



## summary

**T**he *2008 State of the State's Health Report* represents a departure from previous versions. Rather than highlight a single theme or issue, the 2008 report reviews 33 key indicators that contribute to Oklahoma's overall health status. In addition to summarizing each of these indicators on a statewide basis, each county in Oklahoma has its own section with the status of those 33 indicators.

Because this report covers so many indicators and additional data, it is impossible to summarize everything within this Executive Summary. However, there are some highlights that should be noted. For example, Oklahoma still leads much of the nation with deaths due to heart disease, with only Mississippi having higher rates. Likewise, Oklahoma's cerebrovascular disease deaths (strokes) also are much higher than most of the nation. Of particular concern with both heart disease and cerebrovascular disease deaths is a large disparity among Blacks, with higher rates than any other ethnic group in Oklahoma.

Chronic lower respiratory diseases continue to plague Oklahoma at higher than national average rates, primarily because of Oklahoma's continued high use of cigarettes. Another chronic condition where Oklahoma ranks among the ten worst states is diabetes, with significant disparities seen among American Indians and Blacks.

Taken in sum, these conditions result in a much higher total mortality rate for Oklahoma than the rest of the nation. But more disturbing than our overall mortality rate is Oklahoma's infant mortality, again higher than the U.S. rate, with rates among Black infants twice as high as White infants.

Many factors contribute to our poor health outcomes, higher rates of disease, and overall higher total mortality. Certainly, the data indicate that we need to exercise more, eat more fruits and vegetables, and continue our tobacco use prevention and cessation efforts. The good news is that progress has been made in several areas over the past few years. Community tobacco prevention efforts have been well supported through the Tobacco Settlement Endowment Trust, resulting in fewer youth using tobacco and the implementation of effective

policies such as 24/7 tobacco-free policies among Oklahoma schools, universities, and businesses. Another bright spot is in the area of childhood immunizations, where Oklahoma's immunization rates rank among the top half of the U.S. When looking at health care coverage, progress also is being made. While Oklahoma's rate of uninsured adults ages 18-64 is still high at 20.1 percent, many more Oklahomans who previously could not afford coverage have gained health insurance over the past few years through the Oklahoma Health Care Authority's Insure Oklahoma program. If Insure Oklahoma and other similar programs can be sustained, Oklahoma's health care coverage rates will improve.

Still, much work needs to be done. As you review the data in each of the 33 health status indicators in the full report <[www.ok.gov/health/pub/boh/state/index.html](http://www.ok.gov/health/pub/boh/state/index.html)>, you will see significant disparities among those who earn \$25,000 per year or less and among those with a high school education or less. Although not traditional focus areas of public health, these and other social determinants of health are absolutely critical to address if we ever hope to improve Oklahoma's overall health status to even average levels when compared to the rest of the United States.

How do we address these issues and other risk factors that contribute to Oklahoma health outcomes? Certainly, the Oklahoma State Department of Health cannot work in isolation. It will take the collaboration of many partners working together to tackle these issues to begin to move our key health status indicators in positive directions. The county reports give excellent examples of the types of collaborative work that are making a difference through our local Turning Point partnerships. With more than 60 local Turning Point partnerships across the state, we are finally reaching critical mass where many partners working toward "creating a state of health" are beginning to make positive impacts. It will require long-term commitment and sustained efforts with our many partners, but the tide can be turned — it must be turned.

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