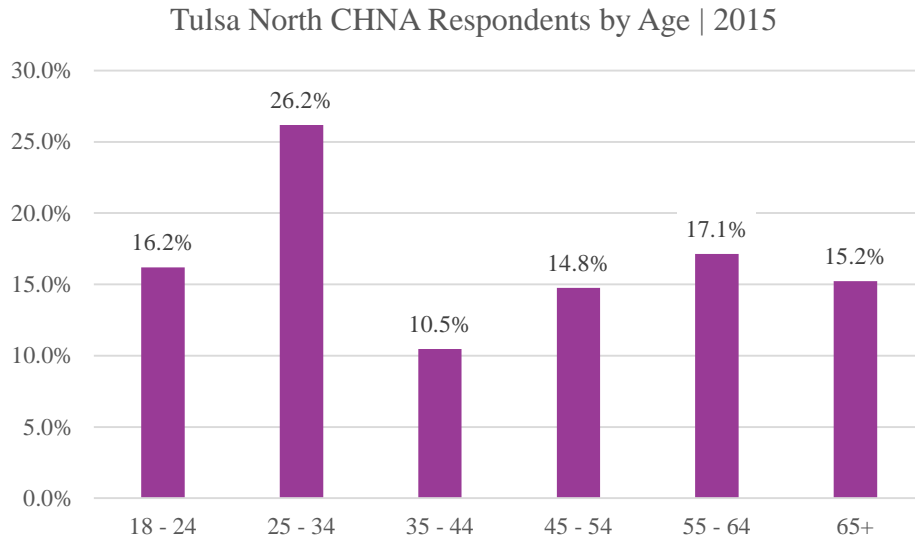


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D8]

Tulsa North

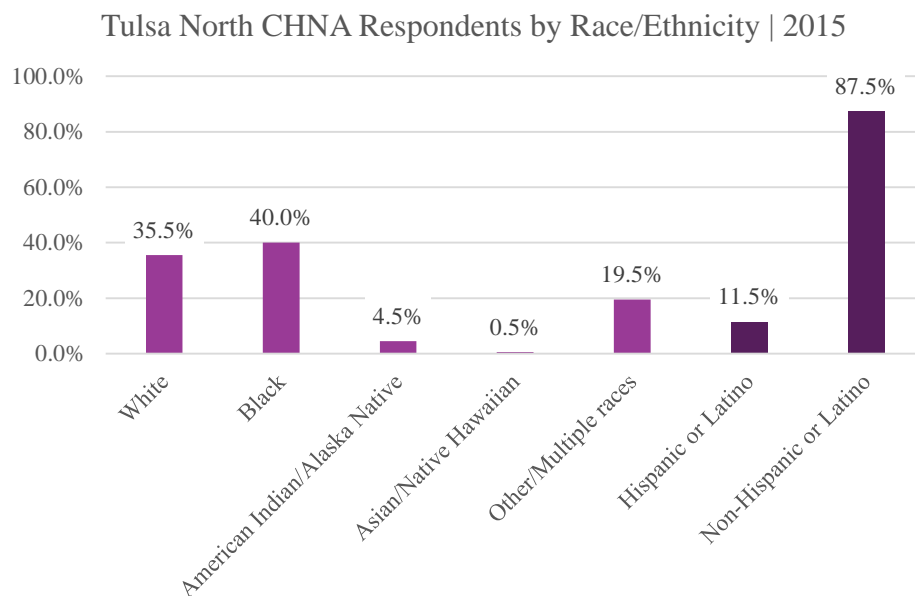
A total of 40.2 percent of Tulsa North CHNA respondents were male and 59.8 percent were female.

The largest percentage of respondents in the Tulsa North region were 25 – 34 years (26.2 percent).



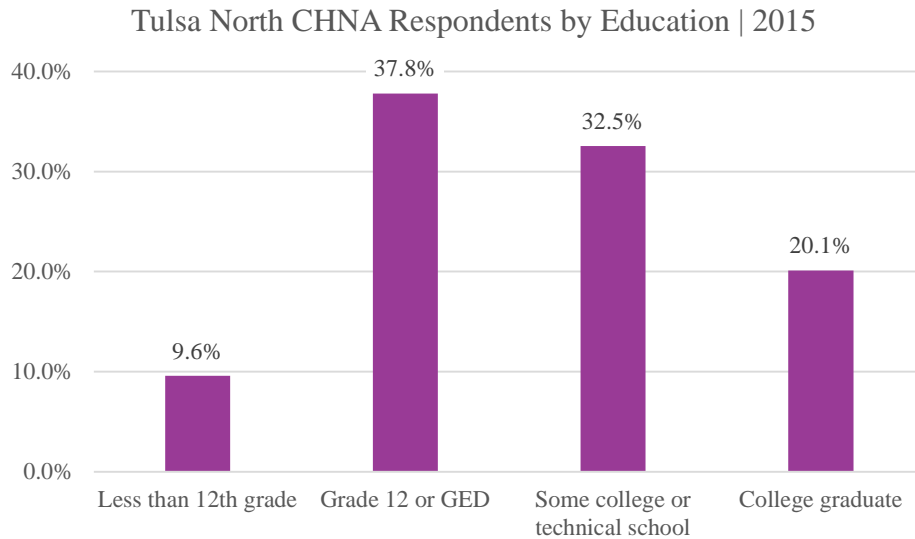
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D1]

The largest percentage of Tulsa North CHNA respondents was black (40 percent) and non-Hispanic (87.5 percent). About one-third of respondents were white (35.5 percent). The percentage of black respondents in Tulsa North was about three times as high as any other region (40 percent in Tulsa North compared to 13.2 percent in east Tulsa, which was the next highest). Tulsa North also had the highest percentage of Hispanic respondents, compared to the other CHNA regions.



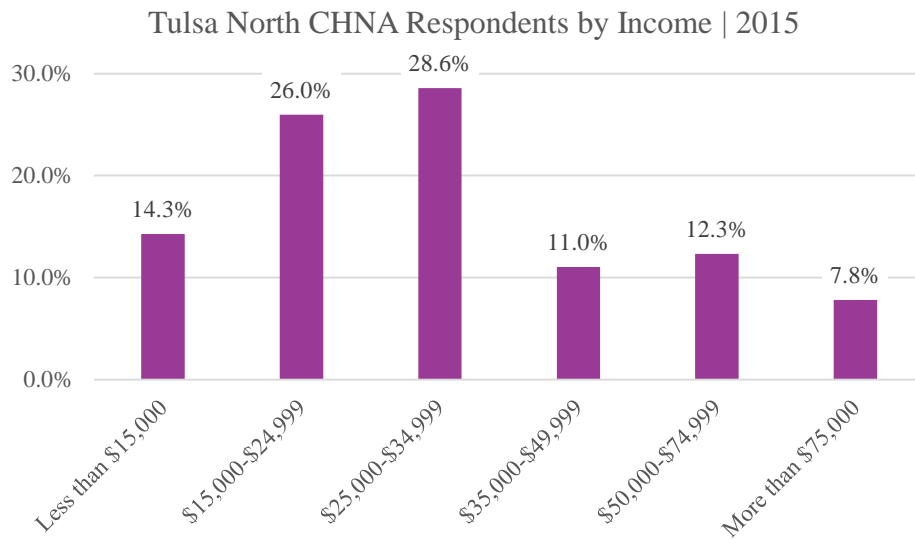
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Items D2 – D3]

The largest percentage of Tulsa North CHNA respondents had a high school education or GED (37.8 percent).



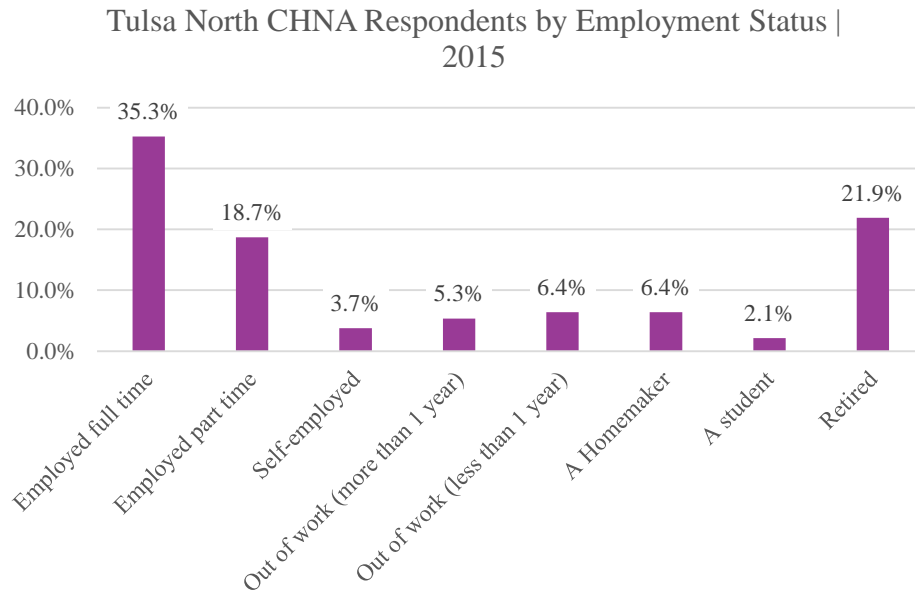
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D7]

The largest percentage of Tulsa North CHNA respondents had an income of \$25,000 – \$34,999 (28.6 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D9]

About one-third of Tulsa North CHNA respondents were employed full time (35.3 percent).

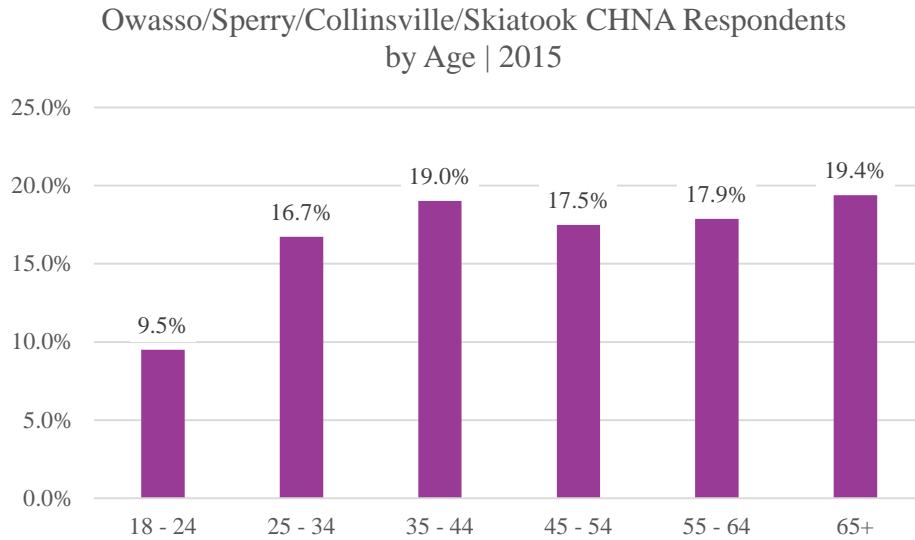


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D8]

Owasso/Sperry/Collinsville/Skiatook

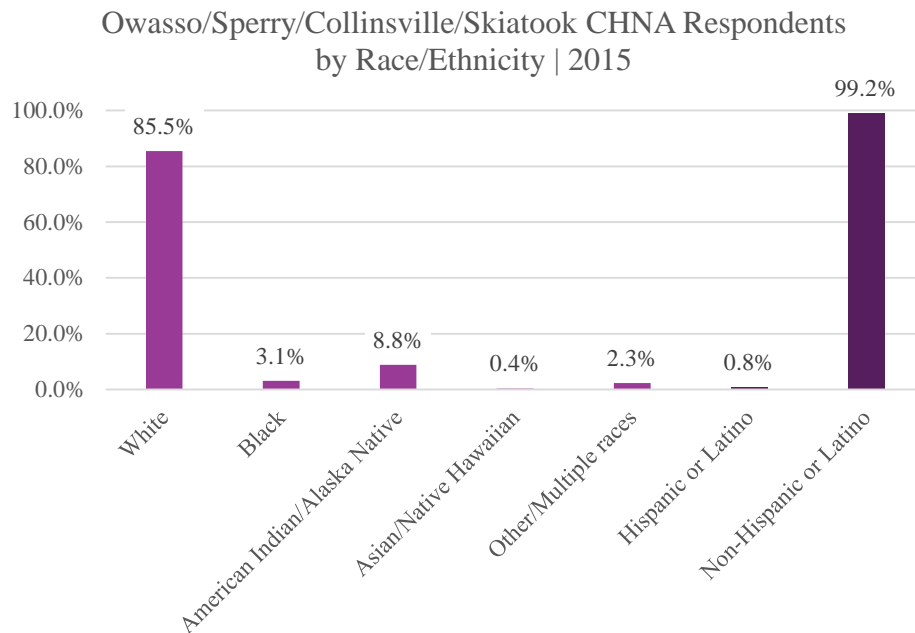
A total of 48.7 percent of Owasso/Sperry/Collinsville/Skiatook CHNA respondents were male and 51.3 percent were female.

The largest percentage of respondents in the Owasso/Sperry/Collinsville/Skiatook region were 65+ years (19.4 percent) and 35 – 44 years (19.0 percent).



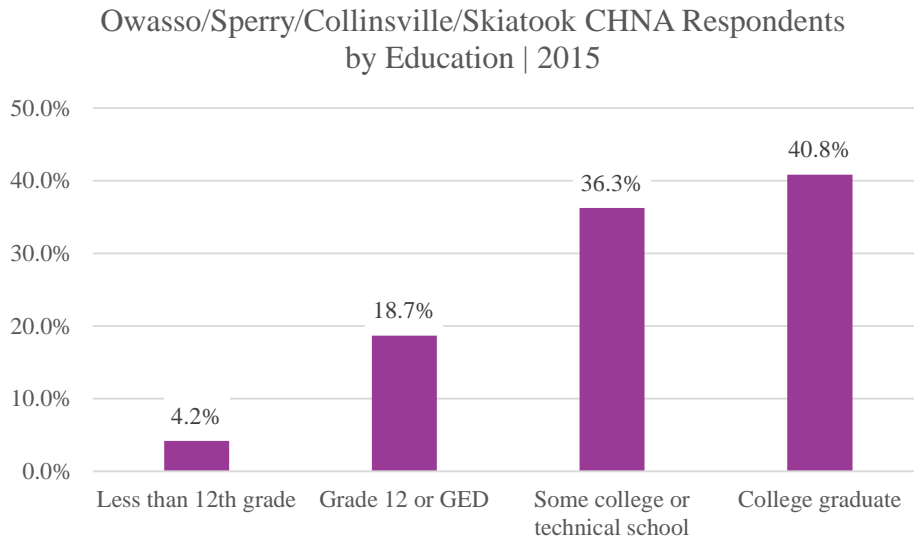
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D1]

The majority of Owasso/Sperry/Collinsville/Skiatook CHNA respondents were white (85.5 percent) and non-Hispanic (99.2 percent). The largest minority was American Indian/Alaska Native (8.8 percent).



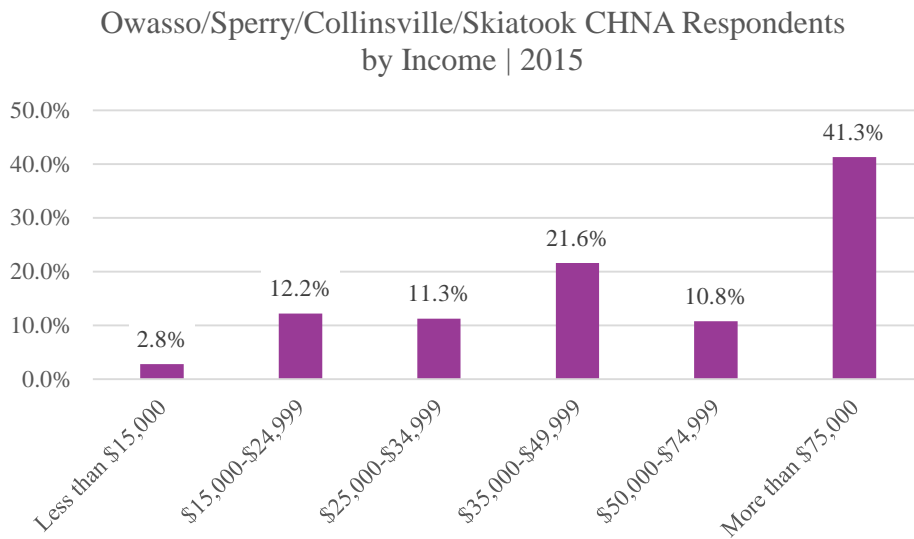
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Items D2 – D3]

The largest percentage of Owasso/Sperry/Collinsville/Skiatook CHNA respondents were college graduates (40.8 percent).



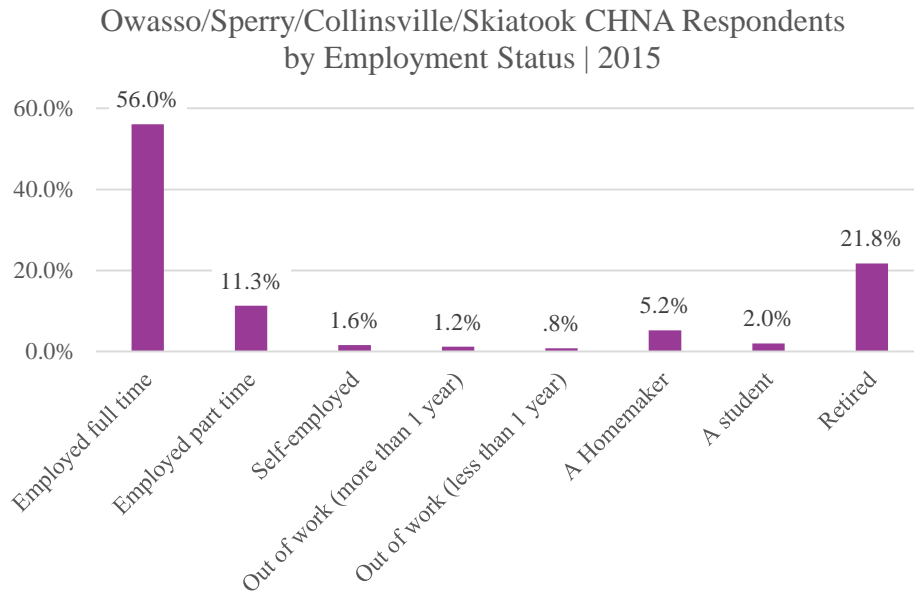
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D7]

The largest percentage of Owasso/Sperry/Collinsville/Skiatook CHNA respondents had an income of more than \$75,000 (41.3 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D9]

The majority of Owasso/Sperry/Collinsville/Skiatook CHNA respondents were employed full time (56.0 percent).

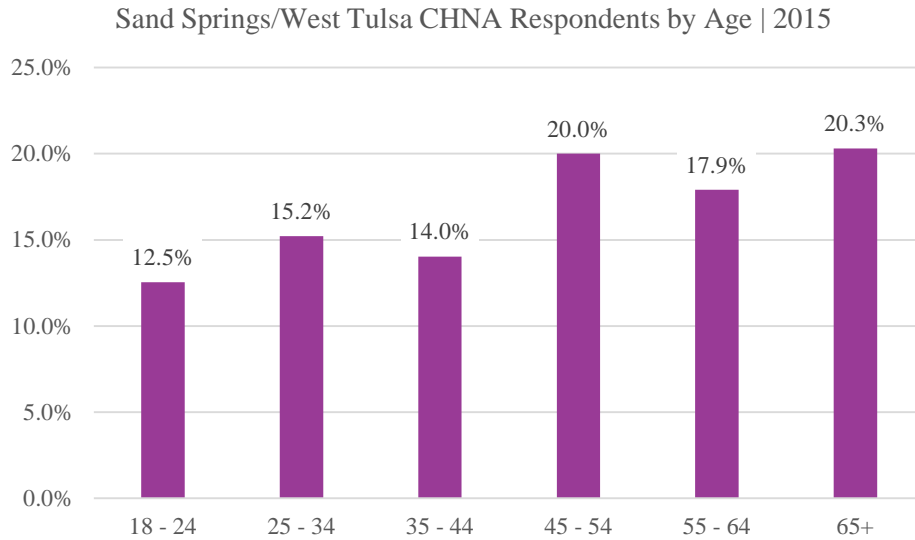


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D8]

Sand Springs/West Tulsa

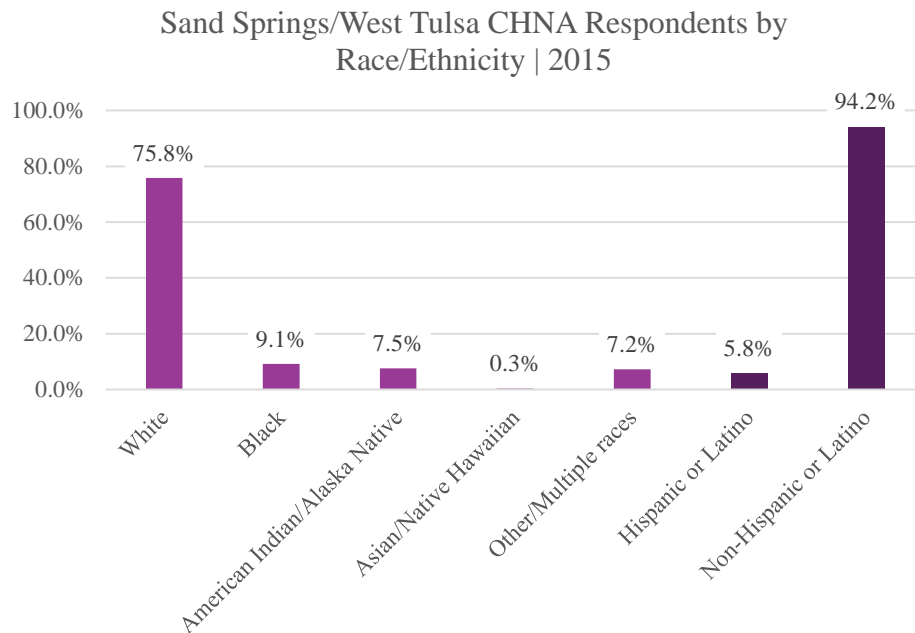
A total of 45.4 percent of Sand Springs/west Tulsa CHNA respondents were male and 54.6 percent were female.

The largest percentage of respondents in the Sand Springs/west Tulsa region were 65+ years (20.3 percent) and 45 – 54 years (20.0 percent).



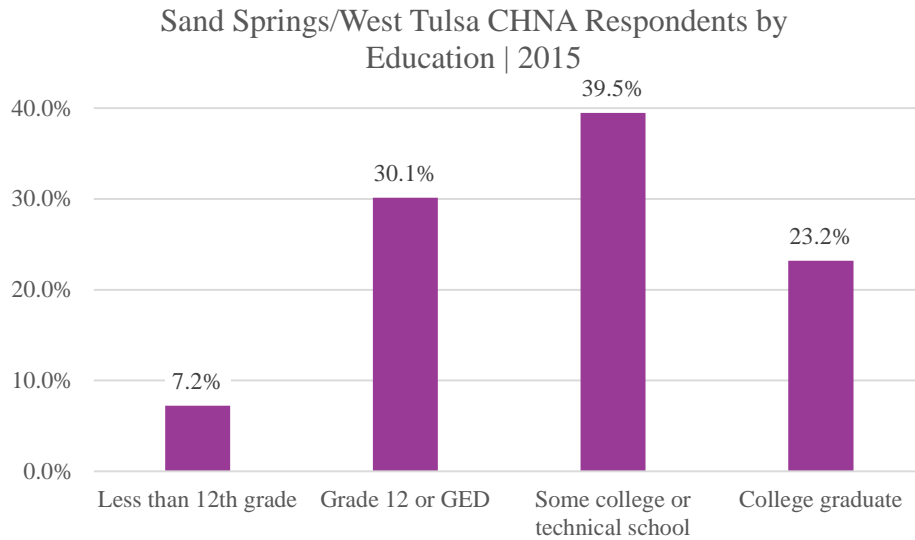
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D1]

The majority of Sand Springs/west Tulsa CHNA respondents were white (75.8 percent) and non-Hispanic (94.2 percent). The largest minority was black (9.1 percent).



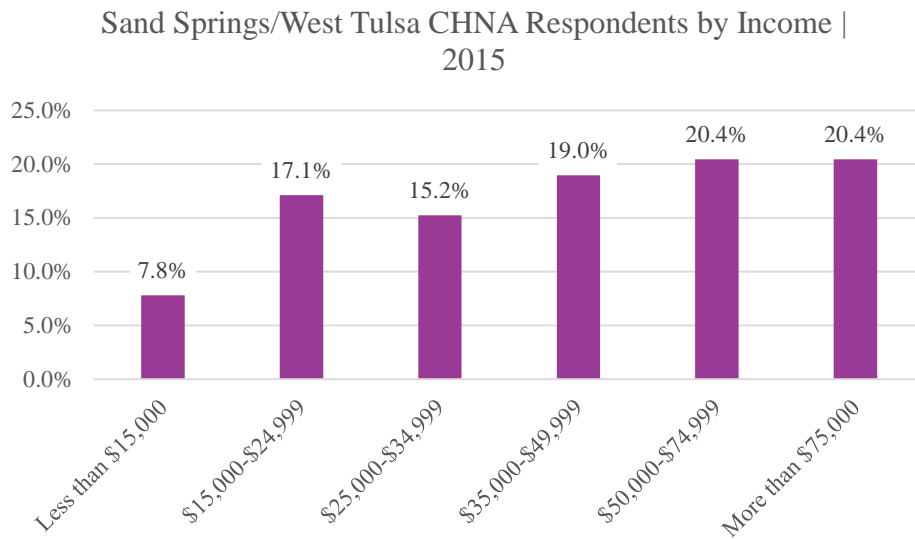
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Items D2 – D3]

The largest percentage of Sand Springs/west Tulsa CHNA respondents had some college or technical school (39.5 percent).



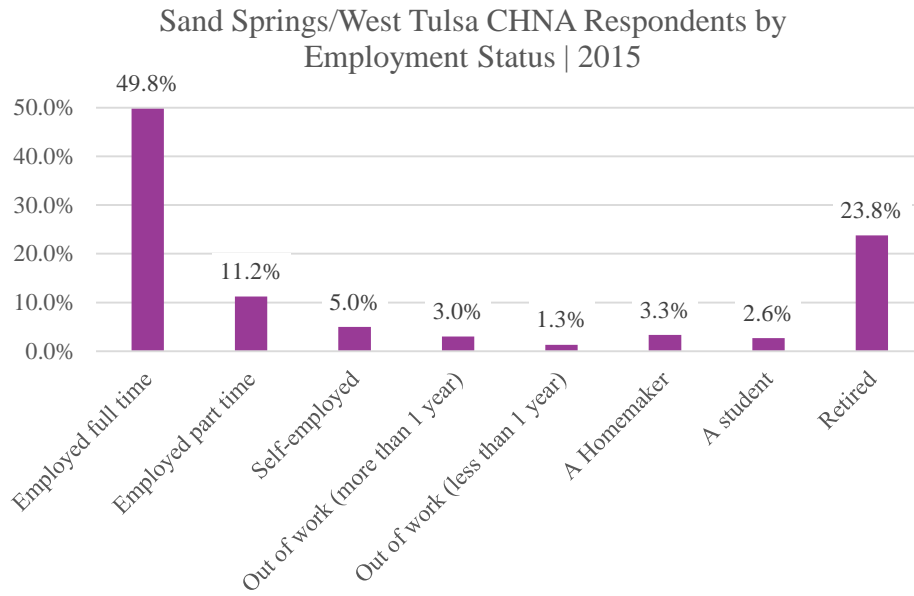
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D7]

The largest percentage of Sand Springs/west Tulsa CHNA respondents had an income of either \$50,000 – \$74,999 or more than \$75,000 (20.4 percent each).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D9]

Almost half of Sand Springs/west Tulsa CHNA respondents were employed full time (49.8 percent).

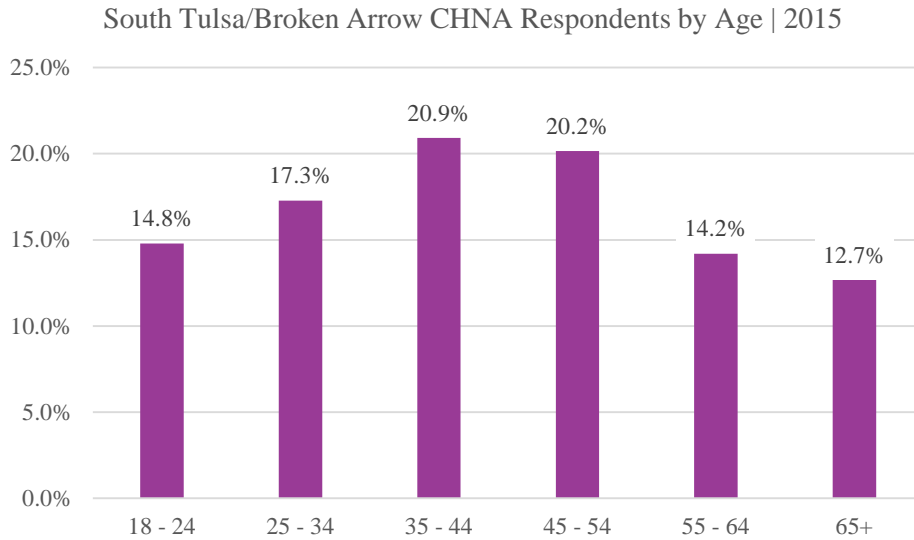


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D8]

South Tulsa/Broken Arrow

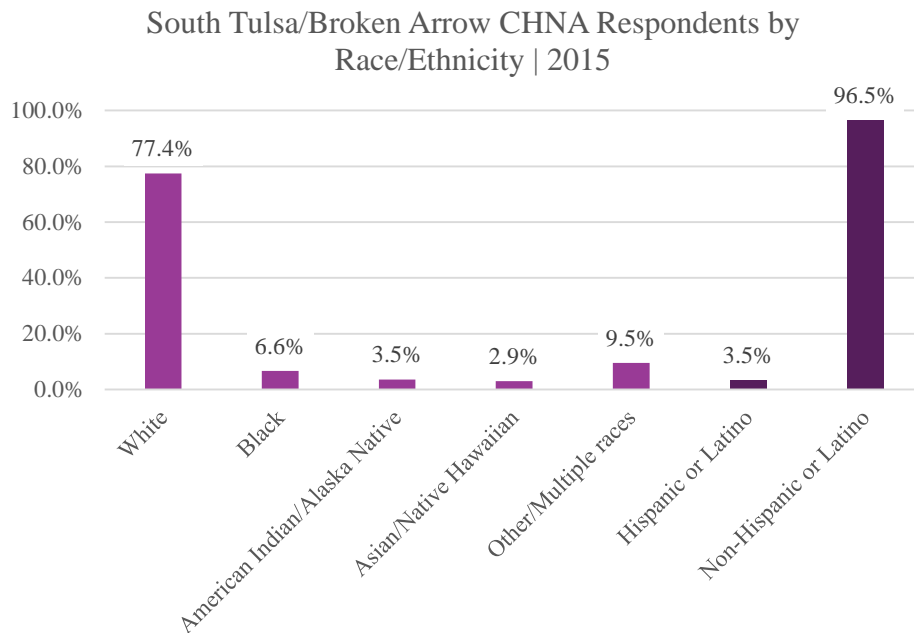
A total of 50.6 percent of south Tulsa/Broken Arrow CHNA respondents were male and 49.4 percent were female.

The largest percentage of respondents in the south Tulsa/Broken Arrow region were 35 – 44 years (20.9 percent) and 45 – 54 years (20.2 percent).



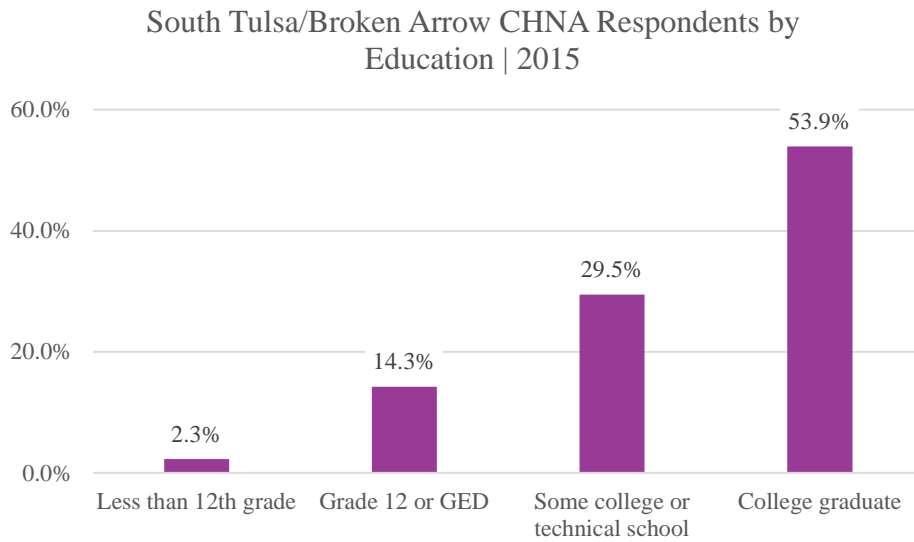
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D1]

The majority of south Tulsa/Broken Arrow CHNA respondents were white (77.4 percent) and non-Hispanic (96.5 percent). The largest minority was other/multiple races (9.5 percent).



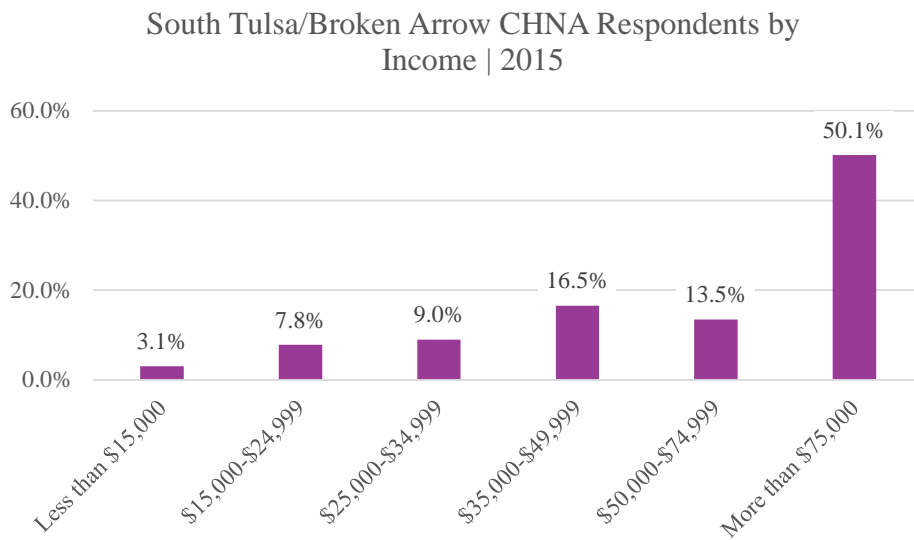
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Items D2 – D3]

The majority of south Tulsa/Broken Arrow CHNA respondents were college graduates (53.9 percent).



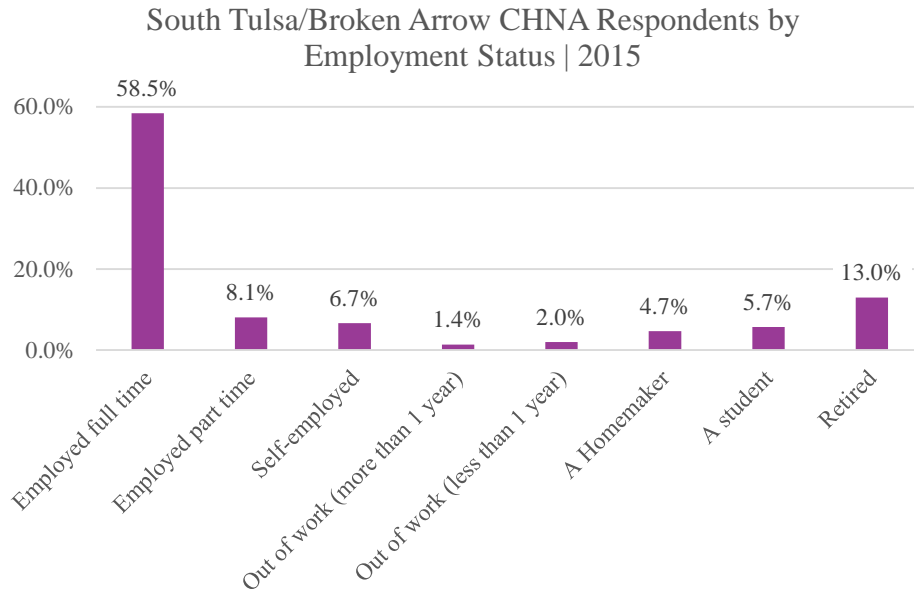
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D7]

The majority of south Tulsa/Broken Arrow CHNA respondents had an income of more than \$75,000 (50.1 percent).

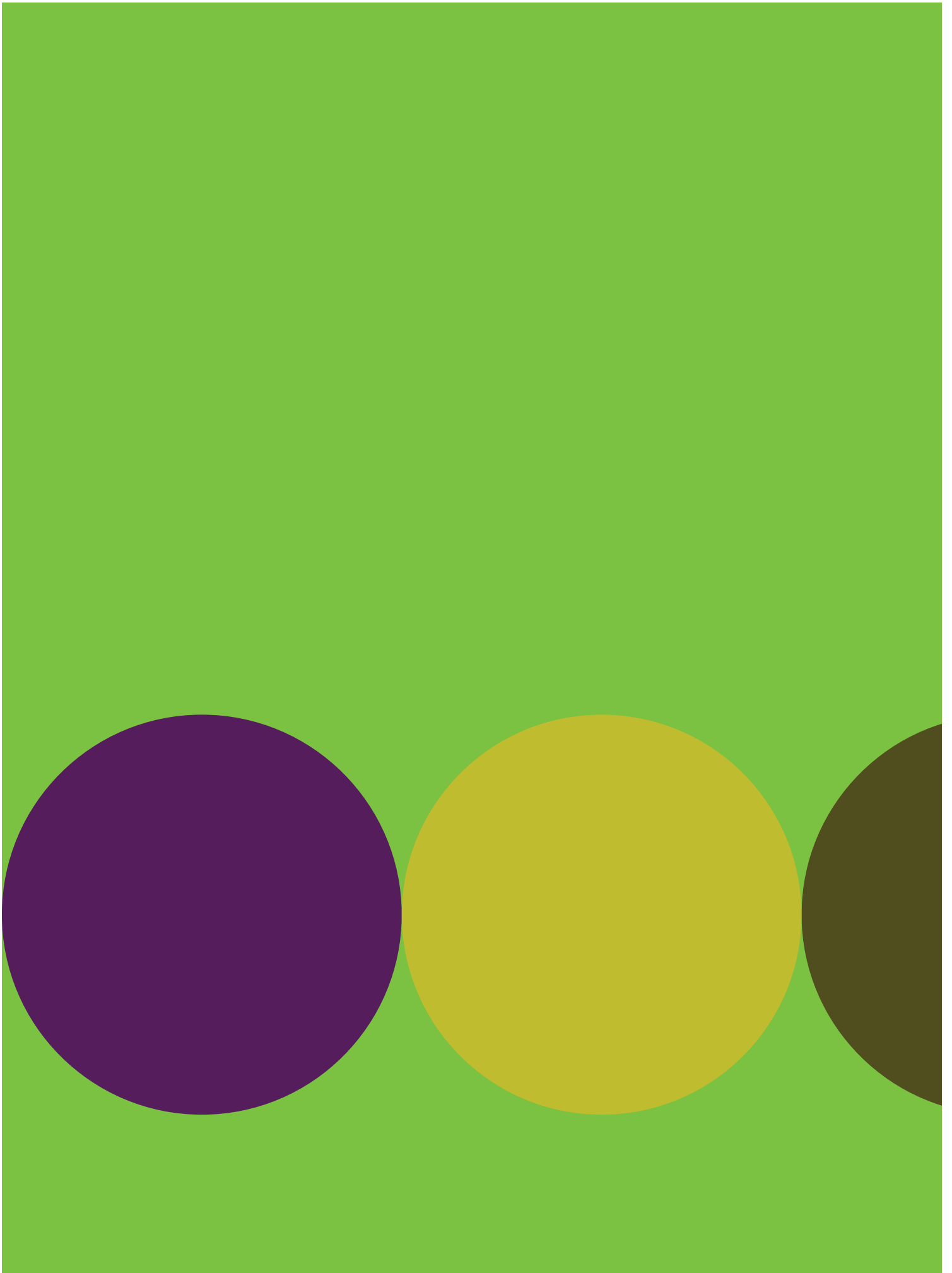


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D9]

The majority of south Tulsa/Broken Arrow CHNA respondents were employed full time (58.5 percent). Although most regions had a retiree population over 20 percent, only 13 percent of south Tulsa/Broken Arrow residents were retired.



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D8]





**Healthy
People**

Healthy People

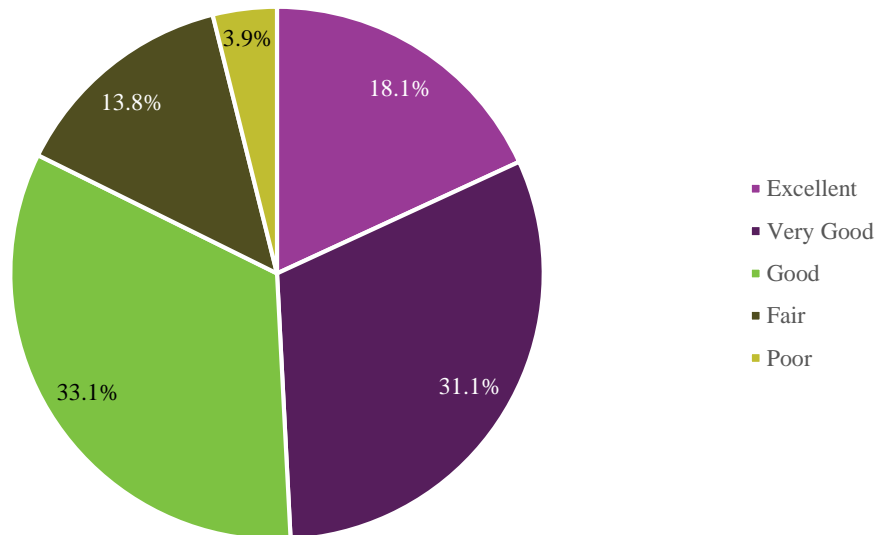
General Health Status

Measures of general health are often used as indicators of health-related quality of life. Poor self-reported health status and high self-reported stress can be indicators of poor physical and mental health, which can contribute to a lower quality of life. Chronic diseases, mental health disorders, and other health-related conditions can cause disability and premature death, and can also have economic consequences for the individual as well as a community.¹

Self-reported Health Status

A total of 49.2 percent of Tulsa County adults rated their overall health as ‘excellent’ or ‘very good.’ An additional 33.1 percent rated their health as ‘good.’

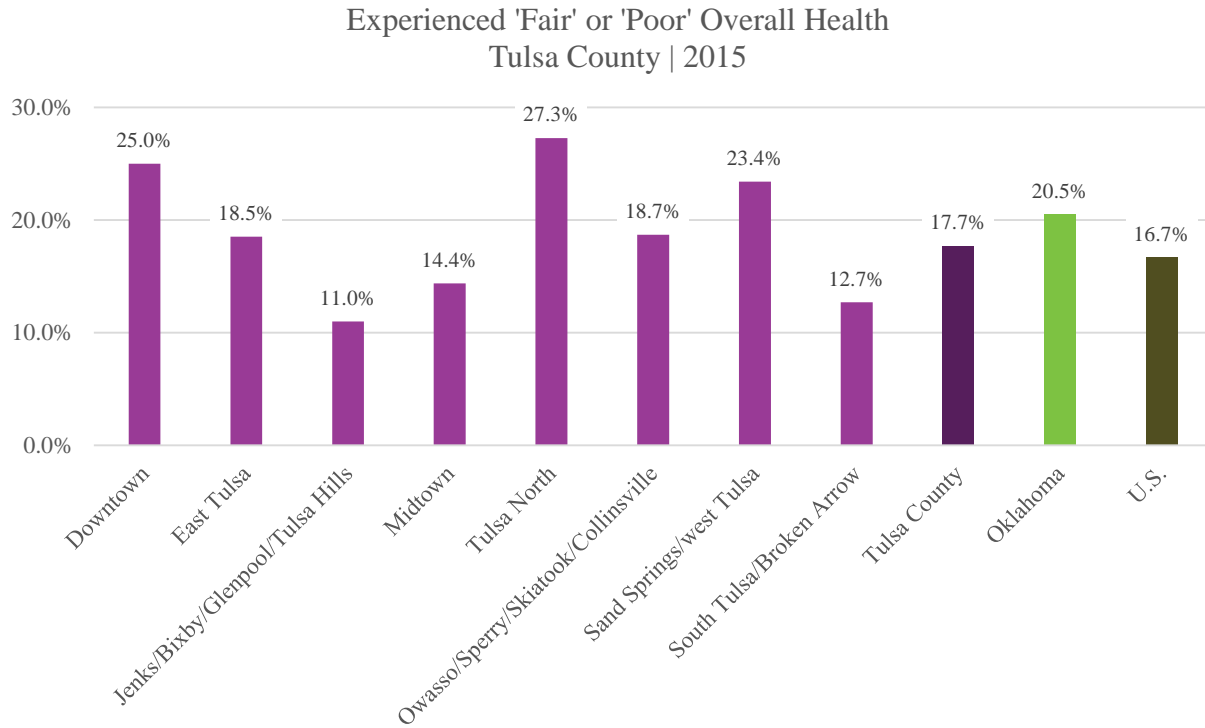
Self-Reported Health Status
Tulsa County | 2015



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 1]

¹ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited 11/24/2015]. Accessed at <http://www.healthypeople.gov/2020/about/foundation-health-measures/General-Health-Status#top>.

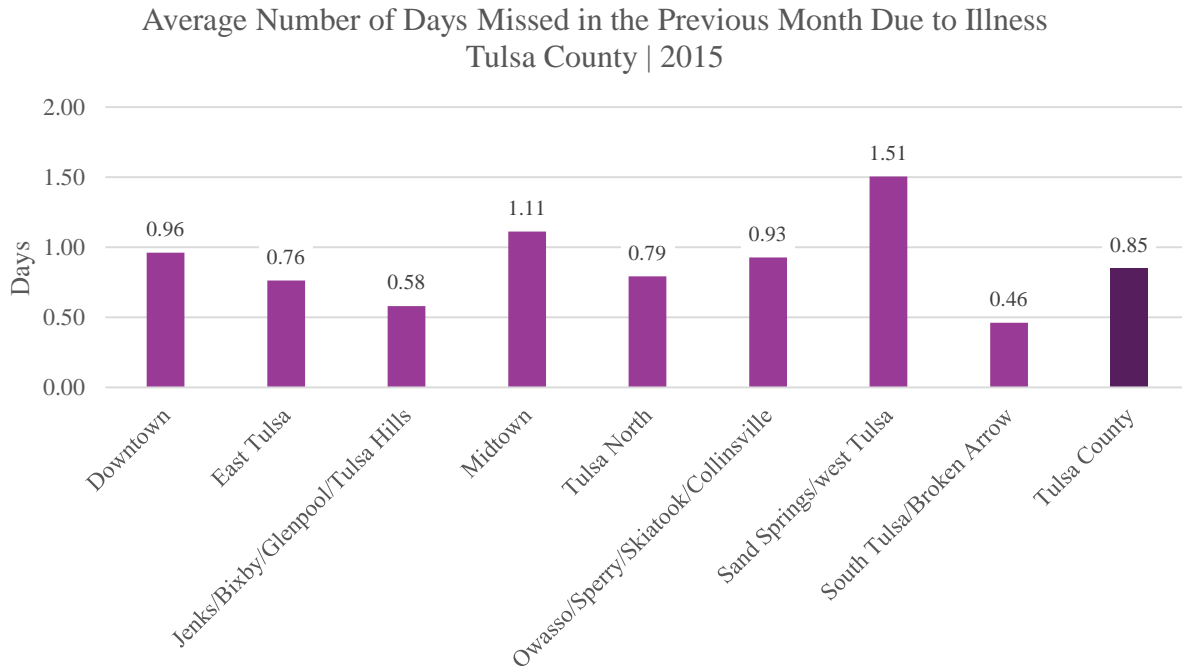
However, 17.7 percent of Tulsa County adults rated their health as ‘fair’ or ‘poor.’ This was lower than Oklahoma overall, but higher than the United States. The region with the highest percentage of unfavorable self-reported health status was Tulsa North (27.3 percent), while the lowest percentage (most favorable) was Jenks/Bixby/Glenpool/Tulsa Hills (11.0 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 1]
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [cited 12/1/2015]. Accessed at <http://www.cdc.gov/brfss/brfssprevalence/>.
- Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Behavioral Risk Factor Surveillance System 2014, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share>.

Number of Days Missed Due to Illness

Overall, Tulsa County adults missed an average of 0.85 days of work or activities in the previous month due to physical illness. The region with the highest average number of days missed was Sand Springs/west Tulsa (1.51 days) and the region with the lowest average was Jenks/Glenpool/Bixby/Tulsa Hills (0.58 days).



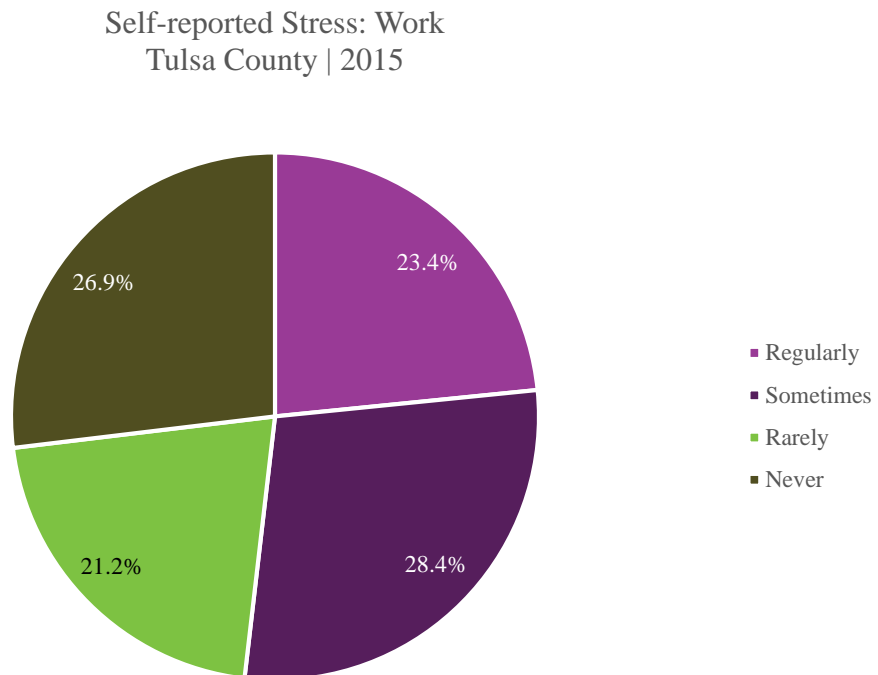
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 5]

Stress

Stress is the body's response to any demand and can be triggered by a variety of things, including change. Although not all stress is bad, chronic stress can lead to suppressed functions for things that aren't needed for survival. For example, immunity is lowered and digestive, excretory, and reproductive systems stop working normally. There are three different types of stress, all of which have physical and mental health risks: routine stress related to work, family and other daily responsibilities, stress brought on by a sudden negative change such as losing a job, divorce or illness, and traumatic stress which is experienced in an event such as a major accident, war, assault or natural disaster where one may be in serious danger of being hurt or killed.² Different communities may have different stressors based on type of home and work environments experienced in these areas.

Self-reported Stress: Work

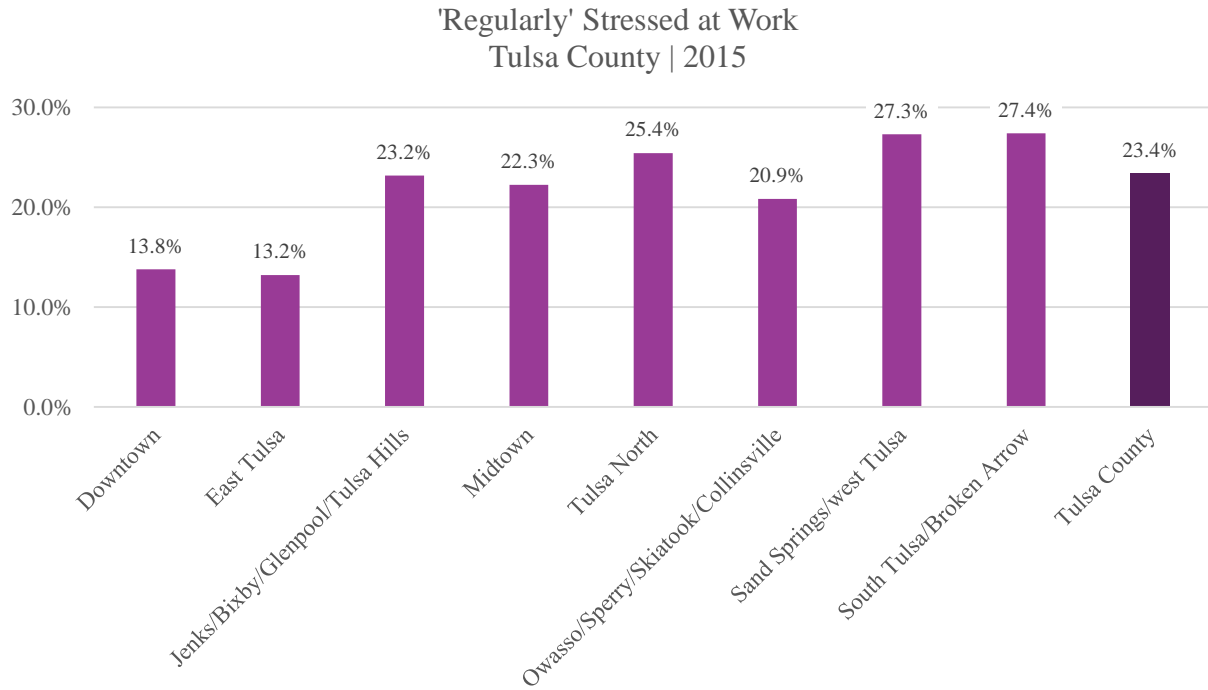
Almost half of Tulsa County adults reported that they were 'rarely' or 'never' stressed at work (48.2 percent). An additional 28.4 percent stated that they were 'sometimes' stressed at work.



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 6]

² Fact Sheet on Stress [Internet]. National Institutes of Health, National Institute of Mental Health. [cited 2/16/16] Accessed at <http://www.nimh.nih.gov/health/publications/stress/index.shtml>.

However, almost one-fourth of Tulsa County adults reported that they were ‘regularly’ stressed at work (23.4 percent). This was highest in Sand Springs/west Tulsa and south Tulsa/Broken Arrow (27.3 percent and 27.4 percent, respectively). ‘Regular’ stress at work was lowest in downtown and east Tulsa (13.8 percent and 13.2 percent, respectively).

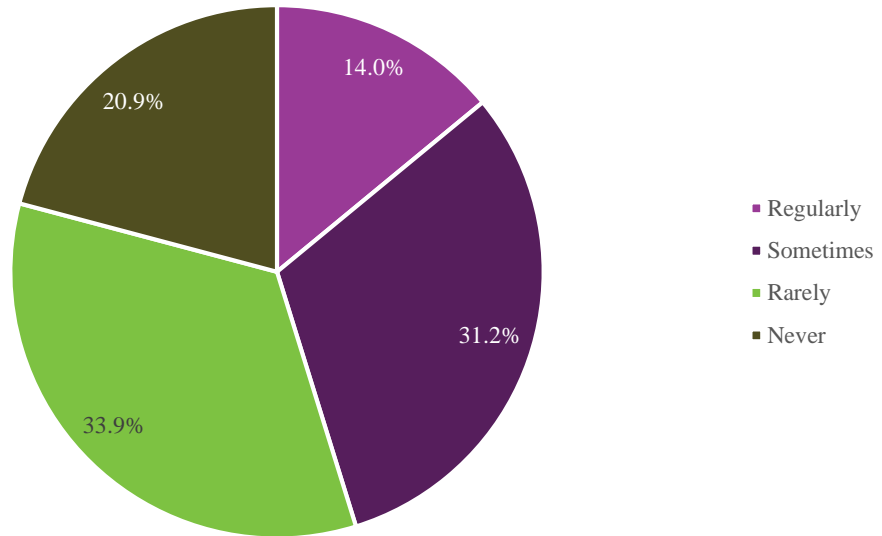


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 6]

Self-reported Stress: Home

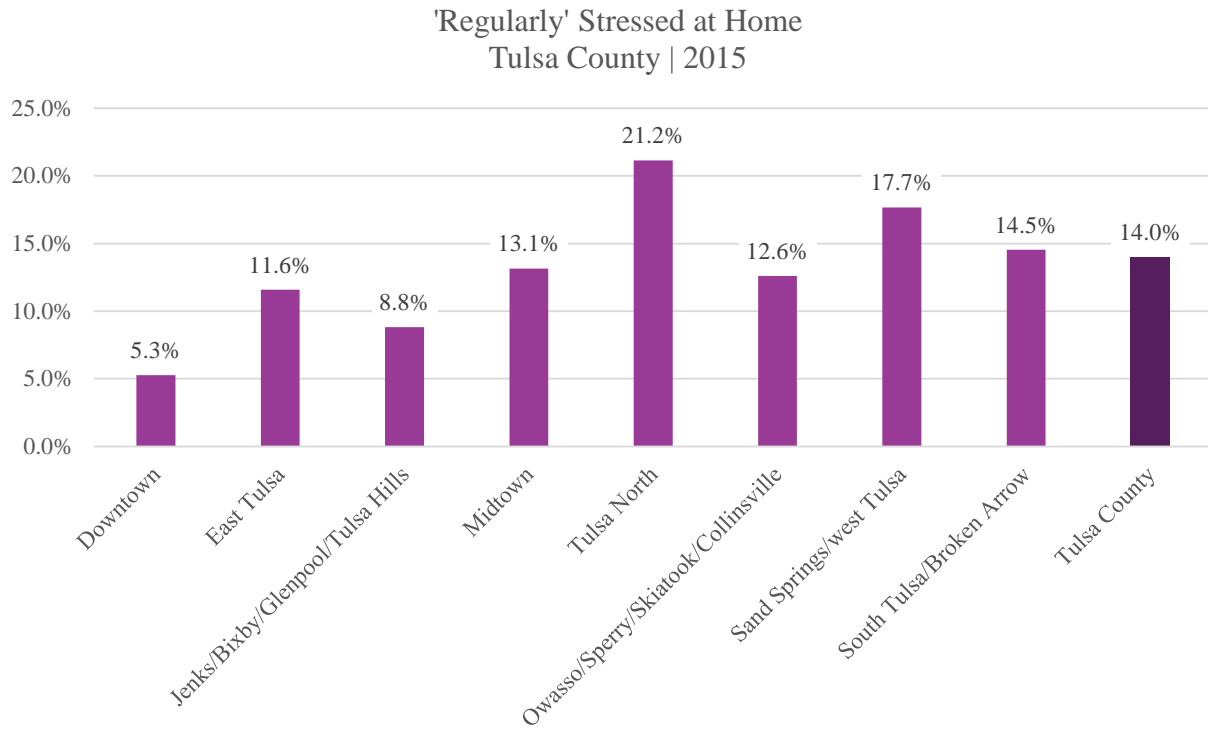
Over half of Tulsa County adults reported that they were ‘rarely’ or ‘never’ stressed at home (54.8 percent). An additional 31.2 percent stated that they were ‘sometimes’ stressed at home.

Self-reported Stress: Home
Tulsa County | 2015



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 7]

However, 14 percent of Tulsa County adults stated that they were 'regularly' stressed at home. This was highest in Tulsa North (21.2 percent) and lowest in downtown (5.3 percent).

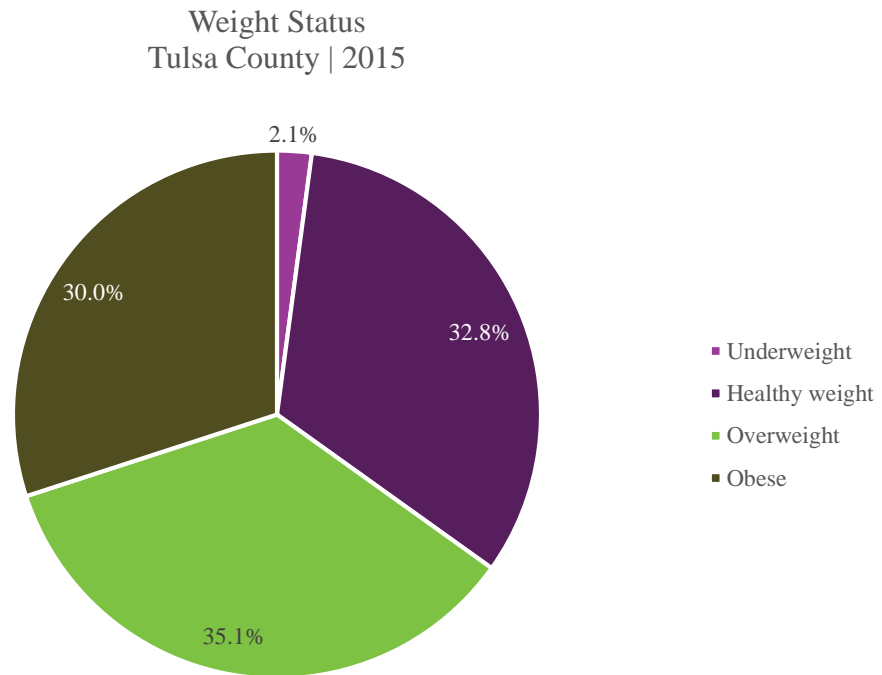


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 7]

Weight Status

Self-reported Weight

The following chart shows the breakdown of weight status for Tulsa County adults, based on self-reported height and weight. Weight status was calculated using Body Mass Index (BMI), which is a ratio of weight to height (weight divided by height squared). BMI is broken down into four categories: underweight (BMI less than 18.5), healthy weight (BMI between 18.5 – 24.9), overweight (BMI between 25.0 – 29.9), and obese (BMI greater than 30.0).³



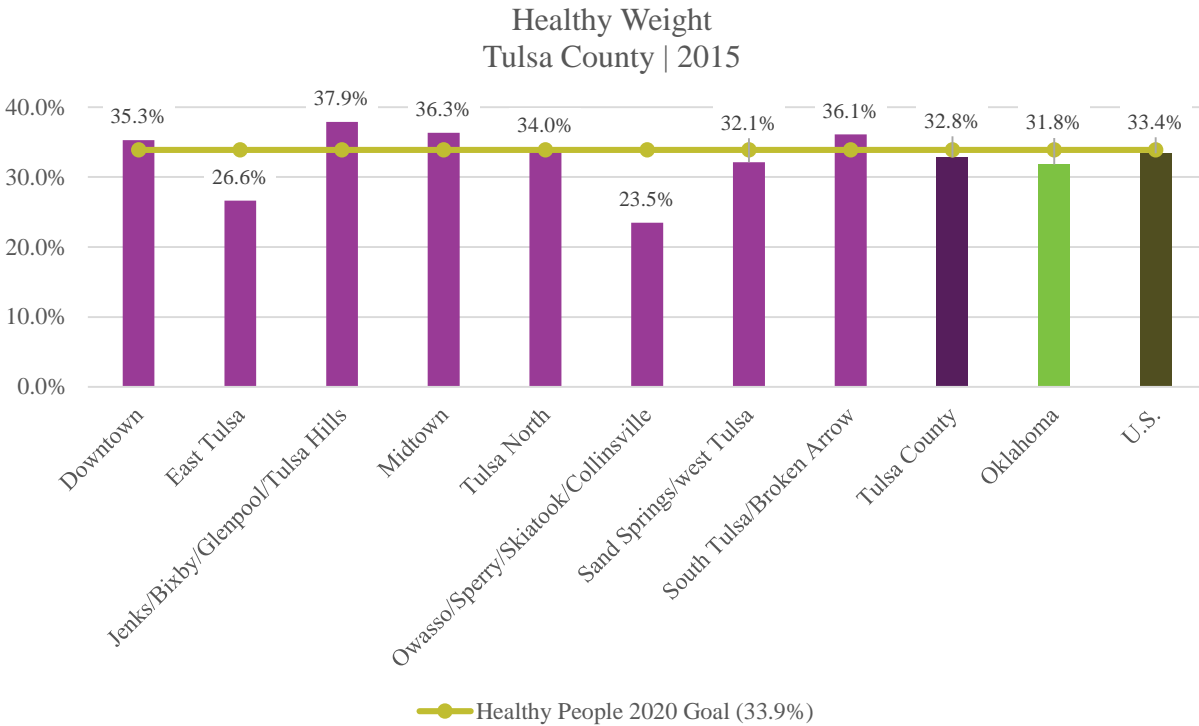
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Items D10 – D11]

³ About Adult BMI [Internet]. Atlanta, GA: Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity [cited 1/27/2016]. Accessed at http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html.

Healthy Weight

Almost one-third of Tulsa County adults were a healthy weight (32.8 percent). This was slightly higher than Oklahoma (more favorable) and slightly lower than the United States (less favorable). None of these areas met the Healthy People 2020 goal of 33.9 percent of adults at a healthy weight.

Jenks/Bixby/Glenpool/Tulsa Hills was the region with the highest percentage of adults at a healthy weight (37.9 percent). Owasso/Sperry/Skiatook/Collinsville and east Tulsa had the lowest percentages (23.5 percent and 26.6 percent, respectively).

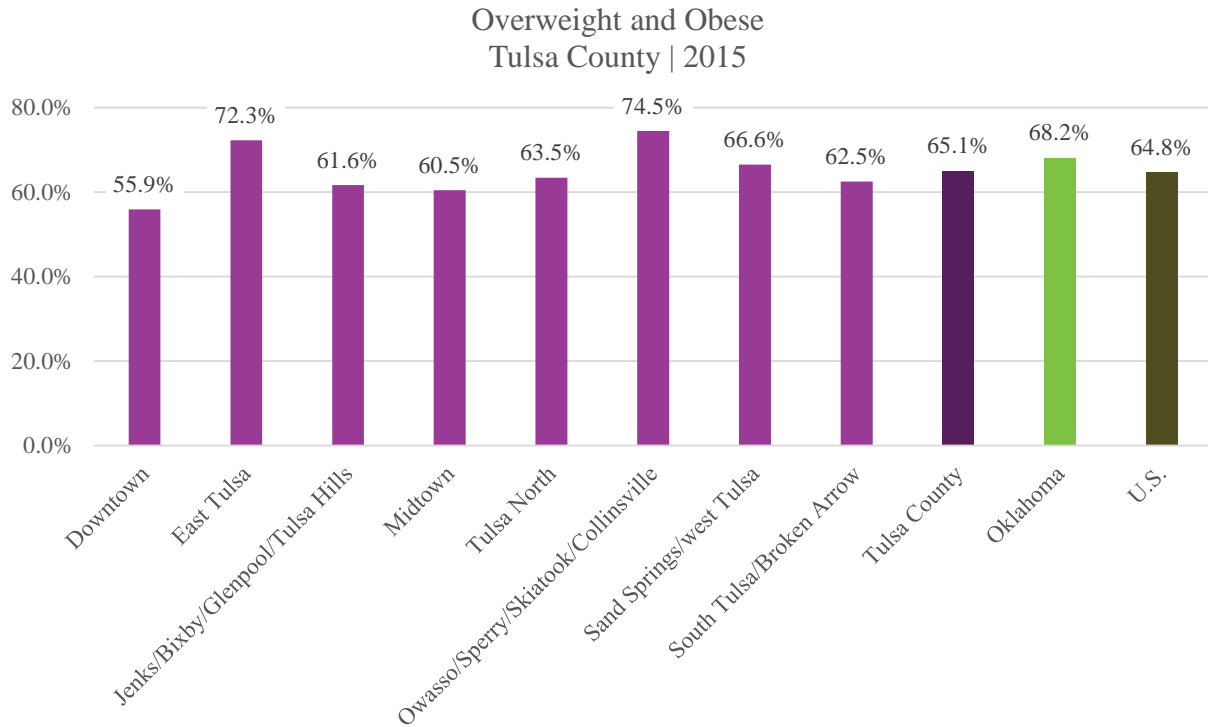


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Items D10 – D11]
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [cited 12/1/2015]. Accessed at <http://www.cdc.gov/brfss/brfssprevalence/>.
- Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Behavioral Risk Factor Surveillance System 2014, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share>.
- Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited 1/7/2016]. Accessed at <http://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status/objectives>.

Overweight and Obese

However, nearly two-thirds of Tulsa County adults were overweight or obese (65.1 percent). This was lower than Oklahoma (68.2 percent) but higher than the United States (64.8 percent).

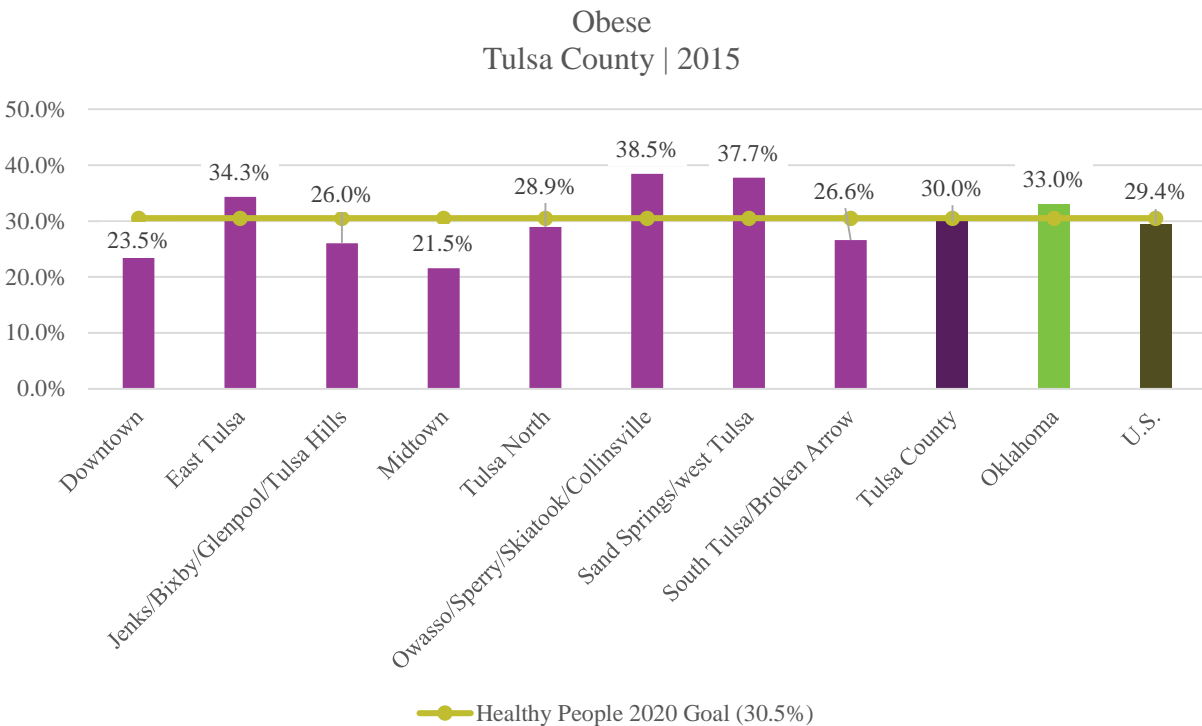
Owasso/Sperry/Skiatook/Collinsville and east Tulsa had the highest percentages of obese or overweight adults (74.5 percent and 72.3 percent, respectively). Downtown Tulsa had the lowest (most favorable) percentage of overweight and obese adults (55.9 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Items D10 – D11]
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [cited 12/1/2015]. Accessed at <http://www.cdc.gov/brfss/brfssprevalence/>.
- Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Behavioral Risk Factor Surveillance System 2014, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share>.

Obese

Furthermore, 30 percent of Tulsa County adults reported that they were obese, based on their height and weight. This was lower than the rate in Oklahoma (33.0 percent) and similar to the rate in the U.S. (29.4 percent). Tulsa County and the U.S. both met the Healthy People 2020 goal of 30.5 percent of adults obese. Owasso/Sperry/Skiatook/Collinsville and Sand Springs/west Tulsa had the highest percentages of obese adults (38.5 percent and 37.7 percent, respectively), while downtown and midtown had the lowest percentages (23.5 percent and 21.5 percent, respectively).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Items D10 – D11]
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [cited 12/1/2015]. Accessed at <http://www.cdc.gov/brfss/brfssprevalence/>.
- Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Behavioral Risk Factor Surveillance System 2014, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share>
- Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited 1/7/2016]. Accessed at <http://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status/objectives>.

Access to Health Services

Access to comprehensive, quality health services is necessary for health equity and a healthy quality of life for individuals in our community. Access to health care can impact physical, social and mental health, disease and disability prevention, and life expectancy, among other things.

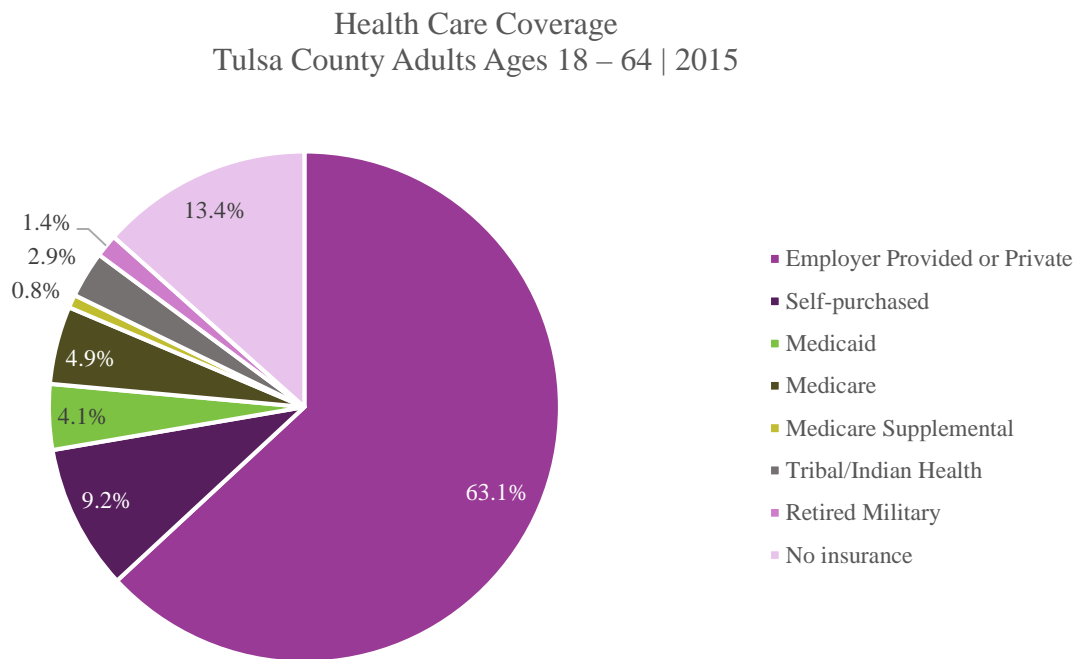
In order to achieve this, individuals must gain entry into the health care system, find a health care location with their needed services, and find a provider with whom they can communicate and trust. Each of these actions come with unique barriers that can hinder access to care.⁴

Health Care Coverage and Barriers to Care

Barriers to services include lack of availability, high cost, and lack of insurance coverage. Uninsured people are less likely to receive medical care, more likely to die early, and more likely to have poor health status. Current policy efforts focus on the provision of insurance coverage as the principal means of ensuring access to health care among the general population.⁴

Health Care Coverage

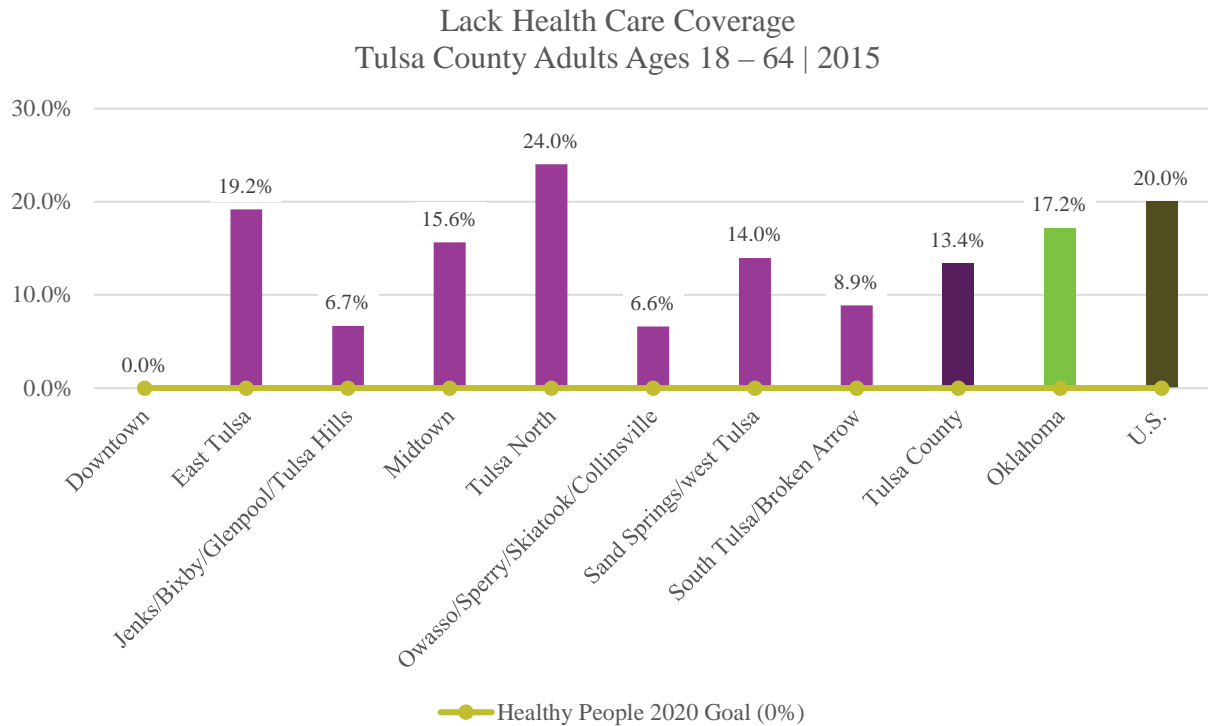
Almost two-thirds of Tulsa County adults ages 18 – 64 reported that they had employer provided or private insurance (63.1 percent). An additional 14.3 percent reported insurance through a government sponsored program (Medicaid, Medicare, military benefits, or tribal/Indian health benefits). This age group was defined in order to exclude the Medicare population age 65 and older.



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Items 9 – 10]
- Asked of all respondents ages 18 – 64

⁴ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited 11/24/2015]. Accessed at <http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>.

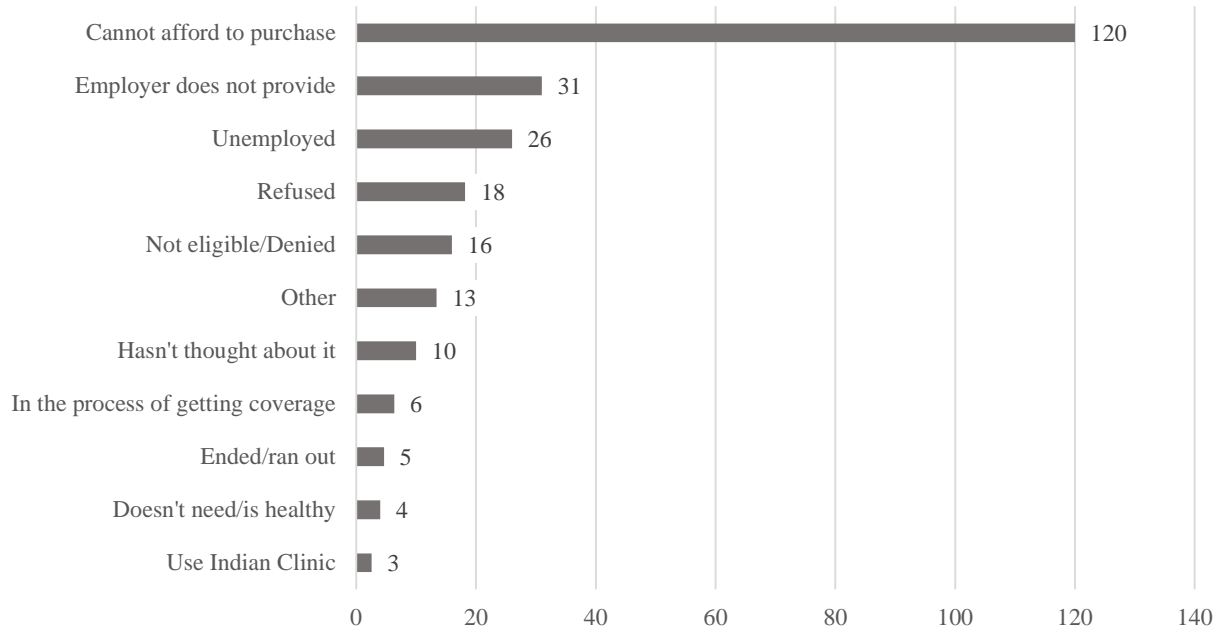
However, 13.4 percent of Tulsa County adults ages 18 – 64 reported having no health care coverage. This was lower than both Oklahoma (17.2 percent) and the United States (20.0 percent). None of these regions met the Healthy People 2020 goal of universal coverage (no one without insurance).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 9]
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [cited 12/1/2015]. Accessed at <http://www.cdc.gov/brfss/brfssprevalence/>.
- Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Behavioral Risk Factor Surveillance System 2014, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share>.
- Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited 1/7/2016]. Accessed at <http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services/objectives>.
- Asked of all respondents ages 18 – 64

Tulsa County adults who reported no health care coverage were asked the main reason why they did not have coverage. The most common reason for lack of coverage was cost (120 individuals).

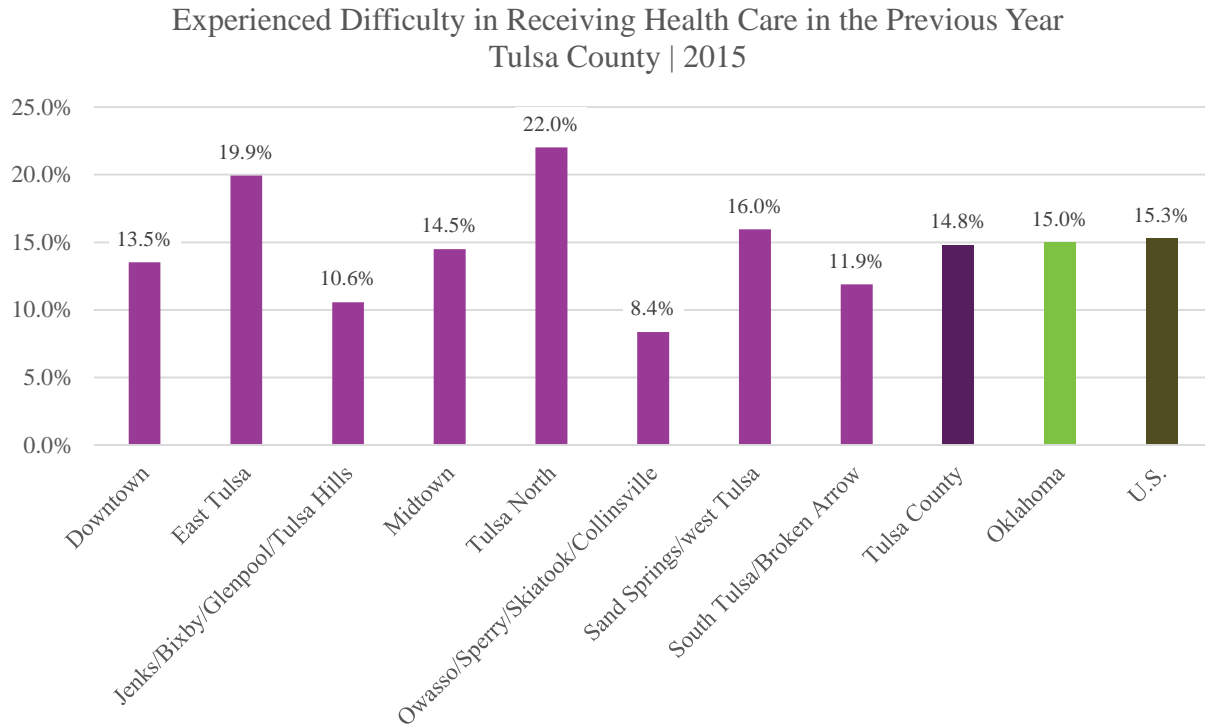
Main Reason for No Health Care Coverage
Tulsa County Adults Ages 18 – 64 | 2015



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 11]
- Asked of all respondents ages 18 – 64 who reported that they did not have any type of health care coverage (n=254)

Difficulty Accessing Services

About 15 percent of Tulsa County adults reported difficulty in seeing a health care provider in the past year because of cost (14.8 percent). This was very similar to both Oklahoma and the United States. This was most common in Tulsa North and east Tulsa (22 percent and 19.9 percent, respectively) and least common in Owasso/Sperry/Collinsville/Skiatook (8.4 percent).



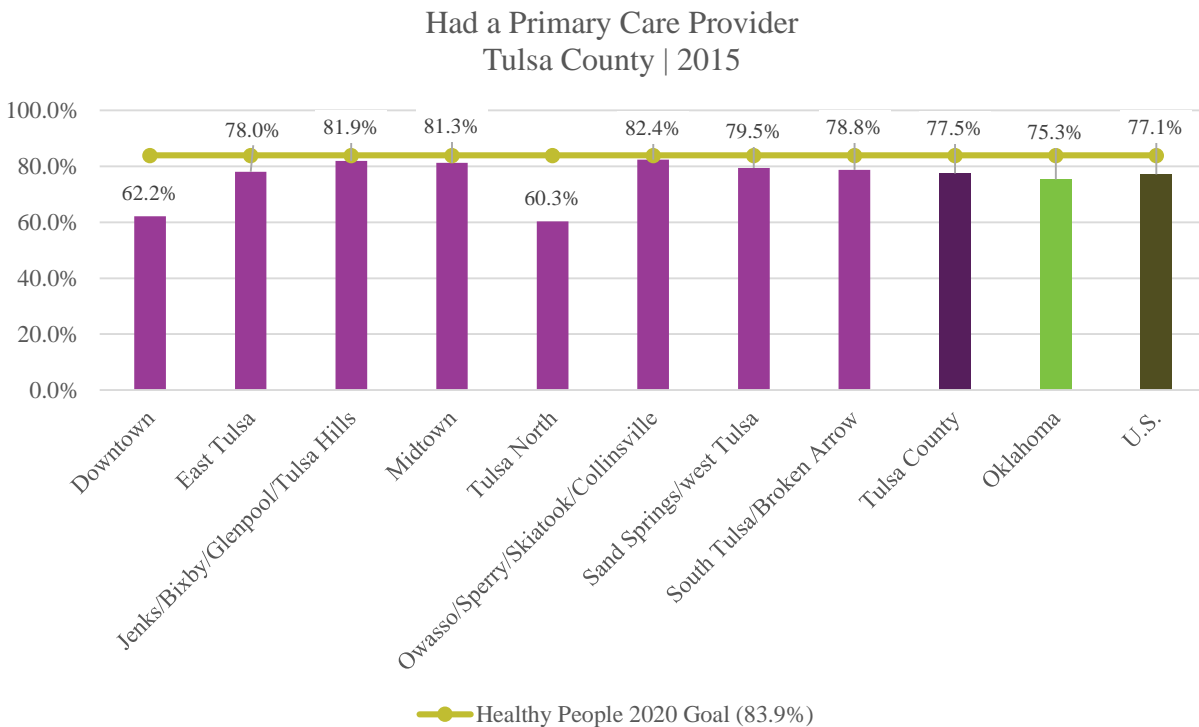
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 13]
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [cited 12/1/2015]. Accessed at <http://www.cdc.gov/brfss/brfssprevalence/>.
- Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Behavioral Risk Factor Surveillance System 2014, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share>.

Primary Care

Having a primary care provider (PCP) as a usual source of care can improve health outcomes, as well as decrease disparities and costs. In general, individuals with a PCP have greater trust and communication with their provider and are more likely to receive appropriate care. Having a PCP can also increase access to clinical preventive services that can detect early warning signs and symptoms in order to detect diseases earlier and at an (often) more treatable stage.⁴

Primary Care Services

A total of 77.5 percent of Tulsa County adults stated that they had at least one person who they think of as their personal doctor or health care provider. This was slightly higher than Oklahoma (75.3 percent) and very similar to the United States (77.1 percent). This was lowest in downtown and Tulsa North (62.2 percent and 60.3 percent, respectively). The percentages of adults with a PCP were very similar in the other regions.

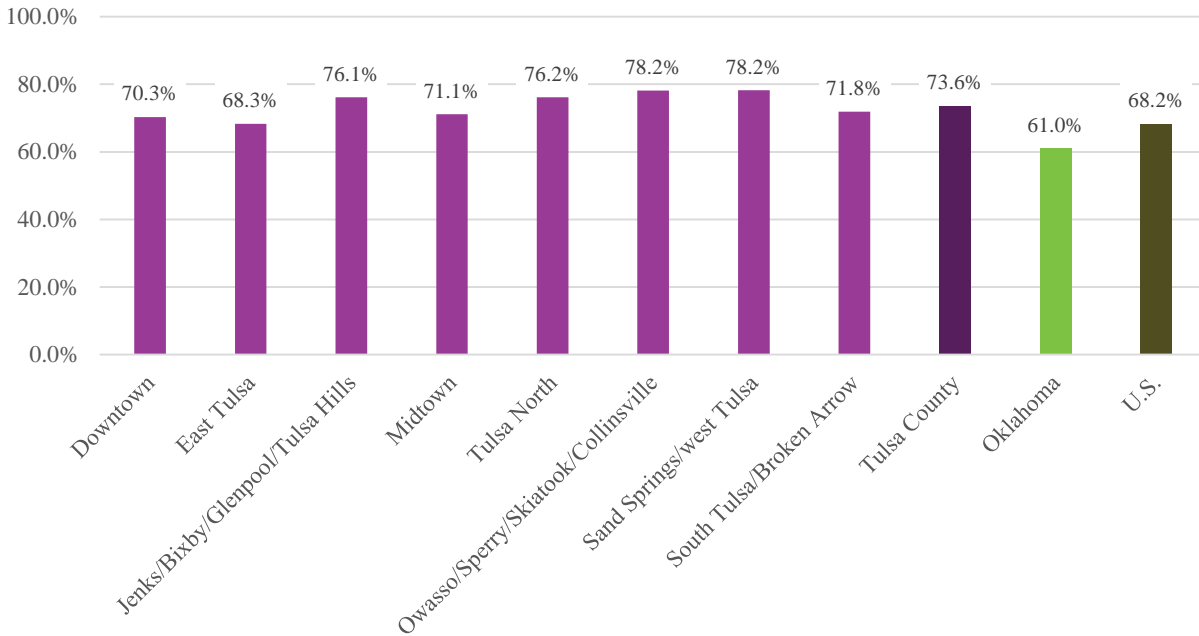


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 12]
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [cited 12/1/2015]. Accessed at <http://www.cdc.gov/brfss/brfssprevalence/>.
- Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Behavioral Risk Factor Surveillance System 2014, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share>.
- Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited 1/7/2016]. Accessed at <http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services/objectives>.

Routine Check-up

Almost three-quarters of Tulsa County adults reported that they had received a routine physical exam in the past year (73.6 percent). This was higher than both Oklahoma and the United States (61 percent and 68.2 percent, respectively). This percentage was above 75 percent in four regions (Jenks/Bixby/Glenpool/Tulsa Hills, Tulsa North, Owasso/Sperry/Skiatook/Collinsville, and Sand Springs/west Tulsa), but was below 70 percent in east Tulsa.

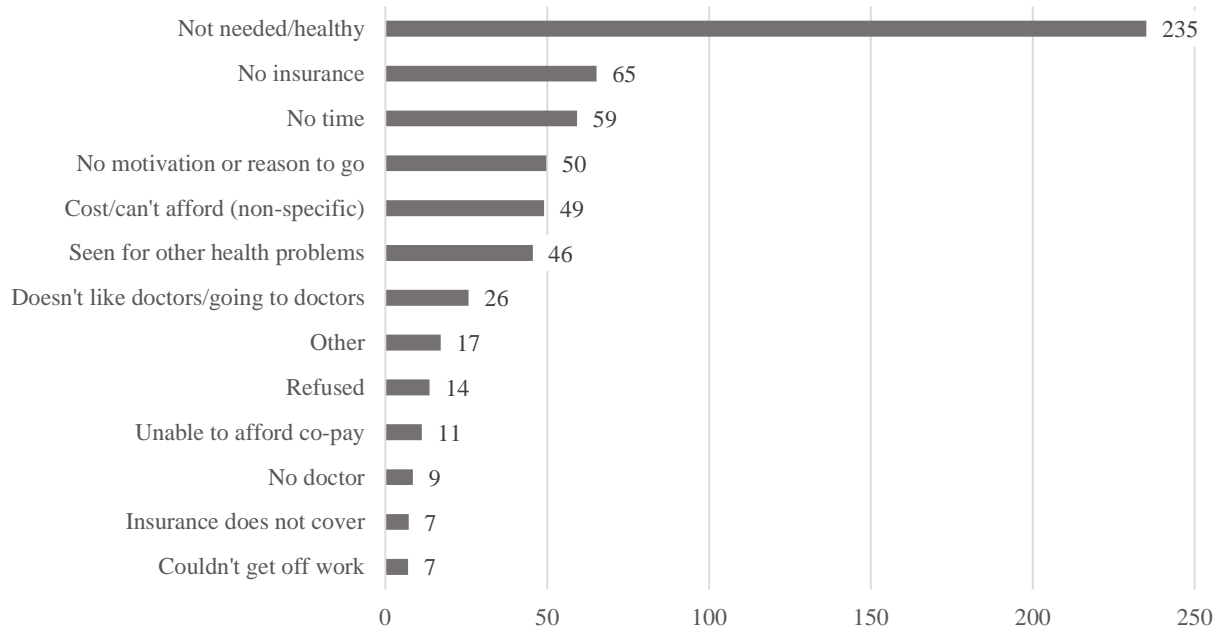
Routine Check-up in the Previous Year
Tulsa County | 2015



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 14]
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [cited 12/1/2015]. Accessed at <http://www.cdc.gov/brfss/brfssprevalence/>.
- Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Behavioral Risk Factor Surveillance System 2014, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share>.

Tulsa County adults who had not had a routine physical exam in the past year were asked the main reason why not. The most common response was ‘not needed/healthy’ (235 individuals).

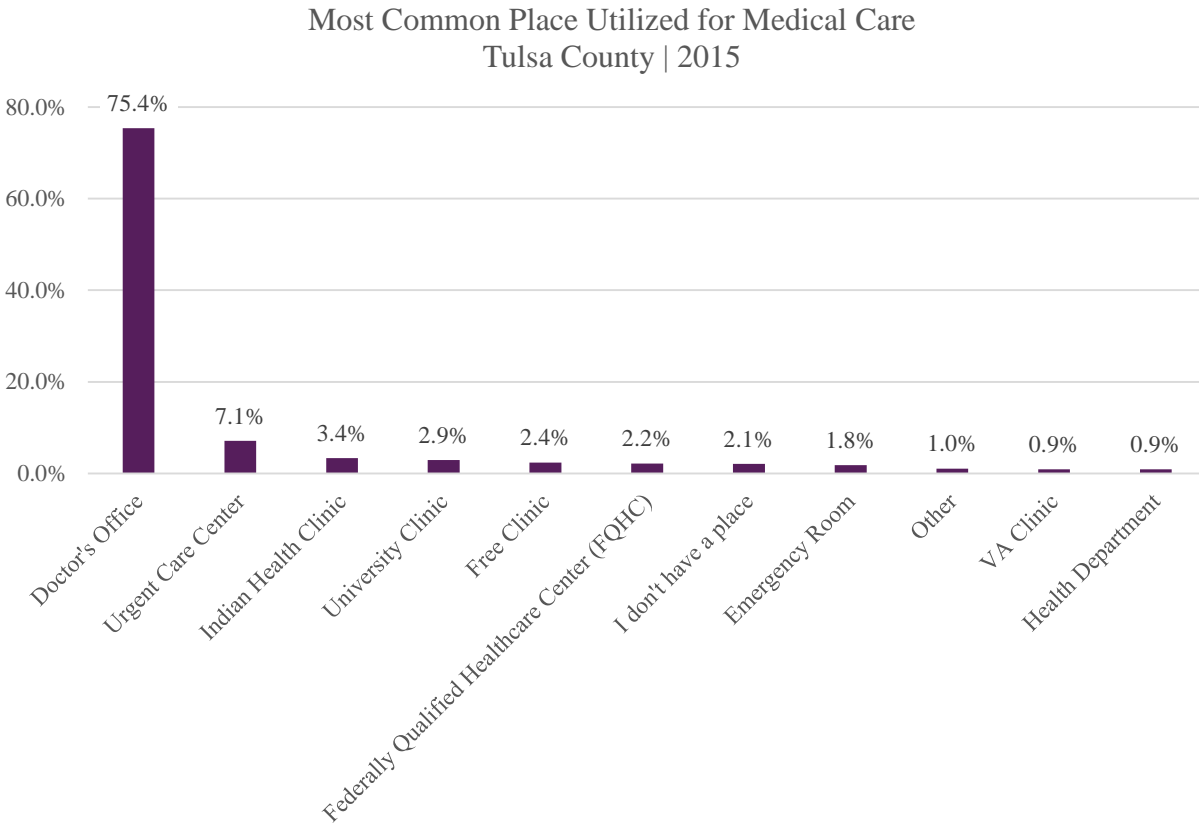
Main Reason for No Routine Check-up in the Previous Year
Tulsa County | 2015



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 15]
- Asked of all respondents who stated that they had not had a routine check-up in the previous year (n=600)

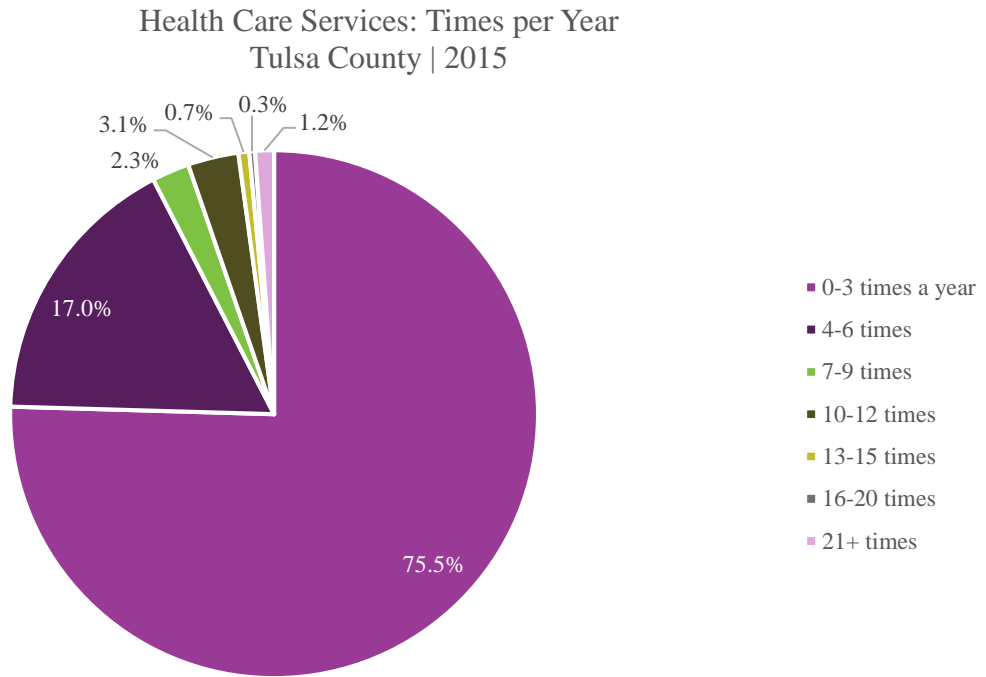
Particular Place Utilized for Medical Care

The most common location for Tulsa County adults to receive health care services was a doctor's office (75.4 percent), followed by urgent care centers (7.1 percent). It is interesting to note that although emergency rooms are often thought of as a place for primary care for uninsured individuals, less than 2 percent of the population in Tulsa County reported regularly using this location.



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 16]

About three-quarters of Tulsa County residents stated that they generally receive services at these facilities 0 – 3 times per year (75.5 percent).



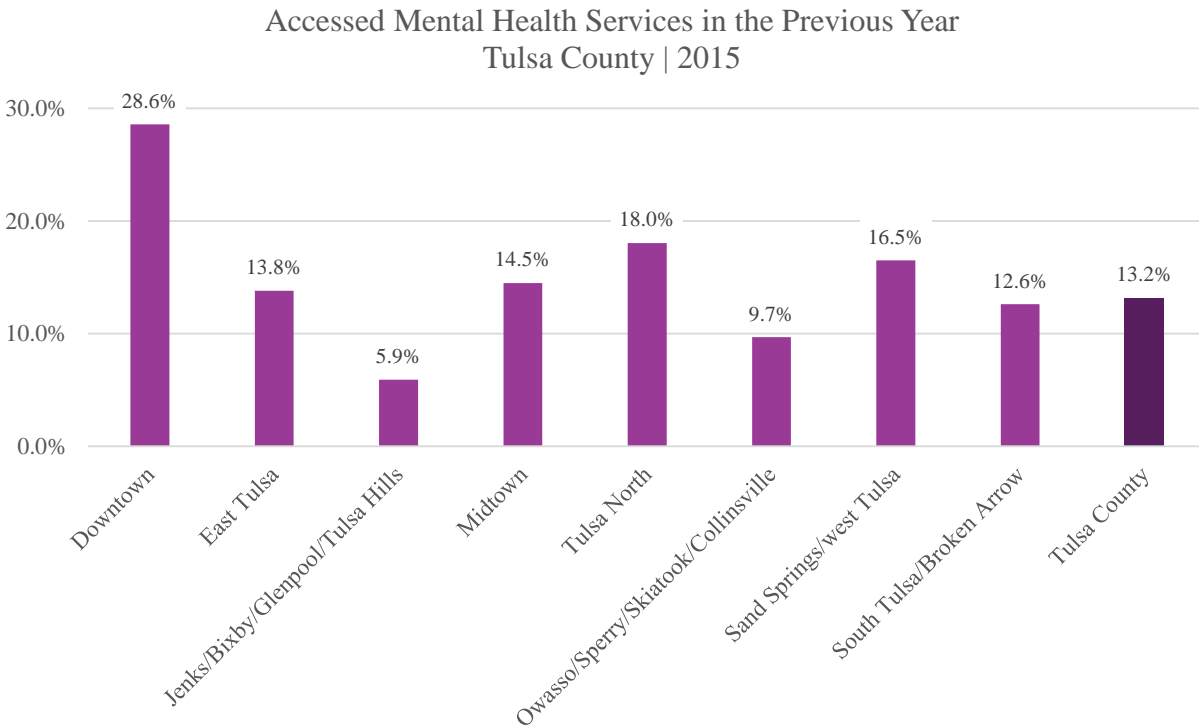
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 17]

Mental Health

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships, and the ability to adapt to change and to cope with challenges. It is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to a community or society. Mental health and physical health are closely connected. Mental illnesses, such as depression and anxiety, affect an individual's ability to participate in behaviors that promote health. Additionally, problems with physical health, such as chronic diseases, can have a serious impact on mental health and limit an individual's ability to participate in treatment and recovery.⁵

Mental Health Service Utilization

A total of 13.2 percent of Tulsa County adults reported that they had utilized mental health services in the past year. This was highest in downtown (28.6 percent) and lowest in Jenks/Bixby/Glenpool/Tulsa Hills (5.9 percent).

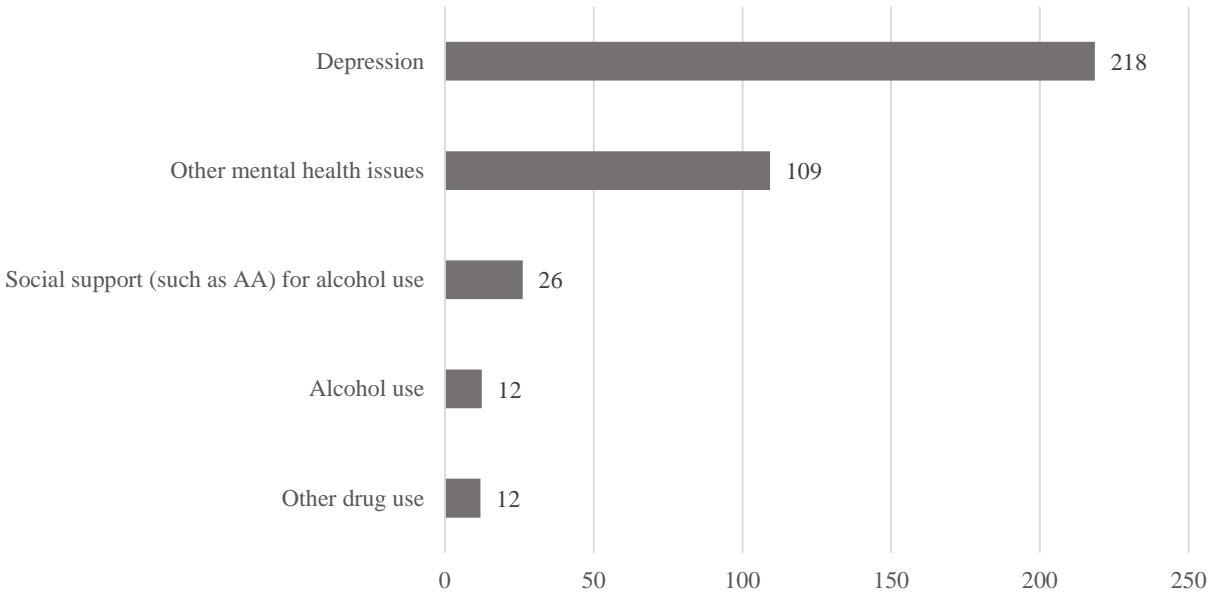


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 21]

⁵ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited 11/24/2015]. Accessed at <http://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders>.

These individuals who had utilized mental health services in the past year were asked the reason. The most common reason reported was depression (218 individuals). Please note that respondents were able to choose multiple reasons for utilizing mental health services in the past year.

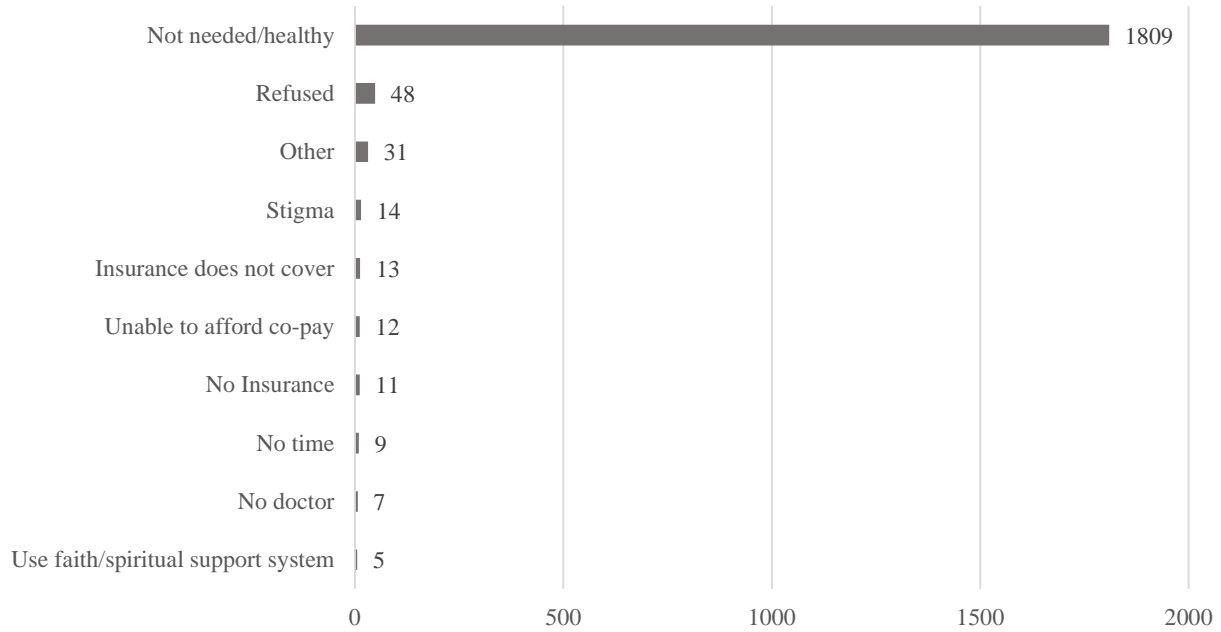
Reason for Utilizing Mental Health and Social Support Services in the Previous Year
Tulsa County | 2015



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 21]
- Asked of all respondents who reported that they had accessed mental health services in the previous year (n=298)
- Respondents were able to choose more than one response

Those individuals who reported that they had not utilized mental health services in the past year were asked why not. The large majority stated that they were ‘not needed/healthy’ (1,809 individuals).

Reason for Not Utilizing Mental Health Services in the Past Year
Tulsa County | 2015



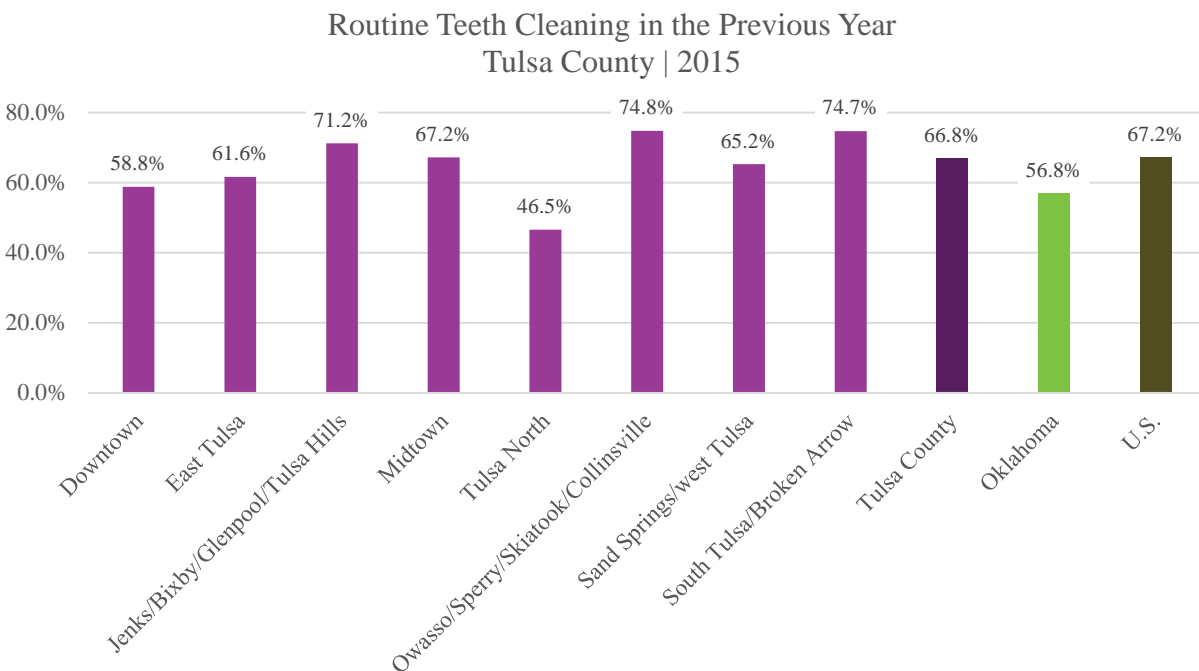
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 22]
- Asked of all respondents who reported that they had not utilized mental health services in the past year (n=1962)

Oral Health

Good oral health improves an individual’s ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, such as cavities or oral cancer, cause pain and disability for many Americans. Good self-care such as brushing, flossing, and regular dental exams are important to oral health. People who do not have access to preventive dental services and treatment have greater rates of oral diseases. Additionally, certain health behaviors such as tobacco use, excessive alcohol use, and poor dietary choices can lead to poor oral health. Barriers to good oral health can include limited access, availability or awareness of dental services, cost, and fear, as well as social determinants such as lower levels of education and income and specific racial/ethnic groups.⁶

Routine Teeth Cleaning

Overall, 66.8 percent of Tulsa County residents reported that they had a routine teeth cleaning in the previous year. This was higher than in Oklahoma (56.8 percent) and very similar to the United States (67.2 percent). The regions with the highest percentages of individuals who reported a routine teeth cleaning in the past year were Jenks/Bixby/Glenpool/Tulsa Hills, Owasso/Sperry/Skiatook/Collinsville, and south Tulsa/Broken Arrow (71.2 percent, 74.8 percent and 74.7 percent, respectively). Tulsa North had the lowest percentage (46.5 percent).

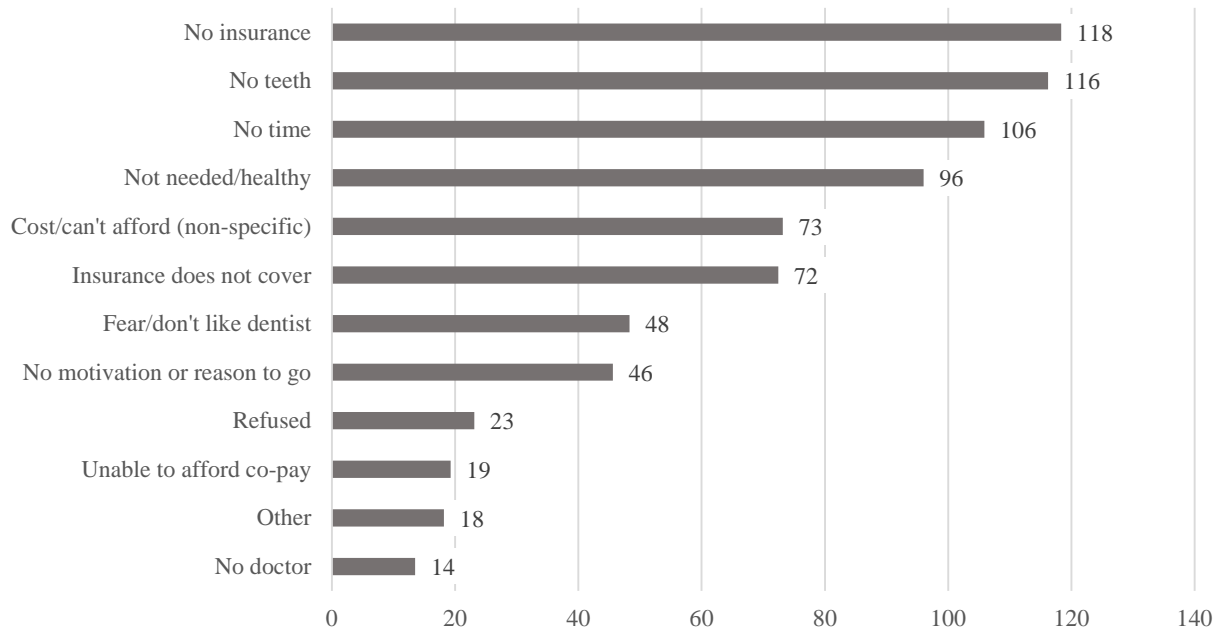


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 18]
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [cited 12/1/2015]. Accessed at <http://www.cdc.gov/brfss/brfssprevalence/>.
- Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Behavioral Risk Factor Surveillance System 2014, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share>.

⁶ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited 11/24/2015] Accessed at <http://www.healthypeople.gov/2020/topics-objectives/topic/oral-health>.

Tulsa County adults who reported that they had not had a routine teeth cleaning in the previous year were asked for the reason. The most common response was ‘no insurance’ (131 individuals), followed by ‘no teeth’ (124 individuals).

Main Reason for No Routine Teeth Cleaning in the Previous Year
Tulsa County | 2015



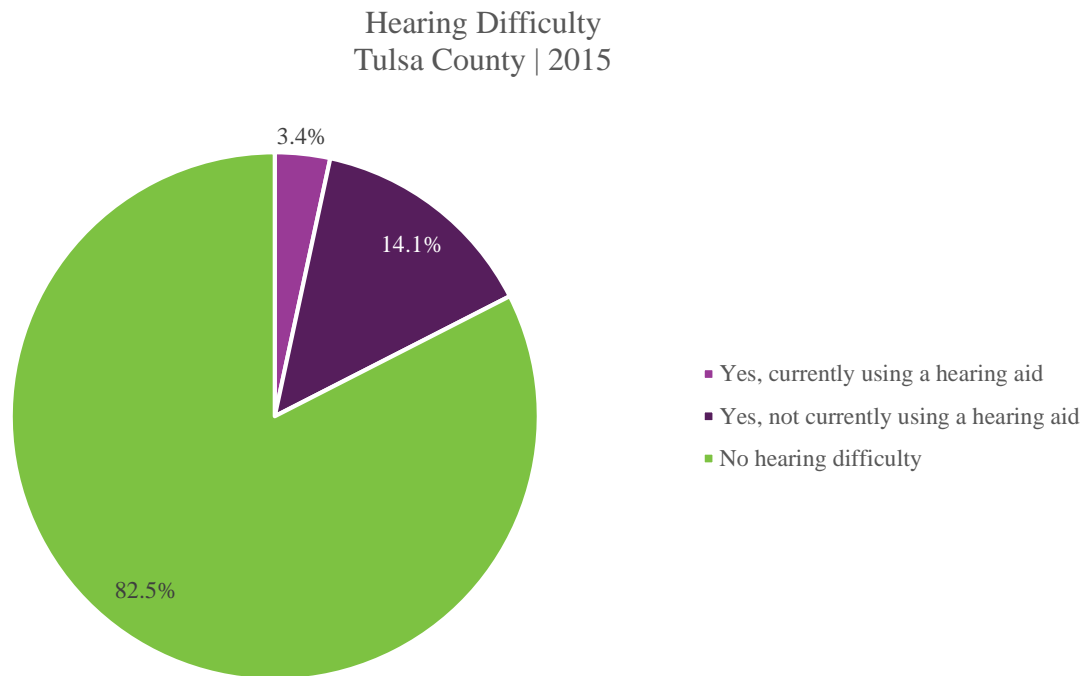
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 19]
- Asked of all respondents who reported that they had not had a routine teeth cleaning in the previous year (n=751)

Auditory Health

Sensory or communication impairments or disorders can affect physical and mental health, even when they are mild. Difficulty or an inability to communicate can lead people to feel socially isolated, have unmet health needs, and have less success in school or at work. Biological determinants such as genetics, infections, drug or other medication sensitivity, injuries, and aging can influence hearing loss and other sensory or communication disorders. Additionally, other factors such as income level, perceived stigmas, cost, and unhealthy lifestyle choices can influence access to early preventive services. In infants and children, early intervention can help improve social, emotional, cognitive, and academic growth.⁷

Hearing Aid Utilization

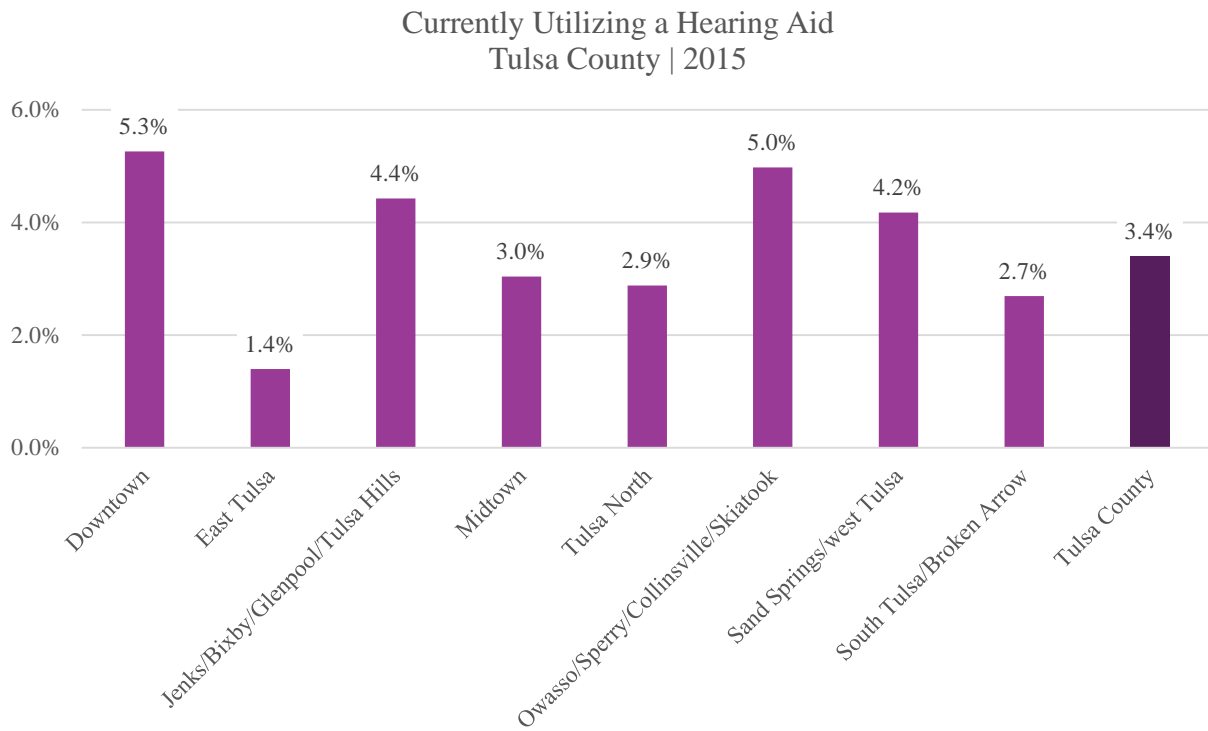
Overall, a total of 82.5 percent of Tulsa County adults did not have difficulty hearing. However, 3.4 percent of adults were currently utilizing a hearing aid due to hearing difficulty and 14.1 percent had hearing difficulty but were not currently utilizing a hearing aid.



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Items 23 – 24]

⁷ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Promotion [cited 11/24/2015]. Accessed at <http://www.healthypeople.gov/2020/topics-objectives/topic/oral-health>.

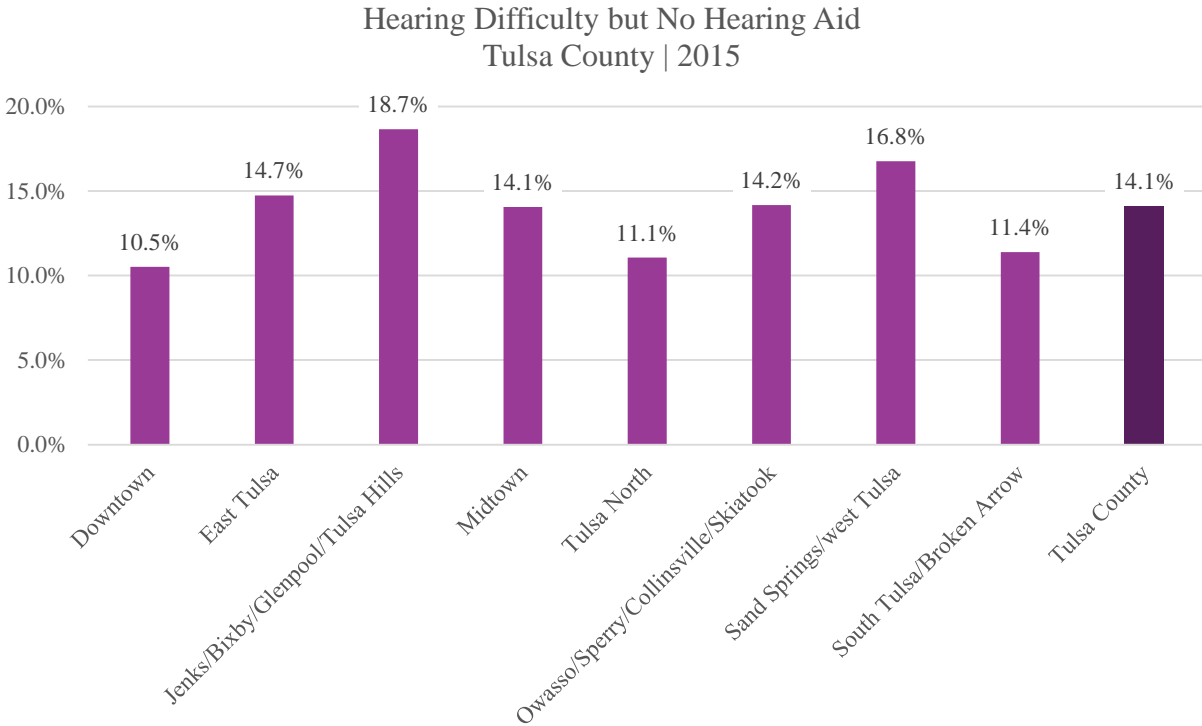
The regions with the highest percentages of individuals using a hearing aid were downtown and Owasso/Sperry/Collinsville/Skiatook (5.3 percent and 5.0 percent, respectively). Hearing aid utilization was lowest in east Tulsa (1.4 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 23]

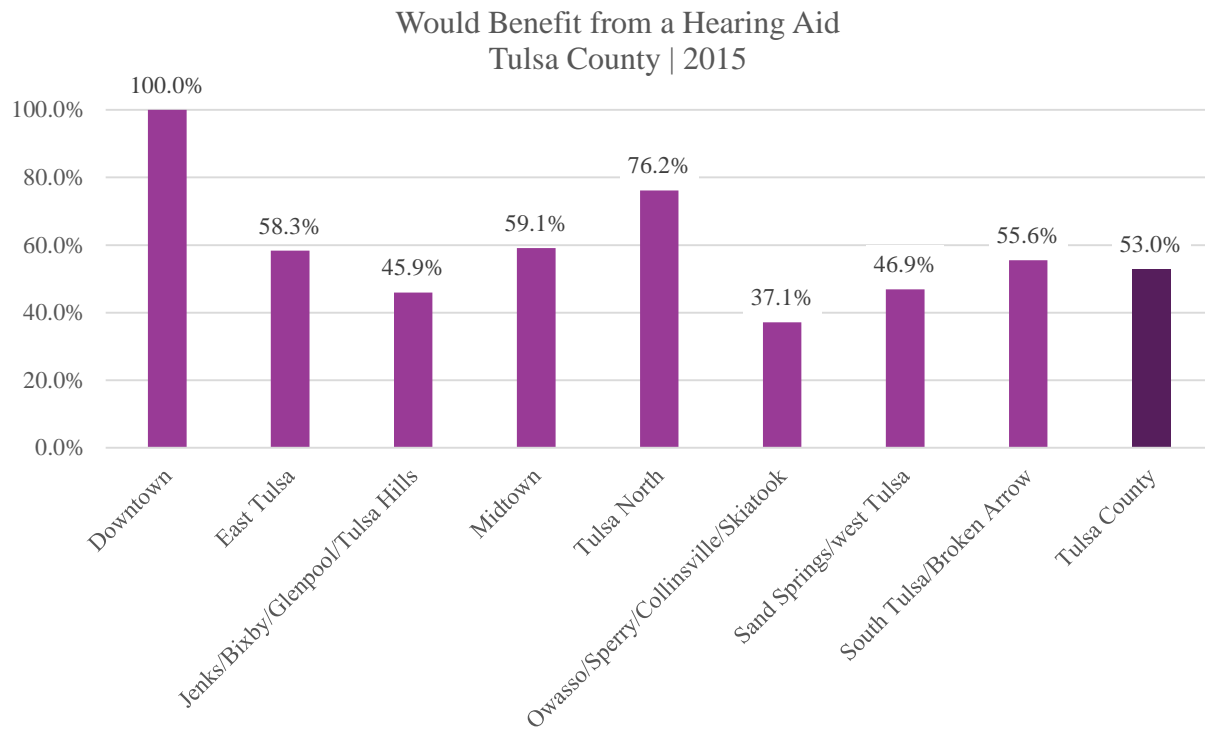
Hearing Aid Need

As stated previously, 14.1 percent of Tulsa County adults reported that they had hearing problems but were not currently using a hearing aid. This was highest in Jenks/Bixby/Glenpool/Tulsa Hills (18.7 percent) and lowest in downtown (10.5 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 24]

Of those individuals who reported that they had hearing difficulty but did not use a hearing aid, 53 percent reported that they would benefit from a hearing aid. This was highest in downtown (100 percent) and lowest in Owasso/Sperry/Collinsville/Skiatook (37.1 percent).



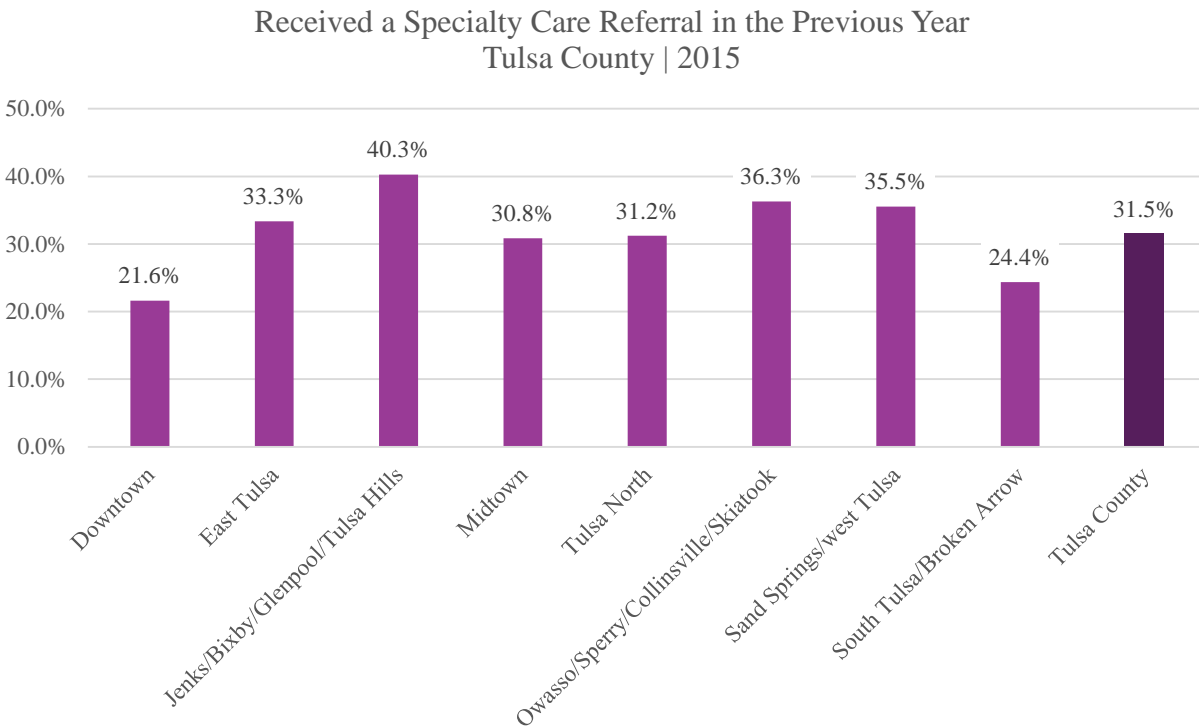
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 25]
- Asked of all respondents who reported hearing difficulty but were not currently using a hearing aid

Specialty Care

Ensuring access to specialty services is important to providing comprehensive quality care to all individuals. However, provider shortages and low provider participation in Medicaid, especially among specialists, are a major concern, especially as more individuals have access to health care coverage through the Affordable Care Act.⁸

Specialty Care Referrals

Overall, a total of 31.5 percent of Tulsa County adults reported that they had been referred to specialty health care for some health condition. This was highest in Jenks/Bixby/Glenpool/Tulsa Hills (40.3 percent) and lowest in downtown (21.6 percent).

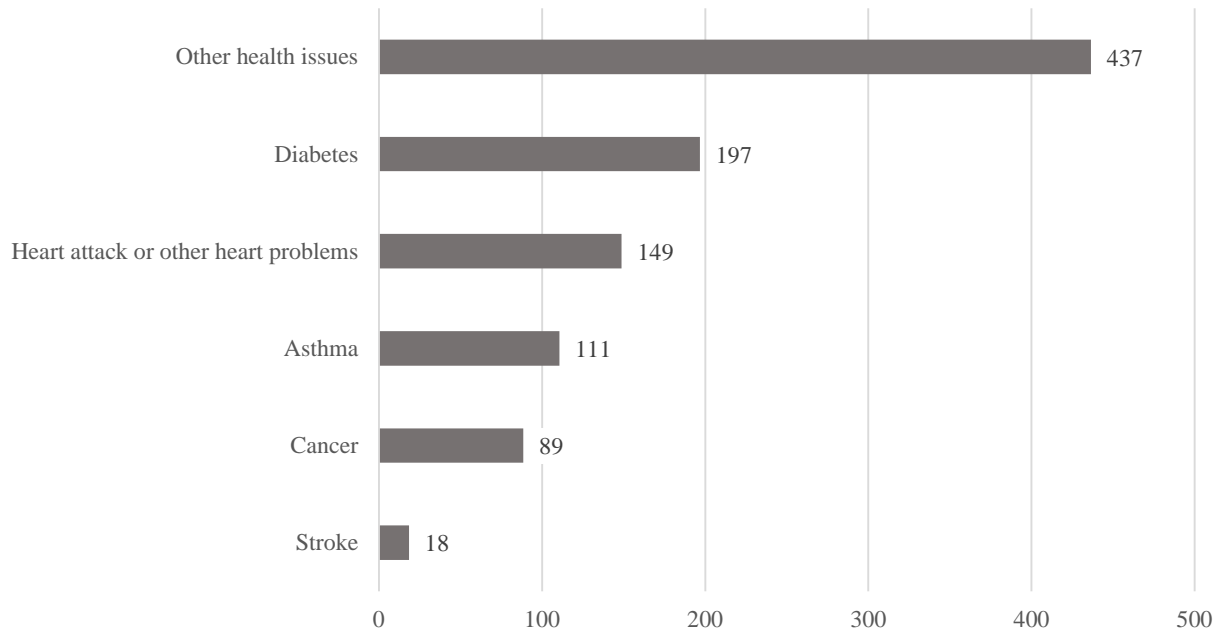


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Items 26a – 26f]

⁸ Medicaid: A Primer. The Henry J. Kaiser Family Foundation, Kaiser Commission on Medicaid and the Uninsured [cited 11/24/2015]. Accessed at <https://kaiserfamilyfoundation.files.wordpress.com/2010/06/7334-05.pdf>.

The primary reason for specialty care was ‘other health issues,’ followed by diabetes. Respondents were able to choose multiple health reasons.

Reason for Specialty Care Referrals in the Previous Year
Tulsa County | 2015

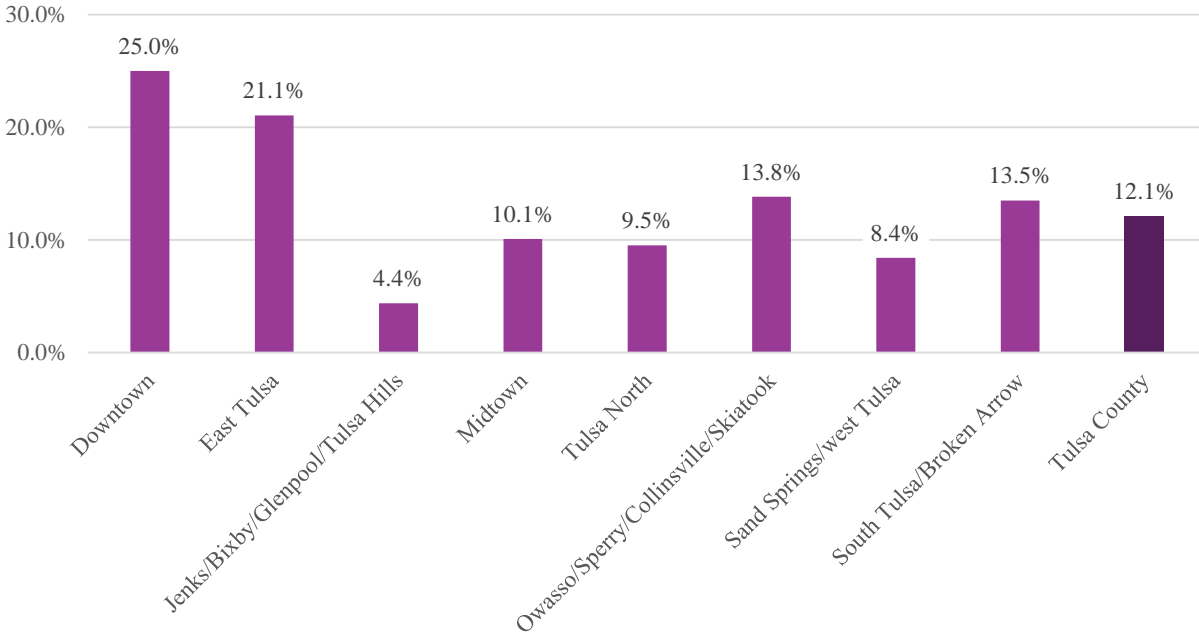


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Items 26a – 26f]
- Asked of all respondents who stated that they had received a specialty care referral in the previous year (n=726)
- Respondents were able to choose more than one response

Difficulty Accessing Specialty Care

Of those 31.5 percent of Tulsa County adults who reported receiving a specialty care referral in the past year, 12.1 percent had difficulty accessing specialty services. This was highest in downtown Tulsa (25 percent) and lowest in Jenks/Bixby/Glenpool/Tulsa Hills (4.4 percent). It is interesting to note that Jenks/Bixby/Glenpool/Tulsa Hills had the highest specialty care referrals and the least difficulty accessing that specialty care.

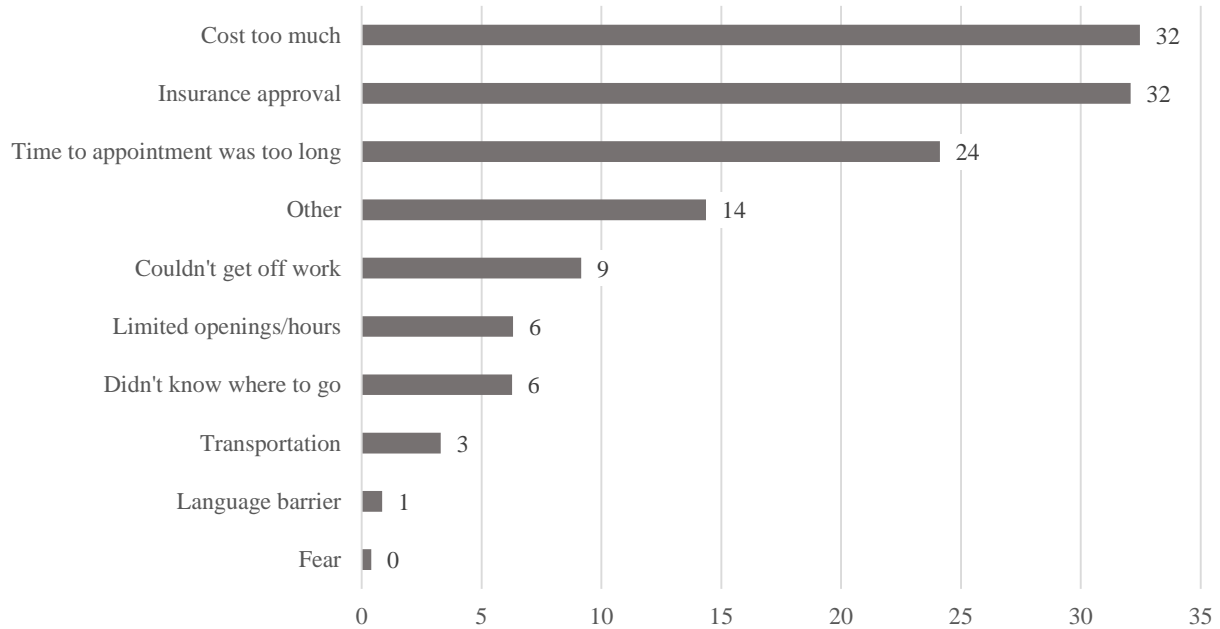
Difficulty Obtaining Specialty Services in the Previous Year
Tulsa County | 2015



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 27]
- Asked of all respondents who stated that they had received a specialty care referral in the previous year

Tulsa County adults were asked what challenges they faced to obtaining specialty services. The most common responses were cost and insurance approval (32 individuals each). Respondents were able to choose more than one option.

Challenges to Obtaining Specialty Services in the Previous Year
Tulsa County | 2015



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 28]
- Asked of all respondents who stated that they had difficulty obtaining specialty services (n=88)
- Respondents were able to choose more than one response

Healthy Behaviors

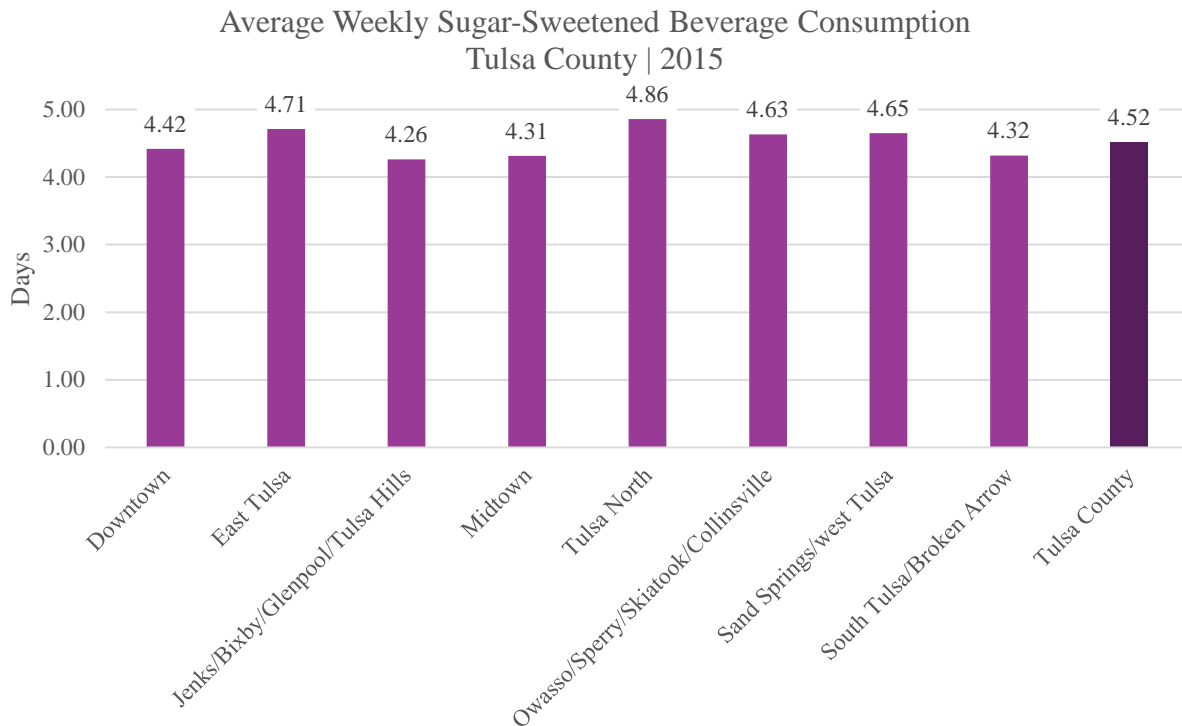
Identifying healthy (and unhealthy) behaviors in a population allows for interventions that promote prevention activities. All of these health behaviors may have long lasting health and economic consequences with regard to chronic disease and potential death, which is information that the health department and its partners can use to target high risk populations.

Sugar-Sweetened Beverages

Sugar-sweetened beverages are drinks with added sugar including (but not limited to) non-diet soft drinks, flavored juice drinks, sports drinks, and energy drinks. The calories in sugar-sweetened beverages can contribute to weight gain and provide very little nutritional value. Those extra calories can lead to increased risk of other health conditions such as obesity, tooth decay, heart disease, and type 2 diabetes.⁹

Sugar-Sweetened Beverage Consumption

Overall, 30.5 percent of Tulsa County residents reported that they did not consume sugar-sweetened beverages on any days in a week, on average. Of those individuals who did report sugar-sweetened beverage consumption, the average number of days when they consumed them per week was 4.52. This was highest in Tulsa North (4.86 days per week) and lowest in Jenks/Bixby/Glenpool/Tulsa Hills (4.26 days per week).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 29]
- Asked of all respondents who reported sugar-sweetened beverage consumption

⁹ Sugar-Sweetened Beverages. State of Rhode Island, Department of Health [cited 11/24/2015]. Accessed at <http://www.health.ri.gov/healthrisks/sugarsweetenedbeverages/>.

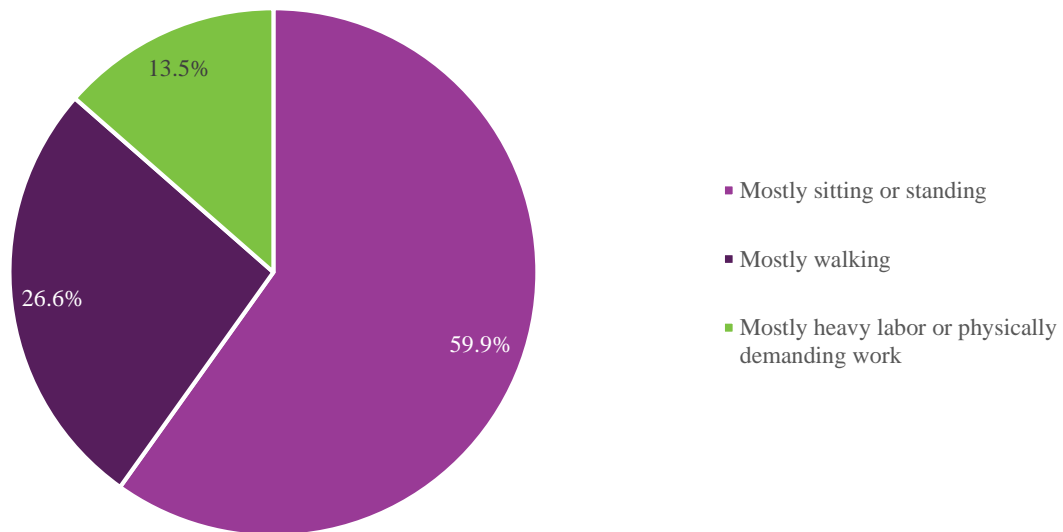
Physical Activity

Regular physical activity can improve the health and quality of life of people of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of early death, coronary heart disease, stroke, high blood pressure, type 2 diabetes, breast and colon cancer, falls, and depression. Among children and adolescents, physical activity can improve bone health, improve cardiorespiratory and muscular fitness, decrease levels of body fat, and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits. Factors that may positively or negatively affect physical activity include age, socioeconomic status, safe neighborhoods, and access to recreational facilities, among other things.¹⁰

Level of Activity at Work

Over half of employed Tulsa County adults reported low levels of physical activity at work (mostly sitting or standing).

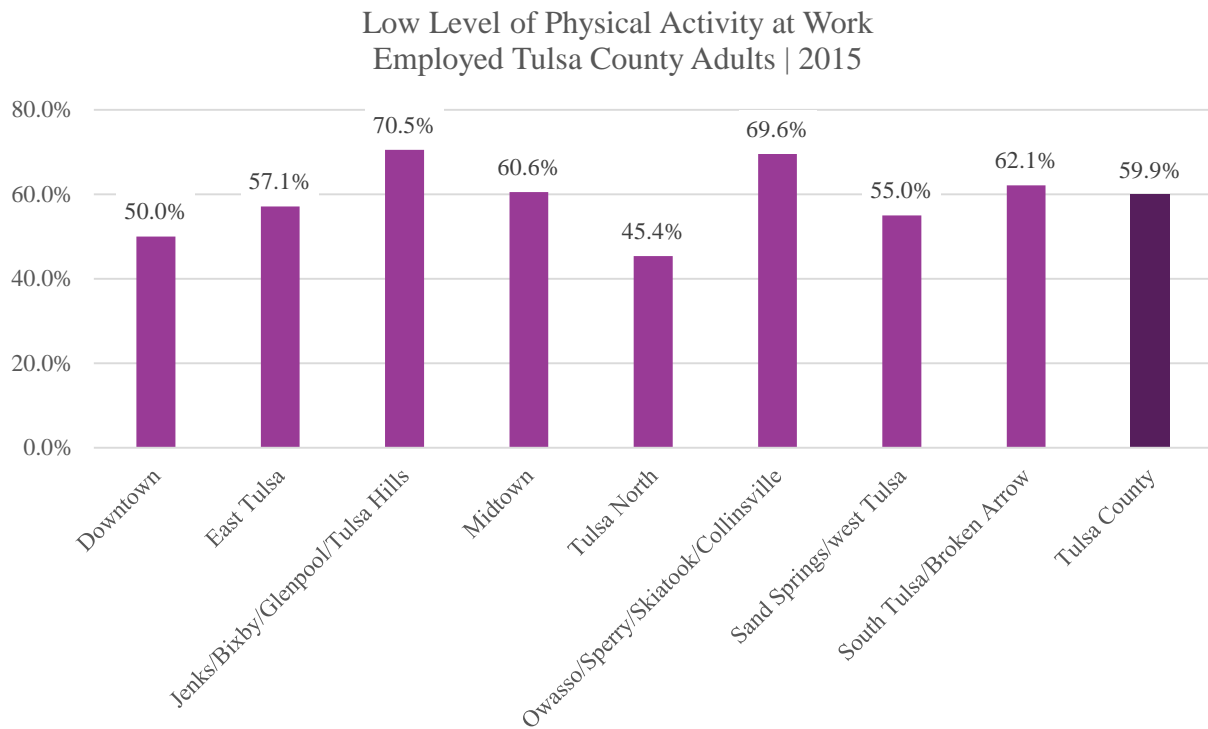
Physical Activity Level at Work
Employed Tulsa County Adults | 2015



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 46]
- Asked of all respondents who reported that they were employed full time, employed part time, or self-employed (n=1492)

¹⁰ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Promotion [cited 11/24/2015]. Accessed at <http://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity>.

Low physical activity at work was most common in Jenks/Bixby/Glenpool/Tulsa Hills and Owasso/Sperry/Skiatook/Collinsville (70.5 percent and 69.6 percent, respectively) and least common in Tulsa North (45.4 percent).

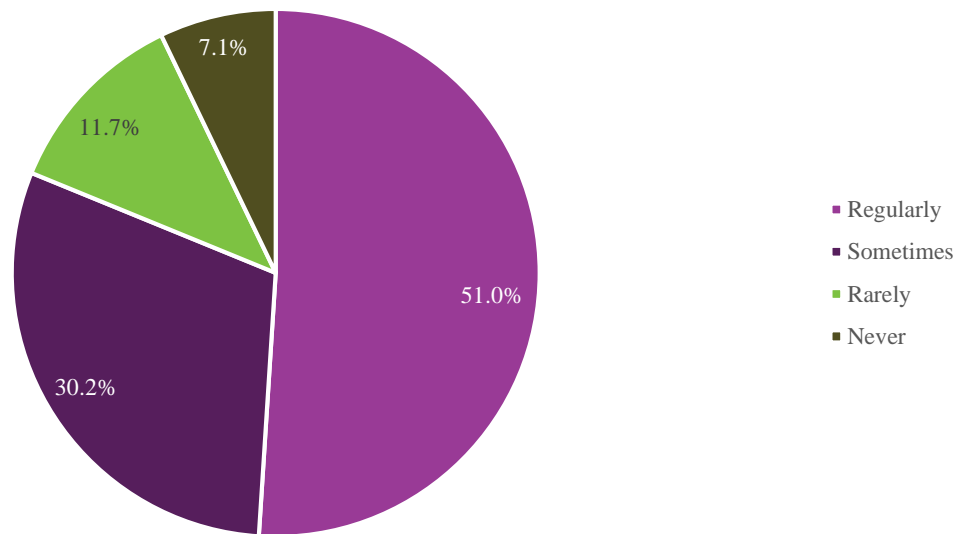


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 46]
- Asked of all respondents who reported that they were employed full time, employed part time, or self-employed

Leisure Time Physical Activity

About half of Tulsa County adults reported that they ‘regularly’ participated in physical activities in the previous month (51 percent). An additional 30.2 percent ‘sometimes’ participated in physical activities.

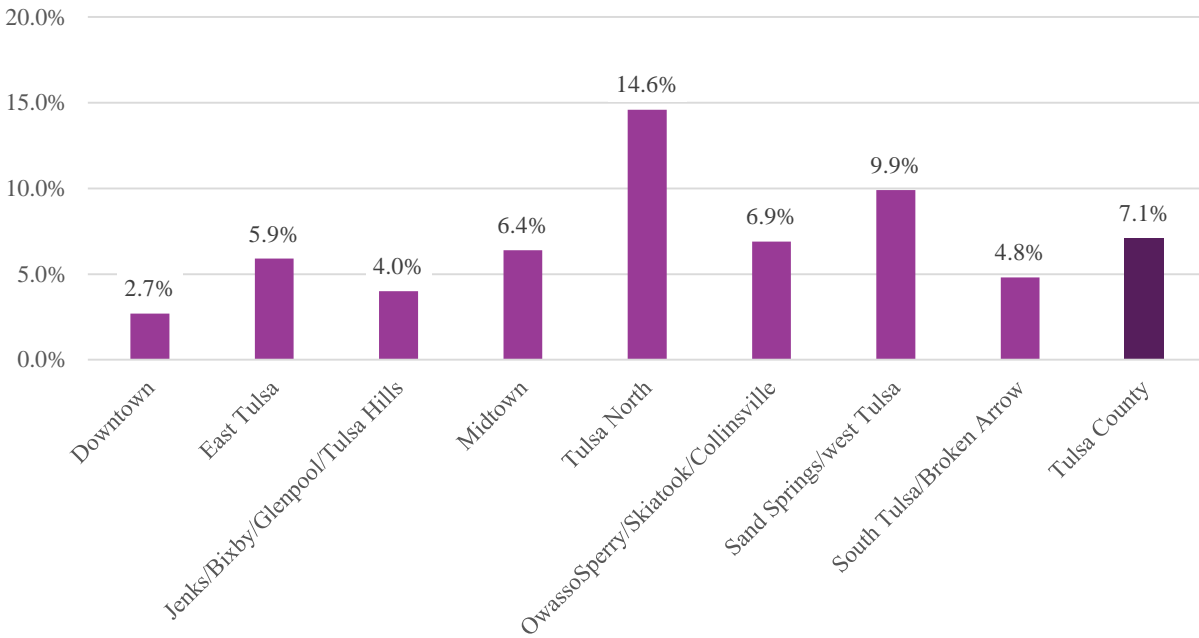
Physical Activity Participation in the Previous Month
Tulsa County | 2015



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 8]

However, a total of 7.1 percent of Tulsa County adults reported that they ‘never’ participated in physical activities in the previous month. This was highest in Tulsa North (14.6 percent). Three regions had less than five percent of respondents report ‘never’ participating in physical activities: downtown (2.7 percent), Jenks/Bixby/Glenpool/Tulsa Hills (4 percent), and south Tulsa/Broken Arrow (4.8 percent).

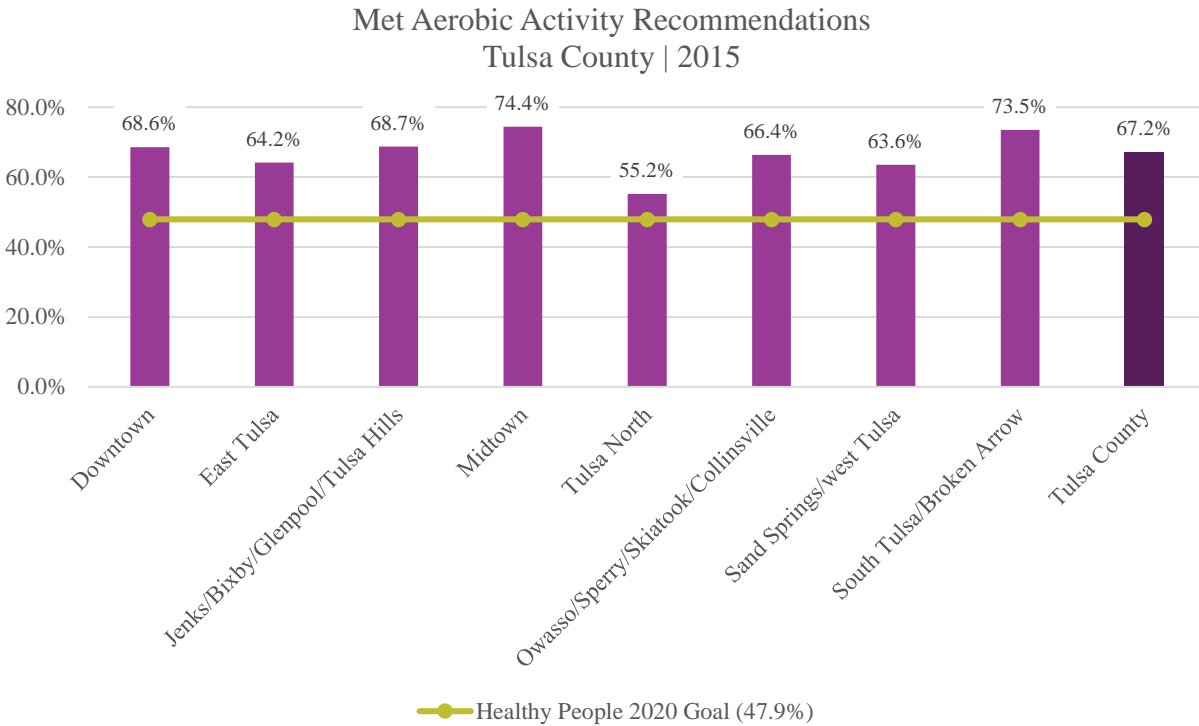
'Never' Participated in Physical Activities in the Previous Month
Tulsa County | 2015



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 8]

Physical Activity Levels

Overall, a total of 67.2 percent of Tulsa County adults met aerobic physical activity recommendations. This is defined as engaging in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination.¹¹ Tulsa County met the Healthy People 2020 goal of 47.9 percent. The proportion of adults who met aerobic physical activity guidelines was highest in midtown and south Tulsa/Broken Arrow (74.4 percent and 73.5 percent, respectively). It was lowest in Tulsa North (55.2 percent).

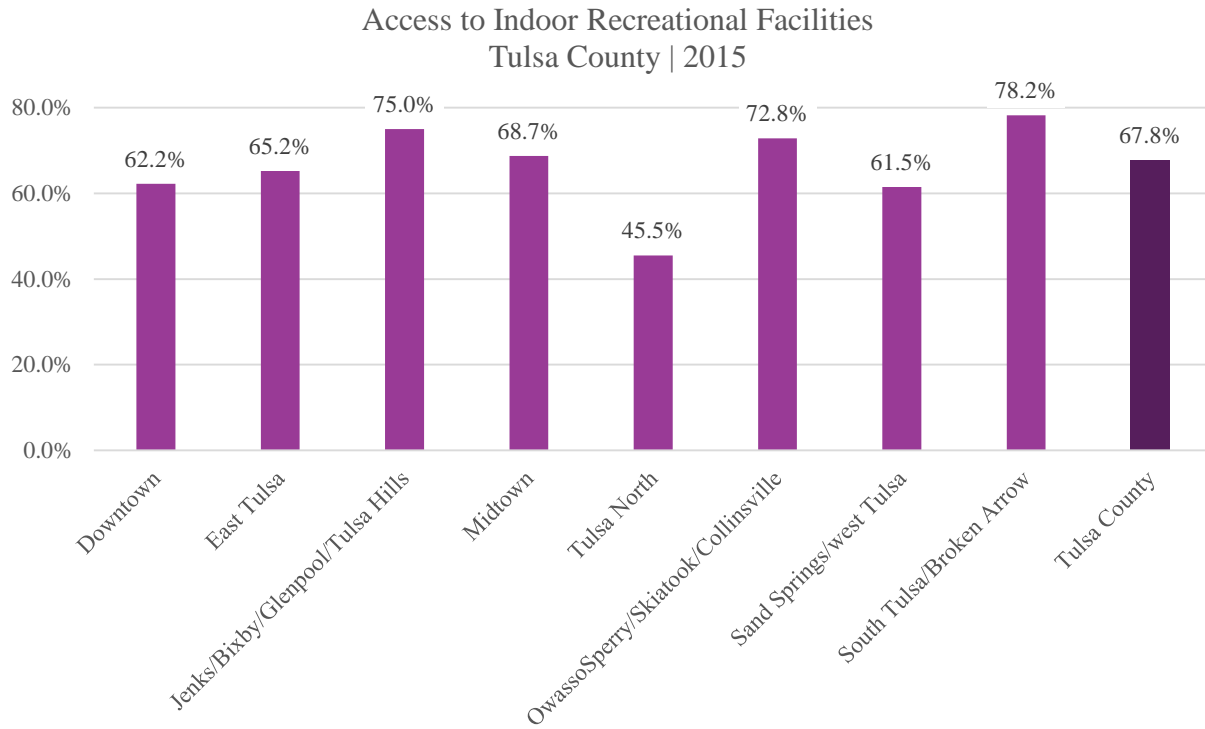


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Items 47 – 52]
- Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited 1/7/2016]. Accessed at <http://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity/objectives>.

¹¹ 2008 Physical Activity Guidelines. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited 2/17/2016]. Accessed at <http://health.gov/paguidelines/guidelines/adults.aspx>.

Access to Indoor Recreational Facilities

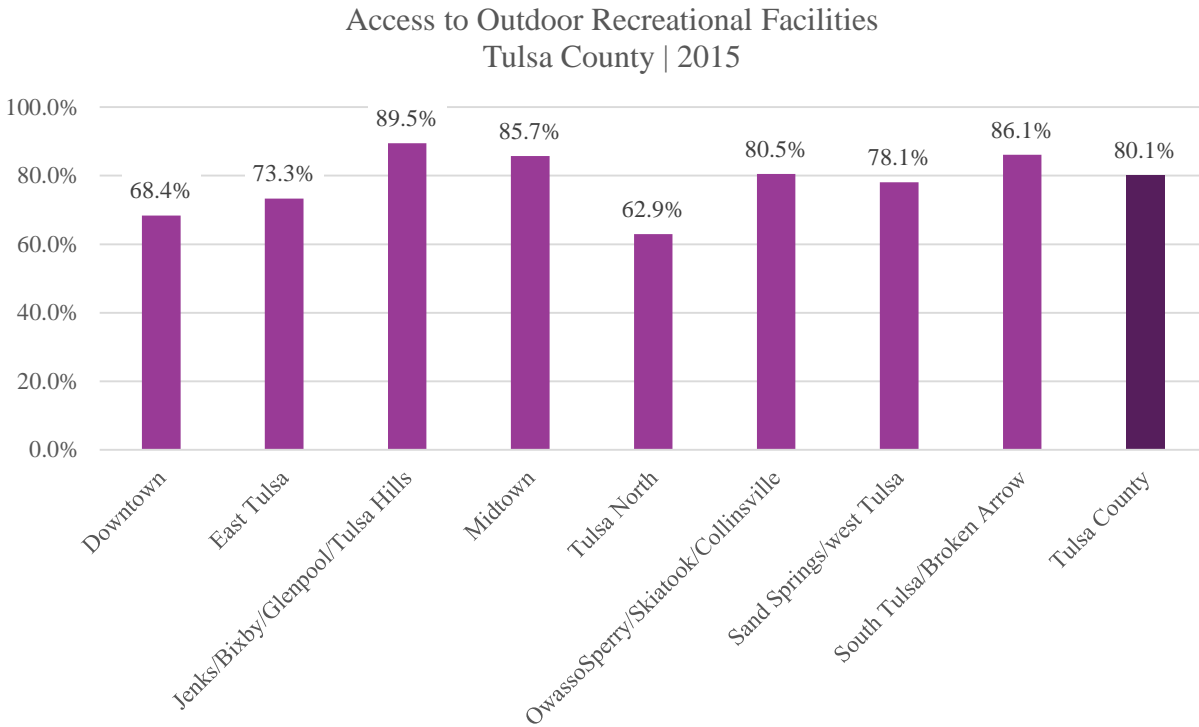
About two-thirds of Tulsa County adults stated that they had regular access to indoor recreational facilities. In three regions, over 70 percent of adults reported regular access to indoor recreational facilities (Jenks/Bixby/Glenpool/Tulsa Hills, Owasso/Sperry/Skiatook/Collinsville, and south Tulsa/Broken Arrow). Less than half of adults reported regular access to indoor recreational facilities in Tulsa North (45.5 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 68]

Access to Outdoor Recreational Facilities

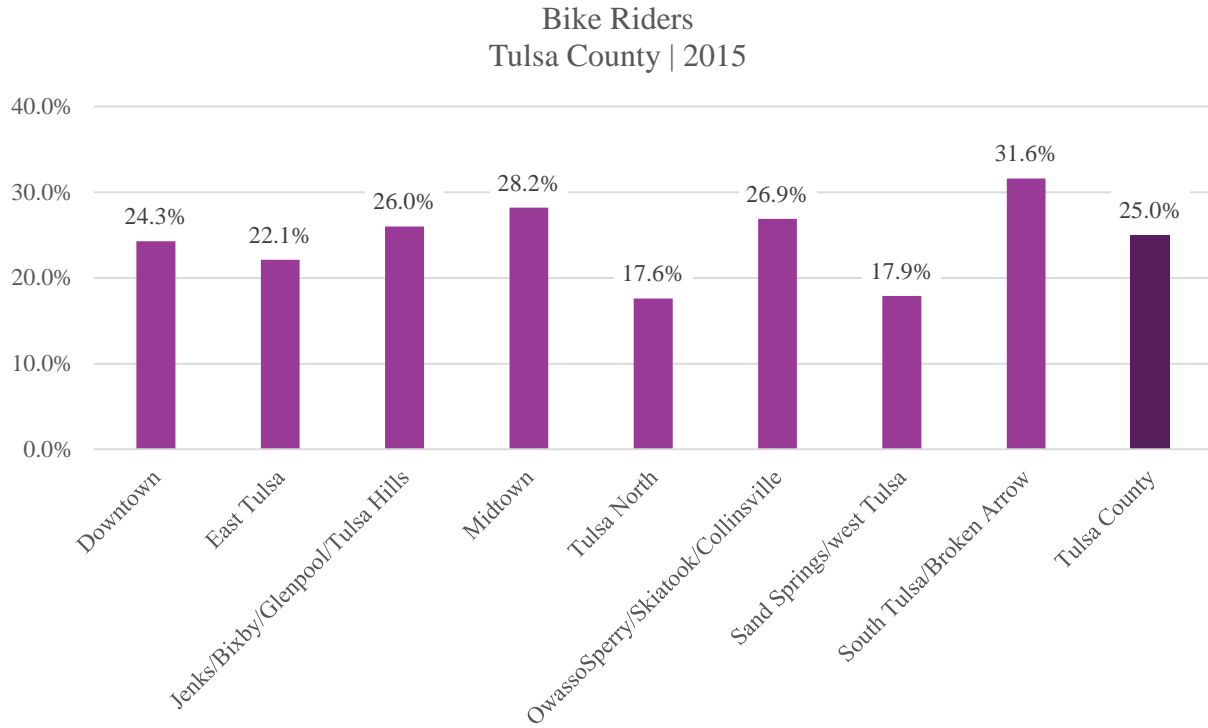
About four-fifths of Tulsa County adults reported regular access to outdoor recreational facilities (80.1 percent). In three regions, over 85 percent of adults reported regular access to outdoor facilities (Jenks/Bixby/Glenpool/Tulsa Hills, midtown, and south Tulsa/Broken Arrow). Less than two-thirds of adults in Tulsa North reported regular access to outdoor facilities (62.9 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 69]

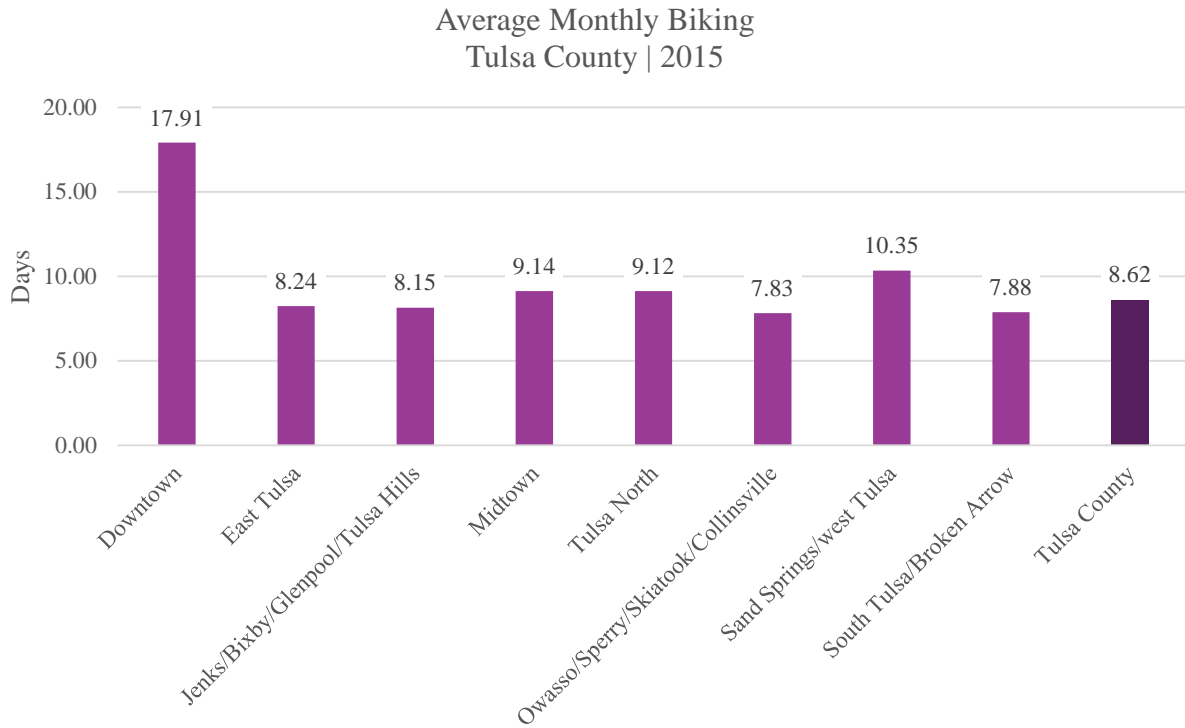
Biking

One-fourth of Tulsa County adults reported that they ride a bike. This was highest in south Tulsa/Broken Arrow (31.6 percent) and lowest in Tulsa North and Sand Springs/west Tulsa (17.6 percent and 17.9 percent, respectively).



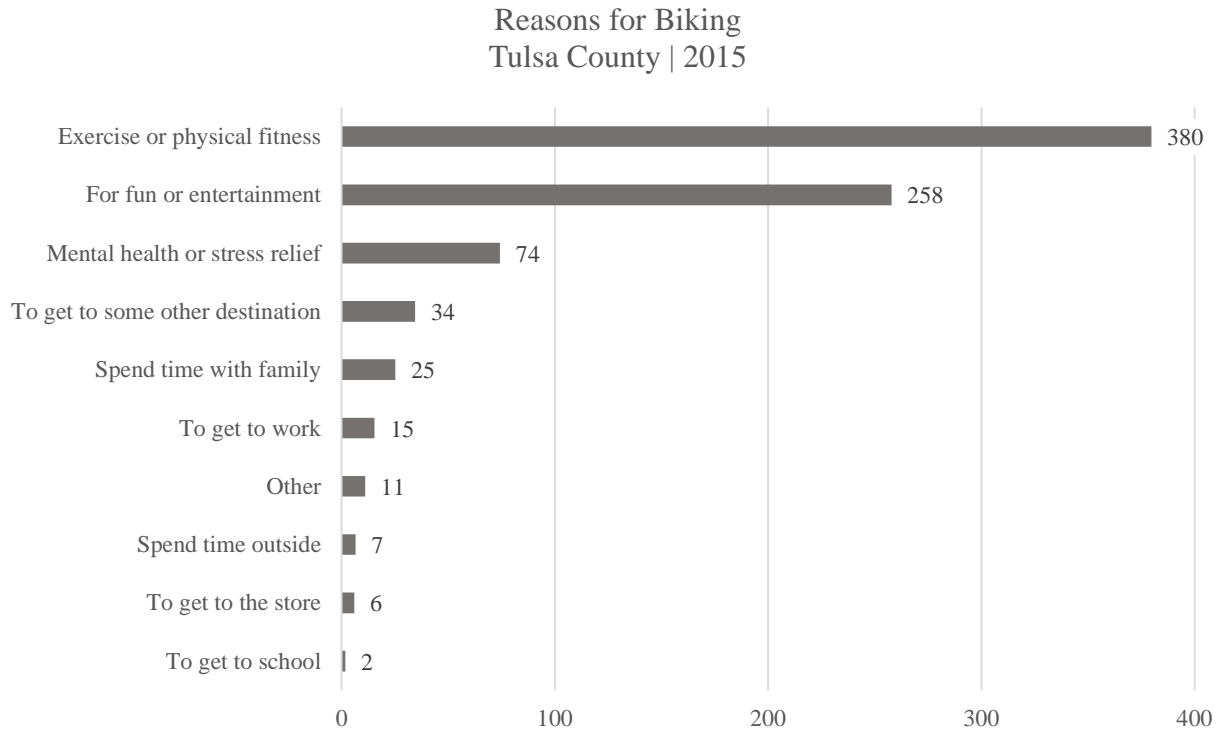
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 70]

Of the 25 percent of Tulsa County adults who rode a bike, they rode on 8.62 days per month, on average. This average was highest in downtown (17.91 days per month) and lowest in Owasso/Sperry/Skiatook/Collinsville and south Tulsa/Broken Arrow (7.83 days per month and 7.88 days per month, respectively).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 73]
- Asked of all respondents who reported that they ride a bicycle

When asked why they ride a bike, the majority of Tulsa County adults reported that they bike ride for exercise or physical fitness (380 respondents). Although the overwhelming reason for riding a bike was for exercise, it is still important to note that 58 respondents stated that they use a bike to get to some particular destination. Respondents were able to choose multiple responses.



- *2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 72]*
- *Asked of all respondents who reported that they ride a bicycle (n=571)*
- *Respondents were able to choose multiple responses*

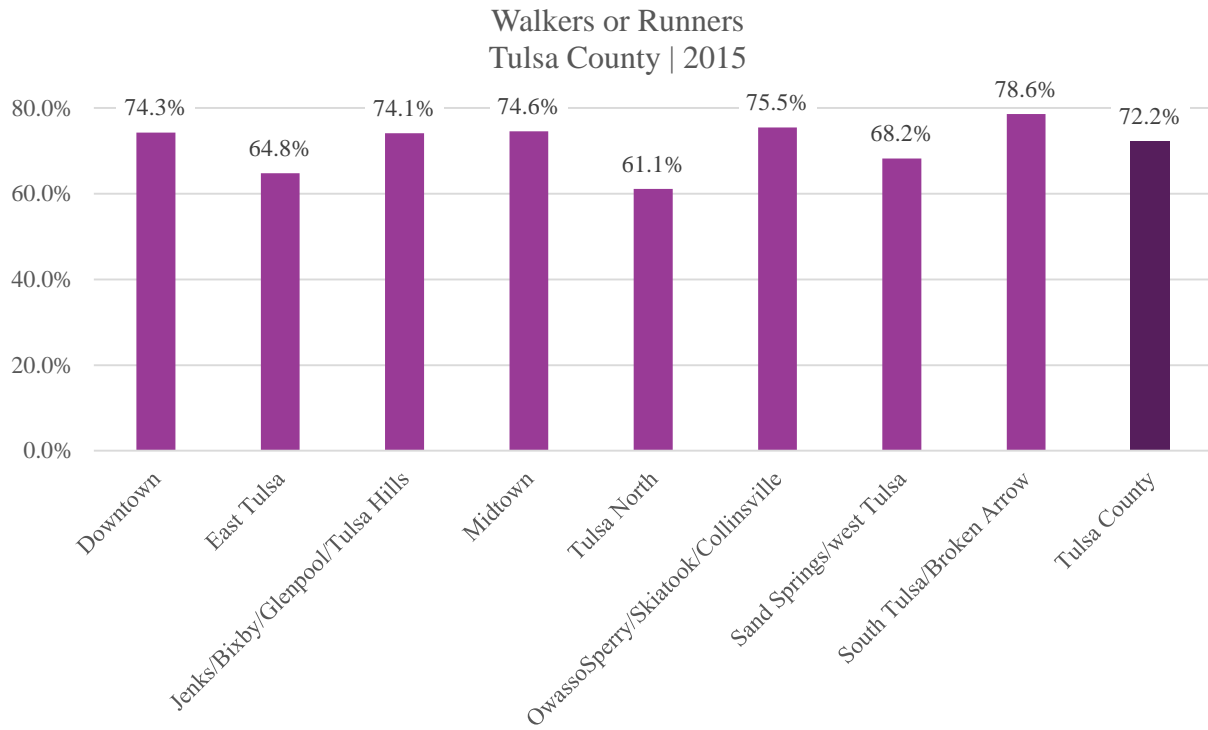
The 75 percent of Tulsa County adults who reported that they did not ride a bicycle were asked why not. The most common reason was ‘do not have a bike’ (915 respondents). Respondents were able to choose multiple responses.



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 71]
- Asked of all respondents who reported that they do not ride a bicycle (n=1715)
- Respondents were able to choose multiple responses

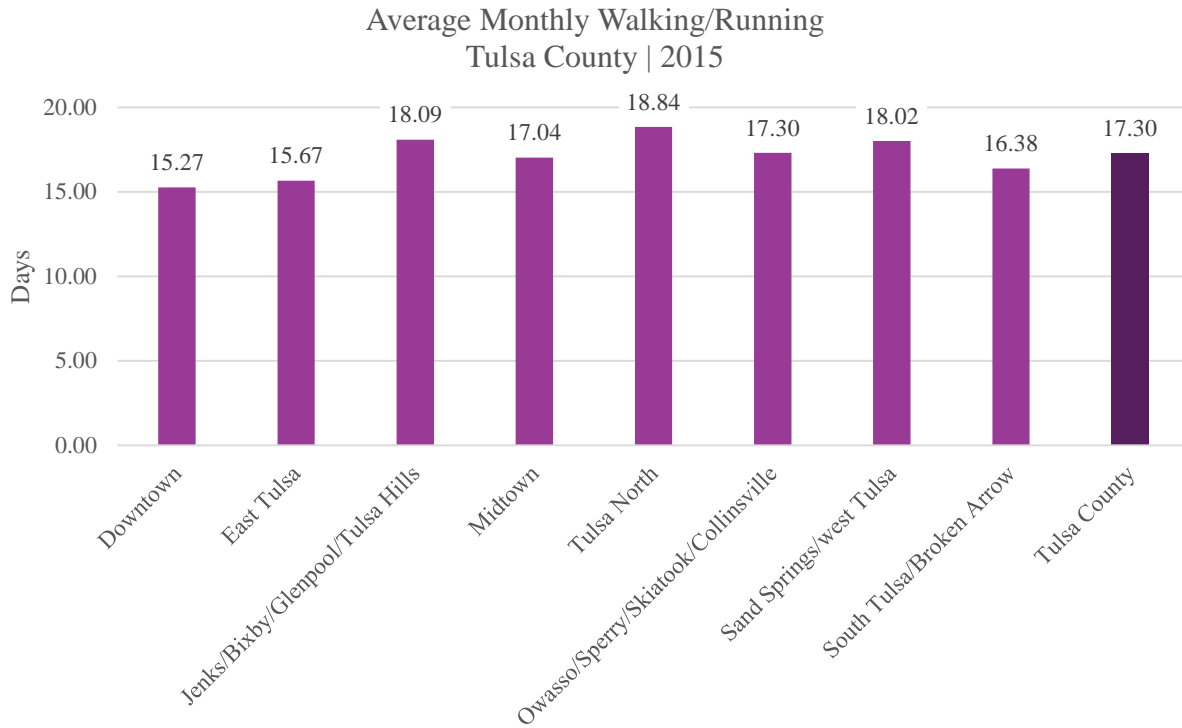
Running or Walking

Almost three-fourths of Tulsa County adults reported walking or running outside (72.2 percent). This was highest in south Tulsa/Broken Arrow (78.6 percent) and lowest in Tulsa North (61.1 percent).



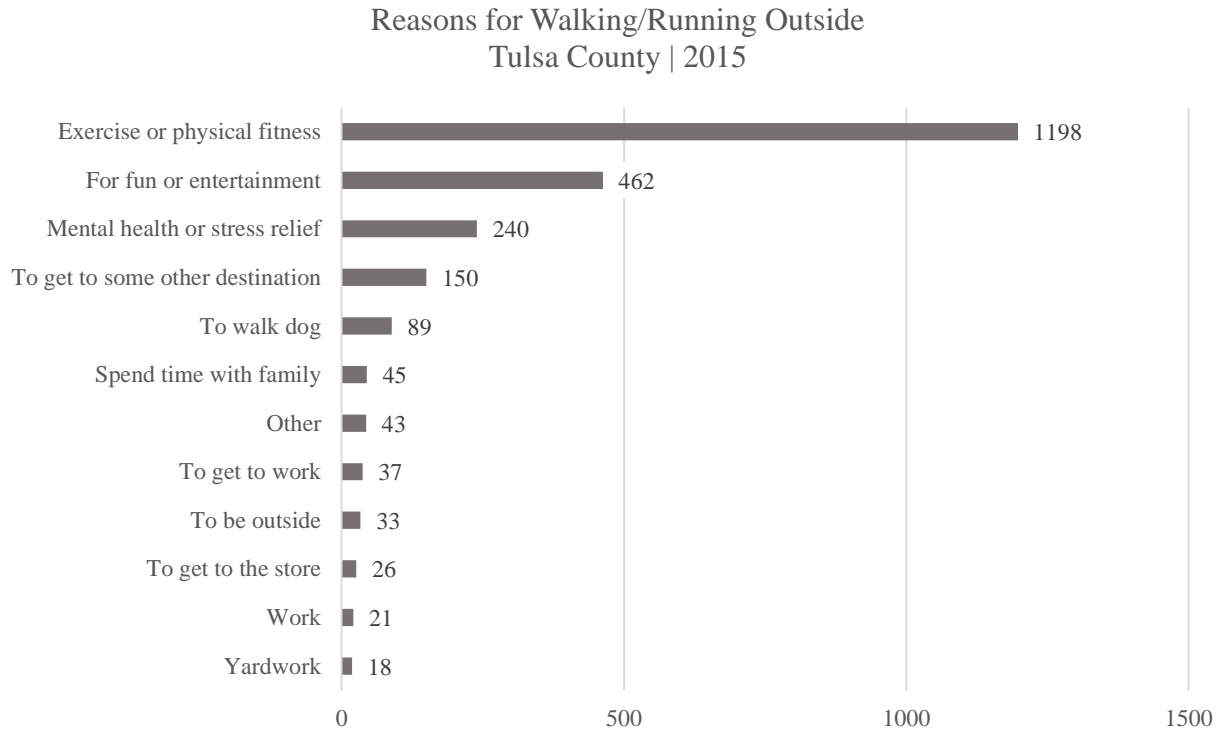
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 74]

Of the 72.2 percent of Tulsa County adults who walked or ran outside, they did this 17.3 days per month, on average. This average was above 18 days per month in three regions: Jenks/Bixby/Glenpool/Tulsa Hills (18.09 days), Tulsa North (18.84 days), and Sand Springs/west Tulsa (18.02 days). The average number of days was below 16 in downtown Tulsa (15.27 days) and east Tulsa (15.67 days).



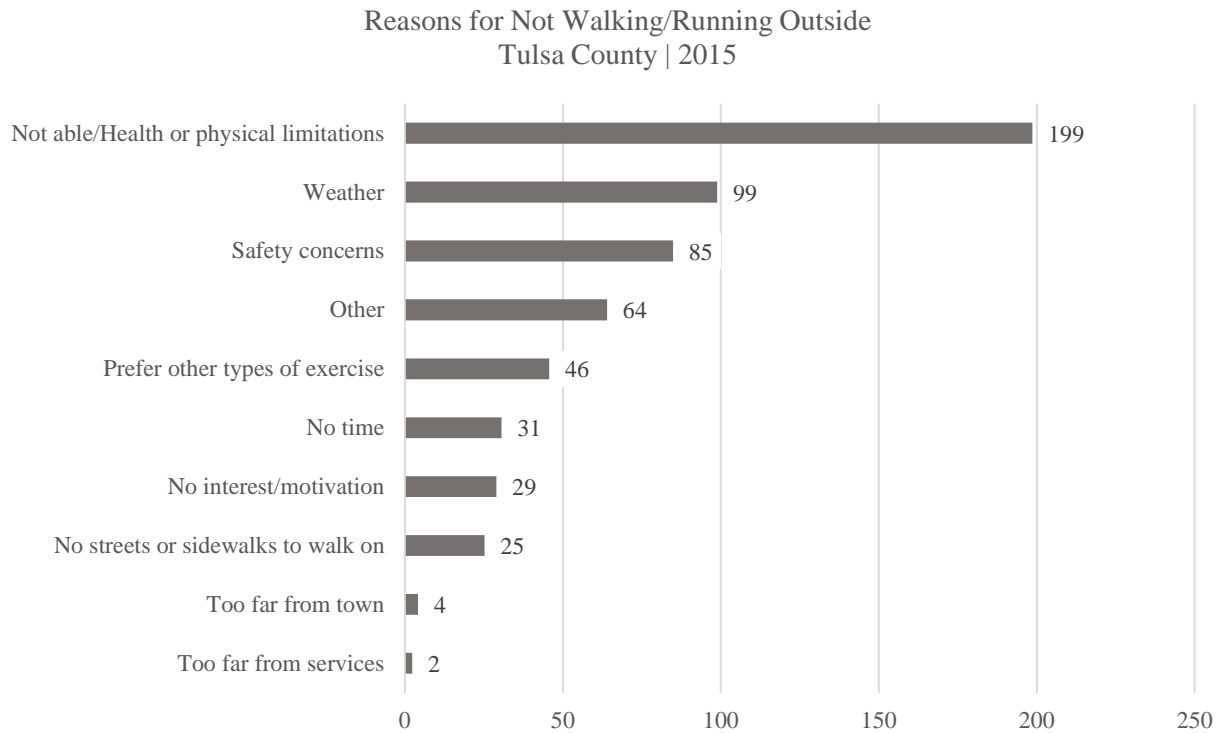
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 74]
- Asked of all respondents who reported that they run or walk outside

When asked why they walk or run, the largest number of Tulsa County adults reported that they walk or run for exercise or physical fitness (1,198 individuals). Although the overwhelming reason for walking or running outside was for exercise, it is still important to note that 223 respondents stated that they use this to get to some particular destination. Respondents were able to choose multiple responses.



- *2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 75]*
- *Asked of all respondents who reported that they walk or run outside (n=1621)*
- *Respondents were able to choose multiple responses*

The 27.8 percent of Tulsa County adults who reported that they did not walk or run outside were asked why not. The most common reason was ‘not able/health or physical limitations’ (199 individuals). Respondents were able to choose multiple responses.



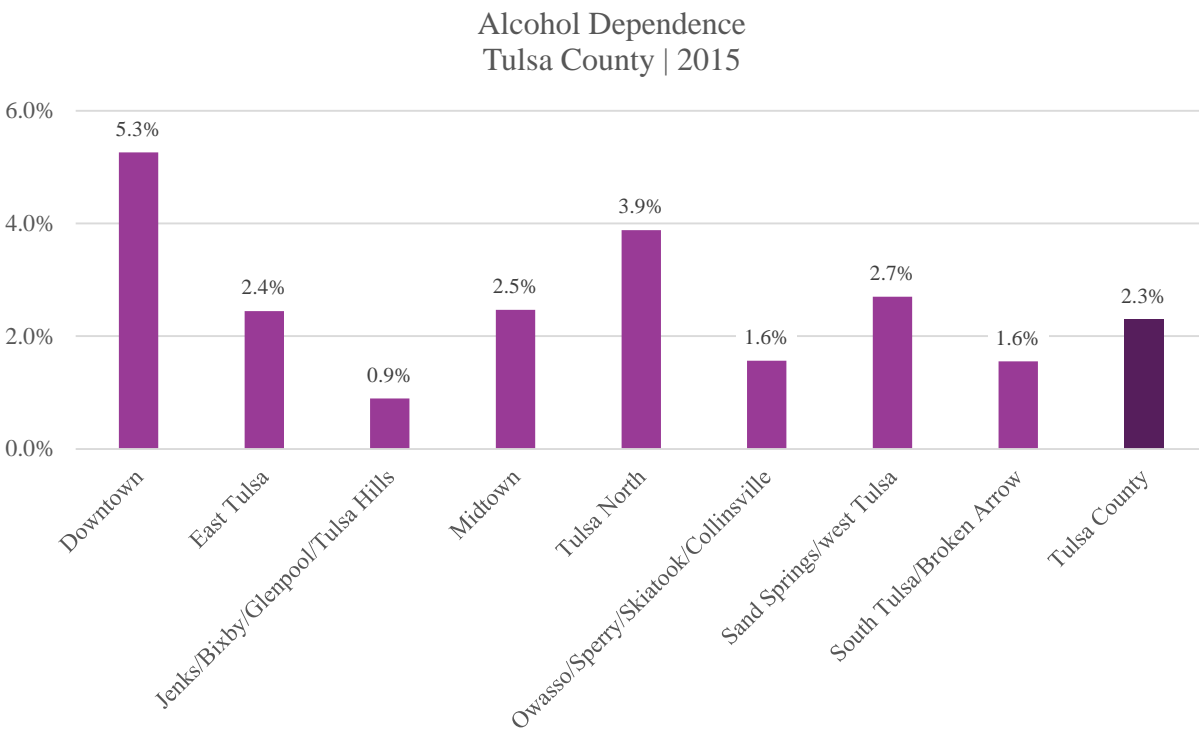
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 76]
- Asked of all respondents who reported that they do not walk or run outside (n=623)
- Respondents were able to choose multiple responses

Substance Abuse

Substance abuse generally refers to alcohol and both prescription and illegal drug abuse. Substance abuse has a major impact on individuals, families, and communities, and contributes to poor public health outcomes. These costly social, physical, mental, and public health problems include teenage pregnancies, HIV/AIDS and other STDs, domestic violence, child abuse, motor vehicle accidents, physical fights, crime, homicide, and suicide. Estimates of individuals who have a substance abuse disorder are high, indicating the importance of prevention efforts and improved access to treatment for substance abuse.¹²

Alcohol Dependence

Overall, 2.3 percent of Tulsa County adults reported that they had been told by a health care or support service provider that they had an alcohol dependency. This was highest in downtown (5.3 percent) and lowest in Jenks/Bixby/Glenpool/Tulsa Hills (0.9 percent).

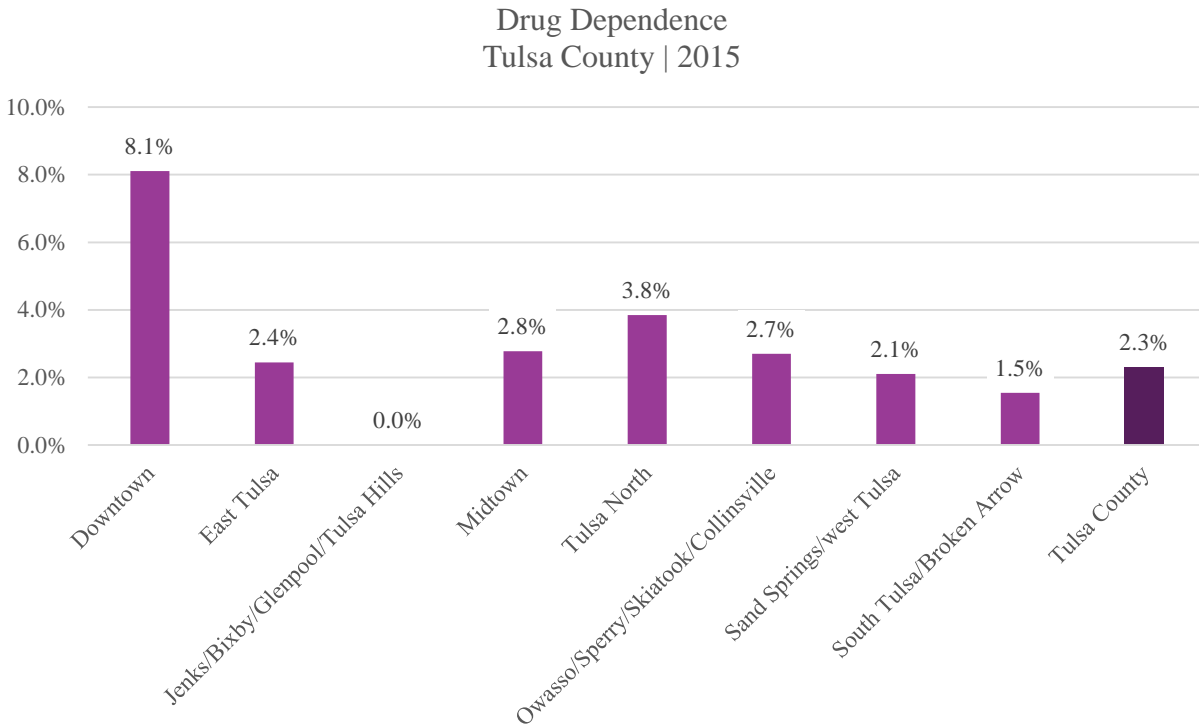


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 44]

¹² Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited 11/24/2015]. Accessed at <http://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse>.

Drug Dependence

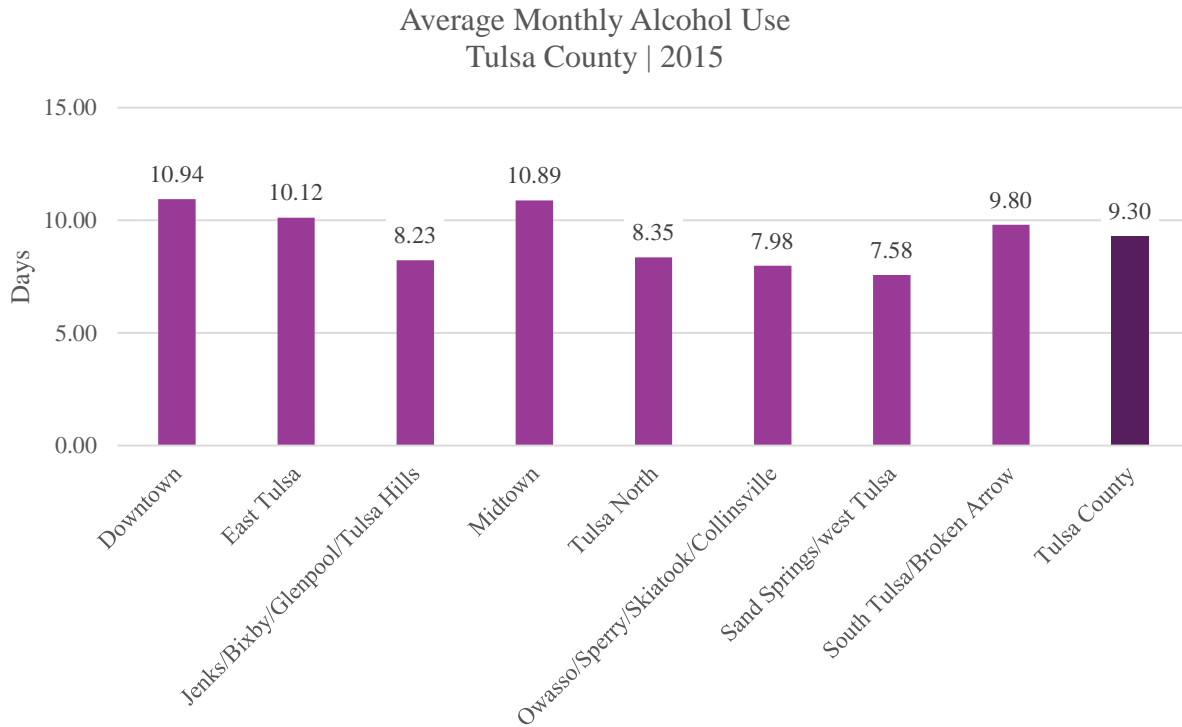
A total of 2.3 percent of Tulsa County adults reported that they had been told by a health care or support service provider that they had a drug dependency. The percentage of individuals who reported a drug dependency was over twice as high in downtown compared to any other region. No one in the Jenks/Bixby/Glenpool/Tulsa Hills region reported a drug dependency.



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 45]

Alcohol Use in the Past Month

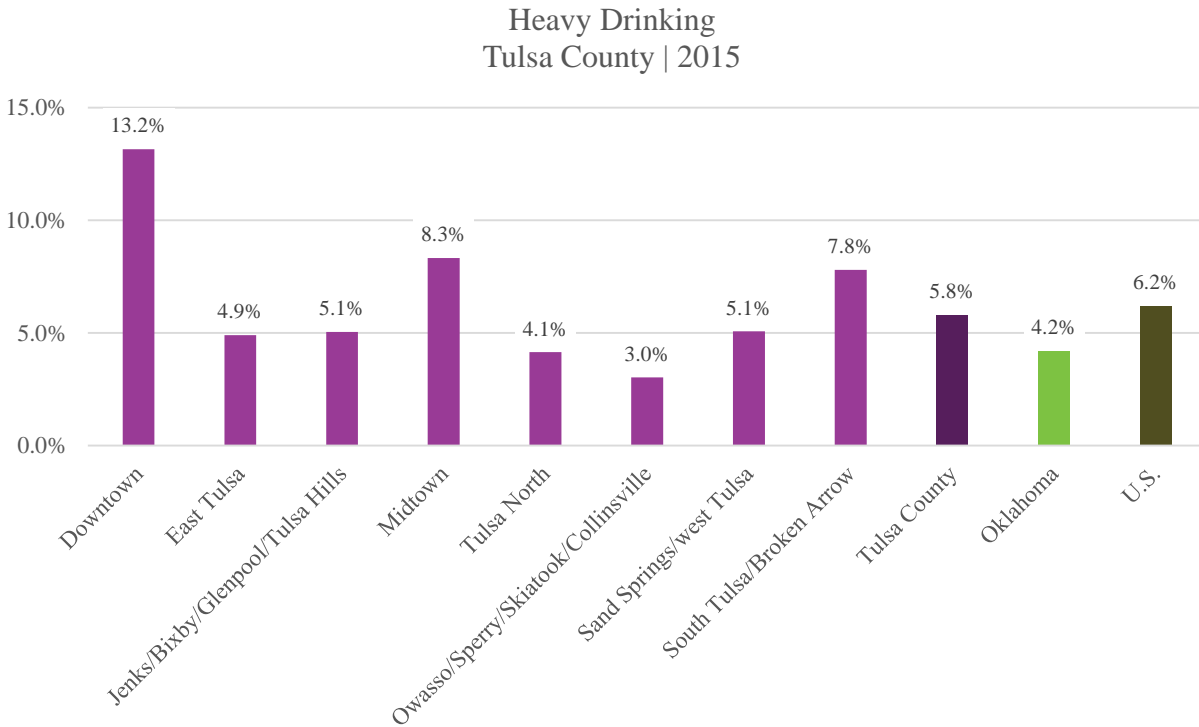
Overall, 56.5 percent of Tulsa County adults reported that there were zero days in the past month when they had at least one alcoholic beverage. Of the 43.5 percent who reported that they had at least one drink, the average number of days in which they consumed an alcoholic beverage was 9.30. Downtown, east Tulsa, and midtown all reported an average of over 10 days per month (10.94 days, 10.12 days, and 10.89 days, respectively). The lowest average was in Sand Springs/west Tulsa (7.58 days).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 40]
- Asked of all respondents who reported alcohol consumption in the previous month

Heavy Drinking

Overall, 5.8 percent of Tulsa County residents reported heavy drinking in the previous month, based on their average number of drinks per day (two drinks for men and one drink for women).¹³ This was higher than the percentage in Oklahoma (4.2 percent), but lower than the United States (6.2 percent). Heavy drinking in downtown Tulsa was over four times as high as Owasso/Sperry/Skiatook/Collinsville (13.2 percent compared to 3 percent).

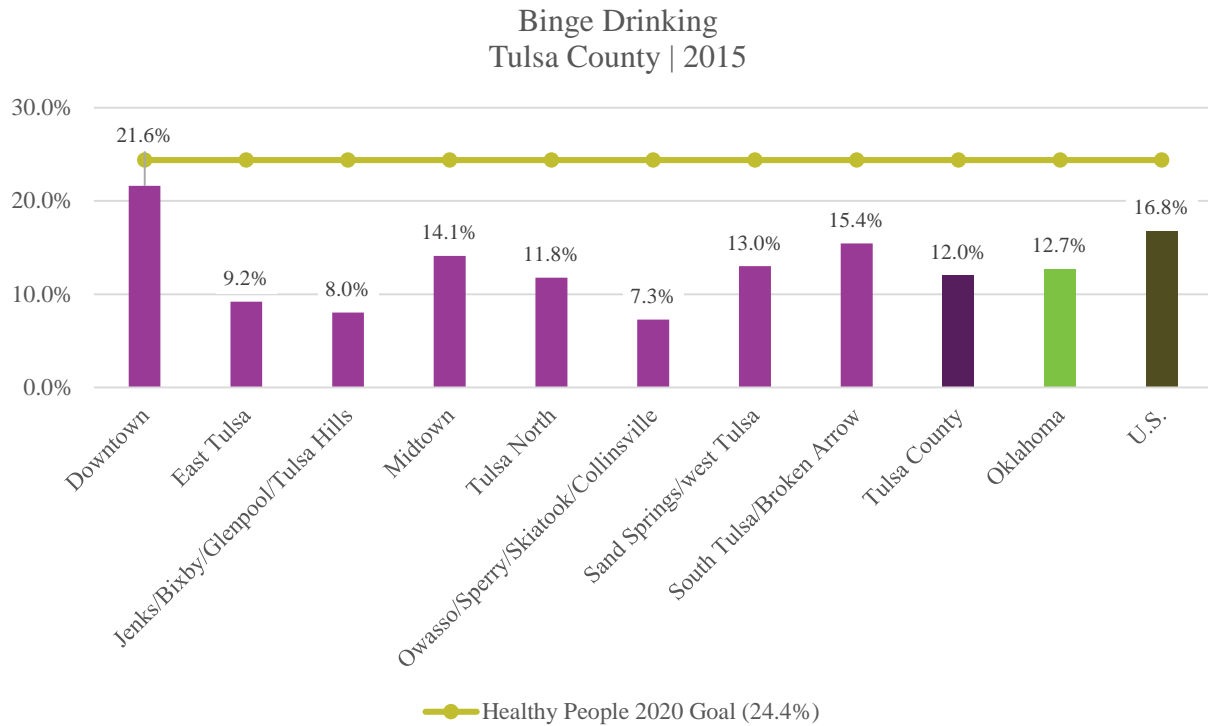


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Items 41 – 42]

¹³ Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Questionnaire*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention [cited 2/16/2016]. Accessed at <http://www.cdc.gov/brfss/questionnaires/index.htm>.

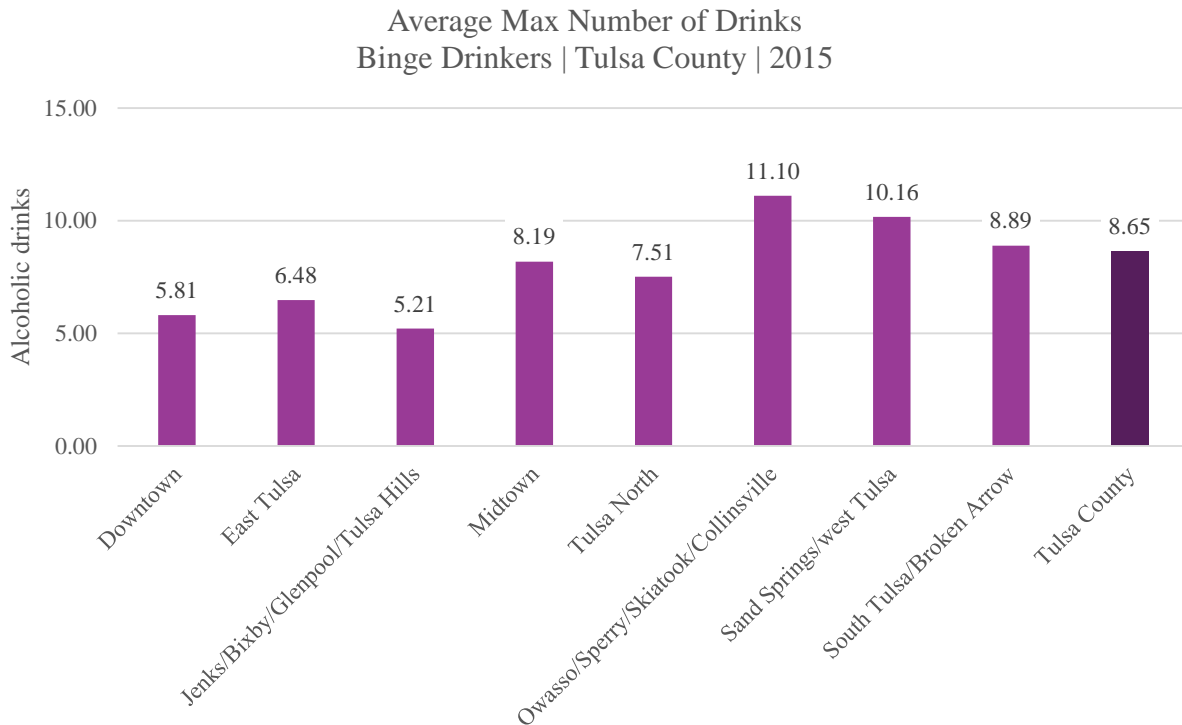
Binge Drinking

Twelve percent of Tulsa County adults reported binge drinking in the previous month, based on their maximum alcohol consumption in one sitting (five drinks for men or four drinks for women).¹³ This was very similar to the percentage in Oklahoma (12.7 percent) and lower than the United States (16.8 percent). All three of these localities met the Healthy People 2020 goal of 24.4 percent of adults reporting binge drinking in the past month. Binge drinking was highest in downtown (21.6 percent) and lowest in east Tulsa, Jenks/Bixby/Glenpool/Tulsa Hills, and Owasso/Sperry/Skiatook/Collinsville (9.2 percent, 8.0 percent and 7.3 percent, respectively).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 43]
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [cited 12/1/2015]. Accessed at <http://www.cdc.gov/brfss/brfssprevalence/>.
- Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Behavioral Risk Factor Surveillance System 2014, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share>.
- Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited 1/26/2016]. Accessed at <http://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse/objectives>.

Among binge drinkers, the average maximum number of drinks an individual consumed in one sitting over the past month was 8.65 drinks. This was highest in Owasso/Sperry/Skiatook/Collinsville (11.10 average max drinks) and lowest in downtown and Jenks/Bixby/Glenpool/Tulsa Hills (5.81 drinks and 5.21 drinks, respectively). It is interesting to note that although Owasso/Sperry/Skiatook/Collinsville had one of the lowest percentages of binge drinkers, those individuals who did binge drink had a much higher average max number of drinks. Conversely, downtown had a high percentage of binge drinkers but a lower average max number of drinks.



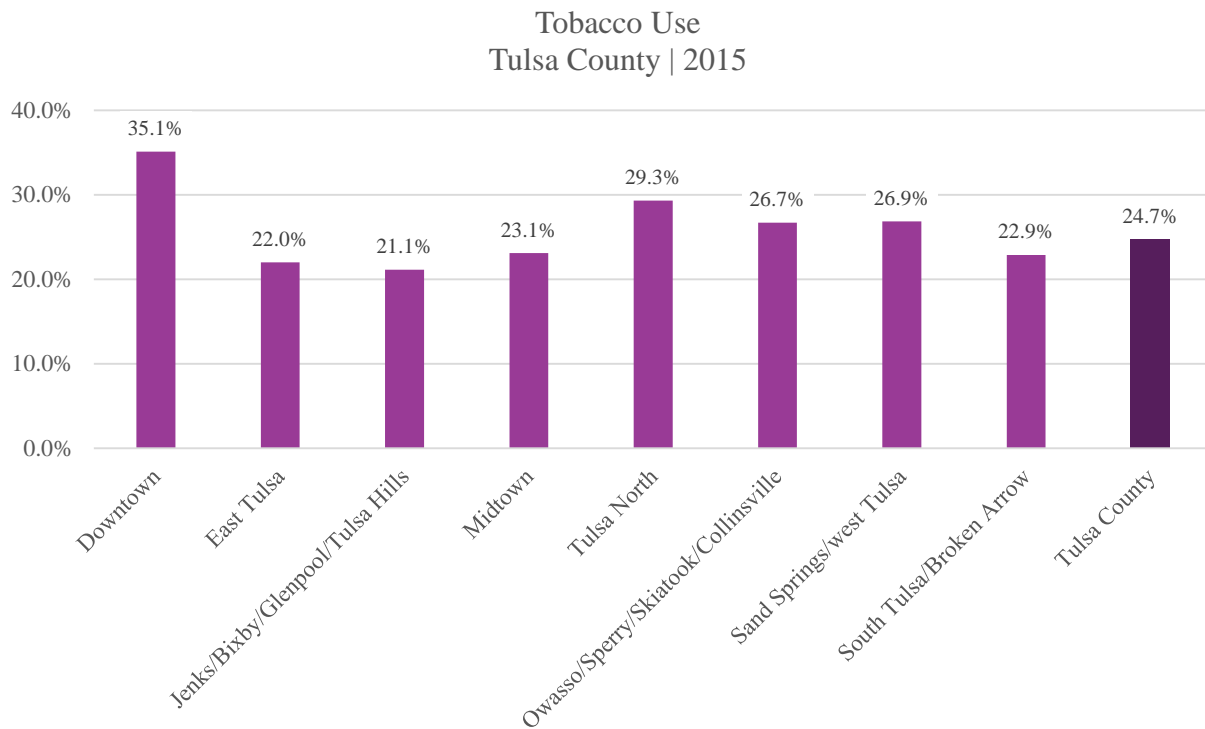
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 43]
- Asked of all respondents who were binge drinkers, based on their self-reported alcohol consumption

Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Tobacco use causes cancer, heart disease, lung diseases (including emphysema, bronchitis, and chronic airway obstruction), premature birth, low birth weight, stillbirth, and infant death. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including severe asthma attacks, respiratory infections, ear infections, and is associated with Sudden Infant Death Syndrome (SIDS). There is no risk-free level of exposure to secondhand smoke.¹⁴

Prevalence of Tobacco Use

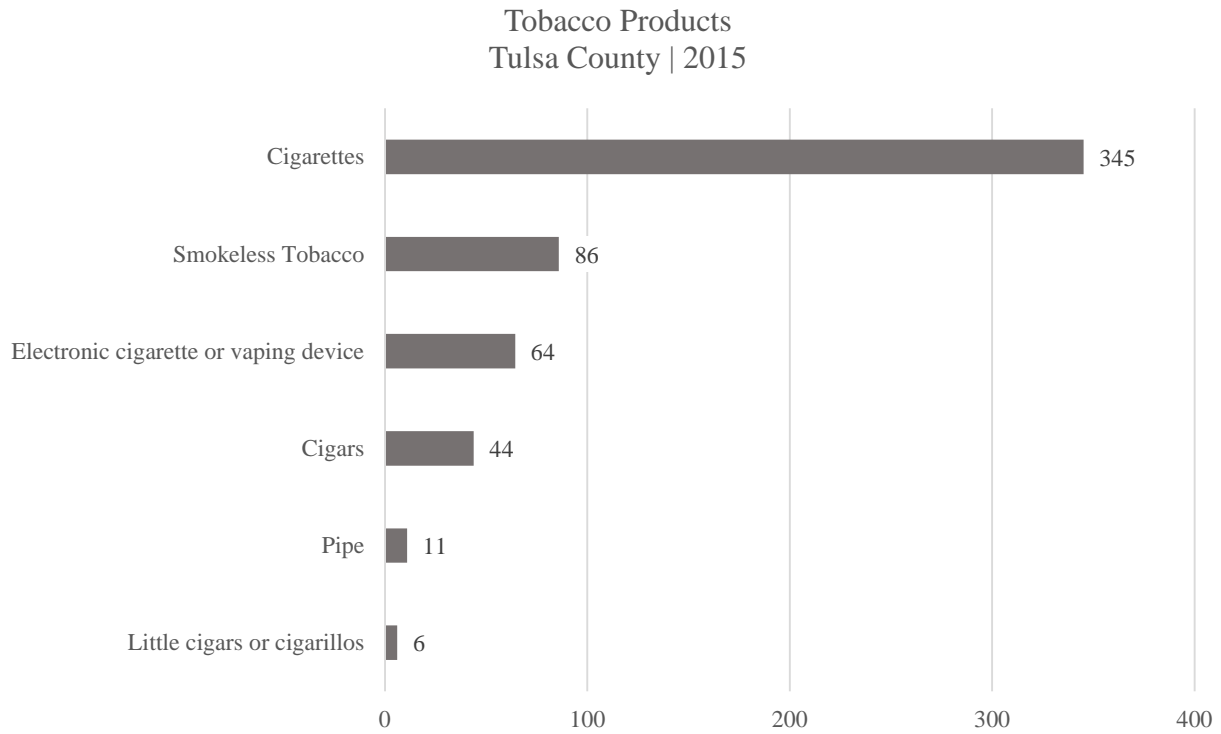
Overall, 24.7 percent of Tulsa County adults reported some type of tobacco use. Downtown Tulsa had the highest percentage of individuals who reported tobacco use (35.1 percent). Four regions had tobacco use below 25 percent (east Tulsa, Jenks/Bixby/Glenpool/Tulsa Hills, midtown, and south Tulsa/Broken Arrow).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 30]

¹⁴ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited 11/24/2015]. Accessed at <http://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use>.

The most commonly reported tobacco product was cigarettes (345 respondents). Individuals were able to select more than one response.

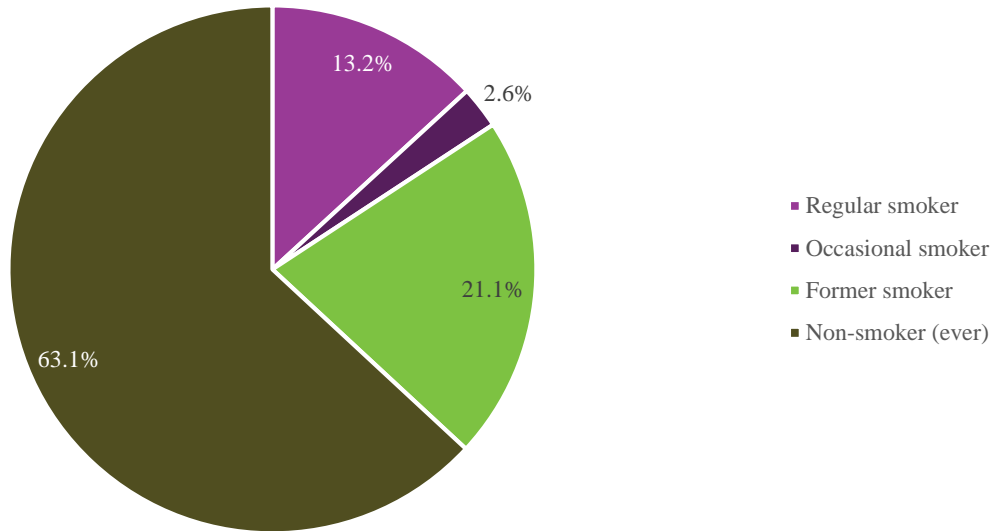


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 30]
- Respondents were able to choose multiple responses (n=574)

Cigarette Smoking

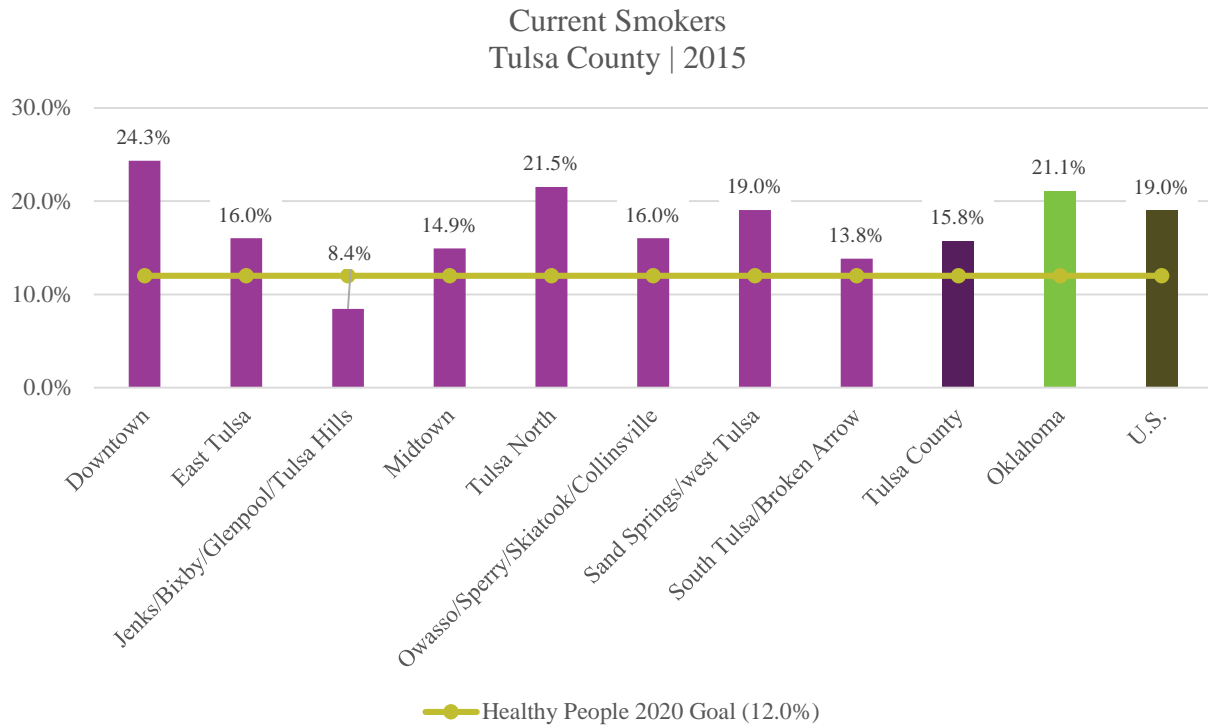
About 16 percent of Tulsa County adults smoked either regularly or occasionally (15.8 percent).

Cigarette Smoking
Tulsa County | 2015



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 31 – 32]

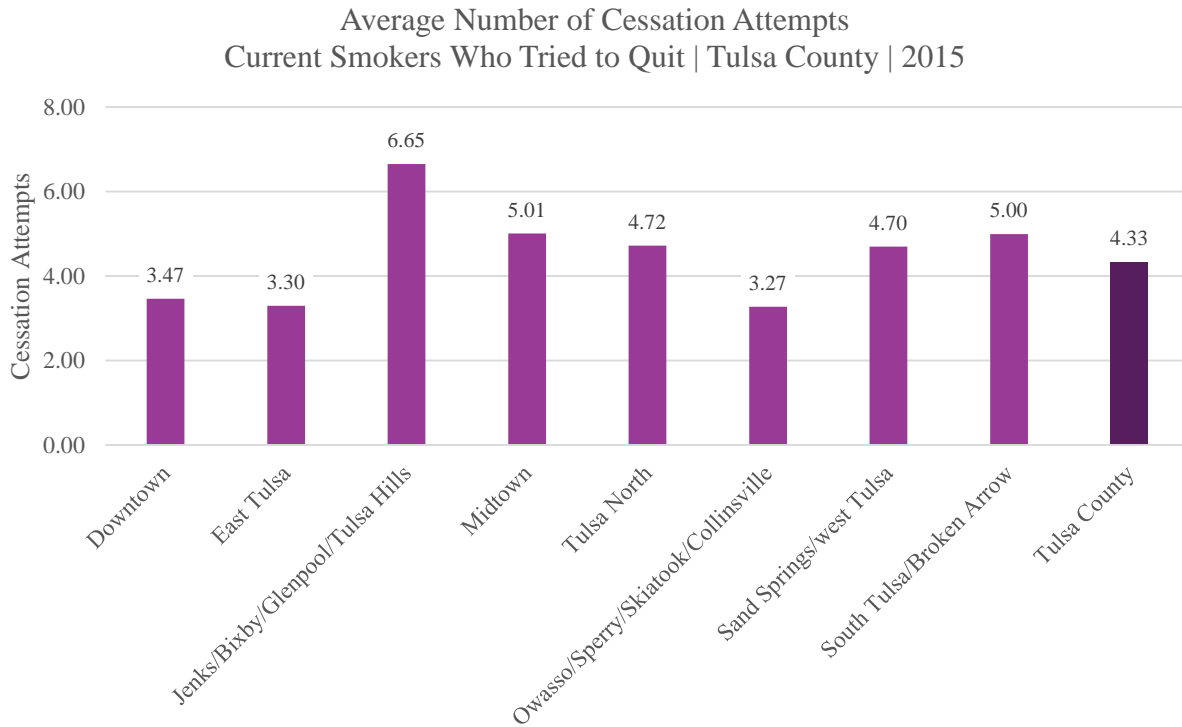
Current smokers (regular or occasional) was lower in Tulsa County than both Oklahoma and the United States (21.1 percent and 19.0 percent, respectively). None of these regions met the Healthy People 2020 goal of 12.0 percent current smokers. Current smokers were most common in downtown and Tulsa North (24.3 percent and 21.5 percent, respectively), and least common in Jenks/Bixby/Glenpool/Tulsa Hills (8.4 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 31 – 32]
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [cited 12/1/2015]. Accessed at <http://www.cdc.gov/brfss/brfssprevalence/>.
- Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Behavioral Risk Factor Surveillance System 2014, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share>.
- Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited 1/12/2016]. Accessed at <http://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use/objectives>.

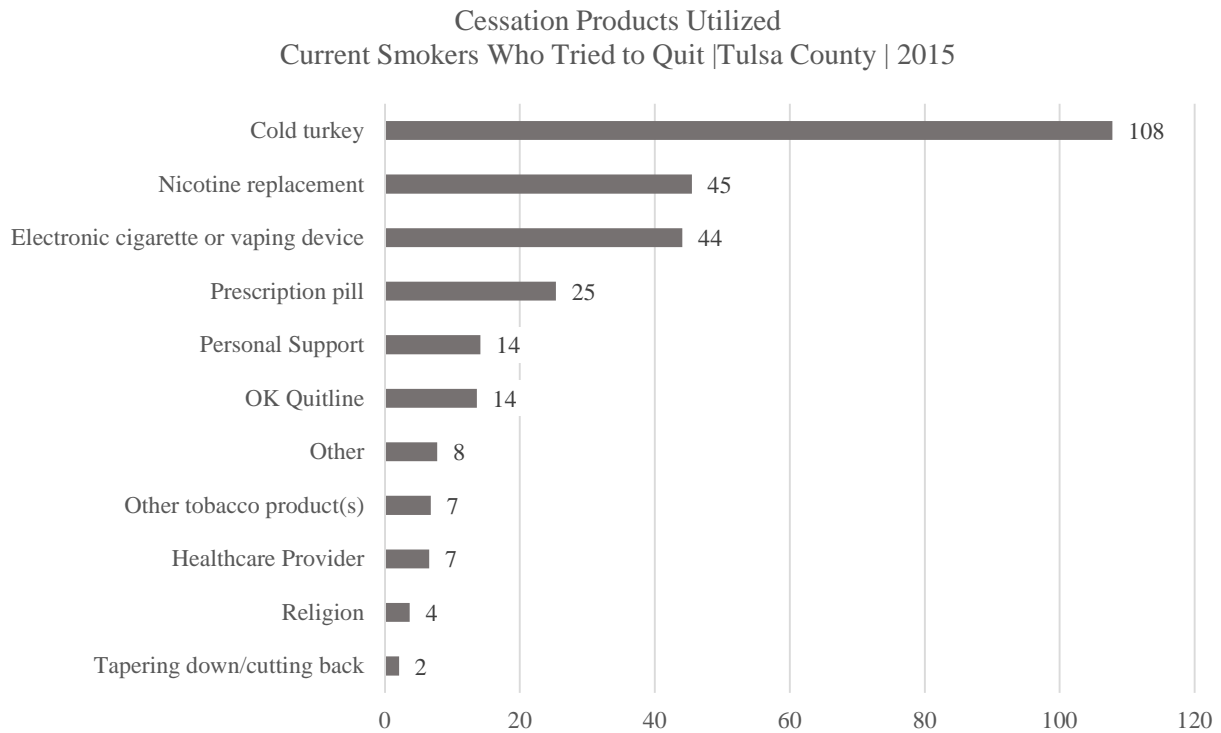
Smoking Cessation

Fifty-five percent of current smokers in Tulsa County tried to quit at least once in the past year. The average number of times they tried to quit was 4.33 times. The average was highest in Jenks/Bixby/Glenpool/Tulsa Hills (6.65 times) and lowest in downtown, east Tulsa, and Owasso/Sperry/Skiatook/Collinsville (3.47 times, 3.30 times and 3.27 times, respectively).



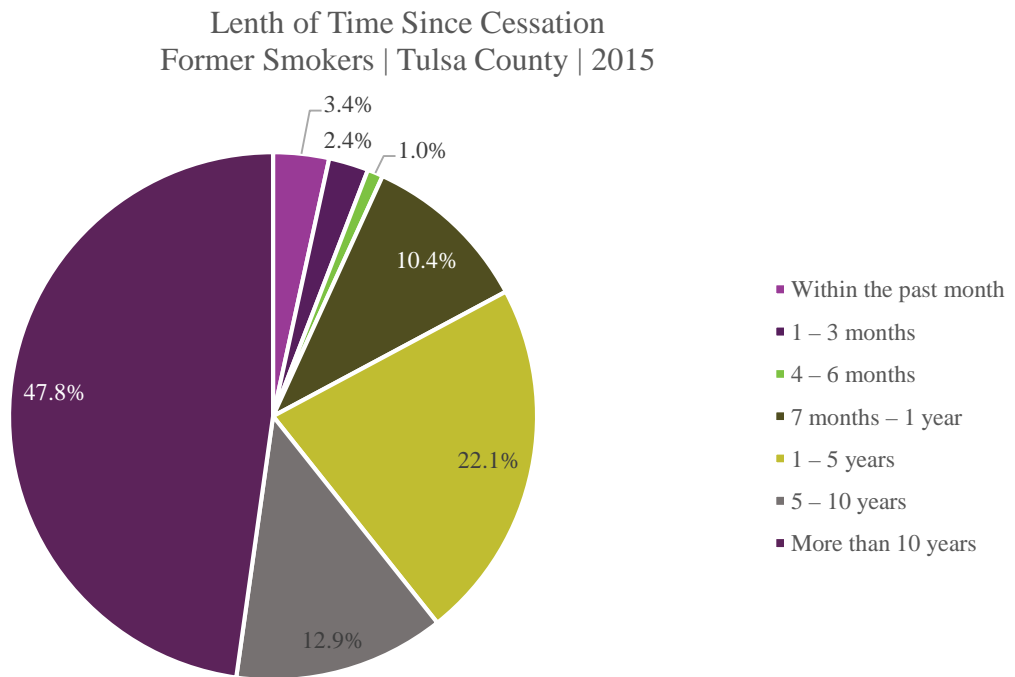
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 33]
- Asked of all respondents who reported that they tried to quit smoking at least once in the previous year

Those current smokers who tried to quit in the past year were asked what type of products they used to help them. The most common response was ‘cold turkey’ (108 respondents). Individuals were able to choose more than one response.



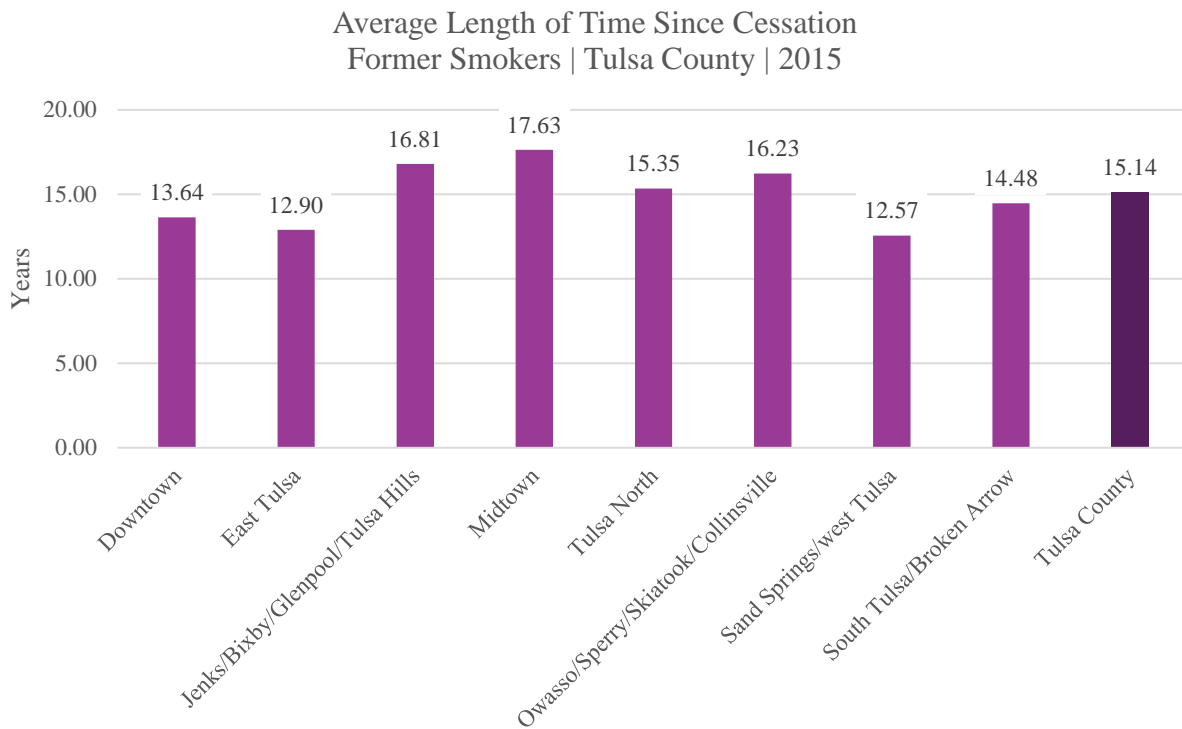
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 35]
- Asked of all respondents who reported that they tried to quit smoking at least once in the previous year (n=189)
- Respondents were able to choose multiple responses

Former smokers were asked when they last smoked a cigarette. Almost half of former smokers quit over ten years ago (47.8 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 34]
- Asked of all respondents who reported that they were former smokers

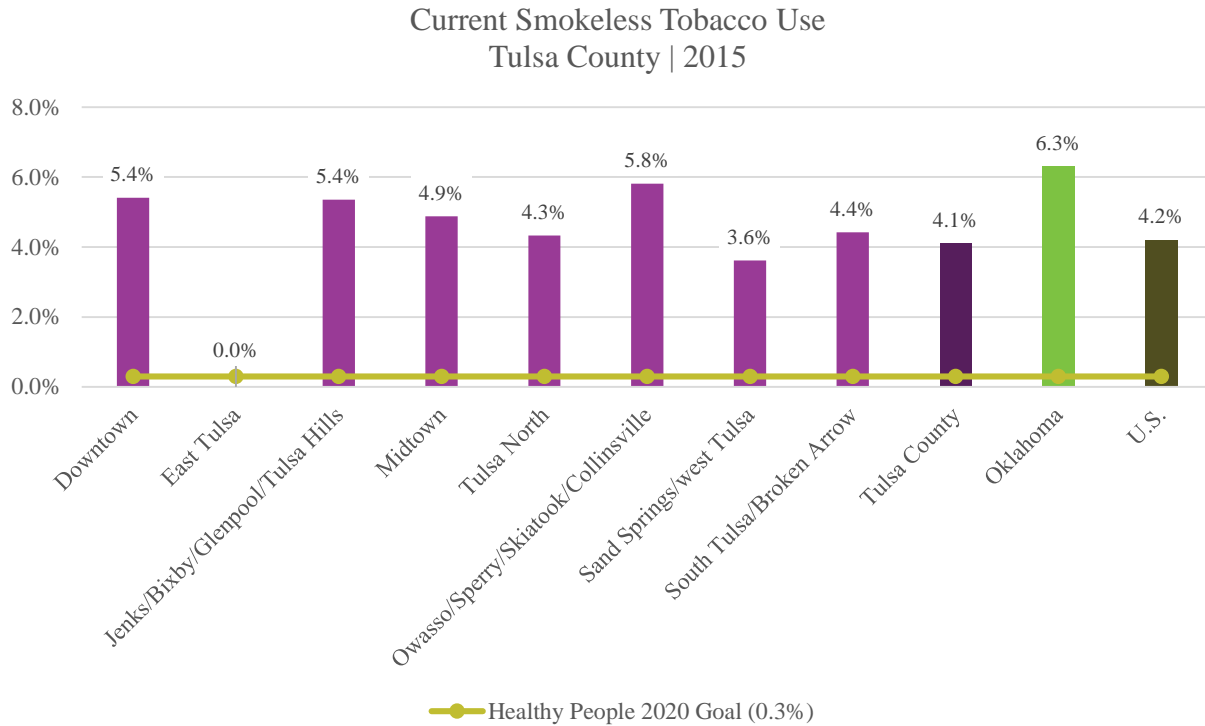
The average number of years since quitting in Tulsa County was 15.14 years. This was longest in midtown (17.63 years) and shortest in east Tulsa and Sand Springs/west Tulsa (12.90 years and 12.57 years, respectively).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 34]
- Asked of all respondents who reported that they were former smokers

Smokeless Tobacco

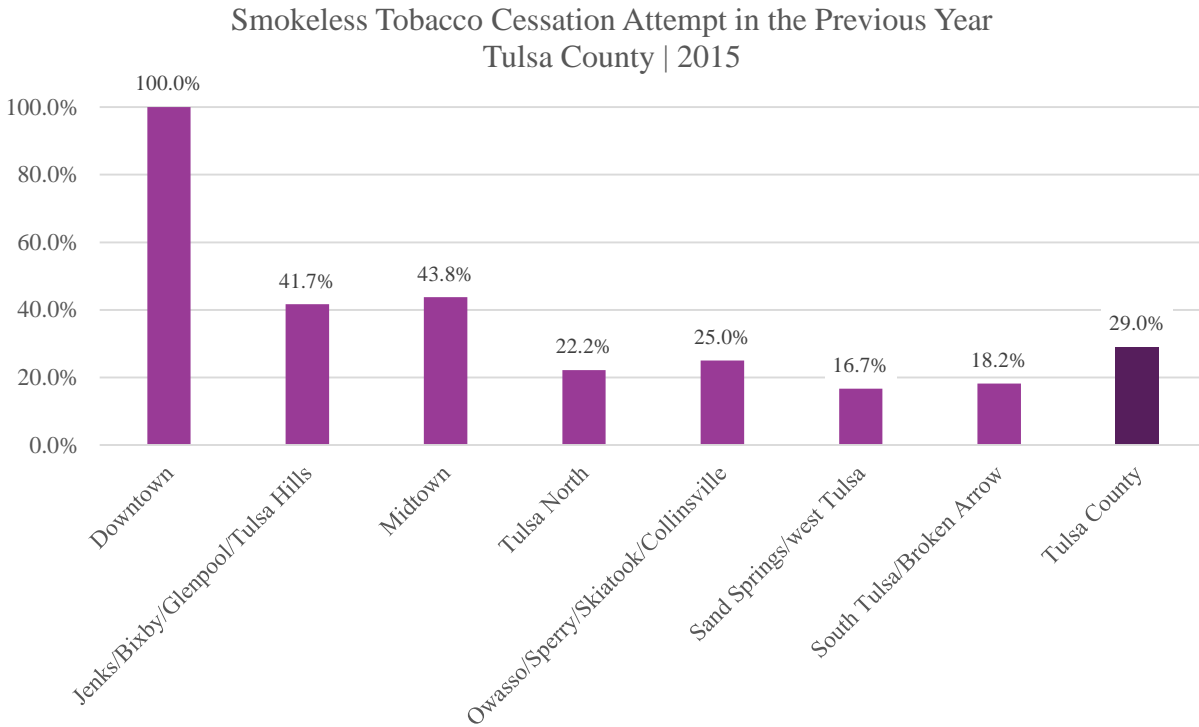
A total of 4.1 percent of Tulsa County adults reported that they currently use smokeless tobacco (every day or some days). This was lower than in Oklahoma and very similar to the United States (6.3 percent and 4.2 percent, respectively). None of these regions met the Healthy People 2020 goal of 0.3 percent. Smokeless tobacco use was above five percent in three regions: downtown (5.4 percent), Jenks/Bixby/Glenpool/Tulsa Hills (5.4 percent), and Owasso/Sperry/Skiatook/Collinsville (5.8 percent). No one reported smokeless tobacco use in east Tulsa. No one reported smokeless tobacco use in east Tulsa.



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 38]
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [cited 12/1/2015]. Accessed at <http://www.cdc.gov/brfss/brfssprevalence/>.
- Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Behavioral Risk Factor Surveillance System 2014, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share>.
- Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited 1/12/2016]. Accessed at <http://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use/objectives>.

Smokeless Tobacco Cessation

Almost one-third of smokeless tobacco users stated that they had tried to quit in the previous year (29 percent). All users in downtown Tulsa reported a cessation attempt. The lowest percentages of reported cessation attempts were in Sand Springs/west Tulsa and south Tulsa/Broken Arrow (16.7 percent and 18.2 percent, respectively).

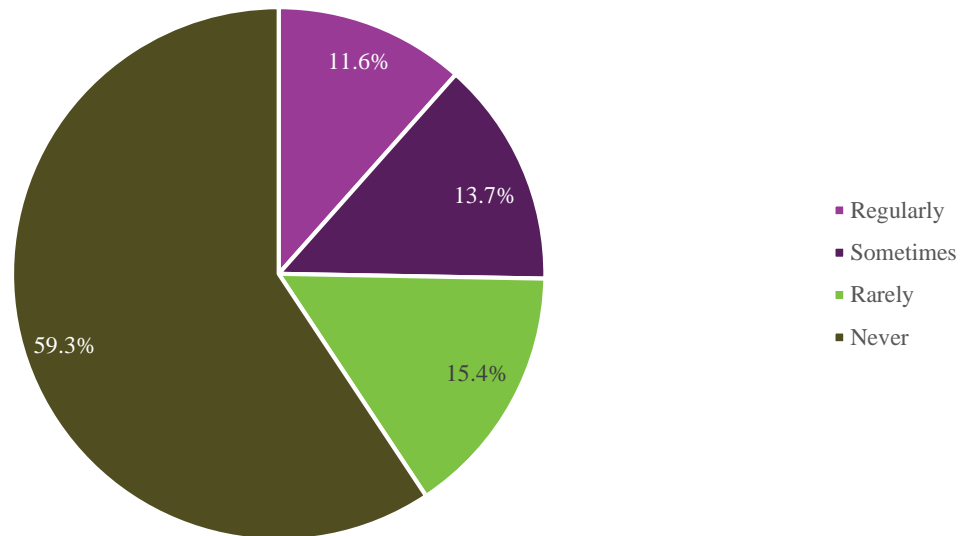


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 39]
- Asked of all respondents who reported that they used smokeless tobacco

Secondhand Smoke Exposure

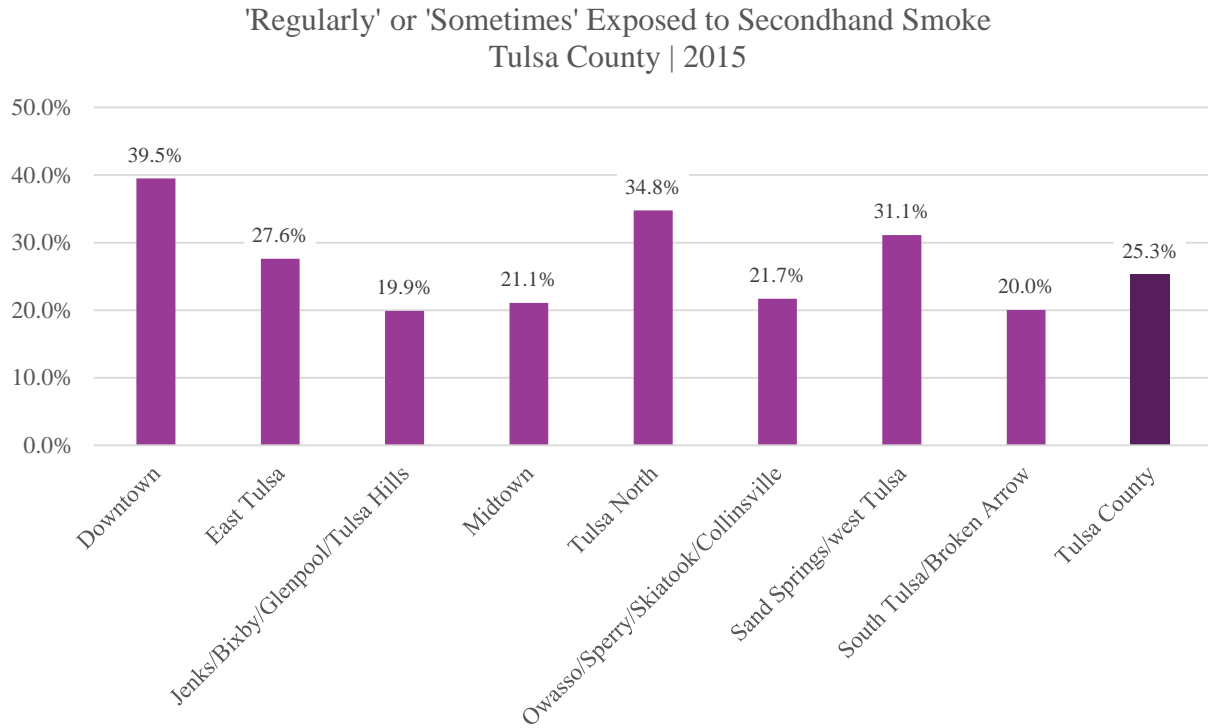
About one-fourth of Tulsa County adults reported that they were regularly or sometimes exposed to secondhand smoke (25.3 percent).

Secondhand Smoke Exposure
Tulsa County | 2015



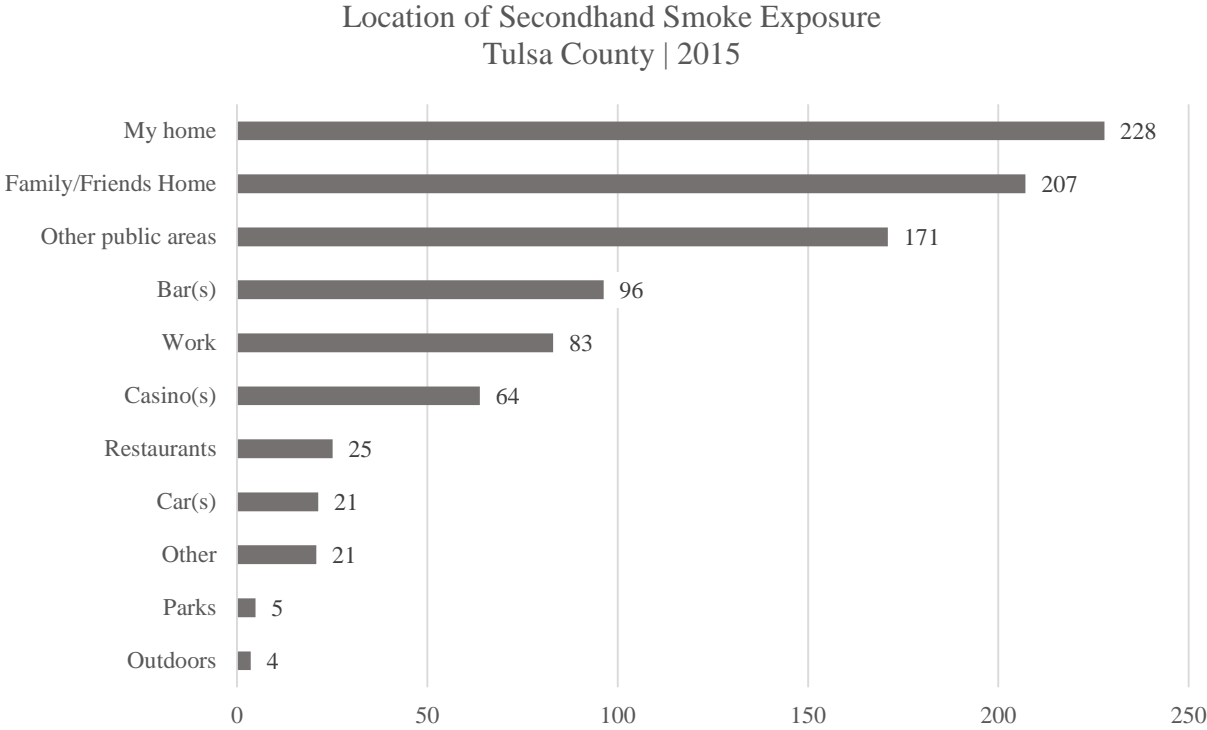
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 36]

Secondhand smoke exposure was highest in downtown Tulsa (39.5 percent). Four regions had percentages lower than 25 percent: Jenks/Bixby/Glenpool/Tulsa Hills (19.9 percent), midtown (21.1 percent), Owasso/Sperry/Skiatook/Collinsville (21.1 percent), and south Tulsa/Broken Arrow (20 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 36]

Individuals who reported any secondhand smoke exposure were asked where they most frequently encounter it. The most common response was 'my home' (228 respondents).



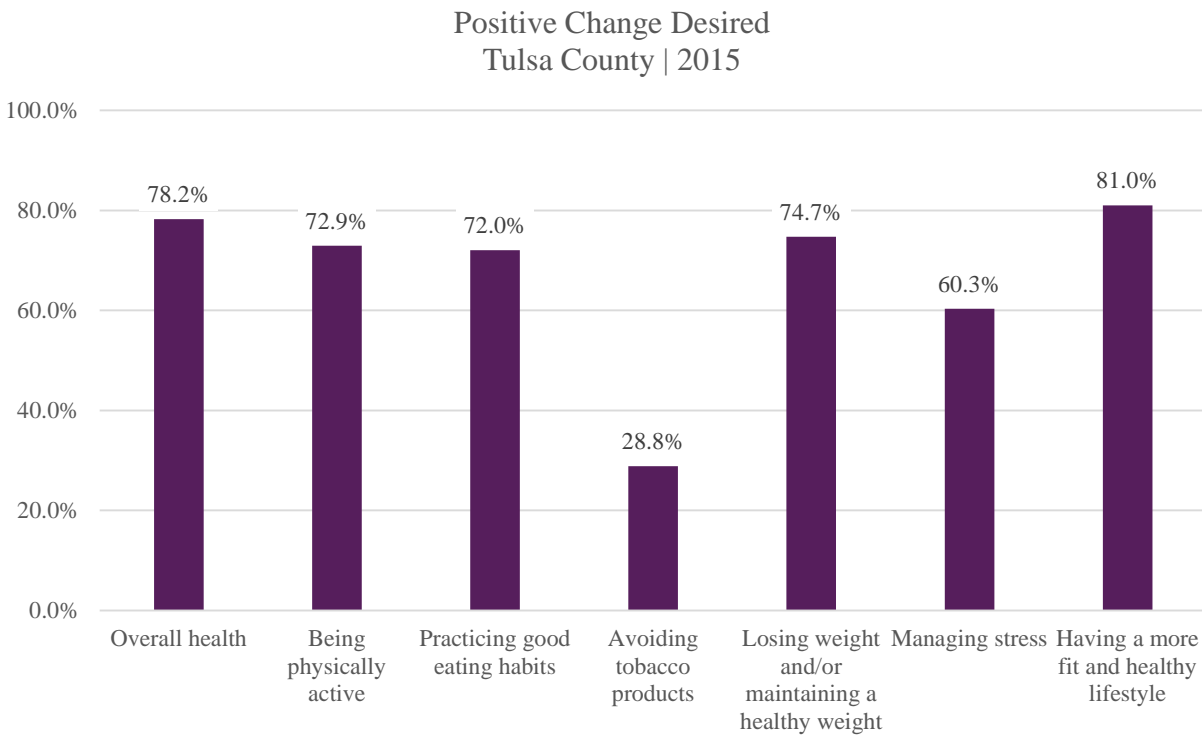
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 37]
- Asked of all respondents who reported any secondhand smoke exposure (n=936)

Willingness to Change

Regardless of education, knowledge, or type of intervention, it is difficult to change people’s behaviors until they are ready. ‘Willingness to Change’ questions can help identify groups of individuals who are positively interested in (or absolutely unwilling) to change their behaviors. This can allow for more effective interventions that can be tailored to these specific groups.

Positive Change

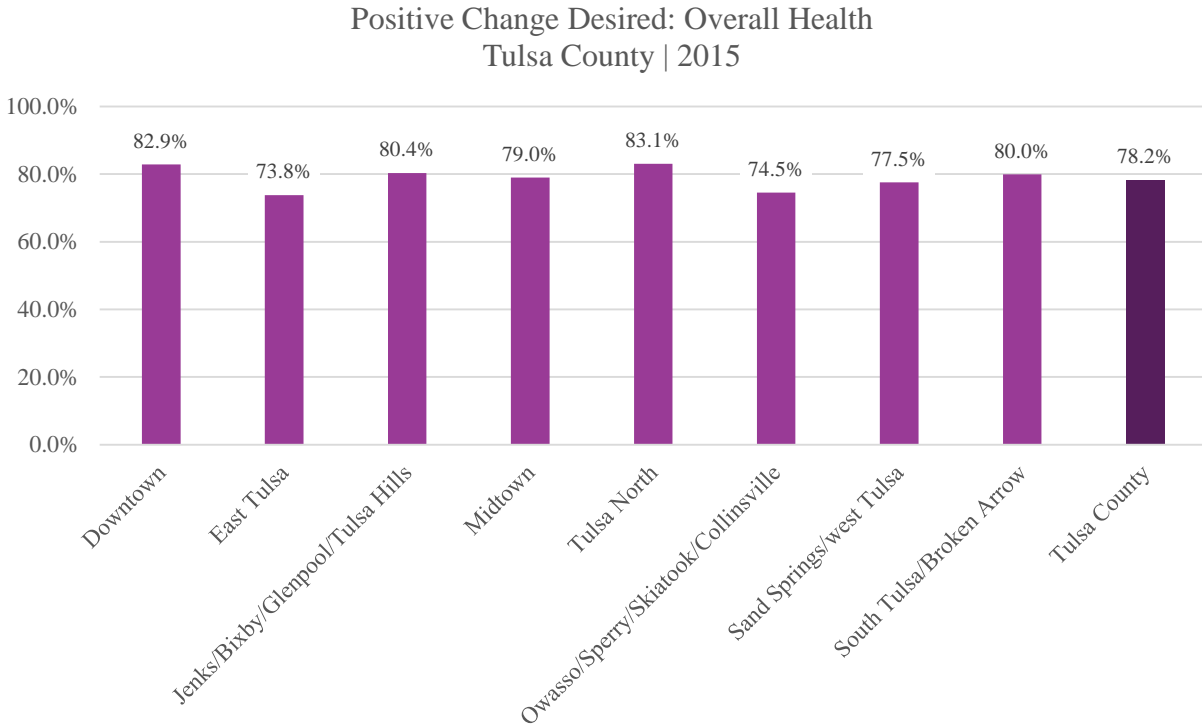
Overall, 89.9 percent of Tulsa County residents reported that they would like to engage in a positive change in their health in at least one area. Individuals were asked about seven different areas of health. The area with the highest reported desired positive change was ‘having a more fit and healthy lifestyle’ (81 percent). The least commonly desired positive change was avoiding tobacco products (28.8 percent). This question was asked of everyone so there is a possibility that many people may have responded ‘no’ because they do not currently use tobacco products.



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 79]

Overall Health

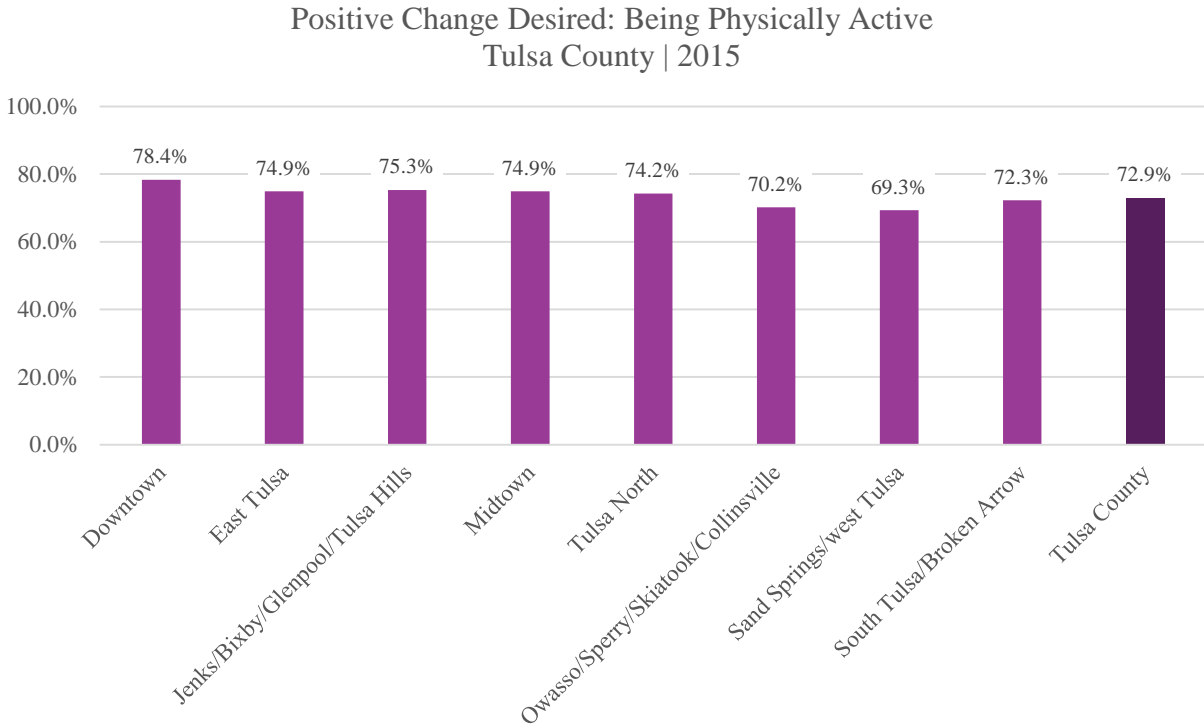
The regions with the highest reported desire for positive change regarding their overall health were downtown (82.9 percent) and Tulsa North (83.1 percent). The lowest regions were east Tulsa (73.8 percent) and Owasso/Sperry/Skiatook/Collinsville (74.5 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 79a]

Physical Activity

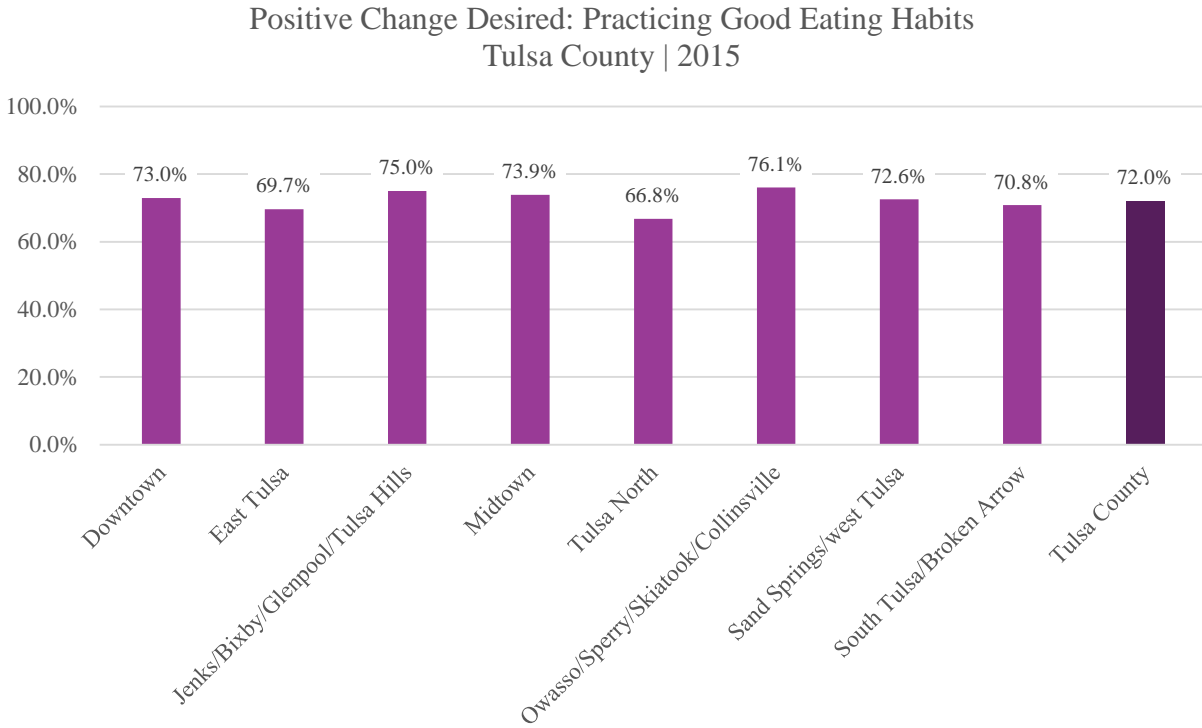
The region with the highest reported desire for positive change regarding being physically active was downtown (78.4 percent). The lowest regions were Owasso/Sperry/Skiatook/Collinsville (70.2 percent) and Sand Springs/west Tulsa (69.3 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 79b]

Good Eating Habits

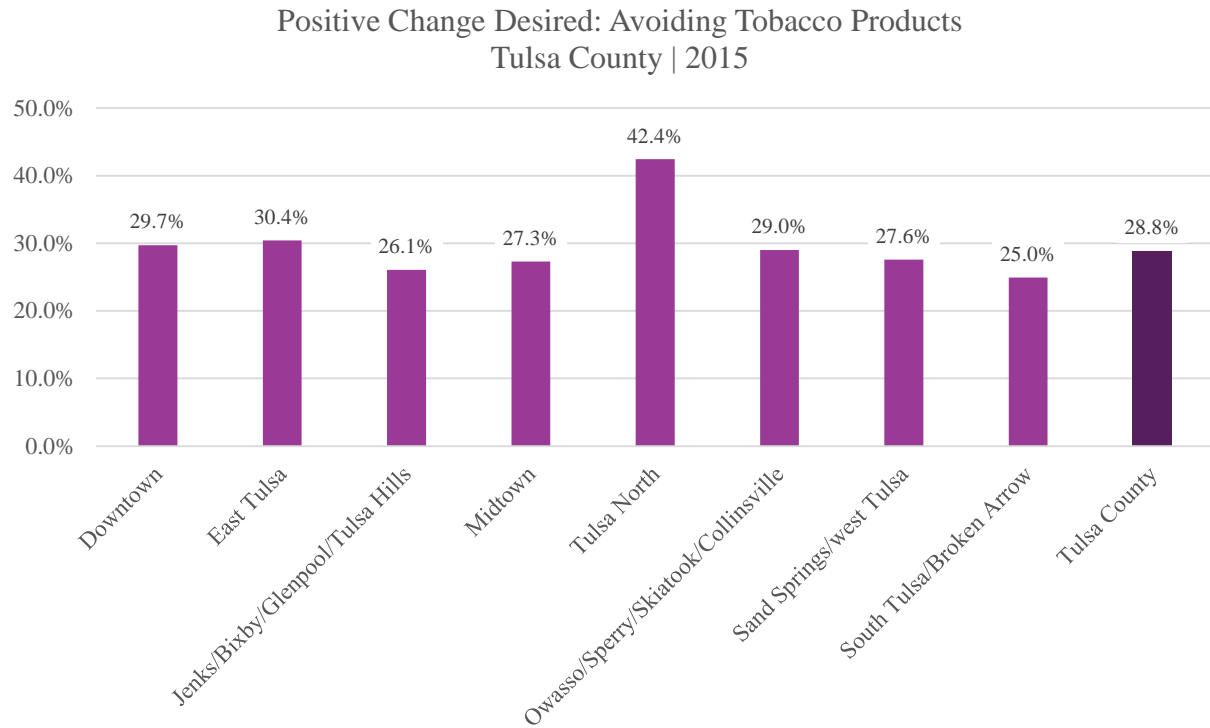
The region with the highest reported desire for positive change regarding practicing good eating habits was Owasso/Sperry/Skiatook/Collinsville (76.1 percent). The lowest region was Tulsa North (66.8 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 79c]

Avoiding Tobacco Products

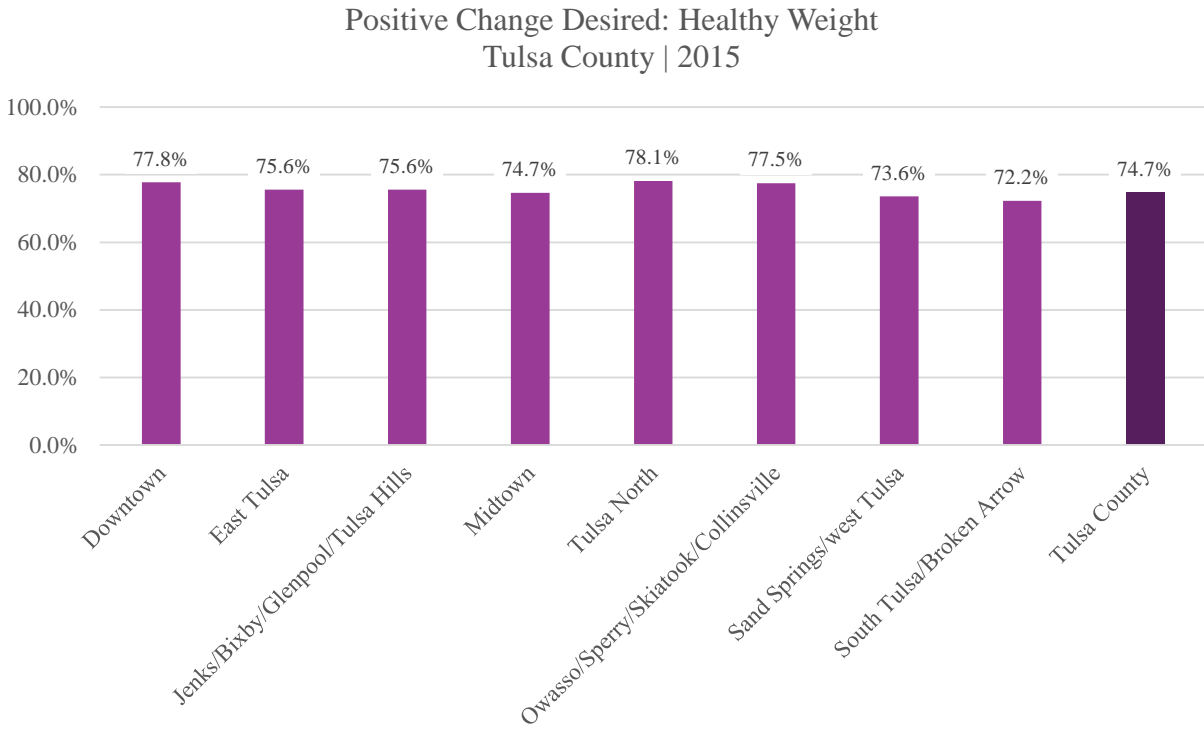
The region with the highest reported desire for positive change regarding avoiding tobacco products was Tulsa North (42.4 percent). All of the other regions were relatively similar.



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 79d]

Healthy Weight

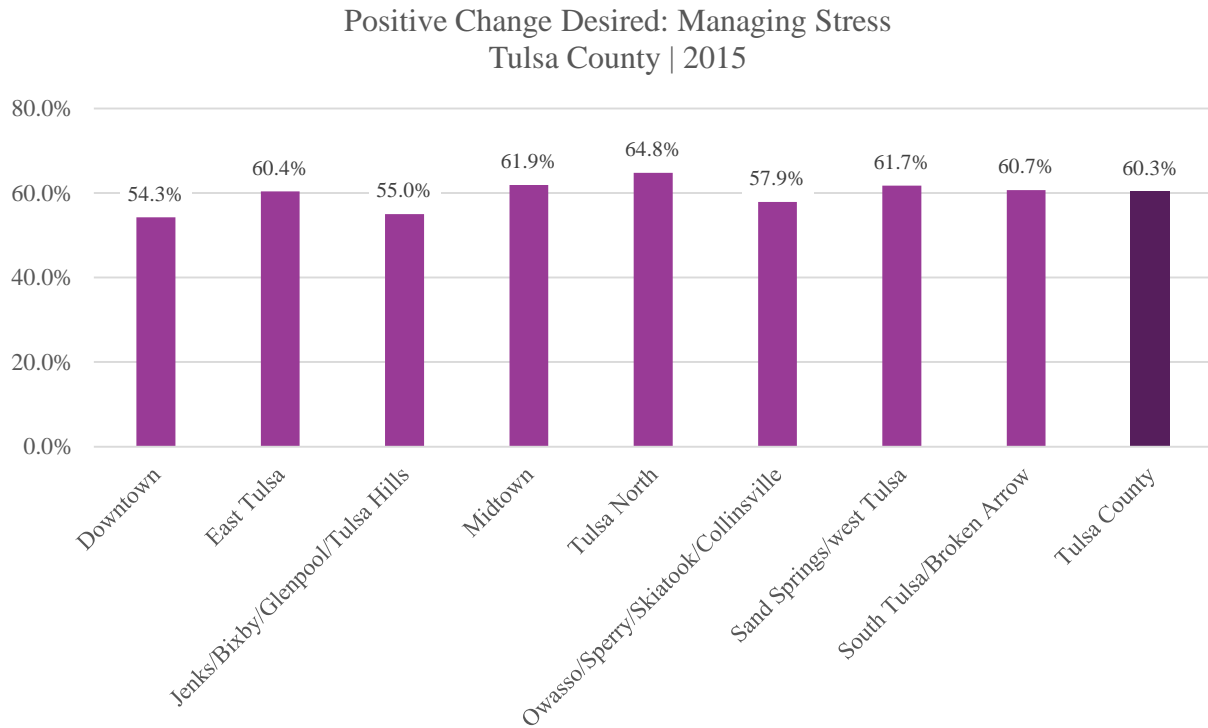
The regions with the highest reported desire for positive change regarding losing weight and/or maintaining a healthy weight were downtown (77.8 percent), Tulsa North (78.1 percent), and Owasso/Sperry/Skiatook/Collinsville (77.5 percent). The lowest region was south Tulsa/Broken Arrow (72.2 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 79e]

Managing Stress

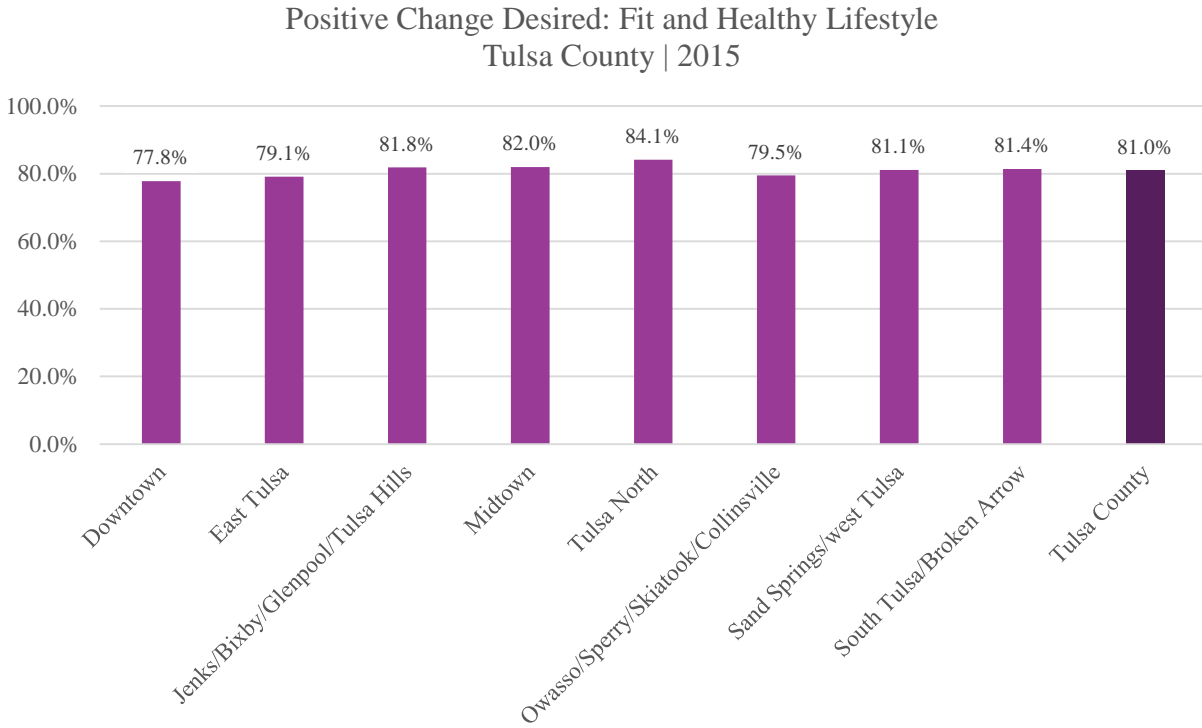
The region with the highest reported desire for positive change regarding handling stress was Tulsa North (64.8 percent). The lowest regions were downtown (54.3 percent) and Jenks/Bixby/Glenpool/Tulsa Hills (55.0 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 79f]

Healthy Lifestyle

The region with the highest reported desire for positive change regarding having a more fit and healthy lifestyle was Tulsa North (84.1 percent). The lowest region was downtown (77.8 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 79g]



**Healthy
Communities**



Healthy Communities

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect health and quality of life, both positively and negatively. Conditions in these various environments and communities have been referred to as “place.” “Place” can refer to material attributes of a community, as well as social engagement and sense of security and well-being that a person feels in their community. The conditions in which we live can help explain why some individuals are healthier than others and why some are not as healthy as they could be. Resources that enhance quality of life, such as safe and affordable housing, public safety, and availability of healthy foods, can have significant impacts on the health outcomes of a population.¹⁵

Acceptability and Perceptions of a Healthy Community

According to the *Healthy People 2010* report, a healthy community is one that ‘continuously creates and improves both its physical and social environments, helping people to support one another in aspects of daily life and to develop to their fullest potential.’¹⁶ Healthy places are designed and built to improve the quality of life for all people who live, work, worship, learn, and play there by providing healthy, available, accessible, and affordable options.¹⁷

Community Perceptions

Community health perceptions are used to determine how an individual feels about their community and also to identify areas for improvement and concern. Unsafe communities can cause anxiety, depression, and stress, and are also linked to higher rates of pre-term births and low birthweight babies. Fear of violence can also keep people indoors and away from neighbors, exercise, and healthy foods.¹⁸ Safe neighborhoods can promote healthy behaviors and strong social support, which is linked to improved health outcomes.¹⁹

¹⁵ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited 11/24/2015]. Accessed at <http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>.

¹⁶ U.S. Department of Health and Human Services. Healthy People 2010. Part 7: Educational and community based programs. Washington, DC: U.S. Government Printing Office 2000 Nov. Accessed at <http://healthypeople.gov/2020/topicsobjectives2020/DataDetails.aspx?topicId=11>.

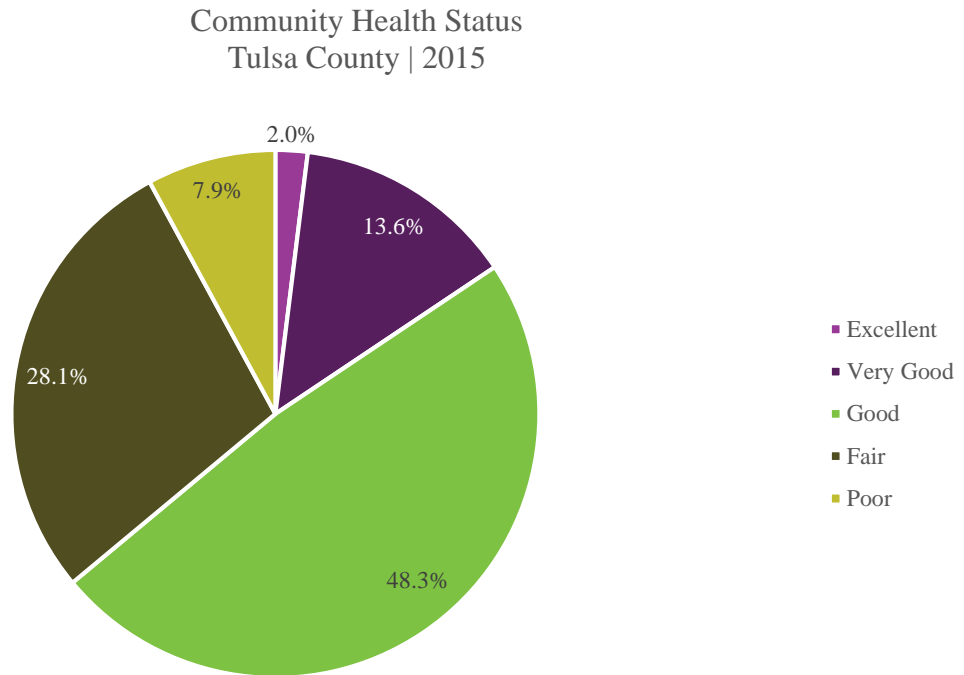
¹⁷ About Healthy Places [Internet]. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention [cited 11/24/2015]. Accessed at <http://www.cdc.gov/healthyplaces/about.htm>.

¹⁸ Community Safety [Internet]. University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps [cited 11/24/2015]. Accessed at <http://www.countyhealthrankings.org/our-approach/health-factors/community-safety>.

¹⁹ Family and Societal Support [Internet]. University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps [cited 11/24/2015]. Accessed at <http://www.countyhealthrankings.org/our-approach/health-factors/family-and-social-support>.

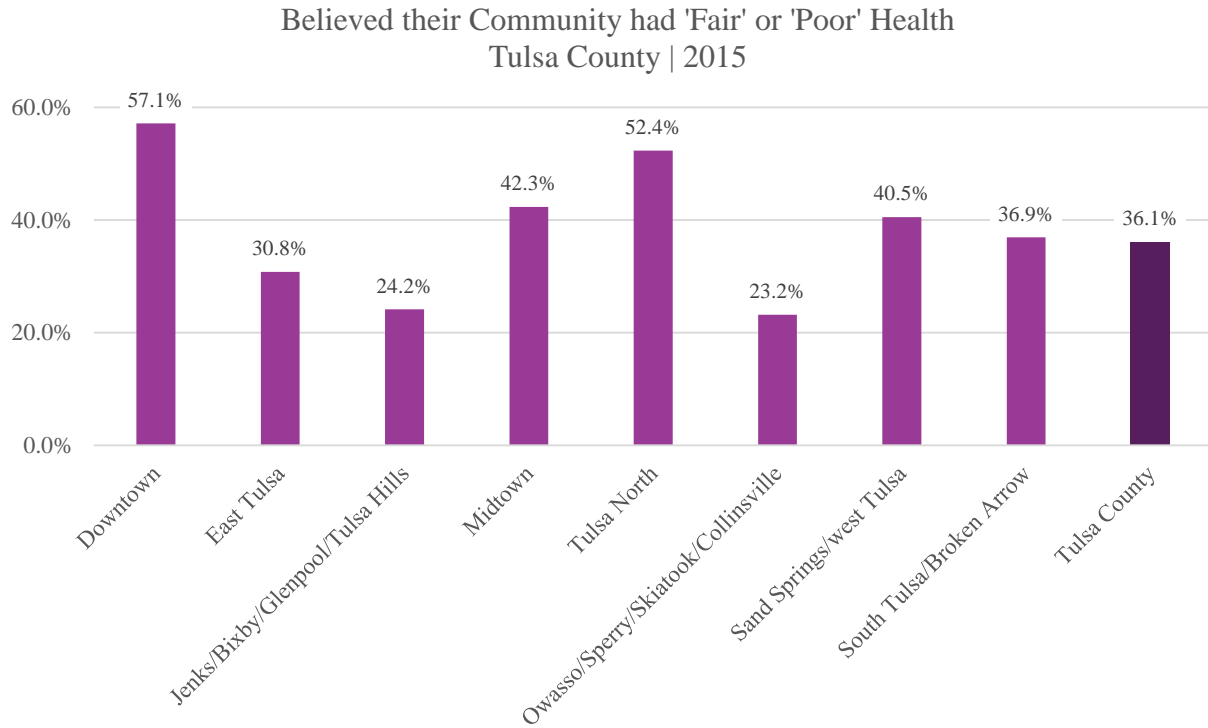
Community Health Status

A total of 15.6 percent of Tulsa County adults reported that their community had ‘excellent’ or ‘very good’ health. An additional 48.3 percent rated the health of their community as ‘good.’



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 2]

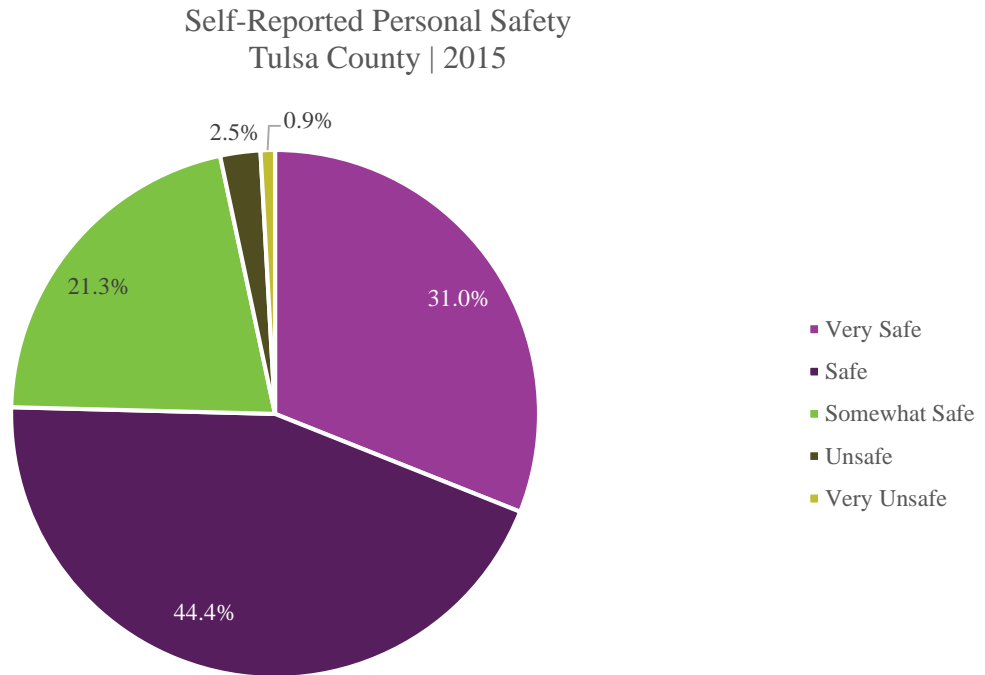
However, 36.1 percent of Tulsa County adults believed that their community had ‘fair’ or ‘poor’ overall health. This was highest in downtown and Tulsa North (57.1 percent and 52.4 percent, respectively). This was lowest in Jenks/Bixby/Glenpool/Tulsa Hills and Owasso/Sperry/Skiatook/Collinsville (24.2 percent and 23.2 percent, respectively).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 2]

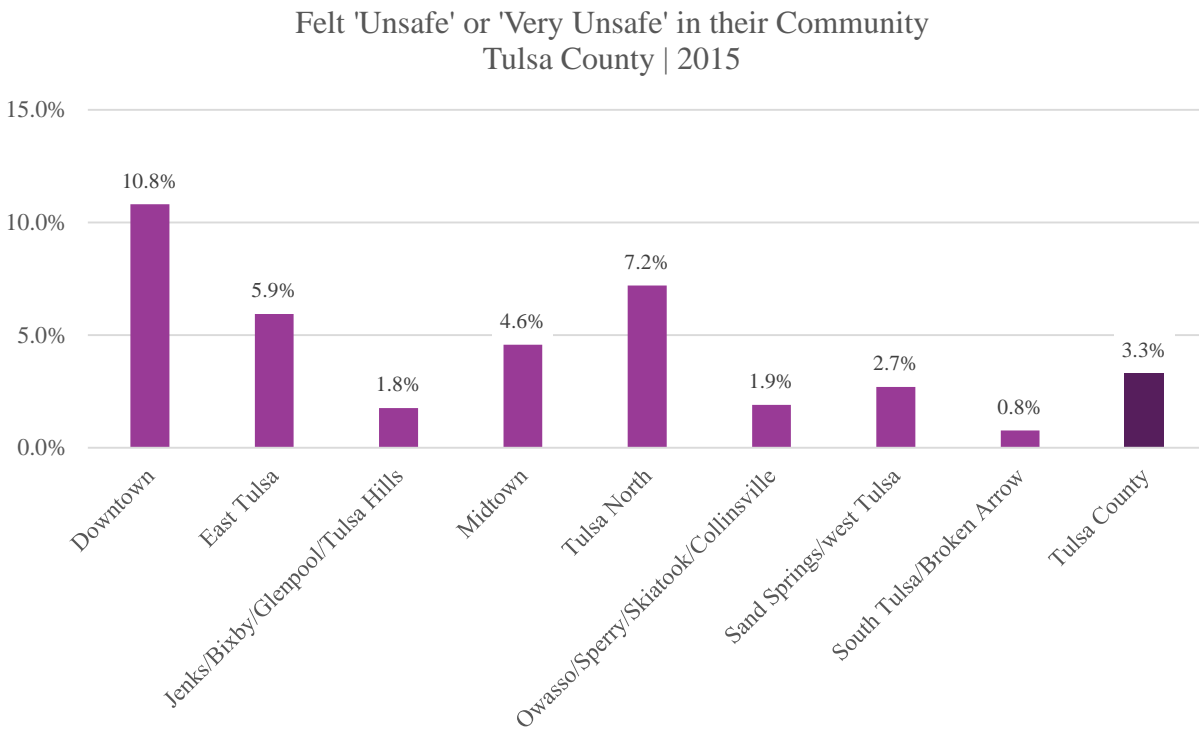
Personal Safety within Community

About three-fourths of Tulsa County adults reported that they felt ‘very safe’ or ‘safe’ in their community. An additional 21.3 percent reported that they felt ‘somewhat safe.’



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 3]

Moreover, 3.3 percent of Tulsa County adults reported that they felt 'unsafe' or 'very unsafe' in their community. This was highest in downtown (10.8 percent) and lowest in south Tulsa/Broken Arrow (0.8 percent).

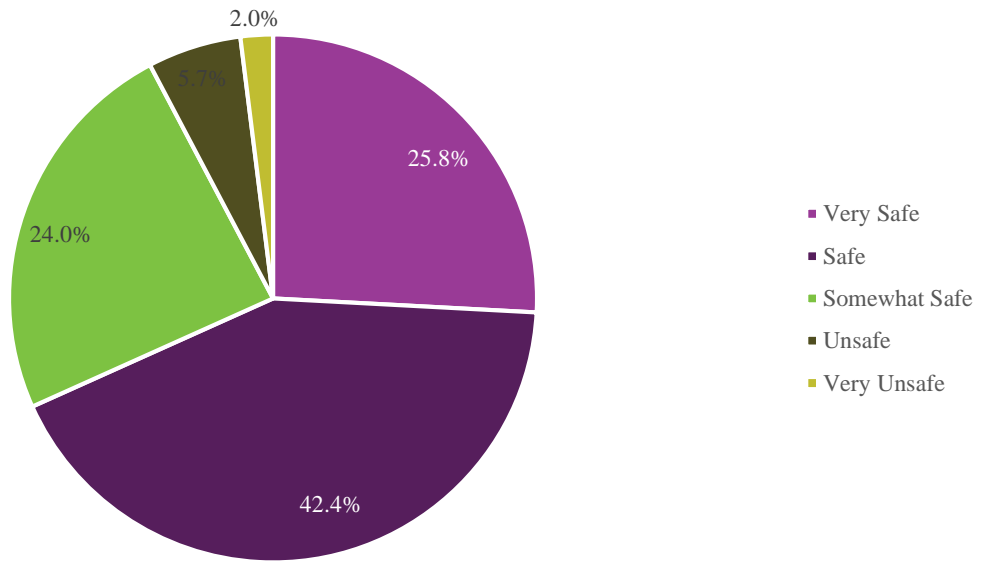


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 3]

Community Safety

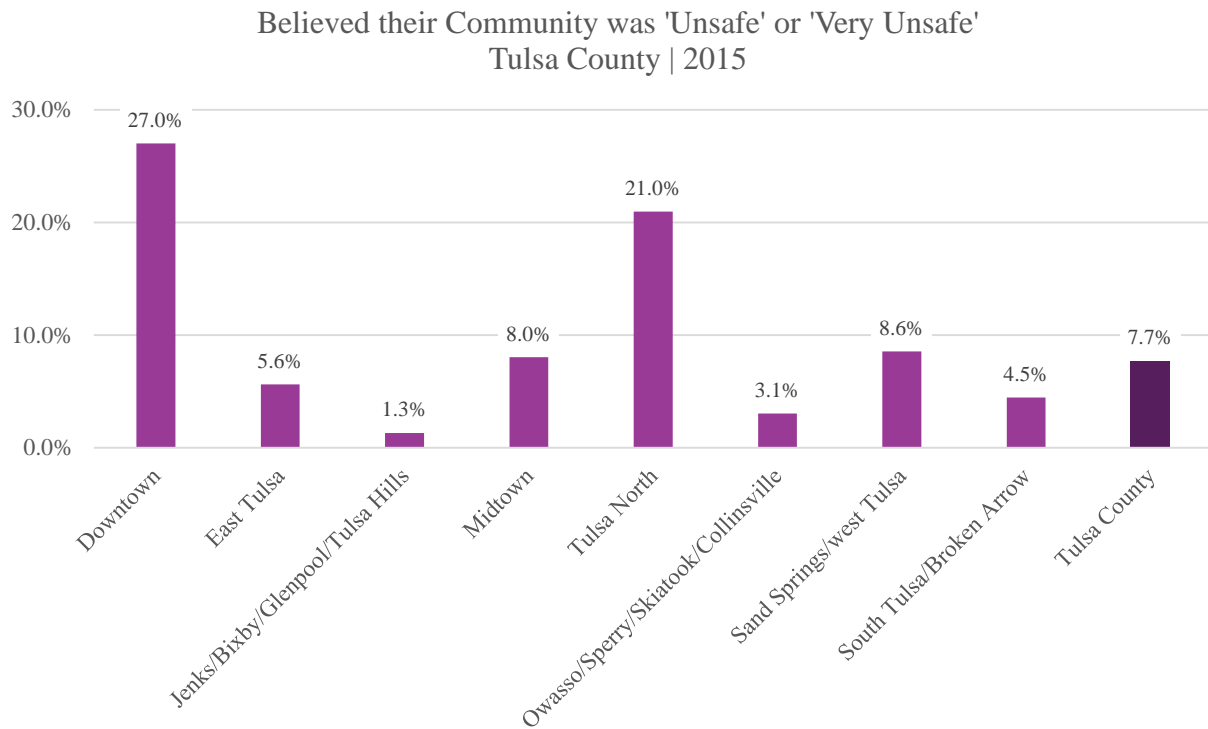
About two-thirds of Tulsa County adults believed their community was ‘very safe’ or ‘safe.’ An additional 24 percent believed that it was ‘somewhat safe.’ It is interesting to note that respondents felt that their personal safety was higher than the safety of their community (page 131).

Community Safety Perceptions
Tulsa County | 2015



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 4]

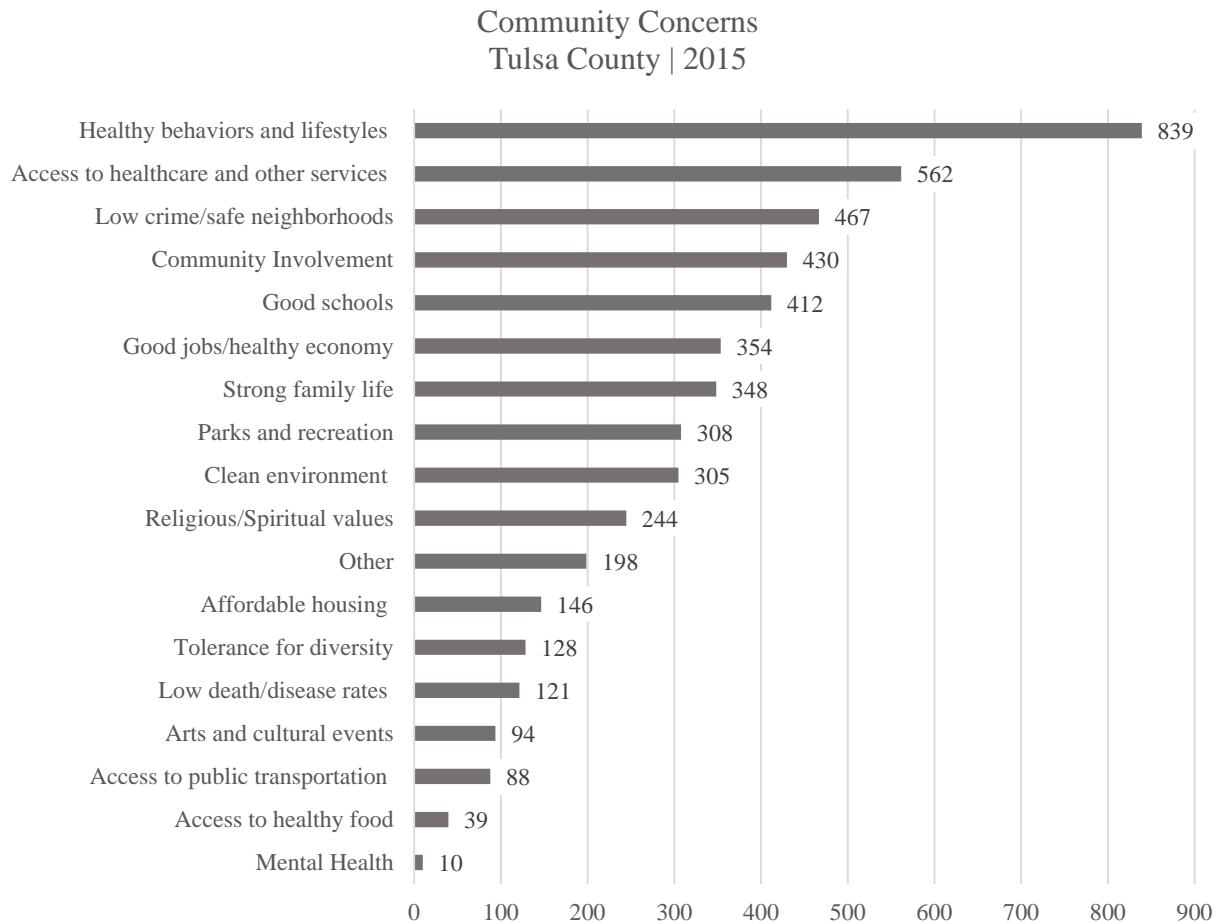
However, 7.7 percent of Tulsa County adults believed that their community was ‘unsafe’ or ‘very unsafe.’ This was highest in downtown and Tulsa North (27 percent and 21 percent, respectively). This perception was lowest in Jenks/Bixby/Glenpool/Tulsa Hills (1.3 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 4]

Community Concerns

CHNA respondents were asked about what they perceive as community concerns. The top five community concerns were healthy behaviors and lifestyles (839 respondents), access to health care and other services (562 respondents), low crime/safe neighborhood (467 respondents), community involvement (430 respondents), and good schools (412 respondents). Although not included in this graph, 138 individuals responded with ‘don’t know/not sure/refused.’ Individuals were able to choose multiple responses.

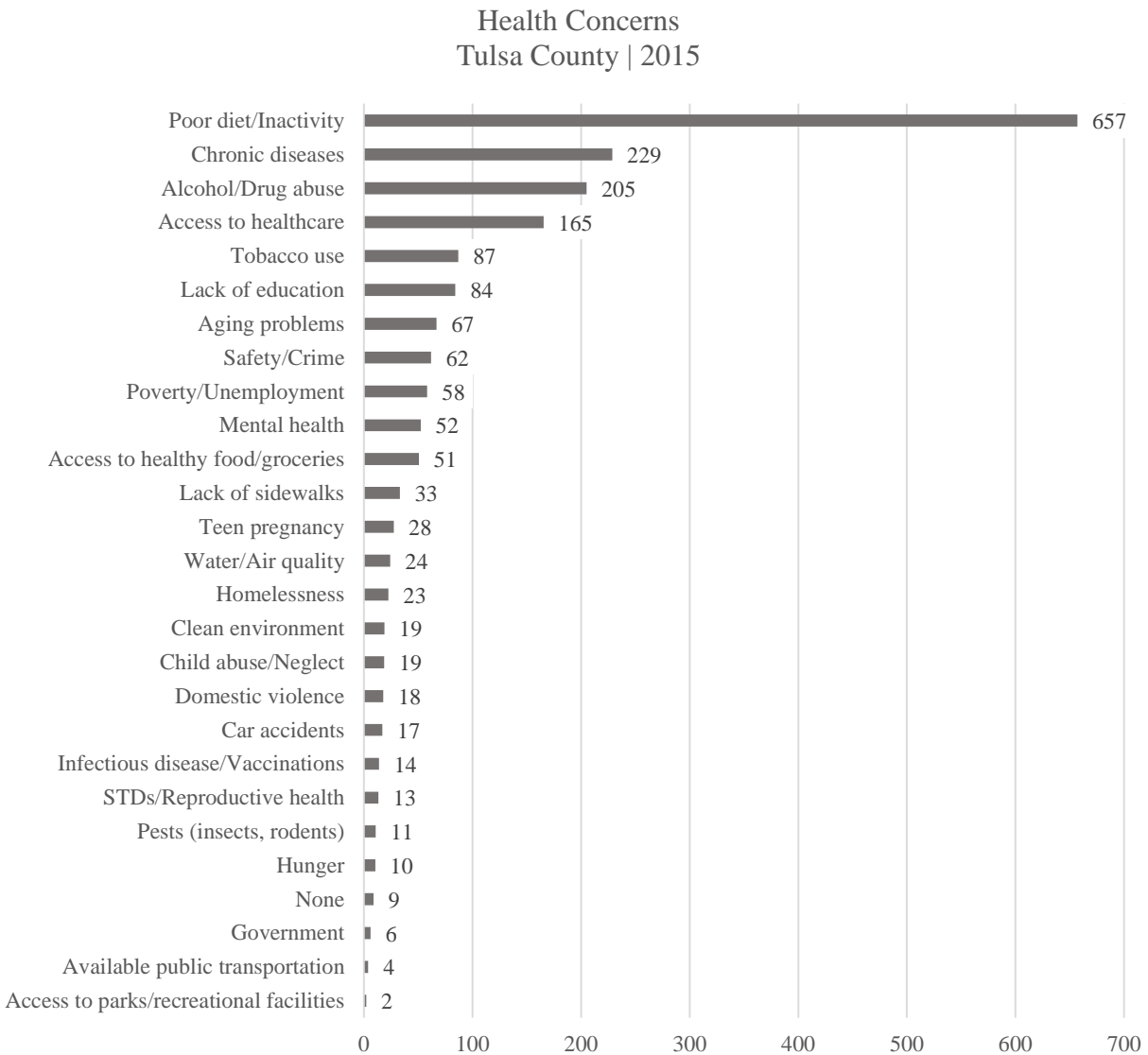


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 53]
- Respondents were able to choose multiple responses

Health Concerns

The following graph shows reported health concerns in Tulsa County, based on CHNA respondents. Individuals were able to select more than one response. Concern regarding poor diet/inactivity was almost three times higher than the next highest health concern (657 respondents). Nine individuals responded that they had no health concerns, and there were 60 ‘other’ responses. Although not shown in the graph below, 297 individuals refused to provide a health concern. The top ten concerns were:

- | | |
|-------------------------|-------------------------|
| 1. Poor diet/Inactivity | 6. Lack of education |
| 2. Chronic diseases | 7. Aging problems |
| 3. Alcohol/Drug abuse | 8. Safety/Crime |
| 4. Access to healthcare | 9. Poverty/Unemployment |
| 5. Tobacco use | 10. Mental health |



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 54]

The following lists show the top five health concerns by CHNA region, along with the number of individuals reporting them as a problem:

Downtown

- Poor diet/Inactivity (8 individuals)
- Alcohol/Drug abuse (5 individuals)
- Chronic diseases (5 individuals)
- Access to healthcare (3 individuals)
- Safety/Crime (3 individuals)

East Tulsa

- Poor diet/Inactivity (86 individuals)
- Alcohol/Drug abuse (25 individuals)
- Access to healthcare (21 individuals)
- Chronic diseases (15 individuals)
- Lack of education (15 individuals)

Jenks/Bixby/Glenpool/Tulsa Hills

- Poor diet/Inactivity (72 individuals)
- Chronic diseases (20 individuals)
- Alcohol/Drug abuse (18 individuals)
- Lack of education (10 individuals)
- Access to healthcare (9 individuals)

Midtown

- Poor diet/Inactivity (88 individuals)
- Chronic diseases (38 individuals)
- Alcohol/Drug abuse (35 individuals)
- Access to healthcare (20 individuals)
- Lack of education (12 individuals)
- Mental health (12 individuals)

Tulsa North

- Poor diet/Inactivity (34 individuals)
- Alcohol/Drug abuse (21 individuals)
- Chronic diseases (18 individuals)
- Access to healthcare (16 individuals)
- Safety/Crime (16 individuals)

Owasso/Sperry/Collinsville/Skiatook

- Poor diet/Inactivity (81 individuals)
- Chronic diseases (25 individuals)
- Alcohol/Drug abuse (23 individuals)
- Access to healthcare (21 individuals)
- Tobacco use (10 individuals)

Sand Springs/west Tulsa

- Poor diet/Inactivity (92 individuals)
- Alcohol/Drug abuse (40 individuals)
- Chronic diseases (36 individuals)
- Access to healthcare (30 individuals)
- Aging problems (14 individuals)

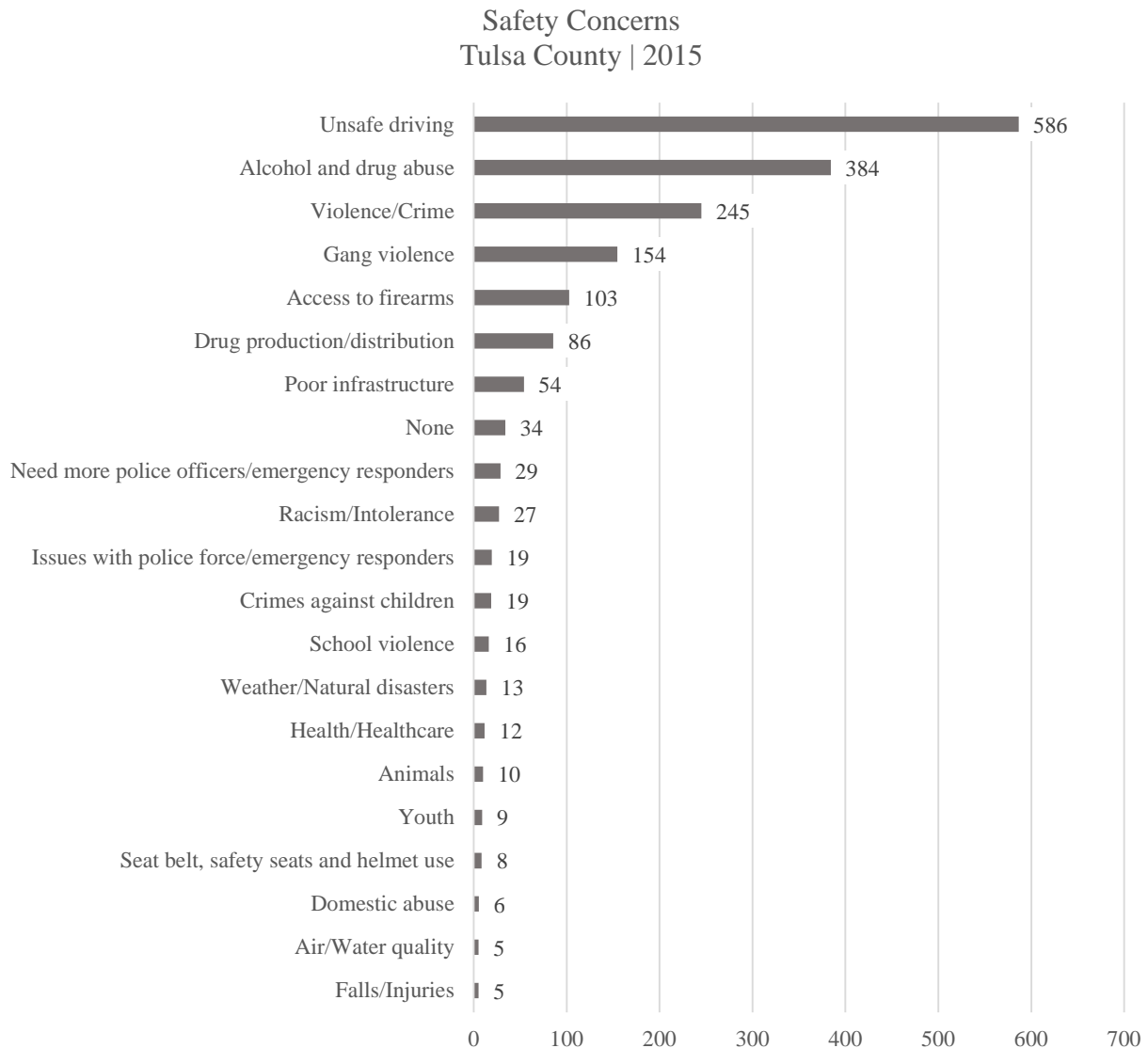
South Tulsa/Broken Arrow

- Poor diet/Inactivity (179 individuals)
- Chronic diseases (59 individuals)
- Access to healthcare (34 individuals)
- Alcohol/Drug abuse (32 individuals)
- Tobacco use (29 individuals)

Safety Concerns

The following graph shows reported safety concerns in Tulsa County, based on CHNA respondents. Individuals were able to select more than one response. Thirty-four individuals responded that they had no safety concerns, and there were 79 ‘other’ responses. Although not shown in the graph below, 420 individuals refused to provide a safety concern. The top ten concerns are listed below:

- Unsafe driving
- Alcohol and drug abuse
- Violence/Crime
- Gang violence
- Access to firearms
- Drug production/distribution
- Poor infrastructure
- None
- Need more police officers/emergency responders
- Racism/Intolerance



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 55]

The following lists show the top five safety concerns by CHNA region.

Downtown

- Unsafe driving (8 individuals)
- Alcohol and drug abuse (7 individuals)
- Violence/Crime (6 individuals)
- Access to firearms (4 individuals)
- Drug production/distribution (2 individuals)
- Gang violence (2 individuals)
- Racism/Intolerance (2 individuals)
- Need more police officers/emergency responders (2 individuals)

East Tulsa

- Unsafe driving (73 individuals)
- Alcohol and drug abuse (66 individuals)
- Violence/Crime (34 individuals)
- Gang violence (26 individuals)
- Access to firearms (11 individuals)

Jenks/Bixby/Glenpool/Tulsa Hills

- Unsafe driving (76 individuals)
- Alcohol and drug abuse (29 individuals)
- Violence/Crime (24 individuals)
- Poor infrastructure (8 individuals)
- None (8 individuals)

Midtown

- Unsafe driving (78 individuals)
- Alcohol and drug abuse (60 individuals)
- Violence/Crime (44 individuals)
- Access to firearms (27 individuals)
- Gang violence (25 individuals)

Tulsa North

- Alcohol and drug abuse (35 individuals)
- Gang violence (35 individuals)
- Unsafe driving (31 individuals)
- Violence/Crime (19 individuals)
- Access to firearms (17 individuals)

Owasso/Sperry/Collinsville/Skiatook

- Unsafe driving (65 individuals)
- Alcohol and drug abuse (44 individuals)
- Violence/Crime (30 individuals)
- Gang violence (11 individuals)
- Poor infrastructure (11 individuals)

Sand Springs/west Tulsa

- Unsafe driving (74 individuals)
- Alcohol and drug abuse (60 individuals)
- Violence/Crime (29 individuals)
- Gang violence (23 individuals)
- Drug production/distribution (18 individuals)

South Tulsa/Broken Arrow

- Unsafe driving (167 individuals)
- Alcohol and drug abuse (70 individuals)
- Violence/Crime (64 individuals)
- Access to firearms (23 individuals)
- Drug production/distribution (18 individuals)

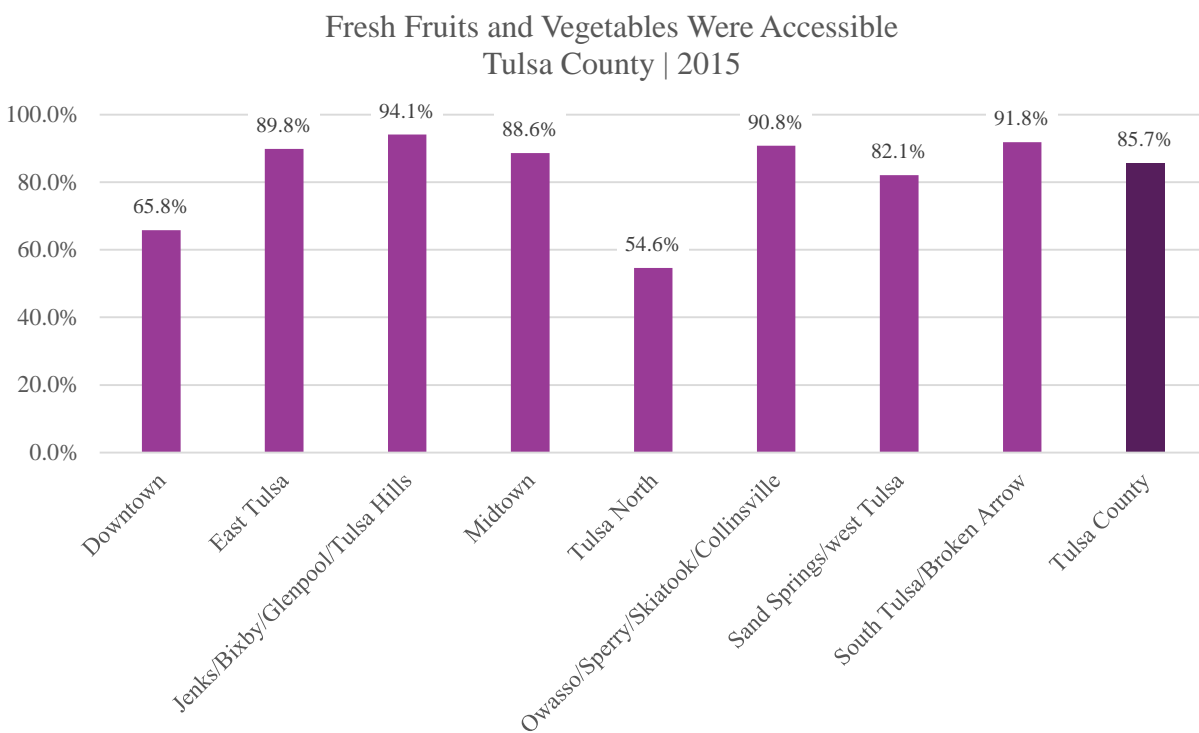
Acceptability and Accessibility

Increasing opportunities for exercise and access to healthy foods in neighborhoods, schools, and workplaces can help children and adults eat healthy meals and reach recommended daily physical activity levels.²⁰

Additionally, adopting and implementing tobacco control policies can motivate users to quit, encourage youth to not start, and improve air quality.²¹

Fruits and Vegetables

About eighty-five percent of Tulsa County adults reported that fresh fruits and vegetables were easy to access in their neighborhood. Over 90 percent of respondents agreed with this in Jenks/Bixby/Glenpool/Tulsa Hills, Owasso/Sperry/Skiatook/Collinsville, and south Tulsa/Broken Arrow. In contrast, only 54.6 percent of respondents reported this in Tulsa North.



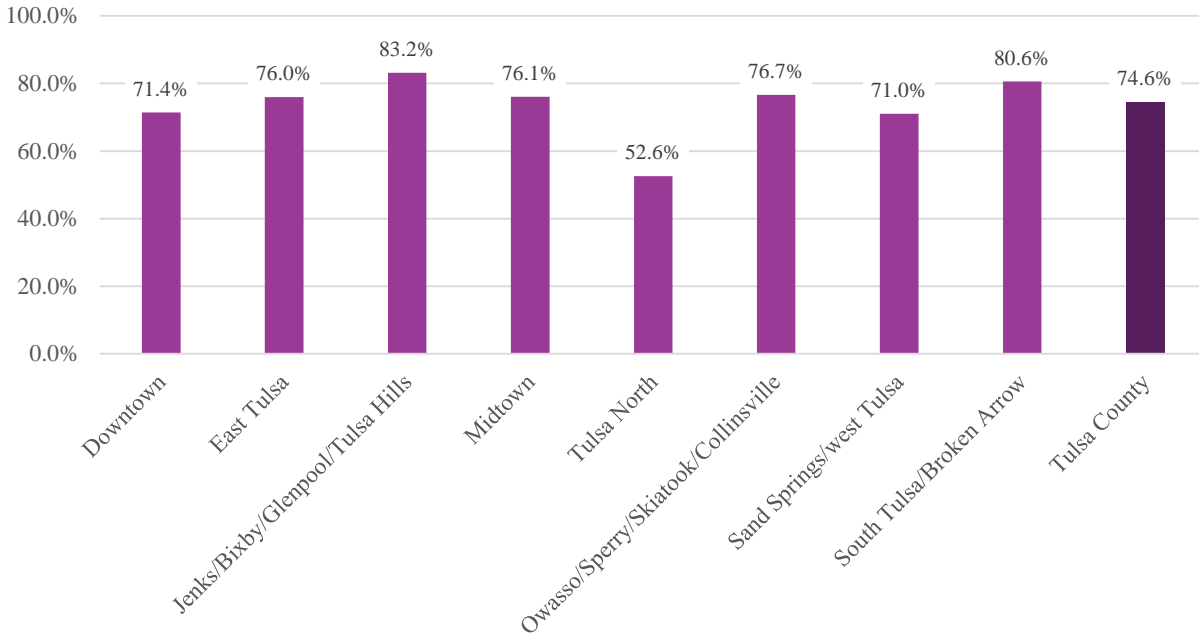
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 62]

²⁰ Diet & Exercise [Internet]. University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps [cited 11/24/2015]. Accessed at <http://www.countyhealthrankings.org/our-approach/health-factors/diet-and-exercise>.

²¹ Tobacco Use [Internet]. University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps [cited 11/24/2015]. Accessed at <http://www.countyhealthrankings.org/our-approach/health-factors/tobacco-use>.

Almost three-fourths of Tulsa County adults reported that fresh fruits and vegetables were affordable in their neighborhood. Over 80 percent of respondents stated this in Jenks/Bixby/Glenpool/Tulsa Hills and south Tulsa/Broken Arrow. In contrast, only 52.6 percent of respondents reported this in Tulsa North.

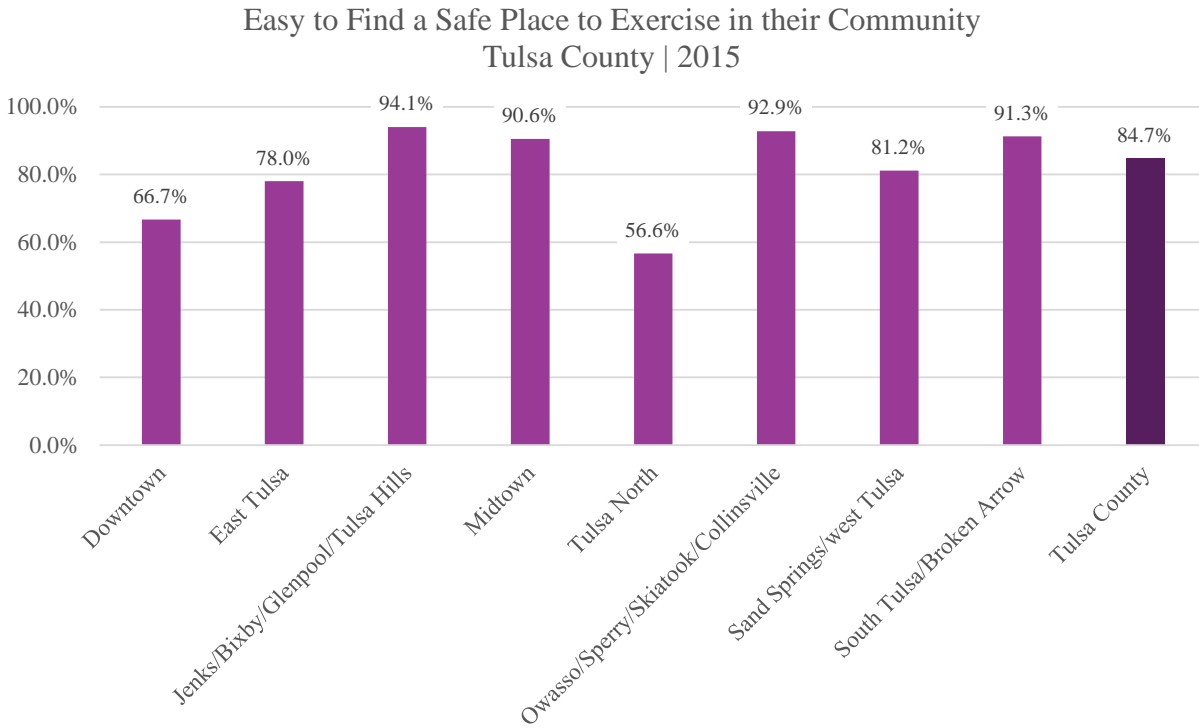
Fresh Fruits and Vegetables Were Affordable
Tulsa County | 2015



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 63]

Physical Activity

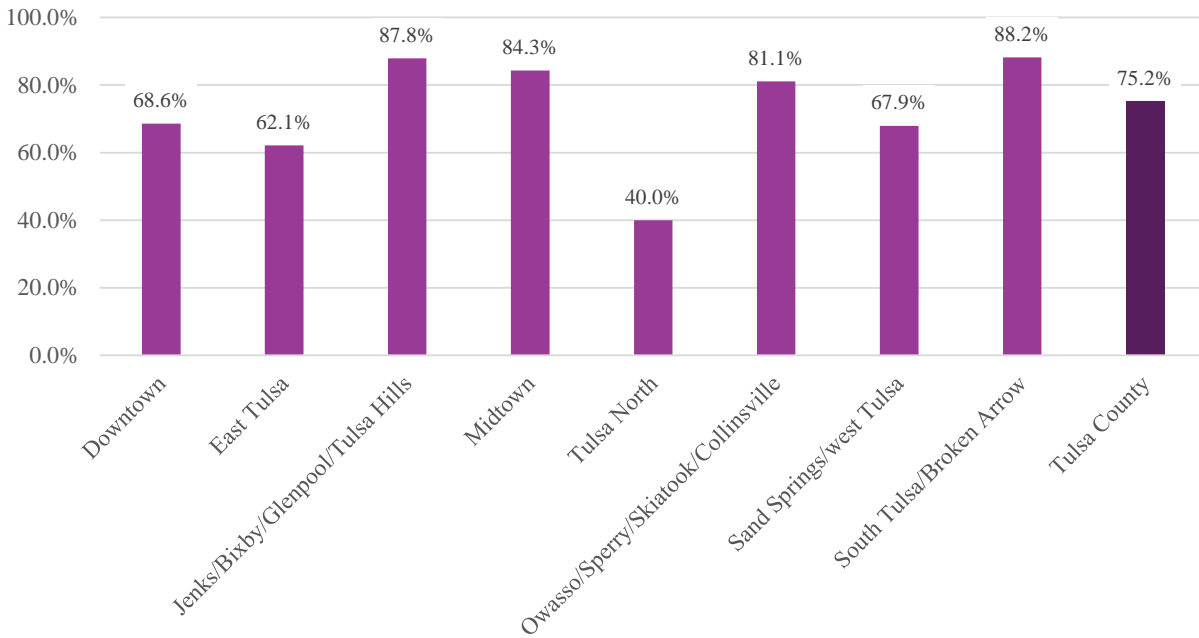
Overall, a total of 84.7 percent of Tulsa County adults reported that it was easy to find a safe place to exercise in their neighborhood or community. Over ninety percent of respondents reported this in four regions: Jenks/Bixby/Glenpool/Tulsa Hills (94.1 percent), midtown (90.6 percent), Owasso/Sperry/Collinsville/Skiatook (92.9 percent), and south Tulsa/Broken Arrow (91.3 percent). This proportion was lowest in Tulsa North (56.6 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 66]

About three-fourths of Tulsa County adults reported that it was common to see people exercising in their community. This was above eighty percent in four regions: Jenks/Bixby/Glenpool/Tulsa Hills (87.8 percent), midtown (84.3 percent), Owasso/Sperry/Collinsville/Skiatook (81.1 percent), and south Tulsa/Broken Arrow (88.2 percent). This proportion was lowest in Tulsa North (40 percent).

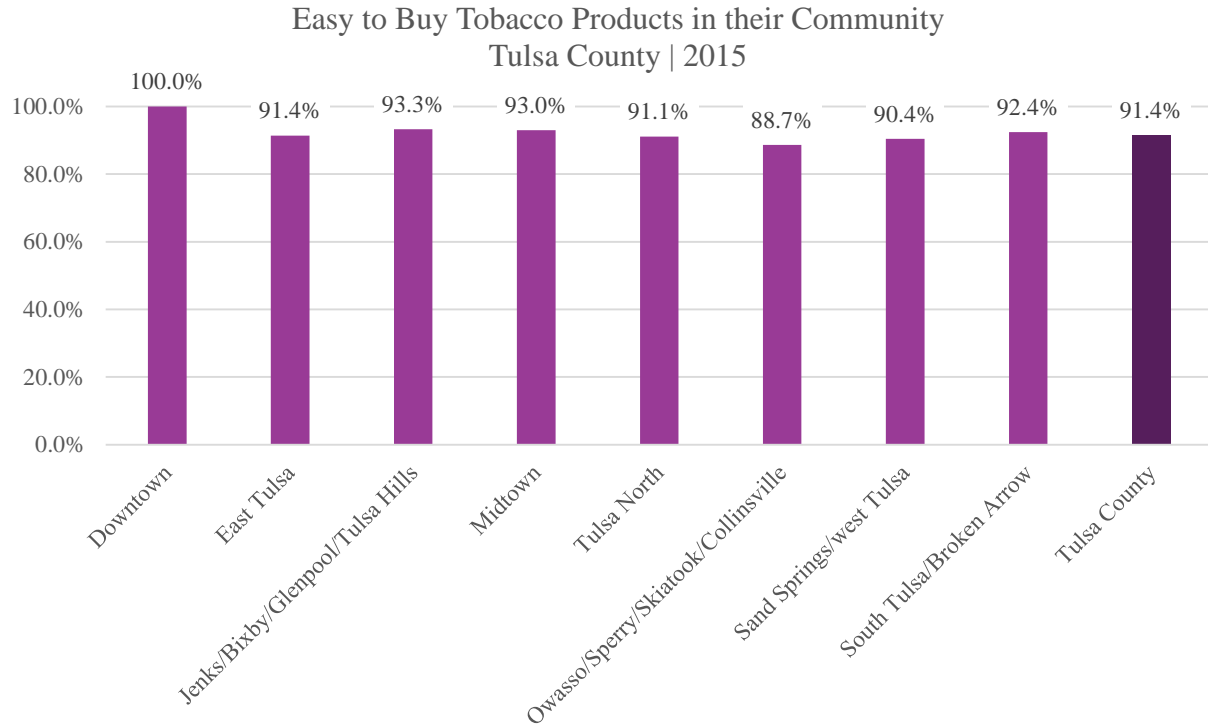
Common to See People Exercising in their Community
Tulsa County | 2015



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 67]

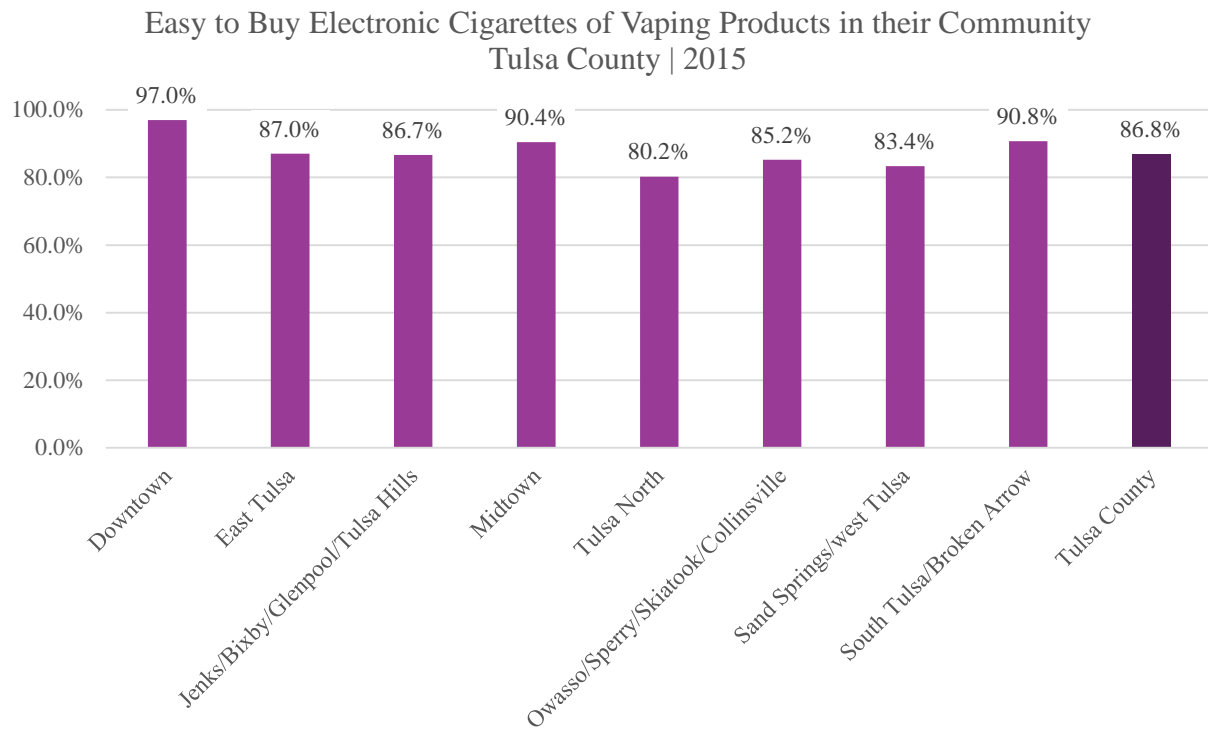
Tobacco

Over 90 percent of Tulsa County adults reported that it was easy to buy tobacco products in their community (91.4 percent). This was highest in downtown (100 percent) and lowest in Owasso/Sperry/Skiatook/Collinsville (88.7 percent).



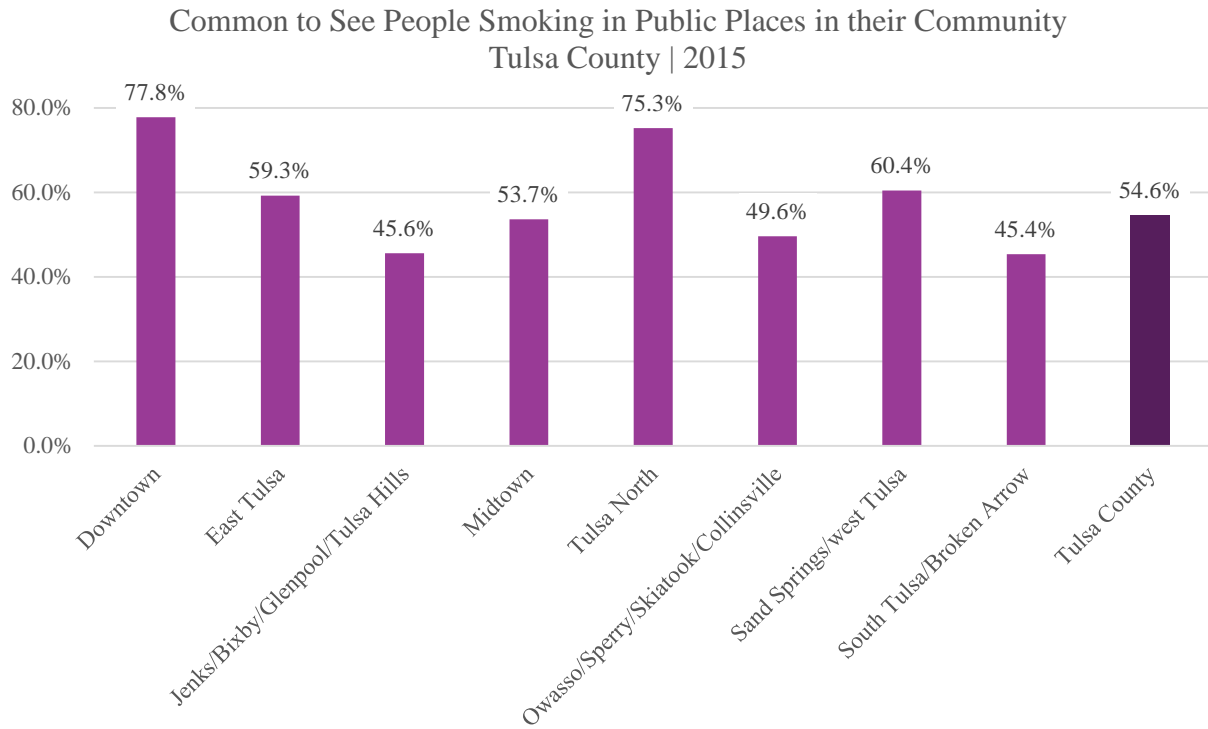
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 59]

Similarly, 86.8 percent of Tulsa County adults reported that it was easy to buy electronic cigarettes or vaping products in their community. This was highest in downtown (97 percent) and lowest in Tulsa North (80.2 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 60]

About half of Tulsa County residents reported that it was common to see people smoking in public places in their communities (54.6 percent). This percentage was above 75 percent in downtown and Tulsa North (77.8 percent and 75.3 percent, respectively). It was below fifty percent in three regions: Jenks/Bixby/Glenpool/Tulsa Hills (45.6 percent), Owasso/Sperry/Skiatook/Collinsville (49.6 percent), and south Tulsa/Broken Arrow (45.4 percent).



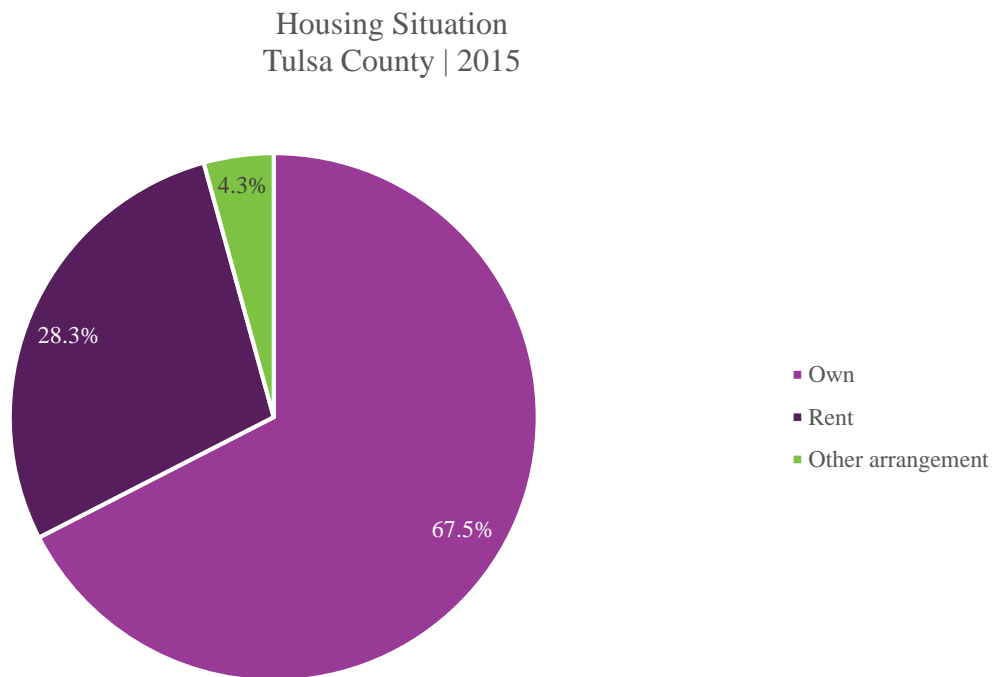
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 61]

Housing

Good health depends on having homes that are safe and free from physical hazards such as poor indoor air quality, lead paint, and lack of home safety devices. Adequate housing can protect individuals and families and provide them with security, privacy, stability and control. Inadequate housing can contribute to health problems such as infectious and chronic disease, injuries, and poor childhood development. Families with fewer financial resources are more likely to experience unhealthy and unsafe housing conditions and are usually less able to remedy them, contributing to disparities in health across socioeconomic groups.²²

Housing Situation and Satisfaction

Overall, about two-thirds of Tulsa County residents owned their home (67.5 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D16]

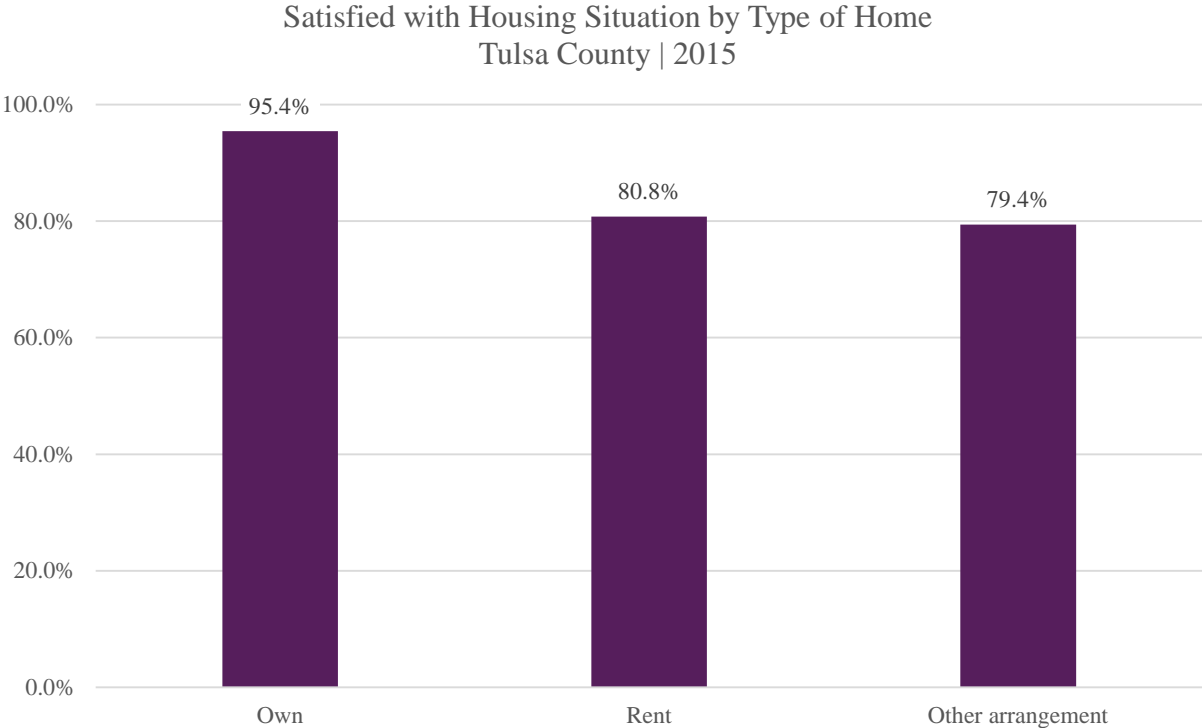
²² Braveman P, Dekker M, Egeter S, Sadegh-Nobari T, and Pollack C. Issue Brief #7. Robert Wood Johnson Foundation [cited 11/24/2015]. Accessed at http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70451.

Overall, about ninety percent of individuals reported that they were satisfied with their housing situation (90.6 percent). This was highest in Jenks/Bixby/Glenpool/Tulsa Hills (95.5 percent) and lowest in downtown and Tulsa North (81.1 percent each).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 56]

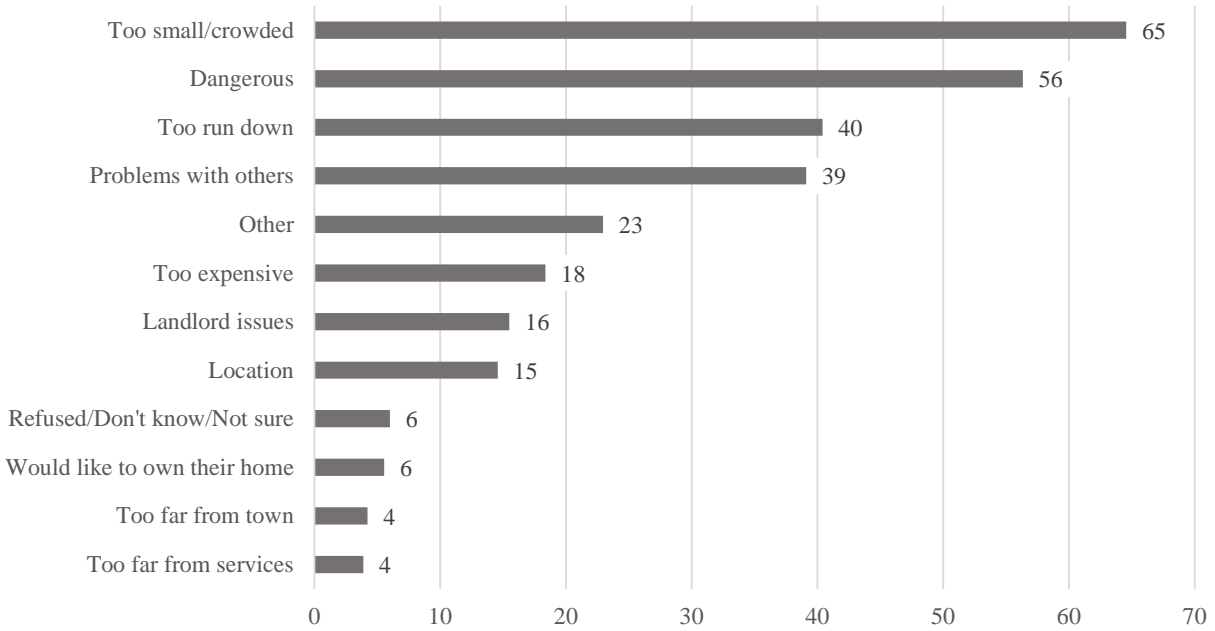
The majority of people in each type of housing were satisfied with their situation. A total of 95.4 percent of individuals who owned their home, 80.8 percent of those who rented, and 79.4 percent of those who lived in some ‘other arrangement’ were satisfied.



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Items D16 and 56]

The individuals who reported that they were dissatisfied with their housing situation were asked why. The most common response was ‘too small/crowded’ (65 individuals). Respondents were able to choose more than one response.

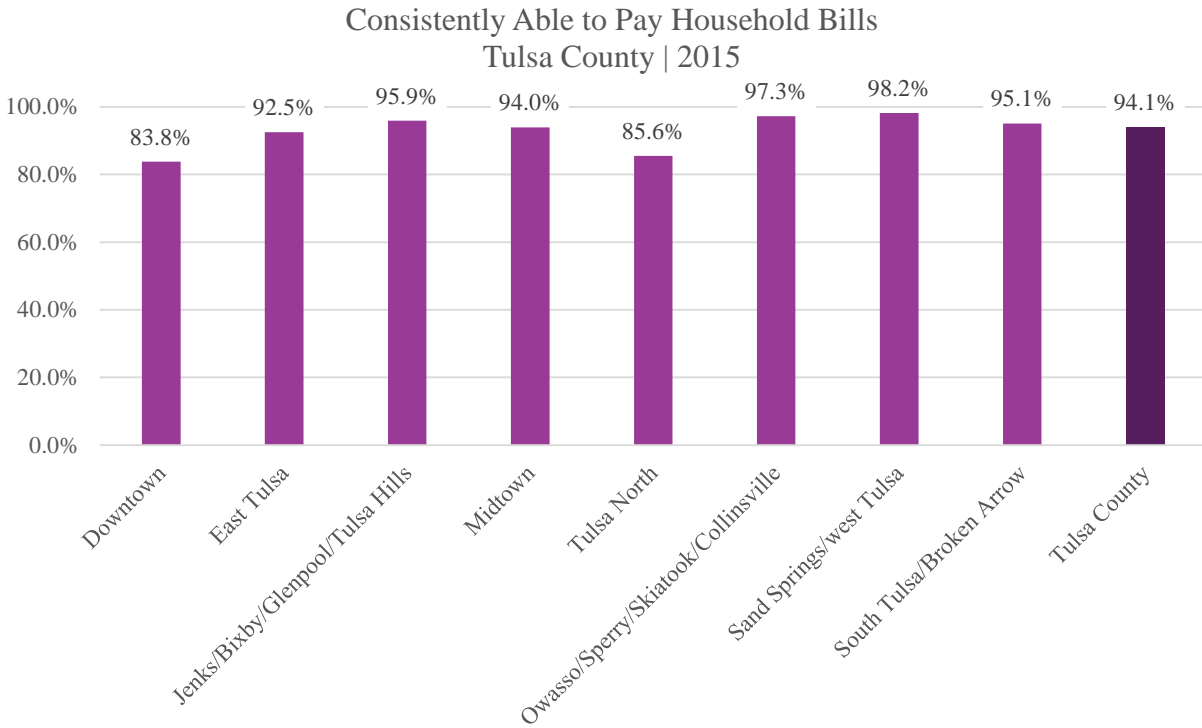
Reasons for Dissatisfaction with Housing Situation
Tulsa County | 2015



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 57]
- Asked of all respondents who reported that they were not satisfied with their housing situation (n=214)
- Respondents were able to select multiple responses

Housing Security

Overall, 94.1 percent of Tulsa County adults reported that they were able to consistently pay their household bills such as mortgage or rent and utility bills. This was above 95 percent in four regions: Jenks/Bixby/Glenpool/Tulsa Hills (95.9 percent), Owasso/Sperry/Skiatook/Collinsville (97.3 percent), Sand Springs/west Tulsa (98.2 percent), and south Tulsa/Broken Arrow (95.1 percent). This proportion was below 90 percent in downtown and Tulsa North (83.8 percent and 85.6 percent, respectively).



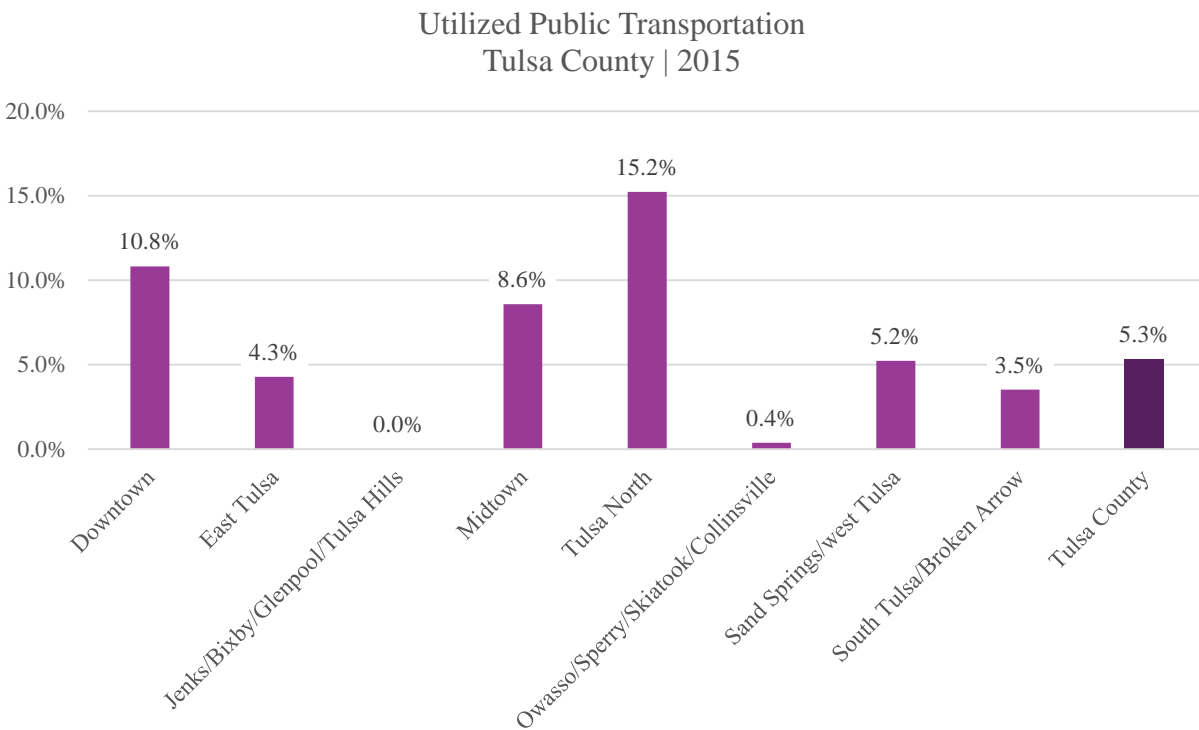
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 58]

Public Transportation

Transportation choices are an important part of building and maintaining healthy communities. Increasing a community's ability to choose to walk or bike can provide health benefits such as increased physical activity levels, decreased obesity, and improved accessibility for all residents regardless of income, age, or ability. It can also help reduce stress and allow for more social and family time. Improved public transit and lower vehicle usage can also reduce injuries, and reduce air pollution and related respiratory diseases.²³

Public Transportation Utilization

A total of 5.3 percent of Tulsa County residents reported that they used public transportation such as a bus. This was most common in Tulsa North (15.2 percent) and least common in Jenks/Bixby/Glenpool/Tulsa Hills and Owasso/Sperry/Skiatook/Collinsville (0 percent and 0.4 percent, respectively).

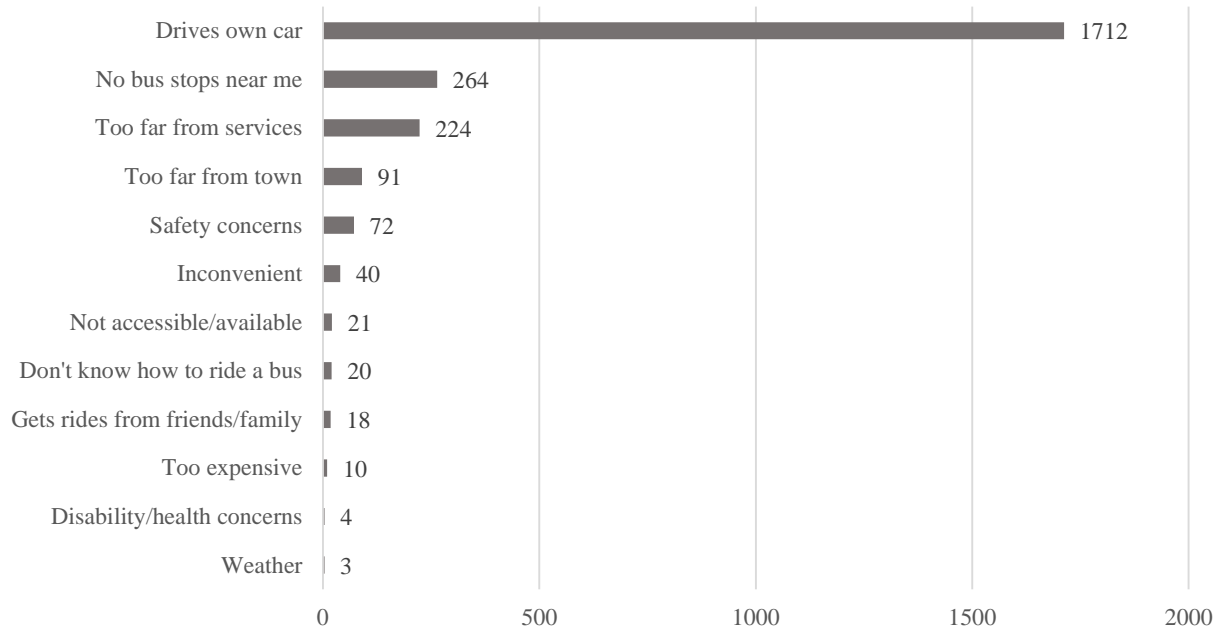


- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 77]

²³ Transportation and Health [Internet]. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention [cited 11/24/2015]. Accessed at <http://www.cdc.gov/healthyplaces/healthtopics/transportation/default.htm>.

Individuals who reported that they did not use public transportation were asked why not. The most common reason was ‘drives own car’ (1,712 individuals). Respondents were able to choose more than one response.

Reasons Why Public Transportation Was Not Utilized
Tulsa County | 2015



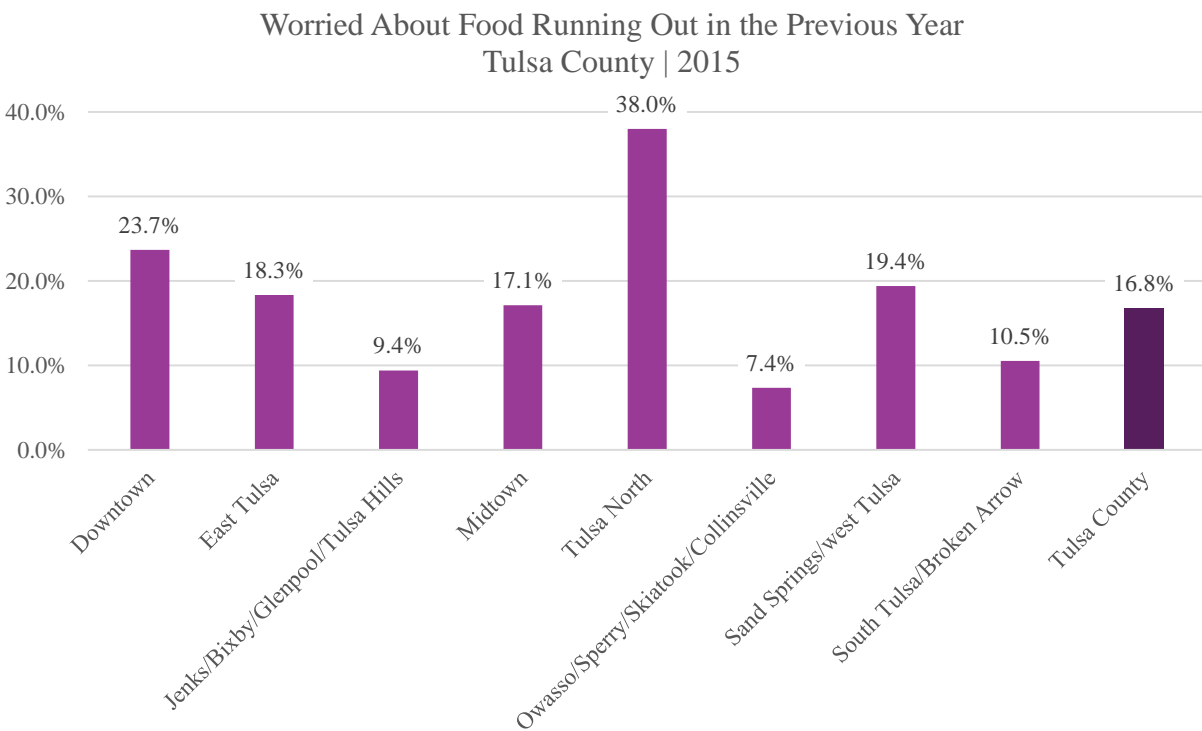
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 78]
- Asked of all respondents who reported that they did not use public transportation (n=2140)
- Respondents were able to select multiple responses

Food Security

According to the United States Department of Agriculture (USDA), about 48.1 million Americans lived in food-insecure households in 2014, including 7.9 million children. Although food insecurity can be harmful for anyone, it is especially harmful to children due to potential long-term developmental consequences. Programs to help combat hunger include the National School Lunch Program, the Supplemental Nutrition Assistance Program (SNAP), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).²⁴

Food Security

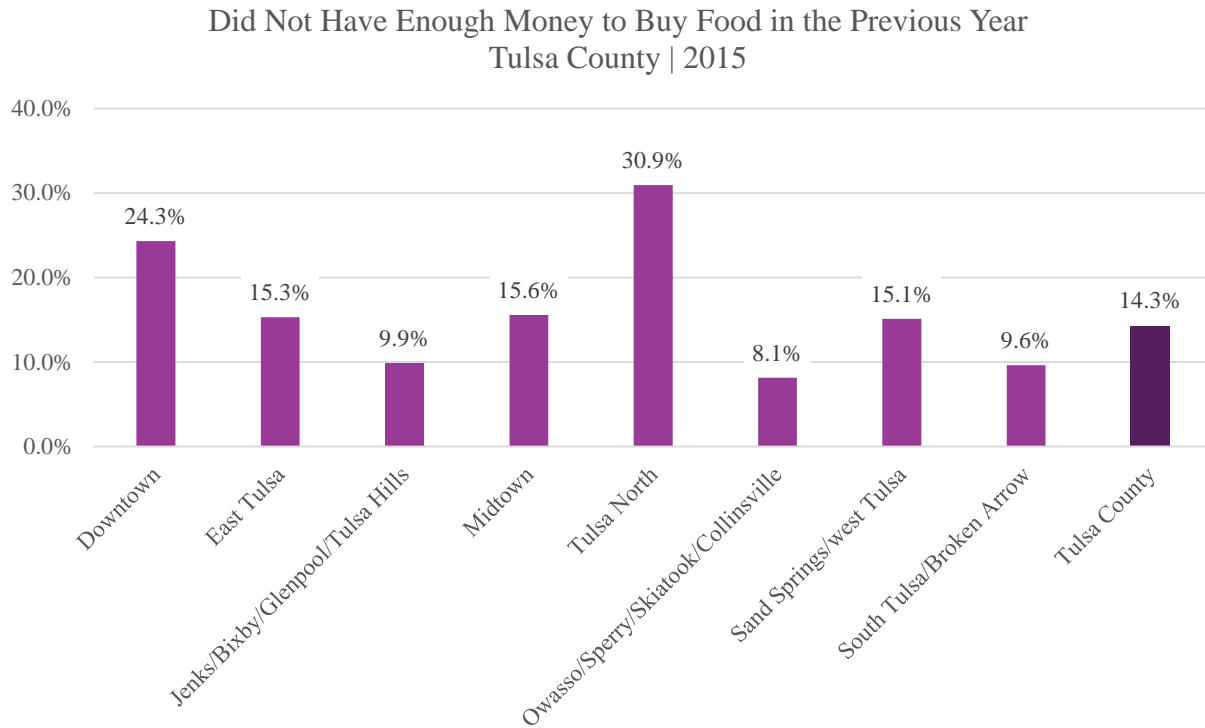
A total of 16.8 percent of Tulsa County residents reported that they worried about their food running out before they had money to buy more in the previous year. This was more than five times as high in Tulsa North compared to Owasso/Sperry/Skiatook/Collinsville (38 percent compared to 7.4 percent).



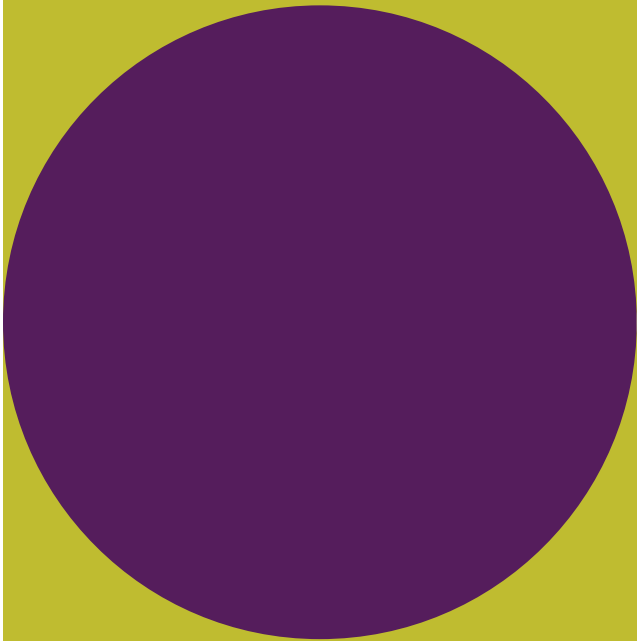
- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 64]

²⁴ Coleman-Jensen A, Rabbitt M, Gregory C, Singh A (September 2015). Household Food Security in the United States in 2014. Economic Research Report Number 194. United States Department of Agriculture, Economic Research Service [cited 11/24/2015]. Accessed at <http://www.ers.usda.gov/media/1896841/err194.pdf>.

Additionally, 14.3 percent of Tulsa County adults reported that there was a time in the previous year when they did not have enough money to buy food. This was most common in Tulsa North (30.9 percent) and least common in Owasso/Sperry/Skiatook/Collinsville (8.1 percent).



- 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 65]







TULSA HEALTH

Department