

# CENTRAL OKLAHOMA VITAL SIGNS

BARRIERS TO SUCCESS FOR  
HEALTHY CITIZENS

VOLUME II, EDITION III  
MAY 2013

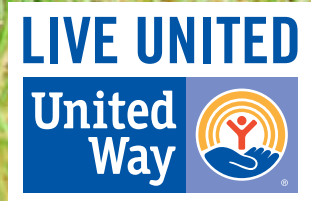


**1 IN 10**  
OKLAHOMA  
HIGH SCHOOL  
STUDENTS HAS  
**SMOKED**  
THEIR FIRST CIGARETTE  
**BEFORE AGE 13**

Source: United States Centers for Disease  
Control and Prevention

CENTRAL OKLAHOMA  
**Vital Signs**

United Way  
of Central Oklahoma





FROM 2001 TO 2011, THE NUMBER OF OKLAHOMANS CLASSIFIED AS OBESE **INCREASED 75 PERCENT.** IF CURRENT TRENDS PERSIST, OKLAHOMA WILL BE THE MOST OBESE STATE IN THE NATION **BY 2030.**<sup>2</sup>

**16.3 PERCENT**  
OF OKLAHOMANS LIVED  
**BELOW**  
**POVERTY**  
LEVEL IN 2011.<sup>1</sup>

A 2012 STUDY BY THE UNITED HEALTH FOUNDATION **RANKED OKLAHOMA 43<sup>RD</sup>** IN THE NATION FOR **OVERALL HEALTH STANDARDS.** THE STATE RANKED 43<sup>RD</sup> IN DIABETES, **47<sup>TH</sup>** IN SMOKING, **AND 45<sup>TH</sup>** IN OBESITY. ALL OF THESE HEALTH FACTORS ARE **MOST PREVALENT AMONG THE POOR.**<sup>2</sup>

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1. United States Department of Commerce, Census Bureau

2. United Health Foundation

Oklahoma suffers from a combination of poverty and poor health outcomes.

Oklahoma has received national attention for its low unemployment rate and impressive economic recovery, both of which outpace national averages. Less mentioned is the poverty extending to all corners of the state. While Oklahoma outperformed national measures for unemployment and economic activity during the recession of 2007- 2009, the number of Oklahomans in poverty expanded. Research indicates persons living in poverty suffer far worse health outcomes than do those with higher incomes.<sup>3</sup>

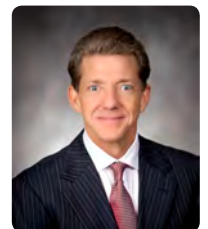
There is a strong correlation between poverty and poor health. Poverty reduces wellness, the combination of physical and mental health, and increases the likelihood of several chronic, preventable diseases. The relationship between poverty and public health is complex, in part because many components can be both a cause and result of poverty. Statewide rates for obesity, health care access, physical exercise, nutrition, tobacco use, dental care, and mental health are all worse than national averages, indicating an intricate connection between several causes. Sedentary lifestyle, the use of alcohol and drugs, and lower consumption of fiber, fresh fruits, and vegetables are some of the behaviors associated with lower socioeconomic status.<sup>4</sup> Economic research suggests reducing poverty can provide benefits beyond individuals and households, and improve the overall health of the community.

We welcome your questions and comments. Please email us at [feedback@unitedwayokc.org](mailto:feedback@unitedwayokc.org) or call 405-236-8441.

Best regards,



Eric Eissenstat  
Chair, United Way Research and Community Initiatives Advisory Committee  
Senior Vice President, General Counsel and Secretary, Continental Resources, Inc.



3. Gabe, T., Congressional Research Service

4. Adler, N.E. & Newman, K.

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## LOW INCOME HOUSEHOLDS

Persons living in low-income households are far more likely to suffer adverse health outcomes than the rest of the population.

The economic recession from December 2007 to June 2009, often referred to as the Great Recession, increased poverty in Oklahoma and the United States. Oklahoma's poverty rate in 2011 was higher than in 2007, despite the state's economic recovery outperforming national averages.<sup>5</sup> This uneven recovery has expanded the size and scale of poverty throughout the state and within Oklahoma County.

2011 STATISTICS	OKLAHOMA	UNITED STATES AVERAGE
UNEMPLOYMENT (AVG.)	6.2%	8.9%
MEDIAN ANNUAL WAGE	\$29,660	\$34,460
MEDIAN FAMILY INCOME	\$51,958	\$60,609
PER CAPITA PERSONAL INCOME	\$37,277	\$41,663

While the state has one of the lowest unemployment rates in the nation, other economic indicators tell a different story. The state ranks 44<sup>th</sup> in the nation for median annual wages and 41<sup>st</sup> in median family income. In 2011, Oklahoma ranked 35<sup>th</sup> in the nation for per capita income, falling \$4,000 below the national average. Of the 828,000 Oklahomans who were paid hourly wages in 2011, seven percent were paid at or below the federal minimum wage, the 11<sup>th</sup> lowest percentage in the United States. Oklahoma's average weekly wages consistently lag behind national averages. In 2011, the state's average weekly wage was \$771, compared to the national weekly wage of \$924.<sup>6</sup> Thus the uneven economic recovery has increased financial strain on Oklahomans most vulnerable to economic instability.

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5. 2011 American Community Survey, American Fact Finder

6. United States Bureau of Labor Statistics





## DEFINING POVERTY

The U.S. Census Bureau uses a set of pre-tax income thresholds that vary by family size and composition to determine who lives in poverty. The thresholds do not vary state-by-state and are updated annually to reflect fluctuations in the Consumer Price Index (CPI) for Urban Consumers.<sup>7</sup> The CPI measures change in price levels for consumer goods purchased by a household and uses sub-indexes for price changes in specific industries.

### 2011 U.S. CENSUS FEDERAL POVERTY THRESHOLDS BY COMPOSITION OF HOUSEHOLD

NUMBER IN HOUSEHOLD	THRESHOLD	NO CHILDREN	ONE CHILD	TWO CHILDREN	THREE CHILDREN	FOUR CHILDREN
ONE	\$11,484					
TWO	\$14,657	\$15,063	\$15,504			
THREE	\$17,916	\$17,595	\$18,106	\$18,123		
FOUR	\$23,021	\$23,201	\$23,581	\$22,811	\$22,891	
FIVE	\$27,251	\$27,979	\$28,386	\$27,517	\$26,844	\$26,434
SIX	\$30,847	\$32,181	\$32,309	\$31,643	\$31,005	\$30,056
SEVEN	\$35,085	\$37,029	\$37,260	\$36,463	\$35,907	\$34,872
EIGHT	\$39,064	\$41,414	\$41,779	\$41,027	\$40,368	\$39,433
NINE+	\$46,572	\$49,818	\$50,059	\$49,393	\$48,835	\$47,917

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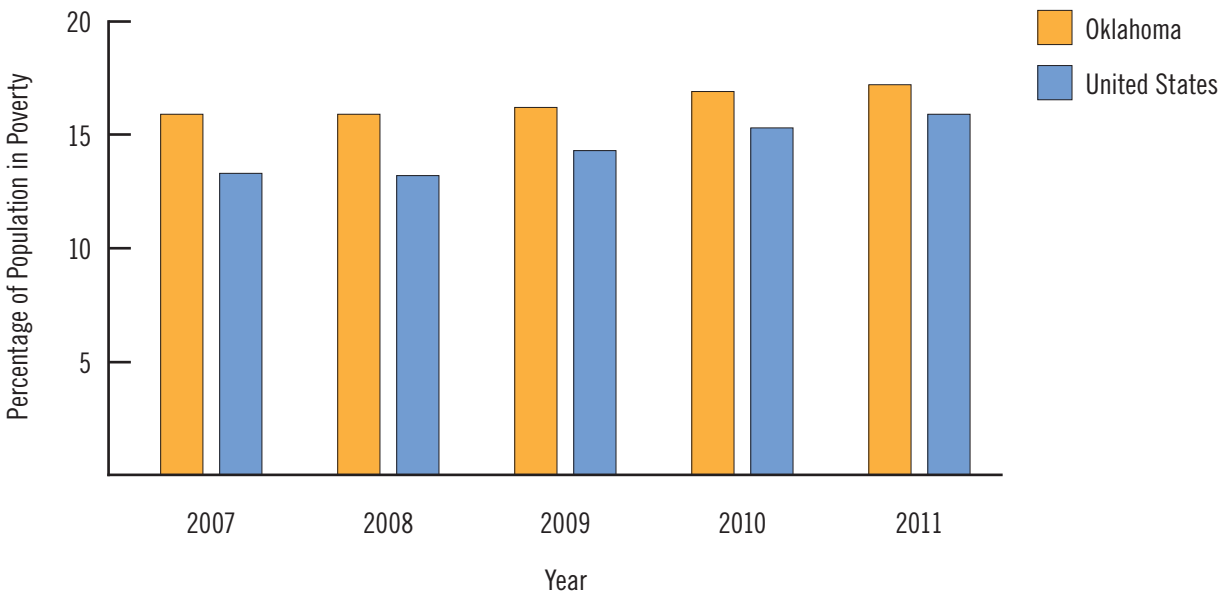
7. United States Census Bureau

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## POVERTY IN THE UNITED STATES AND OKLAHOMA

The economic downturn of 2007-2009 has increased the poverty rate every year since the beginning of the recession. Poverty nationwide is expected to expand once again in 2012, as persistently-high unemployment and slow economic growth increases the number of low-income households.

### POVERTY RATES IN OKLAHOMA AND UNITED STATES 2007-2011



**17.2 PERCENT  
OF OKLAHOMANS  
LIVED IN POVERTY  
IN 2011.<sup>8</sup>**

OKLAHOMA'S POVERTY RATE HAS EXCEEDED THE NATIONAL RATE FOR THE PAST FIVE YEARS AND REACHED A SIX-YEAR HIGH IN 2011.

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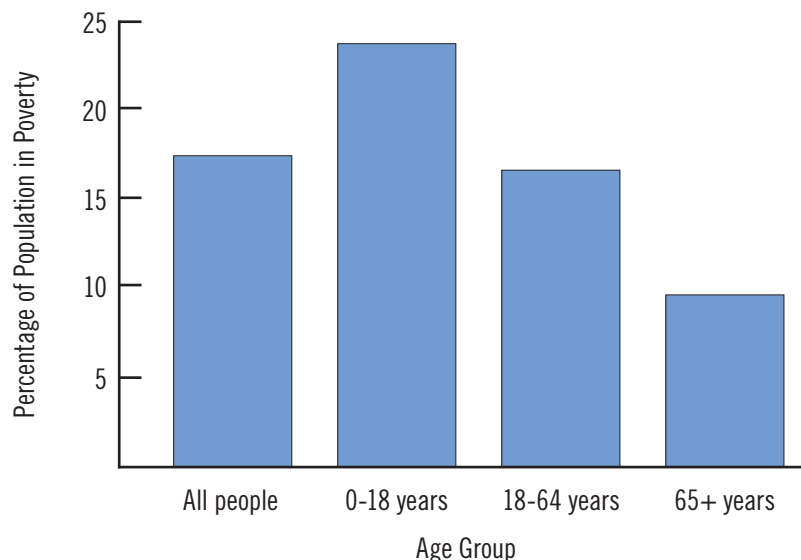
8. Oklahoma Policy Blog

## POVERTY IN OKLAHOMA

Twenty-seven percent of children in Oklahoma County lived in poverty in 2011. Poor children are disproportionately exposed to several risk factors that impair cognitive and emotional development. Inadequate nutrition, maternal depression, parental substance abuse, physical violence, crime, divorce, and poor mental health are all more likely to occur if a child is raised in poverty.<sup>10</sup> Additionally, children living in poverty have higher rates of teenage pregnancy and infant mortality. A child raised in a poor household is also more likely to have lower lifetime earnings as an adult as well.

IN OKLAHOMA COUNTY,  
**15 PERCENT**  
OF ALL FAMILIES,  
**8 PERCENT**  
OF MARRIED COUPLES,  
**AND 36 PERCENT**  
OF SINGLE-MOTHER HOUSEHOLDS  
LIVED IN POVERTY.<sup>9</sup>

### OKLAHOMA POVERTY RATES BY AGE, 2011



9. 2011 American Community Survey, American Fact Finder

10. Child Trends Databank

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Thousands of families in Oklahoma are considered to be ‘working poor’; these households are comprised of employed persons whose income falls below 200 percent of the federal poverty line. The state ranked 44<sup>th</sup> in the nation for its percentage of poor, working families in 2010. Thirty-two percent of jobs in Oklahoma paid wages below the poverty level in 2010, the 45<sup>th</sup> worst rate in the United States. The percentage of Oklahomans qualifying as working poor has gradually expanded since the beginning of the Great Recession.<sup>11</sup>

## THE STATE’S LOW EDUCATIONAL ATTAINMENT CONTRIBUTES TO ITS POVERTY AND HEALTH OUTCOMES.

Individuals with higher levels of education are less likely to develop heart disease, diabetes, and suffer from poor mental health.<sup>12</sup> A person having only a high school diploma is four times as likely to be poor as a college graduate, and persons lacking a GED or high school diploma are seven times as likely to be poor as a college graduate. In Oklahoma County, approximately one in six adults lacks a high school diploma.<sup>13</sup>

Oklahoma’s relatively low educational attainment is problematic for those living at or near the poverty line. Substantial research indicates that employees with some sort of postsecondary education will make much more over the course of their working lives than those with only a high school education.

# 1 IN 4 CHILDREN IN OKLAHOMA LIVED IN POVERTY IN 2011.



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11. Oklahoma Annual Data

12. Cutler, D.M. & Lleras-Muney, A.

13. Oklahoma Department of Libraries





## OKLAHOMA'S EXPANDING SOCIAL SAFETY NET

Supplemental Nutrition Assistance Program (SNAP) enrollment has dramatically increased since 2007.<sup>15</sup> Over 600,000 Oklahomans received SNAP benefits in the past year.<sup>16</sup> SNAP benefits are generally distributed to households where the annual income is less than 130 percent of the federal poverty line, with exceptions for certain households and the elderly. SNAP benefits are intended to provide food security to at-risk households, but not designed to completely offset a family's out-of-pocket expenses for groceries.

SoonerCare enrollment has increased sharply since 2007. SoonerCare, the state's Medicaid program, provides publicly-assisted health insurance to qualifying Oklahomans.

In 2011, one-in-four Oklahomans were enrolled in the program. SoonerCare is comprised of several different subcategories, each designed to extend affordable coverage to those in need.

Poverty thresholds for SoonerCare are defined by the U.S. Department of Health and Human Services and differ from the poverty thresholds used by the U.S. Census Bureau. More than 60 percent of enrollees in 2011 were under the age of 21.

The Temporary Assistance to Needy Families (TANF) program is designed to support low-income children with financial assistance due to a parent's death, incapacity, or unemployment. Direct cash assistance is available for a limited time to qualifying households and is intended to be used for basic needs, such as employment services and childcare. To be eligible for the program in Oklahoma, a family must have a child under the age of 19 who is deprived of support from at least one parent. TANF benefits can be received for 60 months over the course of one's lifetime.

OKLAHOMA WAS ONE OF SEVEN STATES TO SEE INCREASED RELIANCE ON PUBLIC ASSISTANCE FROM 2010-2011, ACCORDING TO THE U.S. CENSUS BUREAU.<sup>14</sup> THE INCREASE OF OKLAHOMANS PARTICIPATING IN THE STATE'S SOCIAL SAFETY NET HIGHLIGHTS THE FINANCIAL STRAIN OF LOW-INCOME HOUSEHOLDS.

### INCOME THRESHOLDS FOR SOONERCARE, 2011

FAMILY SIZE	100%	133%	185%
1	\$10,890	\$14,484	\$20,147
2	\$14,710	\$19,564	\$27,214
3	\$18,530	\$24,645	\$34,281
4	\$22,350	\$29,726	\$41,348

14. Irving, S. K., American Community Survey Briefs

15. United States Department of Agriculture Economic Research Service

16. American Community Survey



Although poverty has steadily increased in Oklahoma, the number of families participating in TANF programs has gradually declined over the last decade. In 2010, over 83,000 poor families with children received no benefits, up from 60,000 in 2000. Oklahoma helps a smaller proportion of eligible families with children than the national average and the state’s maximum benefit allowance is lower than national comparisons. The state spends a relatively small proportion of its TANF block grant on direct cash assistance compared to other states.<sup>17</sup> The percentage of Oklahomans in poverty receiving TANF benefits is one-third of the national average.<sup>18</sup>

## FEDERAL AND STATE TANF EXPENDITURES, FISCAL YEAR 2011

TOTAL EXPENDITURES ON ASSISTANCE	\$68,386,314	31.6%
TOTAL EXPENDITURES ON NON-ASSISTANCE	\$104,246,800	48.2%
TOTAL	\$172,633,144	79.8%
TOTAL TRANSFERS*	\$43,584,432	20.2%
TOTAL FUNDS USED	\$216,217,546	100%

\*Transfers include monies diverted to family counseling programs, child development initiatives, and other programs not directly related to TANF cash assistance.

Oklahoma’s highest participation rate in TANF peaked in 2010. Since that time enrollment has gradually declined, largely due to eligibility requirements the state uses to determine recipients of TANF funding. The 2009 American Reinvestment and Recovery Act allowed the state to increase TANF expenditures in 2009 and 2010. The additional TANF funding authorized by the act expired at the end of 2010.<sup>19</sup>

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17. Shinn, P. & Norris, D., Oklahoma Community Action Project

18. The Urban Institute

19. Falk, G., Congressional Research Service

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## LACK OF ACCESS TO HEALTHCARE

**SIGNIFICANT RESEARCH SUGGESTS THAT STATES WITH LOWER ACCESS TO HEALTH CARE PROVIDERS SUFFER FAR WORSE HEALTH OUTCOMES THAN STATES WITH LARGER NUMBERS OF PRIMARY CARE PHYSICIANS. PERSONS IN POVERTY HAVE SUBSTANTIALLY LESS ACCESS TO HEALTH CARE THAN THE GENERAL POPULATION.**

Oklahoma's rate of persons lacking health insurance, including households above federal poverty thresholds, is one of the worst in the nation. Persons living in poverty are much more likely to have no insurance and suffer poorer health than the population at large.

Oklahoma's staggering number of uninsured persons is an enormous barrier to improving public health standards. Uninsured persons receive less health care, have more adverse health outcomes, and suffer more chronic illnesses than those with health insurance. The uninsured have a lower perceived sense of wellness and are less likely to receive preventive services. People without health insurance are more likely to postpone necessary care and forego preventive care entirely. As a result the uninsured suffer more hospitalizations from preventable diseases than do the insured.<sup>20</sup>



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20. Bernstein, J., Chollet, D., & Peterson, S., Mathematica Policy Research

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## **ONE-IN-FOUR EMPLOYED PERSONS IN OKLAHOMA COUNTY LACK ANY FORM OF HEALTH INSURANCE.**

While cost is generally the most prohibitive aspect of obtaining health insurance, other factors contribute to Oklahoma's lack of insurance among employed individuals. Many people do not perceive a need for health insurance, and many low-income Oklahomans ineligible for public forms of insurance often find private enrollment to be a confusing, burdensome process.<sup>21</sup> Enrollment is especially troubling for persons lacking their own transportation as public insurance enrollment often requires travel to several state and federal offices.

## **A 2011 REPORT PUBLISHED IN THE NEW ENGLAND JOURNAL OF MEDICINE RANKED OKLAHOMA AS THE STATE WITH THE MOST RESTRICTED ACCESS TO HEALTH CARE.**

The report considered Oklahoma's high number of uninsured, the state's low number of primary care physicians, and sparsely-populated rural areas as contributing factors.<sup>22</sup>

## **THERE ARE 1,241 CITIZENS FOR EVERY ONE PRIMARY CARE PHYSICIAN IN OKLAHOMA COUNTY. THE NATIONAL AVERAGE IS 631 CITIZENS FOR EVERY PRIMARY CARE PHYSICIAN.<sup>23</sup>**

Primary care physicians serve all age groups across all demographics and shortages of their services disproportionately affect low-income households. Persons living in poverty are more likely to die from preventable diseases in large part due to infrequency of medical care and lack of proper diagnosis. Experts have cautioned that the price of providing coverage under recent reforms will be higher and health outcomes will be lower in states with low numbers of primary care physicians. Oklahoma has over 200 Health Professional Shortage Areas (HPSAs); these areas do not meet the national standard of one physician for every 3,500 people. Twenty-three HPSAs exist in Oklahoma, Canadian, and Logan Counties. As a result, physicians in central Oklahoma serve more patients than the national average, increasing the strain on Oklahoma's health care system.

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21. The Urban Institute

22. Ku, L., Jones, K., Shin, P., Bruen, B., & Hayes, K., *New England Journal of Medicine*

23. *County Health Rankings*

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A study by the Tulsa World found one-in-four primary care providers in Oklahoma is 60 years old or older, presenting a demographic problem as the state works to expand coverage to those in need. Without an adequate array of health care providers, intended results of health care reform, such as the Patient Protection and Affordable Care Act, may be difficult to implement in Oklahoma.

## **UNITED WAY OF CENTRAL OKLAHOMA RESPONDS TO OKLAHOMA'S HEALTH CARE PROBLEMS BY PROVIDING FUNDING TO AGENCIES THAT DELIVER HEALTH CARE SERVICES TO LOW-INCOME HOUSEHOLDS.**

VarietyCare is a community health center that provides medical, dental, vision, and mental health assistance to at-risk families. In the 2010-2011 fiscal years, VarietyCare served 49,575 people. In 2011-2012, estimates show a client roster of 51,775. VarietyCare estimates it will serve nearly 60,000 people in the 2012-2013 fiscal years.

The Health Alliance for the Uninsured works to deliver quality care to Oklahomans lacking health insurance by coordinating services from several providers. The Alliance served 6,300 in 2010-2011 and estimates that it served 8,000 in 2011-2012. The Alliance provided pharmaceutical assistance to 5,589 people in 2010-2011.







## TOBACCO USE

Research indicates smoking decreases as income increases.<sup>24</sup> Smoking is most prevalent among Oklahomans with lower incomes.

Oklahoma has one of the highest adult smoking rates and number of smoking-related deaths in the United States. Tobacco use is the leading cause of preventable death in the United States and its side effects are closely related to several kinds of chronic disease. Persons living in low-income areas are more likely to smoke and suffer from undiagnosed, smoking-related illness than persons with higher earnings.

One in four adults in Oklahoma County smoke tobacco.<sup>25</sup> Smoking kills approximately 6,000 Oklahomans per year and costs the state nearly \$3 billion annually in medical expenses and workplace productivity. The state has one of the highest rates for workplace exposure to tobacco smoke and more Oklahomans smoke in their place of residence than the national average.<sup>26</sup>

People lacking a high school diploma or living in poverty are nearly twice as likely to smoke as the rest of the population. As a result low-income smokers are at a higher risk for smoking-related diseases, have less access to health insurance, and are more likely to receive delayed diagnoses of smoking-related illness compared to insured Americans.<sup>27</sup>

Secondhand smoke is estimated to kill 700 Oklahomans per year in Oklahoma, most commonly by contributing to heart disease. Studies have shown even brief exposure to secondhand smoke may have detrimental effects on health.<sup>28</sup> A 2010 survey conducted by SoonerPoll found a majority of Oklahomans would approve of a statewide ban on all indoor smoking in public places. An even larger percentage of Oklahomans said secondhand smoking was a serious health hazard.<sup>29</sup>

Oklahoma's preemption laws prevent local communities from enacting tobacco regulations more stringent than those passed at the state-level, which currently exempt many entities from smoke-free requirements. As a result cities and counties are not allowed to pass smoke-free ordinances to improve public health and reduce exposure to second-hand smoke. Research indicates states with no preemption laws, where localities are allowed to enact more stringent restrictions on smoking in public places, have higher success rates in smoking cessation efforts and lower cases of illnesses related to second-hand smoke.<sup>30</sup> Tennessee is the only other state in the nation with a preemption law as stringent as Oklahoma's. Legislative efforts to remove the state's preemption laws have been difficult to enact; in 2011, Representative Kris Steele, the Speaker of the Oklahoma House of Representatives, led an unsuccessful effort to restore local control of tobacco regulations. An amended version of the bill passed the Oklahoma House of Representatives, but failed to receive a hearing in the Oklahoma State Senate. In addition a 2012 bill co-authored by Representative Doug Cox and Senator Frank Simpson would have removed the state's preemption laws. The bill died after failing to receive a sufficient number of votes in Senate committee to advance to the Senate floor.<sup>31</sup>

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24. Goszkowski, R., Gallup Daily Polling

25. County Health Rankings

26. United States Centers for Disease Control and Prevention

27. Campaign for Tobacco-Free Kids

28. Oklahoma Tobacco Research Center

29. Talley, T., Tulsa World

30. Mowery, P.D., Babb, S., Hobart, R., Tworek, C., & MacNeil, A.I., Journal of Environmental and Public Health

31. Americans for Nonsmokers' Rights

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## HEALTH LITERACY

### OKLAHOMA'S LITERACY RATES ARE LOWER THAN NATIONAL AVERAGES AND ARE MOST PREVALENT AMONG THE POOR. LOW LITERACY HAS BEEN LINKED TO POOR HEALTH OUTCOMES.

Health literacy is broadly defined as a person's ability to read, understand, and use medical information to improve wellness. The American Medical Association Foundation shows that poor health literacy is a stronger indicator of health than age, socioeconomic status, ethnicity, or education. According to statistics from the American Medical Association Foundation, nearly one million Oklahomans lack the health literacy needed to seek medical treatment and preventative care.<sup>32</sup> Research indicates improving health literacy can lead to substantial improvements in public health outcomes as better-educated communities have improved measures of community wellness. Oklahoma communities where health outcomes are poorest also have the lowest rates of high school graduation rates.

Oklahoma schools are not required to provide health education at any grade level; each school district is allowed to determine its curriculum regarding health education. Oklahoma is the only state in the nation that does not mandate health education in schools.

Filling out forms, understanding the directions on a prescription bottle, being able to choose over-the-counter medicine, reading the details of our health insurance coverage or being able to follow the doctor's written instructions after a hospital stay, or a regular visit to the doctor, is something that most of us have experienced many times. There are more than 140,000 adults, parents and grandparents in the Oklahoma City Metro area who can't easily deal with these health-related tasks because they are functionally illiterate. They cannot read.



Learning to read is a life changer and is sometimes a life saver. Community Literacy Centers has helped more than 30,000 adults learn how to read in our first 25 years of operation. We quietly change lives every day by providing convenient locations, a safe environment, thoughtful and understanding teachers and tools for learning.

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32. Weiss, B., American Medical Association Foundation

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## OBESITY

Obese adults are more likely to suffer from coronary heart disease, high blood pressure, stroke, Type 2 diabetes, cancer, and other chronic diseases. Oklahoma's obesity rate has quadrupled since 1998.

Until recently Americans in lower income brackets were more likely to be obese than those with higher earnings. In the past decade obesity rates have grown steadily across all income brackets. As with other public health epidemics, persons living in poverty suffer from higher rates of chronic and preventable diseases largely due to nutritional intake and access to healthcare. Historically, those with lower income tend to have higher rates of obesity.

One in three Oklahoman adults does not participate in physical exercise of any kind and Oklahomans living in poverty are far less likely to exercise than the rest of the population. Persons living in poverty are more likely to be obese, have limited access to health care, have poor nutritional intake, and perform less daily exercise than persons in all other income groups. Oklahoma consistently ranks in the bottom 20 percent of all states for diabetes, smoking, and obesity rates.<sup>33</sup>



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33. United Health Foundation



Recent analysis suggests Oklahoma could prevent thousands of cases of type 2 diabetes, coronary heart disease and stroke, hypertension, cancer, and arthritis by lowering the state’s average Body Mass Index (BMI) by five percent.<sup>34</sup> BMI is a calculation based on an individual’s height and weight and is one metric used to indicate overall fitness. BMI classifications are underweight, normal, overweight, or obese. Exercise rates for those living in poverty are substantially lower than the rest of the population in large part because low-income households typically cannot afford exercise resources, such as running shoes, gym memberships, and fitness equipment, which allow for improvements in physical health. Research indicates most cardiovascular disease can be prevented or delayed through a combination of direct medical care and community-based prevention policies.<sup>35</sup>

$$\text{Body Mass Index} = \frac{(\text{Weight in Pounds})}{(\text{Height in Inches}) \times (\text{Height in Inches})} \times 703$$

BMI RANGE	CLASSIFICATION
18.5 OR LESS	UNDERWEIGHT
18.5 TO 24.9	NORMAL
25-29.9	OVERWEIGHT
30 AND ABOVE	OBESE

Research revealed 66 percent of Oklahoman adults describe themselves as either overweight or obese. A Gallup poll conducted from January to July 2012 asked Oklahomans for their height and weight, which the polling firm then used to calculate the respondent’s Body Mass Index (BMI). BMI of 18.5-24.99 is classified as ‘normal’. BMIs of 25-30 are considered ‘overweight’ and those scoring 30 or higher are classified as ‘obese’.<sup>36</sup>

STATE	OVERWEIGHT	OBESE, CLASS I	OBESE, CLASS II	OBESE, CLASS III	OVERWEIGHT/OBESE
OKLAHOMA	36.4%	17.8%	7.3%	4.2%	65.6%

- **OBESE, CLASS I:** BMI BETWEEN 30.00 AND 34.99
- **OBESE, CLASS II:** BMI BETWEEN 35.00 AND 39.99
- **OBESE, CLASS III:** BMI OF 40.00 AND ABOVE

34. Trust for America’s Health

35. Weintrub, et al., American Heart Association

36. Mendes, E. & McGeeney, K., Gallup Wellbeing



Persons with a BMI Class III are considered ‘morbidly obese’ and are at immediate risk of several life-threatening ailments.

Obesity contributes to several preventable diseases and is frequently cited as a contributor to the nation’s rapidly increasing health care costs. Obesity increases the risk of many health conditions, such as heart disease, stroke, high blood pressure, Type 2 diabetes, cancers, high cholesterol, liver disease, sleep apnea, degeneration of cartilage and joint tissue, and mental health issues.<sup>38</sup> Oklahoma’s obesity rate has steadily increased over the last twenty years and the state is on pace to be the second-most obese state in the nation.



ESTIMATES SHOW THAT  
**30 PERCENT**  
OF ADULTS IN OKLAHOMA COUNTY  
**ARE OBESE.**  
THE NATIONAL AVERAGE IS  
**25 PERCENT.**<sup>37</sup>

37. County Health Rankings

38. United States Centers for Disease Control and Prevention



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The Center for Disease Control's 2011 Oklahoma Youth Risk Behavior Survey found that 17 percent of Oklahoma children ages 12-17 can be classified as obese.<sup>39</sup> Childhood obesity is a leading risk factor for adult obesity. Additionally, being overweight in childhood is associated with medical, social, and psychological outcomes later in life.<sup>40</sup> Overweight children are at risk for numerous chronic conditions and suffer from adverse serum lipid levels, insulin resistance, and elevated blood pressure. Excess body weight in children has been linked to orthopedic disorders, sleep apnea, and higher rates of eating disorders later in life.

## **A STUDY PUBLISHED IN THE JOURNAL OF HEALTH ECONOMICS FOUND THAT ANNUAL MEDICAL SPENDING PER OBESE AMERICAN TOTALED \$3,271, COMPARED TO \$512 FOR THE NON-OBESE.**

Obese persons are more likely to require hospitalization, use prescription drugs, and demand more medical resources over the course of their lives. Obesity-related spending now totals 20 percent of all health care spending in the United States, according to the report.<sup>41</sup>

A 2012 report by the Institute of Medicine of the National Academies prescribed several community programs to improve public health in the United States.<sup>42</sup>

Among the recommendations were:

- **INCORPORATING PHYSICAL ACTIVITY AS A ROUTINE PART OF LIFE**
- **PROMOTION OF HEALTHY FOOD AND BEVERAGE OPTIONS**
- **TRANSFORMING MESSAGES ABOUT PHYSICAL ACTIVITY AND NUTRITION**
- **EXPANDING THE ROLE OF HEALTH CARE PROVIDERS, INSURERS, AND EMPLOYERS IN OBESITY PREVENTION**
- **MAKING SCHOOLS A NATIONAL FOCAL POINT FOR OBESITY PREVENTION**

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39. United States Centers for Disease Control and Prevention

40. Raman, R.P., *Journal of the American College of Nutrition*

41. Cawley, J. & Meyerhoefer, C.

42. Institute of Medicine of the National Academies

## POOR NUTRITION AND WELLNESS

Low-income households in Oklahoma County have limited access to healthy food choices, perform less physical exercise, and are exposed to more fast food choices than the rest of the population.

Ten percent of households in Oklahoma County have limited access to healthy food choices. Oklahoma ranks 24<sup>th</sup> in the nation for grocery stores per capita, 15<sup>th</sup> in the nation on per capita spending on fast food purchases, and 8<sup>th</sup> most in gallons of soft drinks purchased per capita. The average Oklahoma adult consumes less fruits and vegetables than the national average.

In Oklahoma, 51 percent of all restaurants are fast food establishments. The national average is 27 percent.<sup>43</sup> The costs of time and travel to acquire food and the time needed for food preparation also influence consumption choices by low-income households. Fast food options represent low-cost, convenient options for low-income households due to their lack of preparation time, caloric density, and numerous locations throughout central Oklahoma.

### FACTORS CONTRIBUTING TO LOW COMMUNITY HEALTH STANDARDS, 2013

2013 STATISTICS	CANADIAN COUNTY	CLEVELAND COUNTY	LOGAN COUNTY	OKLAHOMA COUNTY	OKLAHOMA	NATIONAL BENCHMARK
PHYSICAL INACTIVITY	30%	26%	30%	30%	31%	21%
LIMITED ACCESS TO HEALTHY FOODS	6%	6%	10%	9%	9%	1%
FAST FOOD RESTAURANTS	55%	54%	39%	53%	51%	27%

SOURCE: County Health Rankings, 2013

43. County Health Rankings

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Research suggests that better access to supermarkets is associated with healthier food intakes. Thirty-four ‘food deserts’ are located in Oklahoma County. Food deserts are areas where a substantial share of the population has limited access to supermarkets and/or grocery stores. To qualify as a “low-income community,” a census tract must have either a poverty rate of 20 percent or higher or a median family income at or below 80 percent of the area's median family income. To qualify as a “low-access community,” at least 500 people and/or at least 33 percent of the census tract's population must reside more than one mile from a supermarket or large grocery store.<sup>44</sup>

The greater availability of fast food restaurants and lower comparative costs of fast food items contribute to poorer diet among low income households.<sup>45</sup> The concept of competing needs helps explain the state’s poor health outcomes among households in poverty. As income increases, a household’s ability to acquire goods and services increases; families limited by financial hardship will choose affordable, convenient options over more expensive ones. A single mother working two jobs may not have the time or energy to cook a nutritious meal for her children and stopping at fast food establishments offers a quick, affordable alternative to a traditionally-prepared meal.

Processed foods typically cost less per serving than fruits and vegetables, leading many parents to purchase less nutritious meals out of financial necessity. Low income consumers have financial incentives to choose lower-cost, calorie-dense food over higher-cost, nutrient-dense options due to the prevalence of fast food in Oklahoma and its perceived affordability compared to store-bought food items.



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44. United States Department of Agriculture Economic Research Service

45. Gordon-Larsen, P., Adair, S., & Popkin, B.M., Food Research and Action Center



The percentage of Oklahomans with diabetes has tripled since 1995. Individuals in low-income areas suffer most from the disease, in large part due to a lack of access to preventative resources. Limited nutritional options and sedentary lifestyle, two factors most prevalent among the poor, continue to exacerbate the growth of diabetes in Oklahoma.<sup>46</sup> Research indicates living in poverty can significantly increase the likelihood of developing Type 2 diabetes.

## **LOCAL AND STATE INITIATIVES HAVE BEEN INTRODUCED TO IMPROVE THE NUTRITIONAL INTAKE OF SCHOOL-AGED CHILDREN.**

The state of Oklahoma expanded its Certified Healthy Oklahoma initiative in 2010 to include Certified Healthy Schools and Certified Healthy Communities. The program uses eight components to promote physical education, health and nutrition services, psychological and social services, and increased student and staff participation in other wellness programs. To qualify for grant funding, a school district must meet specific state and federal requirements.

Oklahoma City's MAPS 3 initiative is a 10-year project designed to improve the quality of life for Oklahoma City residents. An integral part of the project is sidewalk improvements throughout the metro. Oklahoma City is frequently cited as one of the least-walkable metropolitan areas in the United States and MAPS 3 could add nearly 40 miles of sidewalks to make the city more pedestrian-friendly. Improvements to the city's trail system are also included in the MAPS 3 master plan, as are plans for a downtown park to connect the business district with the northern shore of the Oklahoma River.<sup>47</sup> These improvements will promote physical wellness by allowing residents to rely less on automobiles for transportation needs and encourage the use of walkable alternatives for intra-city travel.

MAPS 3 has been designated \$50 million for the construction of wellness centers for senior citizens. The plan calls for four to five aquatic centers that will encourage healthy lifestyles for Oklahoma County's aging population.

## **THE UNITED WAY OF CENTRAL OKLAHOMA FUNDS PROGRAMS AIMED AT PROVIDING FOOD CHOICES TO HOUSEHOLDS WITHOUT ADEQUATE ACCESS TO FOOD CHOICES.**

SkyLine Urban Ministry operates a food pantry that allows families to choose from a variety of options. Skyline served 13,325 in 2010-2011, 16,657 in 2011-2012, and estimates that it will serve over 21,000 in 2012-2013. Upward Transitions and the Salvation Army of Central Oklahoma provide food assistance to those in need as well.

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46. Brooks, M., Bustos, I., Lyter, J., & Stevenson, M., Stanford Medical Youth Science Program

47. City of Oklahoma City

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## MENTAL HEALTH

### THE RELATIONSHIP BETWEEN POVERTY AND MENTAL HEALTH IS COMPLEX AND LIVING AT OR NEAR THE POVERTY LINE HAS BEEN SHOWN TO INCREASE RISK FACTORS FOR A VARIETY OF MENTAL HEALTH PROBLEMS.

Mental illness contributes to overall burden of disease in Oklahoma by adversely affecting employee productivity and community health standards. Mental health is often overlooked as a component of overall wellness and its symptoms are often difficult to diagnose. There is a strong link between poverty and mental illness; recent polling suggests persons living in poverty may be twice as likely to suffer from depression as persons with higher income.<sup>48</sup>

Oklahoma adults report four days per month when they rate their mental health as ‘poor’. The national standard is 2.3 days per month. The average number of poor mental health days declines as income increases.<sup>49</sup>

Mental health is a frequently overlooked aspect of overall well-being, especially among low income households. Last year, the Oklahoma Department of Mental Health and Substance Abuse served over 13,000 persons in central Oklahoma.



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48. Gallup Polling

49. Oklahoma State Department of Health



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The National Survey of Children with Special Health Care Needs monitors health outcomes throughout the United States. In 2010, the survey estimated nearly 30,000 Oklahoma children suffered from anxiety issues and 30 percent lacked health insurance. Depression cases among children totaled 17,000, with an estimated 16 percent lacking health insurance. Mental wellness among children is crucial as adverse mental health outcomes impair a child's ability to learn while in school.<sup>50</sup>

Social stigmas associated with mental health issues also pose a barrier to the administration of psychological care. Many forms of mental illness, such as mild cases of anxiety and depression, do not have noticeable, physical features making their presence much harder to notice than more salient illnesses like schizophrenia. Those in need of mental care often go undetected for their entire lifetimes without treatment.

## **THE UNITED WAY OF CENTRAL OKLAHOMA RESPONDS TO MENTAL HEALTH NEEDS IN THE COMMUNITY BY FUNDING AGENCIES THAT PROVIDE MENTAL HEALTH SERVICES TO THOSE IN NEED OF QUALITY CARE.**

NorthCare served 10,492 persons in 2010-2011, 10,946 in 2011-2012, and estimates that it will serve 11,050 in 2012-2013.

Variety Care is Oklahoma's largest community health center, with more than a dozen locations in Oklahoma City, Norman and rural western Oklahoma. In 2012, Variety Care saw more than 58,000 Oklahomans for medical, dental, optometry, behavioral and WIC services. Variety Care gives many uninsured Oklahomans access to care by letting them pay on a sliding-fee scale that is based on income and family size. United Way of Central Oklahoma provides funding to cover uninsured children in Oklahoma County, and Variety Care features many other innovative programs and community partnerships.

One of Variety Care's newest programs involves teaching the international training "Mental Health First Aid" to community members. Mental Health First Aid is a certification similar to CPR where Variety Care's trainers break down the stigma of mental illness, teach participants how to identify signs and symptoms of mental health disorders, and teach an action plan to deescalate crisis situations and help connect people with appropriate professional help.

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50. Centers for Disease Control and Prevention



## DENTAL HEALTH

### DENTAL HEALTH IS OFTEN THE MOST OVERLOOKED ASPECT OF WELLNESS AND DENTAL HEALTH OUTCOMES AMONG OKLAHOMA'S POOR ARE WORSE THAN THE REST OF THE POPULATION.

Statistics regarding health care access often do not examine the role that dental care plays in overall wellbeing. As noted in the United Way of Central Oklahoma's 2010 Vital Signs report, dental care in Oklahoma is severely lacking among low-income households. Over 600,000 Oklahomans lack health insurance, representing one-sixth of the state's population. Within Oklahoma County alone, 25.5 percent of employed persons and over 60 percent of unemployed persons lack any form of health insurance.<sup>51</sup> Dental health service utilization for Oklahomans is behind national averages across all income levels but is most prevalent among those living in poverty.

METRIC	OKLAHOMA	U.S. AVERAGE
PERCENT OF ADULTS VISITING DENTIST/DENTAL CLINIC IN PREVIOUS YEAR	57.2%	69.7%
PERCENT OF ADULTS 65+ HAVING ALL TEETH EXTRACTED	24.6%	17.0%

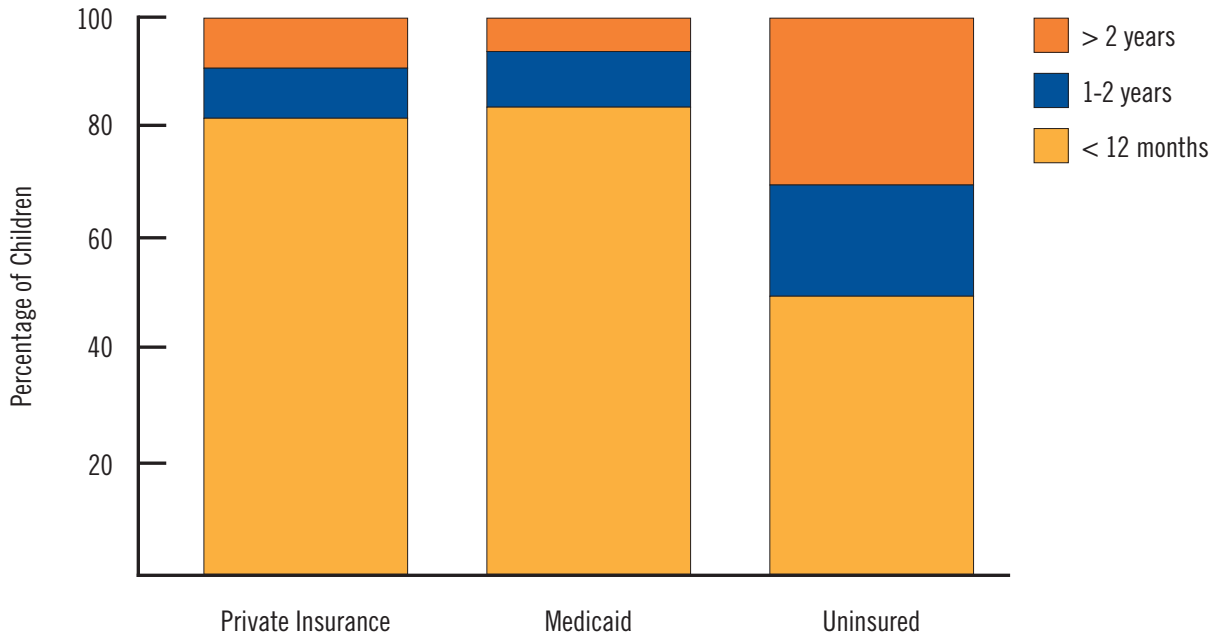
Poor dental health is often overlooked as a component of overall wellness, largely due to cost concerns among the uninsured. Poor dental health poses a barrier to employment, increases likelihoods of other adverse illness, and reduces quality of life measurements for the overall community.

A growing number of Americans without health insurance, specifically those in low-income households, are relying on emergency rooms to receive dental care. Research performed by the Pew Center on the States showed that emergency room utilization for dental care increased 16 percent from 2006 to 2009; over 830,000 Americans received their initial dental diagnosis in an emergency room instead of a dental practice.

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51. 2011 American Community Survey, American Fact Finder

## TIME SINCE LAST DENTAL VISIT FOR CHILDREN <200% FEDERAL POVERTY LEVEL, BY INSURANCE 2010



\*All differences from private insurance are statistically at  $p < .05$

Note: Children ages 6-17

SOURCE: Kaiser Family Foundation analysis of 2010 National Health Interview Survey (NHS)

## THE UNITED WAY OF CENTRAL OKLAHOMA FUNDS AGENCIES THAT PROVIDE DENTAL HEALTH SERVICES TO THOSE IN NEED.

Variety Care offers comprehensive dental services at three Oklahoma City locations and Variety Care dentists and hygienists saw patients for more than 11,200 visits in 2012. Plans are being made to build a “Dental Center of Excellence” in one of Variety Care’s existing health centers that would increase access to emergency dental services as well as preventative dental care.

In addition, Variety Care is the lead sponsor of the Remote Area Medical (RAM) Oklahoma events that have provided free dental, vision and medical care on a first-come, first-served basis at the Oklahoma State Fairgrounds in 2010 and 2012. These weekend events serve nearly 2,000 patients regardless of income. Owing to the vast need for such care, patients wait in line as early as the night before and unfortunately hundreds of other Oklahomans are turned away once capacity is met.

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## CONCLUSION

Oklahoma's public health statistics are among the worst in the nation. The state's rankings in obesity, nutritional intake, physical exercise, tobacco use, dental health, and mental health all fall below national averages. While these problems exist across all income levels, incidence rates fall primarily within lower income brackets. Low-income households and individuals have far less access to affordable health care and as such receive far less preventive care.

It would be incorrect to suggest that poor health outcomes are associated exclusively with those in poverty. Poverty does not directly initiate poor health and poor health certainly is not exclusive to low-income households. Oklahomans living below the poverty line are most likely to have adverse health outcomes and least likely to receive the medical treatment they need. In that respect, programs aimed to alleviate the prevalence of poverty in Oklahoma can act as both direct and indirect intervention in promoting a healthy citizenry.

By working to expand access to health care, remove barriers to economic mobility, broaden educational opportunities, and increase physical wellness, community leaders can help improve the state's health outcomes for all Oklahomans.

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## CENTRAL OKLAHOMA TURNING POINT

Central Oklahoma Turning Point is focused on bringing Central Oklahomans together to find solutions to our most pressing community health problems. This mission is pursued via close partnerships with the Oklahoma City-County Health Department and its Wellness Now Coalition as well as with the Tobacco Settlement Endowment Trust (TSET) and its grant programs focused on tobacco use cessation and improving nutrition and fitness outcomes in Oklahoma.

In January 2013, Central Oklahoma Turning Point held a Stakeholder Retreat with over 160 participants from a variety of community sectors. This Retreat generated a myriad of ideas on how Central Oklahoma Turning Point can work with partners to improve health in Central Oklahoma. Some general themes that are predominant among the feedback from participants: the importance of restoring local rights in terms of tobacco use laws, the increasing problem of poor mental health in Central Oklahoma, and the importance of developing worksite wellness materials that can be distributed to businesses of any size throughout the state.

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## CENTRAL OKLAHOMA TURNING POINT ONLINE RESOURCES:

WEBSITE: [www.healthyoklahomans.org](http://www.healthyoklahomans.org)

FACEBOOK: [www.facebook.com/TurningPointOKC](http://www.facebook.com/TurningPointOKC)

TWITTER: [www.twitter.com/turningpointokc](http://www.twitter.com/turningpointokc)



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We welcome your questions and comments. Please email us at [feedback@unitedwayokc.org](mailto:feedback@unitedwayokc.org) or call 405.236.8441.

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**17.1 PERCENT  
OF OKLAHOMANS  
LACK HEALTH INSURANCE.  
PERSONS WITHOUT  
HEALTH INSURANCE  
RECEIVE LESS  
PREVENTATIVE CARE AND  
HAVE FAR WORSE HEALTH OUTCOMES  
THAN THE INSURED.**

Source: United Health Foundation

A MEMBER OF  
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of Central Oklahoma

