

# Tulsa County Community Health Needs Assessment

May 2013



## **Special thanks to:**

St. John Health System  
Saint Francis Health System  
George Kaiser Family Foundation  
The University of Nebraska Public Policy Center  
Tulsa City-County Health Department



# Tulsa Health Department



The vision and purpose of the Tulsa City-County Health Department is to plant the seeds of a “new normal” – where *the healthy choice is the easy choice* becomes the culture of a community where citizens are empowered to make healthy choices that carry forward for future generations. In order to make this vision a reality, THD promotes healthy lifestyles and protects the public’s health through strategic planning, collaboration and service. Important steps toward achieving these goals include projects such as the Community Health Needs Assessment (CHNA) and the Community Health Improvement Plan (CHIP).

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 systematic, data-driven approach allows THD to collect important health data and also serves as a baseline to measure change over time.

The health disparities identified in the CHNA will help direct our decision making, specifically in the CHIP. The CHIP will be used to develop strategies that effectively target those areas of greatest public health concern, for a healthier Tulsa County Community.

Please consider this Tulsa County Community Health Needs Assessment a resource for you and other public service agencies. Through our collective impact, we can work towards a “new normal” in the health culture of Tulsa County.

A handwritten signature in black ink that reads 'Bruce Dart'.

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

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# Introduction

## Project Goals

The Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Tulsa County. This information will be used to make decisions in order to improve community health and wellness. Additionally, it will serve as baseline data so that changes in health outcomes can be measured over time in Tulsa County.

The information gained from this assessment allows the community to identify the areas of greatest concern and develop strategies to effectively target these areas in order to have the best possible community health outcomes. Overall, the Community Health Needs Assessment serves as a tool to achieve these basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life:**  
A healthy community does not just refer to mentally and physically healthy residents. Healthy communities also include elements that allow residents to maintain a high quality of life and productivity. Other characteristics of a healthy community include healthcare services with both treatment and prevention, a safe environment, and infrastructure such as roads, schools, and playgrounds that promote the health of the residents.
- **To reduce health disparities among residents:**  
By gathering demographic information along with health status and behaviors, it is possible to identify which populations are most at-risk for specific diseases and conditions. This allows for a targeted approach to reduce the health disparities among those most affected by these negative health outcomes.
- **To identify those behaviors which increase risk of negative health conditions:**  
By identifying those groups with behaviors that are related to negative health outcomes, targeted preventive services can be provided. These services will prove beneficial in accomplishing the first goal and may also assist in lowering the costs associated with preventable late stage diseases.

This assessment was sponsored by St. John Health System, Saint Francis Health System, George Kaiser Family Foundation, The University of Nebraska Public Health Center, Tulsa City-County Health Department, and other community partners. It was conducted by the University of Nebraska Medical Center's (UNMC) Survey Research Center in Lincoln, Nebraska.

# Methodology

This report uses quantitative data derived from primary research (Tulsa County Community Health Needs Assessment survey) and secondary data (other existing health-related data). These components allow for comparison between the primary data and benchmark data at the state and national level.

## Survey Instrument

The survey instrument used for this study was created by the University of Nebraska Medical Center Survey Research Center in order to address specific health indicators associated with health promotion and disease prevention objectives. These public health topics and indicators were chosen by the Tulsa City-County Health Department in collaboration with community partners.

## Community Defined for This Assessment

The study area of the survey includes all of Tulsa County in Oklahoma. Tulsa County is further divided into 6 geographical regions based on school district zoning and zip codes (North Tulsa County, Central West Tulsa County, Central East Tulsa County, West Tulsa County, East Tulsa County, and South Tulsa County). Cities identified in each region include but are not limited to:

- North Tulsa County Region: City of Collinsville, City of Owasso, City of Skiatook, City of Tulsa
- Central West Tulsa County Region: City of Tulsa
- Central East Tulsa County Region: City of Tulsa
- West Tulsa County Region: City of Sand Springs, City of Tulsa
- East Tulsa County Region: City of Broken Arrow, City of Tulsa
- South Tulsa County Region: City of Bixby, City of Glenpool, City of Jenks, City of Tulsa

It is important to keep in mind that these geographic breakdowns of the county do not always reflect the way the community refers to parts of the city. For example, the North Tulsa County region includes cities such as Collinsville, Owasso, Skiatook, and parts of the City of Tulsa. However, this region does not include the north part of the City of Tulsa that is usually referred to as “North Tulsa.” “North Tulsa” is part of the Central West Tulsa County Region. Additionally, South Tulsa County includes not only the area typically called “South Tulsa,” but also the cities of Jenks, Bixby and Glenpool.

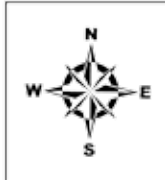
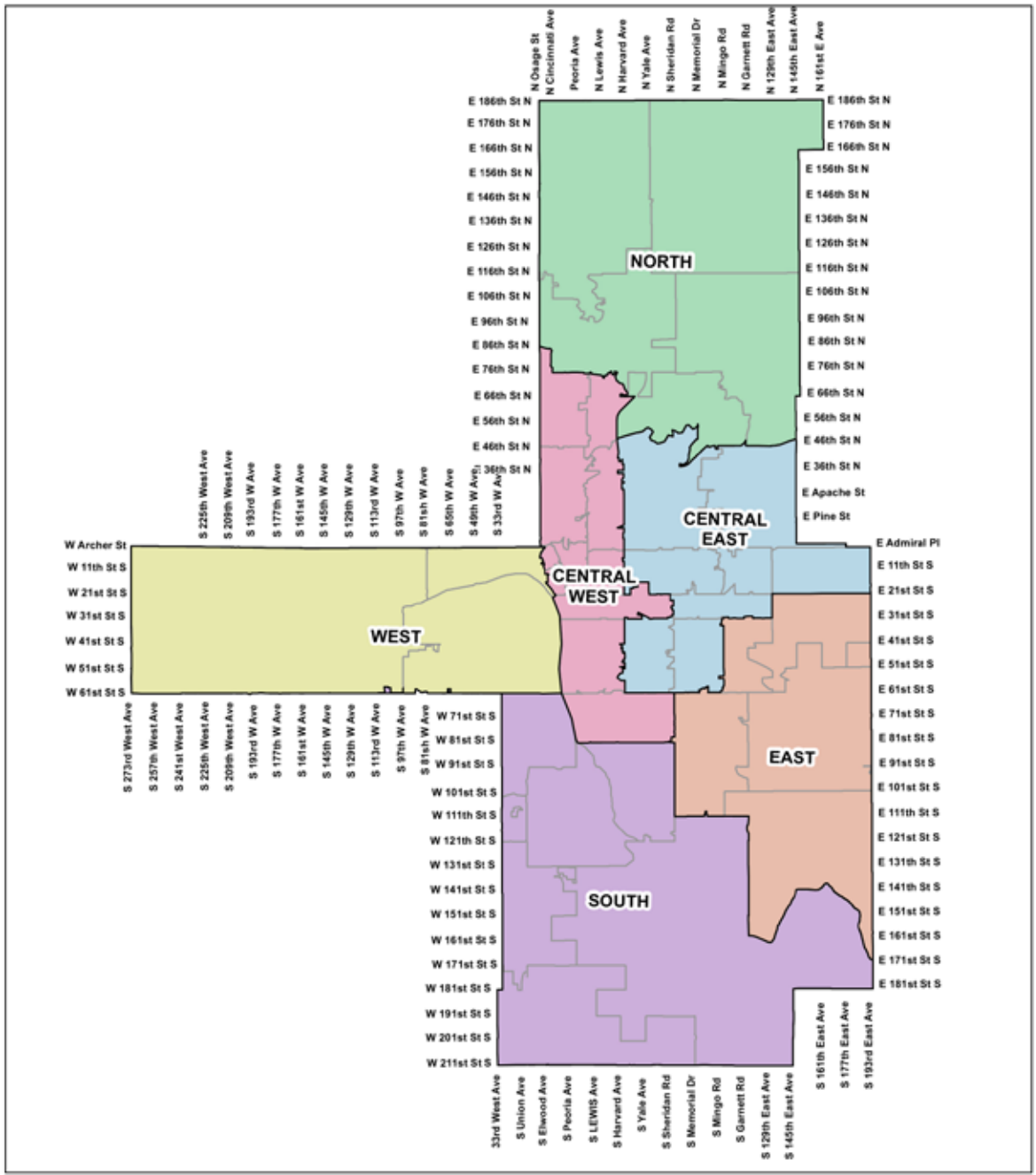
A geographic description of the regions is illustrated on the following page.

## 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.

Telephone surveys with 2,573 Tulsa County residents were conducted between January 24, 2012 and March 18, 2012. The cell phone frame yielded 400 completed surveys while the landline frame yielded 2,173 completed surveys. The achieved county-wide confidence interval for the 2012 CHNA was 95% +/- 1.932%.

Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Tulsa County as a whole. All administration of the surveys, data collection and data analysis was conducted by the University of Nebraska Medical Center’s (UNMC) Survey Research Center.



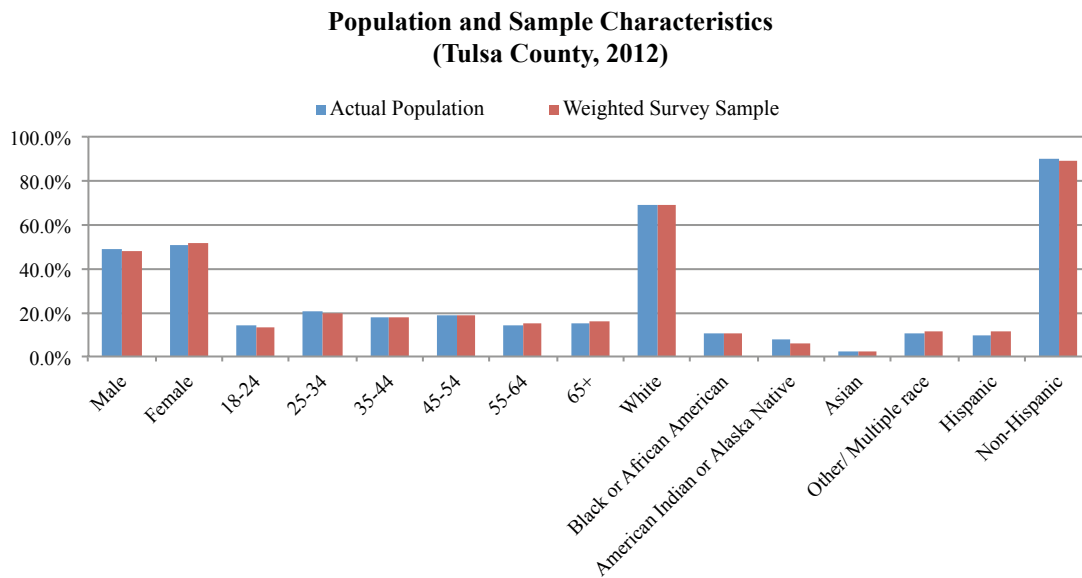
**CHNA Regions**  
Tulsa County, OK

**Tulsa Health**  
Department  
Health Data & Evaluation  
Date: 12/5/2012

## 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 various demographic measures.

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



- 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center.
- Census 2010, U.S. Census Bureau.

The sample design and the 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.

## Survey Results

Cross-tabulations were conducted using IBM SPSS Statistics Version 20.0. Results were tabulated by gender, age category, race/ ethnicity, education level, income level, and region. Regional boundaries were determined by school district zoning and zip codes. A total of 119 respondents did not know their zip code, refused to give their zip code, or the zip code provided did not correspond to a known zip code for Tulsa County. All respondents confirmed at the beginning of the survey they lived in Tulsa County; therefore, these surveys were included in the analyses. Although these responses are included in the regional breakdown of questions, they are not noted as areas of high or low prevalence due to the fact that they do not accurately describe an area of Tulsa County.

Unless otherwise noted, “don’t know” and refusal responses are treated as missing values and are 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.

## Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and also cannot represent every possible population within the community. 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.

Additionally, this assessment was designed to give a broad picture of the overall health of the community, but there are a large number of medical conditions that are not specifically addressed.

## Benchmark Data

A variety of secondary data sources were utilized along with primary data collected through the Community Health Needs Assessment for comparison purposes.

Data for Oklahoma and the United States were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Centers for Disease Control and Prevention
- Health Indicators Warehouse. National Center for Health Statistics.
- National Center for Health Statistics
- State Health Facts. Kaiser Family Foundation.
- Substance Abuse and Mental Health Services Administration
- U.S. Census Bureau. American Community Survey.

## Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For 3 decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Where applicable, these objectives are used as indicators of areas for improvement.

## Areas of Opportunity for Improvement

The following topics are recommended areas for improvement based on the information gathered through this Community Health Needs Assessment. From the data collected, opportunities for targeted interventions have been identified within the following health priorities.

- Poor diet and inactivity
- Obesity
- Alcohol/ drug use
- Chronic disease
- Access to health care
- Tobacco use

The findings from this Community Health Needs Assessment will be used in the development of a Tulsa County Community Health Improvement Plan.

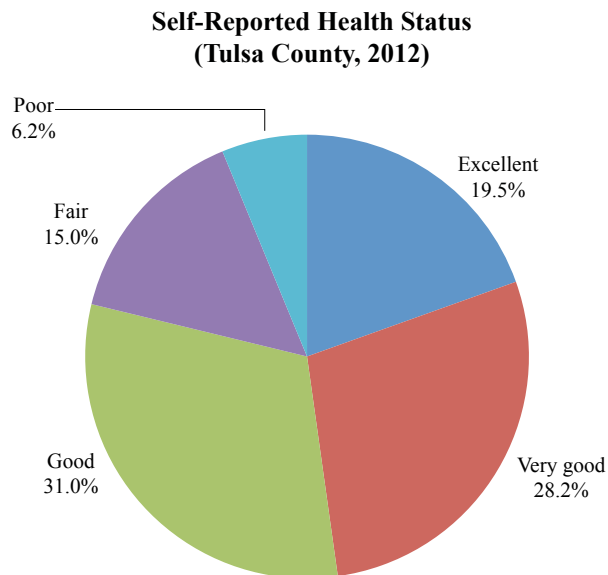


# General Health Status

## Overall Health Status

### Self-Reported Health Status: Adults

A total of 47.7% of Tulsa County adults rate their overall health as “excellent” or “very good.” An additional 31.0% rate their overall health as “good.”

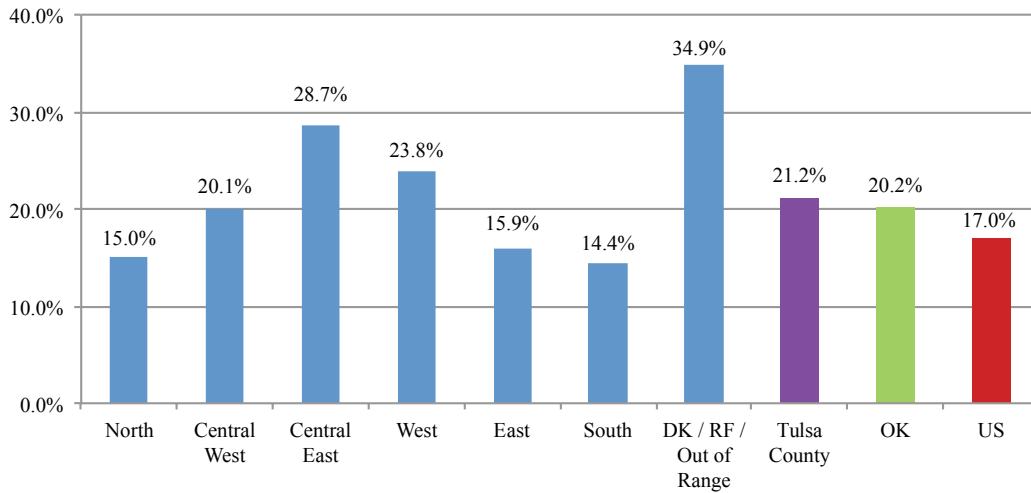


Sources: · 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 1]

Notes: · Asked of all respondents

However, 21.2% of Tulsa County adults believe that their overall health is “fair” or “poor.” This is similar to findings in Oklahoma, but worse than the national percentage. The region with the highest percentage of adults who believe that their health is “fair” or “poor” is Central East Tulsa County, while the region with the lowest percentage of adults who believe their health is “fair” or “poor” is South Tulsa County.

**Experience "Fair" or "Poor" Overall Health  
(Tulsa County, 2012)**

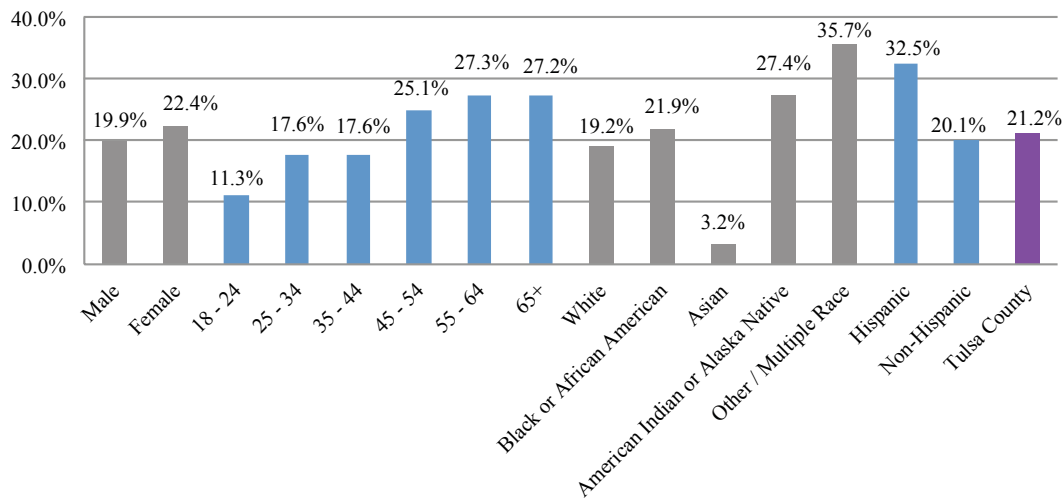


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 1]  
 · Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, CDC, 2011.  
 · Asked of all respondents  
 · Graph shows prevalence within each individual category (in this case, within each region); percentages will not add up to 100%. For example: Within the total population that lives in North Tulsa County, 15.0% of these individuals have “fair” or “poor” overall health.

Adults more likely to report “fair” or “poor” overall health include:

- Females
- Adults age 55+
- Adults of “other” or multiple races
- Hispanics

**Experience "Fair" or "Poor" Overall Health  
(Tulsa County, 2012)**

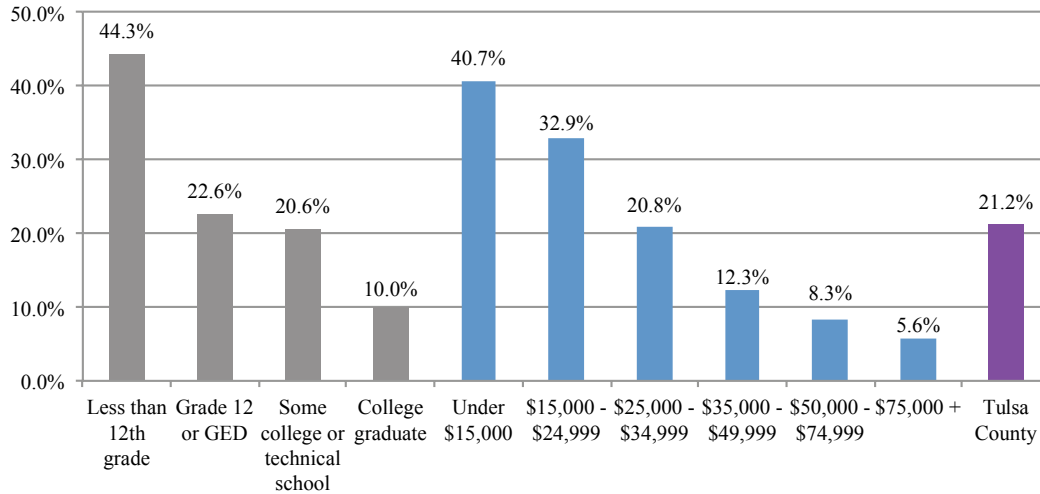


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 1]  
 · Asked of all respondents



Additionally, there is a downward trend showing that as education and income levels increase, likelihood of having “fair” or “poor” overall health decreases.

**Experience "Fair" or "Poor" Overall Health  
(Tulsa County, 2012)**

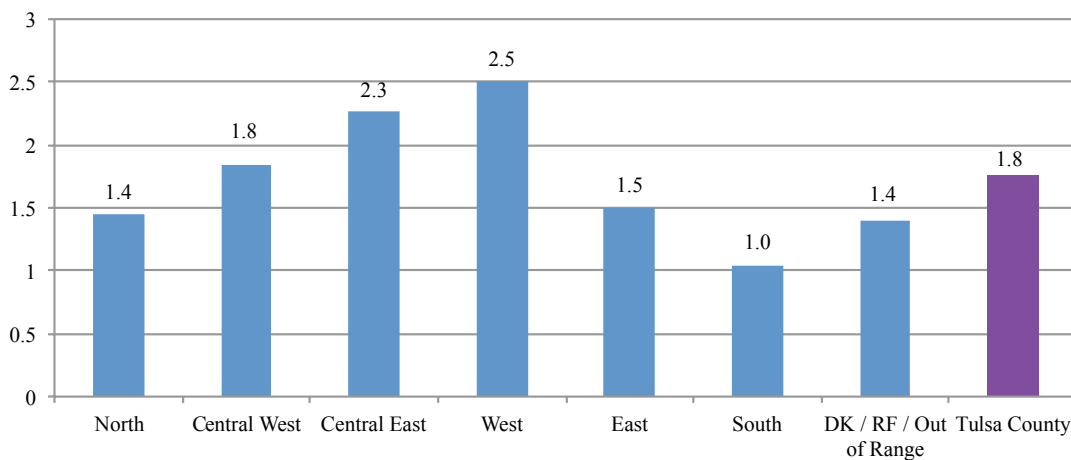


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 1]  
· Asked of all respondents

## Number of Days Missed Due to Illness

Overall, Tulsa County adults missed an average of 1.8 days of work or activities in the previous month due to illness. The largest average number of days missed was 2.5 days in West Tulsa County and the smallest average number of days missed was 1.0 days in South Tulsa County. Although US data is unavailable for average number of days missed in the previous month, adults reported that they missed an average of 4 days of work in the previous year due to illness or injury (Schiller et al., 2012).

**Average Number of Days Missed in the Past Month due to Illness  
(Tulsa County, 2012)**

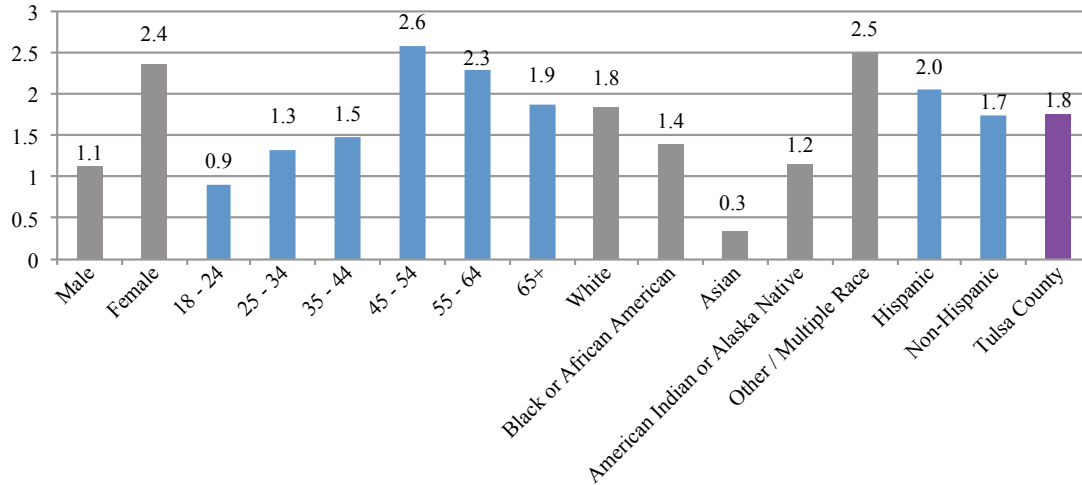


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 8]  
· Asked of all respondents

Adults who missed a greater number of days on average during the previous month include:

- Females
- Adults age 45 – 54
- Adults of “other” or multiple races
- Hispanics

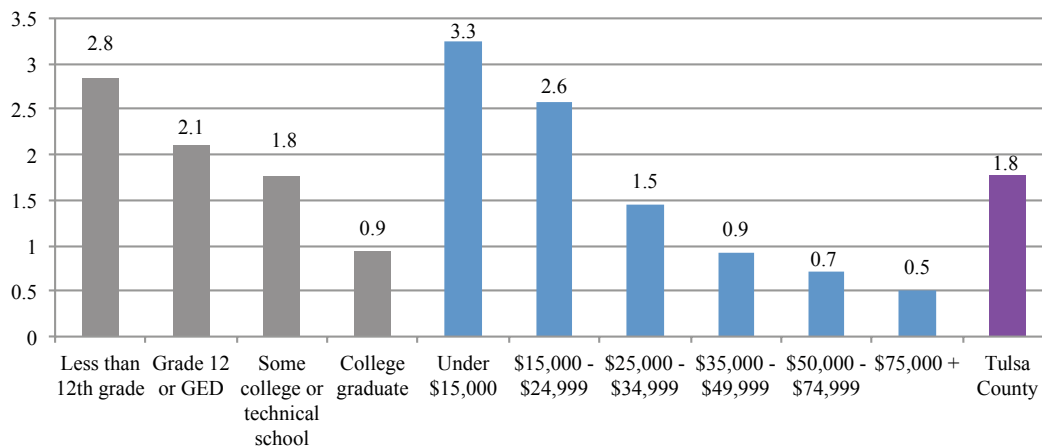
**Average Number of Days Missed in the Past Month due to Illness  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 8]  
· Asked of all respondents

Additionally, there is a downward trend showing that as education and income levels increase, average number of days missed in the past month decreases.

**Average Number of Days Missed in the Past Month due to Illness  
(Tulsa County, 2012)**

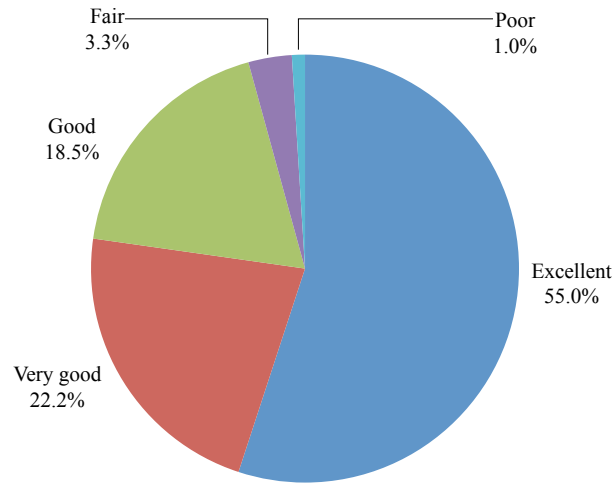


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 8]  
· Asked of all respondents

## Self-Reported Health Status: Children

According to parents/ guardians, a total of 77.2% of Tulsa County children have “excellent” or “very good” overall health. An additional 18.5% have “good” overall health.

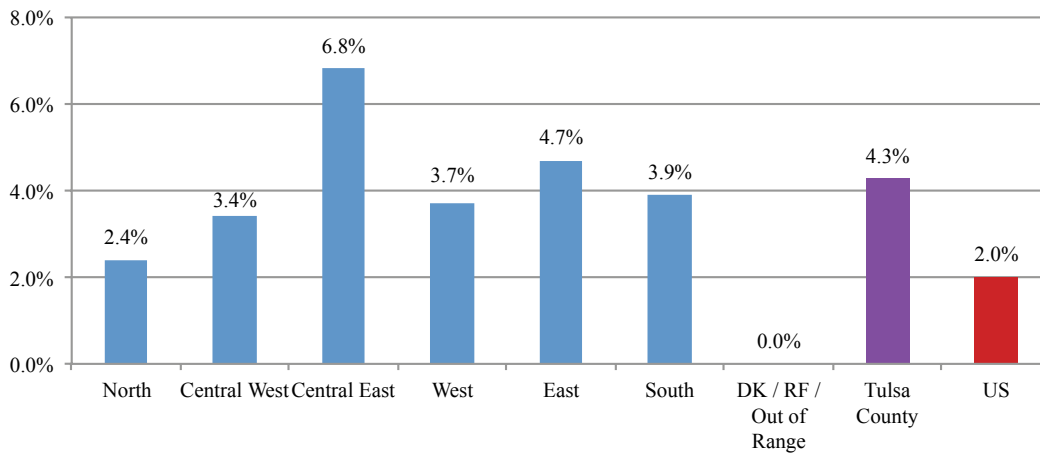
**Self-Reported Health Status of Child**  
(Among parents/guardians of children 0 – 17; Tulsa County, 2012)



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C4]  
· Asked of parents/guardians with children age 0 – 17 in the household

However, 4.3% of parents/guardians report that their child has “fair” or “poor” overall health. This is higher than the national average. The highest percentage of children with “fair” or “poor” health live in Central East Tulsa County, while the lowest percentage live in North Tulsa County.

**Child Experiences "Fair" or "Poor" Overall Health**  
(Among parents/guardians of children 0 – 17; Tulsa County, 2012)

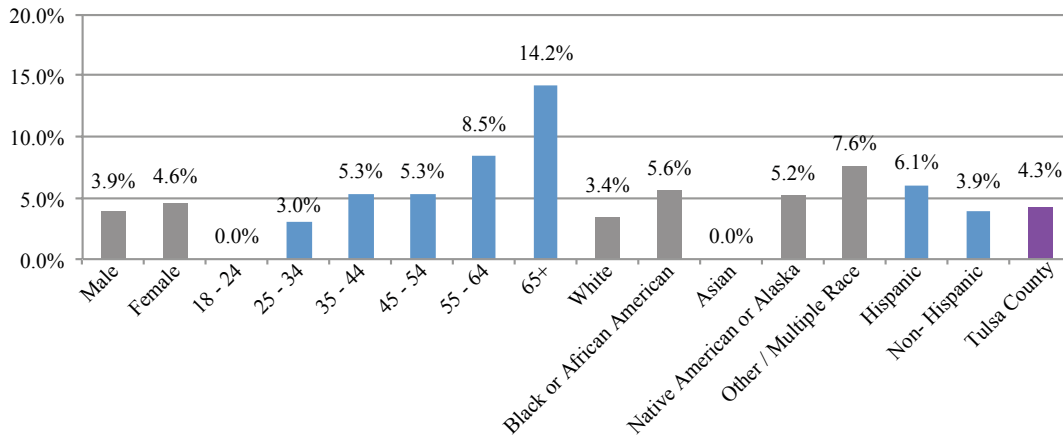


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C4]  
· Bloom B, Cohen RA, Freeman G. Summary health statistics for U.S. children: National Health Interview Survey, 2011. National Center for Health Statistics. Vital Health Stat 10(254). 2012.  
· Asked of parents/guardians with children age 0 – 17 in the household

Parents/guardians who belong to the following groups are more likely to have a child with “fair” or “poor” health:

- Females
- Adults age 65+ (Note the upward trend of increased likelihood of having a child with “fair” or “poor” health as age increases)
- Adults of “other” or multiple races
- Hispanics

**Child Experiences "Fair" or "Poor" Health  
(Among parents/guardians of children 0 – 17; Tulsa County, 2012)**



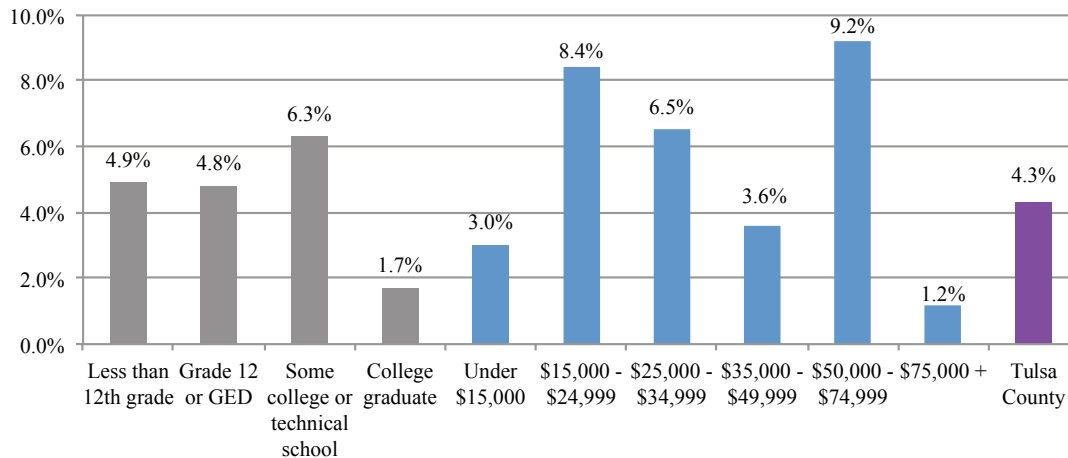
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C4]

· Asked of parents/guardians with children age 0 – 17 in the household

Also included are:

- Adults with some college or technical school
- Adults with an income of \$50,000 – \$74,999

**Child Experiences "Fair" or "Poor" Health  
(Among parents/guardians of children 0 – 17; Tulsa County, 2012)**



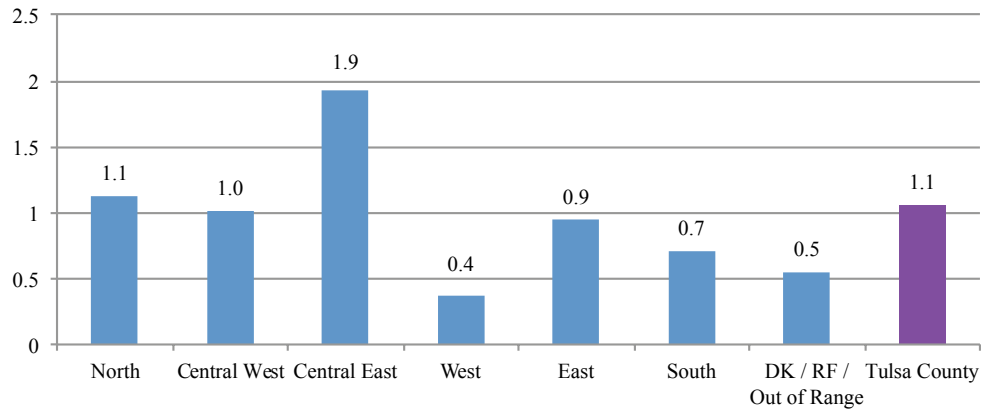
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C4]

· Asked of parents/guardians with children age 0 – 17 in the household

## Number of Days Missed Due to Illness: Children

Overall, Tulsa County children missed an average of 1.1 days of school or activities in the past month due to illness. The largest number of average days missed in the previous month was in Central East Tulsa County and the smallest average was in West Tulsa County.

**Average Number of Days Missed by Child in the Past Month due to Illness  
(Among parents/guardians of children 0 – 17; Tulsa County, 2012)**

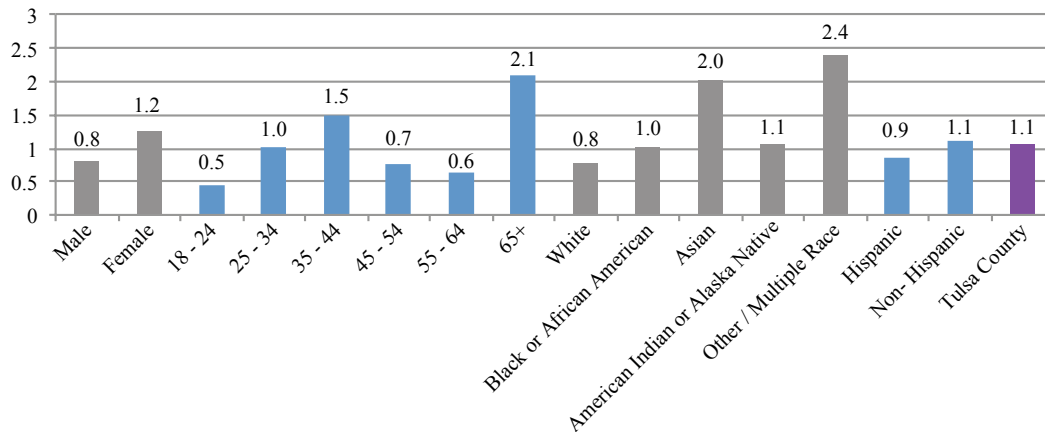


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C6]  
· Asked of parents/guardians with children age 0 – 17 in the household

The children of parents/guardians in the following groups missed a greater number of days in the past month due to illness:

- Females
- Adults age 65+
- Adults of “other” or multiple races
- Non-Hispanics

**Average Number of Days Missed by Child in the Past Month due to Illness  
(Among parents/guardians of children 0 – 17; Tulsa County, 2012)**

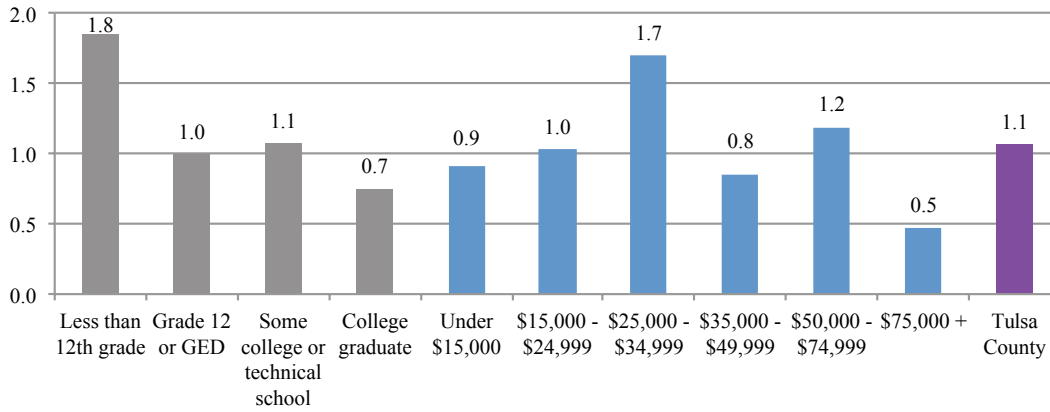


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C6]  
· Asked of parents/guardians with children age 0 – 17 in the household

Also included are children of parents/guardians belonging to these groups:

- Adults with less than a 12th grade education
- Adults with an income of \$25,000 – \$34,999

**Average Number of Days Missed by Child in the Past Month due to Illness  
(Among parents/guardians of children 0 – 17; Tulsa County, 2012)**



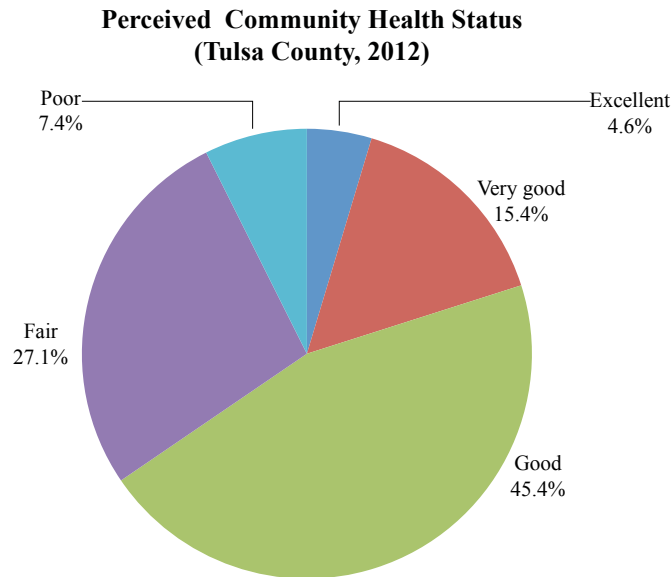
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C6]

· Asked of parents/guardians with children age 0 – 17 in the household

# Community Health

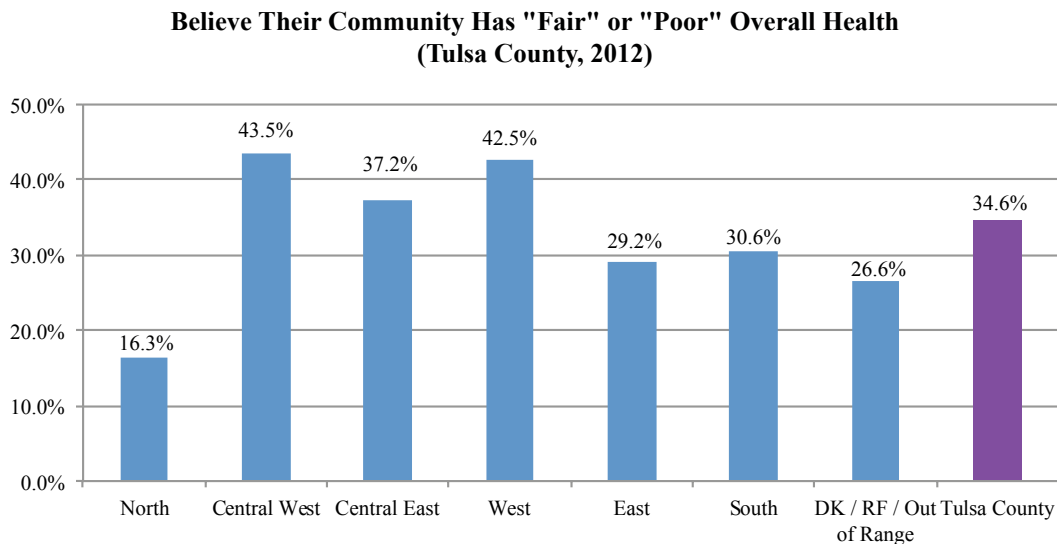
## Community Health Status

Overall, 20.0% of Tulsa County adults rate their community as having “excellent” or “very good” health. An additional 45.4% of adults rate their community as having “good” overall health.



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 2]  
· Asked of all respondents

In contrast to this favorable perception of community health, 34.6% of Tulsa County adults believe that their community has “fair” or “poor” overall health. The largest percentage of adults who believe this live in Central West or West Tulsa County. The region with the lowest percentage of adults who believe that their community has “fair” or “poor” health is North Tulsa County.

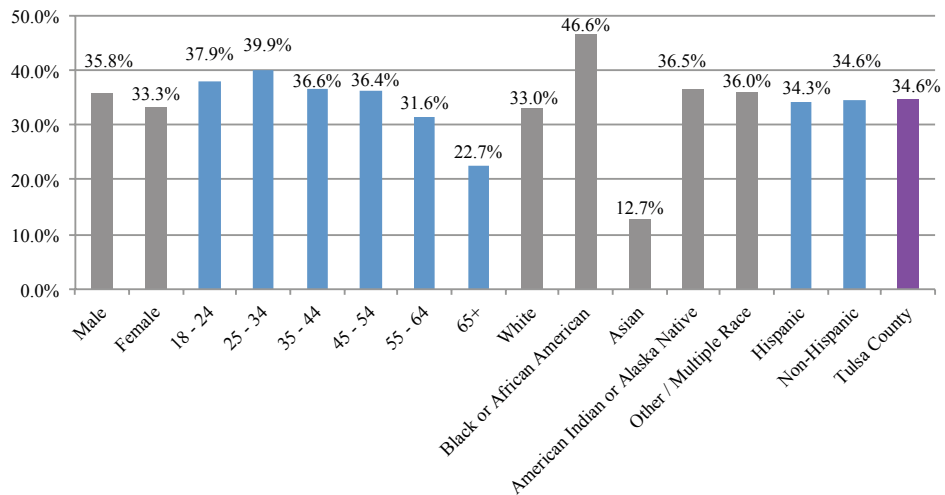


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 2]  
· Asked of all respondents

Adults who are more likely to believe that their community has “fair” or “poor” overall health include:

- Males
- Adults age 25 – 34
- African Americans

**Believe Their Community Has "Fair" or "Poor" Overall Health  
(Tulsa County, 2012)**

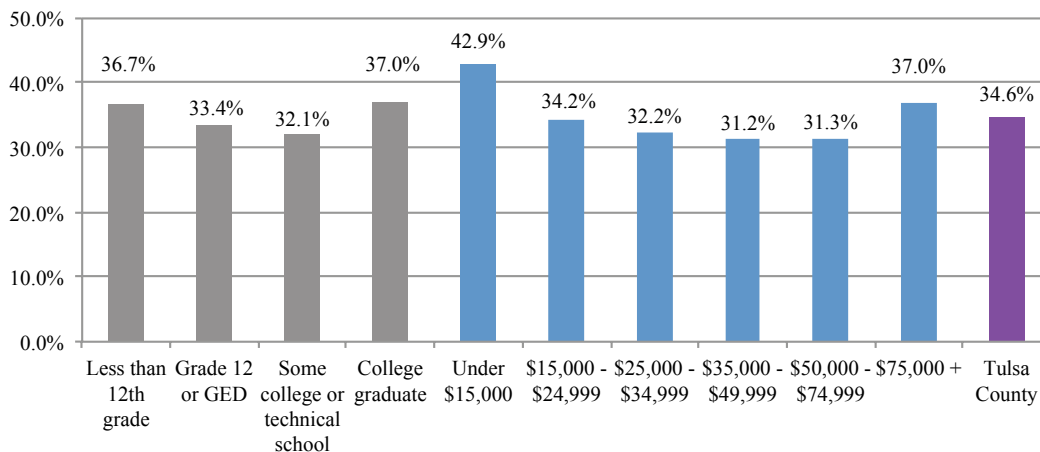


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 2]  
· Asked of all respondents

Also included are:

- Adults with less than a 12th grade education and college graduates
- Adults with an income of less than \$15,000

**Believe Their Community Has "Fair" or "Poor" Overall Health  
(Tulsa County, 2012)**

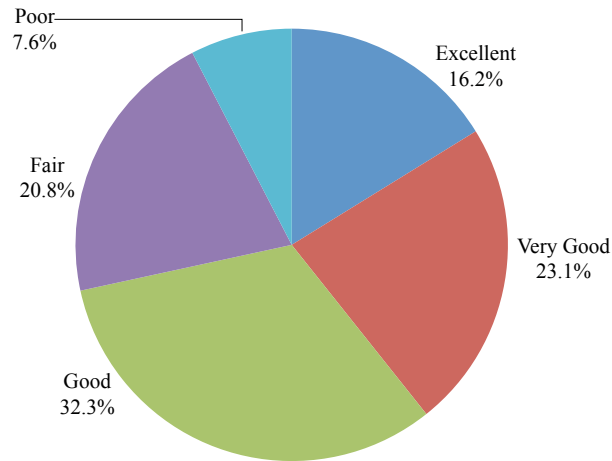


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 2]  
· Asked of all respondents



Perceived community health was compared to self-reported health status in the 34.6% of Tulsa County adults who perceive their community as having “fair” or “poor” health. Of these individuals who believe the community has “fair” or “poor” health, 39.3% believe that they have “excellent” or “very good” health. An additional 32.3% believe that they have “good” health.

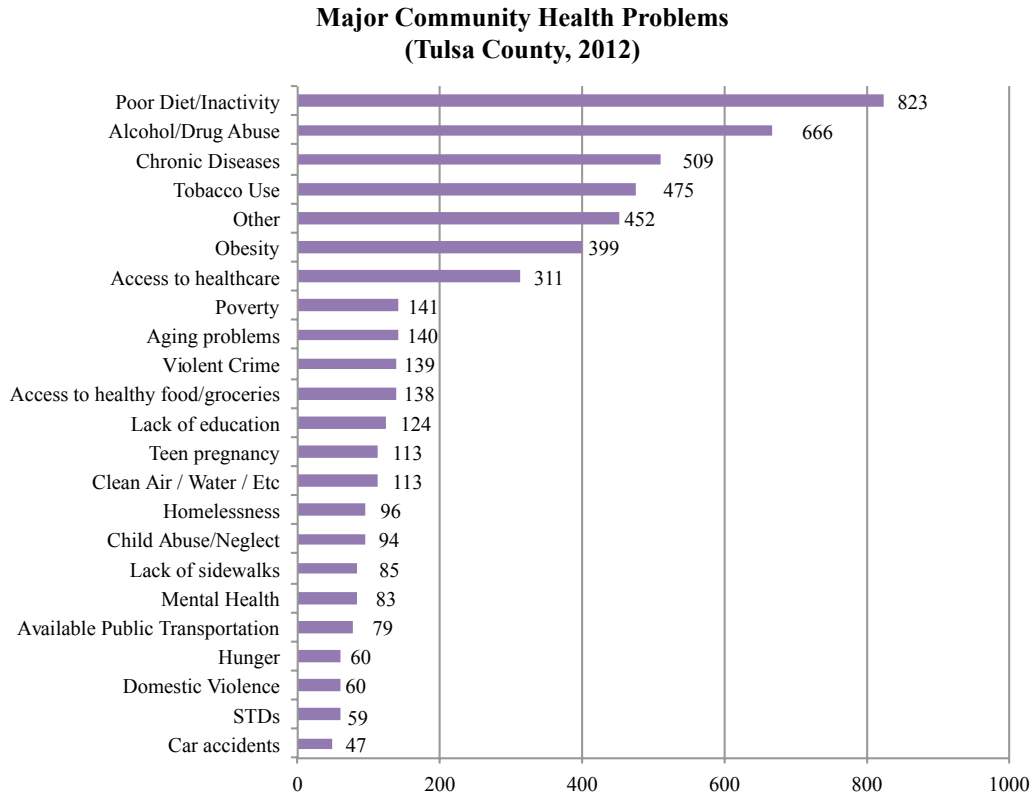
**Self-Reported Health Status of Individuals who Believe Their Community Has "Fair" or "Poor" Health (Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Items 1 – 2]  
· Asked of all respondents

# Community Health Issues

The most significant health problems in the community, along with the factors that influence a healthy community, as reported by Tulsa County adults, are shown below.

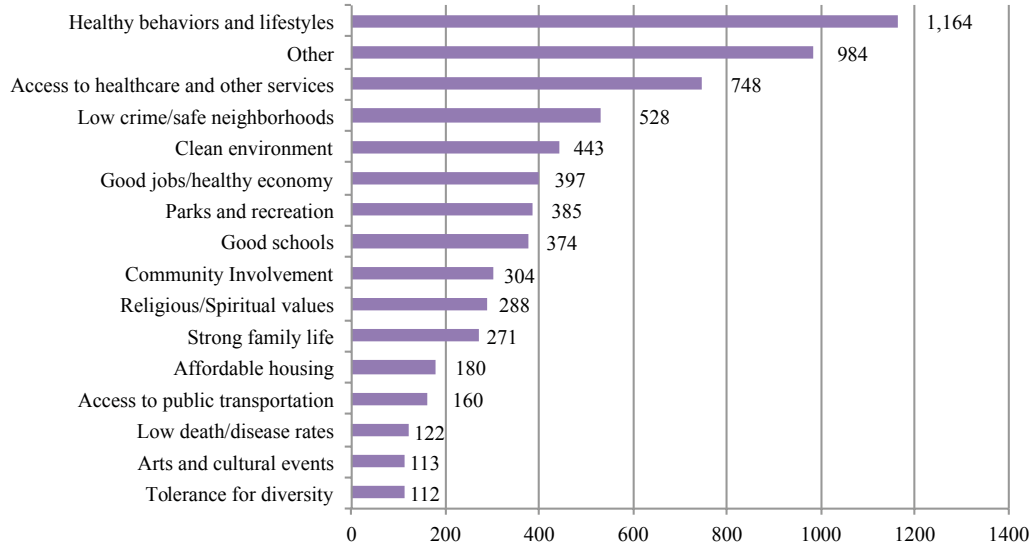


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Items 60 – 60a]

· Asked of all respondents

· Respondents were able to select multiple responses

### Factors that Influence a Healthy Community (Tulsa County, 2012)



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Items 59 – 59a]

· Asked of all respondents

· Respondents were able to select multiple responses



# Access to Health Services

## Health Insurance Coverage and Barriers to Care

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts overall physical, social and mental health status, prevention of disease and disability, detection of treatment of health conditions, quality of life, preventable death, and life expectancy.

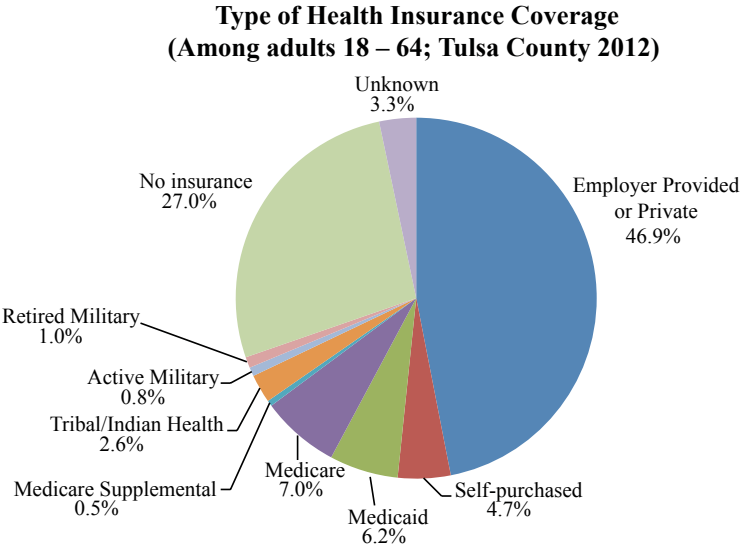
Access to health services requires three distinct steps: gaining entry into the healthcare system, accessing a health care location where needed services are provided, and finding a health care provider with whom the patient can communicate and trust.

Disparities in access to these health services limit people's ability to reach their full potential and negatively affect their quality of life. Barriers to services include lack of availability, high cost, and lack of insurance coverage.

*-Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))*

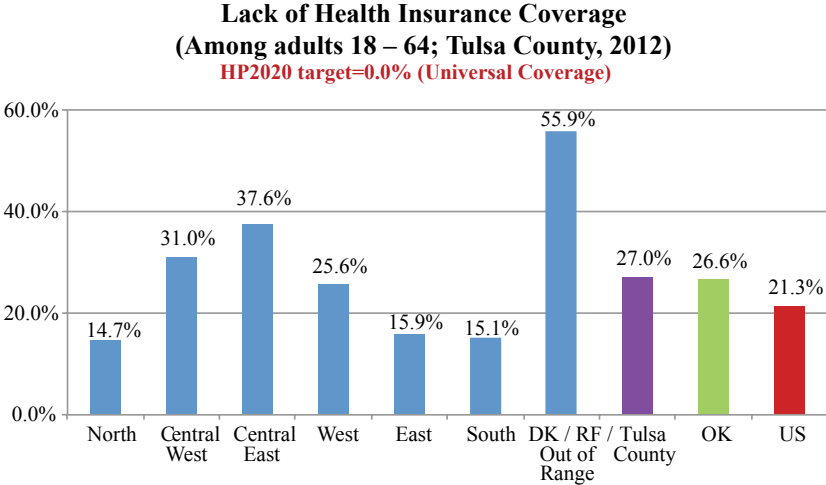
# Health Insurance Coverage: Adults

A total of 51.6% of Tulsa County adults age 18 – 64 report having health insurance through private insurance (e.g., employer provided or self-purchased). An additional 18.0% report coverage through a government sponsored program (e.g., Medicaid, Medicare, military benefits or Indian/ tribal health benefits).



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Items 10 – 11]  
 · Asked of all respondents age 18 – 64, thus excluding the Medicare population

However, a total of 27.0% of Tulsa County adults report having no health insurance coverage for healthcare expenses. This is similar to the uninsured rate in Oklahoma and higher than the U.S. rate. Lack of health insurance coverage is highest in Central East Tulsa County and lowest in North Tulsa County.

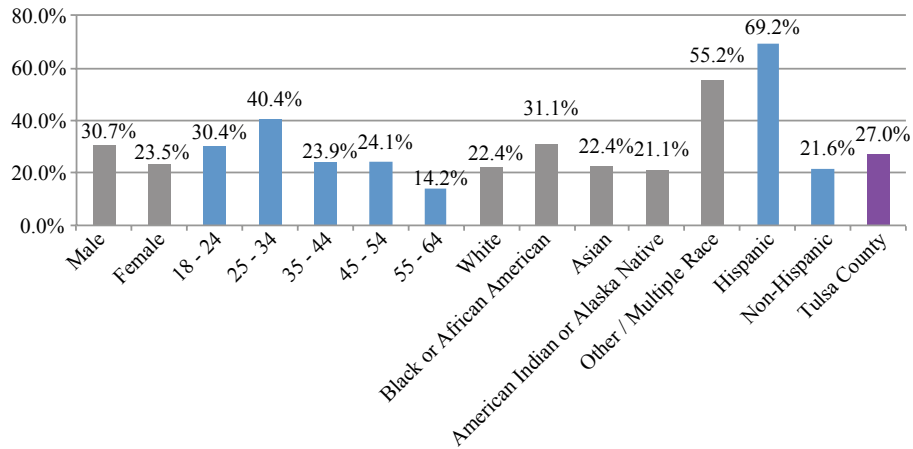


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 10]  
 · Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.  
 · Asked of all respondents age 18 – 64

Adults in the following groups are more likely to report having no health insurance coverage:

- Males
- Adults age 25 – 34
- Adults of “other” or multiple races
- Hispanics

**Lack of Health Insurance Coverage  
(Among adults 18 – 64; Tulsa County, 2012)**

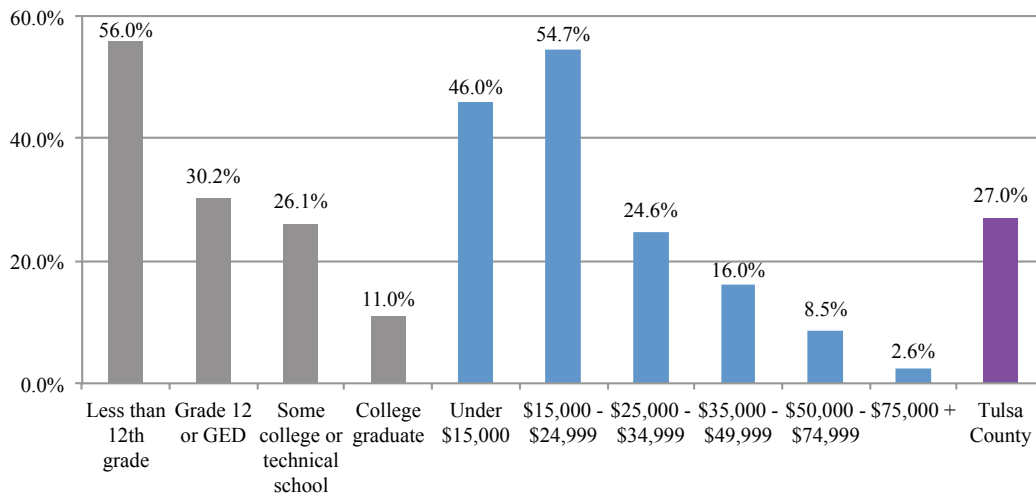


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 10]

· Asked of all respondents age 18 – 64

With regard to education levels and insurance coverage, there is a downward trend showing that as education level increases, lack of health insurance coverage decreases. Additionally, adults with an income of \$15,000 – \$24,999 are the most likely to report no insurance coverage. At higher income levels, this likelihood decreases.

**Lack of Health Insurance Coverage  
(Among adults 18 – 64; Tulsa County, 2012)**

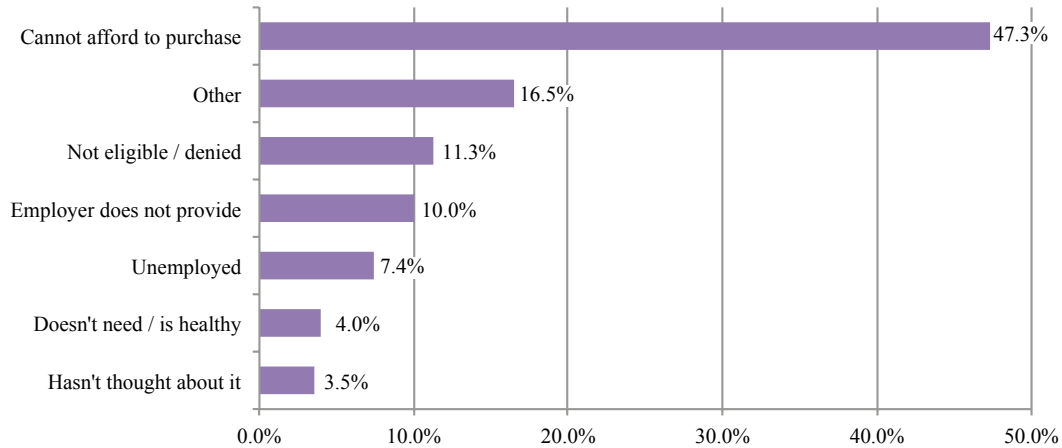


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 10]

· Asked of all respondents age 18 – 64

Tulsa County adults who report having no insurance coverage were asked what challenges they face in obtaining health insurance. The most common reason for lack of coverage is “cannot afford to purchase.”

**Main Reason for Lack of Health Insurance Coverage  
(Among adults 18 – 64; Tulsa County, 2012)**



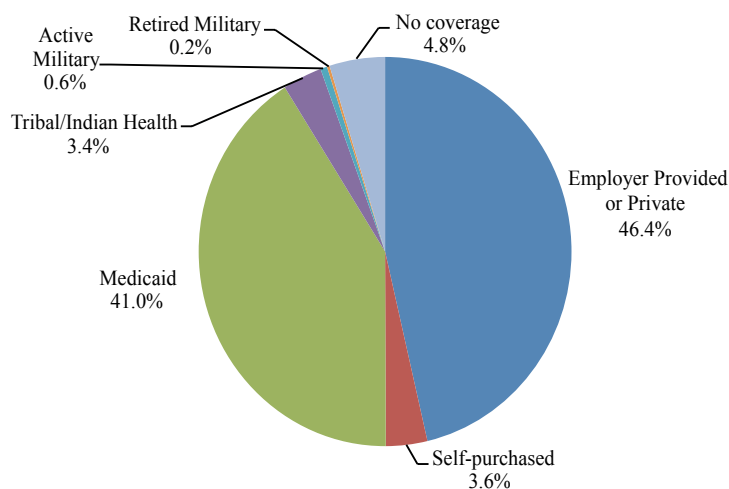
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 12]

· Asked of all respondents age 18 – 64 who answered “no” to “Do you have any kind of healthcare coverage?”

## Health Insurance Coverage: Children

A total of 50.0% of Tulsa County parents/guardians with children under age 18 at home report having health insurance for their child through private insurance (e.g., employer provided or self-purchased). An additional 45.3% report coverage through a government sponsored program (e.g., Medicaid, Medicare, military benefits or Indian/ tribal health benefits).

**Type of Insurance Coverage for Child  
(Among parents/guardians of children 0 – 17; Tulsa County, 2012)**



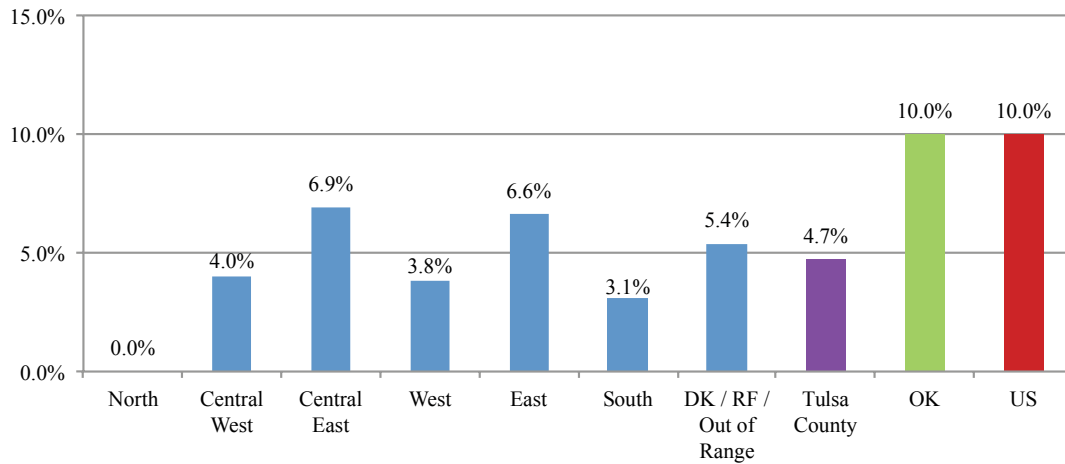
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Items C8 – C9]

· Asked of parents/guardians with children age 0 – 17 in the household



However, a total of 4.8% of parents/guardians of report having no insurance coverage for their child’s healthcare expenses. The rate of uninsured children in Tulsa County is much lower than Oklahoma and the United States. It is highest in Central West and East Tulsa County and lowest in North Tulsa County.

**Child Lacks Healthcare Insurance**  
**(Among parents/guardians of children 0 – 17; Tulsa County, 2012)**  
 HP2020 target=0.0% (Universal coverage)

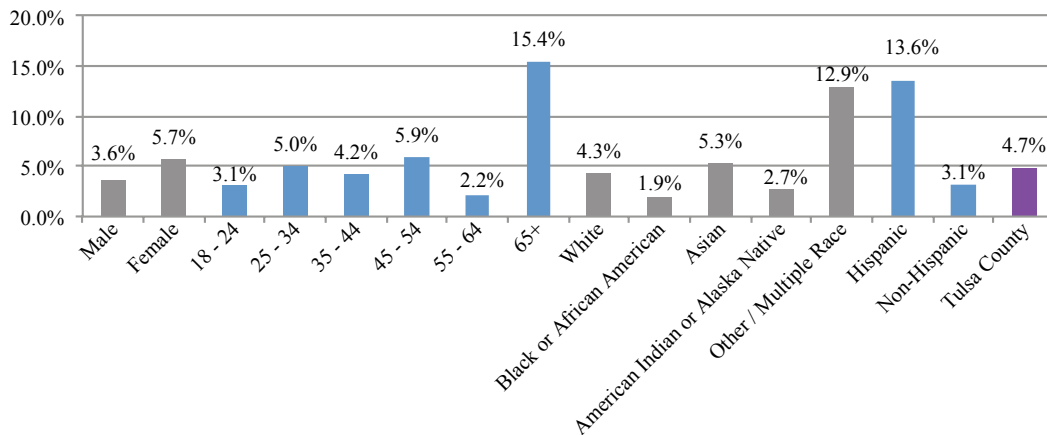


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C8]  
 · The Kaiser Family Foundation, statehealthfacts.org. Data Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau’s March 2011 and 2012 Current Population Survey (CPS: Annual Social and Economic Supplements). U.S. Census Bureau, accessed March 6, 2013.  
 · Asked of parents/guardians with children age 0 – 17 in the household

Parents/guardians belonging to the following groups are more likely to have uninsured children:

- Females
- Adults age 65+
- Adults of “other” or multiple races
- Hispanics

**Child Lacks Healthcare Insurance**  
**(Among parents/guardians of children 0 – 17; Tulsa County, 2012)**

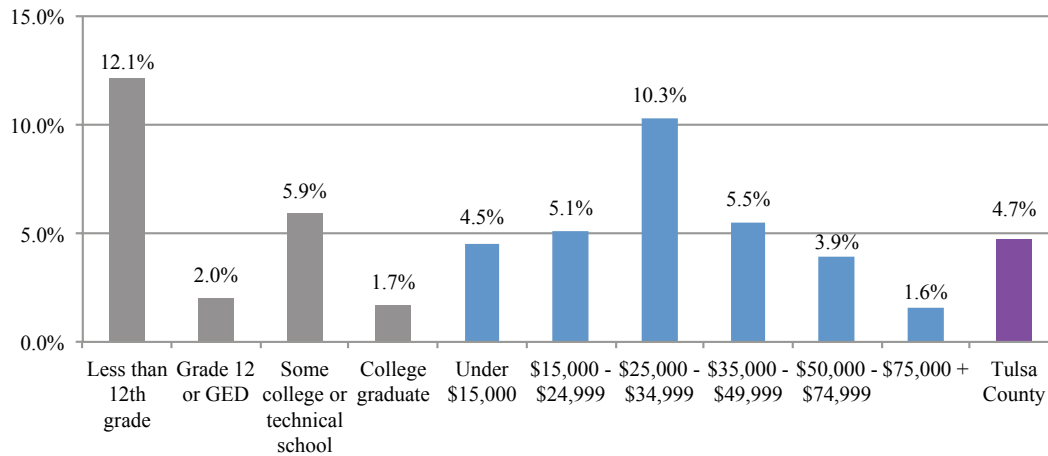


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C8]  
 · Asked of parents/guardians with children age 0 – 17 in the household

Also included are:

- Parents/guardians who have less than a 12th grade education
- Parents/guardians with an income of \$25,000 – \$34,999

**Child Lacks Healthcare Insurance**  
**(Among parents/guardians of children 0 – 17; Tulsa County, 2012)**

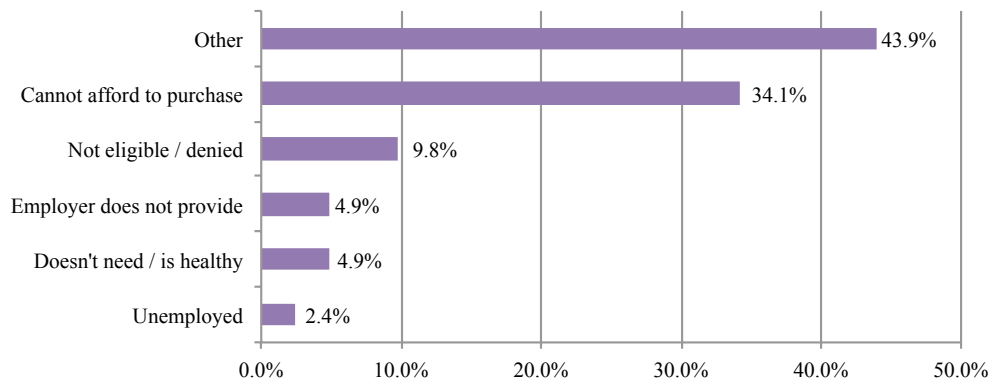


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C8]

· Asked of parents/guardians with children age 0 – 17 in the household

When asked why the child does not have healthcare insurance, the top reason is “cannot afford to purchase.”

**Reason why Child Lacks Healthcare Insurance**  
**(Among parents/guardians of children 0 – 17; Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C10]

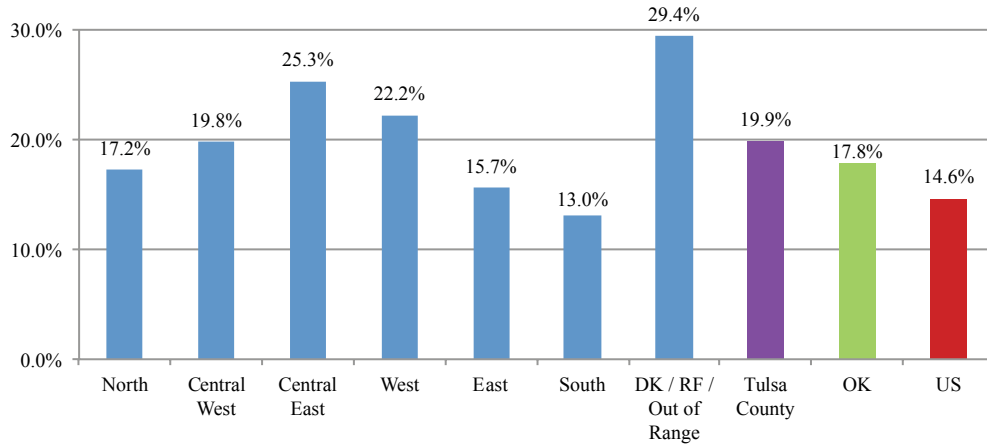
· Asked of parents/guardians with children age 0 – 17 in the household who answered “no” to “Does he/she have any type of healthcare coverage?”

“Other” includes responses such as “born in Mexico,” “in the process of getting SoonerCare,” “application hasn’t arrived” and “can pay co-pay on my own.”

## Difficulty Accessing Services: Adults

One-fifth (19.9%) of Tulsa County adults report difficulty in seeing a healthcare provider in the past year because of cost. This is higher than Oklahoma and United States findings. The percentage is highest in Central East Tulsa County and lowest in South Tulsa County.

**Experienced Difficulty in Receiving Healthcare in the Past Year  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 15]

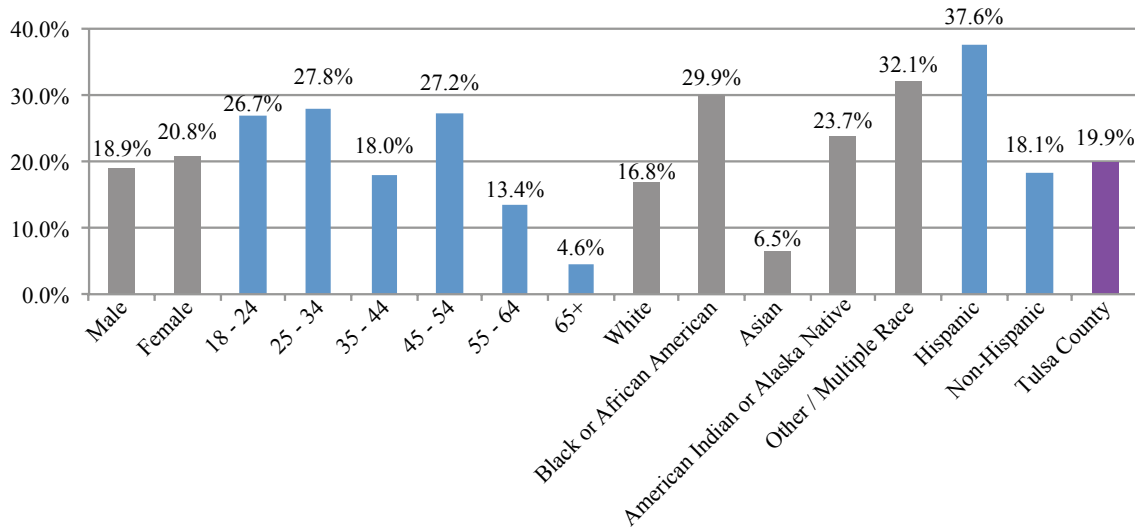
· The Kaiser Family Foundation, [statehealthfacts.org](http://statehealthfacts.org). Data Source: [Statehealthfacts.org](http://Statehealthfacts.org) analysis of Behavioral Risk Factor Surveillance System Survey Data (BRFSS), Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010, accessed March 6, 2013.

· Asked of all respondents

Individuals who belong to the following groups are more likely to have experienced difficulty in receiving healthcare in the previous year:

- Females
- Adults age 25 – 34
- Adults of “other” or multiple races
- Hispanics

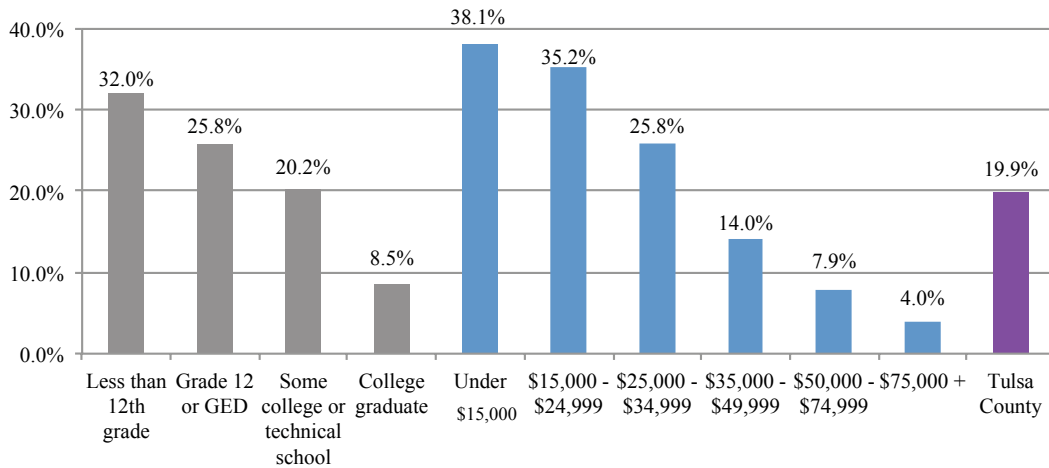
**Experienced Difficulty in Receiving Healthcare in the Past Year  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 15]  
· Asked of all respondents

Additionally, there is a negative correlation between higher education and income levels and decreased likelihood of experiencing difficulty in receiving healthcare.

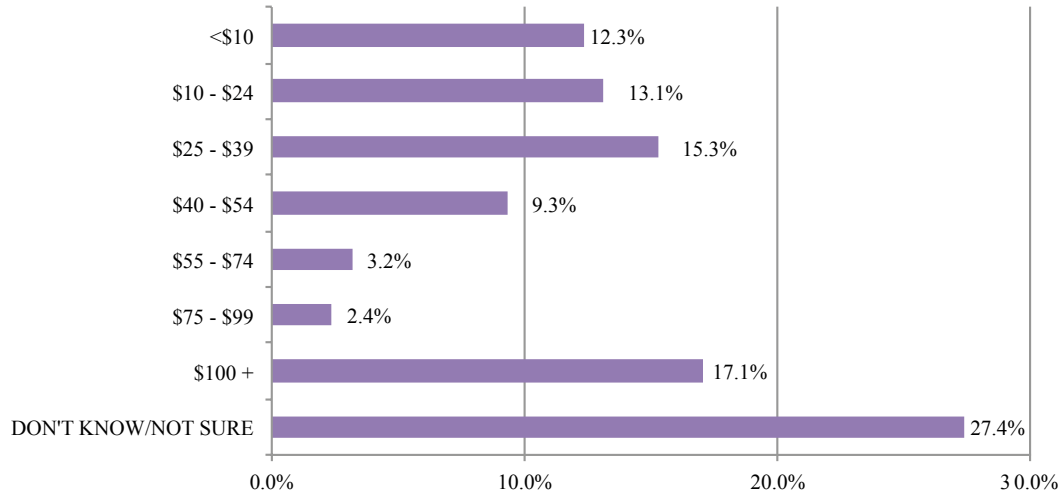
**Experienced Difficulty in Receiving Healthcare in the Past Year  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 15]  
· Asked of all respondents

Tulsa County adults were then asked how much they can afford and are willing to pay on average for healthcare.

**Average Cost Individuals Can Afford for Healthcare  
(Tulsa County, 2012)**



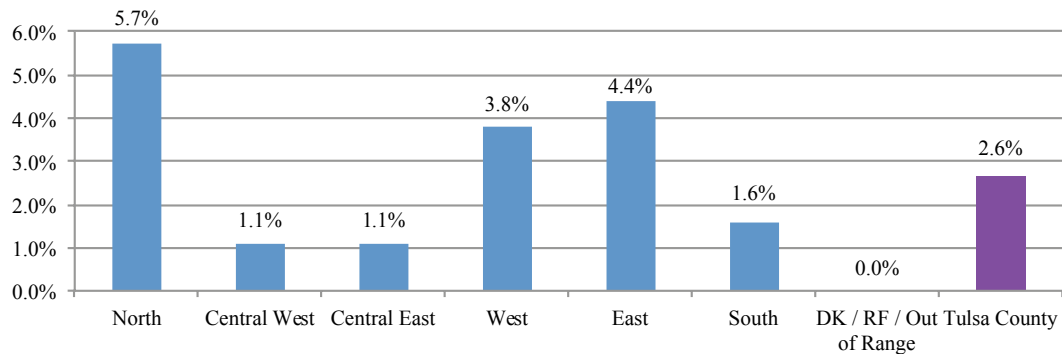
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 16]

· Asked of all respondents who answered “yes” to “Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?”

## Difficulty Accessing Services: Children

Among parents/guardians surveyed who have a child age 0 – 17 in the household, 2.6% state that there was a time in the previous year when the child was unable to receive healthcare because of the cost. This is highest in North Tulsa County and lowest in Central West and Central East Tulsa County.

**Experienced Difficulty Obtaining Medical Care for Child in the Past Year  
(Among parents/guardians of children 0 – 17; Tulsa County, 2012)**



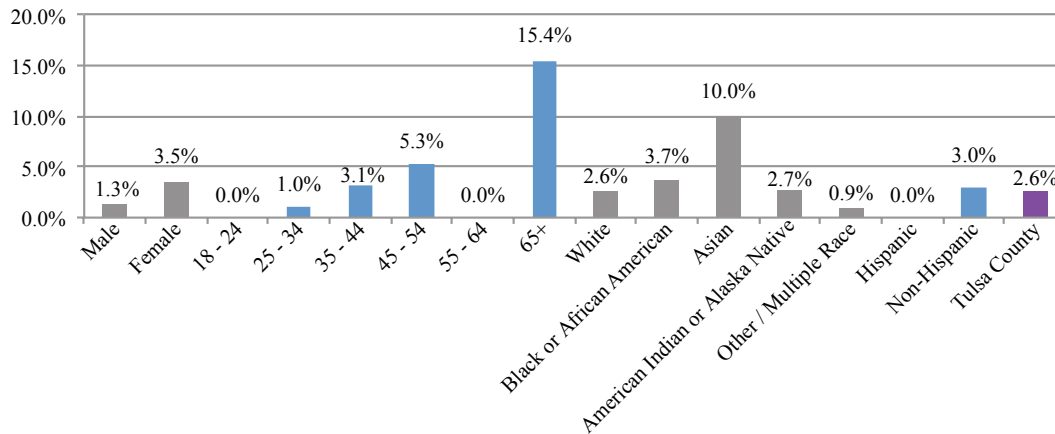
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C13]

· Asked of parents/guardians with children age 0 – 17 in the household

Parents/guardians belonging to the following groups are more likely to report having had difficulty obtaining medical care for their child in the past year:

- Females
- Adults age 65+
- Asians
- Non-Hispanics

**Experienced Difficulty Obtaining Medical Care for Child in the Past Year  
(Among parents/guardians of children 0 – 17; Tulsa County, 2012)**



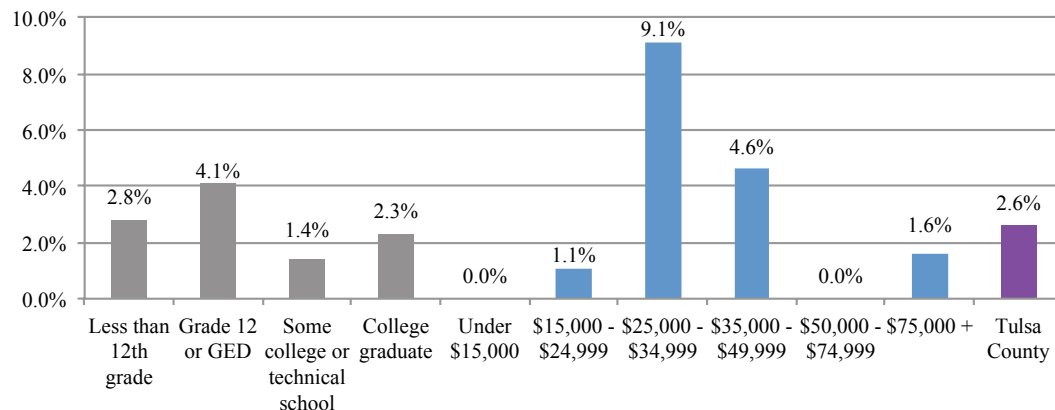
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C13]

· Asked of parents/guardians with children age 0 – 17 in the household

Additionally, difficulty in obtaining medical care for their child is most common in parents/guardians who:

- Have a 12th grade education or GED
- Have an income of \$25,000 – \$34,999

**Experienced Difficulty Obtaining Medical Care for Child in the Past Year  
(Among parents/guardians of children 0-17; Tulsa County, 2012)**

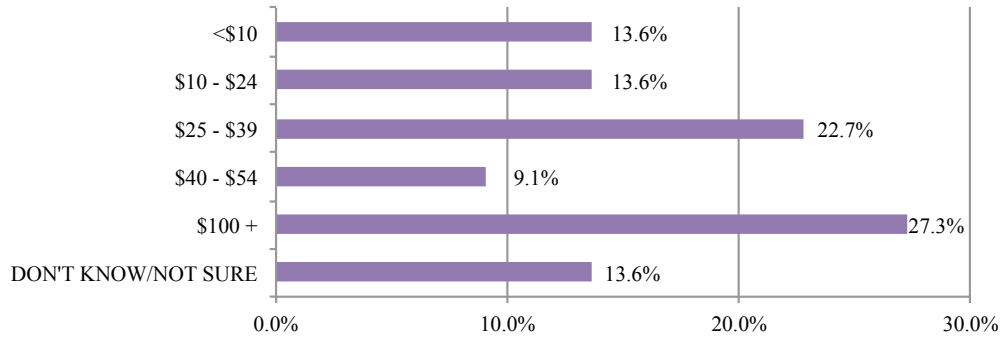


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C13]

· Asked of parents/guardians with children age 0 – 17 in the household

Parents/guardians were then asked what average amount they can afford and are willing to pay for their child to receive healthcare.

**Average Cost Parents/Guardians Can Afford for Child's Healthcare  
(Among parents/guardians of children 0-17; Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C14]

· Asked of parents/guardians with children age 0 – 17 in the household who responded “yes” to “Was there a time in the past 12 months when you needed to take this child to see a doctor but could not because of cost?”

# Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs.

Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that:

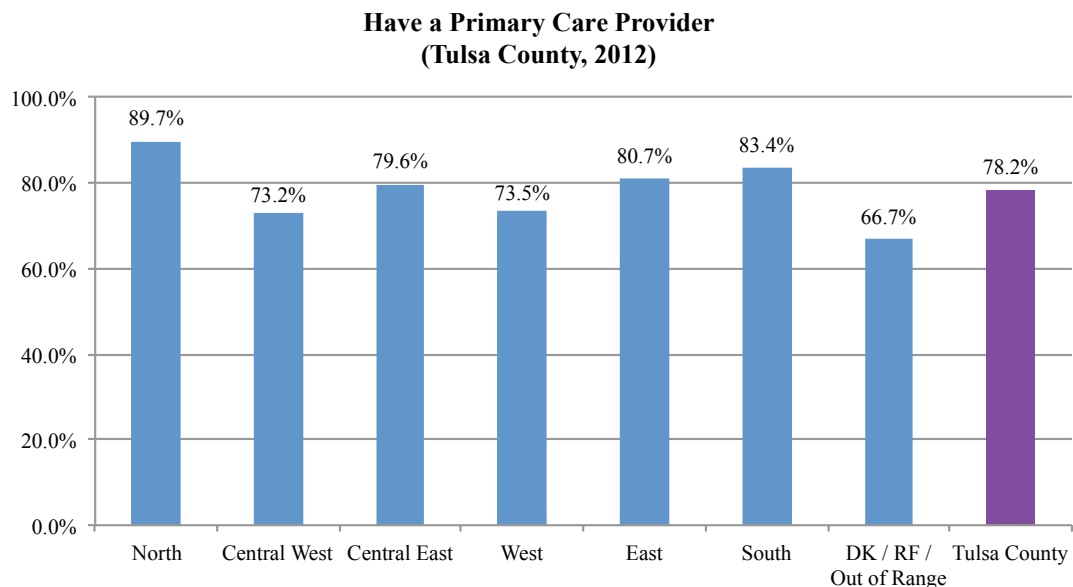
- Prevent illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention)
- Detect a disease at an earlier, and often more treatable, stage (secondary prevention)

PCPs play an important role in the general health of the communities they serve. However, there has been a decrease in the number of medical students interested in working in primary care. To improve the Nation's health, it is important to increase and track the number of practicing PCPs.

*-Healthy People 2020 (www.healthypeople.gov)*

## Primary Care Services: Adults

A total of 78.2% of Tulsa County adults state that they have at least one person who they think of as their personal doctor or healthcare provider. This is most common in North Tulsa County and least common in Central West and West Tulsa County.



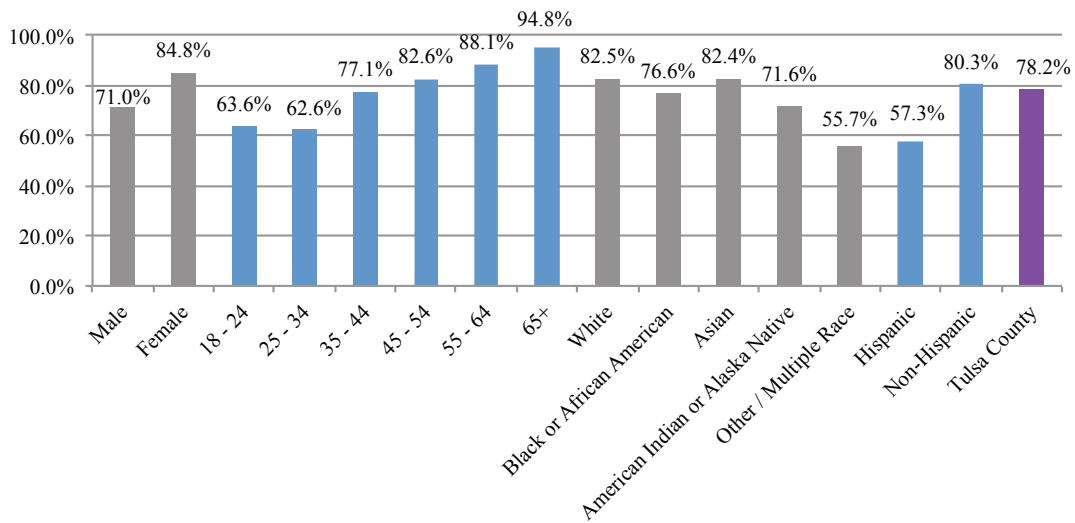
*· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Items 13 – 14]  
· Asked of all respondents*



Adults belonging to the following groups are more likely to have at least one person who they think of as their primary care provider:

- Females
- Adults age 65+
- Whites and Asians
- Non-Hispanics

**Have a Primary Care Provider  
(Tulsa County, 2012)**

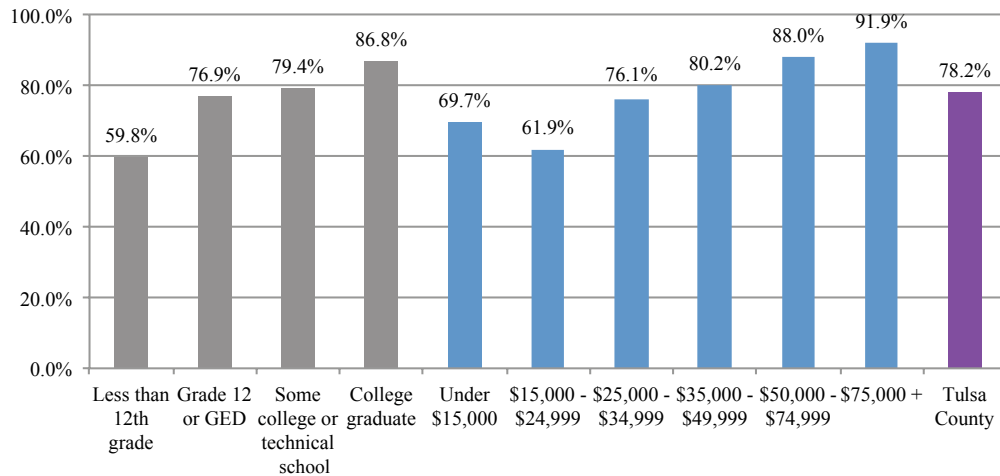


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Items 13 – 14]  
· Asked of all respondents

Additionally, there is an increased likelihood of having a primary care provider among:

- College graduates (Note that likelihood of having a primary care provider increases as education level increases)
- Adults who have an income of \$75,000+

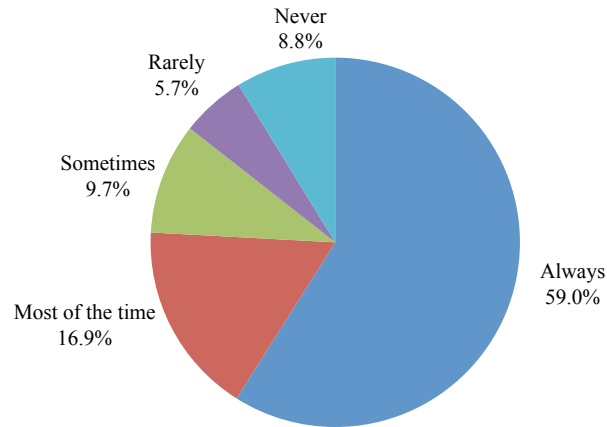
**Have a Primary Care Provider  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Items 13 – 14]  
· Asked of all respondents

The majority of Tulsa County adults report that they “always” or “most of the time” see the same provider when they access healthcare services.

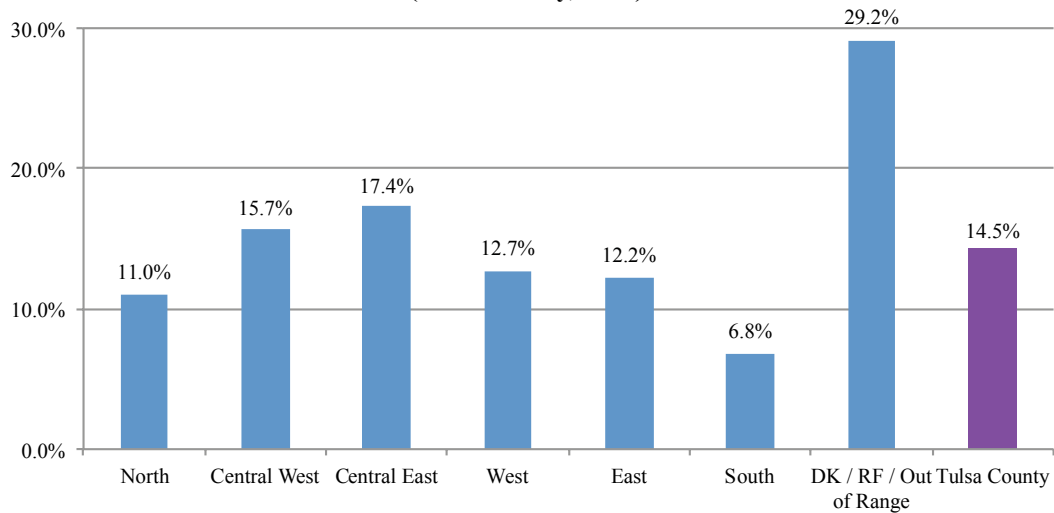
**See the Same Provider Each Time Healthcare Services Are Utilized  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 20]  
· Asked of all respondents

However, 14.5% of respondents state that they “rarely” or “never” see the same provider. This is most common in Central East Tulsa County and least common in South Tulsa County.

**"Rarely" or "Never" See the Same Provider  
(Tulsa County, 2012)**

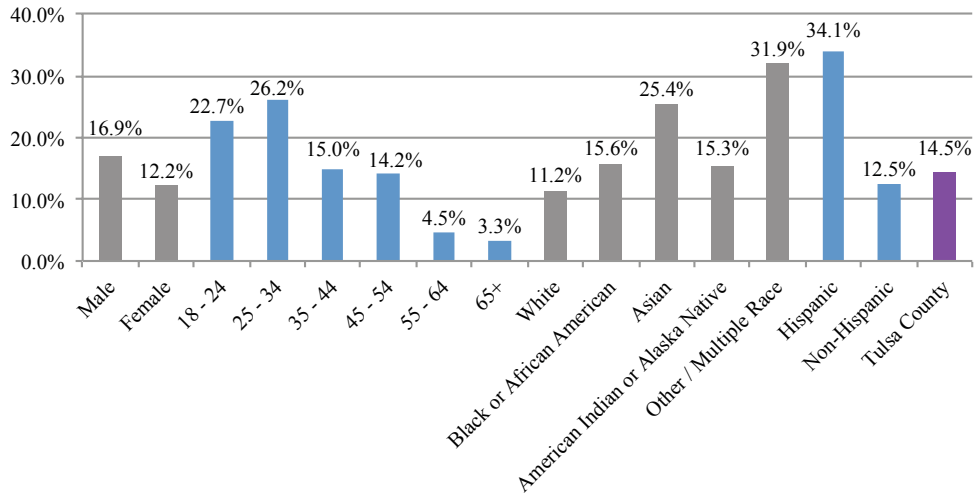


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 20]  
· Asked of all respondents

Adults more likely to report that they “rarely” or “never” see the same provider include:

- Males
- Adults age 25 – 34
- Adults of “other” or multiple races
- Hispanics

**"Rarely" or "Never" See the Same Provider  
(Tulsa County, 2012)**

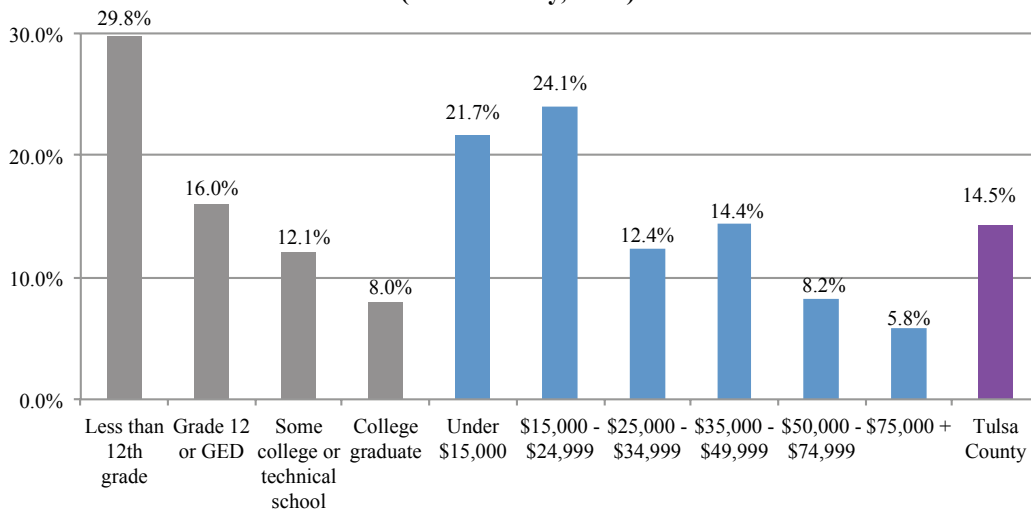


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 20]  
· Asked of all respondents

Also included are:

- Adults who have less than a 12th grade education (Note that there is a decreasing trend in the likelihood of “rarely” or “never” seeing the same provider as education level increases)
- Adults who have an income of less than \$24,999

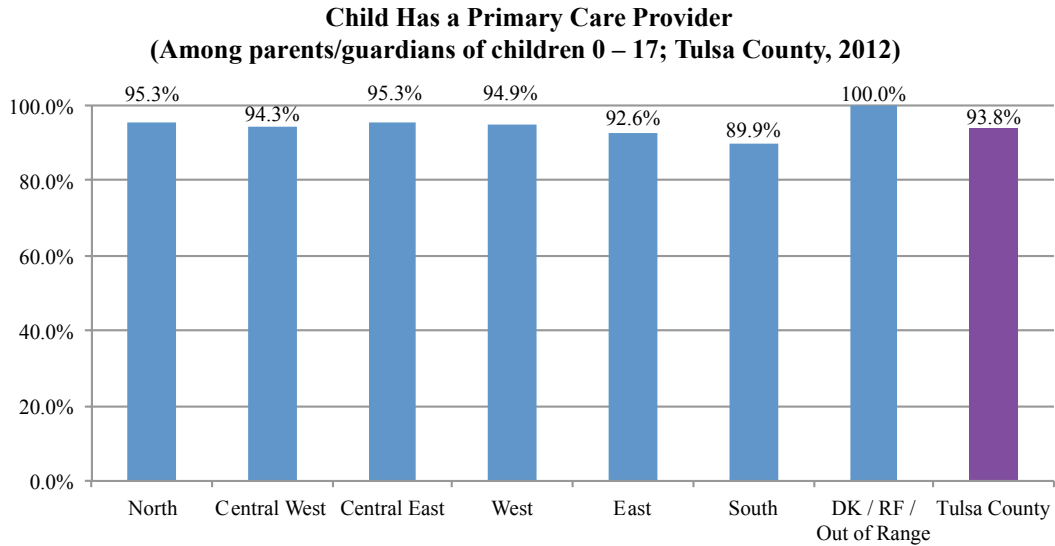
**"Rarely" or "Never" See the Same Provider  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 20]  
· Asked of all respondents

# Primary Care Services: Children

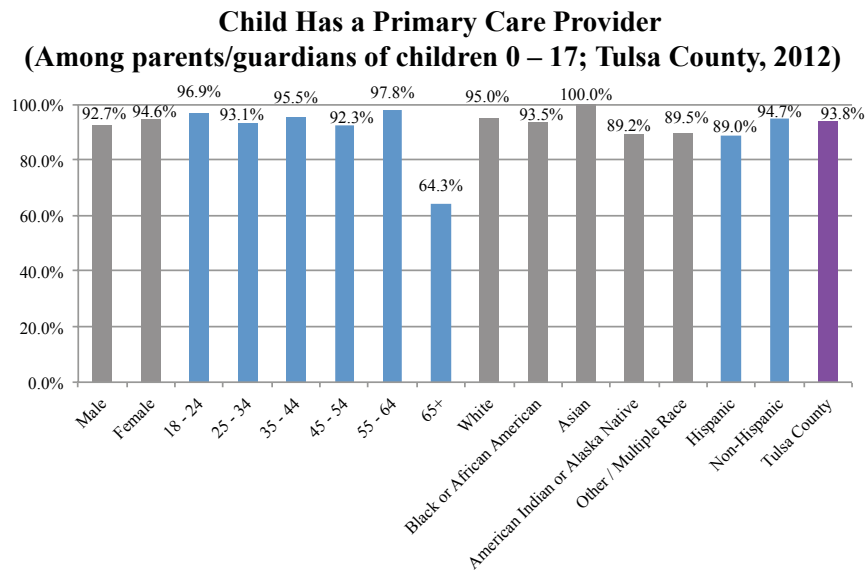
Parents/guardians who have a child under 18 living in the household were asked if the child has at least one person that they think of as their personal doctor or healthcare provider. The majority of parents/guardians (93.8%) report that their child has a primary care provider. This is highest in North and Central East Tulsa County and lowest in South Tulsa County.



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Items C11 – C12]  
· Asked of parents/guardians with children age 0 – 17 in the household

Parents/guardians in the following groups are more likely to have a child with a primary care provider:

- Females
- Adults age 55 – 64
- Asians
- Non-Hispanics

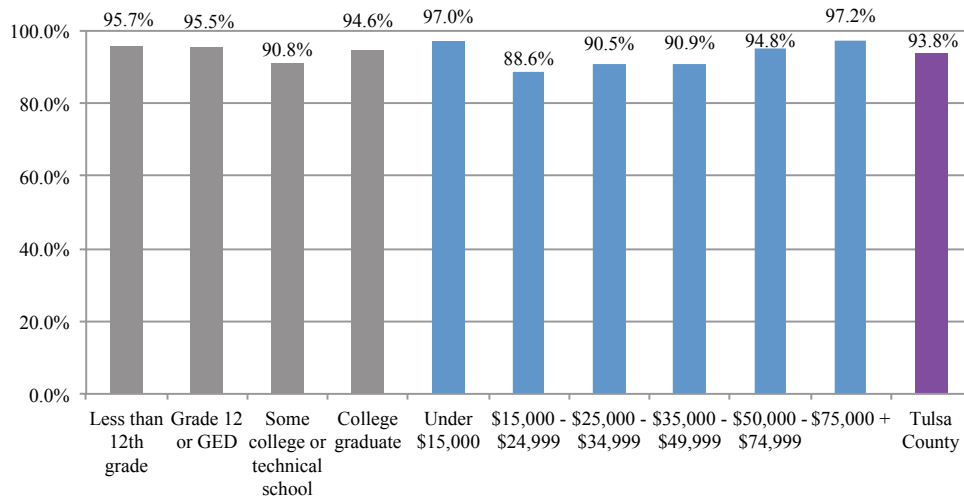


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Items C11 – C12]  
· Asked of parents/guardians with children age 0 – 17 in the household

Also included are:

- Adults with a 12th grade education/ GED or less
- Adults with an income of less than \$15,000 or greater than \$75,000

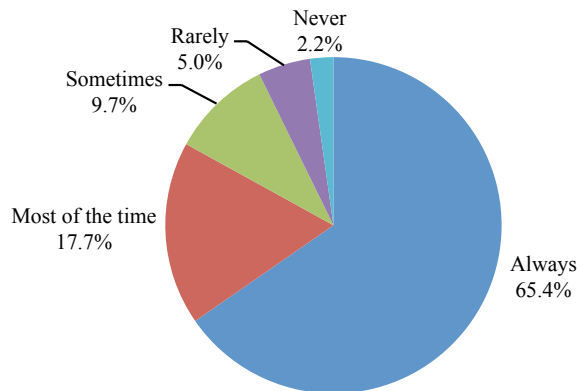
**Child Has a Primary Care Provider  
(Among parents/guardians of children 0-17; Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Items C11 – C12]  
· Asked of parents/guardians with children age 0 – 17 in the household

Parents/guardians were also asked if the child sees the same provider each time they access healthcare services. Overall, the majority of parents/guardians (83.0%) report that their child “always” or “most of the time” sees the same provider.

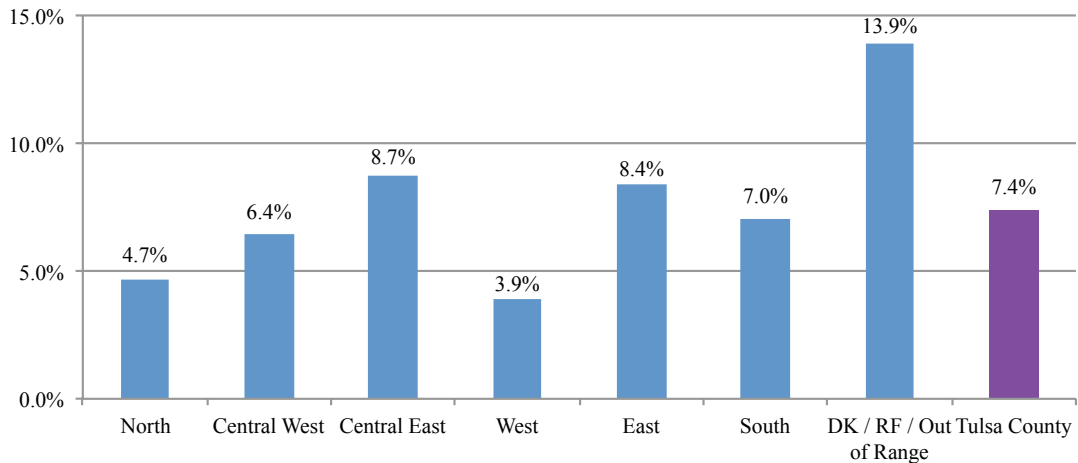
**Child Sees the Same Provider Each Time Healthcare Services Are Utilized  
(Among parents/guardians of children 0-17; Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C18]  
· Asked of parents/guardians with children age 0 – 17 in the household

However, 7.4% of parents/guardians state that their child “rarely” or “never” sees the same provider. This is highest in Central East and East Tulsa County and lowest in West Tulsa County.

**Child "Rarely" or "Never" Sees the Same Provider  
(Among parents/guardians of children 0-17; Tulsa County, 2012)**

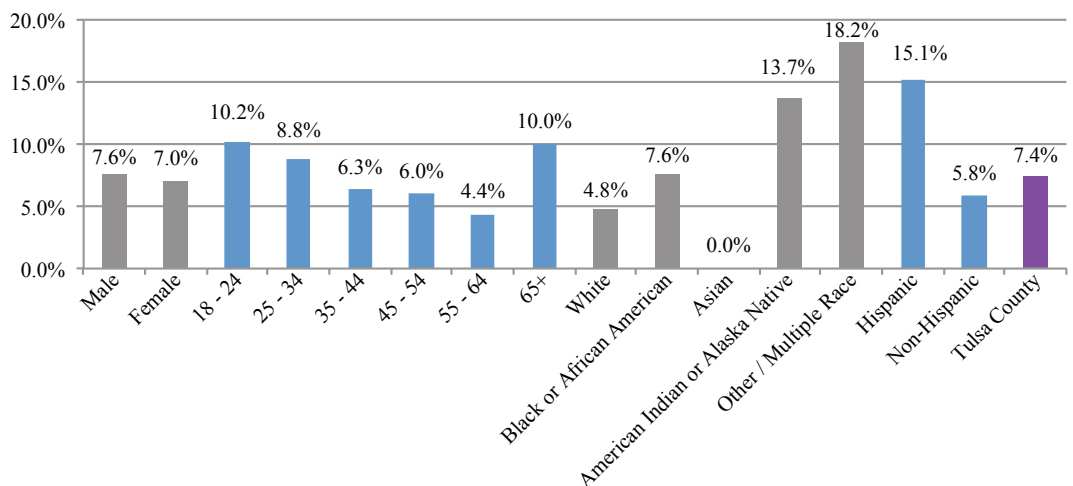


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C18]  
· Asked of parents/guardians with children age 0 – 17 in the household

The children of parents/guardians belonging to the following groups are more likely to “rarely” or “never” see the same provider:

- Adults age 18 – 24 or 65+
- Adults of “other” or multiple races
- Hispanics

**Child "Rarely" or "Never" Sees the Same Provider  
(Among parents/guardians of children 0-17; Tulsa County, 2012)**

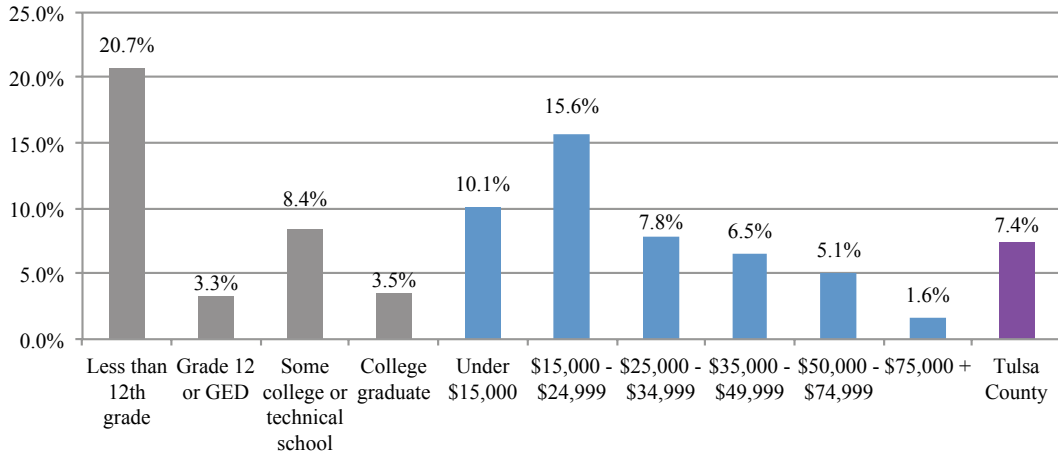


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C18]  
· Asked of parents/guardians with children age 0 – 17 in the household

Additionally, children are more likely to “rarely” or “never” see the same provider if their parents/guardians:

- Have less than a 12th grade education
- Have an income of \$15,000 – \$24,999

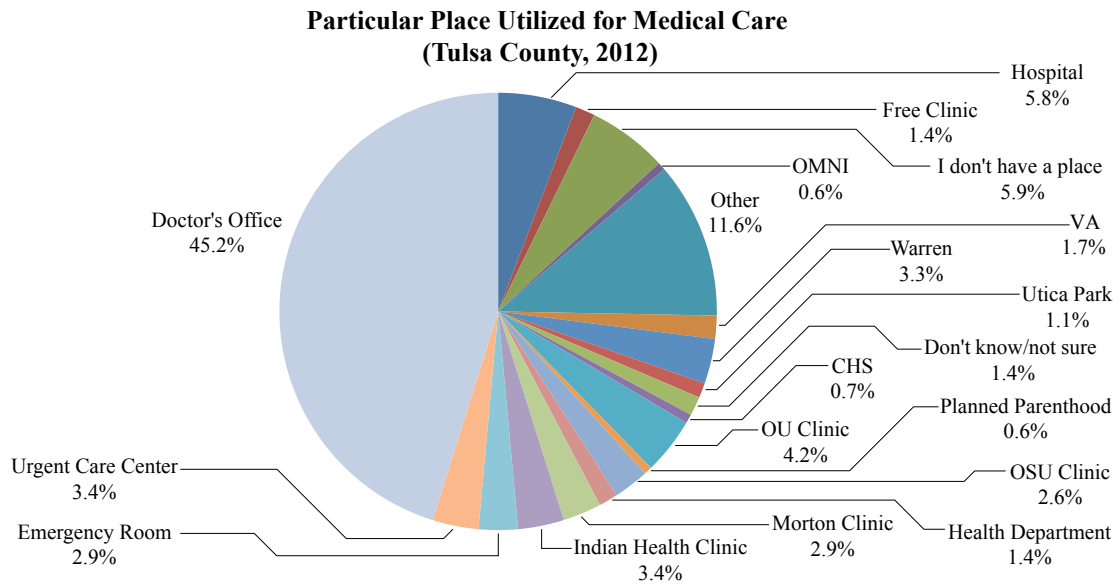
**Child "Rarely" or "Never" Sees the Same Provider  
(Among parents/guardians of children 0 – 17; Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C18]  
 · Asked of parents/guardians with children age 0 – 17 in the household

## Particular Place Utilized for Medical Care: Adults

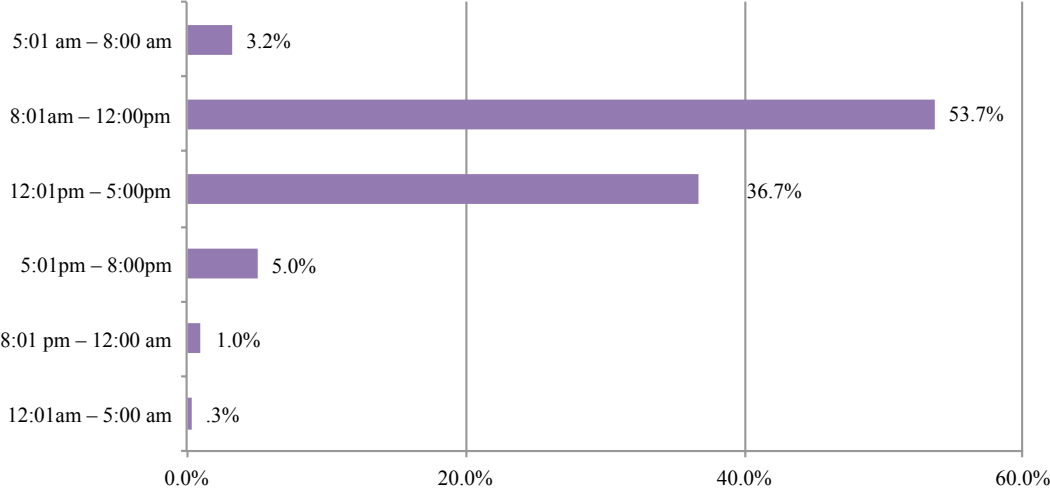
When asked where they go when they need medical care, the greatest percentage of respondents (45.2%) said that they go to a specific doctor’s office. An additional 5.8% utilize a hospital such as Hillcrest, St. John or Saint Francis, for medical care.



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 19]  
 · Asked of all respondents

Tulsa County adults were also asked when (time of day, week/ weekend) they access healthcare. The majority of respondents (92.5%) state that they generally see a doctor during the week as opposed to on the weekend. When asked what time of day they generally access healthcare services, the majority (53.7%) report that they go between 8:01 am – 12:00 pm.

**Time of Day for Healthcare Access  
(Tulsa County, 2012)**

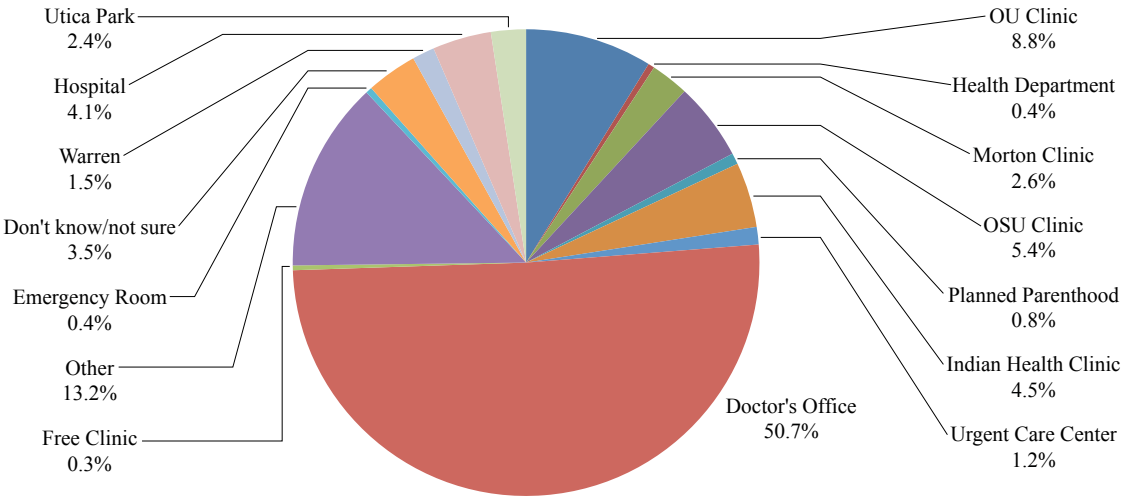


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center: [Item 22]  
· Asked of all respondents

## Particular Place Utilized for Medical Care: Children

When asked where they go when their child needs medical care, the majority of parents/guardians (50.7%) state that they go to a specific doctor’s office. An additional 8.8% utilize the OU Clinic for medical care.

**Particular Place Utilized for Medical Care for Child  
(Among parents/guardians with children 0 – 17; Tulsa County, 2012)**

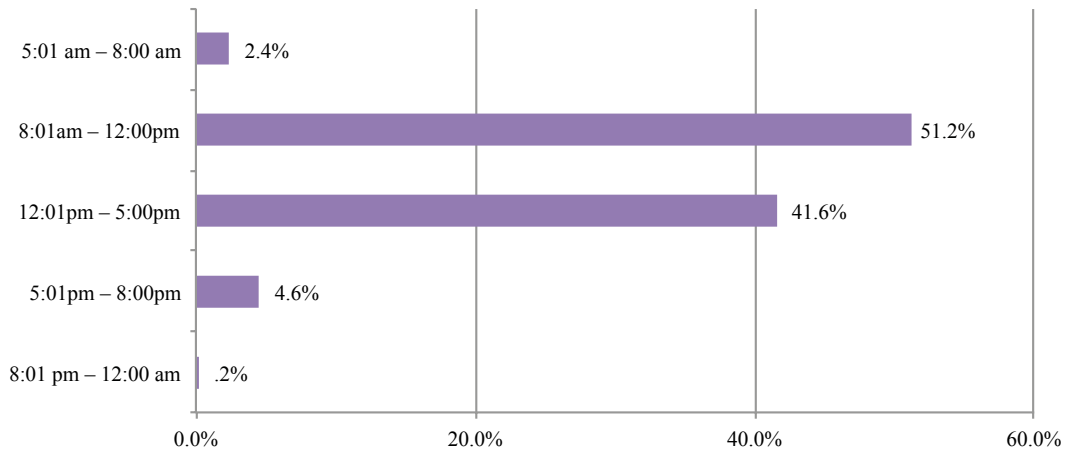


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center: [Item C17]  
· Asked of parents/guardians with children age 0 – 17 in the household



Parents/guardians with children under 18 in the household were also asked questions regarding when their child accesses healthcare. A total of 95.4% of parents/guardians state that their child accesses healthcare services during the week. Also, the majority of children (51.2%) see the doctor between 8:01 am and 12:00 pm.

**Time of Day for Child's Healthcare Access**  
**(Among parents/guardians of children 0 – 17; Tulsa County, 2012)**

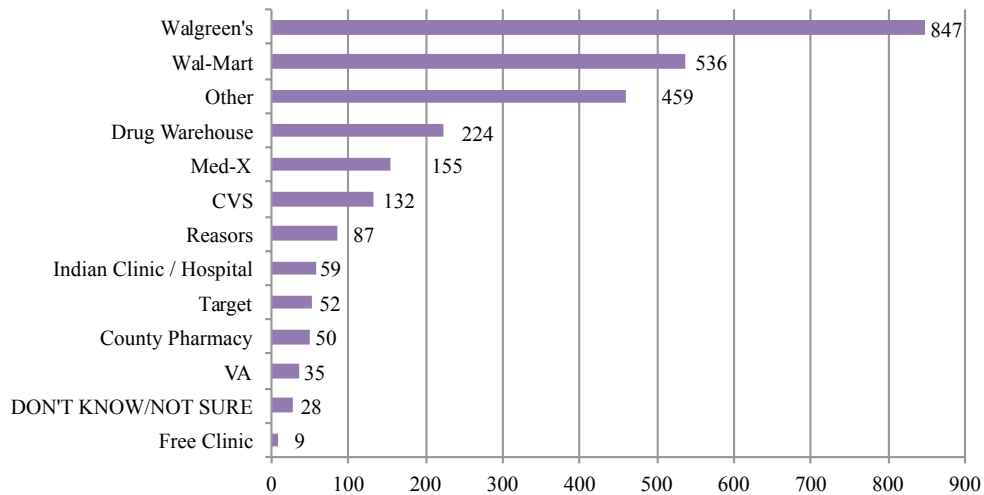


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C20]  
 · Asked of parents/guardians with children age 0 – 17 in the household

## Prescriptions: Adults

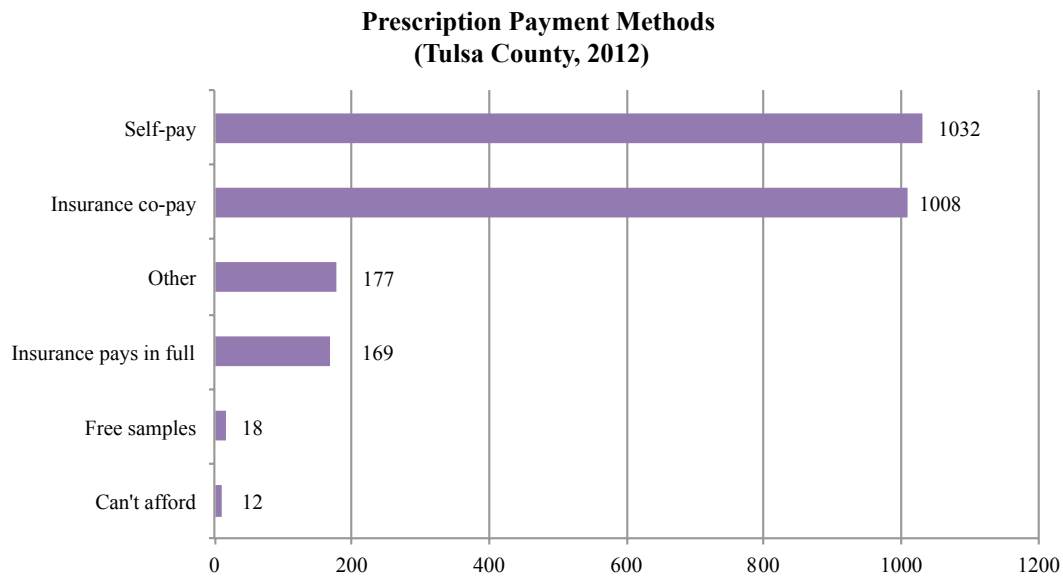
Tulsa County adults were asked where they fill prescriptions and how they pay for them. The most common location is Walgreen's, followed by Wal-Mart.

**Place Used to Fill Prescriptions**  
**(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 23]  
 · Asked of all respondents  
 · Respondents were able to select multiple responses

Regarding payment methods, the most common form of payment is “self-pay,” followed by “insurance co-pay.”

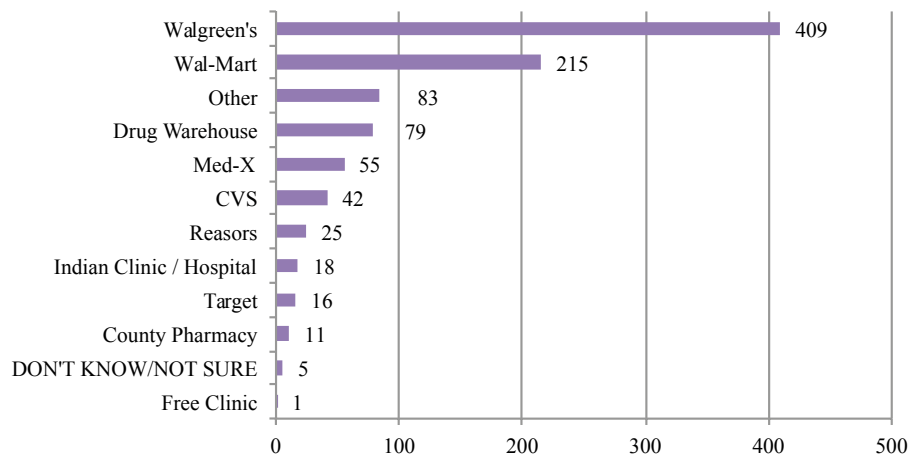


- 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 24]
- Asked of all respondents
- Respondents were able to select multiple responses

## Prescriptions: Children

Parents/guardians with a child under 18 living in the household were also asked about prescriptions for their child. The most common location used to fill prescriptions is Walgreen’s, followed by Wal-Mart.

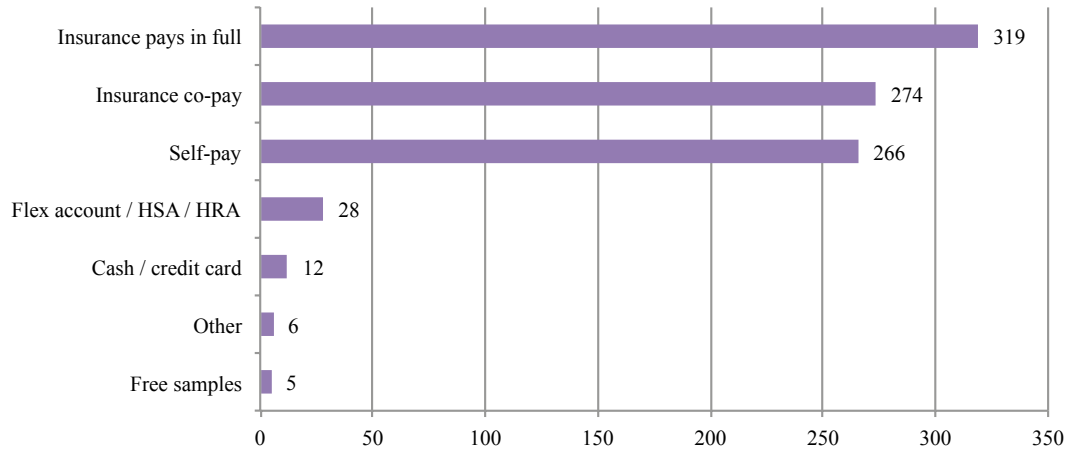
**Place Used to Fill Prescriptions for Child  
(Among parents/guardians of children 0 – 17; Tulsa County, 2012)**



- 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C21]
- Asked of parents/guardians with children age 0 – 17 in the household
- Respondents were able to select multiple responses

Regarding payment method, “insurance pays in full” is the most common form of payment, followed by “insurance co-pay.”

**Prescription Payment Method for Child**  
**(Among parents/guardians of children 0 – 17; Tulsa County, 2012)**

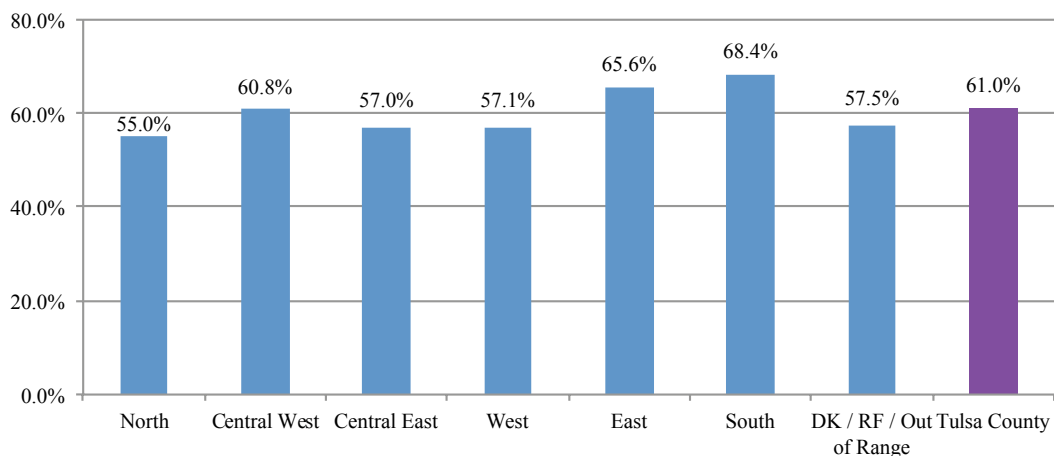


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C22]  
 · Asked of parents/guardians with children age 0 – 17 in the household  
 · Respondents were able to select multiple responses

## Routine Check-up: Adults

A total of 61.0% of Tulsa County adults have had a routine check-up in the previous year. This percentage is highest in South Tulsa County and lowest in North Tulsa County.

**Have Visited a Physician for a Routine Check-up in the Past Year**  
**(Tulsa County, 2012)**

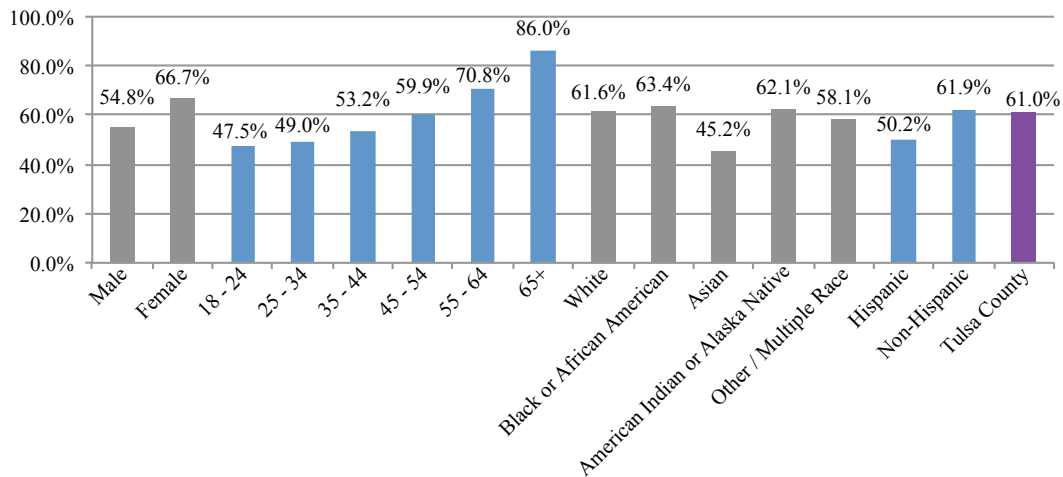


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 17]  
 · Asked of all respondents

Adults in the following groups are more likely to have received a routine check-up in the previous year:

- Females
- Adults age 65+ (Note that as age increases, likelihood of having a routine check-up also increases)
- African Americans
- Non-Hispanics

**Have Visited a Physician for a Routine Check-up in the Past Year  
(Tulsa County, 2012)**



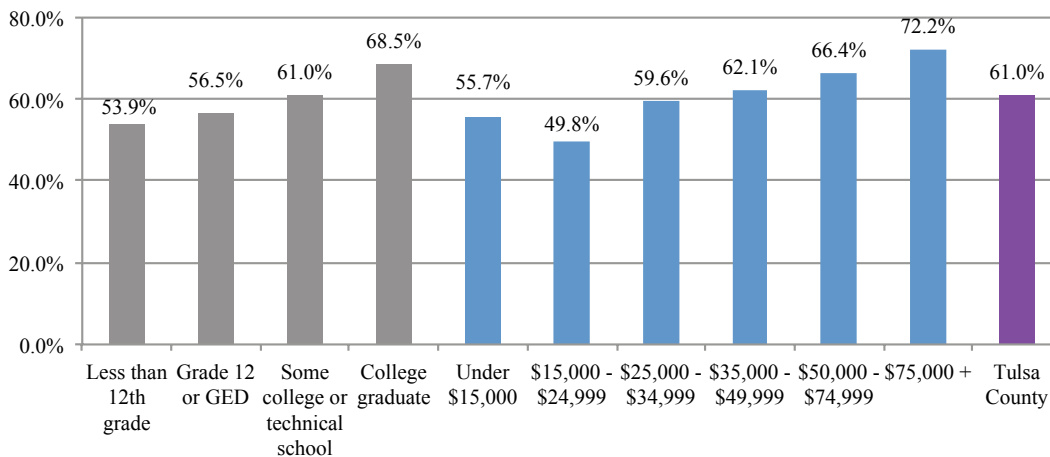
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 17]

· Asked of all respondents

The likelihood of receiving a routine check-up in the past year is also greater in the following groups:

- College graduates (Note that likelihood of having a routine check-up in the past year increases as education level increases)
- Adults with an income of \$75,000+

**Have Visited a Physician for a Routine Check-up in the Past Year  
(Tulsa County, 2012)**

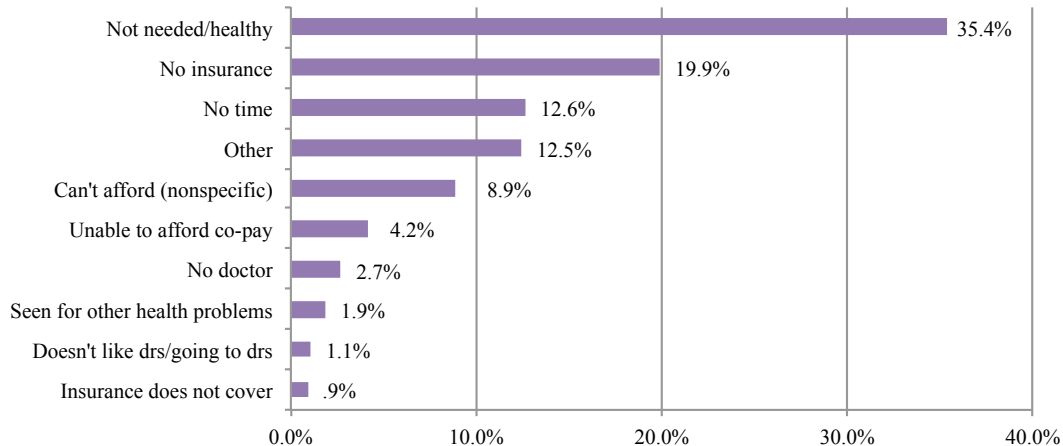


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 17]

· Asked of all respondents

When asked why they had not received a routine check-up in the previous year, 35.4% of respondents state that they did not need one because they are healthy. The second most common response (19.9%) is that they do not have insurance.

### Main Reason for Not Receiving a Routine Check-up in the Past Year (Tulsa County, 2012)



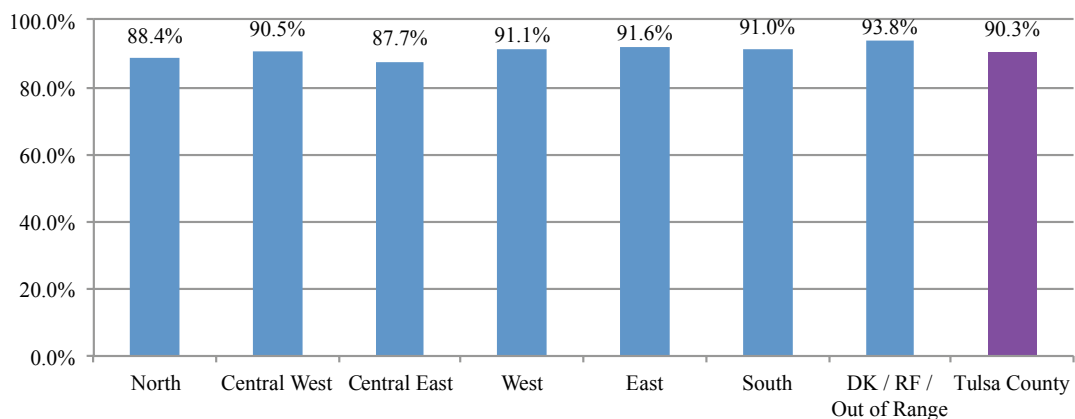
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 18]

· Asked of all respondents that responded "More than 1 year" to "About how long has it been since you visited a physician for a routine check-up?"

## Routine Check-up: Children

Overall, 90.3% of parents/guardians state that their child has had a routine check-up in the past year. This is highest in East Tulsa County and lowest in Central East Tulsa County.

### Child Has Visited a Physician for a Routine Check-up in the Past Year (Among parents/guradians of children 0 – 17; Tulsa County, 2012)



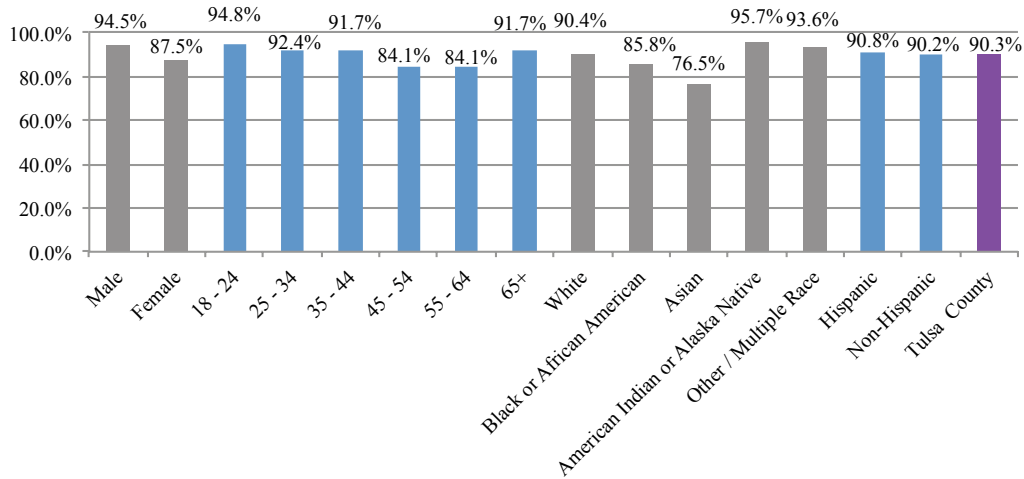
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C15]

· Asked of parents/guardians with children age 0 – 17 in the household

Parents/guardians belonging to the following groups are more likely to have taken their child to a physician for a routine check-up in the past year:

- Males
- Adults age 18 – 24
- American Indians or Alaska Natives

**Child Has Visited a Physician for a Routine Check-up in the Past Year  
(Among parents/guardians of children 0-17; Tulsa County, 2012)**

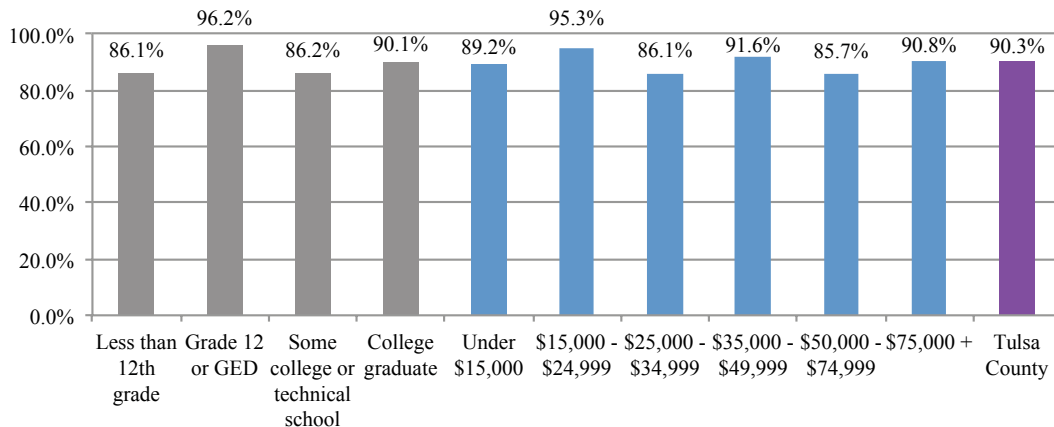


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C15]  
· Asked of parents with children age 0 – 17 in the household

Also included are:

- Adults with a 12th grade education or GED
- Adults who have an income of \$15,000 – \$24,999

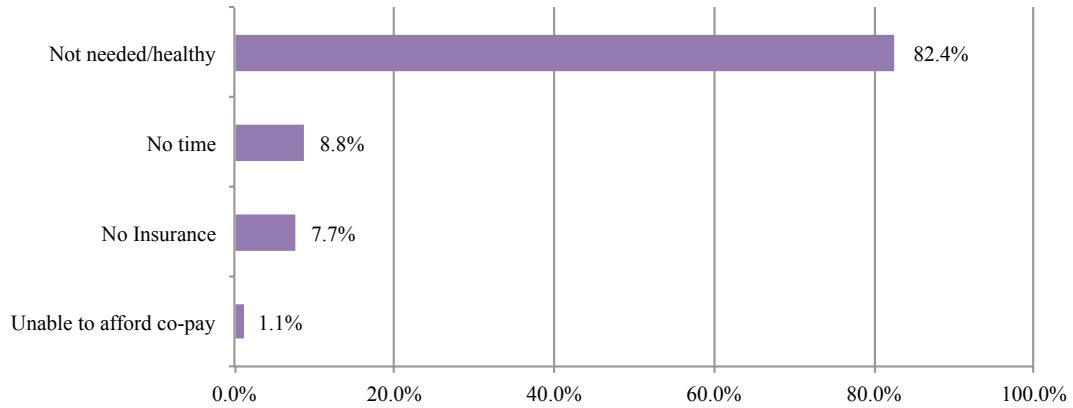
**Child Has Visited a Physician for a Routine Check-up in the Past Year  
(Among parents/guardians of children 0 – 17; Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C15]  
· Asked of parents/guardians with children age 0 – 17 in the household

When parents/guardians were asked why their child had not received a routine check-up in the past year, the majority (82.4%) state that it was not needed because the child is healthy.

**Main Reason for Child Not Receiving a Routine Check-up in the Past Year  
(Among parents/guardians of children 0-17; Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C16]

· Asked of parents/guardians with children age 0 – 17 in the household that responded “More than 1 year” to “About how long has it been since he/she visited a physician for a routine check-up?”

# Mental Health

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society.

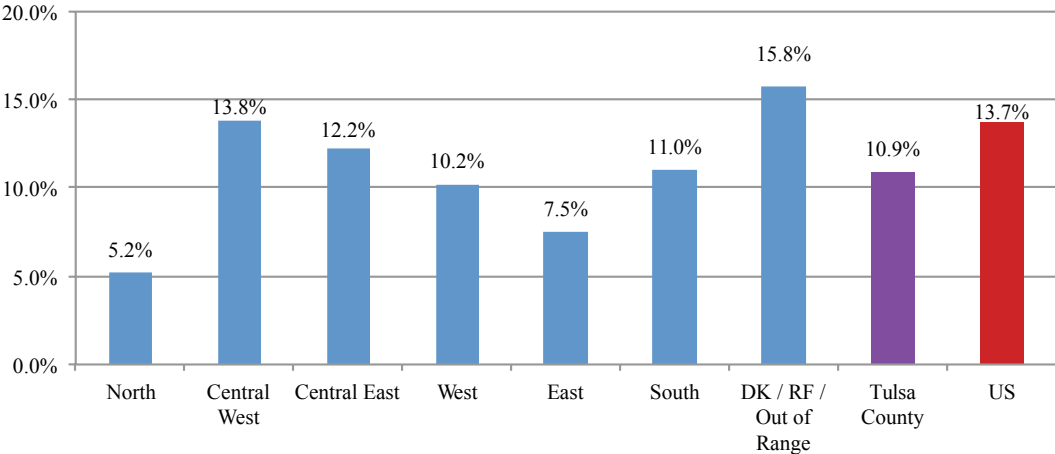
Mental health and physical health are closely connected. Mental health plays a major role in people’s ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery.

-Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Mental Health Services

A total of 11.0% of Tulsa County adults have accessed mental health services in the past year. This is lower than the rate in the United States. Adults living in Central West Tulsa County are most likely to have used mental health services in the past year while adults living in North Tulsa County are least likely to have used these services.

**Have Accessed Mental Health Services in the Past Year  
(Tulsa County, 2012)**



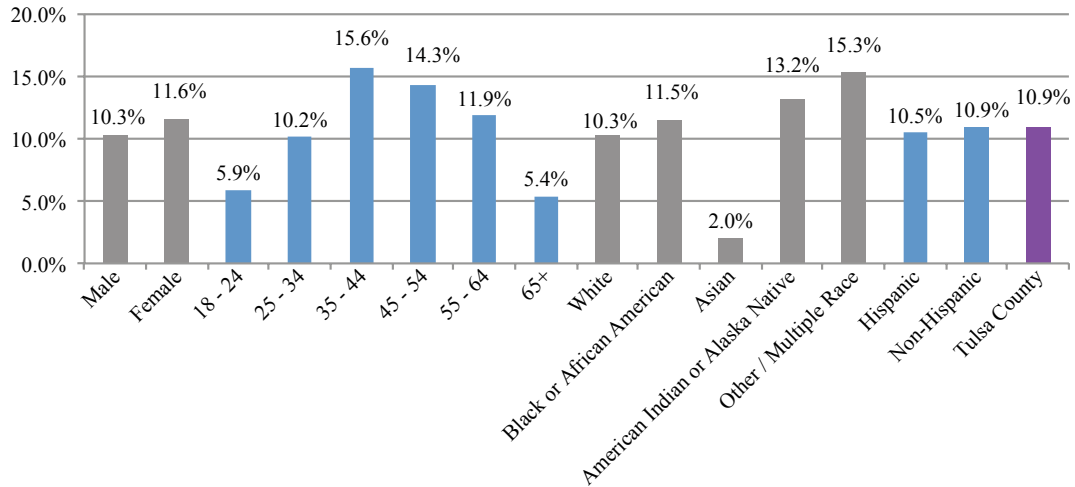
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 29]  
· Substance Abuse and Mental Health Services Administration, Results from the 2010 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-42, HHS Publication No. (SMA) 11-4667. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.  
· Asked of all respondents



Adults belonging to the following groups are more likely to have accessed mental health services in the previous year:

- Females
- Adults age 35 – 44
- Adults of “other” or multiple races

**Have Accessed Mental Health Services in the Past Year  
(Tulsa County, 2012)**

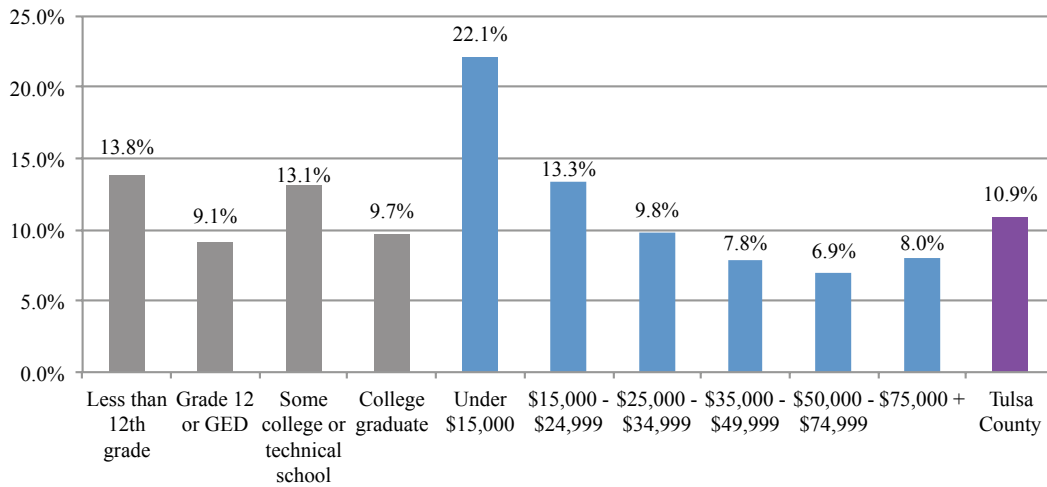


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 29]  
· Asked of all respondents

Also included are:

- Adults with less than a 12th grade education
- Adults with an income of less than \$15,000

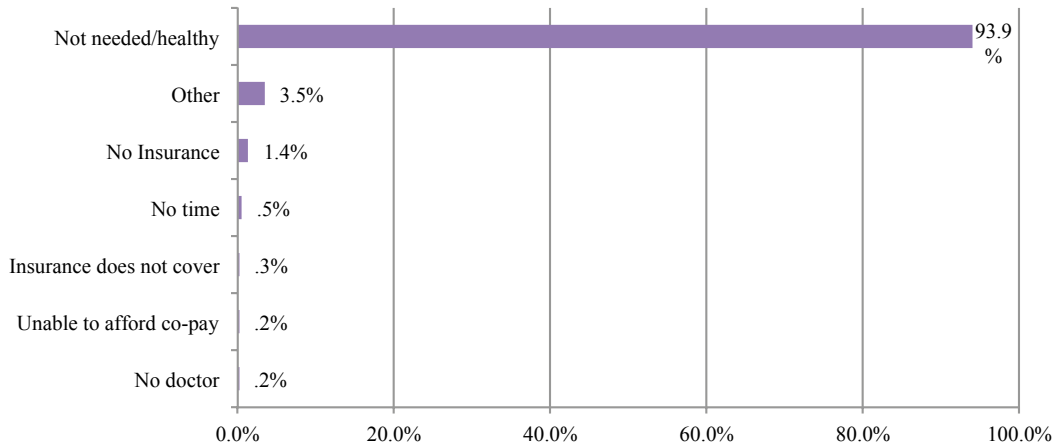
**Have Accessed Mental Health Services in the Past Year  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 29]  
· Asked of all respondents

The majority of Tulsa County adults (93.9%) state that their main reason for not using mental health services is that they are not needed because they are healthy.

**Main Reason for Not Utilizing Mental Health Services  
(Tulsa County, 2012)**

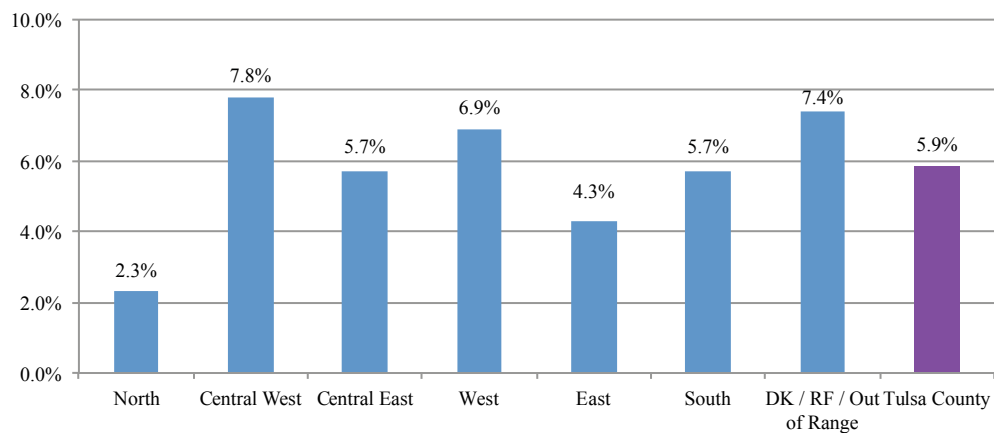


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 30]  
 · Asked of all respondents that responded with "Never" to the question "When was the last time you accessed mental health/ social support services?"

## Difficulty Accessing Mental Health Services

Regardless of how recently they had used mental health/ social support services, Tulsa County adults were asked if there was a time in the previous year then they wanted to utilize these services but were unable to due to cost. Overall, 5.9% of respondents report that they have had difficulty accessing mental health services in the past year because of the cost. This is highest in Central West Tulsa County and lowest in North Tulsa County

**Difficulty Accessing Mental Health Services in the Past Year  
(Tulsa County, 2012)**

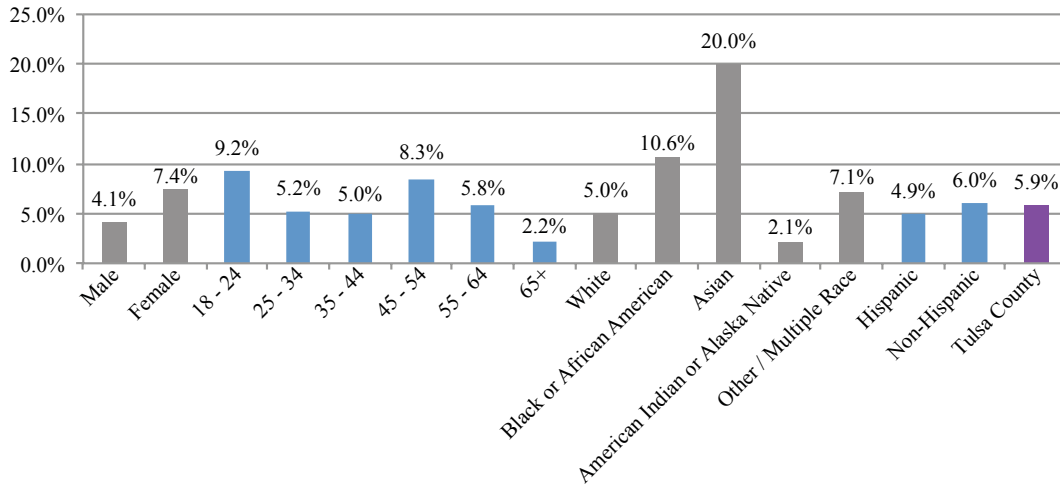


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 31]  
 · Asked of all respondents

Adults are more likely to report difficulty in access mental health services if they belong to the following groups:

- Females
- Adults age 18 – 24
- Asians
- Non-Hispanics

**Difficulty Accessing Mental Health Services in the Past Year  
(Tulsa County, 2012)**

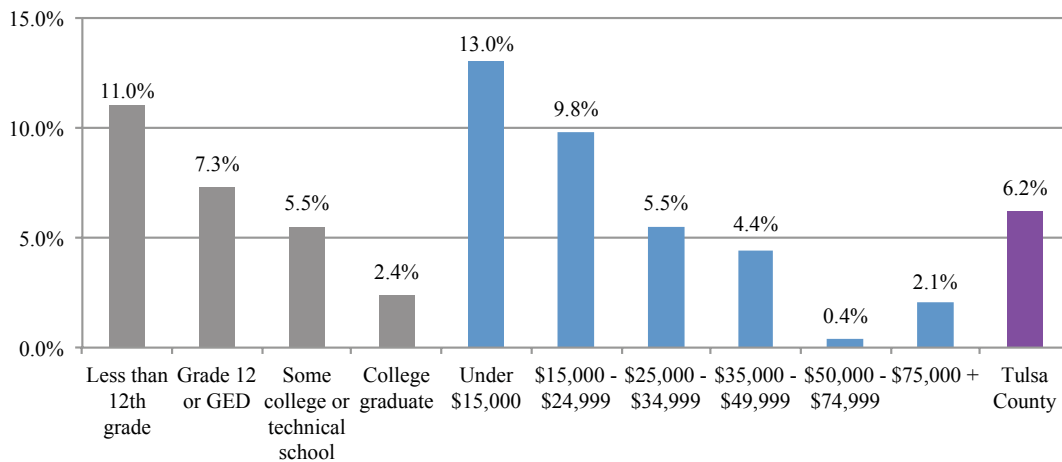


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 31]  
· Asked of all respondents

Additionally, adults belonging to the following groups are more likely to have experienced difficulty obtaining mental health services:

- Adults who have less than a 12th grade education (Note the downward trend of decreased likelihood of difficulty accessing mental health services as education level increases)
- Adults who have an income of less than \$15,000

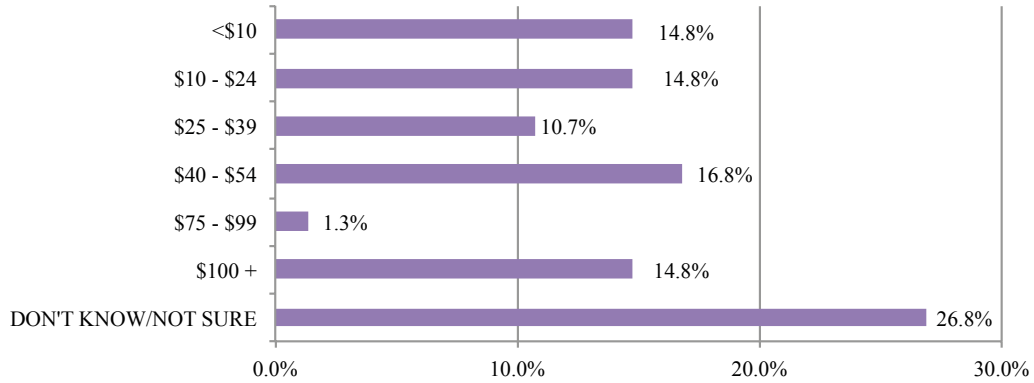
**Difficulty Accessing Mental Health Services in the Past Year  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 31]  
· Asked of all respondents

Adults who stated that they had difficulty accessing mental health services in the past year due to cost were then asked what amount they can afford to pay. The largest percentage of adults (16.8%) report that they can afford between \$40 – \$54.

**Average Cost Individuals Can Afford for Mental Health Services  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 32]

· Asked of all respondents that responded “yes” to “Was there a time in the past 12 months when you needed to see a mental health provider but could not because of cost?”

# Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral health care is associated with factors such as education level, income, race, and ethnicity.

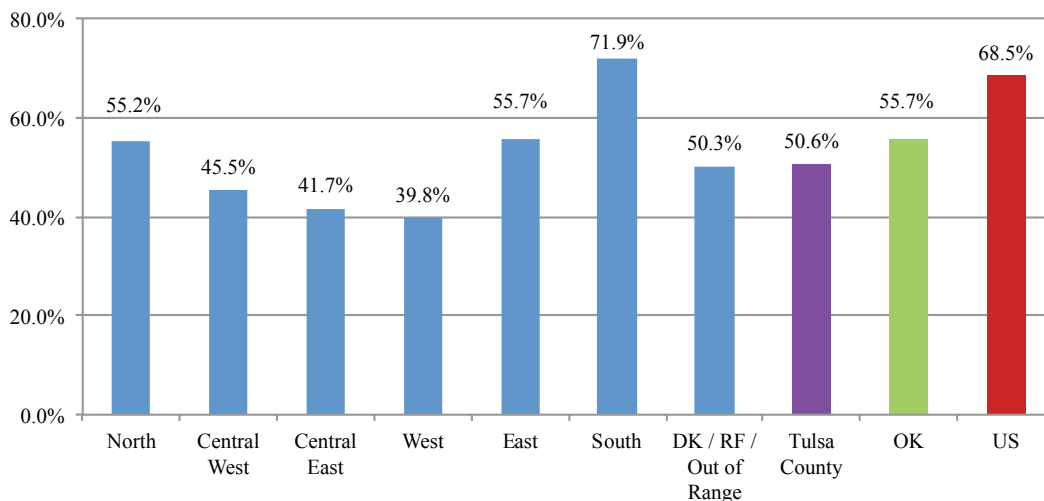
Areas for public health improvement in this topic include increased awareness of the importance of oral health to overall health and well-being, increased acceptance and adoption of effective preventive interventions, and reducing disparities in access to effective preventive and dental treatment services.

*-Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))*

## Dental Services

Tulsa County adults were asked how long it has been since they have visited the dentist for a routine teeth cleaning. A total of 50.6% of adults have had a routine teeth cleaning in the previous year. This is significantly lower than both Oklahoma and the United States. Adults are most likely to have received a routine teeth cleaning in the past year if they live in South Tulsa County and least likely if they live in West Tulsa County.

**Received a Routine Teeth Cleaning in the Past Year  
(Tulsa County, 2012)**



*· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 25]*

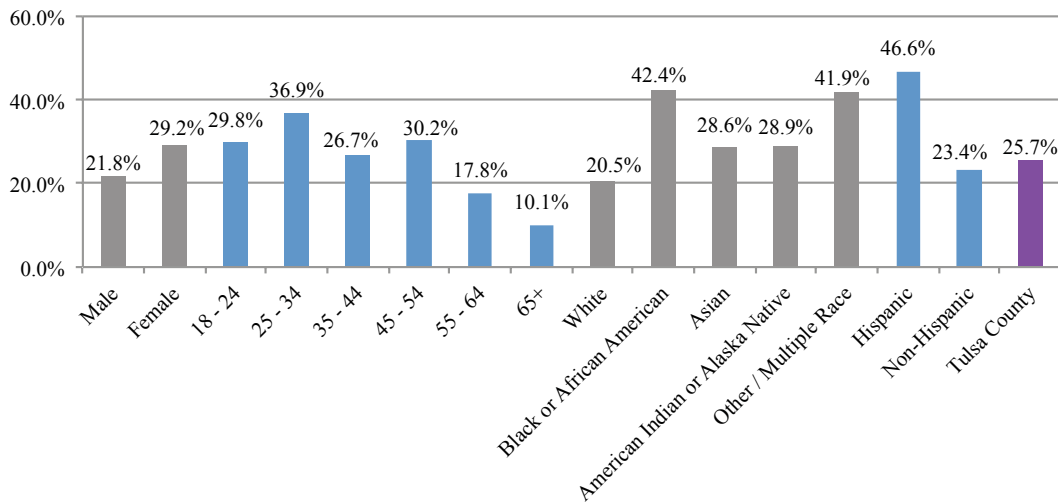
*· The Kaiser Family Foundation, [statehealthfacts.org](http://statehealthfacts.org). Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data (BRFSS), 2010, unpublished data, accessed March 6, 2013.*

*· Asked of all respondents*

Adults belonging to the following groups are more likely to have received a teeth cleaning in the past year:

- Women
- Adults age 55+
- Whites
- Non-Hispanics

**Received a Routine Teeth Cleaning in the Past Year  
(Tulsa County, 2012)**

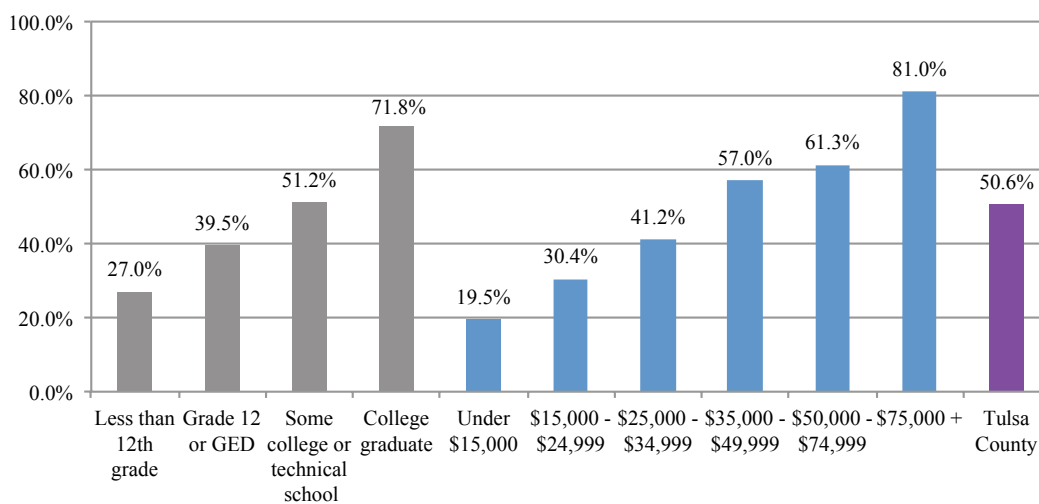


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 25]

· Asked of all respondents

When looking at education and income levels, there is a positive correlation between increased likelihood of receiving a routine teeth cleaning in the previous year and higher education and income levels.

**Received a Routine Teeth Cleaning in the Past Year  
(Tulsa County, 2012)**

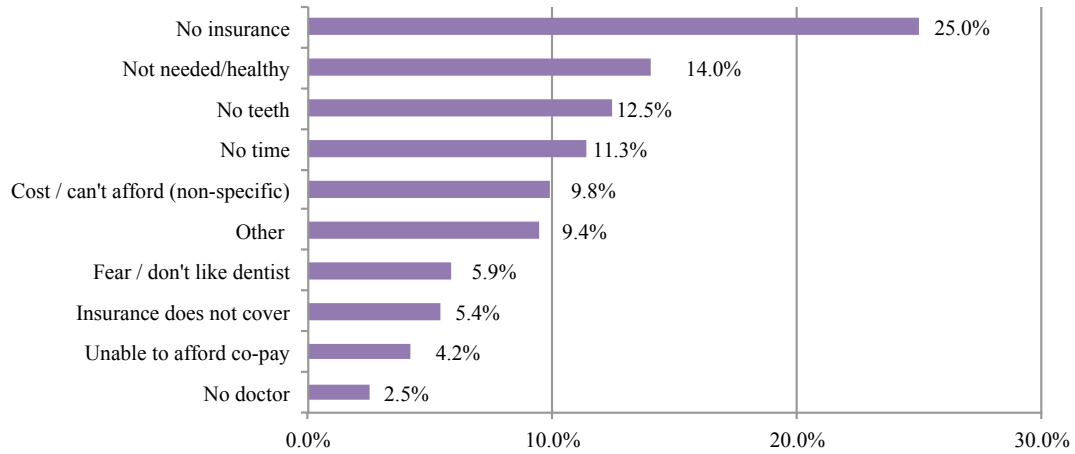


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 25]

· Asked of all respondents

Tulsa County adults who had not received a routine teeth cleaning in the past year were asked what barriers they face to receiving dental care. The most common reason is “no insurance.”

**Main Reason Why Individuals Have Not Received a Routine Teeth Cleaning in the Past Year (Tulsa County, 2012)**

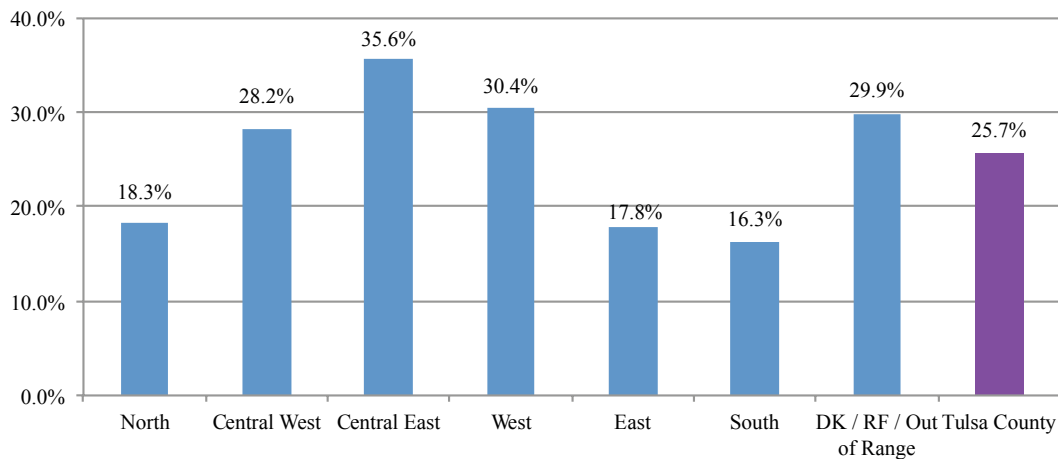


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 26]  
 · Asked of all respondents who answered “Greater than 1 year” to “About how long has it been since you last visited a dentist for a routine teeth cleaning?”

## Difficulty Accessing Dental Care

Overall, 25.6% of Tulsa County adults were unable to see a dentist in the past year because of cost. This is most common in Central East Tulsa County and least common in South Tulsa County.

**Experienced Difficulty in Receiving Dental Care in the Past Year (Tulsa County, 2012)**

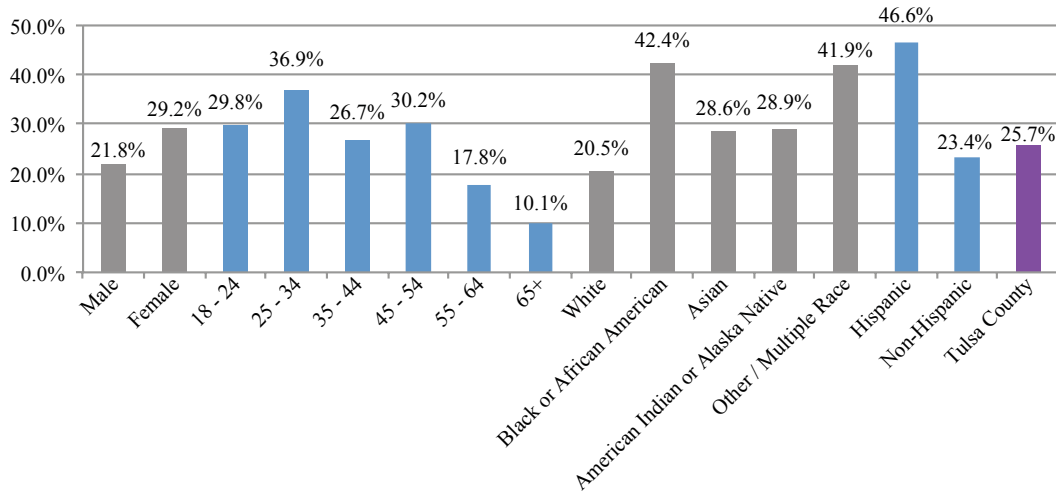


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 27]  
 · Asked of all respondents

Adults who are more likely to respond “yes” to this question include:

- Females
- Adults age 25 – 34
- African Americans and adults of “other” or multiple races
- Hispanics

**Experienced Difficulty in Receiving Dental Care in the Past Year  
(Tulsa County, 2012)**

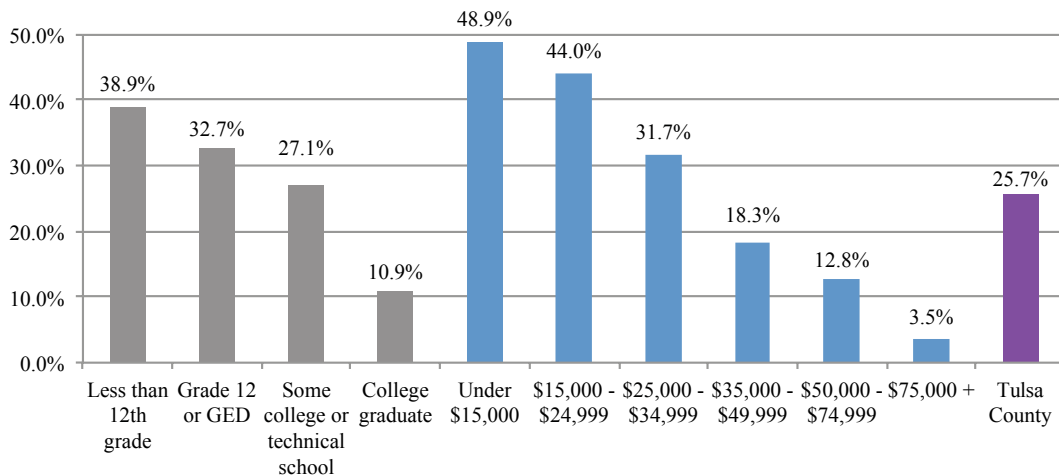


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 27]

· Asked of all respondents

Additionally, likelihood of experiencing difficulty accessing dental care decreases as education and income levels increase.

**Experienced Difficulty in Receiving Dental Care in the Past Year  
(Tulsa County, 2012)**



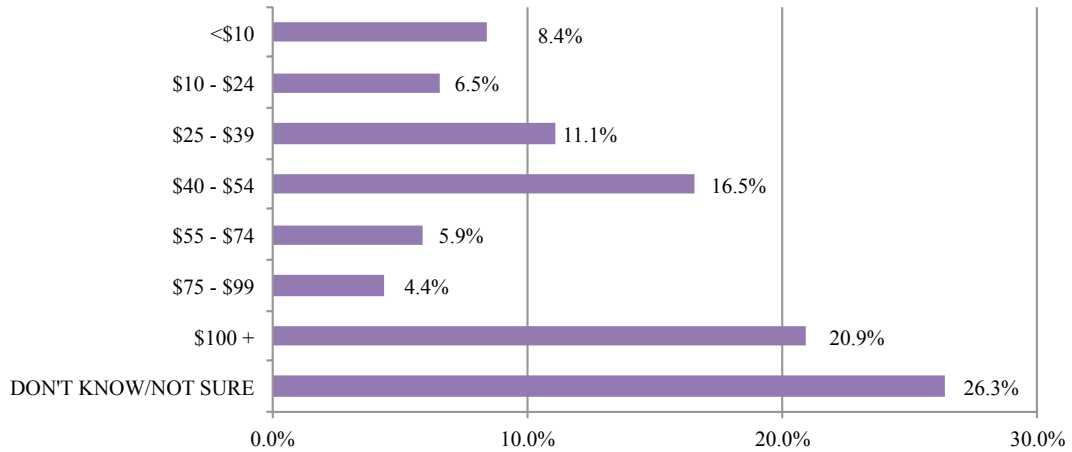
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 27]

· Asked of all respondents



Tulsa County adults were then asked how much they can afford and are willing to pay on average for dental care. The greatest percentage of respondents (20.9%) state that they can afford \$100+.

**Average Cost Individuals Can Afford for Dental Care  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 28]

· Asked of all respondents who answered "yes" to the question "Was there a time in the past 12 months when you needed to see a dentist but could not because of cost?"

# Sensory Health Care

At least 1 in 6 Americans currently has a sensory or communication impairment or disorder. Even when they are temporary or mild, such disorders can affect physical and mental health. An impaired ability to communicate with others or maintain good balance can lead many people to:

- Feel socially isolated
- Have unmet health needs
- Have limited success in school or on the job

Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders.

## Social Determinants

- A wide gap in overall health exists between people of higher and lower social and economic standings. For people of lower income, decreased access to routine and specialized health care adds to this disparity.
- Another factor is the age at which a person is diagnosed or receives intervention, such as for infants born with hearing loss. Nearly all U.S. States participate in programs to screen newborns for hearing loss. These programs support early and appropriate intervention services that help improve children's social, emotional, cognitive, and academic growth.
- Some individuals with hearing loss who could benefit from a hearing aid choose not to wear one due to the high cost or the perceived stigma of wearing an aid.
- Unhealthy lifestyle choices, such as tobacco use or long-term exposure to loud noise without hearing protection, increase the prevalence and severity of hearing loss and other sensory and communication disorders.

## Biological Determinants

Biological causes of hearing loss and other sensory or communication disorders include:

- Genetics
- Viral or bacterial infections
- Sensitivity to certain drugs or medications
- Injury
- Aging

Age may influence treatment options. For example, children as young as 12 months old with severe hearing loss are now receiving cochlear (inner-ear) implants.

As the Nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

*-Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))*

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

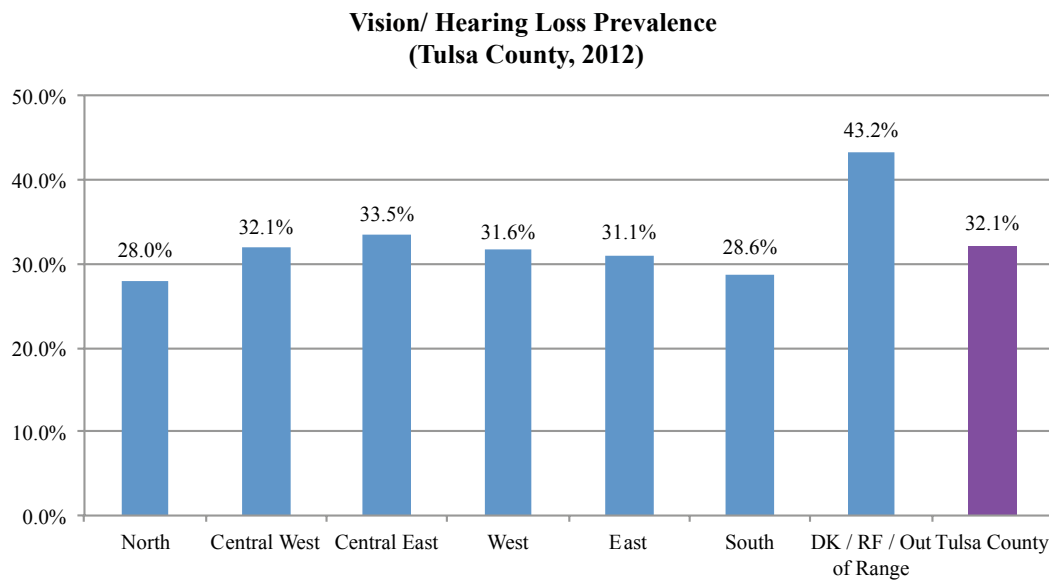
Healthy vision can help keep people safe when behind the wheel, participating in sports, or working with power tools in the yard or around the home. It can also help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the Nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

The need to promote and protect healthy vision continues through the entire lifespan and applies to all ethnic and racial groups. Research indicates that several diseases and eye disorders are more prevalent in certain racial and ethnic minority communities and disproportionately affect minority populations more than whites.

*-Healthy People 2020 (www.healthypeople.gov)*

## Vision and Hearing Loss Prevalence

Overall, the prevalence of vision and hearing loss among Tulsa County adults is 32.1%. This is highest in Central East Tulsa County and lowest in North Tulsa County.

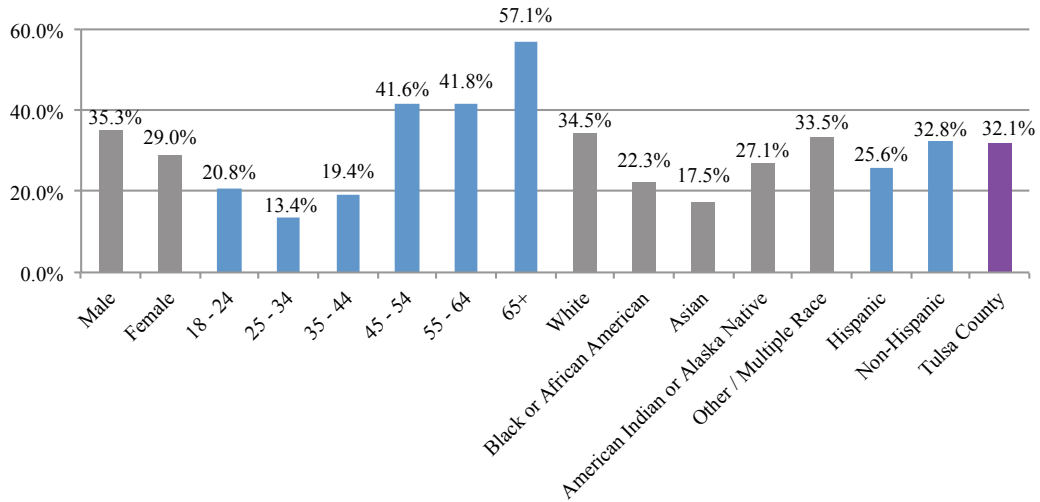


*· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62k]  
· Asked of all respondents*

Prevalence is highest among:

- Males
- Adults age 65+
- Whites
- Non-Hispanics

**Vision/ Hearing Loss Prevalence  
(Tulsa County, 2012)**

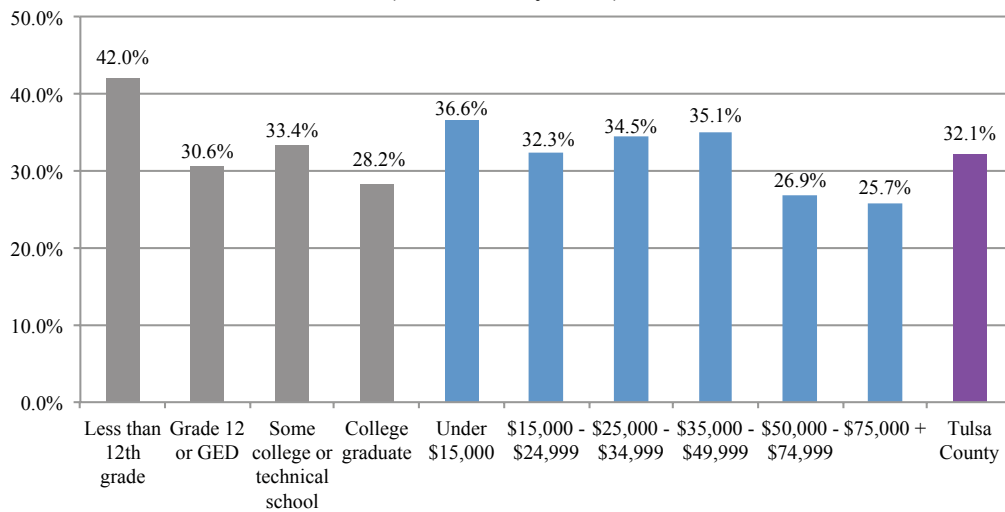


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62k]  
· Asked of all respondents

Also included are adults who:

- Have less than a 12th grade education
- Have an income of less than \$15,000

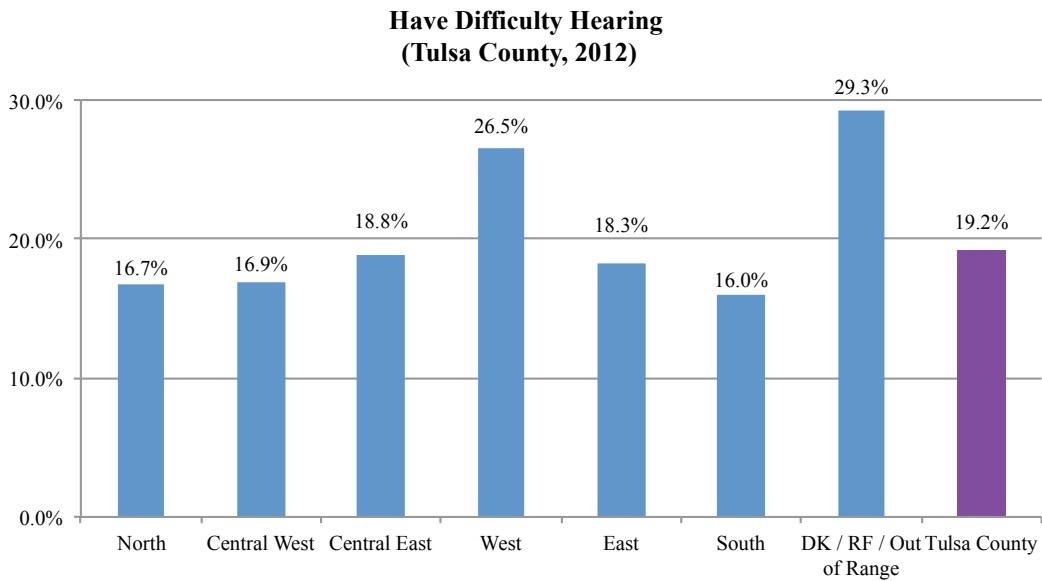
**Vision/ Hearing Loss Prevalence  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62k]  
· Asked of all respondents

# Hearing Difficulty

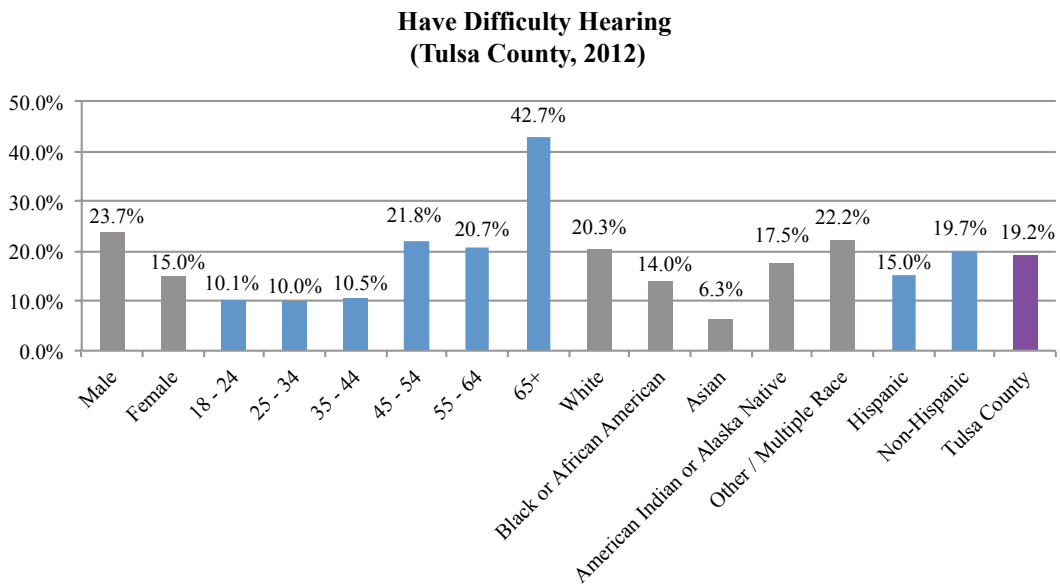
Among Tulsa County adults, 19.2% report that they have difficulty hearing. This is most prevalent in West Tulsa County and least prevalent in South Tulsa County.



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 33]  
 · Asked of all respondents

Adults who belong to the following groups are more likely to have difficulty hearing:

- Males
- Adults age 65+
- Adults of “other” or multiple races
- Non-Hispanics

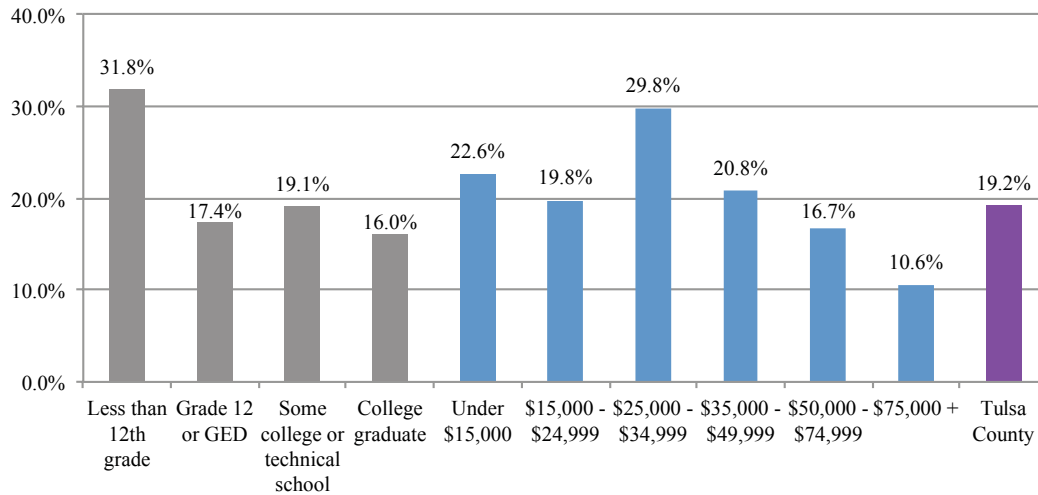


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 33]  
 · Asked of all respondents

When looking at education and income level, adults from the following groups are more likely to have difficulty hearing:

- Adults with less than a 12th grade education
- Adults with an income of \$25,000 – \$34,999

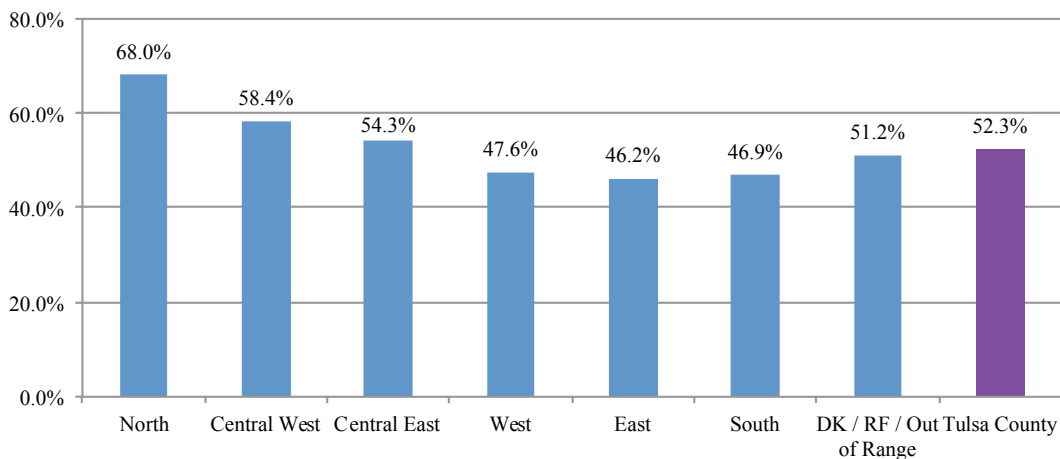
### Have Difficulty Hearing (Tulsa County, 2012)



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 33]  
· Asked of all respondents

Adults with difficulty hearing were then asked whether or not they would benefit from a hearing aid. The majority (52.3%) state that this would be a benefit to them. This response is most common in North Tulsa County and least common in East Tulsa County.

### Would Benefit from a Hearing Aid (Tulsa County, 2012)

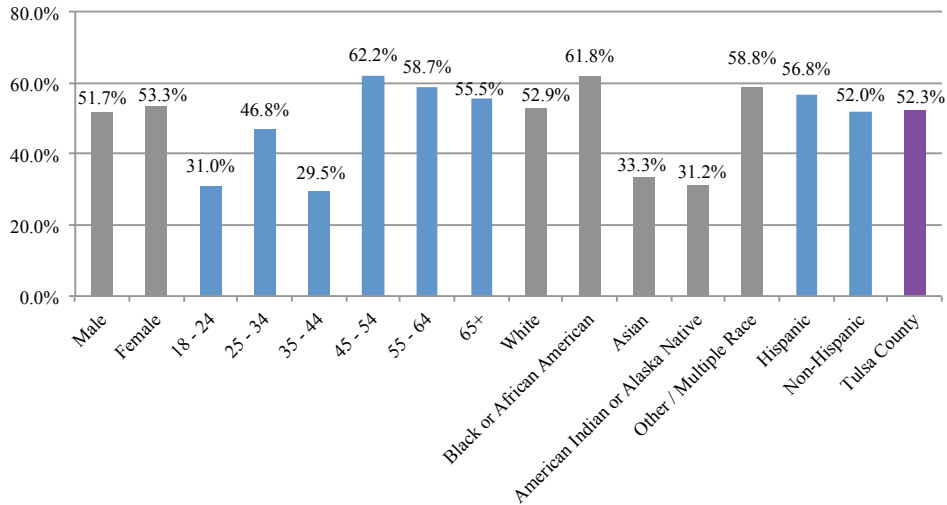


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 34]  
· Asked of all respondents who responded "yes" to "Do you have difficulty hearing?"

Adults in the following groups are more likely to believe that they would benefit from a hearing aid:

- Females
- Adults age 45 – 54
- African Americans
- Hispanics

**Would Benefit from a Hearing Aid  
(Tulsa County, 2012)**

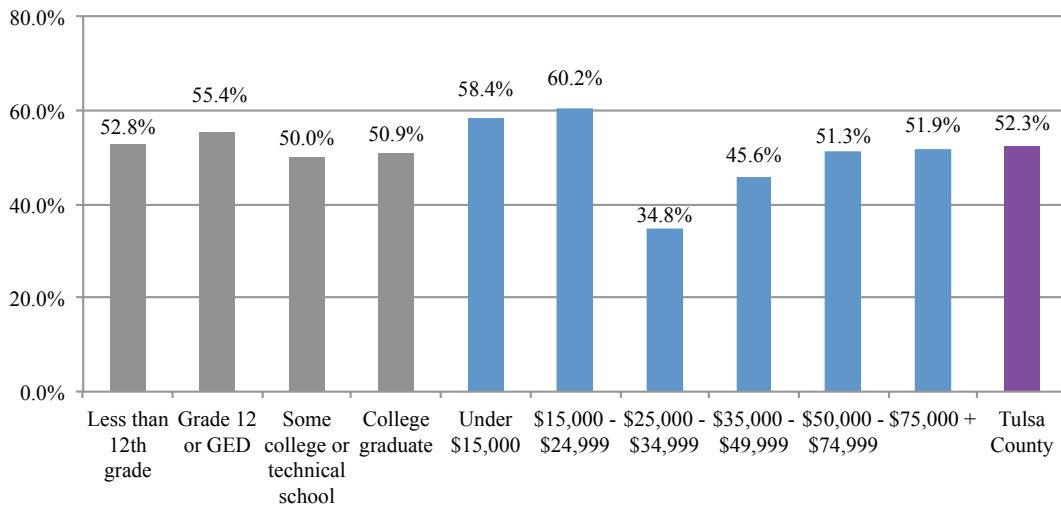


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 34]  
 · Asked of all respondents who responded “yes” to “Do you have difficulty hearing?”

Also included are:

- Adults with a high school diploma or GED
- Adults with an income of \$15,000 – \$24,999

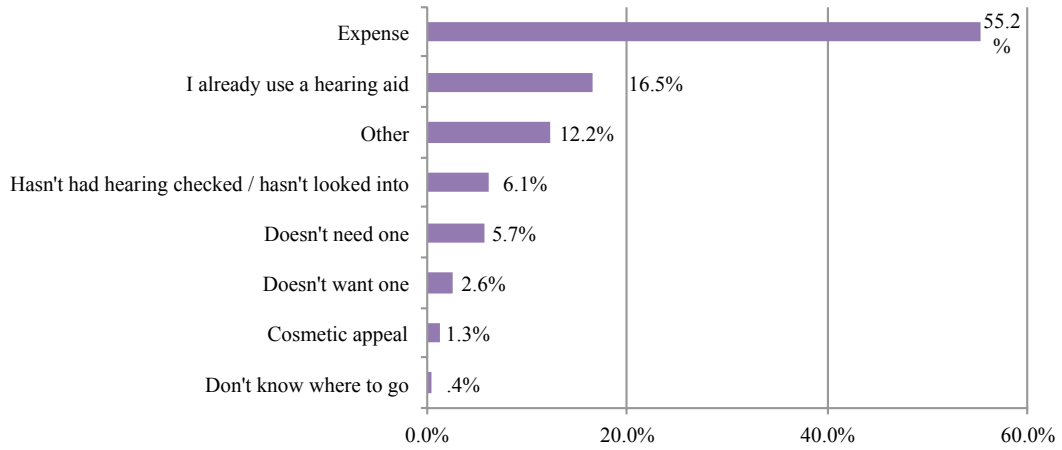
**Would Benefit from a Hearing Aid  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 34]  
 · Asked of all respondents who responded “yes” to “Do you have difficulty hearing?”

These adults were then asked why they do not use hearing aids. The majority of respondents (55.2%) stated that it is because of the expense.

**Main Reason Why Individuals Do Not Use Hearing Aids  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 35]  
· Asked of all respondents who responded "yes" to "Do you think you would benefit from a hearing aid?"

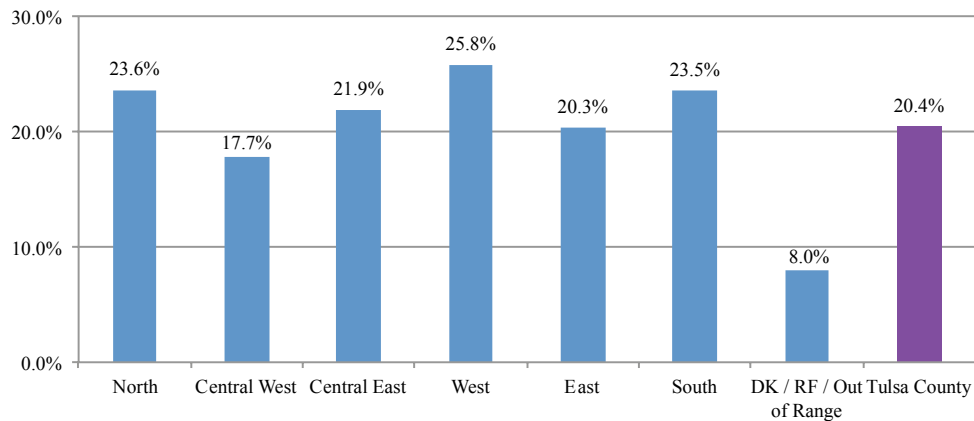


# Specialty Care

## Specialty Care Referrals

Tulsa County adults were asked if they had been referred to any type of specialty healthcare (such as for cardiovascular disease, diabetes, asthma, etc) in the past 12 months. A total of 20.5% of respondents have had some type of referral. This is highest in West Tulsa County and lowest in Central West Tulsa County.

**Referred to Specialty Healthcare in the Past 12 Months  
(Tulsa County, 2012)**

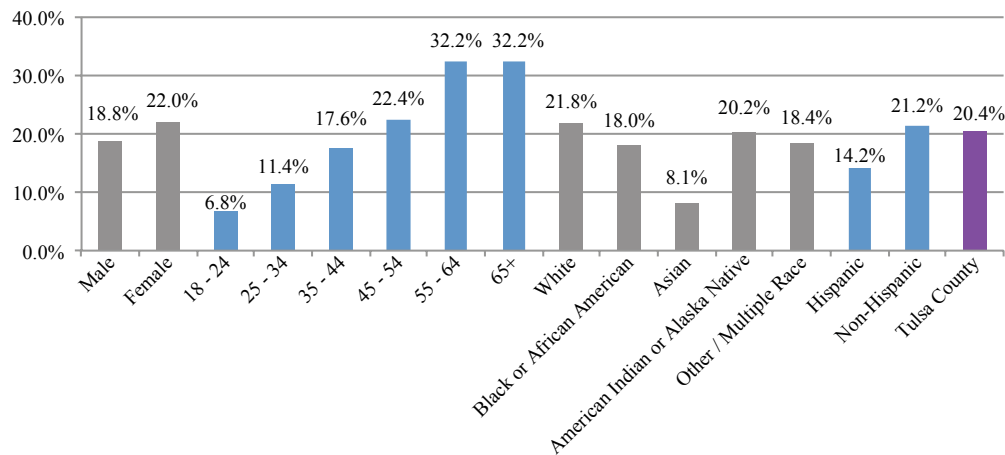


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 36]  
· Asked of all respondents

Adults in the following groups are more likely to have been referred to specialty healthcare in the past 12 months:

- Females
- Adults age 55+ (Note the positive correlation between increased age and referral to specialty care)
- Whites
- Non-Hispanics

**Referred to Specialty Healthcare in the Past 12 Months  
(Tulsa County, 2012)**

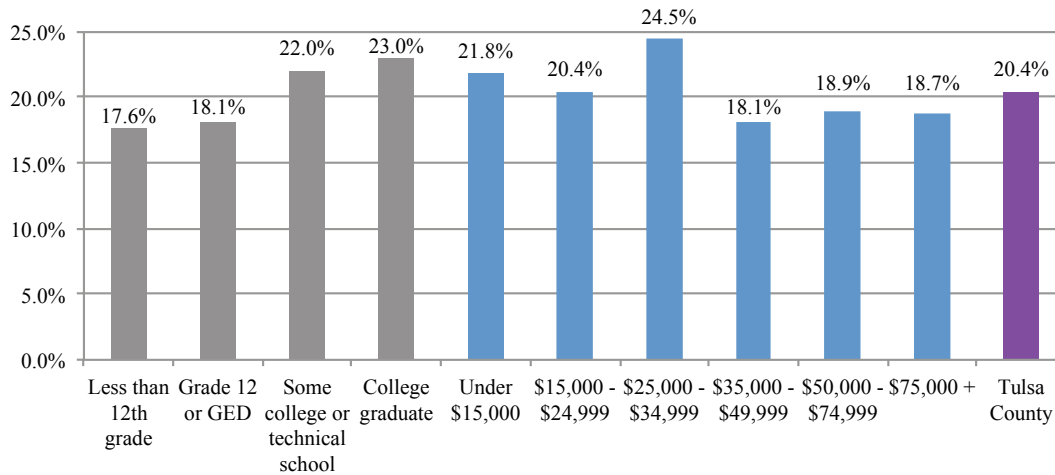


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 36]  
· Asked of all respondents

Also, adults belonging to the following categories are more likely to have been referred to specialty care in the past 12 months.

- College graduates (Note the positive correlation between increased education and referral to specialty care)
- Adults with an income of \$25,000 – \$34,999

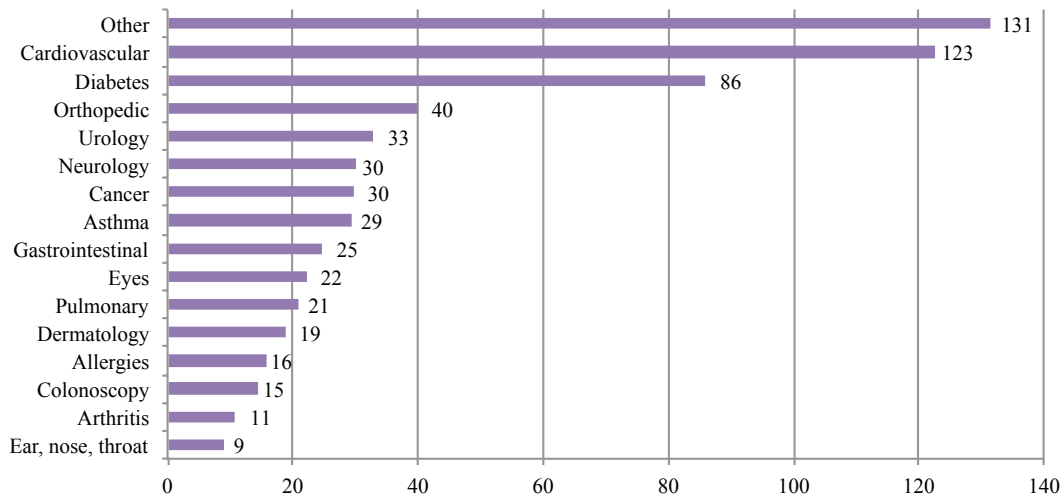
**Referred to Specialty Healthcare in the Past 12 Months  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 36]  
 · Asked of all respondents

The top specialty services that adults were referred to are shown below:

**Type of Specialty Services  
(Tulsa County, 2012)**

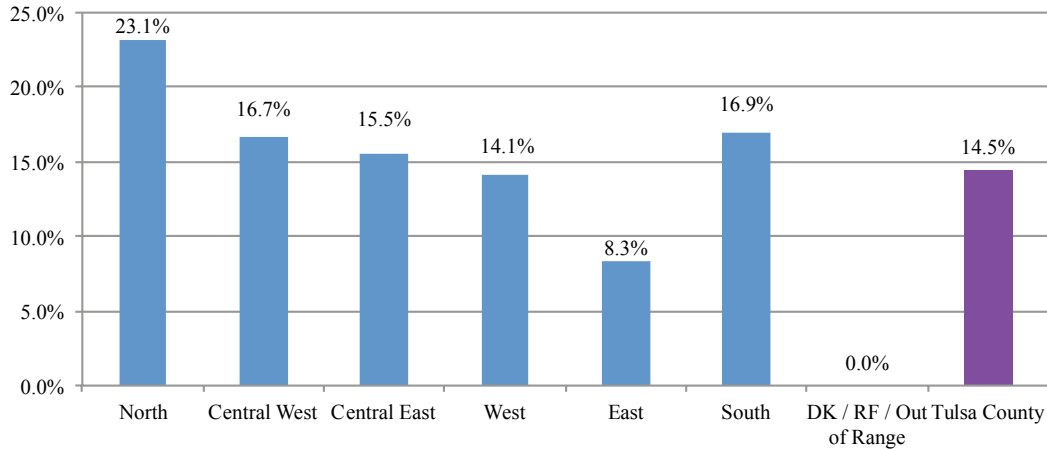


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 37]  
 · Asked of all respondents who answered "yes" to the question "In the past 12 months has any provider referred you for any type of specialty healthcare?"  
 · Respondents were able to select multiple responses

## Difficulty Accessing Specialty Care

Respondents who had been referred for specialty care were then asked whether or not they have had difficulty obtaining this care. A total of 14.5% of Tulsa County adults have had difficulty accessing specialty care in the past year. This is highest in North Tulsa County and lowest in East Tulsa County.

**Experienced Difficulty in Receiving Specialty Care in the Past Year  
(Tulsa County, 2012)**

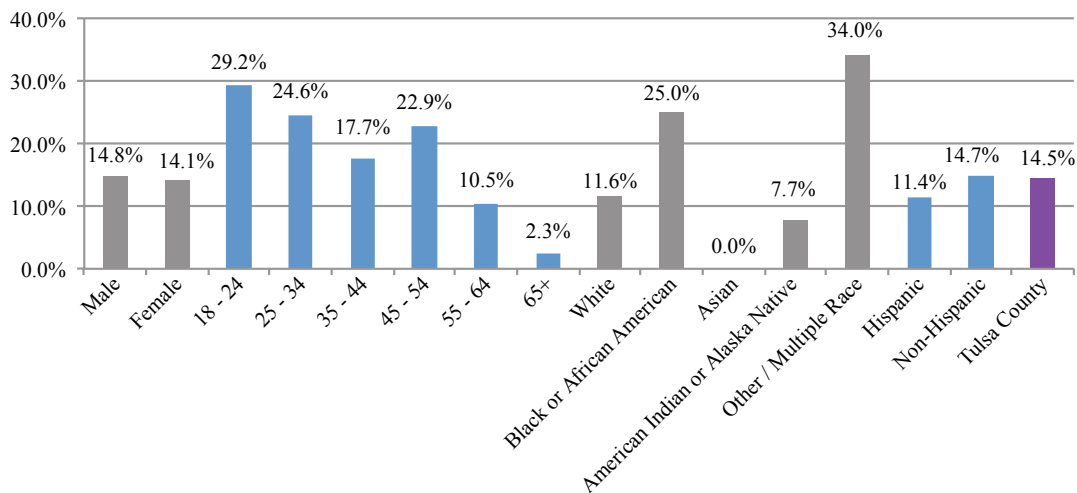


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 38]  
· Asked of all respondents who answered “yes” to “Did you have difficulty accessing specialty care?”

Adults in the following groups are more likely to have experienced difficulty when obtaining specialty care:

- Adults age 18 – 24
- Adults of “other” or multiple races
- Non-Hispanics

**Experienced Difficulty in Receiving Specialty Care in the Past Year  
(Tulsa County, 2012)**

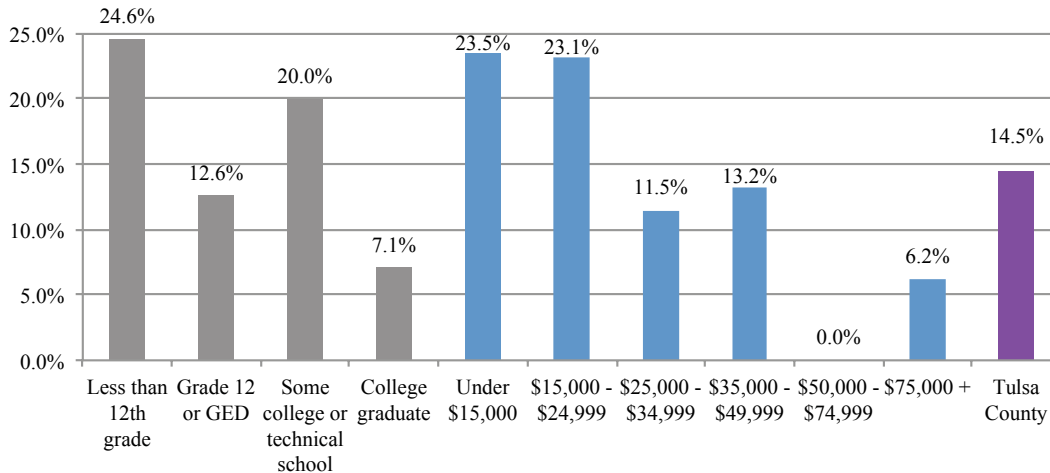


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 38]  
· Asked of all respondents who answered “yes” to “Did you have difficulty accessing specialty care?”

Also included are:

- Adults with less than a 12th grade education
- Adults with an income of less than \$24,999

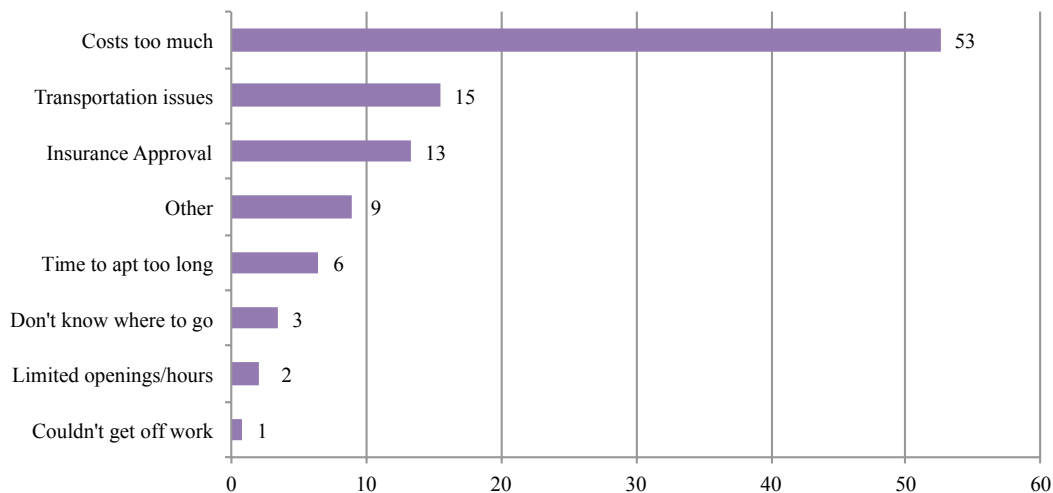
### Experienced Difficulty in Receiving Specialty Care in the Past Year (Tulsa County, 2012)



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 38]  
 · Asked of all respondents who answered “yes” to “Did you have difficulty accessing specialty care?”

Adults who have had difficulty obtaining specialty services were then asked what challenges they face. The most common barrier is “costs too much,” followed by “transportation issues.”

### Barriers to Receiving Specialty Care (Tulsa County, 2012)



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 39]  
 · Asked of all respondents who answered “yes” to the question “Did you have difficulty obtaining specialty services?”  
 · Respondents were able to select multiple responses

# Chronic Diseases and Conditions

## Diabetes

Diabetes mellitus (DM) occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications.

Many forms of diabetes exist. The 3 common types of DM are:

- Type 2 diabetes, which results from a combination of resistance to the action of insulin and insufficient insulin production
- Type 1 diabetes, which results when the body loses its ability to produce insulin
- Gestational diabetes, a common complication of pregnancy. Gestational diabetes can lead to perinatal complications in mother and child and substantially increases the likelihood of cesarean section. Gestational diabetes is also a risk factor for subsequent development of type 2 diabetes after pregnancy.

Effective therapy can prevent or delay diabetic complications. However, almost 25 percent of Americans with DM are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing DM in the next several years. Few people receive effective preventative care, which makes DM an immense and complex public health challenge.

DM affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes mellitus:

- Lowers life expectancy by up to 15 years
- Increases the risk of heart disease by 2 to 4 times
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness

There are also significant disparities to diabetes risk, especially between race and ethnicity, in addition to major barriers to care.

Disparities in diabetes risk:

- People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25 percent of all adult patients with diabetes in the United States and represent the majority of children and adolescents with type 2 diabetes.
- African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans and Native Hawaiians and other Pacific Islanders are at particularly high risk for the development of type 2 diabetes.
- Diabetes prevalence rates among American Indians are 2 to 5 times those of whites. On average, African American adults are 1.7 times as likely and Mexican Americans and Puerto Ricans are twice as likely to have the disease as non-Hispanic whites of similar age.

Barriers to progress in diabetes care include:

- Systems problems (challenges due to the design of health care systems)
- The troubling increase in the number of people with diabetes, which may result in a decrease in the attention and resources available per person to treat DM

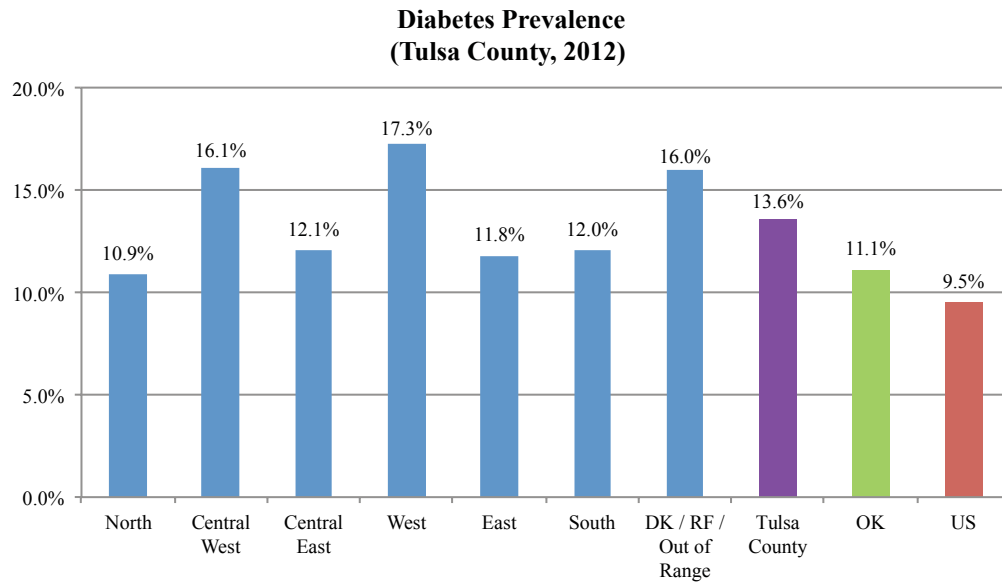
In addition to these human costs, the estimated total financial cost of DM in the United States in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals. Based on this, new public health approaches are emerging that may deserve monitoring at the national level. For example, the Diabetes Prevention Program demonstrated that lifestyle intervention had its greatest impact in older adults and was effective in all racial and ethnic groups.

- *Healthy People 2020* ([www.healthypeople.gov](http://www.healthypeople.gov))

## Diabetes Prevalence

A total of 13.6% of Tulsa County adults have been diagnosed with diabetes. This is significantly higher than both Oklahoma and United States findings. Diabetes prevalence in Tulsa County is highest in West Tulsa County and lowest in North Tulsa County.



· *2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62a]*

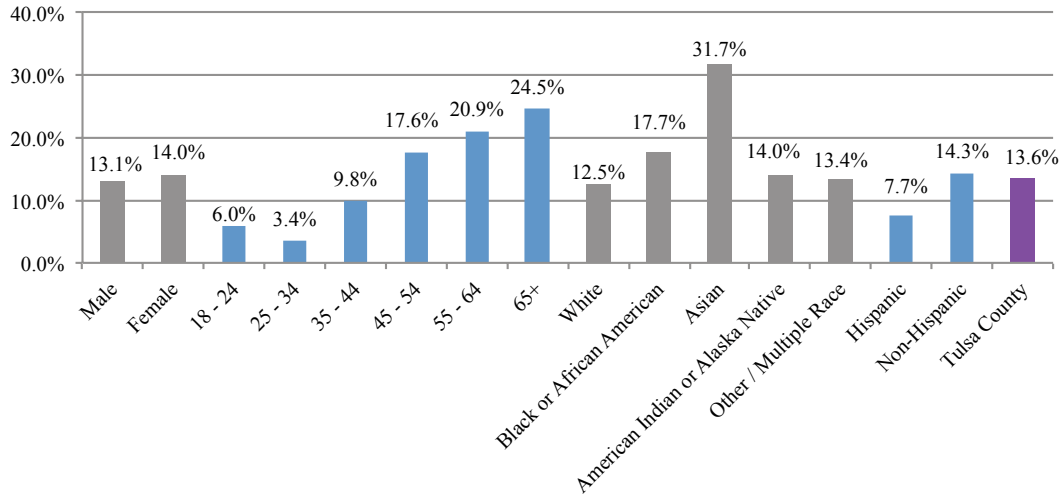
· *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.*

· *Asked of all respondents*

Adults belonging to the following groups are more likely to have been diagnosed with diabetes:

- Females
- Adults age 65+
- Asians
- Non-Hispanics

**Diabetes Prevalence  
(Tulsa County, 2012)**

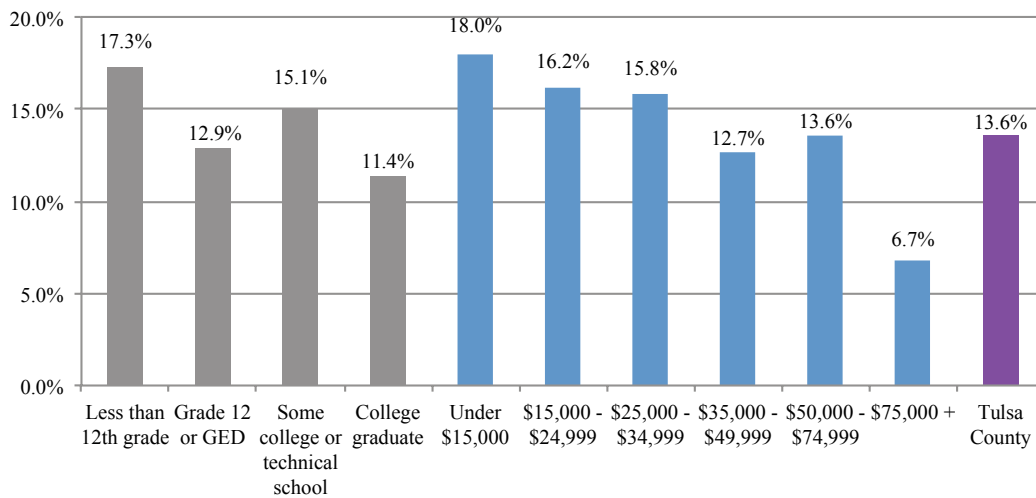


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62a]  
· Asked of all respondents

Also included are:

- Adults with less than a 12th grade education
- Adults who have an income of less than \$15,000

**Diabetes Prevalence  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62a]  
· Asked of all respondents

# Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. However, cancer remains a leading cause of death in the United States, second only to heart disease. Many cancers are preventable by reducing risk factors such as use of tobacco products, physical inactivity and poor nutrition, obesity, and UV light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus.

Early detection through screening for cancers such as breast cancer (using mammography), cervical cancer (using Pap tests), and colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy) must also include appropriate follow-up of abnormal results and referral for cancer treatment.

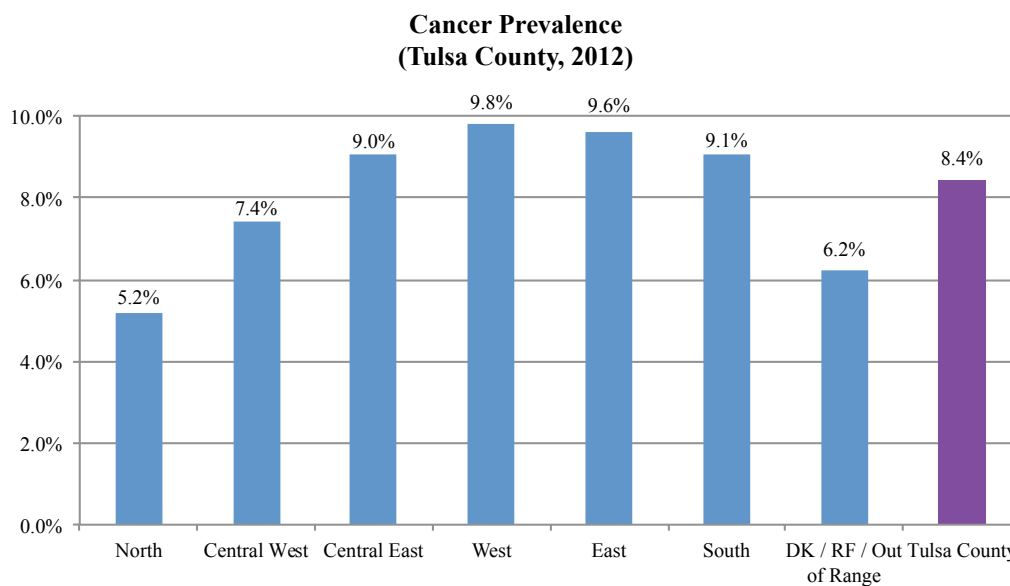
Complex and interrelated factors contribute to the risk of developing cancer. These same factors contribute to the observed disparities in cancer incidence and death among racial, ethnic, and underserved groups. The most obvious factors are associated with a lack of health care coverage and low socioeconomic status (SES). SES is most often based on a person's income, education level, occupation, social status in the community, and geographic location. Studies have found that SES, more than race or ethnicity, predicts the likelihood of an individual's or group's access to education, health insurance, and safe and healthy living and working condition. All of these factors are associated with the risk of developing and surviving cancer. SES also appears to play a major role in:

- Prevalence of behavioral risk factors for cancer (like tobacco smoking, physical inactivity, obesity, and excessive alcohol use)
- Rates of cancer screenings, with those with lower SES having fewer cancer screenings

- *Healthy People 2020* ([www.healthypeople.gov](http://www.healthypeople.gov))

## Cancer Prevalence

Overall, 8.4% of Tulsa County adults have been diagnosed with some type of cancer. The prevalence is highest in West Tulsa County and East Tulsa County, and lowest in North Tulsa County.



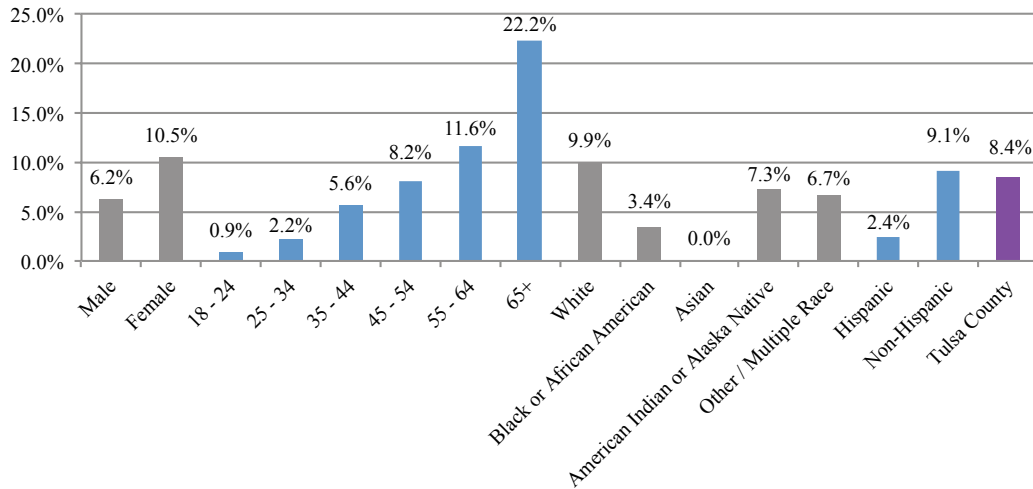
· *2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62b]*  
· *Asked of all respondents*



Adults belonging to the following groups have higher cancer prevalence:

- Females
- Adults age 65+ (Note the positive correlation between increased age and increased cancer prevalence)
- Whites
- Non-Hispanics

**Cancer Prevalence  
(Tulsa County, 2012)**

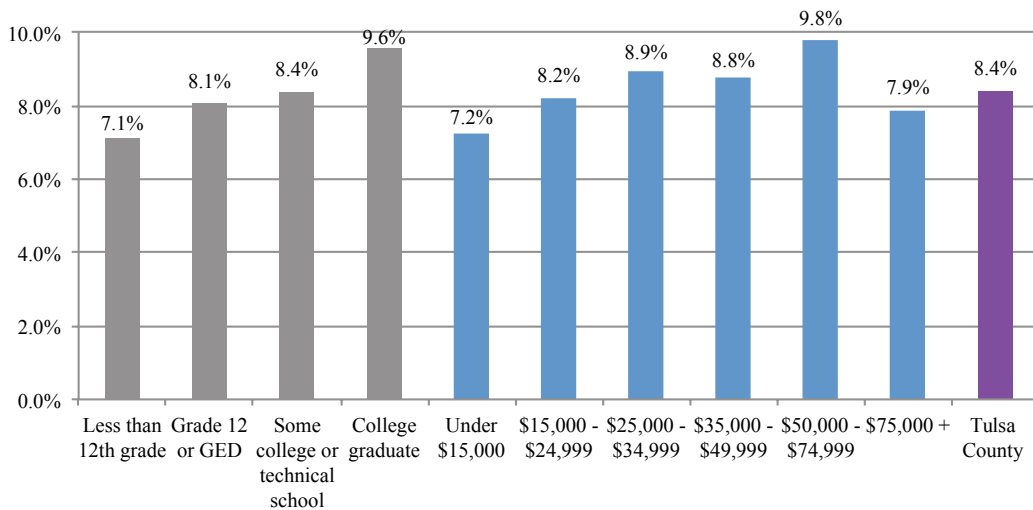


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62b]  
· Asked of all respondents

Also, cancer prevalence is highest among adults in these groups:

- College graduates (Note the positive correlation between increased education level and increased cancer prevalence)
- Adults with an income of \$50,000 – \$74,999

**Cancer Prevalence  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62b]  
· Asked of all respondents

# Cardiovascular Health

Heart disease is the leading cause of death in the United States. Together, heart disease and stroke are among the most widespread and costly health problems facing the Nation today, accounting for more than \$500 billion in health care expenditures and related expenses in 2010 alone.

The leading modifiable risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90 percent of American adults exceed their recommendation for sodium intake. The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the U.S. population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Cardiovascular health is also significantly influenced by the physical, social, and political environment, including:

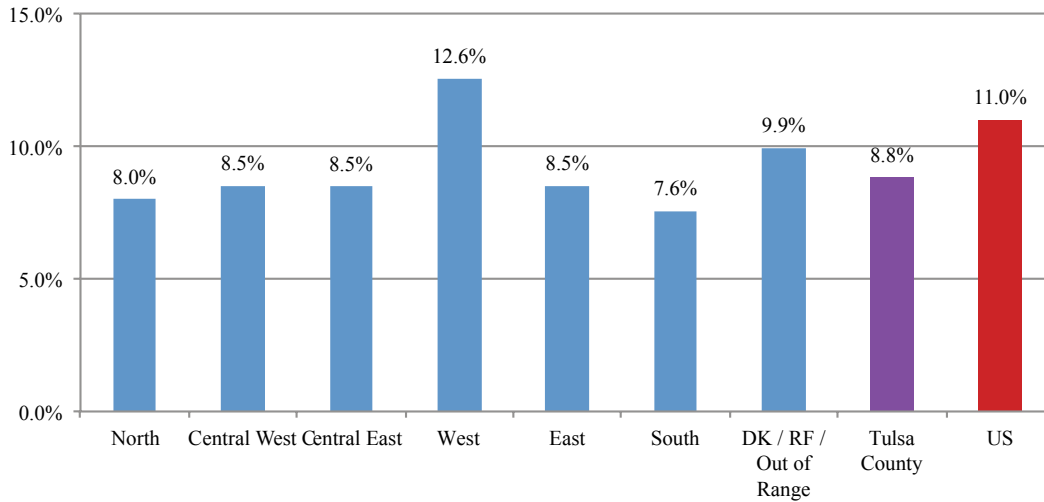
- Maternal and child health
- Access to educational opportunities
- Availability of healthy foods, physical education, and extracurricular activities in schools
- Opportunities for physical activity, including access to safe and walkable communities
- Access to healthy foods
- Quality of working conditions and worksite health
- Availability of community support and resources
- Access to affordable, quality health care

*-Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))*

# Heart Disease Prevalence

The overall prevalence of heart disease among Tulsa County adults is 8.8%. This is significantly lower than the United States prevalence. Within Tulsa County, the prevalence is highest in West Tulsa County and lowest in South Tulsa County.

**Heart Disease Prevalence  
(Tulsa County, 2012)**

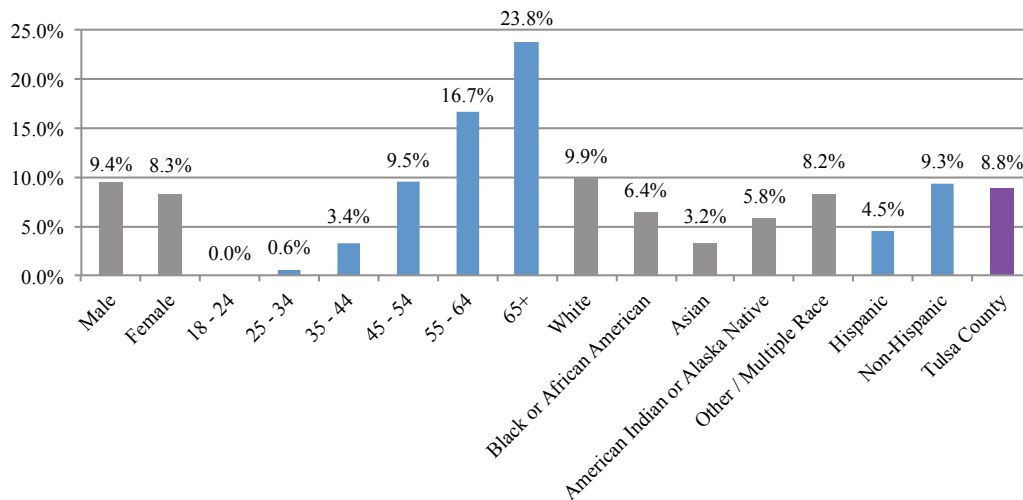


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62c]  
 · Schiller JS, Lucas JW, Peregoy JA. Summary health statistics for U.S. adults: National Health Interview Survey, 2011. National Center for Health Statistics. Vital Health Stat 10(256). 2012.  
 · Asked of all respondents

Heart disease prevalence is highest among adults who belong to the following groups:

- Males
- Adults age 65+ (Note the positive correlation between increased age and increased prevalence of heart disease)
- Whites
- Non-Hispanics

**Heart Disease Prevalence  
(Tulsa County, 2012)**

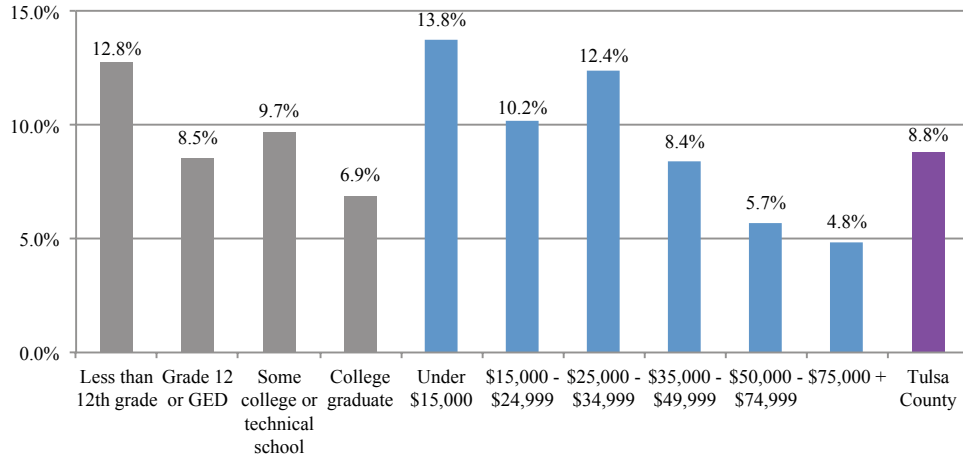


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62c]  
 · Asked of all respondents

Heart disease is also more common in adults who:

- Have less than a 12th grade education
- Have an income of less than \$15,000

**Heart Disease Prevalence  
(Tulsa County, 2012)**



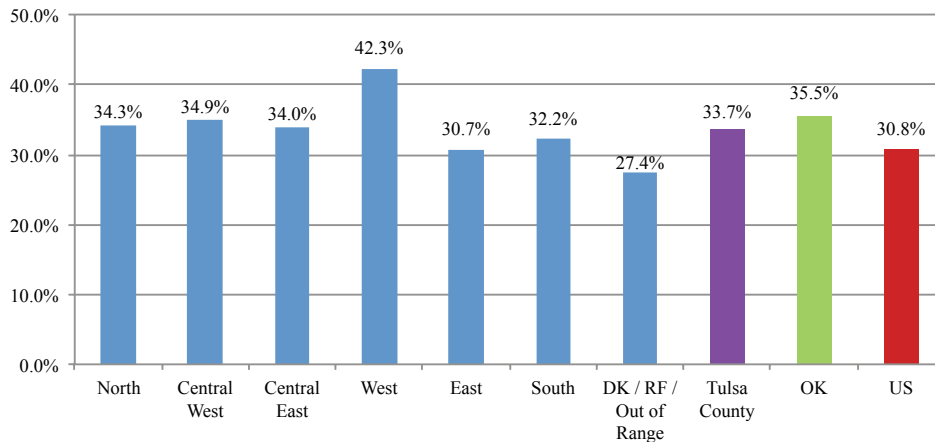
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62c]  
· Asked of all respondents

## High Blood Pressure Prevalence

A total of 33.7% of Tulsa County adults report that they have high blood pressure. This is lower than Oklahoma findings but higher than the prevalence in the United States. In Tulsa County, high blood pressure prevalence is highest in West Tulsa County and lowest in East Tulsa County.

**High Blood Pressure Prevalence  
(Tulsa County, 2012)**

HP2020 target= 26.9%

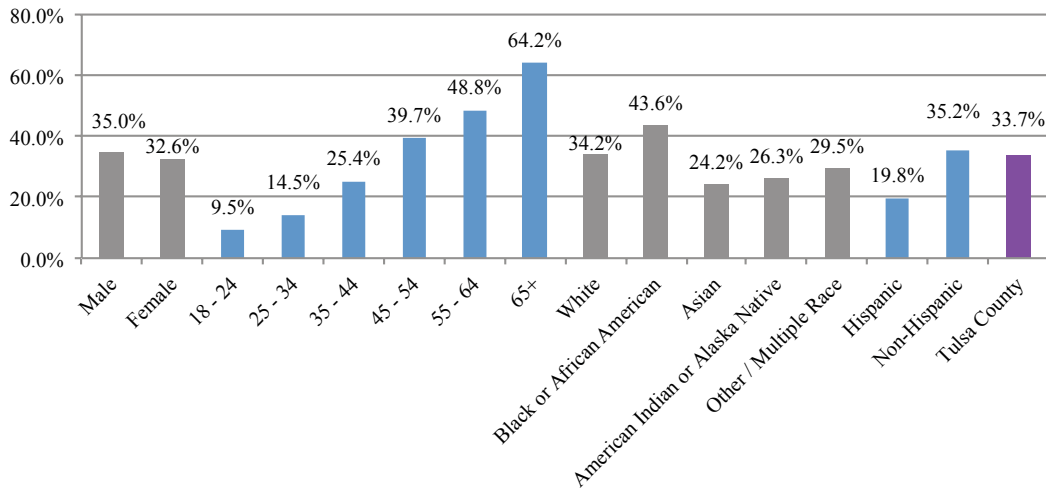


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62g]  
· Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.  
· U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at [www.healthypeople.gov](http://www.healthypeople.gov), accessed February 20, 2013. [Objective HDS-5.1]  
· Asked of all respondents

Adults in the following groups are more likely to have been told that they have high blood pressure:

- Males
- Adults age 65+ (Note the positive correlation between increased age and higher prevalence of high blood pressure)
- African Americans
- Non-Hispanics

**High Blood Pressure Prevalence  
(Tulsa County, 2012)**

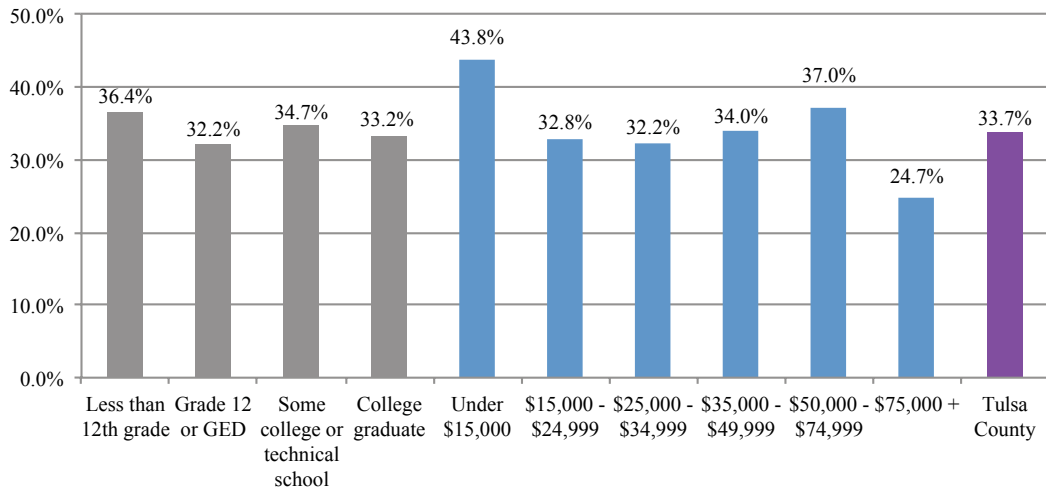


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62g]  
· Asked of all respondents

Also included are:

- Adults with less than a 12th grade education
- Adults with an income of less than \$15,000

**High Blood Pressure Prevalence  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62g]  
· Asked of all respondents

# Respiratory Disease

Lung disease refers to all disorders that affect the lungs and cause trouble breathing, which can prevent the body from getting enough oxygen. Some examples of lung disease include asthma, chronic bronchitis, emphysema, COPD (chronic obstructive pulmonary disorder), lung cancer, respiratory infections such as influenza and pneumonia, sarcoidosis, and pulmonary fibrosis. Some of the causes of lung disease are smoking, including secondhand smoke exposure, radon, asbestos, and air pollution (Office on Women's Health, 2010). There are significant disparities within lung diseases, including increased tobacco use in rural communities and in the LGBT community, the significant burden of asthma on Hispanics, increased influenza and pneumococcal infections in older adults, and increased lung cancer among African Americans (American Lung Association, 2012).

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

Currently in the United States, more than 23 million people have asthma. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the health care system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual health care expenditures for asthma alone are estimated at \$20.7 billion.

The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors. Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include:

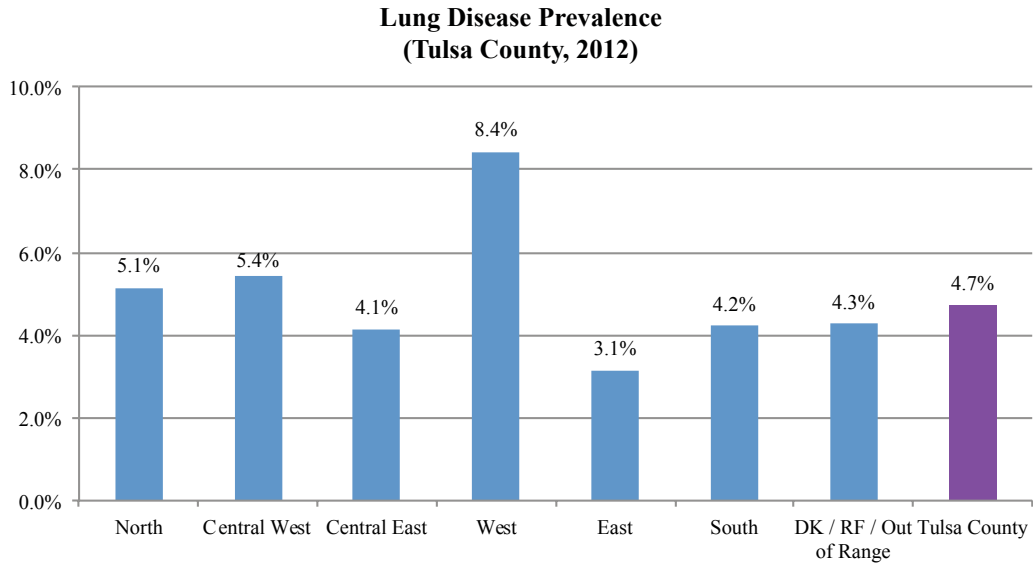
- Children
- Women (among adults) and boys (among children)
- African Americans
- Puerto Ricans
- People living in the Northeast United States
- People living below the Federal poverty level
- Employees with certain exposures in the workplace

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

*-Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))*

# Lung Disease Prevalence

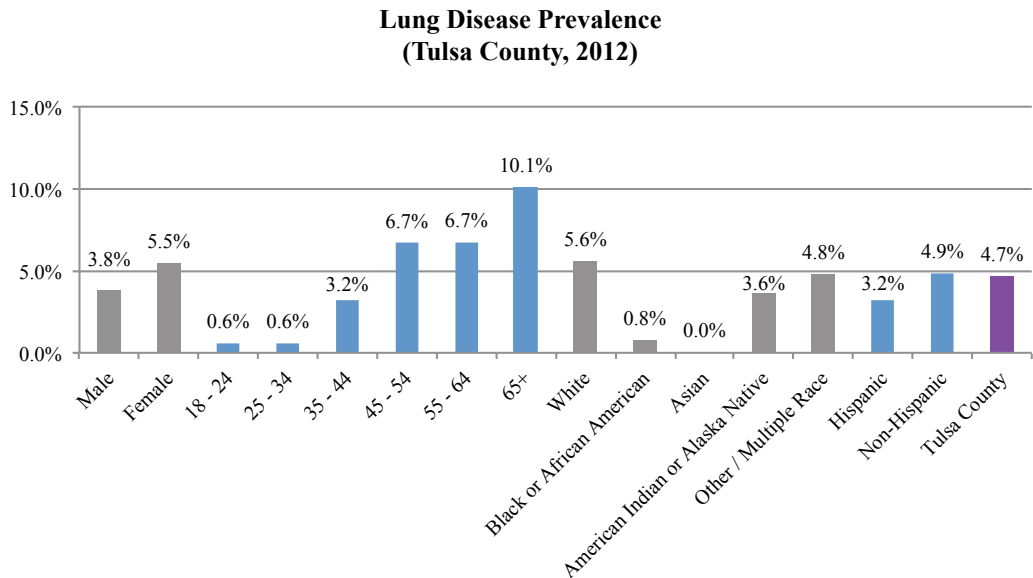
Overall, the prevalence of lung disease among Tulsa County adults is 4.7%. The prevalence is highest in West Tulsa County and lowest in East Tulsa County.



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62d]  
 · Asked of all respondents

Adults belonging to the following groups have a higher prevalence of lung disease:

- Females
- Adults age 65+ (Note the upward trend in increased lung disease prevalence as age increases)
- Whites
- Non-Hispanics

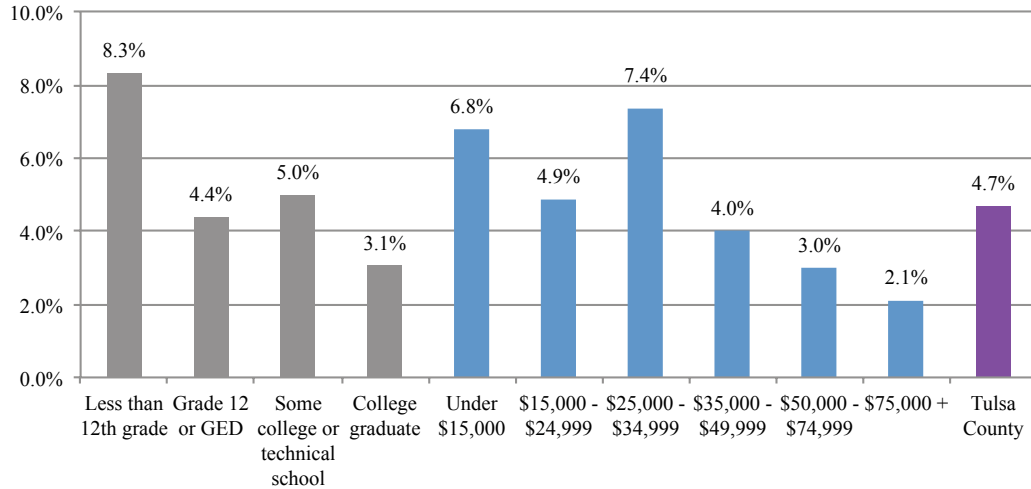


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62d]  
 · Asked of all respondents

Also included are adults who:

- Have less than a 12th grade education
- Have an income of less than \$15,000 or \$25,000 – \$34,999

### Lung Disease Prevalence (Tulsa County, 2012)

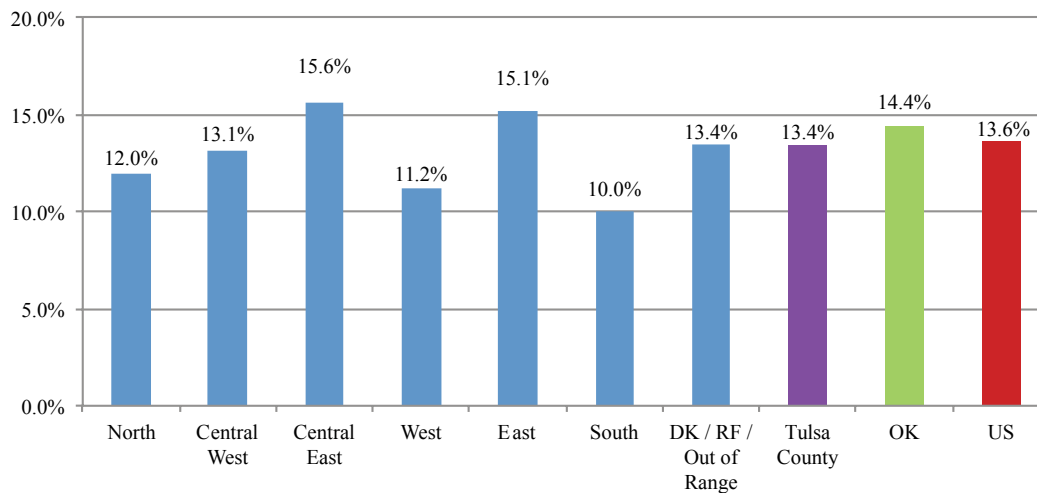


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62d]  
 · Asked of all respondents

## Asthma Prevalence

The prevalence of asthma in Tulsa County is 13.4%. This is slightly lower than the prevalence in Oklahoma and similar to the prevalence in the United States. Within Tulsa County, asthma prevalence is highest in Central East and East Tulsa County, and lowest in South Tulsa County.

### Asthma Prevalence (Tulsa County, 2012)

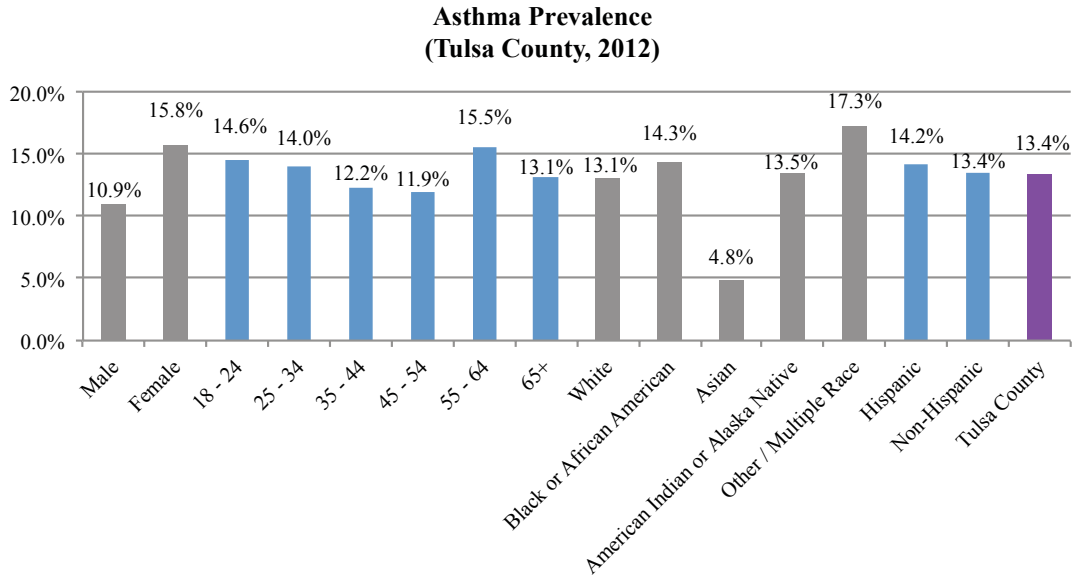


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62e]  
 · Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.  
 · Asked of all respondents



Asthma prevalence is higher among adults in the following groups:

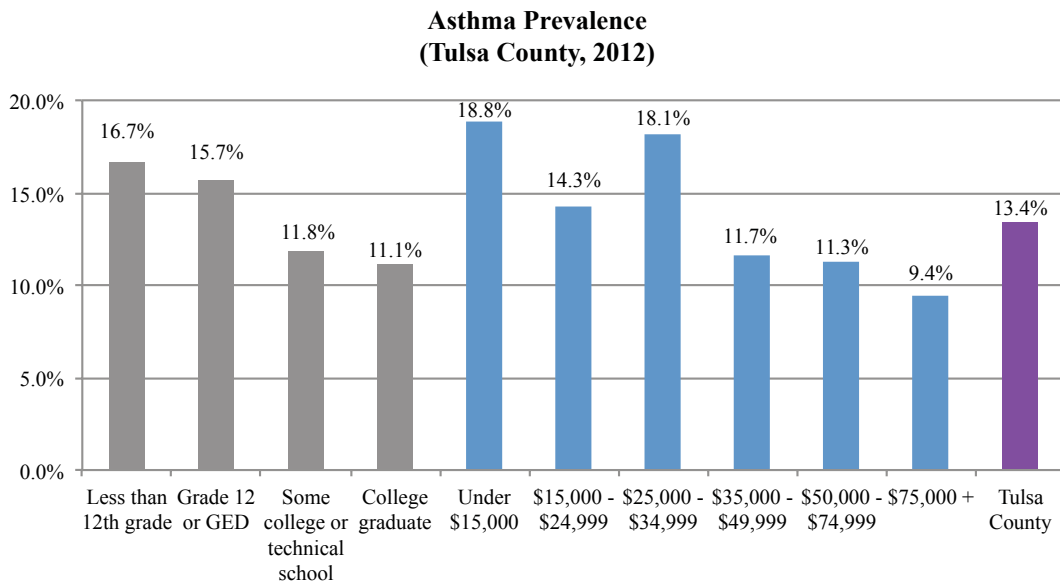
- Females
- Adults age 55 – 64
- Adults of “other” or multiple races
- Hispanics



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62e]  
 · Asked of all respondents

Also included are adults who:

- Have less than a 12th grade education (Note the downward trend of decreased asthma prevalence as education level increases)
- Have an income of less than \$15,000 or \$25,000 – \$34,999



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62e]  
 · Asked of all respondents

# Arthritis

Arthritis has a major effect on quality of life, the ability to work, and basic activities of daily living. There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active.

Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than \$128 billion per year. All of the human and economic costs are projected to increase over time as the population ages.

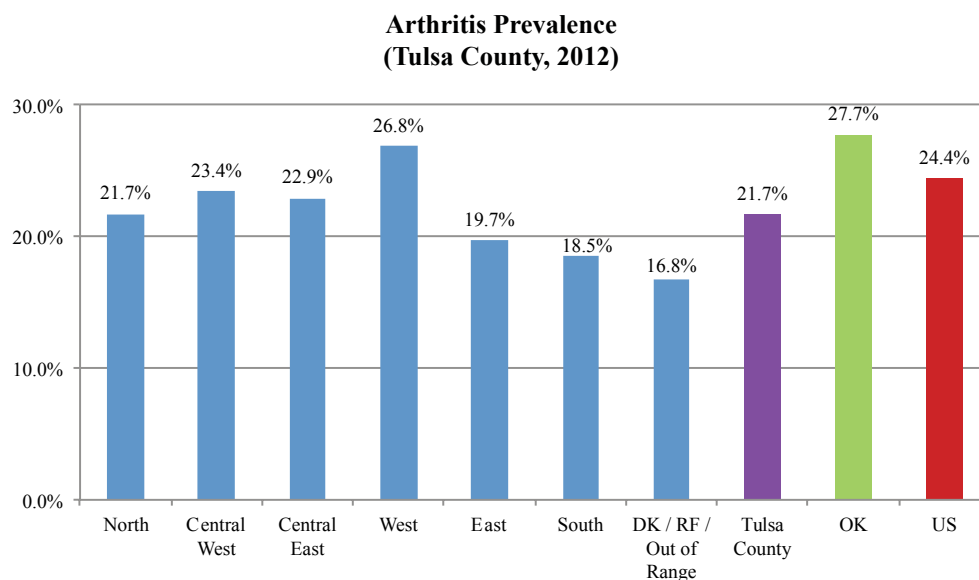
There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include:

- Increased physical activity
- Self-management education
- Weight loss among overweight/obese adults

*-Healthy People 2020 (www.healthypeople.gov)*

## Arthritis Prevalence

The prevalence of arthritis in Tulsa County is 21.7%. This is significantly lower than the prevalence in both Oklahoma and the United States. Arthritis prevalence is highest in West Tulsa County and lowest in South Tulsa County.



*· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62j]*

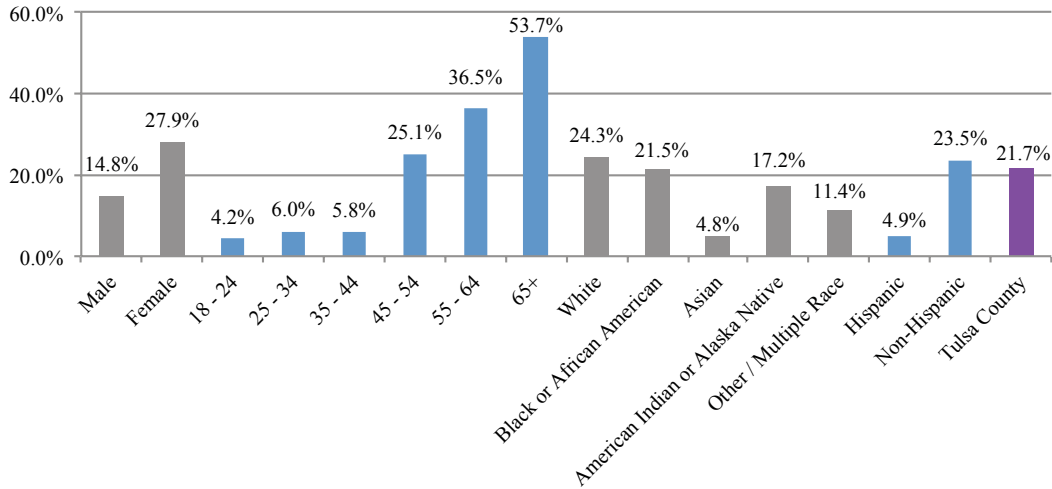
*· Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.*

*· Asked of all respondents*

The prevalence of arthritis is most common among:

- Females
- Adults age 65+
- Whites
- Non Hispanics

**Arthritis Prevalence  
(Tulsa County, 2012)**

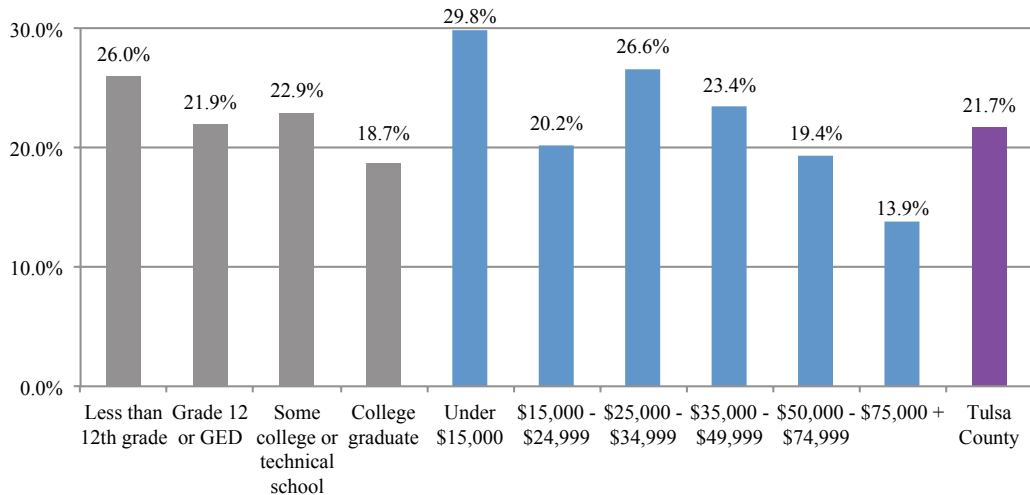


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62j]  
· Asked of all respondents

Prevalence is also higher among adults who:

- Have less than a 12th grade education
- Have an income of less than \$15,000

**Arthritis Prevalence  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62j]  
· Asked of all respondents



# Infectious Disease

## HIV/AIDS

The HIV epidemic in the U.S. is a major public health crisis. There are an estimated 1.1 million Americans over the age of 13 who are living with HIV infection, including 18.1% who are unaware of infection. The estimated number of new HIV cases per year has stayed relatively stable, with about 50,000 new infections per year. In 2010, approximately 47,000 people were diagnosed with HIV infection and about 33,000 were diagnosed with AIDS. In 2009, an estimated 17,774 people with AIDS died (Centers for Disease Control, 2012a).

There are significant gender, race, and ethnicity disparities in new HIV infections.

- Nearly 75 percent of new HIV infections occur in men
- More than half occur in gay and bisexual men, regardless of race or ethnicity
- Forty-five percent of new HIV infections occur in African Americans, 35 percent in whites, and 17 percent in Hispanics

HIV is a preventable disease. Effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-use partners. More than 50 percent of new HIV infections occur as a result of the 21 percent of people who have HIV but do not know it.

Due to the advent of more effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and health care programs. Improving access to quality health care for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment
- Increasing the availability of ongoing HIV prevention interventions
- Providing prevention services for their partners

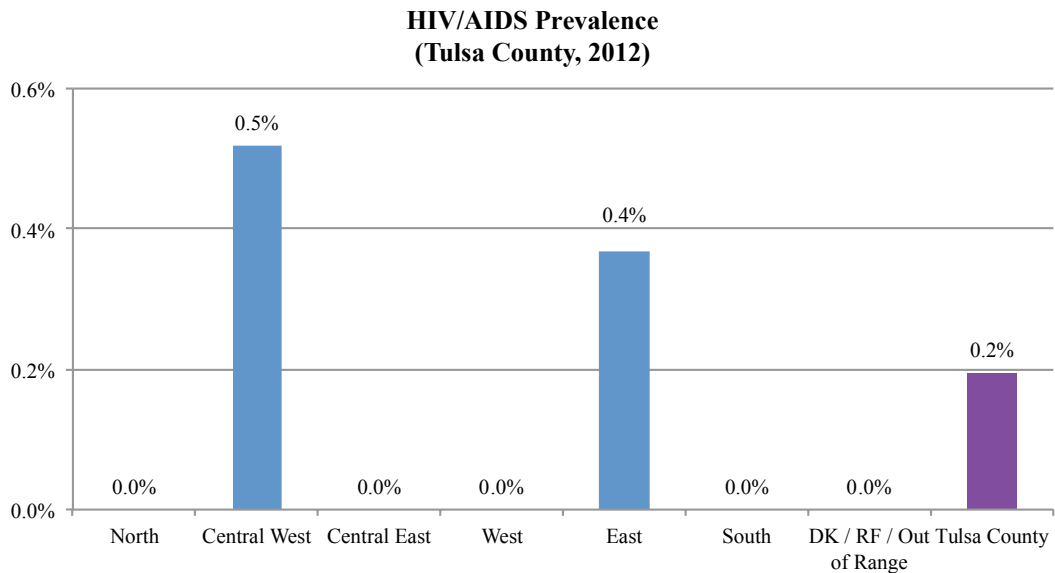
It is also important to foster wider availability of comprehensive services for people living with HIV and their partners through partnerships among health departments, community-based organizations, and health care and social service providers.

Public perception in the United States about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

*-Healthy People 2020 (www.healthypeople.gov)*

## HIV/AIDS Prevalence

Among Tulsa County adults, 0.2% have been diagnosed with HIV/AIDS. This is concentrated in Central West and East Tulsa County.

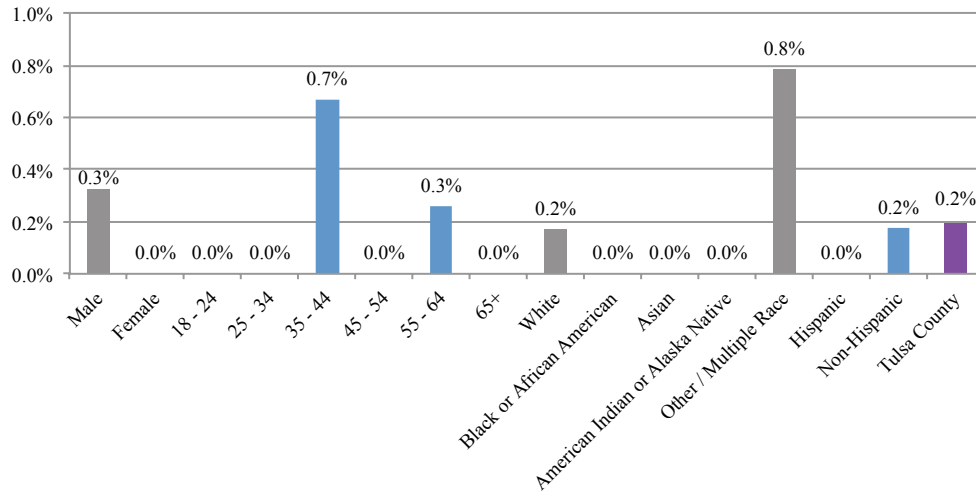


*· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62]*  
*· Asked of all respondents*

Adults in the following groups are more likely to be infected with HIV/AIDS:

- Males
- Adults age 35 – 44
- Adults of “other” or multiple races
- Non-Hispanics

**HIV/AIDS Prevalence  
(Tulsa County, 2012)**



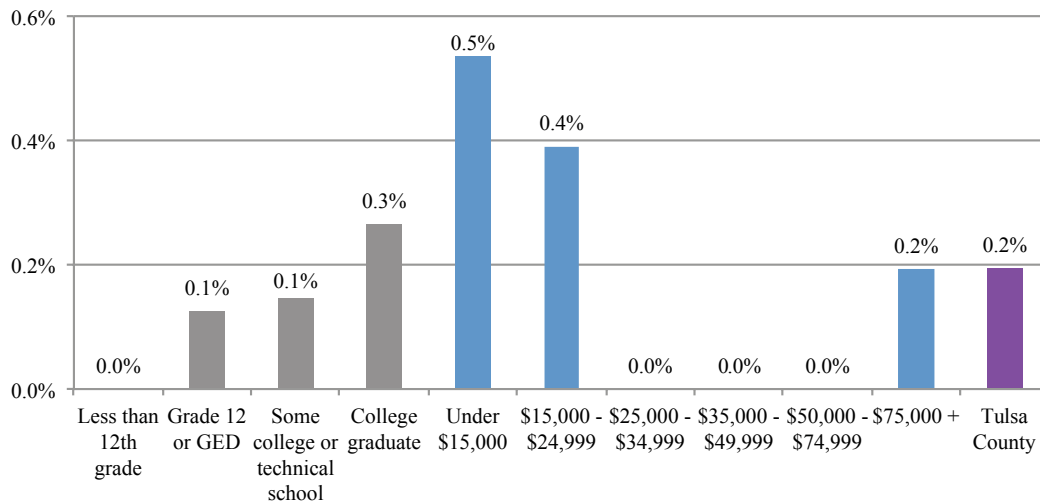
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62f]

· Asked of all respondents

Also included are:

- College graduates
- Adults with an income of less than \$15,000

**HIV/AIDS Prevalence  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62f]

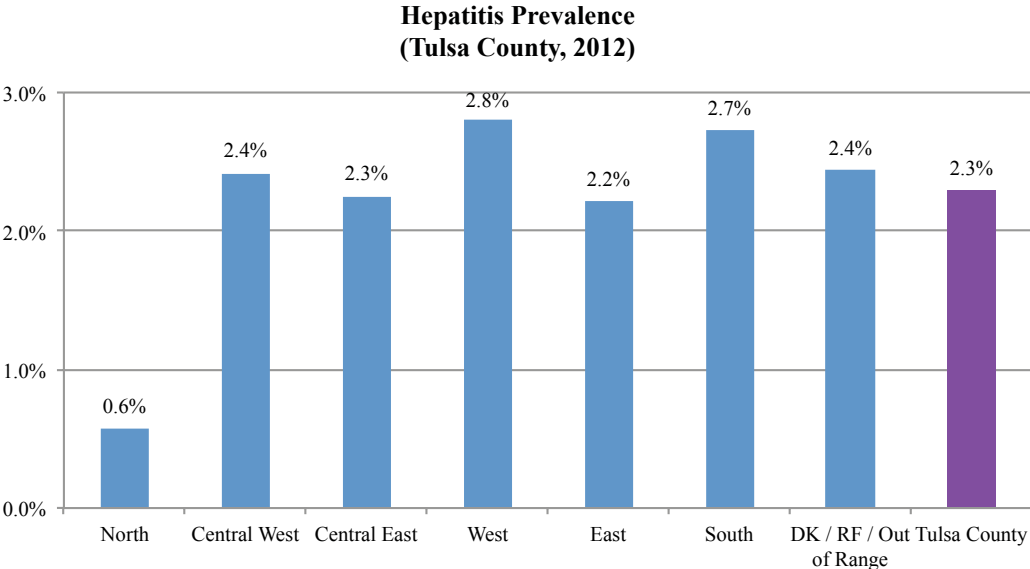
· Asked of all respondents

# Hepatitis

Hepatitis refers to swelling and inflammation of the liver which is often caused by a group of viral infections. The most common types are Hepatitis A, Hepatitis B, and Hepatitis C. Viral hepatitis is the leading cause of liver cancer and the most common reason for a liver transplant. Approximately 4.4 million Americans are living with chronic hepatitis, although most do not know that they are infected (CDC, 2012b).

## Hepatitis Prevalence

A total of 2.3% of Tulsa County adults have been diagnosed with hepatitis. This is highest in West Tulsa County and South Tulsa County and lowest in North Tulsa County.

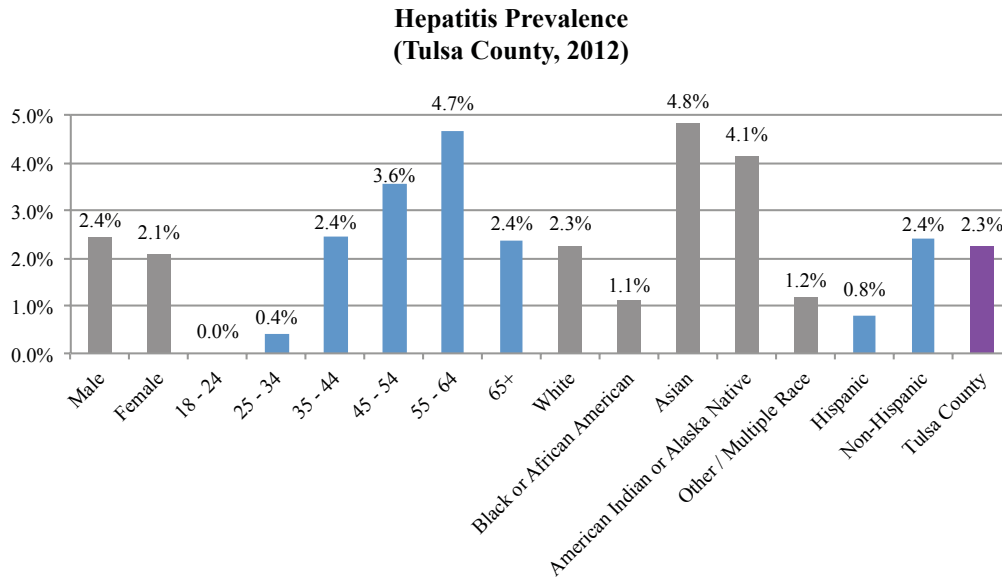


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62h]  
· Asked of all respondents



Increased likelihood of hepatitis is associated with adults in the following groups:

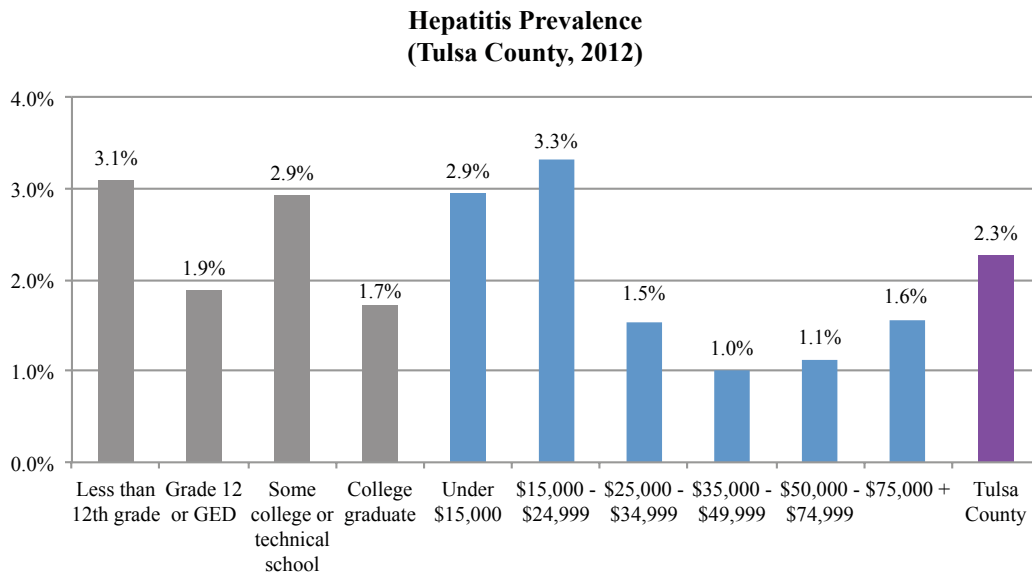
- Adults age 55 – 64
- Asians and American Indians/ Alaska Natives
- Non-Hispanics



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62h]  
 · Asked of all respondents

Additionally, adults in the following groups are more likely to have been diagnosed with hepatitis:

- Adults with less than a 12th grade education and adults with some college or technical school
- Adults with an income of less than \$24,999



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62h]  
 · Asked of all respondents



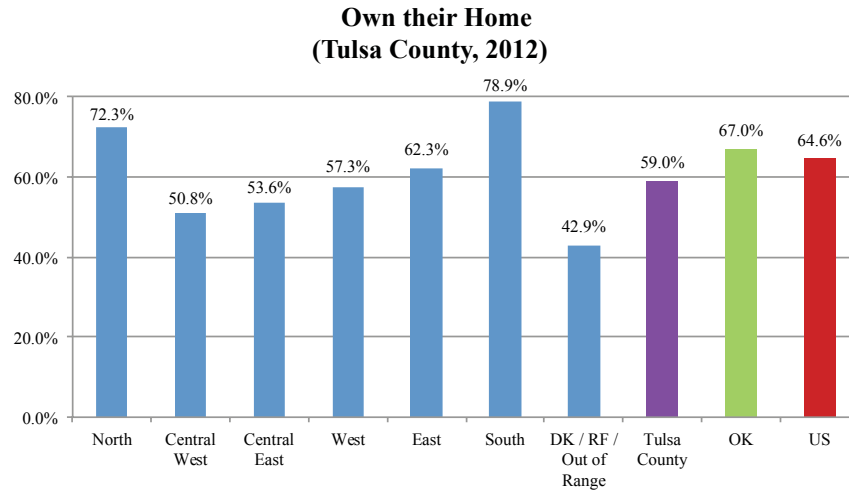
# Physical Environment

## Housing

The public health community has become more focused on the social determinants of health, which are defined as “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (Healthy People 2020).” One important social determinant of health is housing, which can be associated with a wide range of adverse health conditions. For example, poor housing conditions are associated with respiratory infections, asthma, lead poisoning, injuries, and mental health (Krieger & Higgins, 2002). Investment in the improvement of housing and neighborhoods can serve as a way to combat poverty and can form a strong foundation for the health and well-being of the population (Shaw, 2004).

## Housing Situation

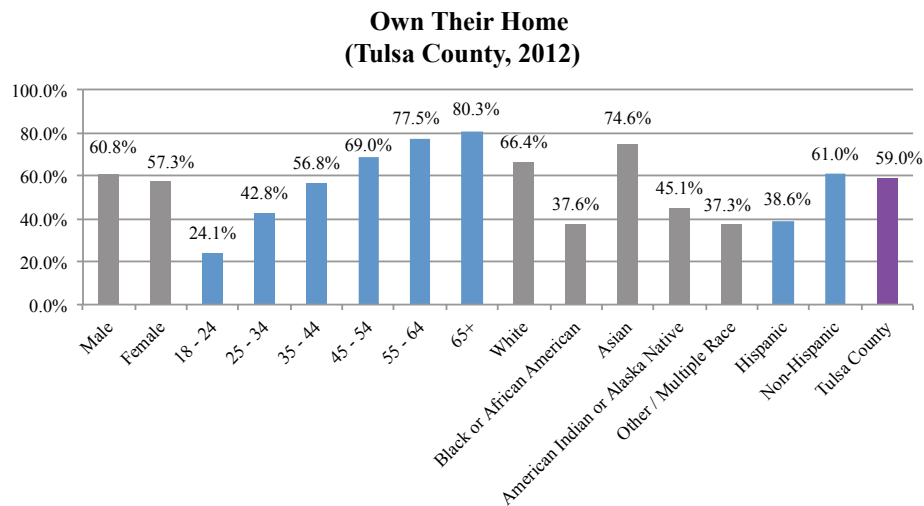
In Tulsa County, 59.0% of residents own their own home, while 36.6% rent and 4.4% live in “another arrangement.” The rate of homeownership in Tulsa County is lower than the rate in both Oklahoma and the United States. The region with the largest percentage of adults who own their home is South Tulsa County, while the region with the smallest percentage is Central West Tulsa County.



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item D16]  
 · U.S. Census Bureau. American Community Survey. 2011 American Community Survey 1-Year Estimates, Selected Housing Characteristics, Table DP-04. <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>, accessed March 11, 2013.  
 · Asked of all respondents

As respondent age increases, likelihood of owning their own home also increases. A greater likelihood of owning their home is also associated with:

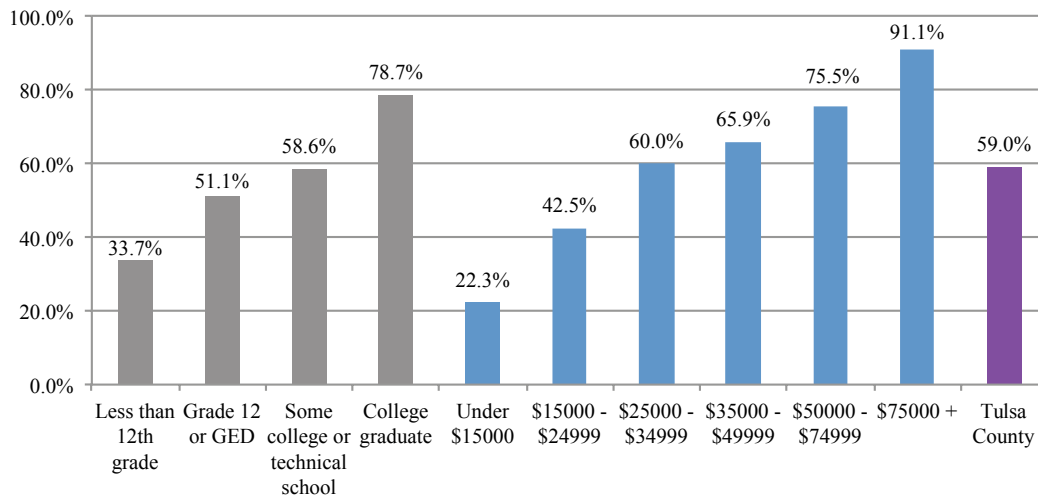
- Males
- Asians
- Non-Hispanics



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item D16]  
 · Asked of all respondents

There is a positive correlation between an increased likelihood of owning a home and increased education and income levels.

### Own Their Home (Tulsa County, 2012)

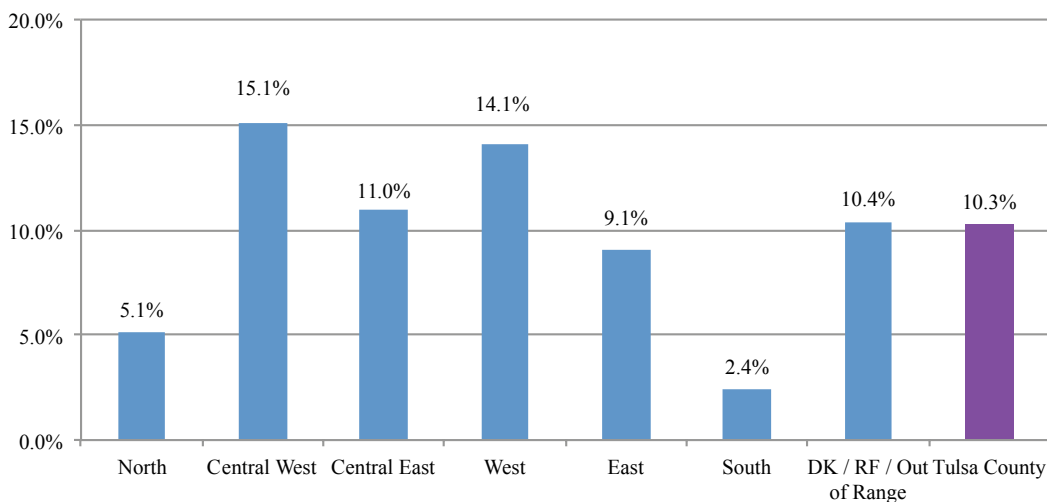


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item D16]  
· Asked of all respondents

## Housing Situation: Satisfaction

Although the majority (89.7%) of Tulsa County adults state that they are satisfied with their housing arrangement, 10.3% respondents report that they are unsatisfied. This dissatisfaction is highest in Central West Tulsa County and lowest in South Tulsa County.

### Unsatisfied with Housing Situation (Tulsa County, 2012)

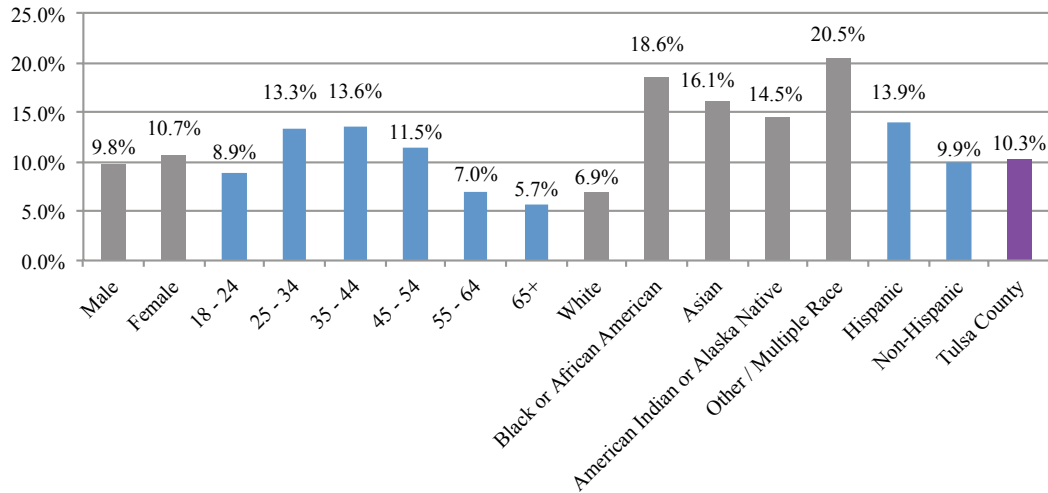


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 63]  
· Asked of all respondents

Individuals who are more likely to be unsatisfied with their housing situation include:

- Females
- Adults age 25-44
- Adults of “other” or multiple races
- Hispanics

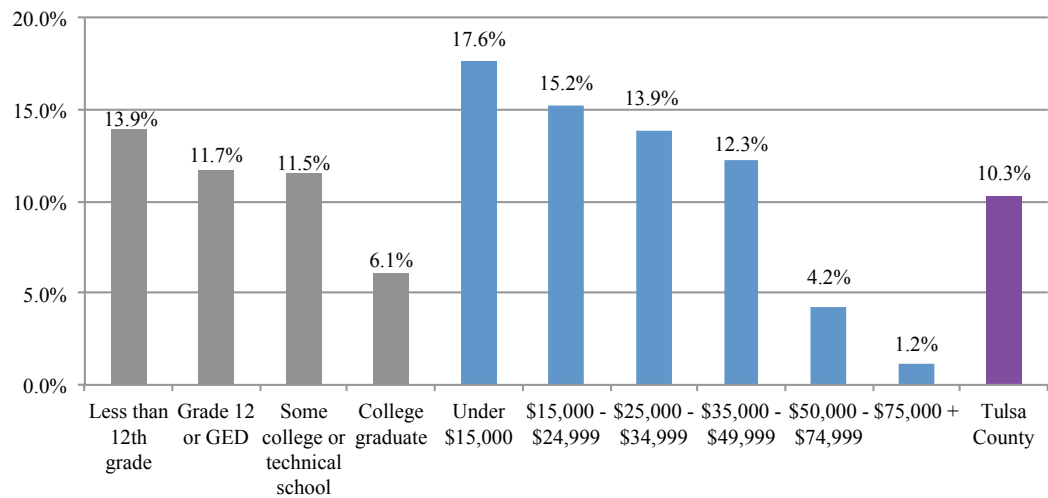
**Unsatisfied with Housing Situation  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 63]  
· Asked of all respondents

Also, as education and income levels increase, the percentage of adults who are unsatisfied with their housing situation decreases.

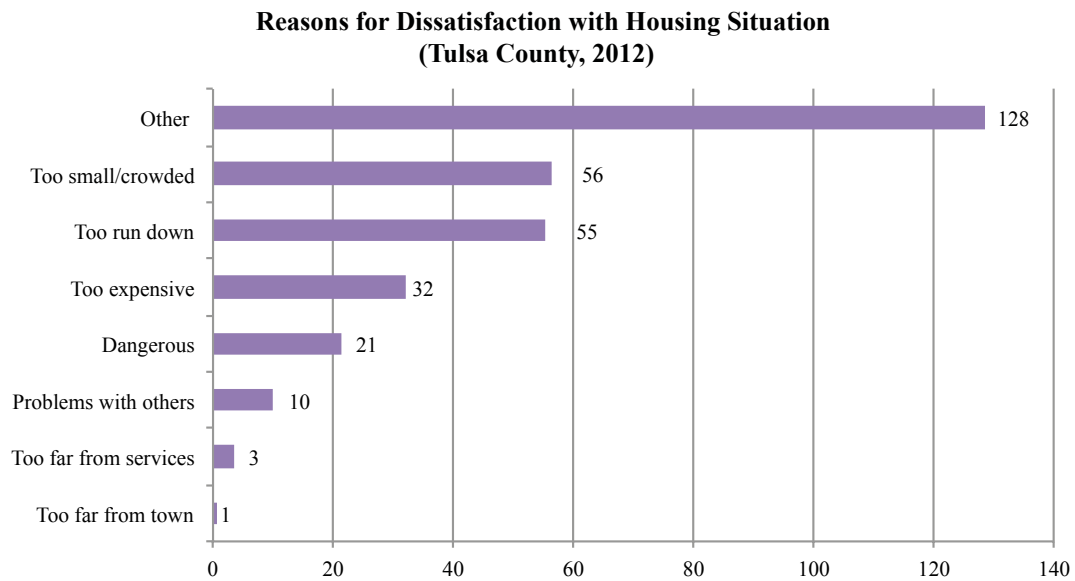
**Unsatisfied with Housing Situation  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 63]  
· Asked of all respondents

The top three reasons for dissatisfaction with current housing situation are:

- Too small/ crowded
- Too run down
- Too expensive



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 64]

· Asked of respondents who answered “no” to “Are you satisfied with your housing situation?”

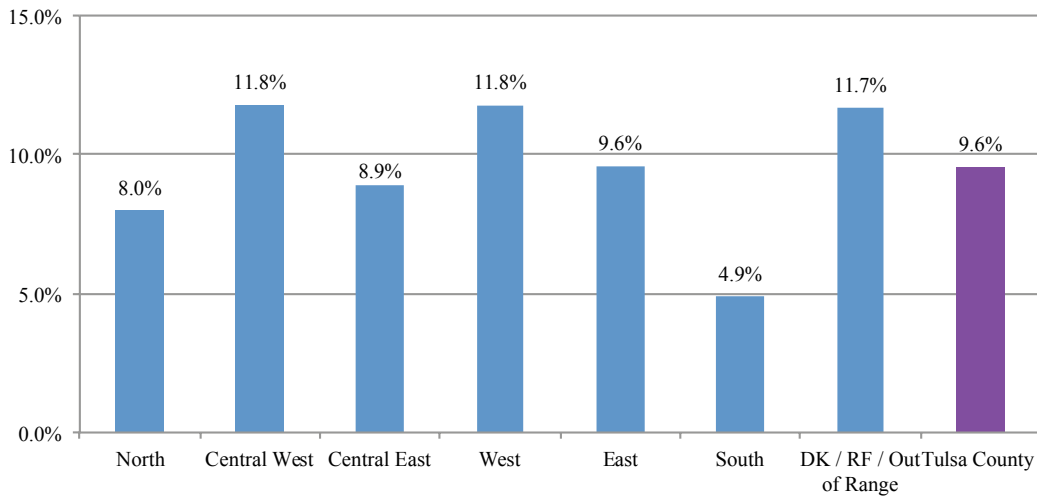
· Respondents were able to select multiple responses

The “other” category includes responses such as “don’t want to live with parents,” “want to own a home,” “it can always be better,” and “can’t afford to fix my home.”

# Household Bills

The majority of Tulsa County adults (90.4%) are consistently able to pay for all housing bills (e.g., rent/ mortgage and utility bills). However, 9.6% Tulsa County adults report that they are unable to consistently pay these bills. The highest percentage of people unable to consistently pay their housing bills resides in Central West and West Tulsa County. South Tulsa County has the lowest percentage of people who are unable to pay their housing bills.

**Unable to Consistently Pay Household Bills  
(Tulsa County, 2012)**

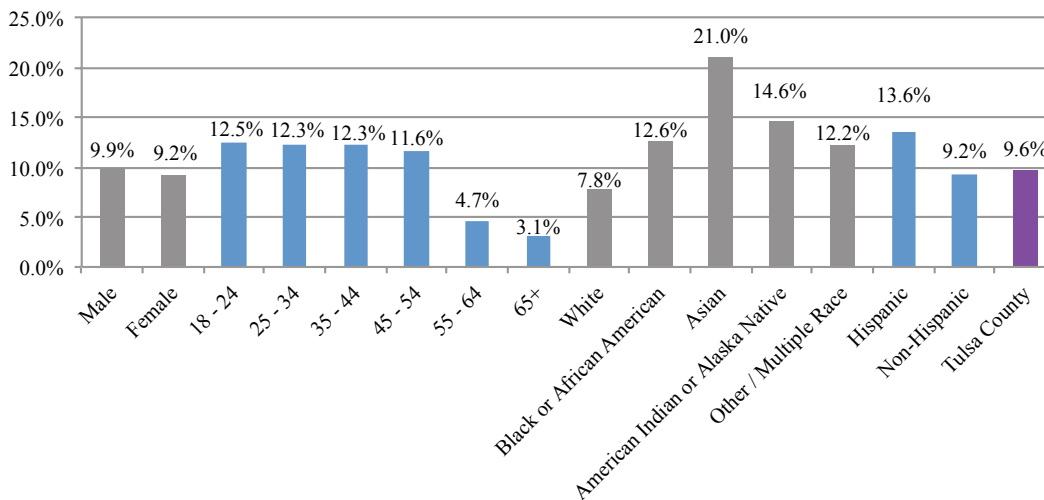


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 65]  
· Asked of all respondents

Adults who are unable to consistently pay their household bills include:

- Adults age 18 – 54
- Asians
- Hispanics

**Unable to Consistently Pay Household Bills  
(Tulsa County, 2012)**

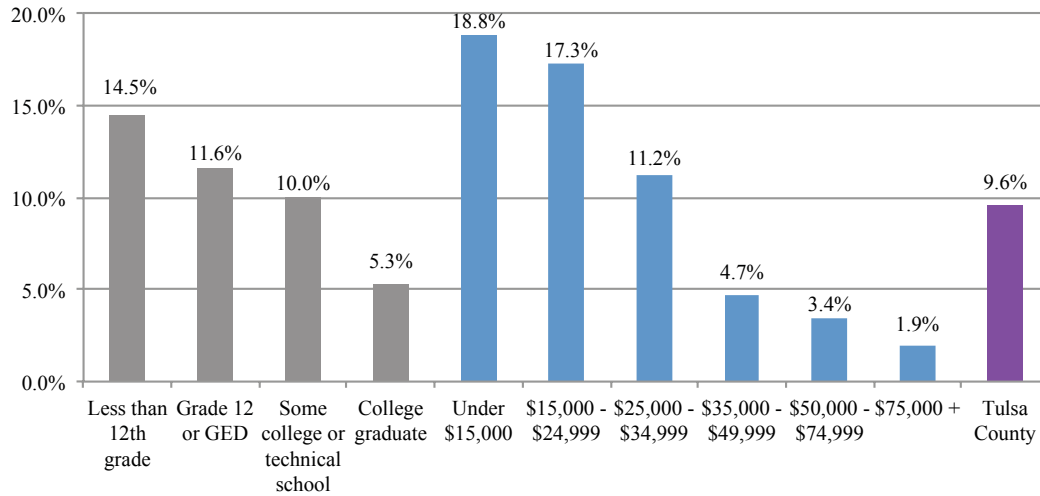


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 65]  
· Asked of all respondents



With regard to education and income levels, there is a decreasing trend of inability to consistently pay household bills as these levels rise.

### Unable to Consistently Pay Household Bills (Tulsa County, 2012)



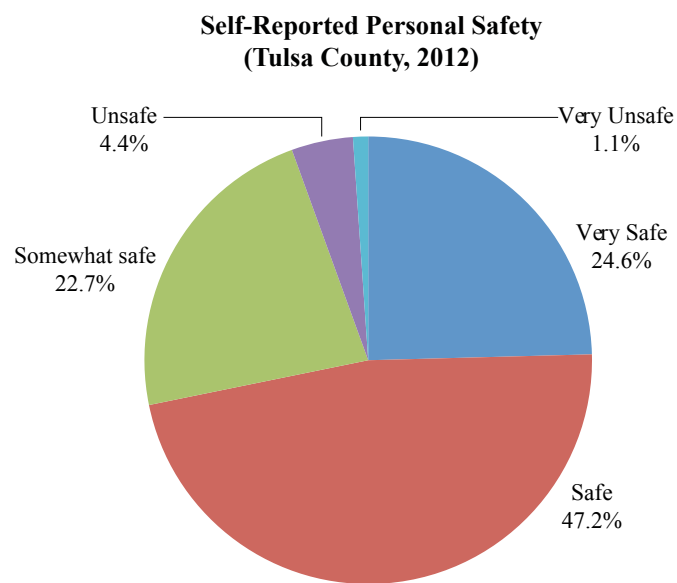
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 65]  
· Asked of all respondents

# Safety

Broad conditions within a community such as community safety can also have important public health implications. Community safety impacts various health factors and outcomes, such as the direct effect of violence on the victim, psychological distress on those who are regularly exposed to unsafe conditions, birth weight, diet and exercise, and family and social support systems (County Health Rankings & Roadmaps).

## Personal Safety

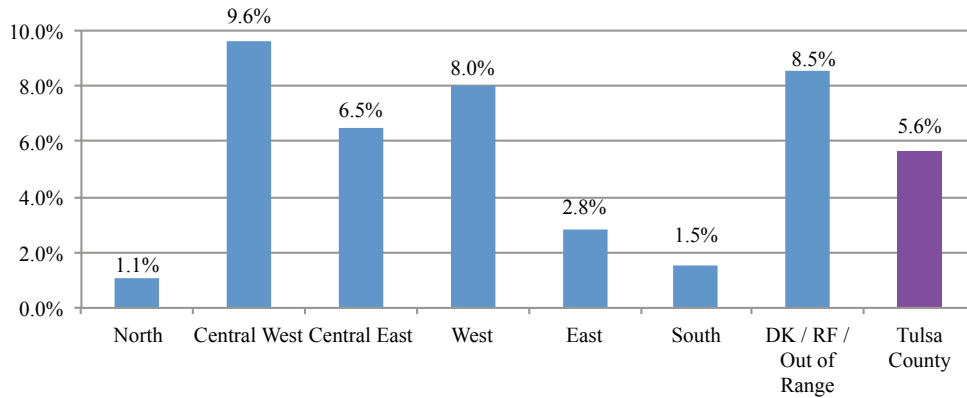
Overall, 71.8% of Tulsa County adults report that they feel “very safe” or “safe” in their community. An additional 22.7% report that they feel “somewhat safe” in their community.



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 3]  
· Asked of all respondents

However, 5.6% of respondents state that they feel “unsafe” or “very unsafe” in their community. This percentage is highest in Central West Tulsa County and lowest in North and South Tulsa County.

**Feel "Unsafe" or "Very Unsafe" in Their Community  
(Tulsa County, 2012)**

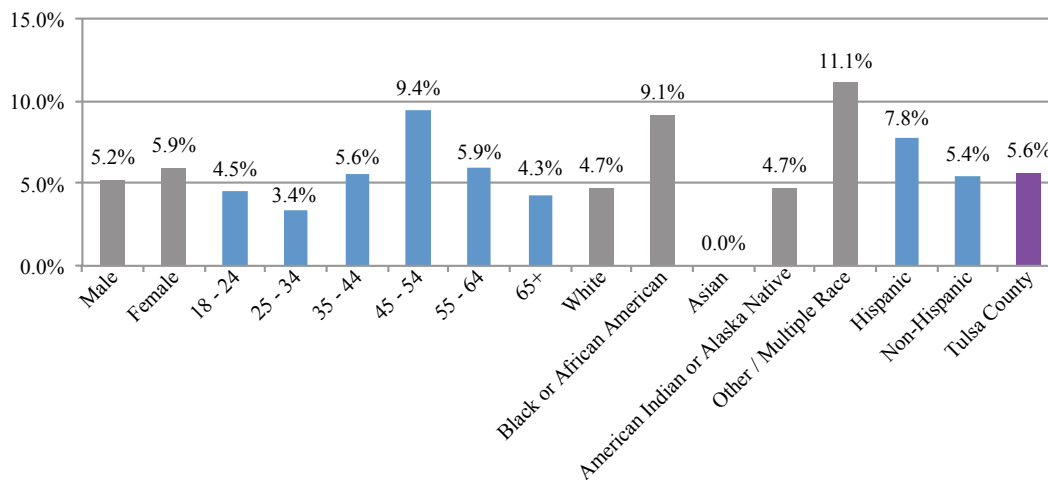


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 3]  
· Asked of all respondents

Adults who are more likely to feel “unsafe” or “very unsafe” in their communities include:

- Adults age 45-54
- Adults of “other” or multiple races
- Hispanics

**Feel "Unsafe" or "Very Unsafe" in Their Community  
(Tulsa County, 2012)**

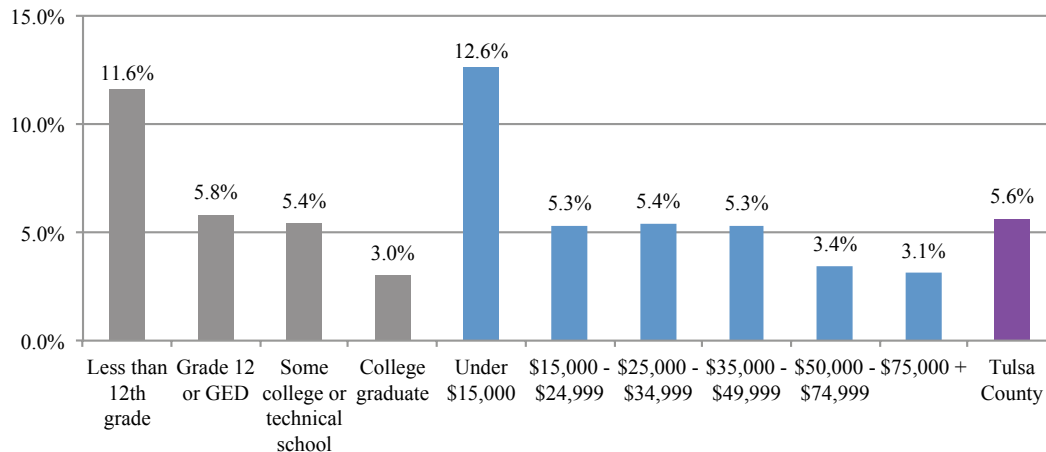


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 3]  
· Asked of all respondents

Others who are more likely to feel “unsafe” or “very unsafe” include:

- Adults with less than a 12th grade education (Note the downward trend of decreasing likelihood of feeling “unsafe” or “very unsafe” as education level increases)
- Adults with an income of less than \$15,000

**Feel "Unsafe" or "Very Unsafe" in Their Community  
(Tulsa County, 2012)**

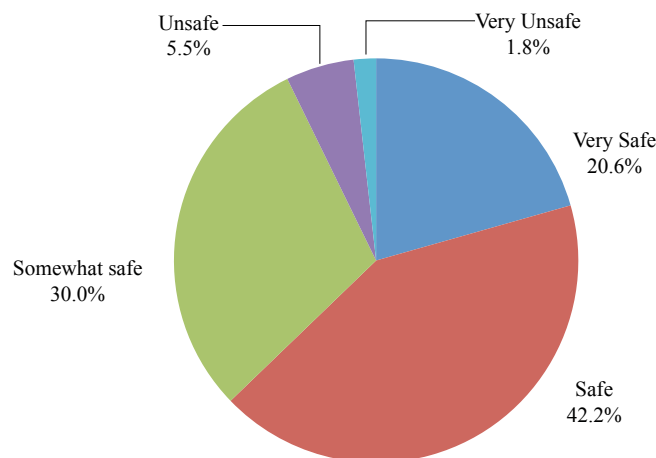


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 3]  
· Asked of all respondents

## Community Safety

When asked about the safety of their community, 62.8% of Tulsa County adults state that their community is “very safe” or “safe.” An additional 30.0% state that their community is “somewhat safe.”

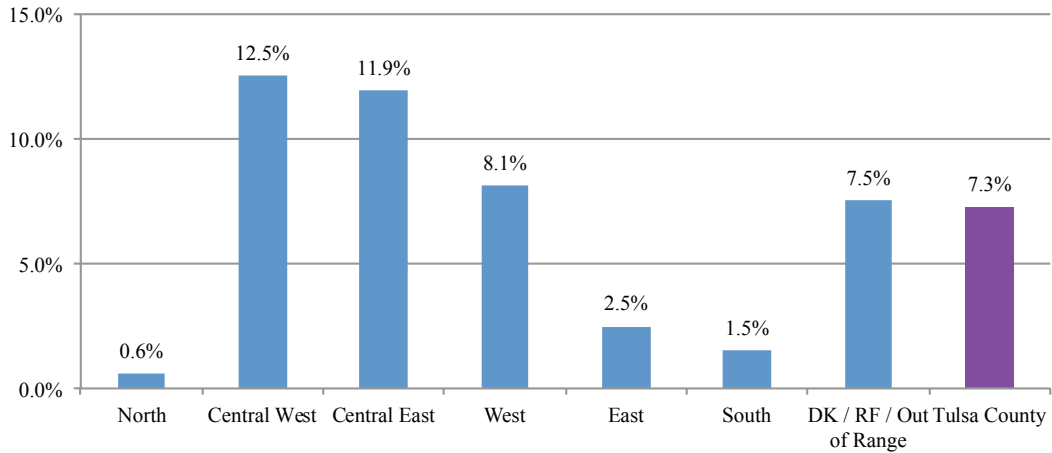
**Self-Reported Community Safety  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 4]  
· Asked of all respondents

However, 7.3% of respondents perceive their community as “unsafe” or “very unsafe.” This is highest in Central West and Central East Tulsa County, and lowest in North Tulsa County.

**Believe Their Community is "Unsafe" or "Very Unsafe"**  
(Tulsa County, 2012)

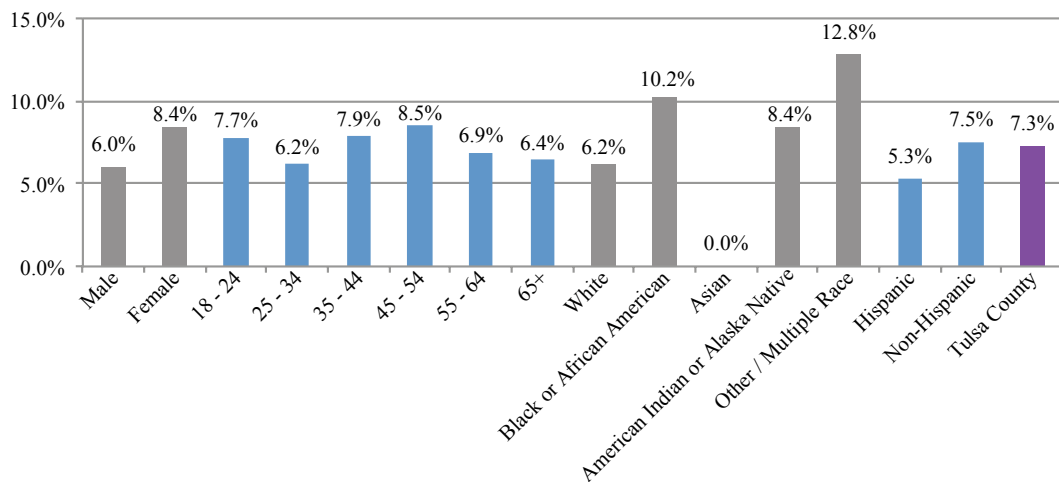


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 4]  
· Asked of all respondents

Adults who are more likely to believe that their community is “unsafe” or “very unsafe” include:

- Females
- Adults age 45-54
- Adults of “other” or multiple races
- Non-Hispanics

**Believe Their Community is "Unsafe" or "Very Unsafe"**  
(Tulsa County, 2012)

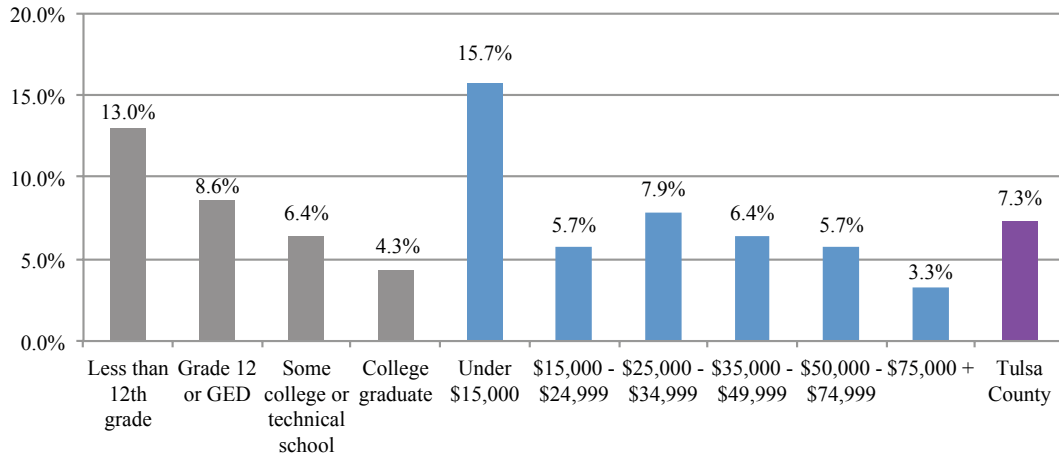


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 4]  
· Asked of all respondents

Adults are also more likely to believe that their community is “unsafe” or “very unsafe” if they belong to the following groups:

- Have less than a 12th grade education (Note the negative correlation between increased education level and decreased likelihood of believing that the community is “unsafe” or “very unsafe”)
- Have an annual income of less than \$15,000

**Believe Their Community is "Unsafe" or "Very Unsafe"**  
**(Tulsa County, 2012)**



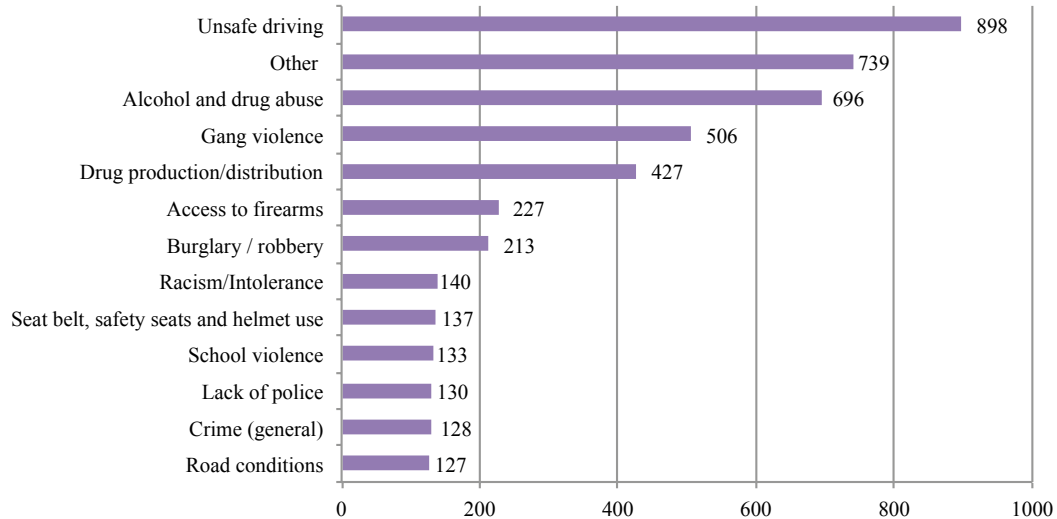
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 4]  
· Asked of all respondents

## Safety Problems

Tulsa County adults were then asked what they believe to be the biggest safety problems in their community. The top three problems identified are:

- Unsafe driving
- Alcohol/ drug abuse
- Gang violence

**Most Important Community Safety Problems  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 61-61a]

· Asked of all respondents

· Respondents were able to select multiple responses

The “other” category includes responses such as “neighborhood watch,” “domestic violence,” “police,” and “violence.”





# Modifiable Health Risks

## Weight Status

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including health care settings, worksites, or schools.

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers
- Experience complications during pregnancy
- Die at an earlier age

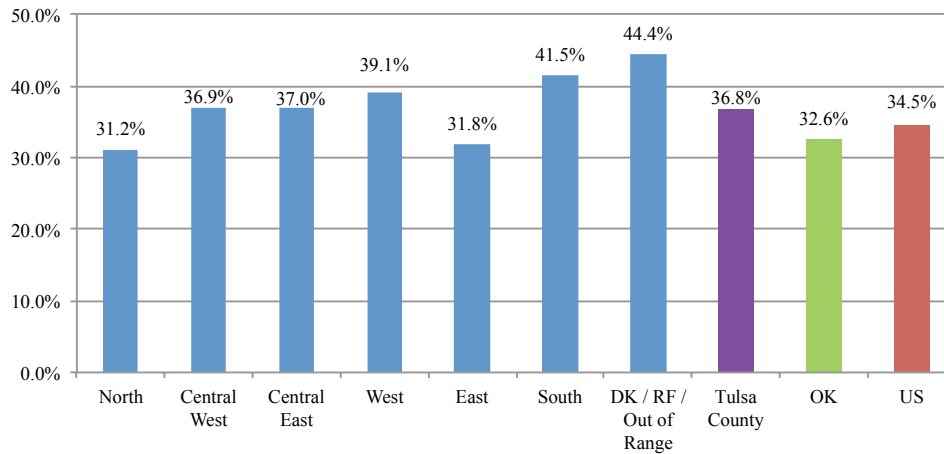
Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity,

*-Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))*

## Weight Status

Based on self-reported height and weight, 36.8% of Tulsa County adults are a normal weight (BMI 18.5 – 24.9). This is higher (more favorable) than both Oklahoma and United States findings. Healthy weight status is most prevalent in South Tulsa County and least prevalent in North Tulsa County.

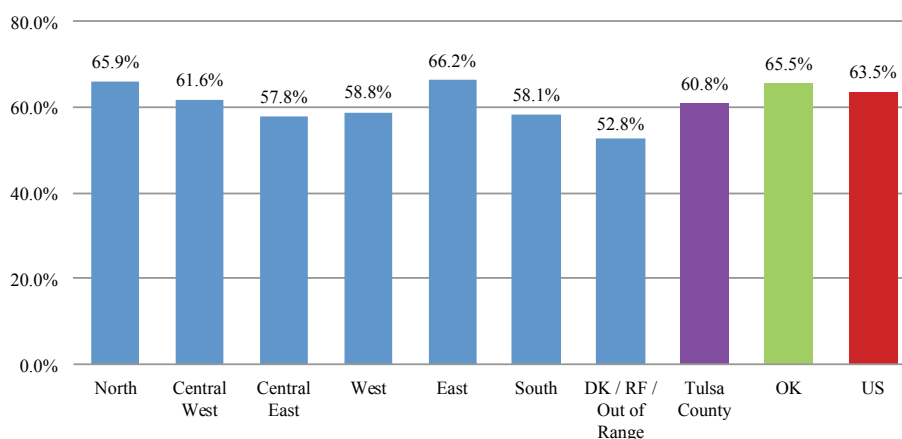
**Healthy Weight  
(Tulsa County, 2012)**



- 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Items D10 – D11]
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.
- U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at [www.healthypeople.gov](http://www.healthypeople.gov), accessed 20 February 2013. [Objective NWS-8]
- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a Body Mass Index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 – 24.9.

However, nearly two-thirds (60.8%) of Tulsa County adults are overweight or obese. This is lower than both Oklahoma and United States findings. The prevalence of total overweight is highest in North and East Tulsa County and lowest in Central East and South Tulsa County.

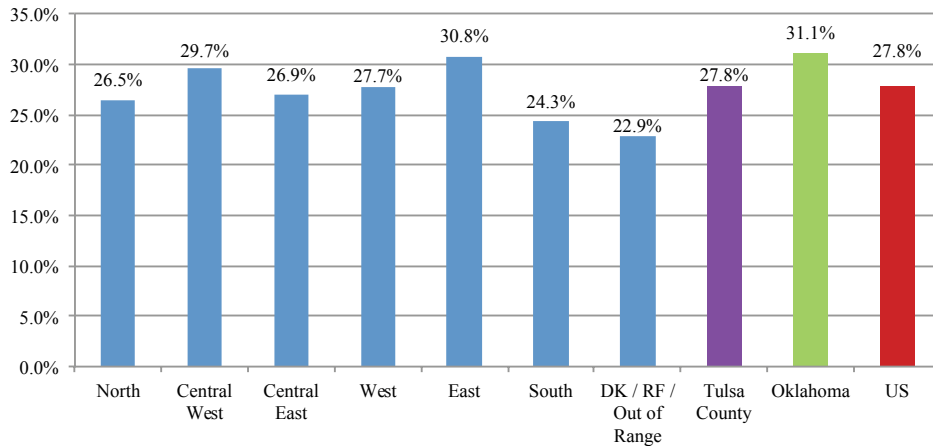
**Prevalence of Total Overweight  
(Tulsa County, 2012)**



- 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Items D10 – D11]
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a Body Mass Index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 25.0 and 29.9. The definition of obese is having a BMI greater than or equal to 30.0.

Furthermore, 27.8% of Tulsa county adults are obese. This is significantly lower than the prevalence of obesity in Oklahoma and exactly the same as the United States. Prevalence of obesity is highest in East Tulsa County and lowest in South Tulsa County.

**Prevalence of Obesity  
(Tulsa County, 2012)**  
HP2020 target = 30.5%

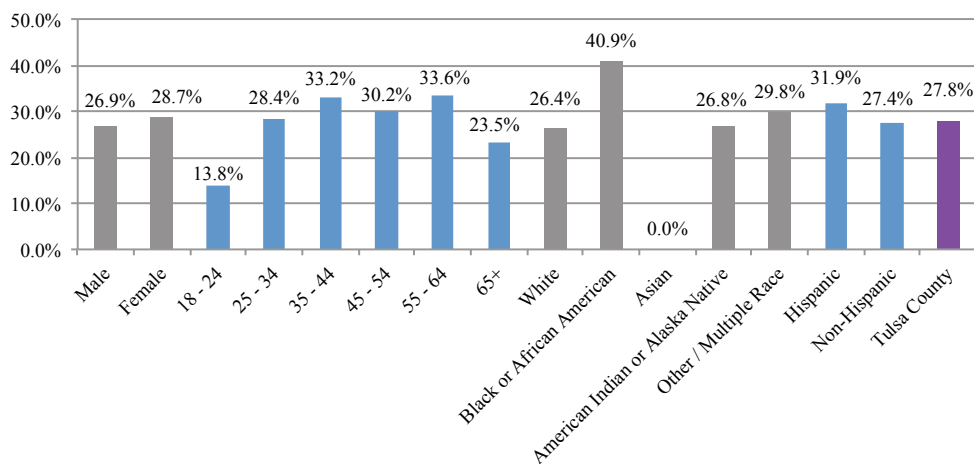


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Items D10 – D11]  
 · Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.  
 · U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at [www.healthypeople.gov](http://www.healthypeople.gov) Accessed 20 February 2013. [Objective NWS-9]  
 · Based on reported heights and weights, asked of all respondents.  
 · The definition of obese is having a Body Mass Index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.

Adults in the following groups have a higher prevalence of obesity:

- Females
- Adults age 55 – 64
- African Americans
- Hispanics

**Prevalence of Obesity  
(Tulsa County, 2012)**

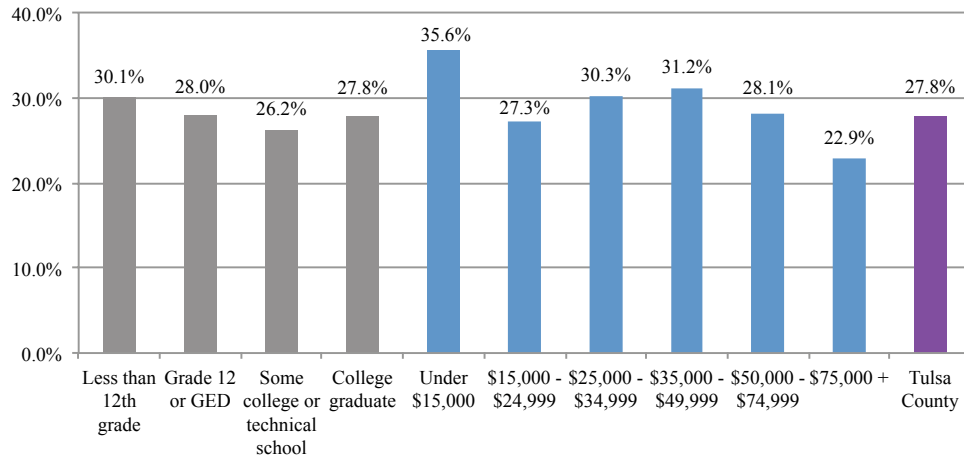


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Items D10 – D11]  
 · Based on reported heights and weights, asked of all respondents.  
 · The definition of obese is having a Body Mass Index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.

Additionally, obesity is higher among:

- Adults with less than a 12th grade education
- Adults who have an income of less than \$15,000

**Prevalence of Obesity  
(Tulsa County, 2012)**



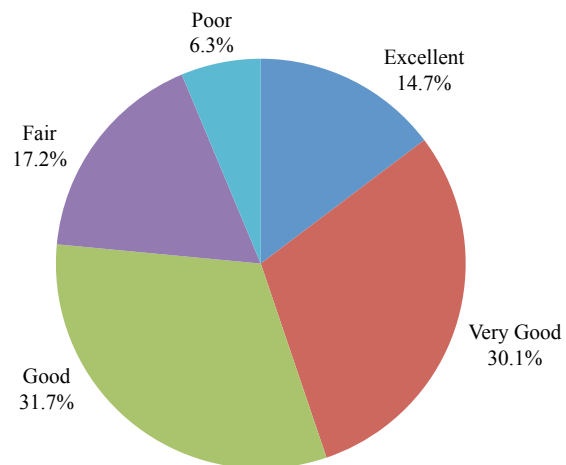
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Items D10 – D11]

· Based on reported heights and weights, asked of all respondents.

· The definition of obese is having a Body Mass Index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.

Weight status was compared to self-reported health status for those individuals who are overweight or obese (60.8% of Tulsa County adults). Overall, 44.8% of overweight/ obese respondents perceive that their health is “excellent” or “very good.” An additional 31.7% of these individuals believe that their health is “good.”

**Self-Reported Health Status of Overweight or Obese Individuals  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Items 1, D10 – D11]

· Asked of all respondents

# Nutrition

Strong science supports the health benefits of eating a healthful diet and maintaining a healthy body weight. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, such as overweight and obesity, malnutrition, iron-deficiency anemia, heart disease, high blood pressure, dyslipidemia, Type 2 diabetes, osteoporosis, oral disease, constipation, diverticular disease, and some cancers.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol
- Limit caloric intake to meet caloric needs

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices
- Healthier options are available and affordable

**Social determinants of diet:** Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

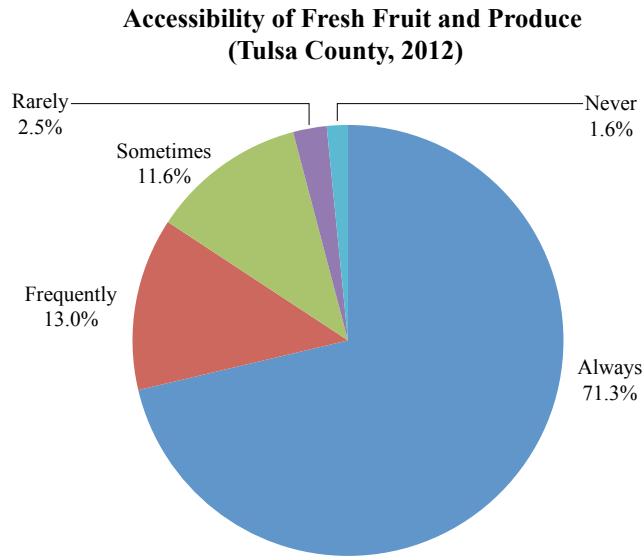
**Physical determinants of diet:** Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home. Marketing also influences people's—particularly children's—food choices.

*-Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))*

## Accessibility of Fresh Fruit and Produce

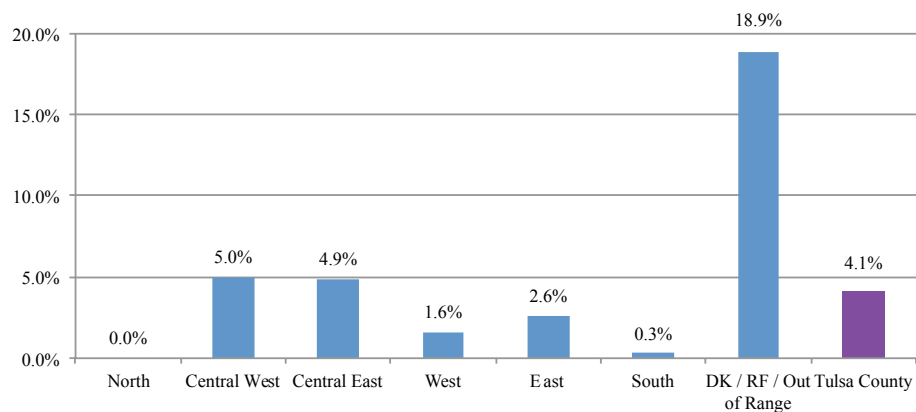
The majority (84.3%) of Tulsa County adults state that they “always” or “frequently” have access to fresh fruit and produce. An additional 11.6% state that they “sometimes” have access to fresh fruit and produce.



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 5]  
· Asked of all respondents

However, 4.1% of Tulsa County adults report that they “rarely” or “never” have access to fresh fruit and produce. This is highest in Central West and Central East Tulsa County and lowest in North Tulsa County.

### "Rarely" or "Never" Have Access to Fresh Fruit and Produce (Tulsa County, 2012)

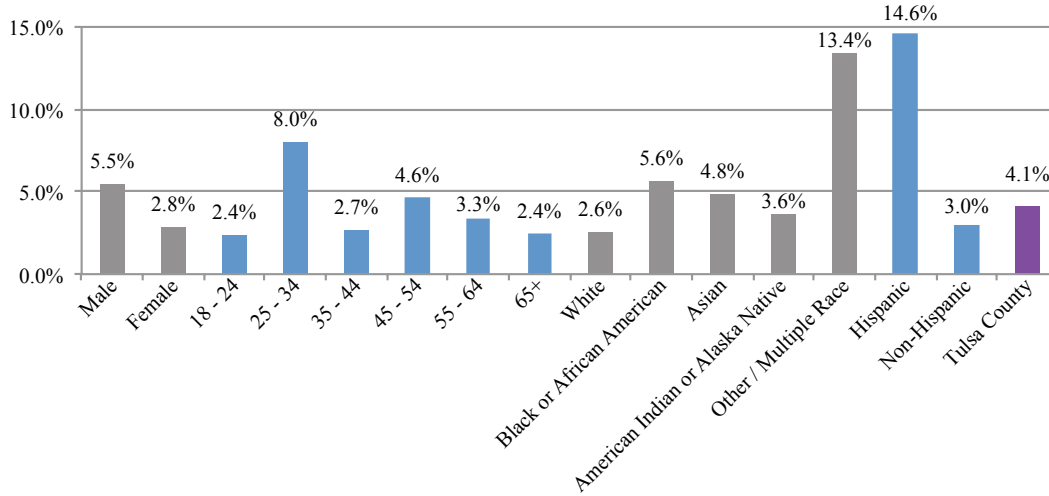


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 5]  
· Asked of all respondents

It is more common for adults in the following groups to “rarely” or “never” have access to fresh fruit and produce:

- Males
- Adults age 25 – 34
- Adults of “other” or multiple races
- Hispanics

**"Rarely" or "Never" Have Access to Fresh Fruit and Produce  
(Tulsa County, 2012)**

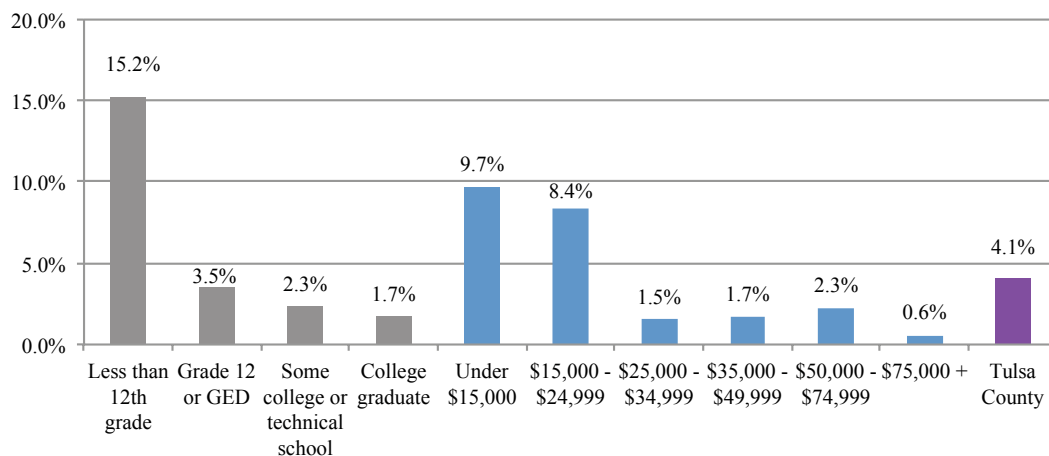


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 5]  
· Asked of all respondents

Also included are adults who:

- Have less than a 12th grade education (Note the downward trend of fewer adults who “rarely” or “never” have access to fresh fruit and produce as education levels increase)
- Adults who have an income of less than \$24,999

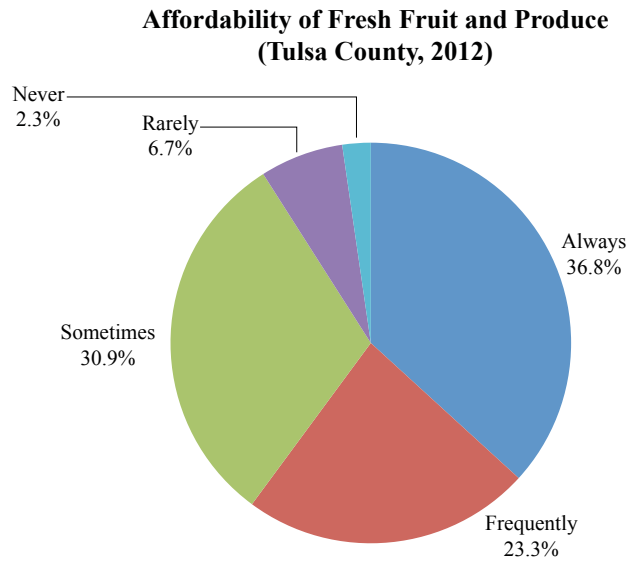
**"Rarely" or "Never" Have Access to Fresh Fruit and Produce  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 5]  
· Asked of all respondents

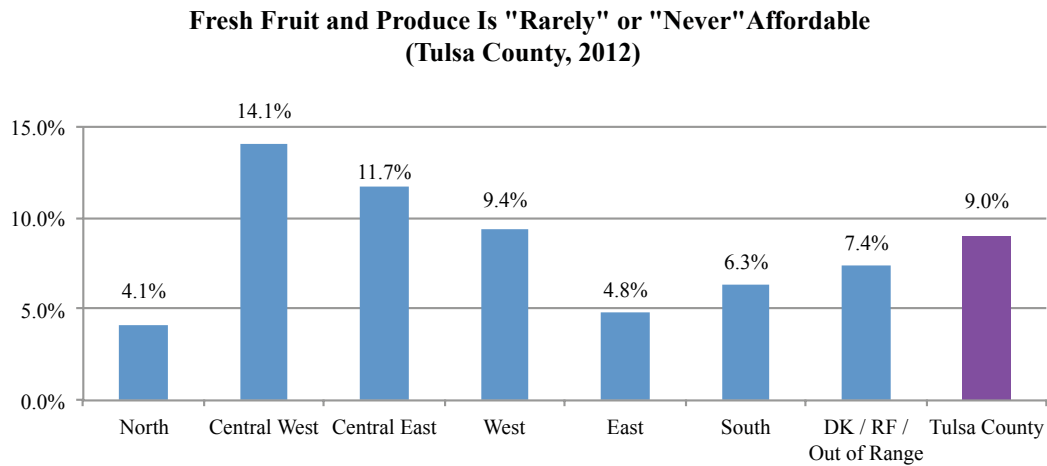
## Affordability of Fresh Fruit and Produce

A total of 60.1% of Tulsa County adults believe that fresh fruit and produce is “always” or “frequently” affordable. An additional 30.9% believe that it is “sometimes” affordable.



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 6]  
· Asked of all respondents

However, 9.0% of Tulsa County adults report that fresh fruit and produce is “rarely” or “never” affordable. This is most common in Central West Tulsa County and least common in North Tulsa County.



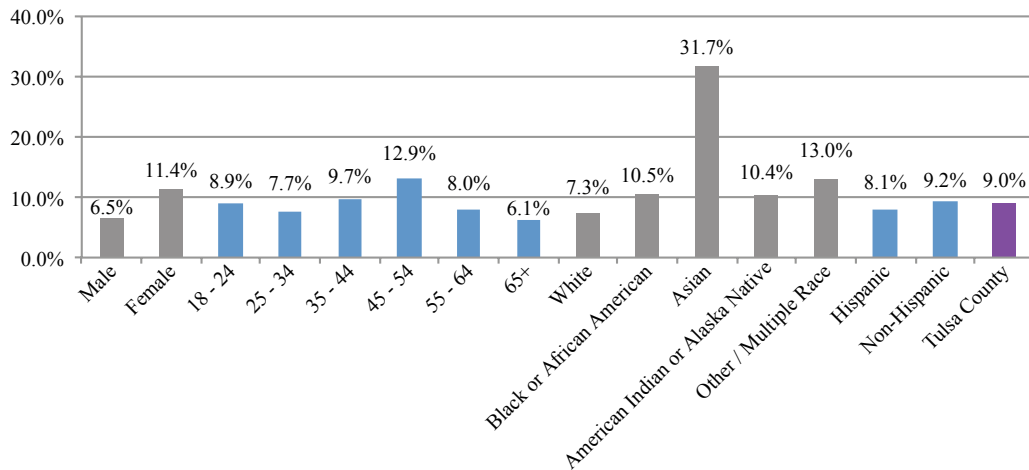
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 6]  
· Asked of all respondents



The belief that fresh fruit and produce is “rarely” or “never” affordable is more common among adults belonging to the following groups:

- Females
- Adults age 45 – 54
- Asians
- Non-Hispanics

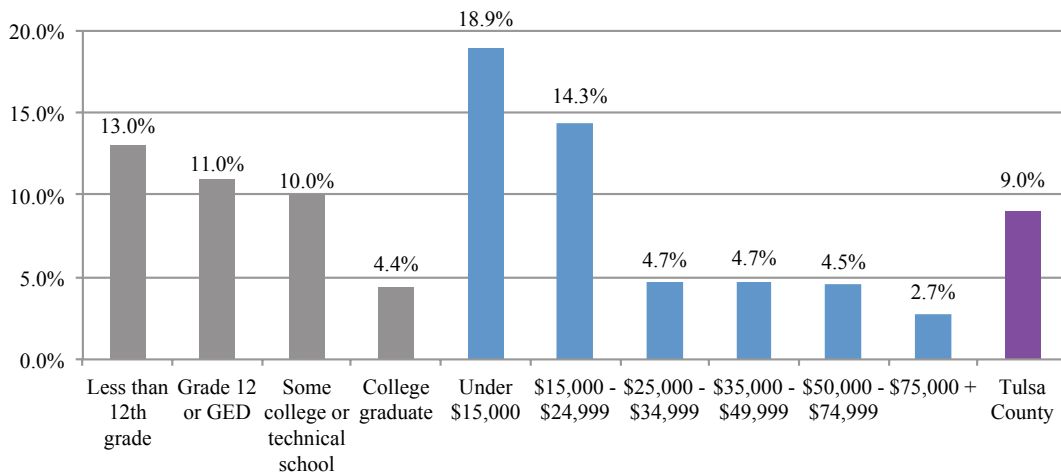
**Fresh Fruit and Produce Is "Rarely" or "Never" Affordable  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 6]  
· Asked of all respondents

Also, there is a correlation between education and income levels, and perceived affordability of fresh fruit and produce. As education and income levels increase, fewer adults believe that fresh fruit and produce are “rarely” or “never” affordable.

**Fresh Fruit and Produce Is "Rarely" or "Never" Affordable  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 6]  
· Asked of all respondents

# Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. More than 80 percent of adults do not meet the guidelines for both aerobic and muscle-strengthening activities. Similarly, more than 80 percent of adolescents do not do enough aerobic physical activity to meet the guidelines for youth. 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.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors positively associated with adult physical activity include: postsecondary education, higher income, enjoyment of exercise, expectation of benefits, belief in ability to exercise, history of activity in adulthood, social support from peers, family, or spouse, access to and satisfaction from facilities, enjoyable scenery, and safe neighborhoods.

Factors negatively associated with adult physical activity include: advancing age, low income, lack of time, low motivation, rural residency, perception of great effort needed for exercise, overweight or obesity, perception of poor health, and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 – 12, the following factors have a positive association with physical activity: gender (boys), belief in ability to be active, and parental support. Among adolescents ages 13 – 18, the following factors have a positive association with physical activity: parental education, gender (boys), personal goals, physical education/ school sports, belief in ability to be active, support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

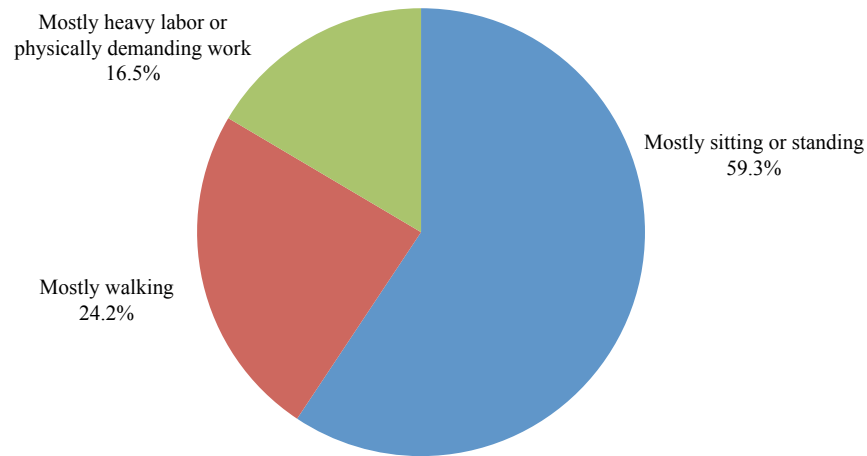
People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

*-Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))*

## Level of Activity at Work

The majority (59.3%) of employed respondents report low levels of physical activity (mostly sitting or standing) at work. A total of 24.2% of respondents report that their job entails mostly walking, and 16.5% of Tulsa County adults state that their job is physically demanding.

**Primary Level of Physical Activity at Work  
(Among employed respondents; Tulsa County, 2012)**

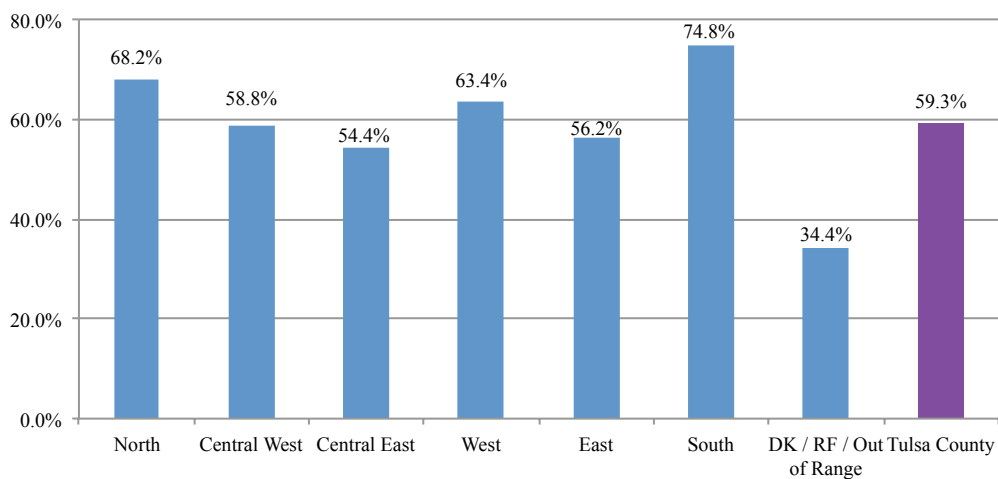


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 48]

· Asked of those respondents who are employed for wages

Low levels of physical activity at work are most common in South Tulsa County and least common in Central East Tulsa County.

**Low Level of Physical Activity at Work  
(Among employed respondents; Tulsa County, 2012)**



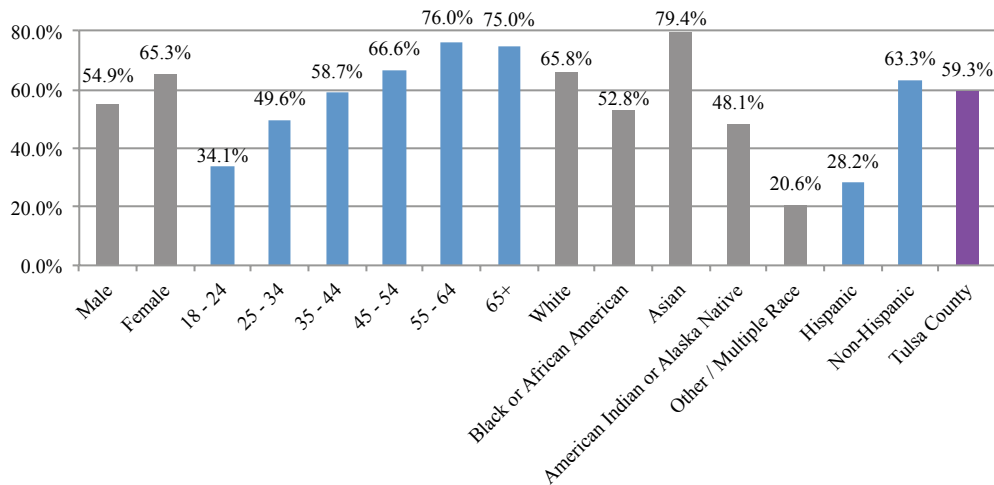
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 48]

· Asked of those respondents who are employed for wages

Adults in the following groups are more likely to have jobs that include mostly sitting or standing:

- Females
- Adults age 55 – 64
- Asians
- Non-Hispanics

**Low Level of Physical Activity at Work  
(Among employed respondents; Tulsa County 2012)**



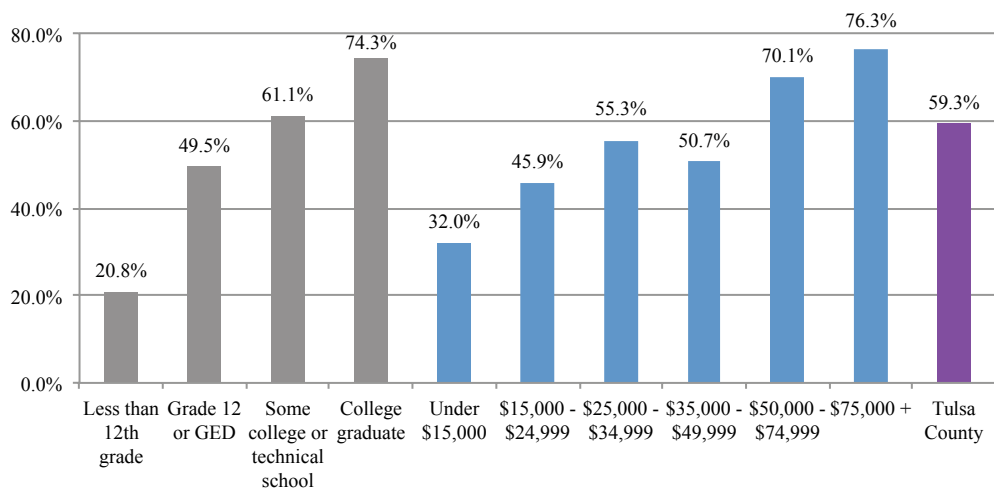
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 48]

· Asked of those respondents who are employed for wages

Also included are:

- College graduates (Note the upward trend of increased low levels of activity at work as education level increases)
- Adults with an income of \$75,000+

**Low Level of Physical Activity at Work  
(Among employed respondents; Tulsa County, 2012)**



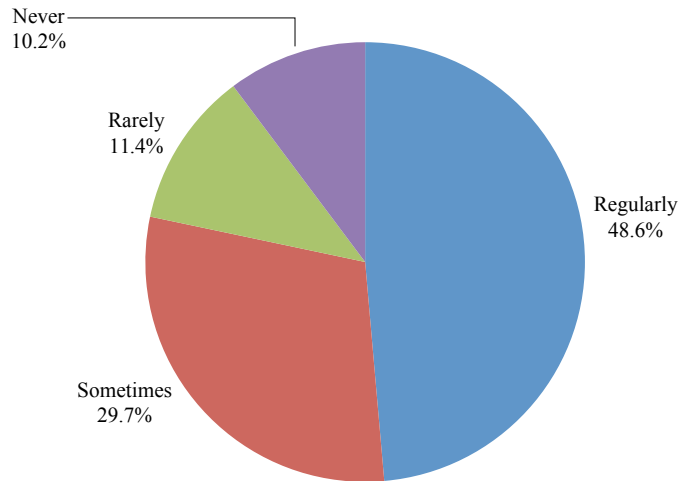
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 48]

· Asked of those respondents who are employed for wages

## Leisure Time Physical Activity: Adults

A total of 48.6% of Tulsa County adults state that they “regularly” participated in physical activity in the previous month. An additional 29.7% “sometimes” participated in physical activity.

**Leisure Time Physical Activity in the Past Month  
(Tulsa County, 2012)**

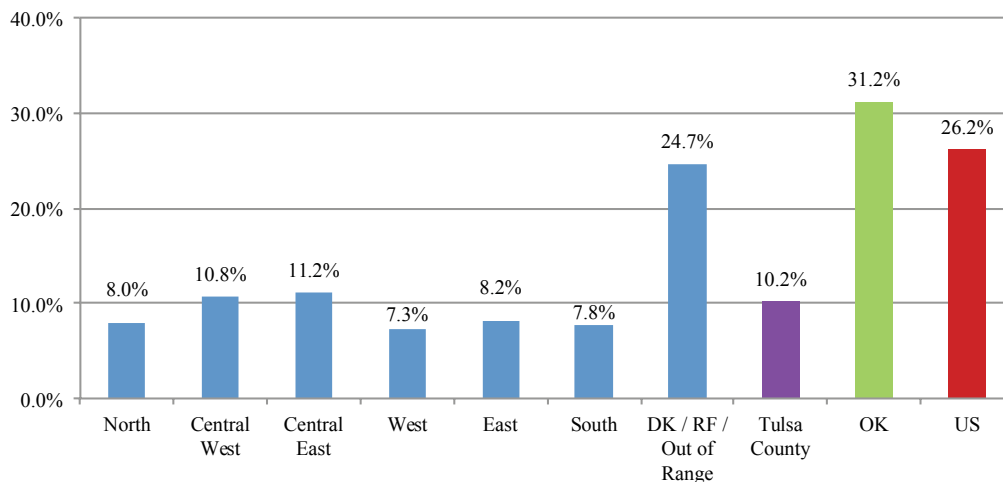


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 7]  
· Asked of all respondents

However, a total of 10.2% of Tulsa County adults report that they “never” participated in physical activity in the previous month. This is significantly more favorable than Oklahoma and U.S. data. No leisure time physical activity is most common in Central West and Central East Tulsa County and least common in West Tulsa County.

**No Leisure Time Physical Activity in the Past Month  
(Tulsa County, 2012)**

HP2020 target= 32.6%

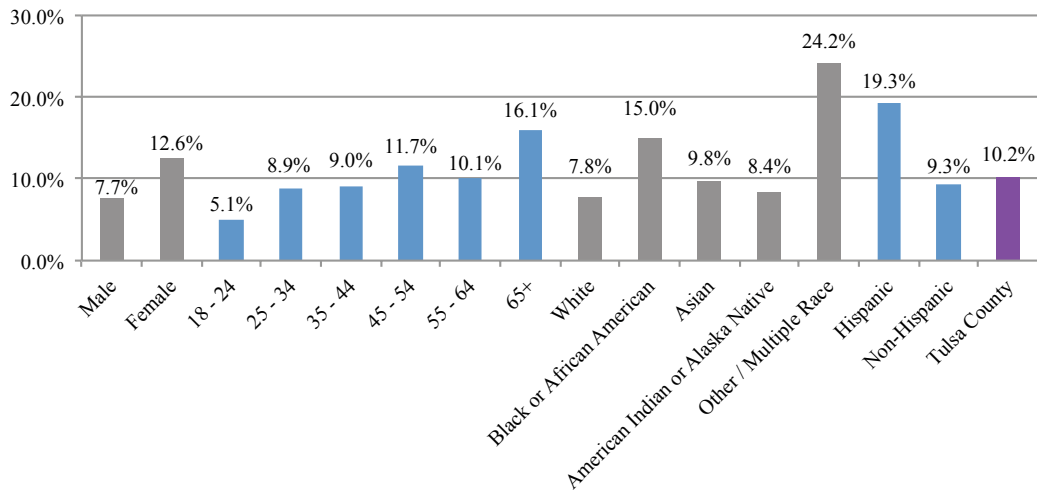


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 7]  
· Schiller JS, Lucas JW, Peregoy JA. Summary health statistics for U.S. adults: National Health Interview Survey, 2011. National Center for Health Statistics. Vital Health Stat 10(256). 2012.  
· Centers for Disease Control and Prevention. National Center for Health Statistics. Health Indicators Warehouse. www.healthindicators.gov, accessed March 6, 2013.  
· U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at www.healthypeople.gov, accessed 20 February 2013. [Objective PA-1]  
· Asked of all respondents

Adults belonging to the following groups are more likely to report no leisure time physical activity in the past month:

- Females
- Adults age 65+
- Adults of “other” or multiple races
- Hispanics

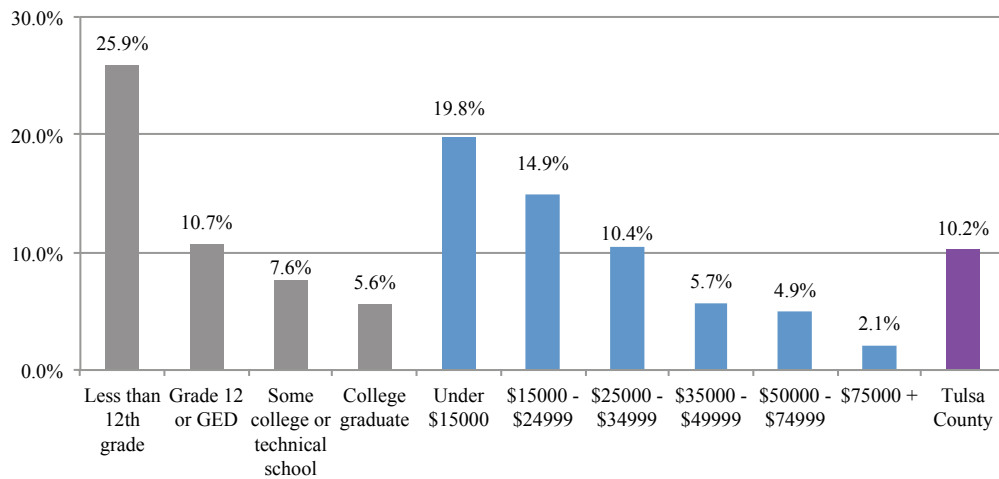
**No Leisure Time Physical Activity in the Past Month  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 7]  
· Asked of all respondents

Additionally, there is a downward trend showing that as education and income levels increase, the percentage of adults who did not participate in leisure time physical activity in the past month decreases.

**No Leisure Time Physical Activity in the Past Month  
(Tulsa County, 2012)**

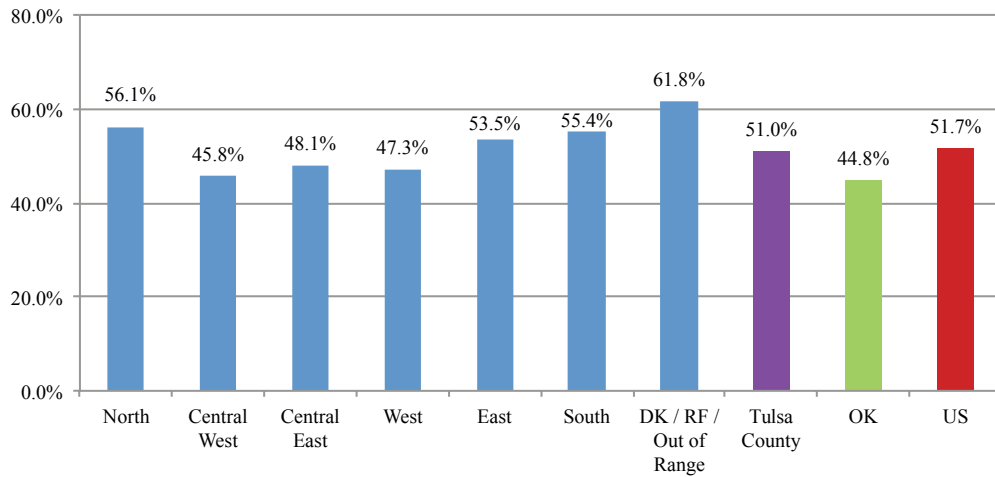


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 7]  
· Asked of all respondents

## Physical Activity Levels

A total of 51.0% of Tulsa County adults participate in regular, sustained moderate or vigorous physical activity (meeting aerobic physical activity recommendations). This is more favorable than Oklahoma findings and similar to national findings. The percentage of Tulsa County adults who meet the recommended amount of aerobic physical activity is highest in North Tulsa County and lowest in Central West Tulsa County.

**Meets Aerobic Physical Activity Recommendations  
(Tulsa County, 2012)**  
HP2020 target= 47.9%



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 49 – 54]

· Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.

· U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at [www.healthypeople.gov](http://www.healthypeople.gov), accessed 20 February 2013. [Objective PA-2.2]

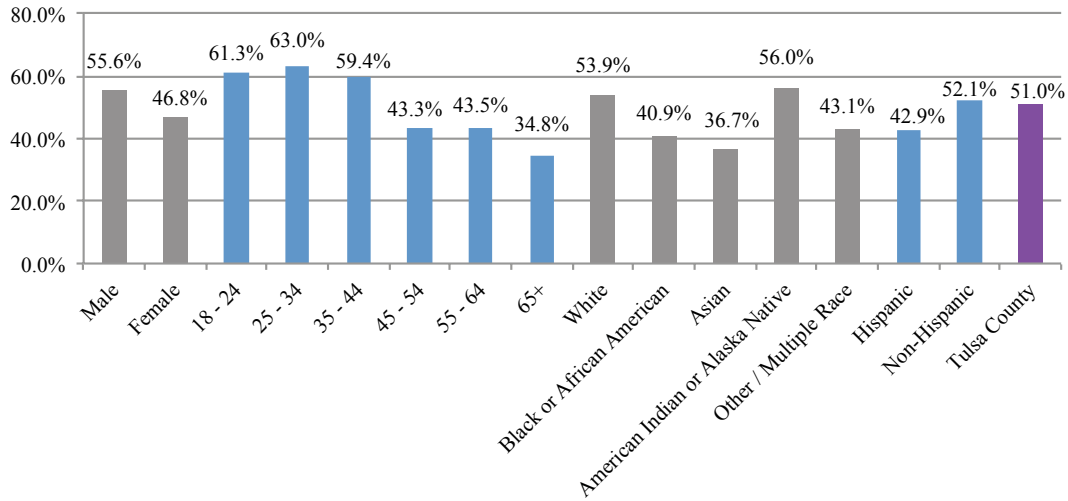
· Asked of all respondents

· In this case the term “meet physical activity recommendations” refers to the participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time

Adults in the following groups are more likely to meet recommended aerobic physical activity recommendations:

- Males
- Adults age 25 – 34
- American Indians or Alaska Natives
- Non-Hispanics

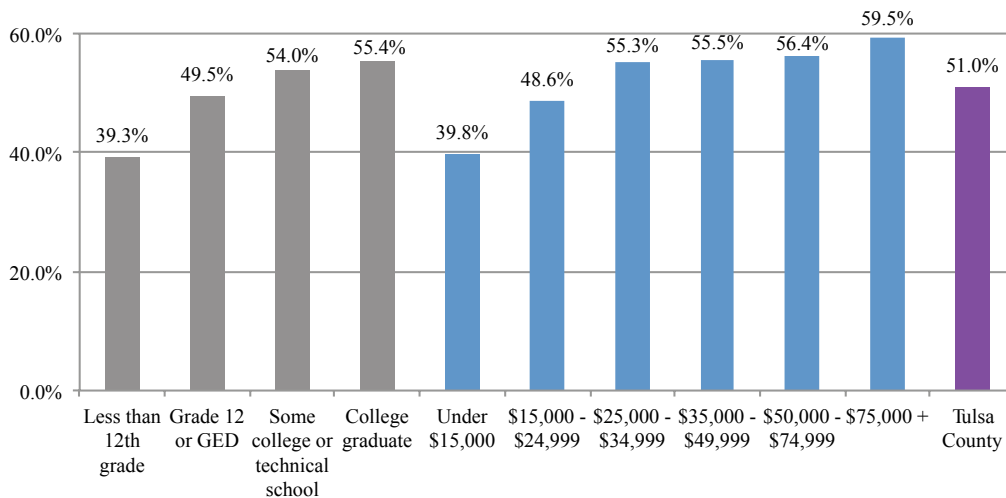
**Meet Aerobic Physical Activity Recommendations  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 49 – 54]  
· Asked of all respondents

Additionally, the proportion of adults that meet recommended aerobic physical activity levels increases as education and income levels increase.

**Meets Aerobic Physical Activity Recommendations  
(Tulsa County, 2012)**



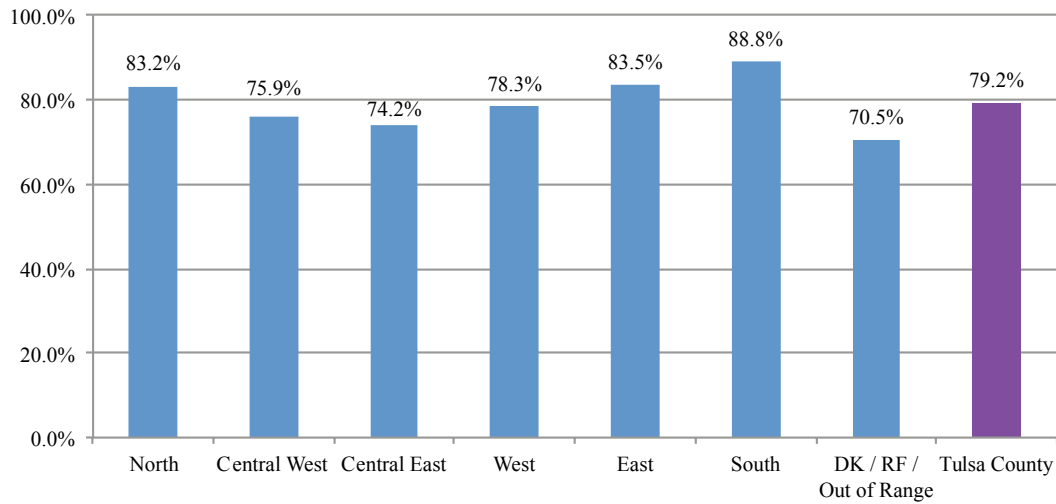
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 49 – 54]  
· Asked of all respondents



## Access to Recreational Facilities: Adults

Overall, the majority (79.2%) of Tulsa County adults state that they have access to indoor or outdoor recreational facilities. This is most common in South Tulsa County and least common in Central East Tulsa County.

**Access to Recreational Facilities  
(Tulsa County, 2012)**

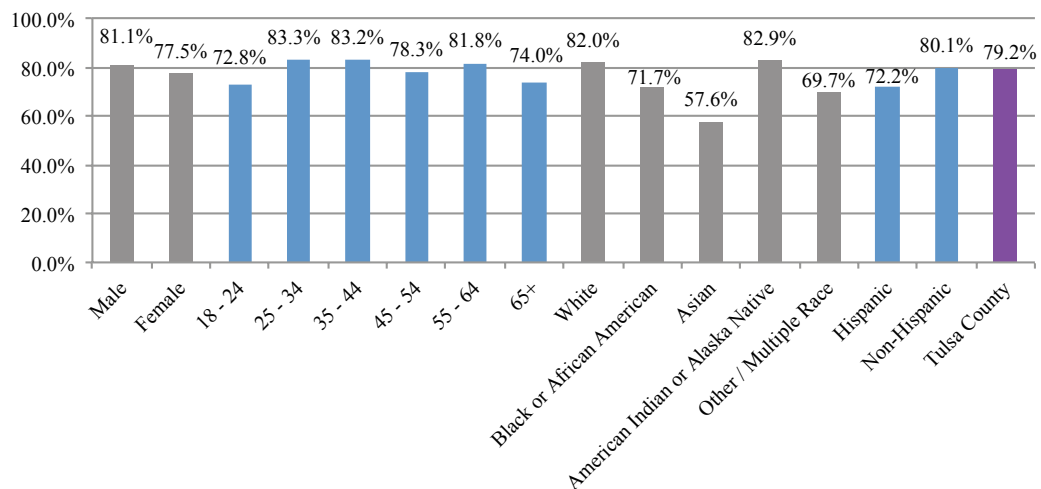


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 9]  
· Asked of all respondents

The following groups of adults are more likely to report having access to indoor or outdoor recreational facilities:

- Males
- Adults age 25 – 44
- Whites and American Indians/Alaska Natives
- Non-Hispanics

**Access to Recreational Facilities  
(Tulsa County, 2012)**

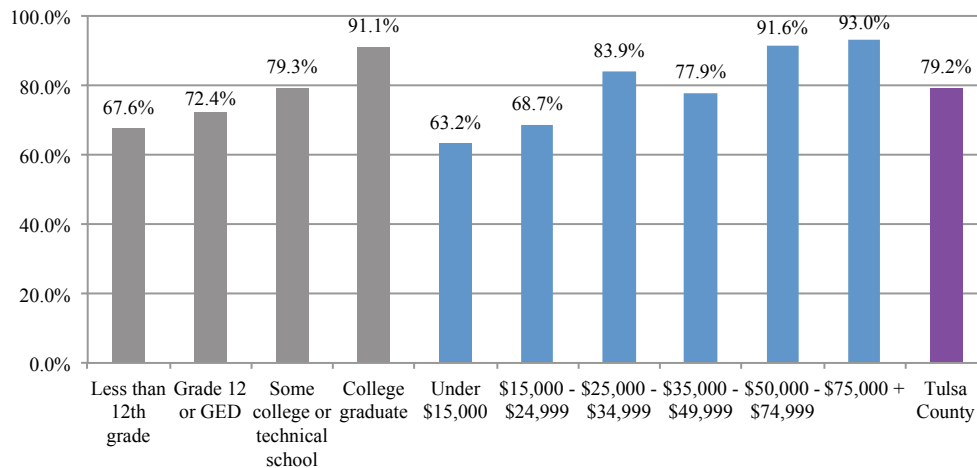


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 9]  
· Asked of all respondents

Additionally, increased access to indoor or outdoor recreational facilities is associated with adults in the following groups:

- College graduates (Note the positive correlation between increased education level and increased access to recreational facilities)
- Adults who have an income of greater than \$75,000

**Access to Recreational Facilities  
(Tulsa County, 2012)**

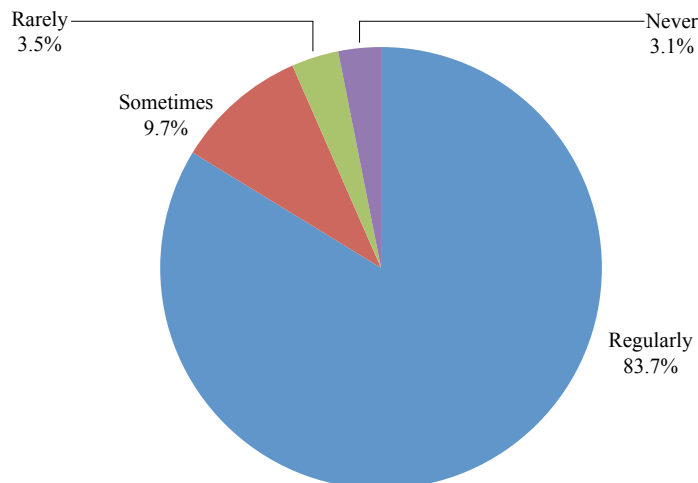


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 9]  
 · Asked of all respondents

## Physical Activity: Children

The majority (83.7%) of parents/guardians of children age 0 – 17 state that their child “regularly” participated in physical activity in the past month. An additional 9.7% of parents/guardians report that their child “sometimes” participated in physical activity.

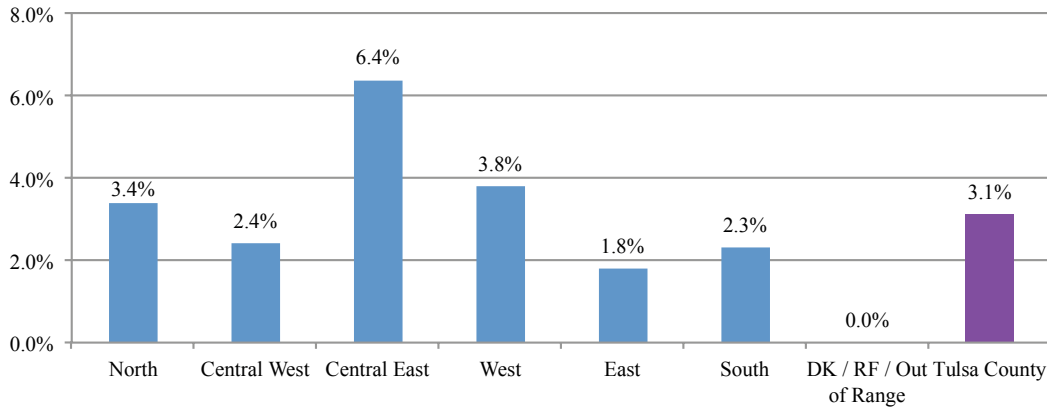
**Physical Activity of Child in the Past Month  
(Among parents/guardians of children 0 – 17; Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C5]  
 · Asked of parents/guardians with children age 0 – 17 in the household

However, a total of 3.1% of parents/guardians report that their child did not participate in any type of physical activity in the previous month. This is highest in Central East Tulsa County and lowest in East Tulsa County.

**Child "Never" Participated in Physical Activity in the Past Month  
(Among parents/guardians of children 0 – 17; Tulsa County, 2012)**

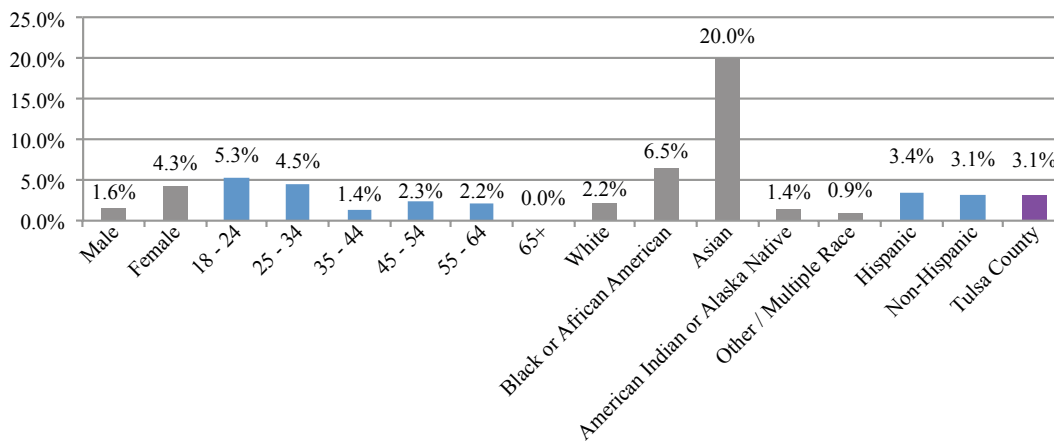


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C5]  
· Asked of parents/guardians with children age 0 – 17 in the household

This is most common for children whose parents/guardians are in the following categories:

- Females
- Adults age 18 – 34
- Asians

**Child "Never" Participated in Physical Activity in the Past Month  
(Among parents/guardians of children 0 – 17; Tulsa County, 2012)**

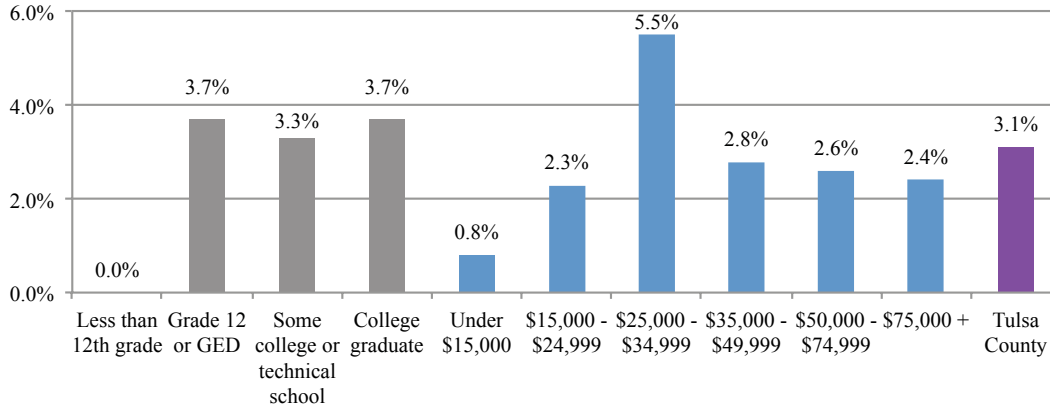


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C5]  
· Asked of parents/guardians with children age 0 – 17 in the household

Parents/guardians are also more likely to report that their child “never” participated in physical activity in the past month if they:

- Have a high school diploma/GED or are college graduates
- Have an income of \$25,000 – \$34,999

**Child "Never" Participated in Physical Activity in the Past Month  
(Among parents/guardians of children 0 – 17; Tulsa County, 2012)**

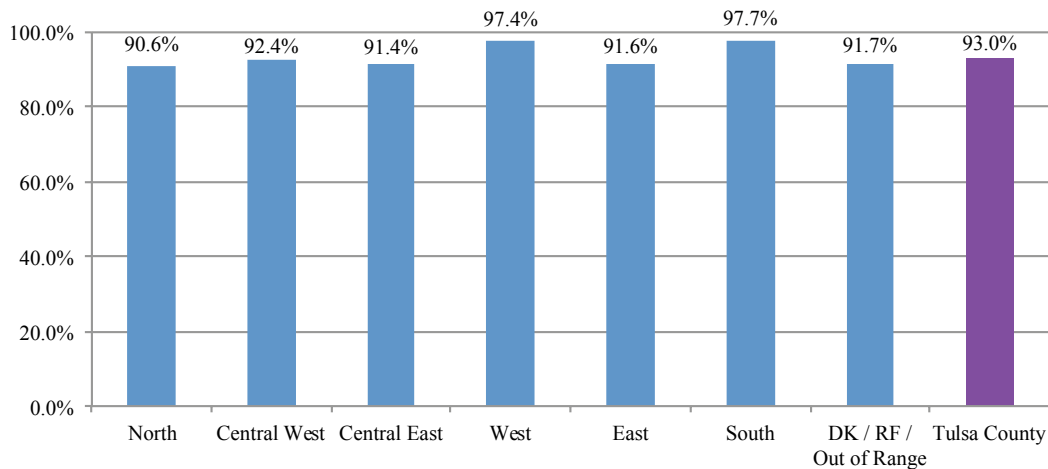


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C5]  
· Asked of parents/guardians with children age 0 – 17 in the household

## Access to Recreational Facilities: Children

Overall, 93.0% of parents/guardians report that their child has access to indoor or outdoor recreational facilities. This is most common in West and South Tulsa County and least common in North Tulsa County.

**Child Has Access to Recreational Facilities  
(Among parents/guardians of children 0 – 17; Tulsa County, 2012)**

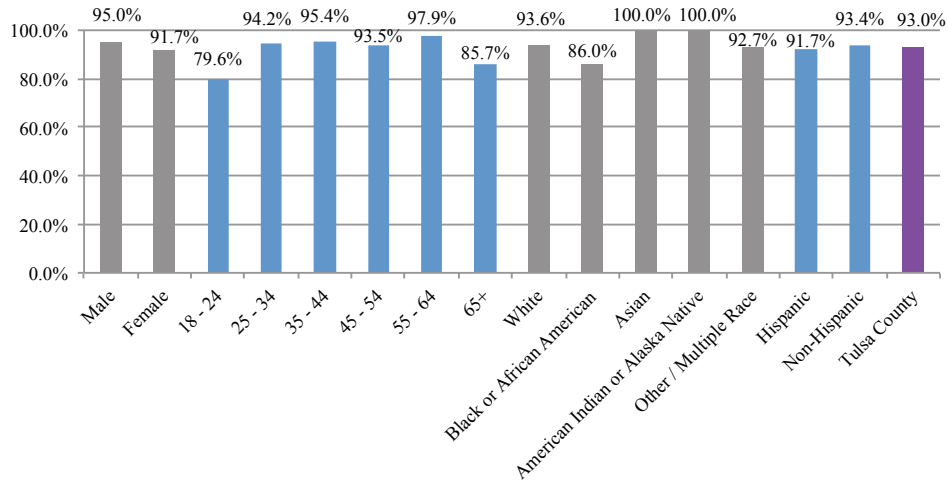


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C7]  
· Asked of parents/guardians with children age 0 – 17 in the household

Parents/guardians in the following groups are more likely to have a child who has access to indoor or outdoor recreational facilities:

- Males
- Adults age 55 – 64
- Asians and American Indians or Alaska Natives
- Non-Hispanics

**Child Has Access to Recreational Facilities  
(Among parents/guardians of children 0 – 17; Tulsa County, 2012)**

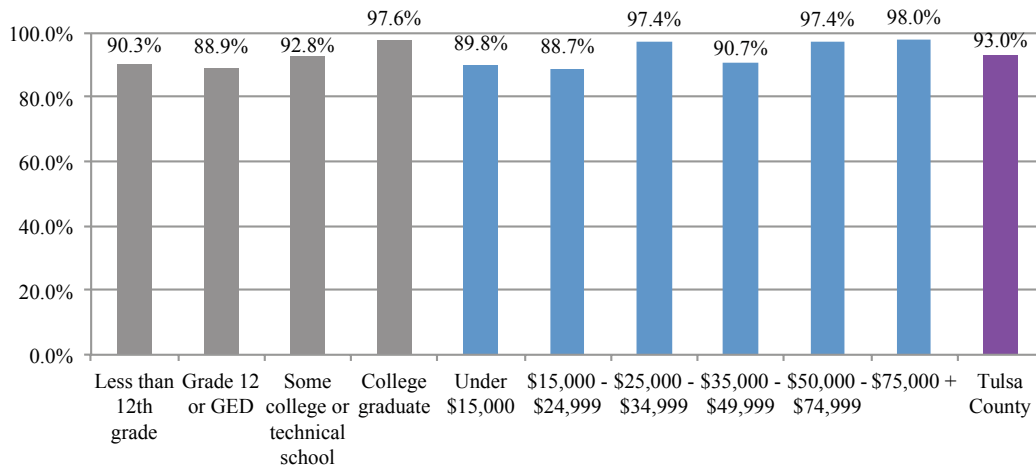


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C7]  
· Asked of parents/guardians with children age 0 – 17 in the household

Also included are parents/guardians who:

- Are college graduates
- Have an income of \$75,000+

**Child Has Access to Recreational Facilities  
(Among parents/guardians of children 0 – 17; Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C7]  
· Asked of parents/guardians with children age 0 – 17 in the household

# Substance Abuse

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95 percent of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

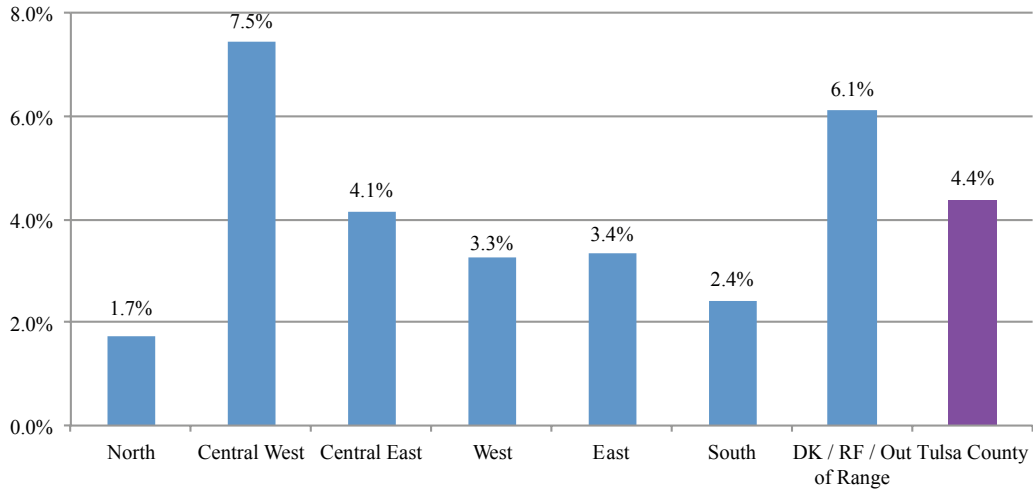
Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care. Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings. A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

*-Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))*

# Alcohol and Drug Dependence Prevalence

The overall prevalence of alcohol/ drug dependency among Tulsa County adults is 4.4%. This is highest in Central West Tulsa County and lowest in North Tulsa County.

**Alcohol/ Drug Dependence Prevalence  
(Tulsa County, 2012)**

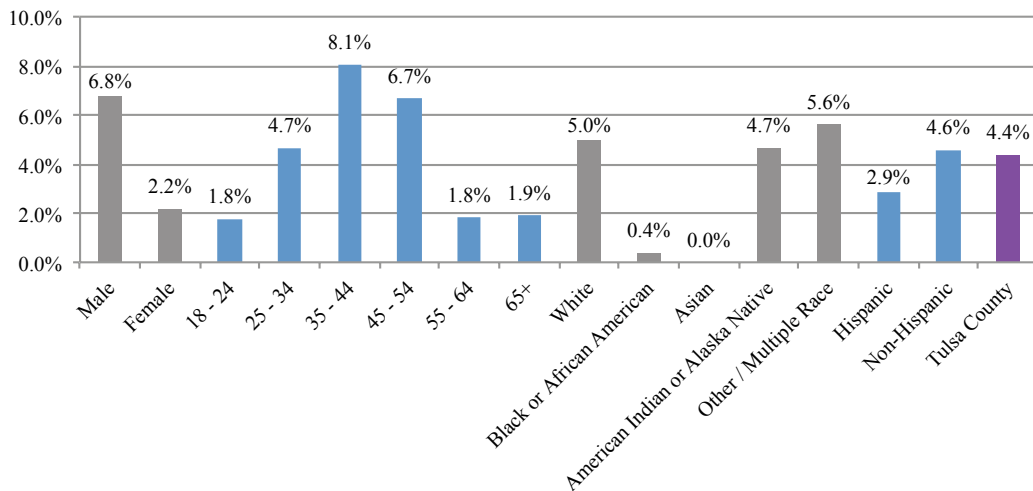


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62i]  
· Asked of all respondents

Adults belonging to the following groups have a higher prevalence of alcohol/ drug dependency:

- Males
- Adults age 35 – 44
- Adults of “other” or multiple races
- Non-Hispanics

**Alcohol/ Drug Dependence Prevalence  
(Tulsa County, 2012)**

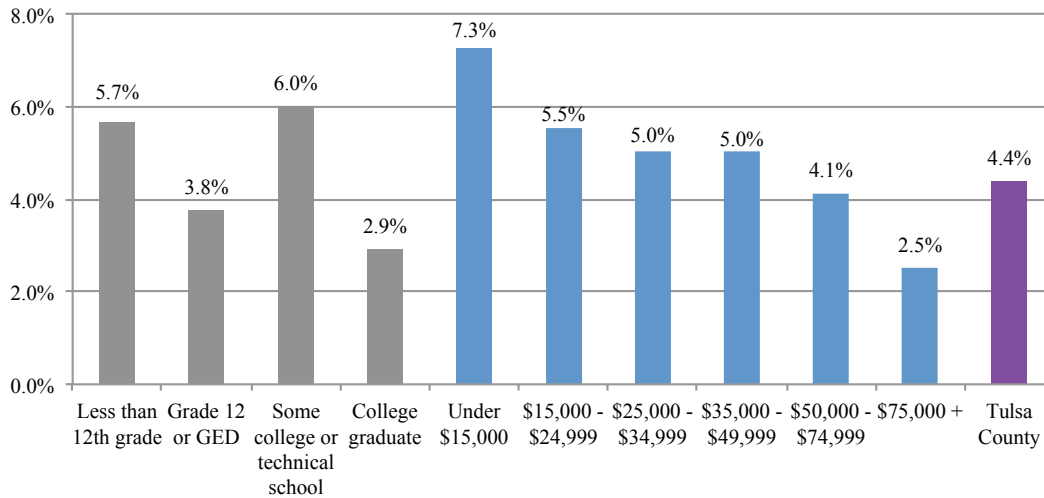


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62i]  
· Asked of all respondents

Also included are:

- Adults with less than a 12th grade education or some college or technical school
- Adults who have an income of less than \$15,000 (Note the downward trend of decreased alcohol/ drug dependency prevalence as income level increases)

### Alcohol/ Drug Dependence Prevalence (Tulsa County, 2012)

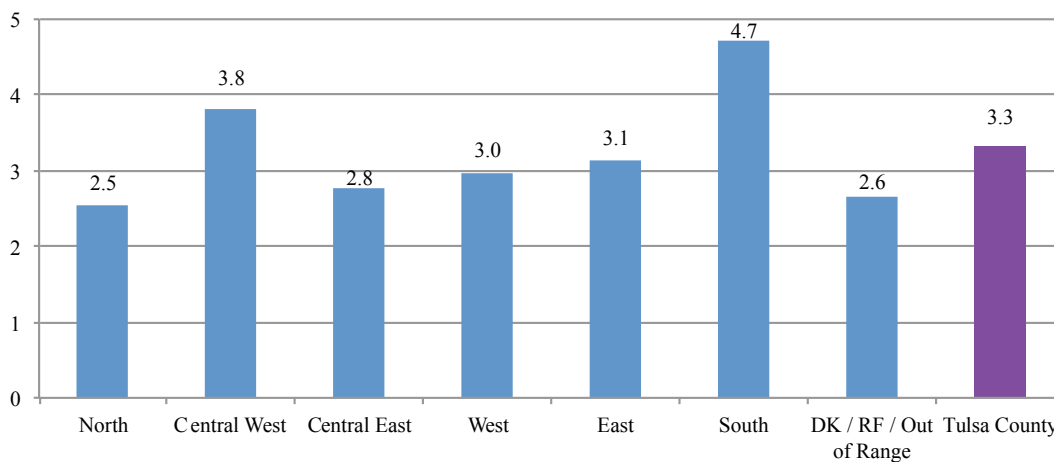


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62i]  
· Asked of all respondents

## Alcohol Use in the Past Month

Overall, Tulsa County adults report consuming at least one alcoholic beverage on an average of 3.3 days during the past month. This is highest in South Tulsa County and lowest in North Tulsa County.

### Average Number of Days when 1+ Alcoholic Beverage was Consumed in the Past Month (Tulsa County, 2012)



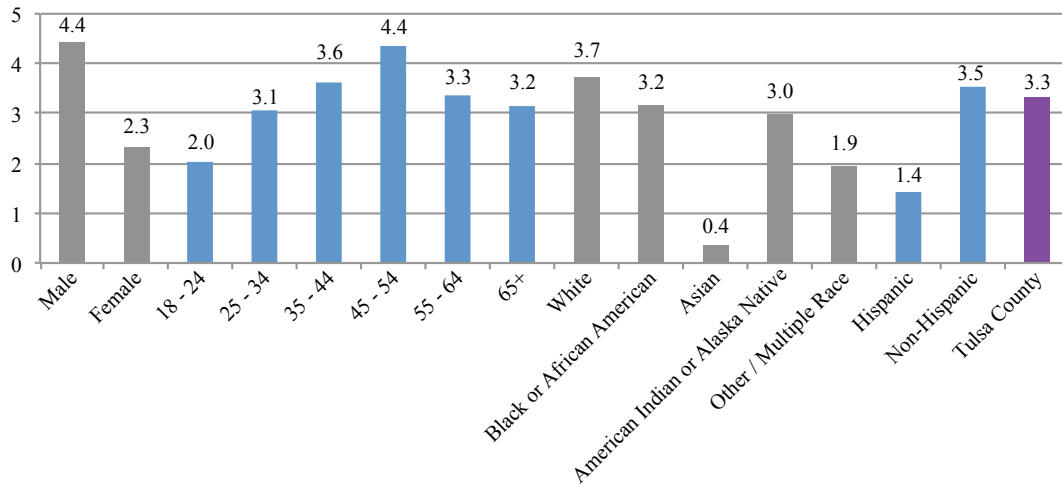
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 55]  
· Asked of all respondents



Tulsa County adults belonging to the following groups consumed at least 1 alcoholic drink on a greater number of days:

- Males
- Adults age 45 – 54
- Whites
- Non-Hispanics

**Average Number of Days when 1+ Alcoholic Beverage was Consumed in the Past Month (Tulsa County, 2012)**

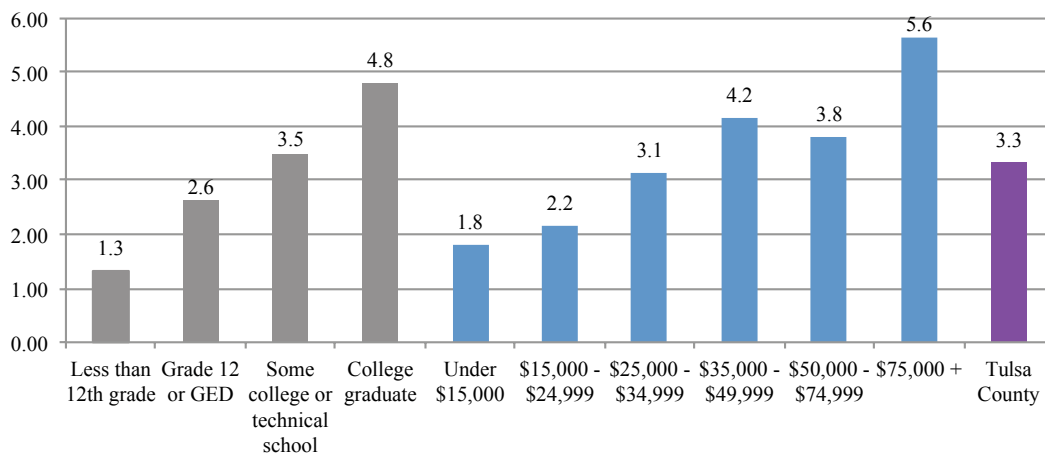


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 55]  
 · Asked of all respondents

Additionally, adults from the following groups drank at least 1 alcoholic beverage on a greater number of days, on average:

- College graduates (Note the upward trend of increased number of days when alcohol was consumed as education level increases)
- Adults who have an income of \$75,000+

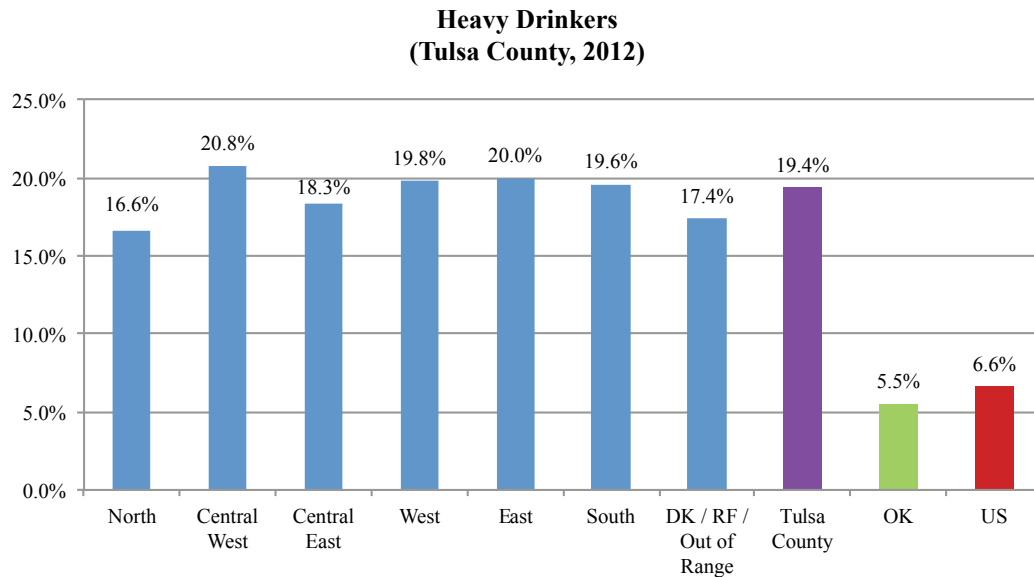
**Average Number of Days when 1+ Alcoholic Beverage was Consumed in the Past Month (Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 55]  
 · Asked of all respondents

## Heavy Drinking

A total of 19.4% of Tulsa County residents are heavy drinkers. This is significantly higher than both Oklahoma and U.S. findings. Heavy drinking is most common in Central West Tulsa County and least common in North Tulsa County.



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 56]

· Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.

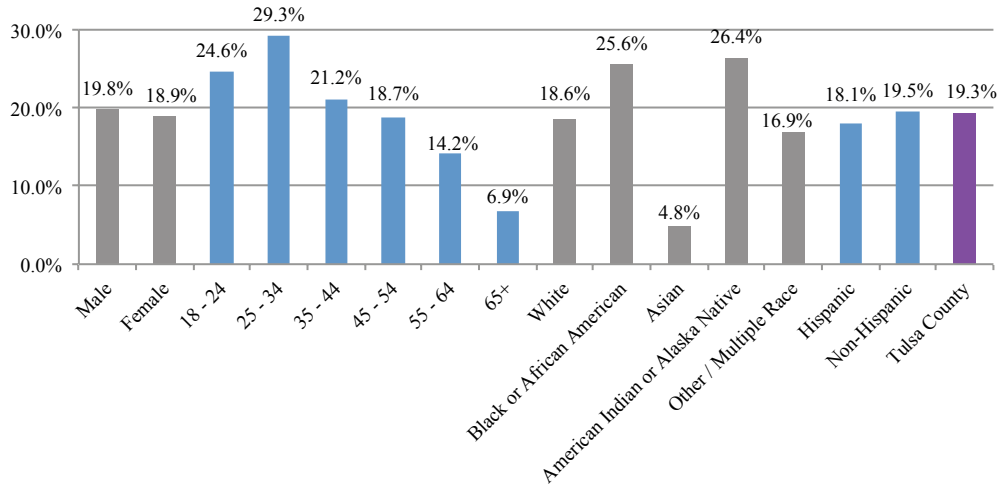
· Asked of all respondents

· Heavy drinkers are defined as men having 3+ drinks on average, per occasion, in the past 30 days or women having 2+ drinks on average, per occasion, in the past 30 days

Heavy drinking is more prevalent among:

- Males
- Adults age 25 – 34
- American Indians or Alaska Natives
- Non-Hispanics

**Heavy Drinkers  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 56]

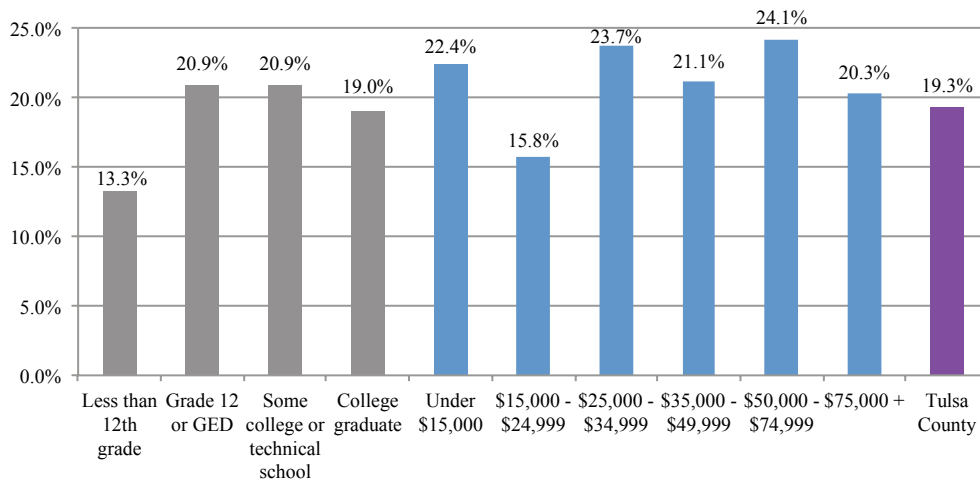
· Asked of all respondents

· Heavy drinkers are defined as men having 3+ drinks on average, per occasion, in the past 30 days or women having 2+ drinks on average, per occasion, in the past 30 days

Also included are:

- Adults with a high school diploma/ GED and adults with some college or technical school
- Adults who have an income of \$50,000 – \$74,999

**Heavy Drinkers  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 56]

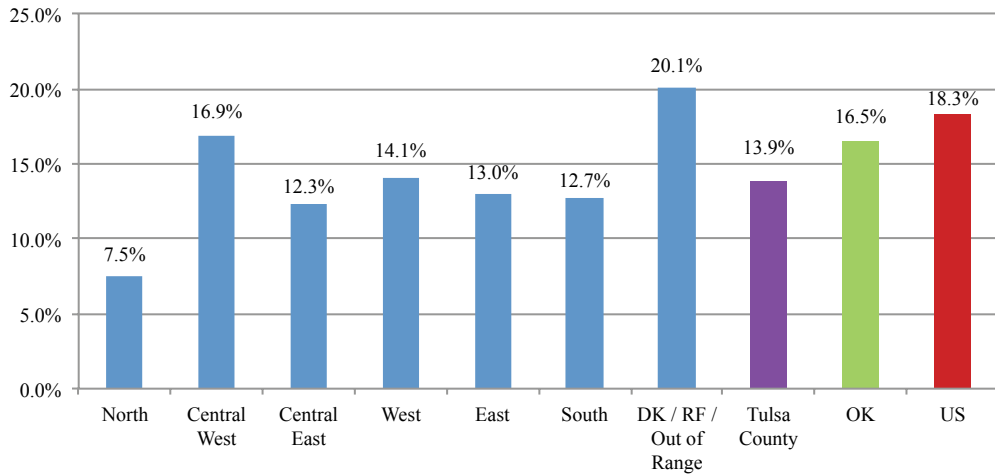
· Asked of all respondents

· Heavy drinkers are defined as men having 3+ drinks on average, per occasion, in the past 30 days or women having 2+ drinks on average, per occasion, in the past 30 days

# Binge Drinking

Overall, 13.9% of Tulsa County residents are binge drinkers. This is significantly lower than Oklahoma and national findings. Binge drinking is most prevalent in Central West Tulsa County and least prevalent in North Tulsa County.

**Binge Drinkers  
(Tulsa County, 2012)**  
HP2020 target = 24.4%

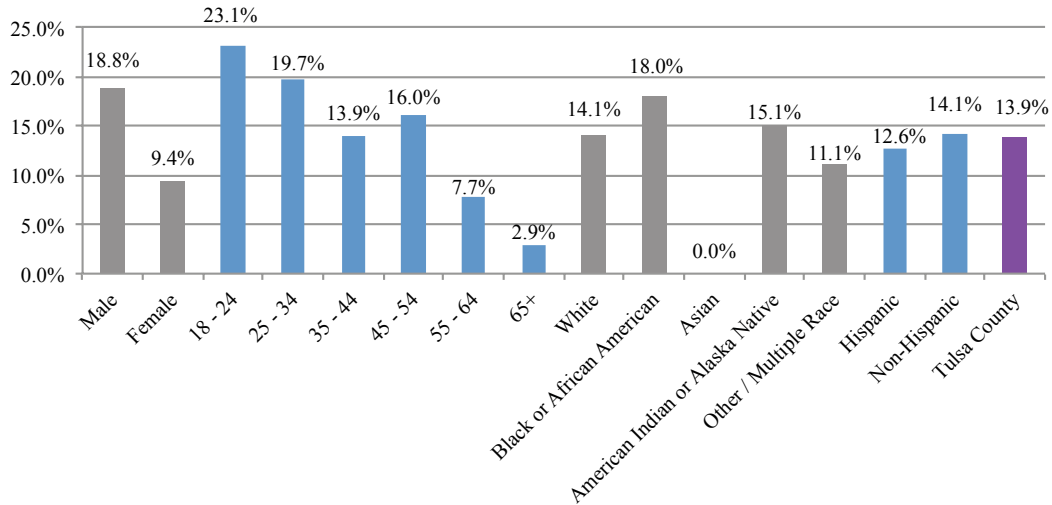


- 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 57]
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.
- U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at [www.healthypeople.gov](http://www.healthypeople.gov), accessed 20 February 2013. [Objective SA-14.3]
- Asked of all respondents
- Binge drinkers are defined as men having 5+ drinks on one occasion in the past 30 days or women having 4+ drinks on one occasion in the past 30 days

Binge drinking is most prevalent among:

- Males
- Adults age 18 – 24
- African Americans
- Non-Hispanics

**Binge Drinkers  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 57]

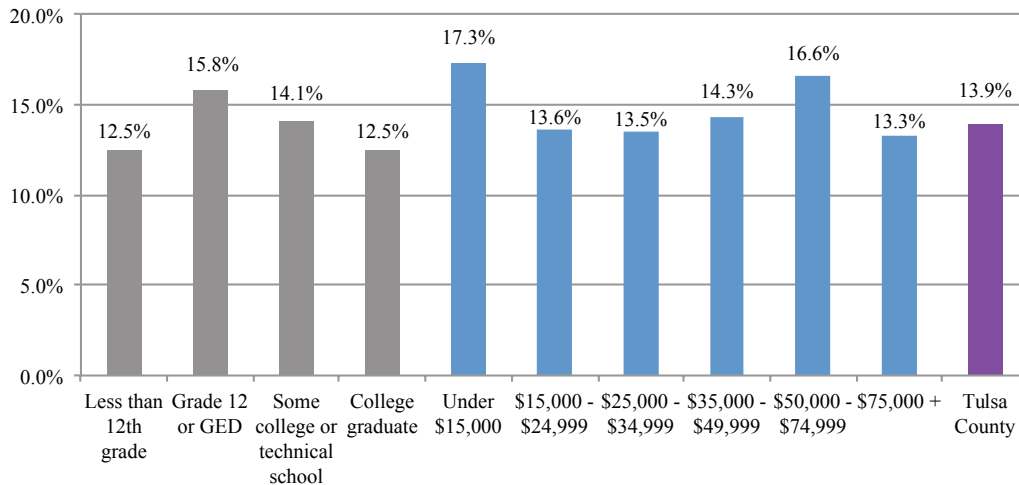
· Asked of all respondents

· Binge drinkers are defined as men having 5+ drinks on one occasion in the past 30 days or women having 4+ drinks on one occasion in the past 30 days

Additionally, binge drinking is more prevalent among the following groups:

- Adults with a 12th grade education or GED
- Adults who have an income of less than \$15,000

**Binge Drinkers  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 57]

· Asked of all respondents

· Binge drinkers are defined as men having 5+ drinks on one occasion in the past 30 days or women having 4+ drinks on one occasion in the past 30 days

# Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least 1 serious tobacco-related illness. In addition, tobacco use costs the U.S. \$193 billion annually in direct medical expenses and lost productivity.

Tobacco use causes cancer, heart disease, lung diseases (including emphysema, bronchitis, and chronic airway obstruction), and 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 Sudden Infant Death Syndrome (SIDS). There is no risk-free level of exposure to secondhand smoke.

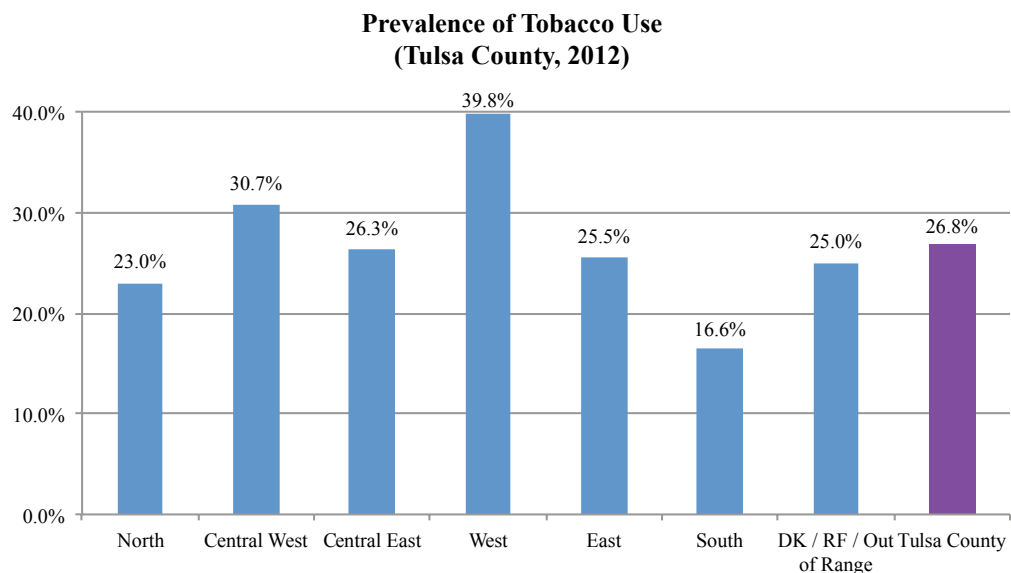
Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

*-Healthy People 2020 (www.healthypeople.gov)*

## Prevalence of Tobacco Use

Overall, 26.9% of Tulsa County adults use some type of tobacco product. This is most prevalent in West Tulsa County and least prevalent in South Tulsa County.

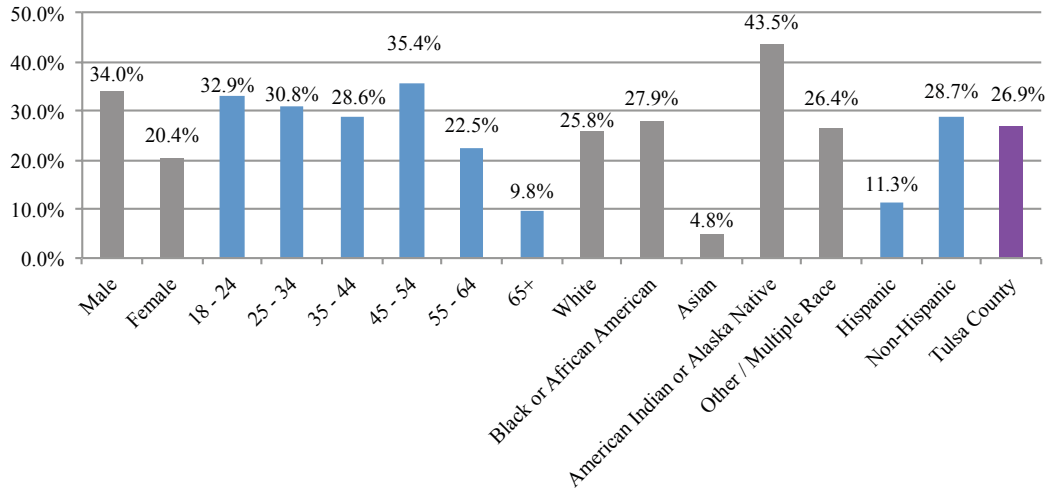


*· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 46a]  
· Asked of all respondents*

Tobacco use is more prevalent among the following groups:

- Males
- Adults age 45 – 54
- American Indians or Alaska Natives
- Non-Hispanics

**Prevalence of Tobacco Use  
(Tulsa County, 2012)**

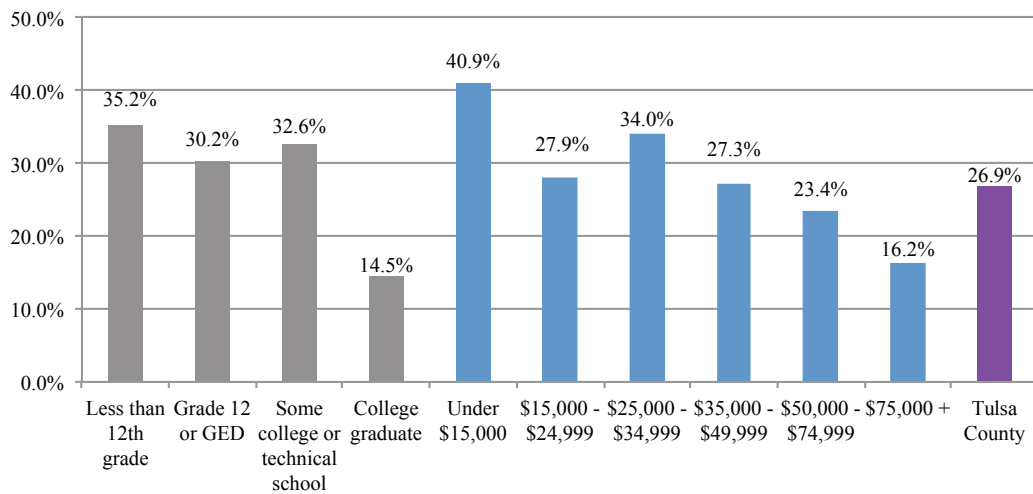


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 46a]  
· Asked of all respondents

Additionally, tobacco prevalence is higher among:

- Adults with less than a 12th grade education
- Adults who have an income of less than \$15,000

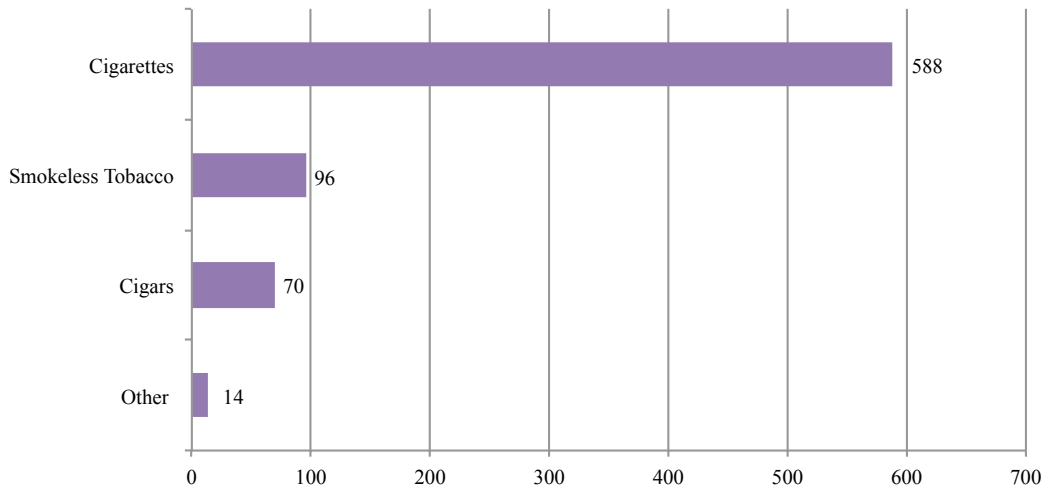
**Prevalence of Tobacco Use  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 46a]  
· Asked of all respondents

Tulsa County adults who use some type of tobacco product were asked what product(s) they use. The most common response is “cigarettes.”

**Type of Tobacco Product Used  
(Among tobacco users; Tulsa County, 2012)**

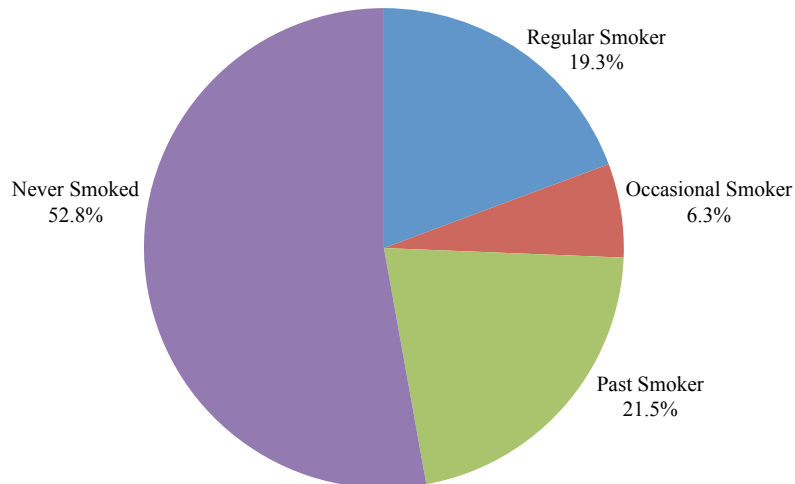


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 46b]  
· Asked of all respondents who responded “yes” to “Do you use any type of tobacco product?”  
· Respondents were able to select multiple responses

## Cigarette Smoking

Approximately one in four Tulsa County adults (25.6%) currently smokes cigarettes either regularly or occasionally.

**Cigarette Smoking Prevalence  
(Tulsa County, 2012)**

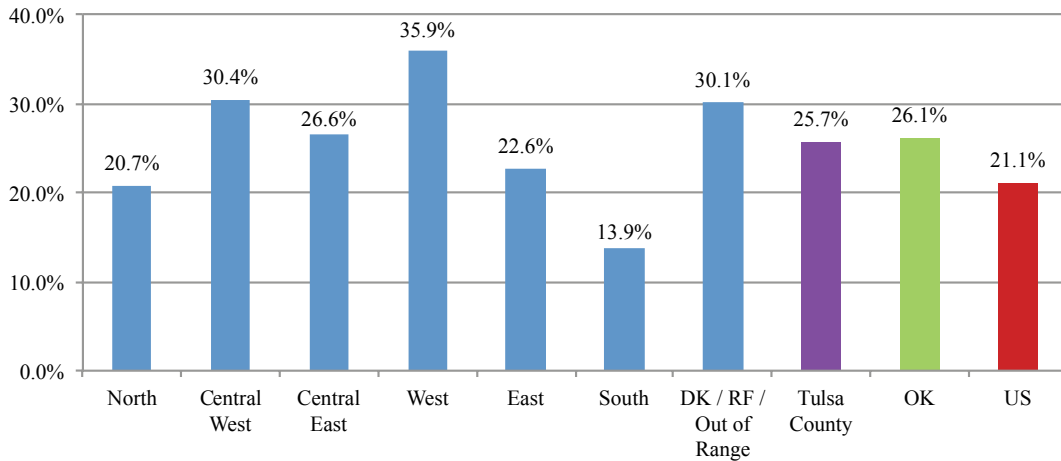


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 40 – 41]  
· Asked of all respondents



Overall, 25.7% of Tulsa County residents are current (regular or occasional) smokers. This is similar to Oklahoma findings and higher than the national prevalence. Within Tulsa County, the prevalence of cigarette smoking is highest in West Tulsa County and lowest in South Tulsa County.

**Current Smokers  
(Tulsa County, 2012)**  
HP2020 target=12.0%

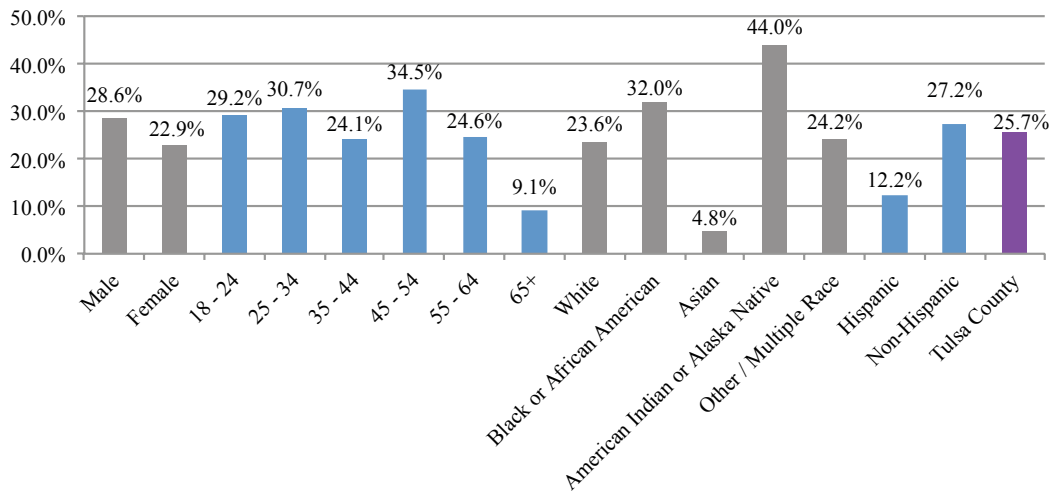


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 40 – 41]  
 · Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.  
 · U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at [www.healthypeople.gov](http://www.healthypeople.gov), accessed 20 February 2013. [Objective TU 1.1]  
 · Asked of all respondents

Cigarette smoking prevalence is higher among the following groups:

- Males
- Adults age 45 – 54
- American Indians or Alaska Natives
- Non-Hispanics

**Current Smokers  
(Tulsa County, 2012)**

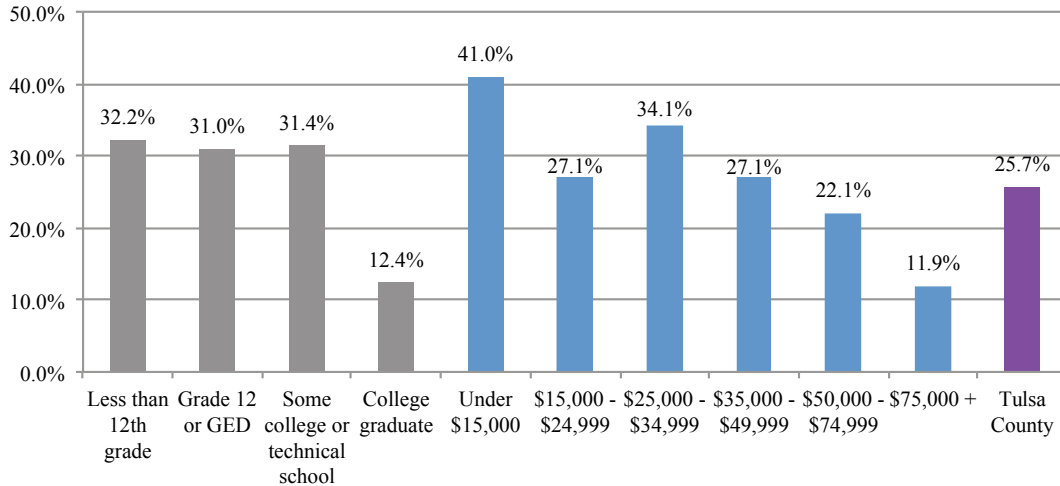


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 40 – 41]  
 · Asked of all respondents

Also included are adults who:

- Have less than a 12th grade education
- Have an income of less than \$15,000

### Current Smokers (Tulsa County, 2012)

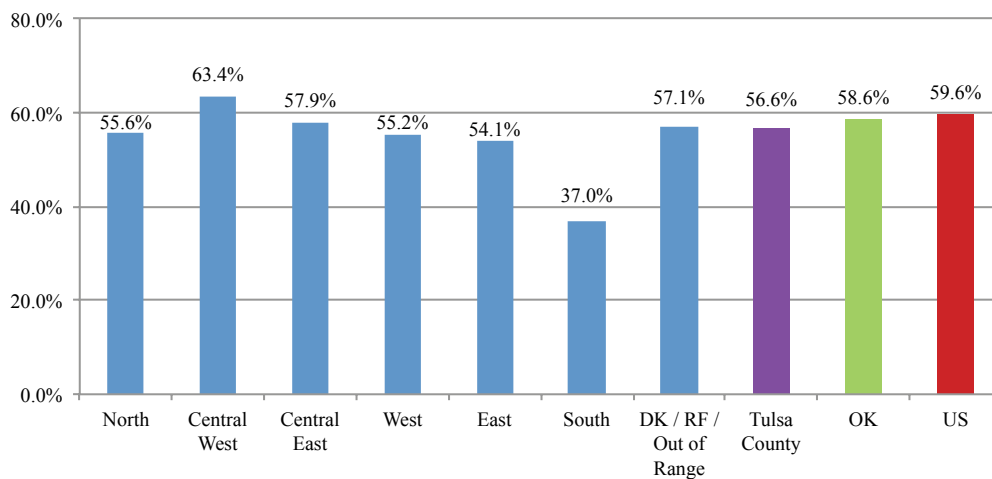


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 40 – 41]  
 · Asked of all respondents

## Smoking Cessation

A total of 56.6% of Tulsa County adults report that they attempted to quit smoking for one day or longer in the previous year. This is slightly lower than findings for both Oklahoma and the United States. Cessation attempts are highest in Central West Tulsa County and lowest in South Tulsa County.

### Cessation Attempts in the Past Year (Among current smokers; Tulsa County, 2012)

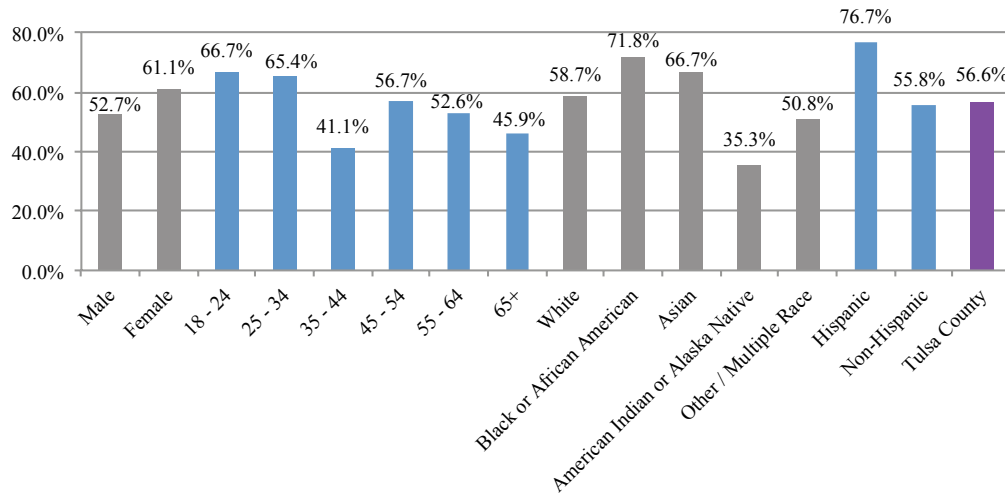


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 42]  
 · The Kaiser Family Foundation, statehealthfacts.org. Data Source: Kaiser Family Foundation analysis of the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System Survey Data (BRFSS), 2011, accessed March 4, 2013.  
 · U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at www.healthypeople.gov Accessed 4 March 2013. [Objective TU 4.1]  
 · Asked of all respondents who answered "every day" or "some days" to "Do you now smoke cigarettes every day, some days, or not at all?"

Cessation attempts are most common among:

- Females
- Adults age 18 – 24
- African Americans
- Hispanics

**Cessation Attempts in the Past Year  
(Among current smokers; Tulsa County, 2012)**



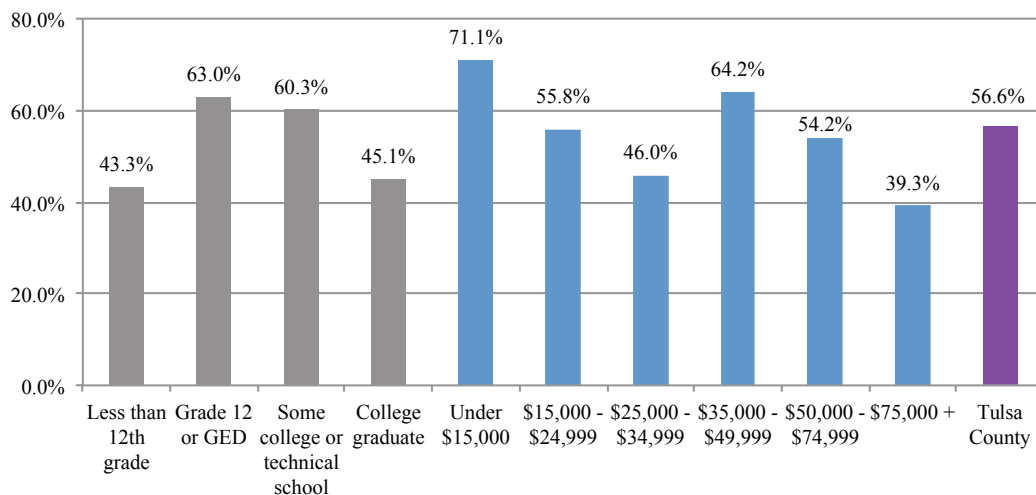
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 42]

· Asked of all respondents who answered "every day" or "some days" to "Do you now smoke cigarettes every day, some days, or not at all?"

Also included are:

- Adults with a 12th grade education or GED
- Adults who have an income of less than \$15,000

**Cessation Attempts in the Past Year  
(Among current smokers; Tulsa County, 2012)**

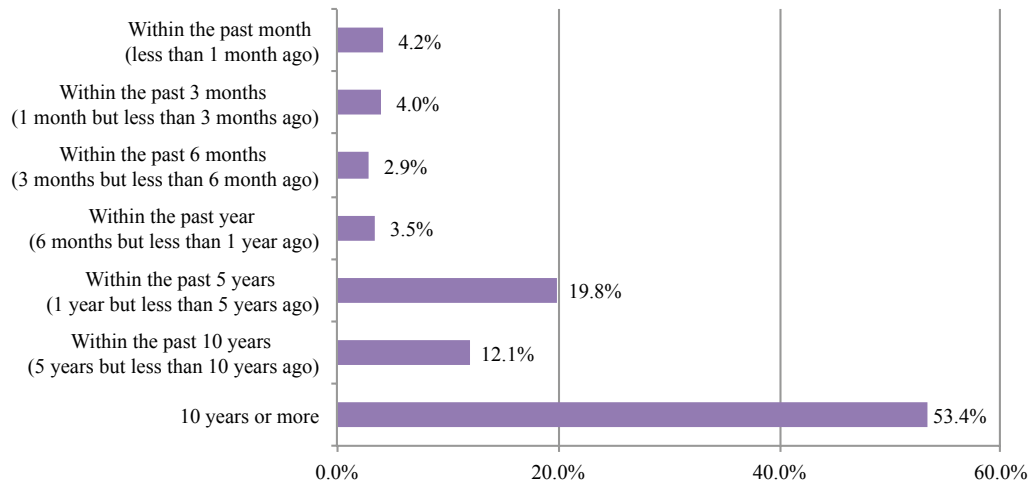


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 42]

· Asked of all respondents who answered "every day" or "some days" to "Do you now smoke cigarettes every day, some days, or not at all?"

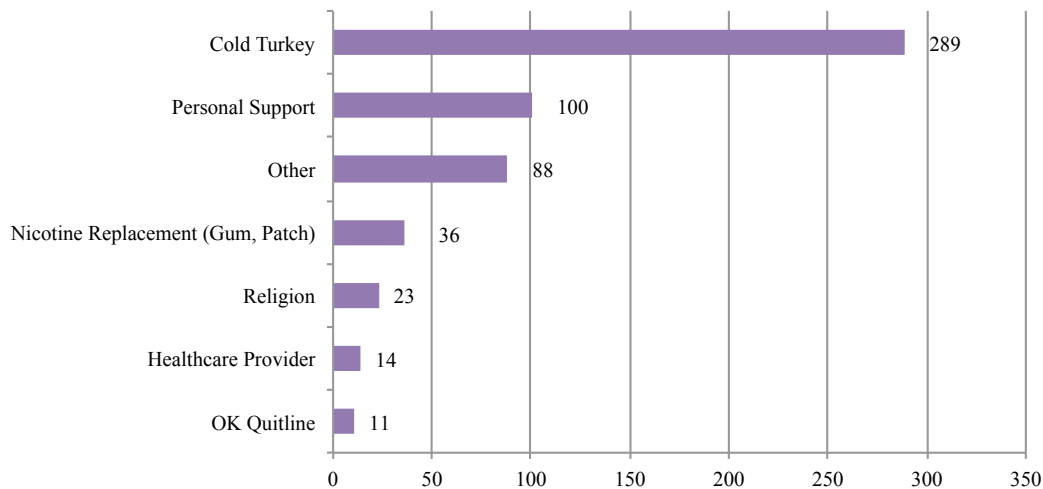
Additionally, former smokers were asked how long it has been since they last smoked and how they had quit. The majority (53.4%) have not smoked in 10 years or more. The most common response for cessation methods/services used is “cold turkey.”

**Lenth of Time Since Smoking Cessation  
(Among former smokers; Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 43]  
 · Asked of all respondents who answered “yes” to “Have you smoked at least 100 cigarettes in your life?” and “not at all” to “Do you now smoke cigarettes every day, some days, or not at all?”

**Use of Cessation Methods and Services  
(Among former smokers; Tulsa County, 2012)**

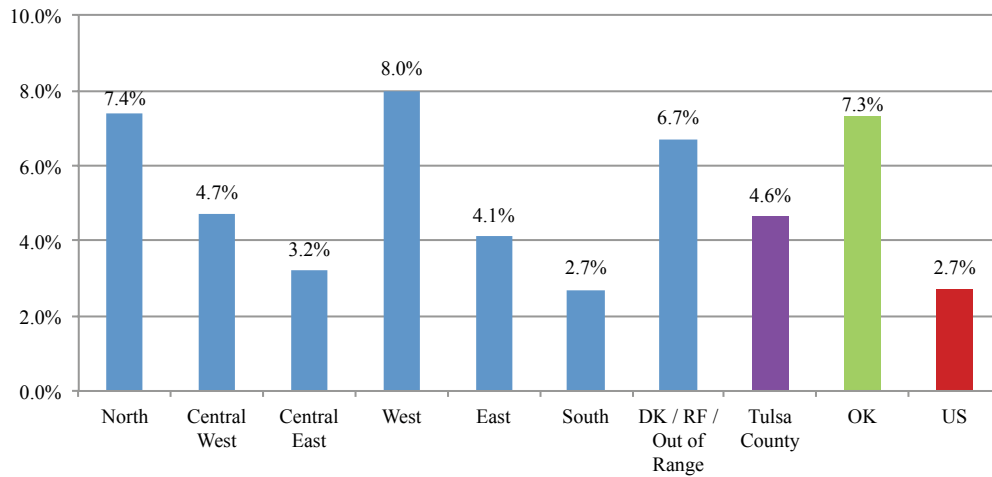


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 43a]  
 · Asked of all respondents who answered “yes” to “Have you smoked at least 100 cigarettes in your life” and “not at all” to “Do you now smoke cigarettes every day, some days, or not at all?”  
 · Respondents were able to select multiple responses

## Smokeless Tobacco

A total of 4.6% of Tulsa County adults regularly or occasionally use smokeless tobacco (chewing tobacco, snuff, or snus). This is much lower than the prevalence in Oklahoma, but significantly higher than the prevalence in the United States. It is highest in West Tulsa County and lowest in South Tulsa County.

**Prevalence of Smokeless Tobacco Use  
(Tulsa County, 2012)**  
HP2020 target= 0.3%



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 46]

· Centers for Disease Control and Prevention. National Center for Health Statistics. Health Indicators Warehouse. [www.healthindicators.gov](http://www.healthindicators.gov), accessed March 6, 2013.

· Centers for Disease Control and Prevention. State-specific prevalence of cigarette smoking and smokeless tobacco use among adults—United States, 2009. *MMWR* 2010; 59: 1400 – 1406.

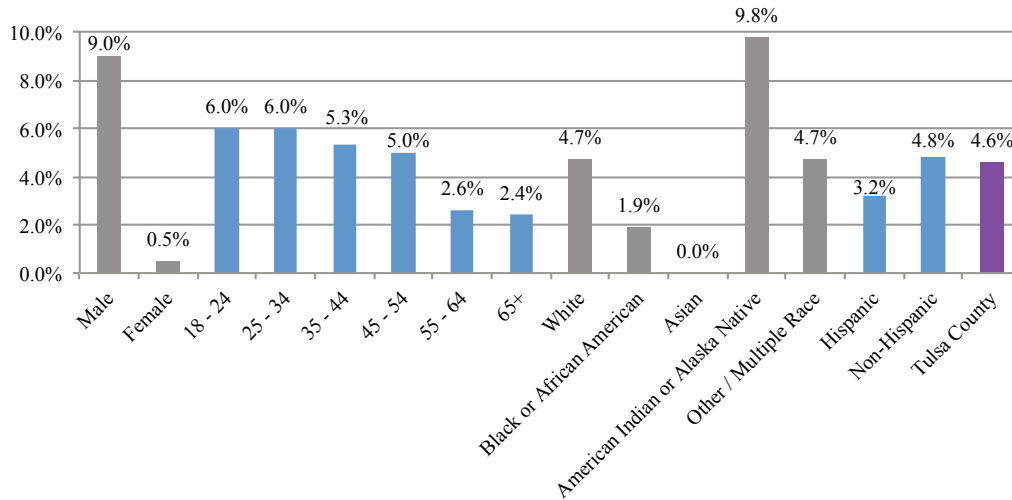
· U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at [www.healthypeople.gov](http://www.healthypeople.gov) Accessed 4 March 2013. [Objective TU 1.2]

· Asked of all respondents

Smokeless tobacco use is highest among the following groups:

- Males
- Adults age 18 – 34
- American Indians of Alaska Natives
- Non-Hispanics

**Prevalence of Smokeless Tobacco Use  
(Tulsa County, 2012)**



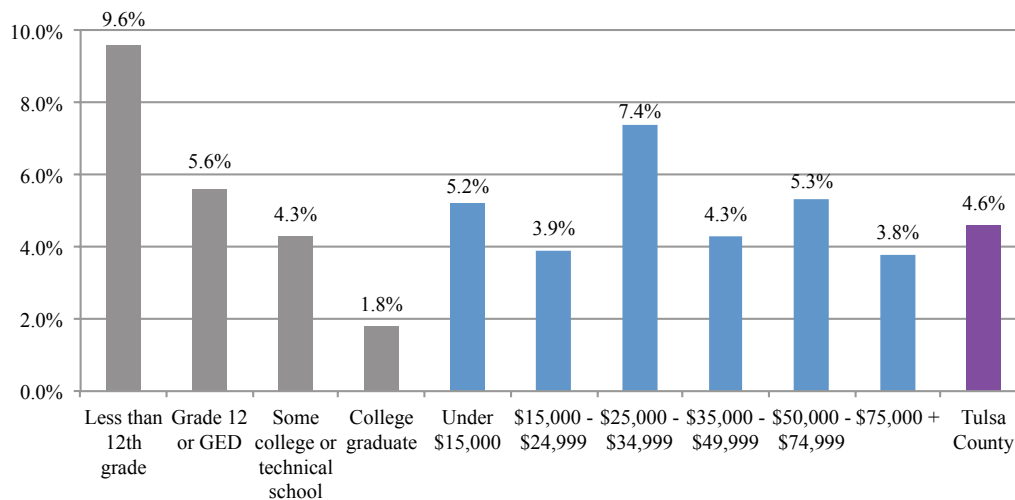
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 46]

· Asked of all respondents

Also included are:

- Adults who have less than a 12th grade education (Note the decrease in smokeless tobacco prevalence as education level increases)
- Adults who have an income of \$25,000 – \$34,999

**Prevalence of Smokeless Tobacco Use  
(Tulsa County, 2012)**



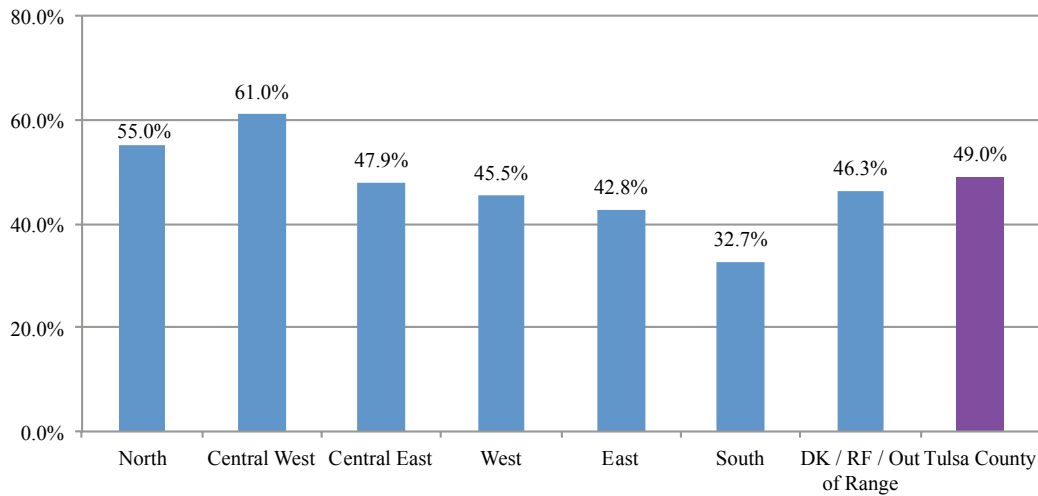
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 46]

· Asked of all respondents

# Tobacco Cessation

A total of 49.0% of Tulsa County adults have attempted to quit tobacco use in the past year. This is highest in Central West Tulsa County and lowest in South Tulsa County.

**Tobacco Cessation Attempt in Past Year  
(Among tobacco users; Tulsa County, 2012)**

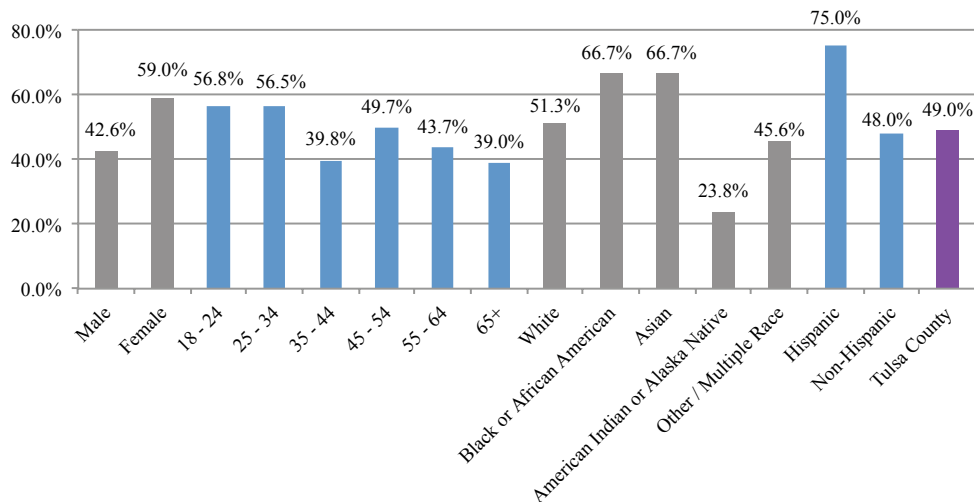


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 47]  
· Asked of all respondents who answered “yes” to “Do you use any type of tobacco product?”

The likelihood of attempting to quit using tobacco is highest among:

- Females
- Adults age 18 – 34
- African Americans and Asians
- Hispanics

**Tobacco Cessation Attempt in Past Year  
(Among tobacco users; Tulsa County, 2012)**

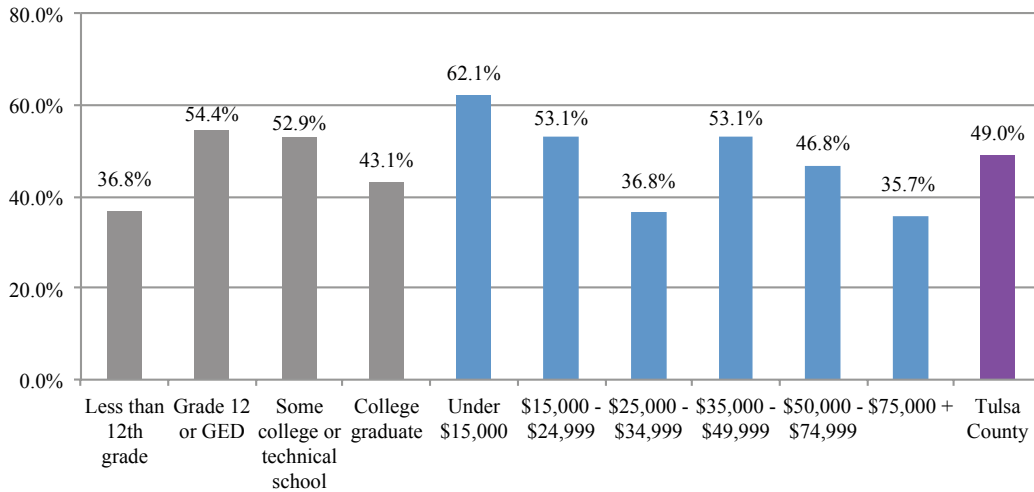


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 47]  
· Asked of all respondents who answered “yes” to “Do you use any type of tobacco product?”

Additionally, adults in the following groups are more likely to have tried to quit using tobacco in the past year:

- Adults with a 12th grade education or GED
- Adults who have an income of less than \$15,000

**Tobacco Cessation Attempt in Past Year  
(Among tobacco users; Tulsa County, 2012)**

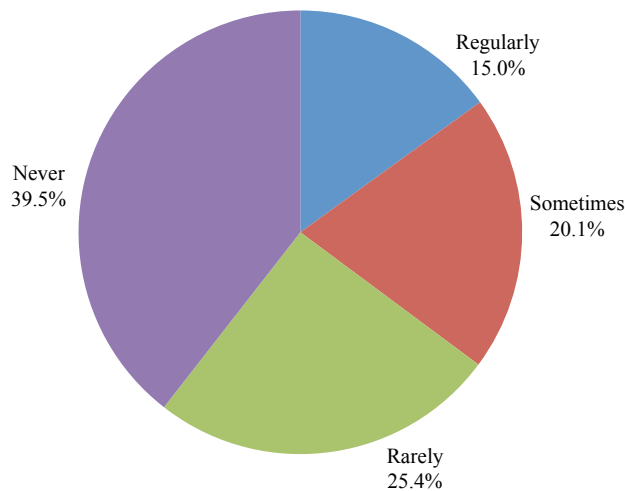


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 47]  
 · Asked of all respondents who answered “yes” to “Do you use any type of tobacco product?”

## Secondhand Smoke Exposure

A total of 39.5% of Tulsa County adults are “never” exposed to secondhand smoke. An additional 25.4% are “rarely” exposed.

**Frequency of Secondhand Smoke Exposure  
(Tulsa County, 2012)**

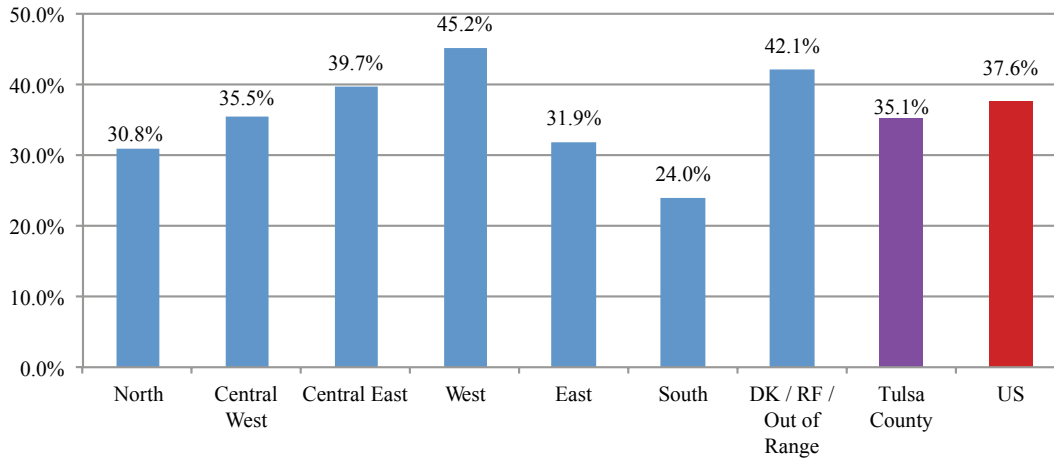


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 44]  
 · Asked of all respondents



However, a total of 35.1% of Tulsa County adults are “regularly” or “sometimes” exposed to second hand smoke. Secondhand smoke exposure in Tulsa County is lower than in the United States. This exposure is most common in West Tulsa County and least common in South Tulsa County.

**"Regularly" or "Sometimes" Exposed to Secondhand Smoke  
(Tulsa County, 2012)**  
HP2020 target=33.8%

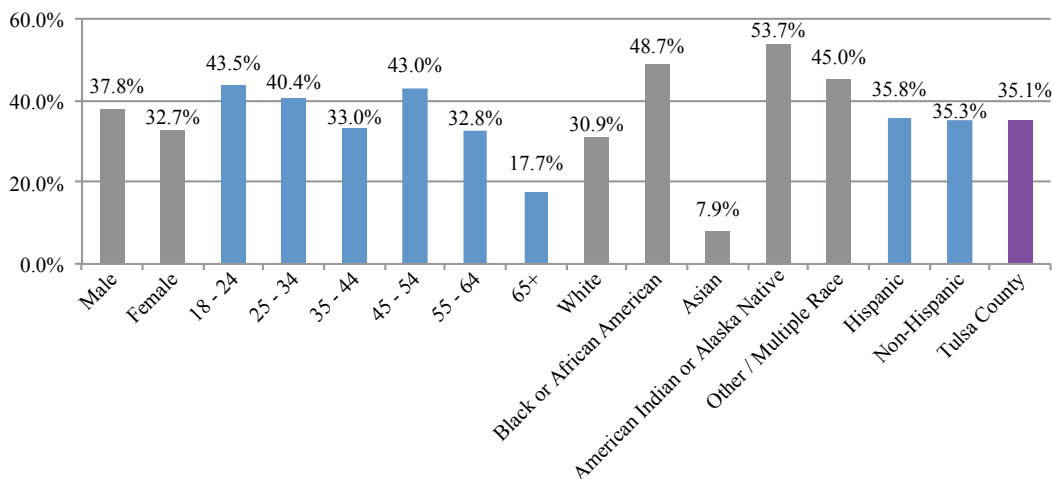


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 44]  
 · Centers for Disease Control and Prevention. National Center for Health Statistics. Health Indicators Warehouse. [www.healthindicators.gov](http://www.healthindicators.gov), accessed 6 March 2013.  
 · U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at [www.healthypeople.gov](http://www.healthypeople.gov), accessed 4 March 2013. [Objective TU 11.3]  
 · Asked of all respondents

“Regularly” or “sometimes” being exposed to secondhand smoke is most common within the following groups:

- Males
- Adults age 18 – 24
- American Indians or Alaska Natives

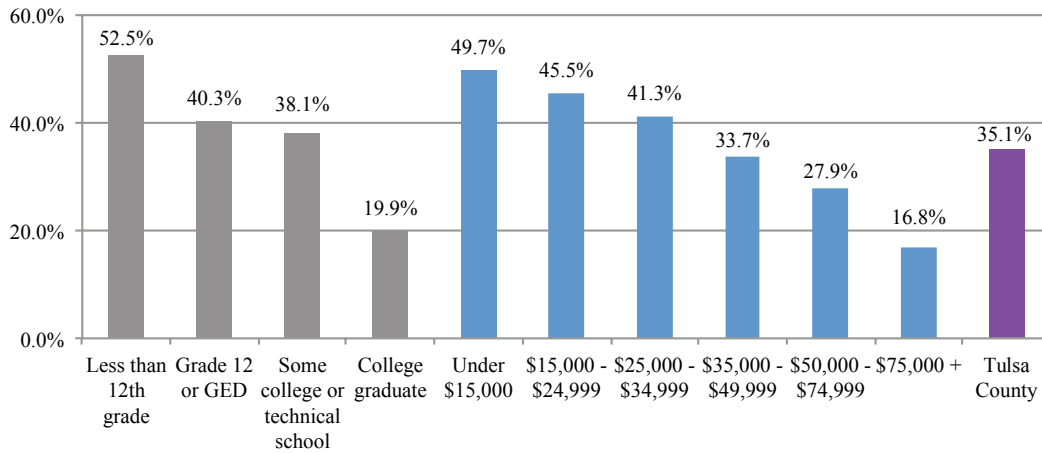
**"Regularly" or "Sometimes" Exposed to Secondhand Smoke  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 44]  
 · Asked of all respondents

Additionally, secondhand smoke exposure in Tulsa County adults decreases as education and income levels rise.

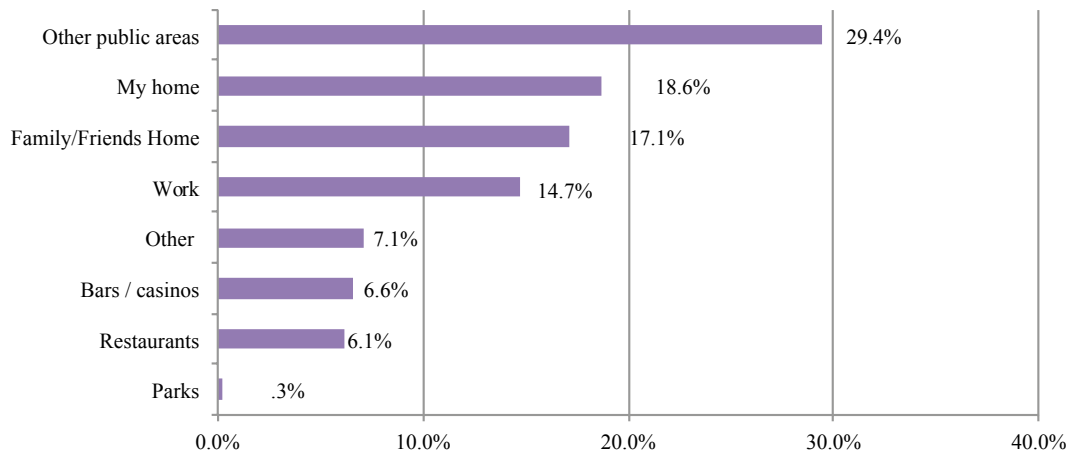
**"Regularly" or "Sometimes" Exposed to Secondhand Smoke  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 44]  
· Asked of all respondents

When asked about where secondhand smoke exposure occurs most frequently, the most common response is “other public areas” followed by “my home.”

**Location of Secondhand Smoke Exposure  
(Among adults who are exposed to secondhand smoke; Tulsa County, 2012)**



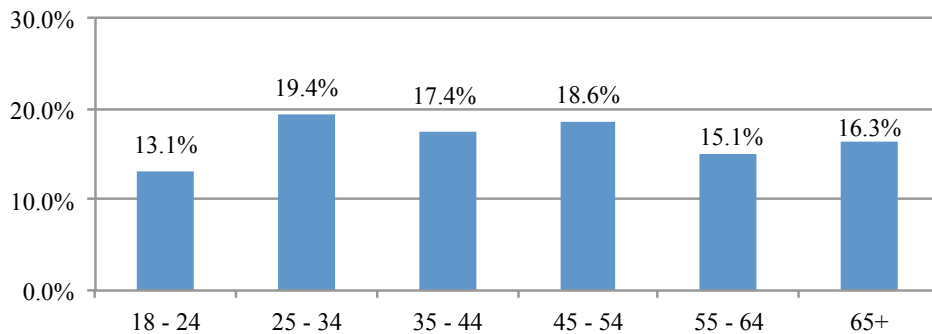
· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 45]  
· Asked of all respondents who answered “regularly,” “sometimes,” or “rarely” to “Are you exposed to secondhand smoke...?”

# Demographics

## General Demographics

When observing the demographics of the sample population, 47.9% of respondents are male and 52.1% are female. The age profile is shown below.

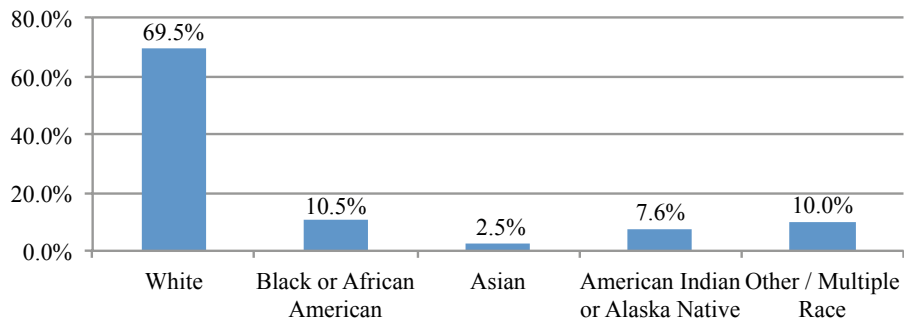
**Age Profile  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center.

The majority (69.5%) of respondents are white, with black/ African American as the next most common race (10.5%). A total of 9.7% of the population surveyed is Hispanic and 90.3% are non-Hispanic.

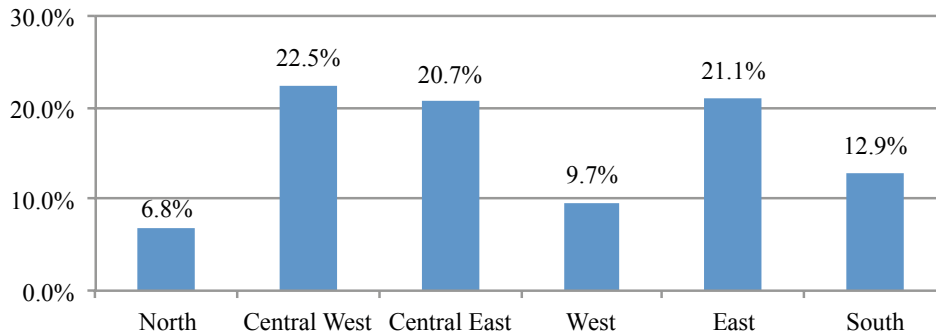
**Race  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center.

Responses to the survey by geographic distribution (region) are shown below.

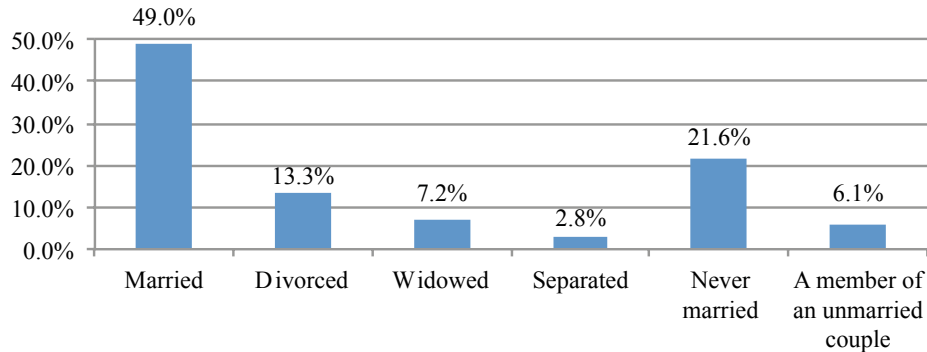
**Region  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center.

When viewing marital status, the most common response (49.0%) is “married.” Also, there is an average of 0.85 children per household, although the majority of respondents (57.7%) did not currently have a child living in the household. Additionally, 5.9% of respondents were pregnant when the survey was completed.

**Marital Status  
(Tulsa County, 2012)**

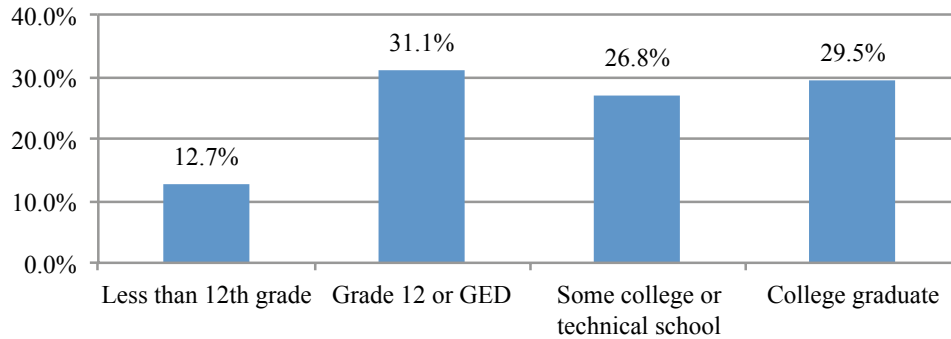


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center.

## Socioeconomic Characteristics

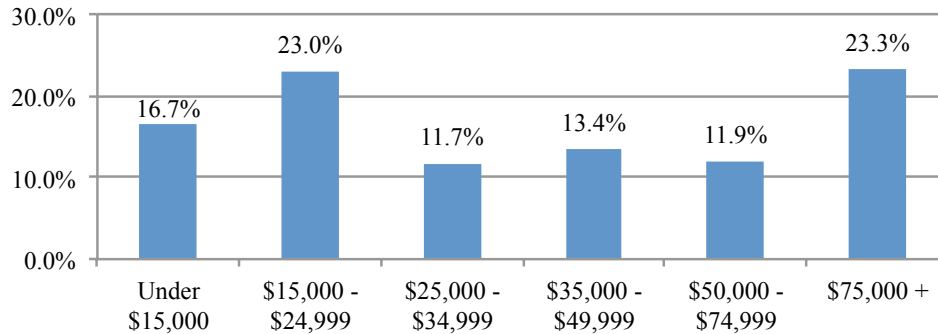
With regard to socioeconomic factors, education, income and employment status was documented. Results from the sample population are shown below.

**Education Level  
(Tulsa County, 2012)**

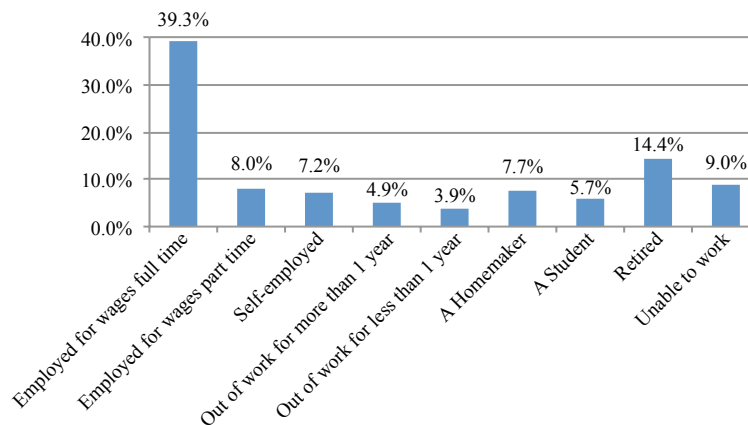


· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center.

**Income Level  
(Tulsa County, 2012)**



**Employment Status  
(Tulsa County, 2012)**



· 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center.

# Conclusion

After analyzing the data gathered through the Community Health Needs Assessment, the following topics have been identified as health priorities in Tulsa County:

- Poor diet and inactivity
- Obesity
- Alcohol/ drug abuse
- Chronic disease
- Access to healthcare
- Tobacco use

These top health priorities partially form the basis for the development of the Tulsa Health Department's Community Health Improvement Plan (CHIP). The CHIP identifies goals and target indicators within each of the 6 priority areas in order to develop specific interventions to improve related health outcomes for different populations. Additionally, community partners will be identified who already have strategies in place or are willing to implement new interventions in order to achieve these goals. The CHNA not only serves as a method to identify certain areas of poor health outcomes, but also provides baseline data so that future progress and goals can be measured by specific, quantifiable indicators.

# References

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**TULSA HEALTH**

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