

# WELLNESS COUNTY PROFILE

## CARTER COUNTY

2020



OKLAHOMA  
State Department  
of Health

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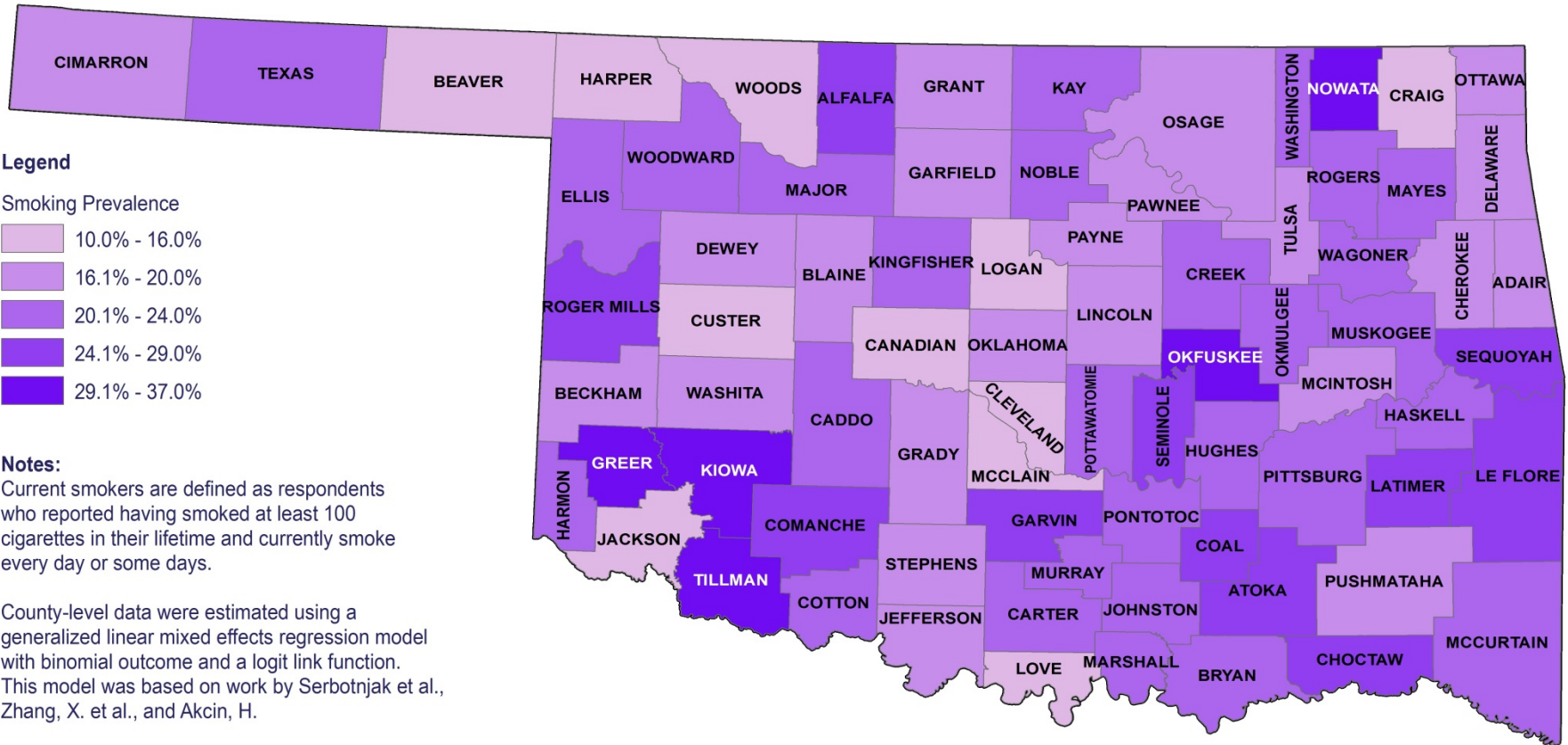
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# Oklahoma Smoking Prevalence, 2018

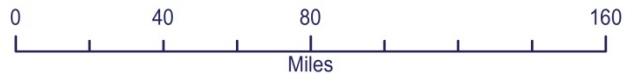


**Data Source:**

2018 Behavioral Risk Factor Surveillance System, Oklahoma State Department of Health

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 01.16.2020



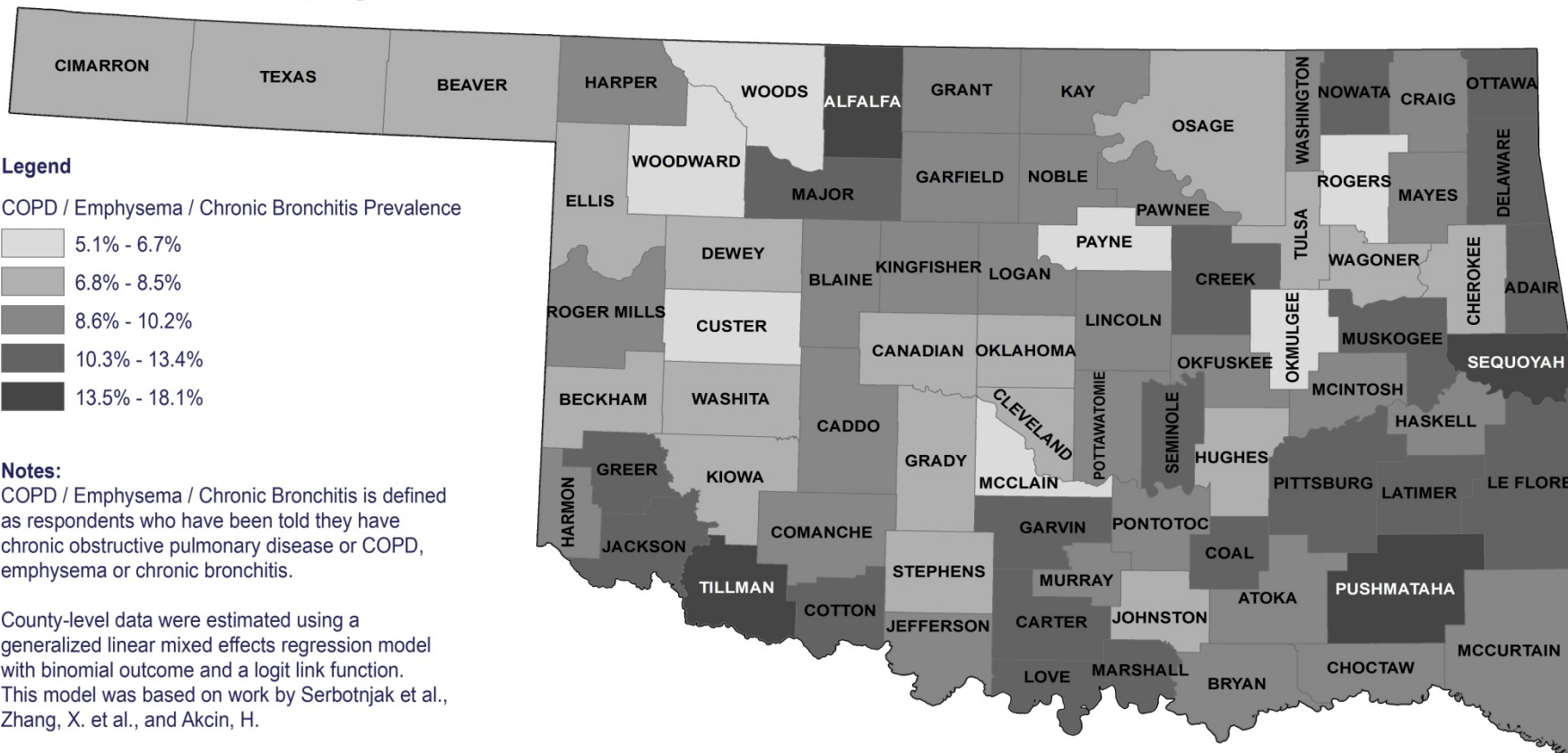
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# Oklahoma Chronic Obstructive Pulmonary Disease (COPD) / Emphysema / Chronic Bronchitis Prevalence, 2018



**Data Source:**

2018 Behavioral Risk Factor Surveillance System, Oklahoma State Department of Health

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 01.23.20



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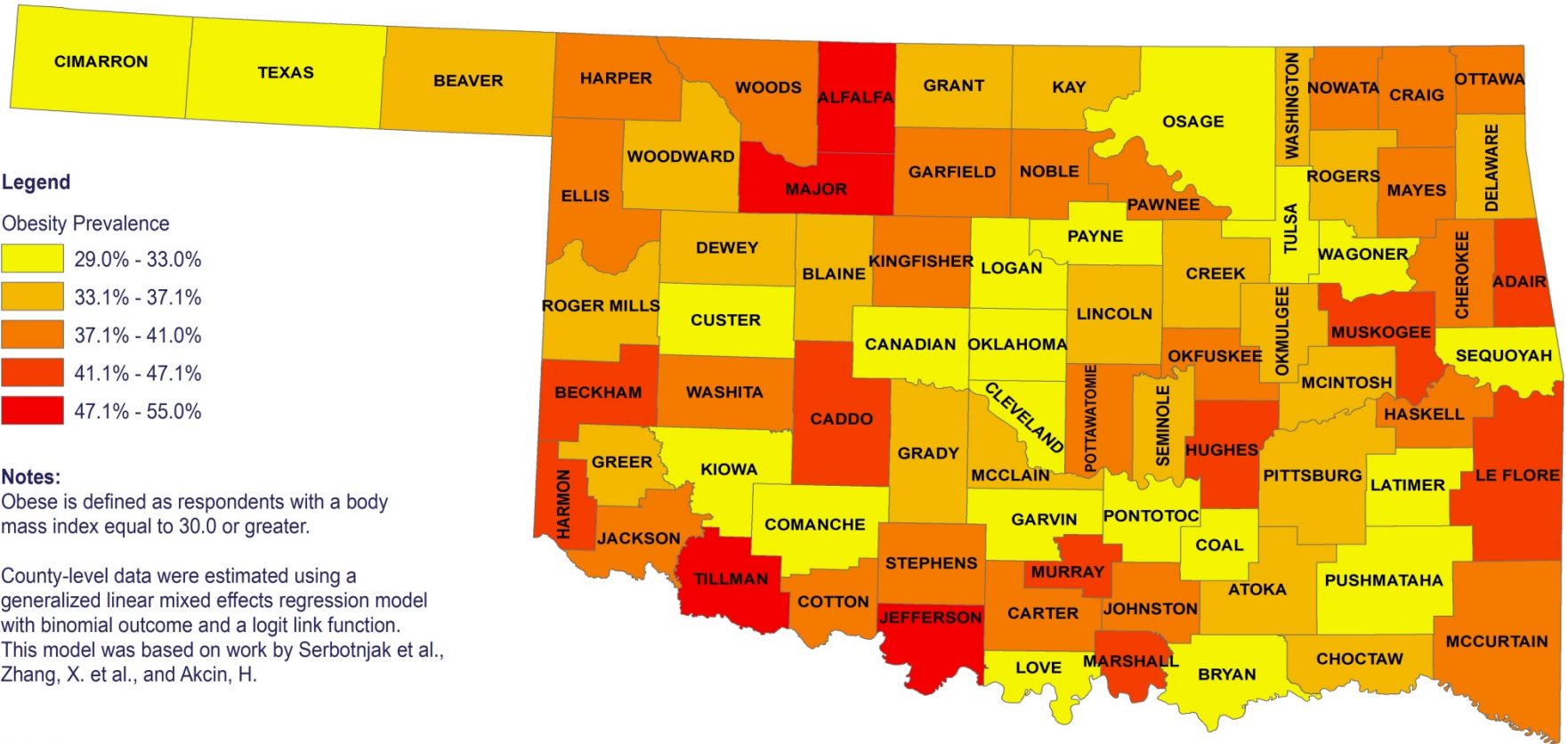


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# Oklahoma Obesity Prevalence, 2018

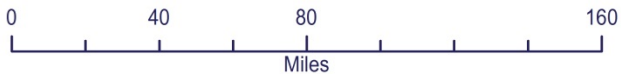


**Data Source:**

2018 Behavioral Risk Factor Surveillance System, Oklahoma State Department of Health

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 01.16.2020



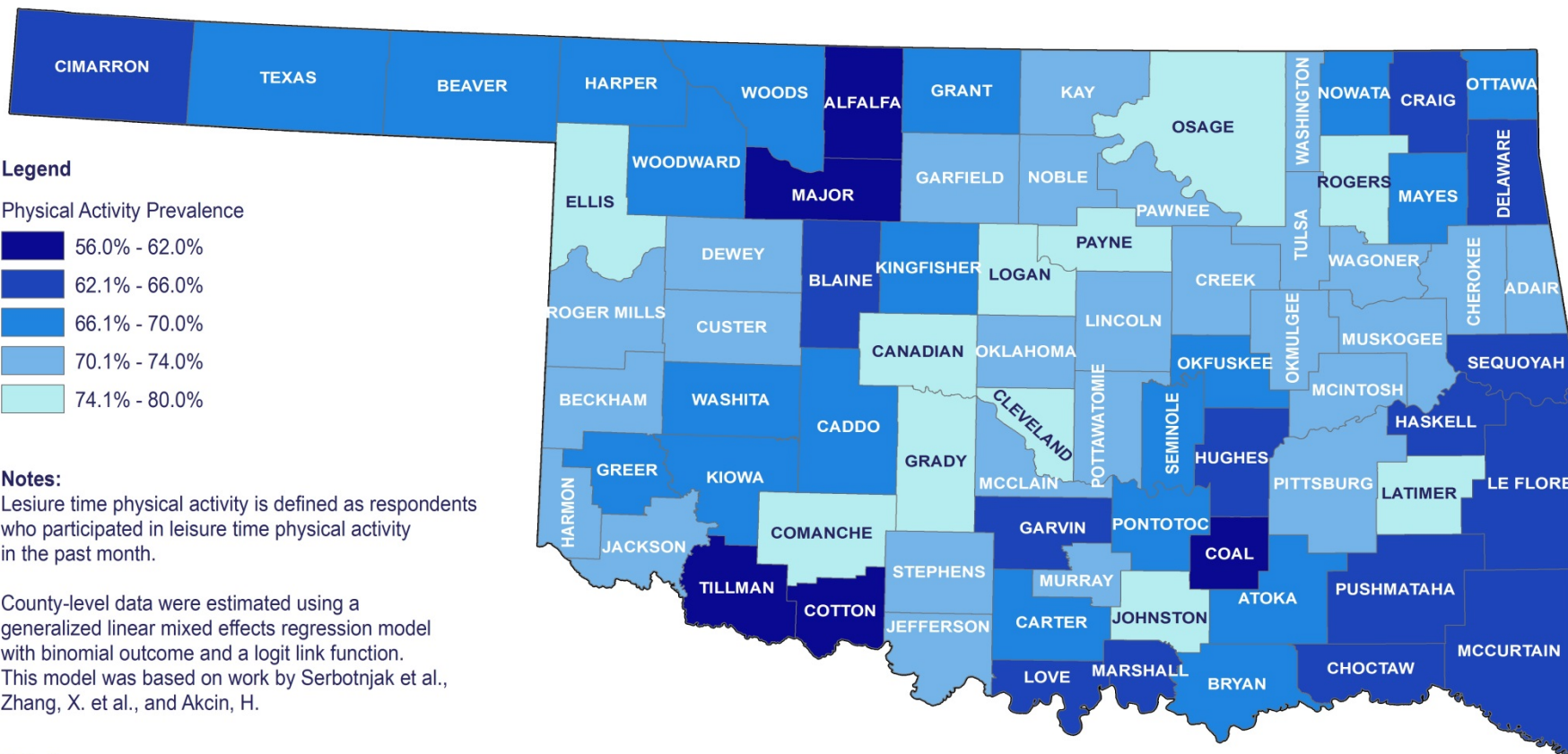
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# Oklahoma Leisure Time Physical Activity Prevalence, 2018



**Data Source:**

2018 Behavioral Risk Factor Surveillance System, Oklahoma State Department of Health

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 01.16.2020



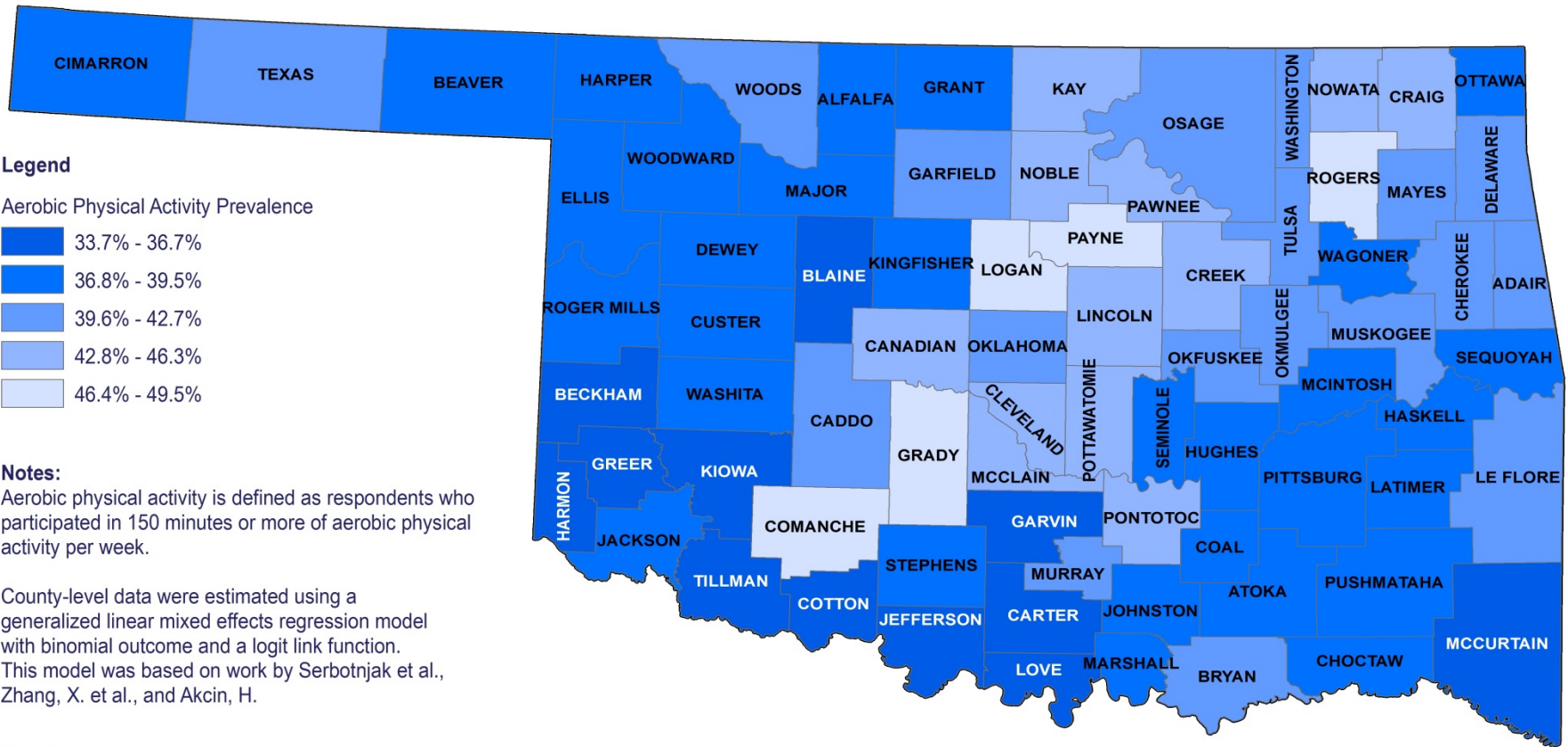
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# Oklahoma Aerobic Physical Activity Prevalence, 2017

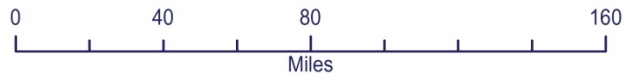


**Data Source:**

2017 Behavioral Risk Factor Surveillance System, Oklahoma State Department of Health

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 01.16.2020



**Disclaimer:** This map is a compilation of records, information and data from various city, county and state offices and other sources, affecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.

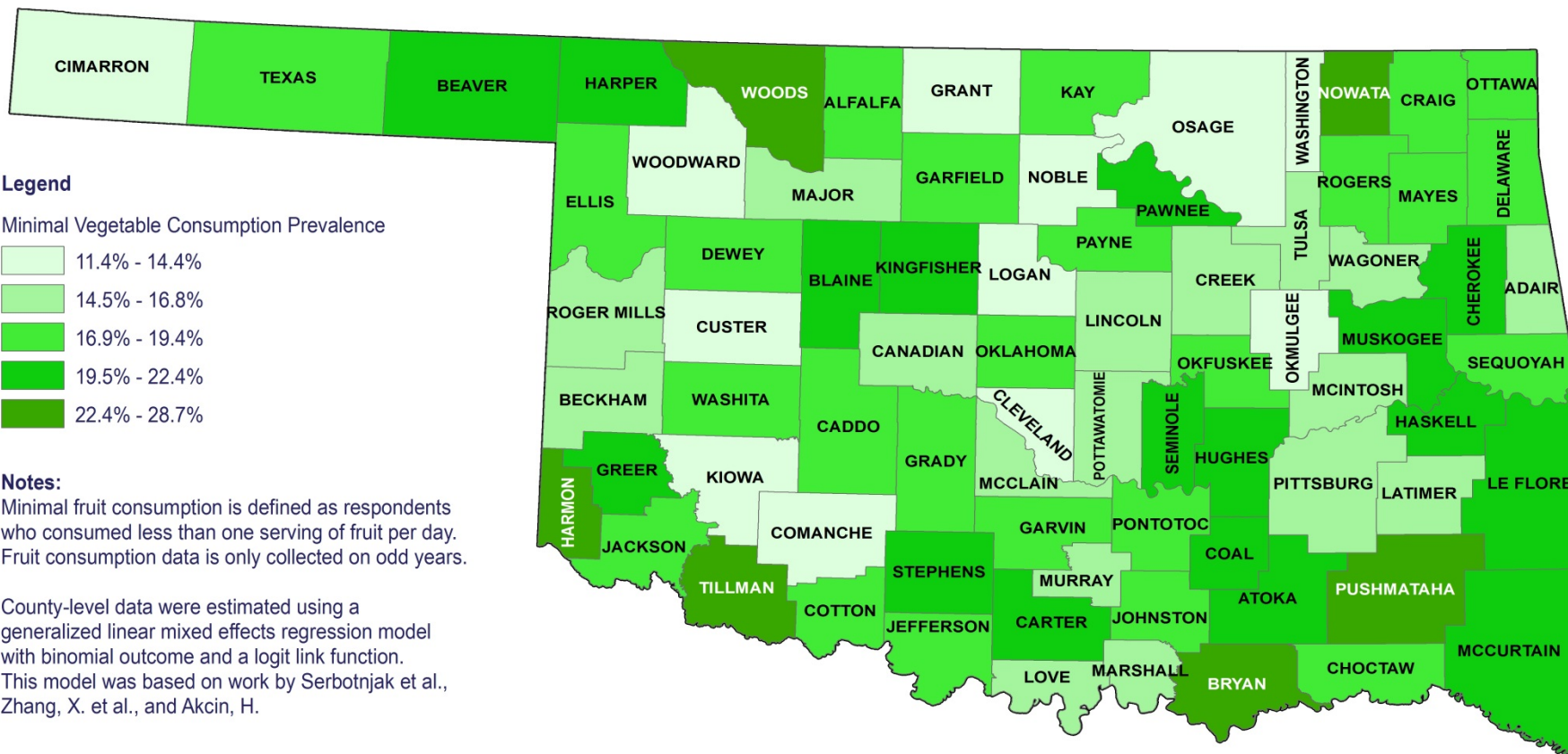


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# Oklahoma Minimal Vegetable Consumption Prevalence, 2017



**Data Source:**

2017 Behavioral Risk Factor Surveillance System, Oklahoma State Department of Health

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 12.05.2018



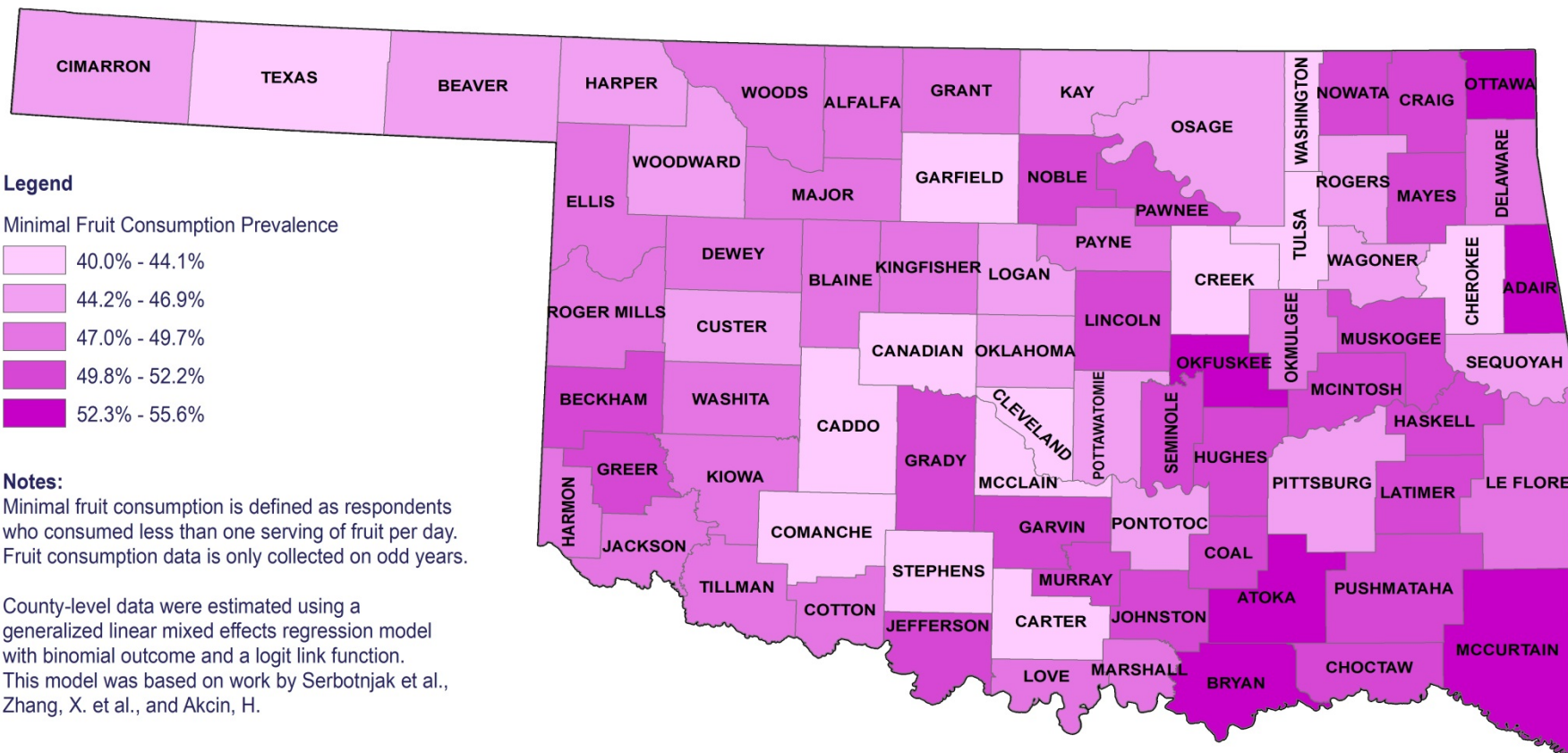
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# Oklahoma Minimal Fruit Consumption Prevalence, 2017



**Data Source:**

2017 Behavioral Risk Factor Surveillance System, Oklahoma State Department of Health

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 12.06.18



**Disclaimer:** This map is a compilation of records, information and data from various city, county and state offices and other sources, affecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.

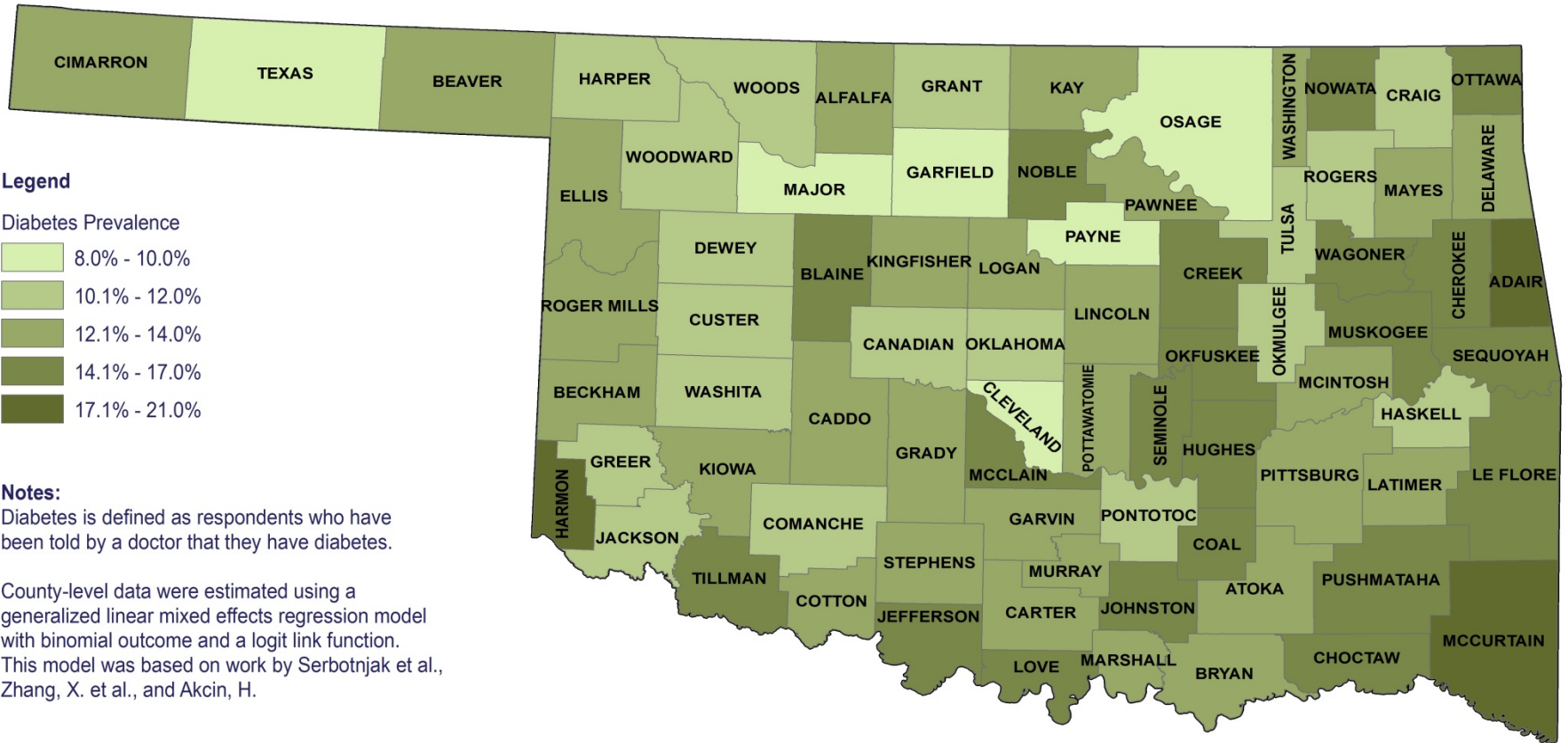


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# Oklahoma Diabetes Prevalence, 2018

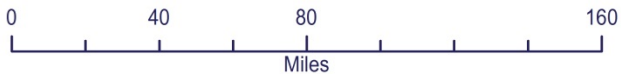


**Data Source:**

2018 Behavioral Risk Factor Surveillance System, Oklahoma State Department of Health

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 01.16.2020



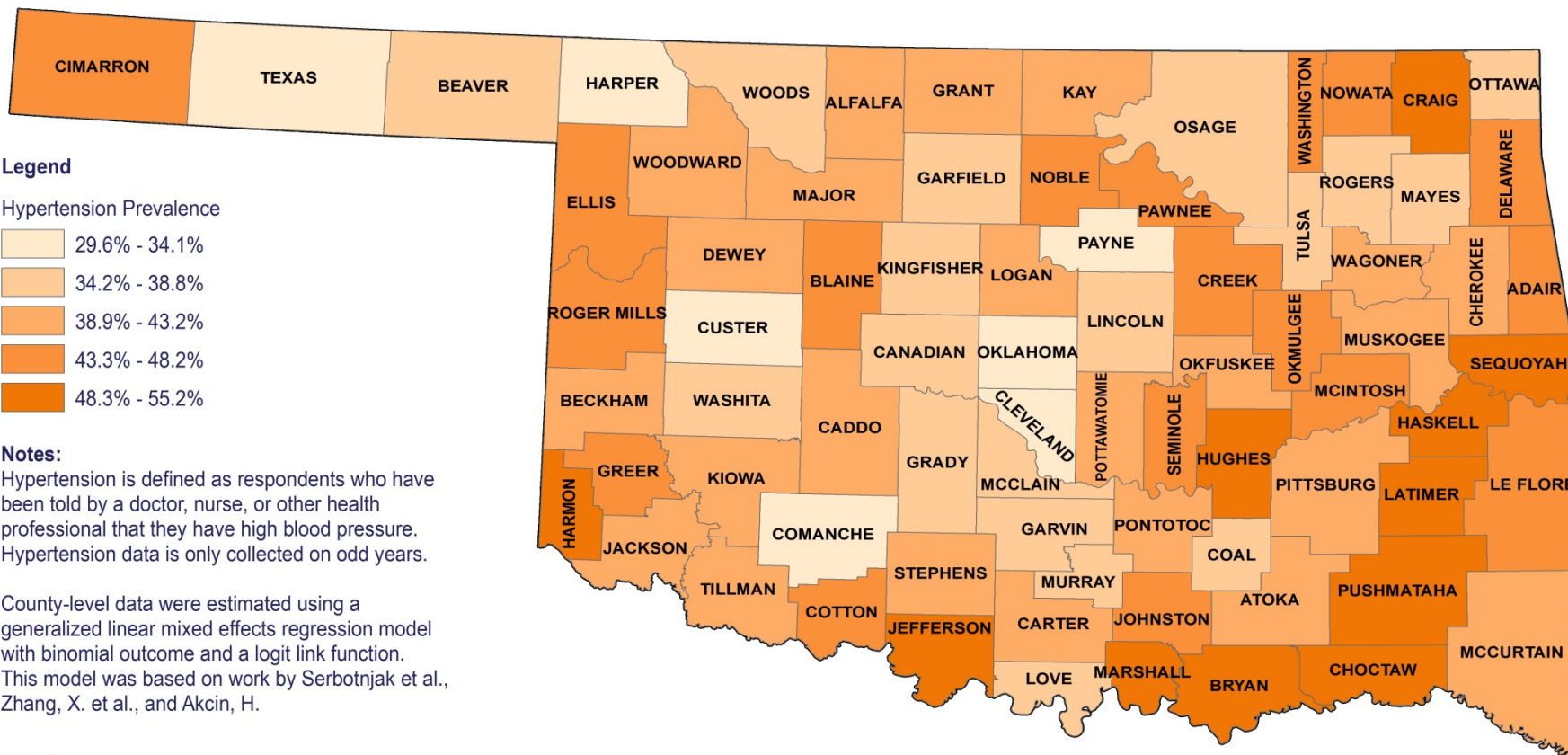
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# Oklahoma Hypertension Prevalence, 2017



**Data Source:**

2017 Behavioral Risk Factor Surveillance System, Oklahoma State Department of Health

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 12.11.2018



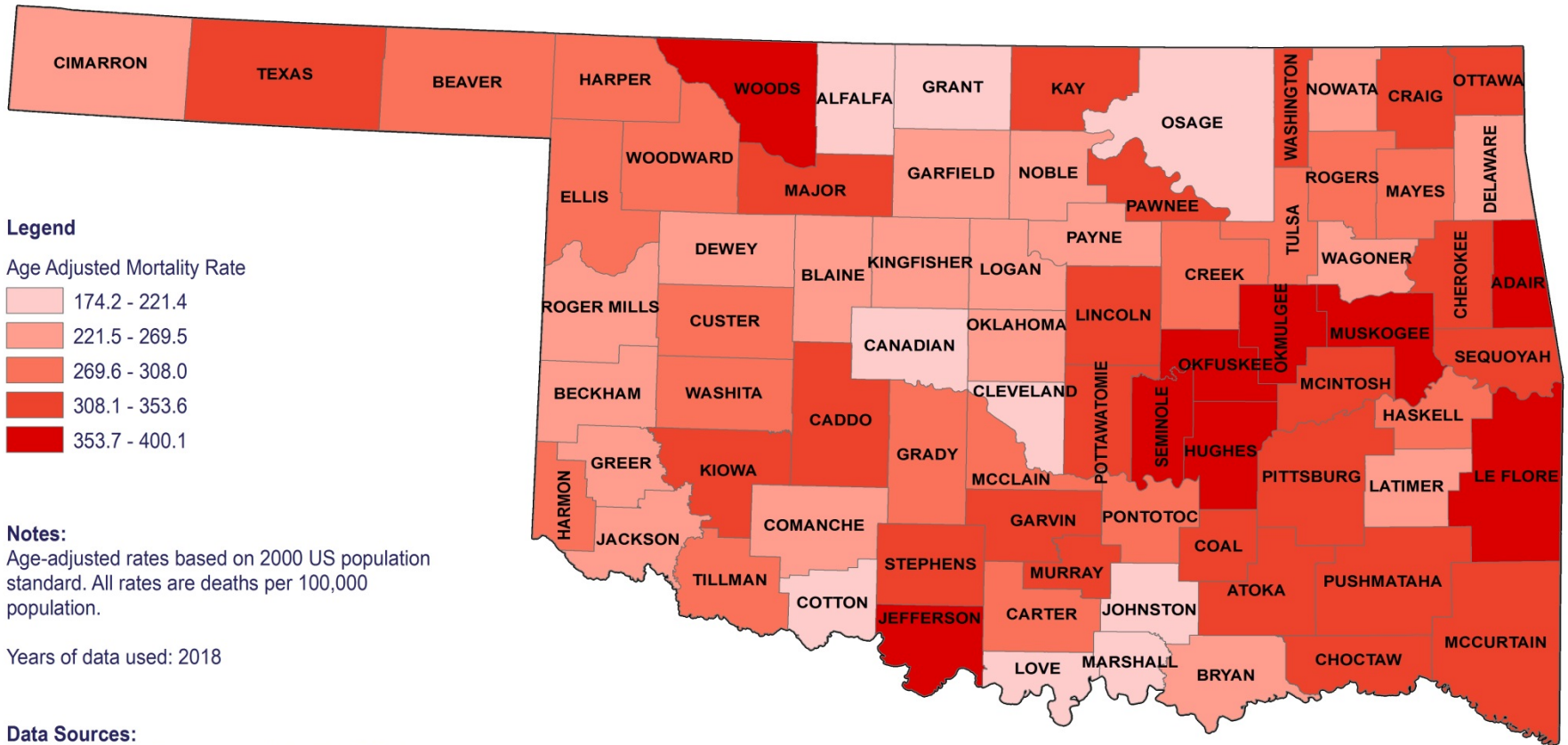
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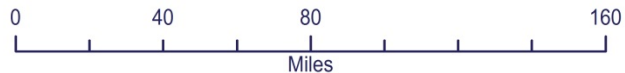


# Okahoma Age-Adjusted Cardiovascular Disease Mortality Rate, 2018



Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 10.31.2019



**Disclaimer:** This map is a compilation of records, information and data from various city, county and state offices and other sources, affecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.

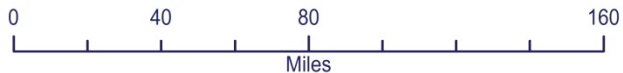
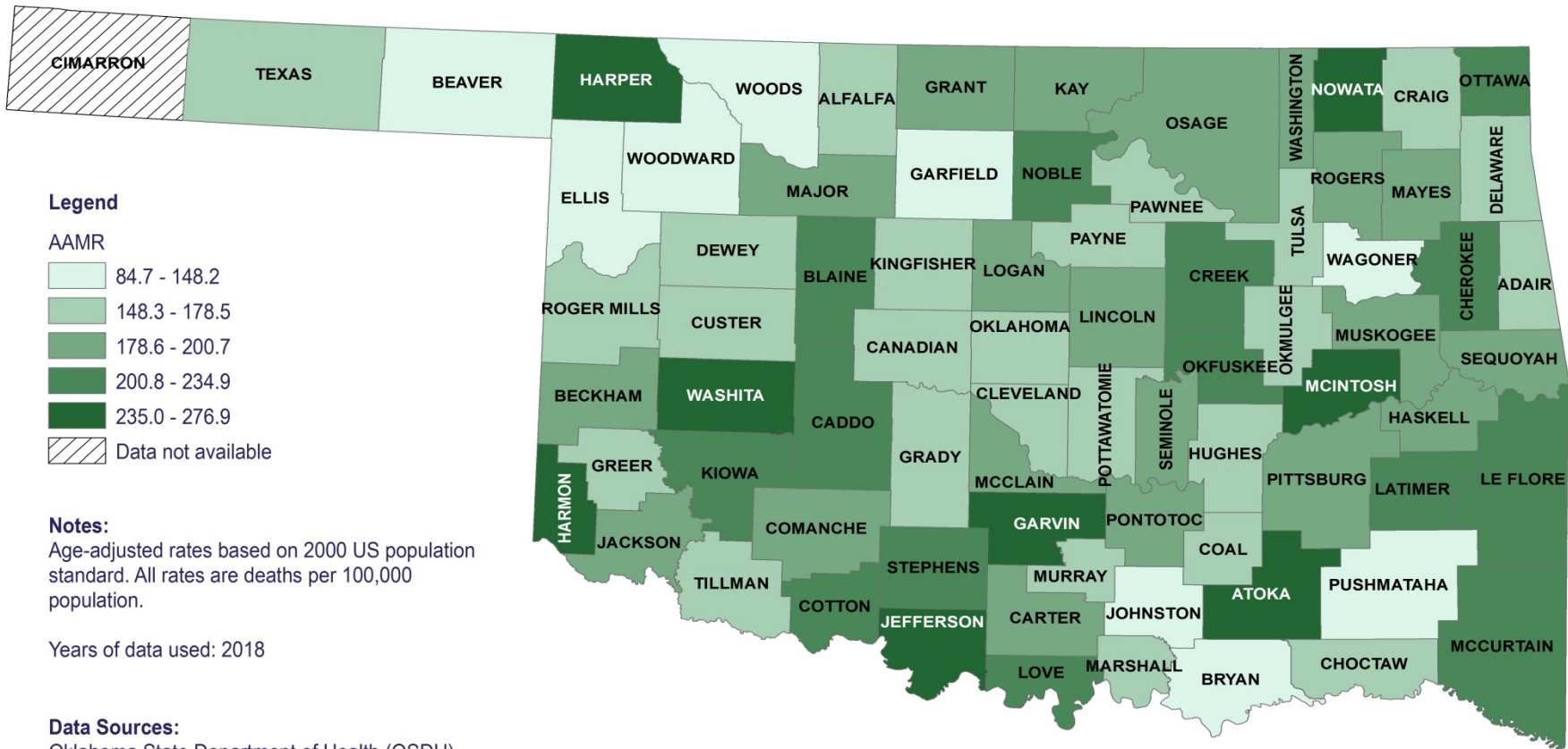


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# Oklahoma Age-Adjusted Cancer Mortality Rate, 2018



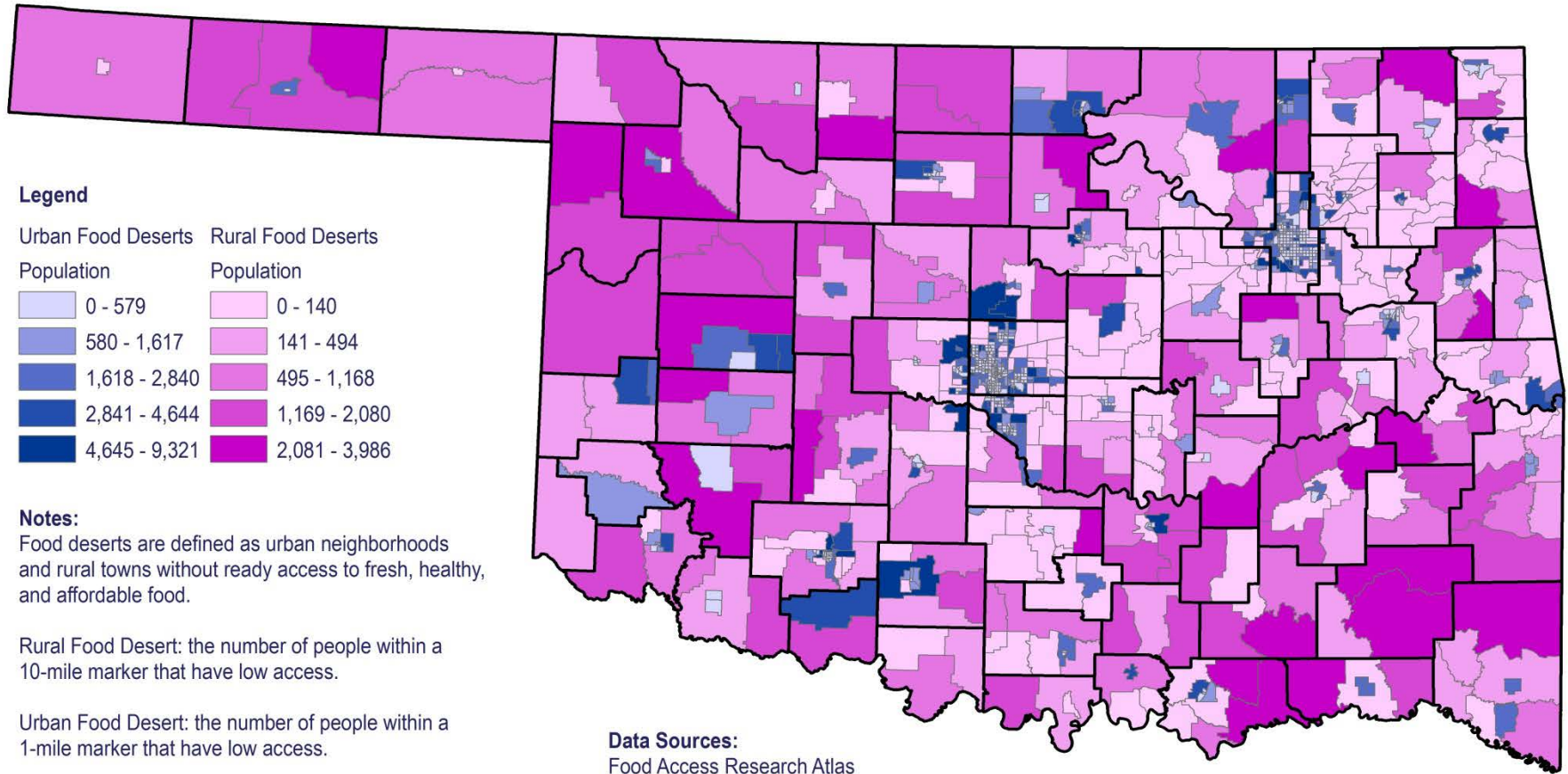
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# Oklahoma Rural and Urban Food Deserts, 2015



## Legend

| Urban Food Deserts | Rural Food Deserts |
|--------------------|--------------------|
| Population         | Population         |
| 0 - 579            | 0 - 140            |
| 580 - 1,617        | 141 - 494          |
| 1,618 - 2,840      | 495 - 1,168        |
| 2,841 - 4,644      | 1,169 - 2,080      |
| 4,645 - 9,321      | 2,081 - 3,986      |

## Notes:

Food deserts are defined as urban neighborhoods and rural towns without ready access to fresh, healthy, and affordable food.

Rural Food Desert: the number of people within a 10-mile marker that have low access.

Urban Food Desert: the number of people within a 1-mile marker that have low access.

Population data are reported at the block level from the 2010 Census of Population and Housing.

Year of data used: 2015.

## Data Sources:

Food Access Research Atlas  
Economic Research Service  
United States Department of Agriculture

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 01.25.2017



**Disclaimer:** This map is a compilation of records, information and data from various city, county and state offices and other sources, affecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.

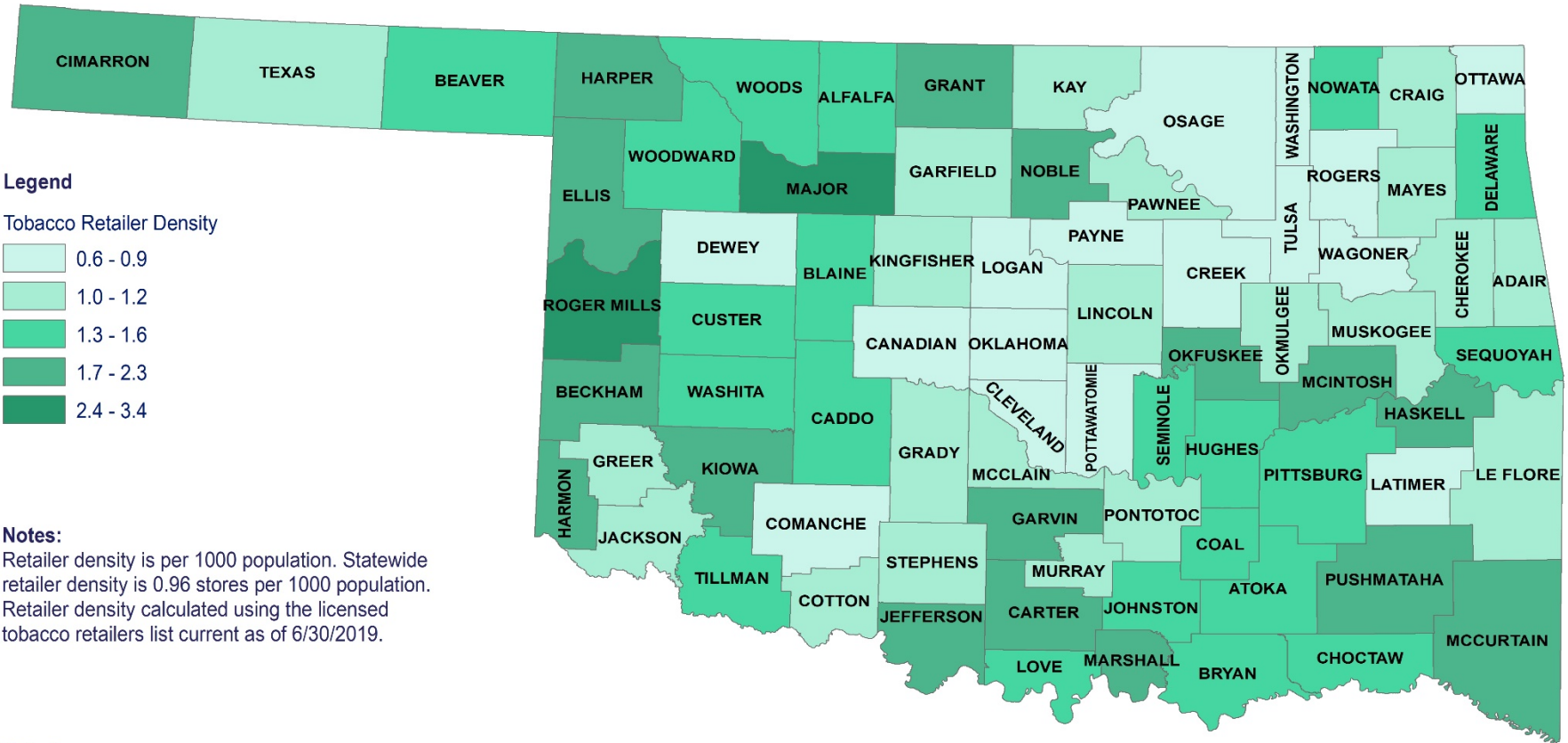


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# Tobacco Retailer Density

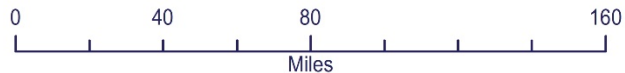


**Data Source:**

Eligible Retailer List, Oklahoma Department of Mental Health and Substance Abuse Services.

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 05.26.2020



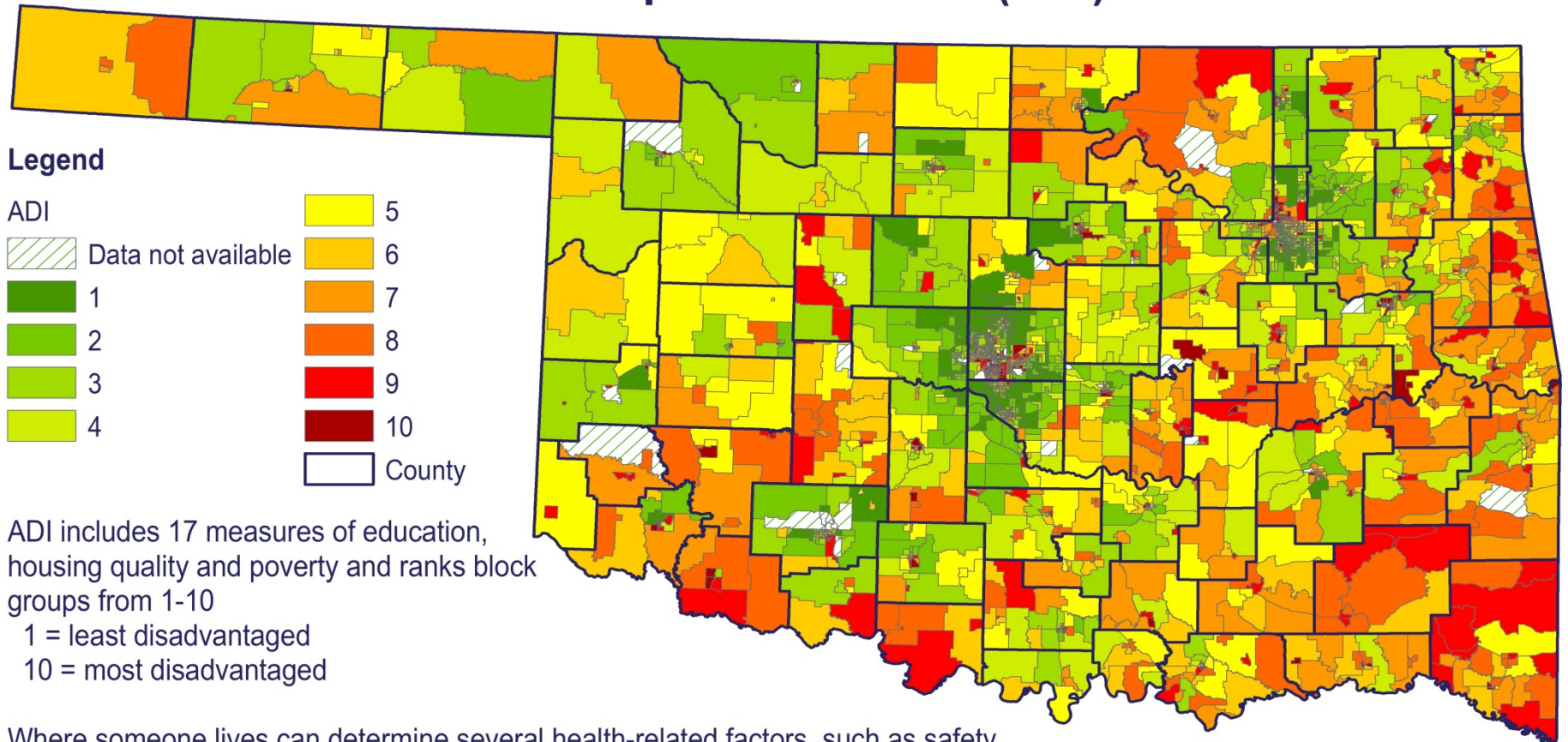
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# Area Deprivation Index (ADI)



Where someone lives can determine several health-related factors, such as safety, stress and access to food. A person's neighborhood can influence many conditions, including cardiovascular disease and diabetes, which are disproportionately more common among racial and ethnic minorities and the socioeconomically disadvantaged.

Socioeconomic disadvantage is one of the fundamental factors that result in health disparities. Seeing a neighborhood's socioeconomic measures, such as income, education, employment and housing quality, may provide clues to the effects of those factors on overall health, and could inform health resources policy and social interventions.

**Data Source:**

University of Wisconsin School of Medicine and Public Health. 2011-2015 ADI data. Area Deprivation Index. 3/1/2020. Available at: <https://www.neighborhoodatlas.medicine.wisc.edu/>

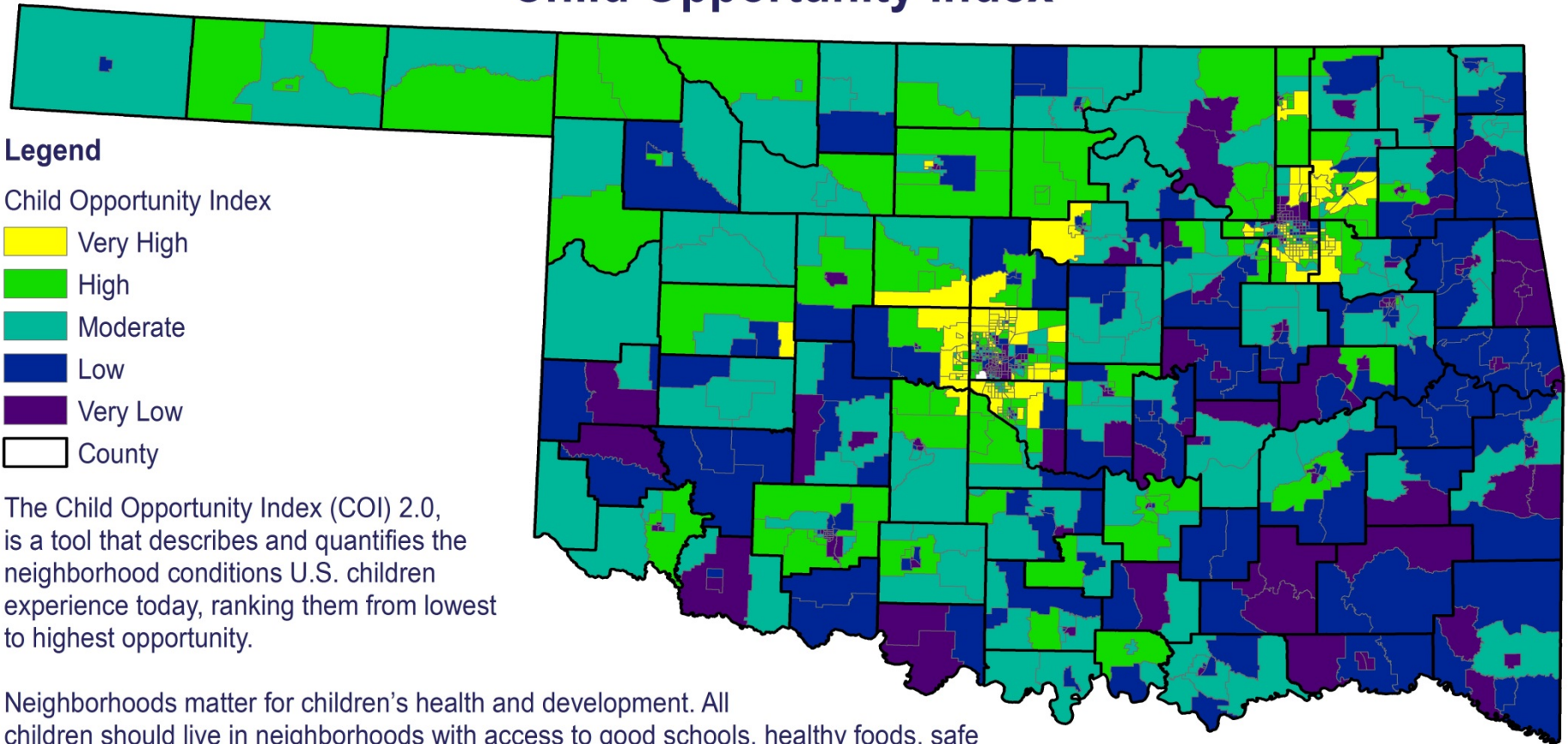


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# Child Opportunity Index



## Legend

Child Opportunity Index

-  Very High
-  High
-  Moderate
-  Low
-  Very Low
-  County

The Child Opportunity Index (COI) 2.0, is a tool that describes and quantifies the neighborhood conditions U.S. children experience today, ranking them from lowest to highest opportunity.

Neighborhoods matter for children's health and development. All children should live in neighborhoods with access to good schools, healthy foods, safe parks and playgrounds, clean air, safe housing and living-wage jobs for the adults in their lives. However, far too many children, in particular, African American, Hispanic and Native American children live in neighborhoods that lack these conditions.

The COI measures neighborhood opportunity along three domains that matter for children: 1. Education, 2. Health and Environmental, and 3. Social and Economic. The COI ranks neighborhood opportunity based on 29 common conditions within these domains. Each neighborhood receives a Child Opportunity Score and is assigned to an opportunity level: very low, low, moderate, high, or very high opportunity.

## Data Source:

The COI 2.0 is funded by the Robert Wood Johnson Foundation and the W.K. Kellogg Foundation. 3/1/2020.

DiversityDataKids.org Available at:  
<http://diversitydatakids.org/child-opportunity-index>

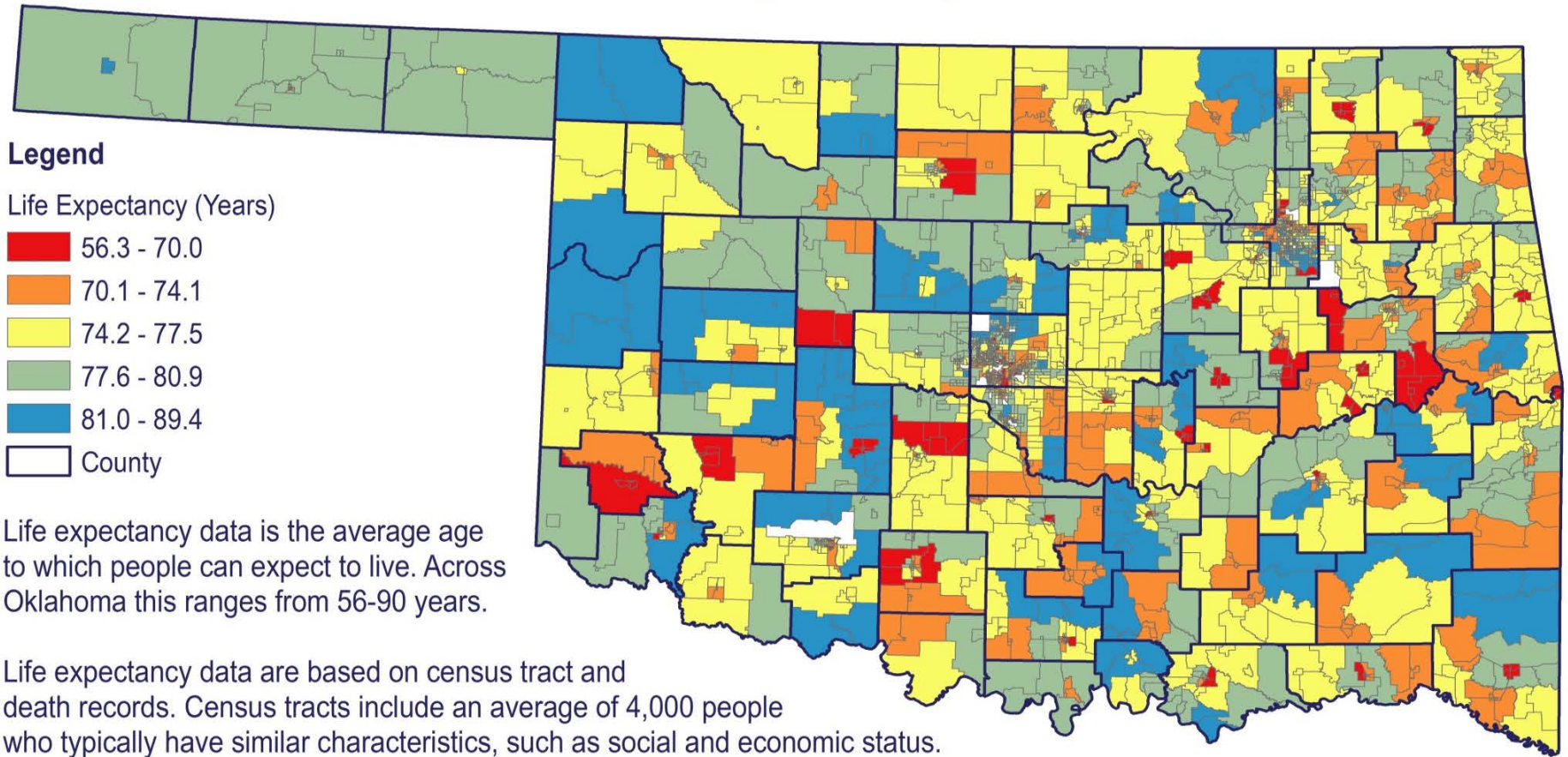


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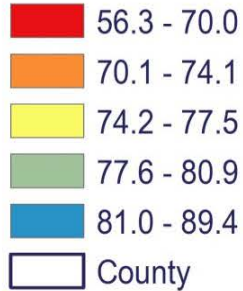


# Life Expectancy



## Legend

Life Expectancy (Years)



Life expectancy data is the average age to which people can expect to live. Across Oklahoma this ranges from 56-90 years.

Life expectancy data are based on census tract and death records. Census tracts include an average of 4,000 people who typically have similar characteristics, such as social and economic status.

Use this data to:

- decide which neighborhoods most need investment dollars to fund health clinics, schools, preschools, community centers, and other projects that can help improve health
- better understand disparities and make important decisions about public transportation and grocery stores, requirements for physical activity and healthy foods in schools, community safety, access to health care, and much more
- guide conversations about what might be causing life expectancy disparities

## Data Source:

United States Small-Area Life Expectancy Project (USALEEP), National Center for Health Statistics, National Association for Public Health Statistics and Information Systems. Available at: <https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html>



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# Carter County



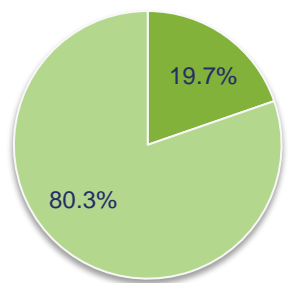


# CARTER

Population – 48,177

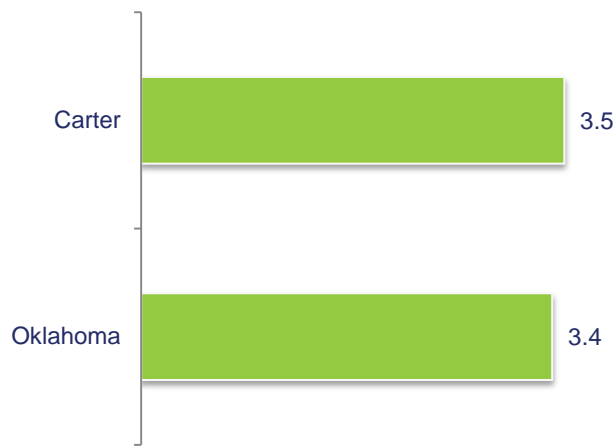
## Insurance Coverage

■ Uninsured ■ Insured

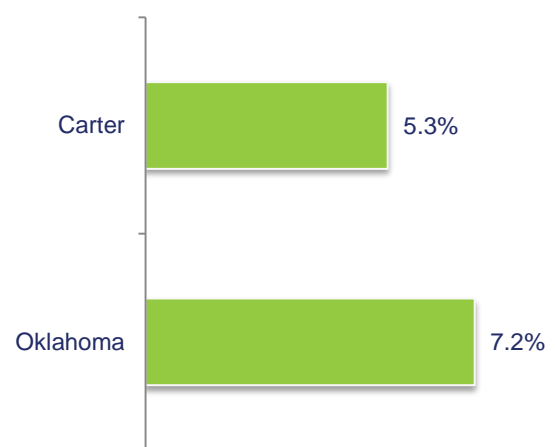


Oklahoma Uninsured – 16.6%

## Unemployment Rate (2014-2016)

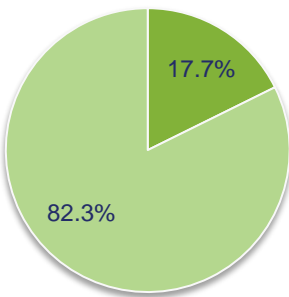


## High School Dropouts: Class of '16



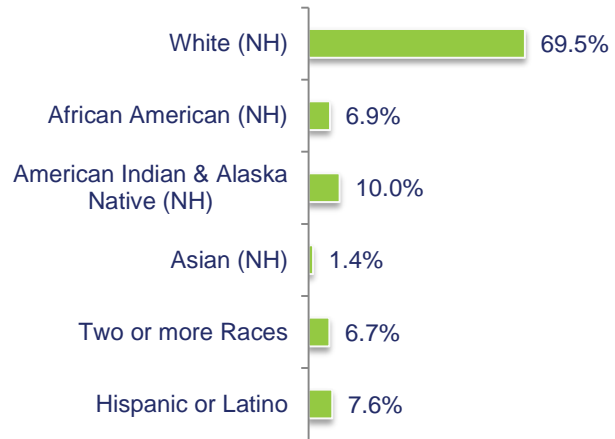
## Poverty

■ Below Poverty ■ Above Poverty

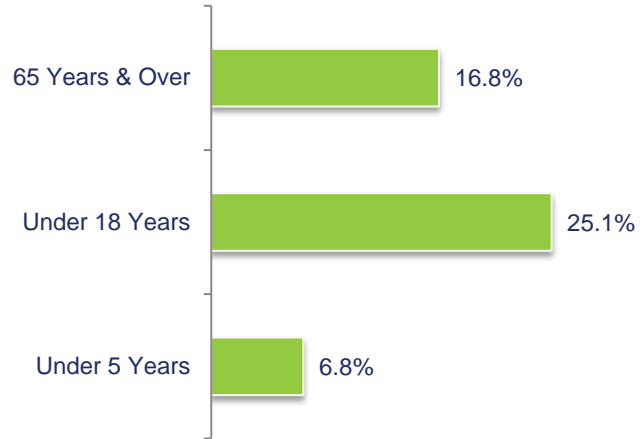


Oklahoma Poverty – 15.6%

## Race



## Age Groups



### Sources

1. United States Census Bureau, State and County Quick Facts, 2019. 2. Unemployment rate data based on U.S. Bureau of Labor Statistics, 2018. 3. High School Dropouts data provided by the Office of Accountability using data from the Oklahoma State Department of Education.



Food Access

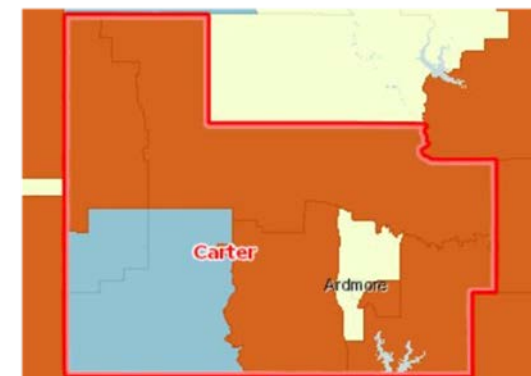
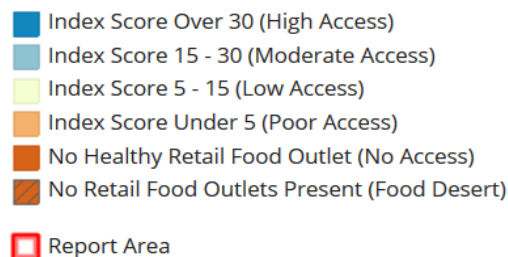
|   |       |  |       |
|---|-------|--|-------|
| Grocery Stores, 2017 (rate per 100,000 population)          | 18.9  |  | 16.6  |
| Low Access to Grocery Stores, 2018                          | 10.0% |  | 27.8% |
| Overall Food Insecurity Rate, 2018                          | 15.4% |  | 15.1% |
| Child Food Insecurity Rate, 2018                            | 22.3% |  | 21.8% |
| Food Desert Prevalence, 2015                                | 46.4% |  | 47.8% |
| Low Income Population with Low Food Access Prevalence, 2015 | 19.7% |  | 25.1% |

Establishments

|   |    |   |
|---|----|---|
| SNAP (Supplemental Nutrition Assistance Program)-Authorized Retailers, 2020 | 63 | Note: Refer to Wellness County Profiles appendix for WIC and SNAP retailer locations in your county |
| WIC (Women, Infants & Children)-Authorized Food Store, 2020                 | 7  |   |

Modified Retail Food Environmental Index (percent of population)

|  |       |
|--|-------|
| High Healthy Food Access (High Access)         | 0.0%  |
| Moderate Healthy Food Access (Moderate Access) | 27.2% |
| Low Healthy Food Access (Low Access)           | 24.8% |
| No Healthy Food Outlet (Poor Access)           | 48.0% |
| No Food Outlet (No Access)                     | 0.0%  |



Sources

1. Grocery Stores: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2017. Source geography: ZCTA. 2. Low Access to Grocery Stores: U.S. Department of Agriculture, USDA Food Environment Atlas (2018). 3. Overall and Child Food Insecurity: Gundersen, C., A. Dewey, M. Kato, A. Crumbaugh & M. Strayer. Map the Meal Gap 2020: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2018. Feeding America, 2020. 4. Food Desert and Access: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015. 5. SNAP: Oklahoma Department of Human Services, Supplemental Nutrition Assistance Program, 2020. 6. WIC: Oklahoma State Department of Health, WIC Vendor Management, 2020. 7. MFREI: Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity. 2011. Source geography: Tract



| Tobacco   |       |       |       |       |       |       |  |  |       |
|---|-------|-------|-------|-------|-------|-------|--|--|-------|
| Smoking Prevalence  | 31.3% | 27.6% | 27.5% | 24.3% | 24.8% | 20.7% |  |  | 19.7% |
| COPD* / Emphysema / Chronic Bronchitis Prevalence           | 9.7%  | 9.2%  | 10.1% | 10.1% | 11.4% | 11.8% |  |  | 8.6%  |
| Obesity   |       |       |       |       |       |       |  |  |       |
| Obesity Prevalence  | 35.8% | 35.4% | 38.3% | 37.5% | 40.6% | 39.0% |  |  | 34.8% |
| Physical Activity (PA) Prevalence (any/last 30 days)        | 69.3% | 72.6% | 67.4% | 70.8% | 64.4% | 67.0% |  |  | 72.8% |
| Aerobic PA (150 mins/week)                                  | 36.9% | 36.9% | 40.3% | 40.3% | 36.4% | 36.4% |  |  | 42.5% |
| Minimal Vegetable Consumption Prevalence^                   | 26.3% | 26.3% | 26.9% | 26.9% | 20.3% | 20.3% |  |  | 17.1% |
| Minimal Fruit Consumption Prevalence^                       | 46.6% | 46.6% | 48.9% | 48.9% | 41.7% | 41.7% |  |  | 45.8% |
| Diabetes Prevalence   | 10.4% | 11.2% | 10.5% | 11.3% | 12.0% | 12.8% |  |  | 12.5% |
| Hypertension Prevalence                                     | 39.3% | 39.3% | 37.6% | 37.6% | 39.9% | 39.9% |  |  | 37.7% |
| Mortality   |       |       |       |       |       |       |  |  |       |
| Cardiovascular Disease Age-Adjusted Death Rate <sup>¶</sup> | 370.7 | 319.5 | 365.0 | 333.1 | 301.5 | 281.2 |  |  | 285.7 |
| Cancer Age-Adjusted Death Rate <sup>¶</sup>                 | 220.9 | 174.7 | 196.0 | 183.8 | 199.2 | 200.7 |  |  | 178.1 |

**Notes**

\*Chronic Obstructive Pulmonary Disease  
 ^Consumed < 1 serving of vegetable/fruit per day  
<sup>¶</sup>Age-adjusted rates based on 2000 US population standard. All rates are deaths per 100,000 population.  
<sup>§</sup>Status compares county's 2017-18 to Oklahoma 2017-18.  
 Vegetable, Fruit and Hypertension data are only available for odd years; data is carried to even years as placeholders.

**Legend**

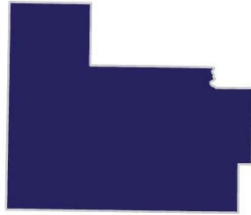
- Better than state outcome
- ± 0.5 from state outcome
- Worse than state outcome

**Sources**

- Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Behavioral Risk Factor Surveillance System, 2013-2018.
- Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics (OK2SHARE), 2013-2018.



# 3-4-60 in Carter



## 3 BEHAVIORS



Tobacco Use



Poor Diet



Sedentary Lifestyle

## 4 CHRONIC CONDITIONS



Cardiovascular Disease



Cancer



Diabetes

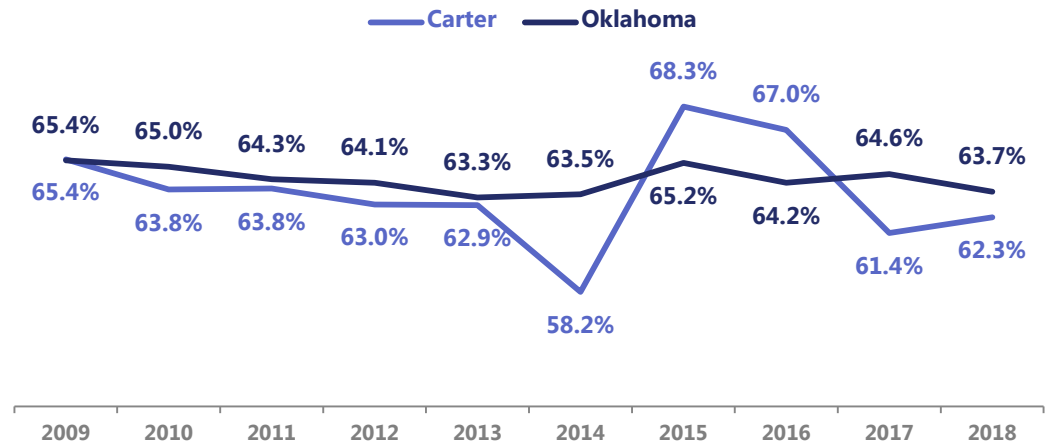


Lung Disease

## 60% OF DEATHS

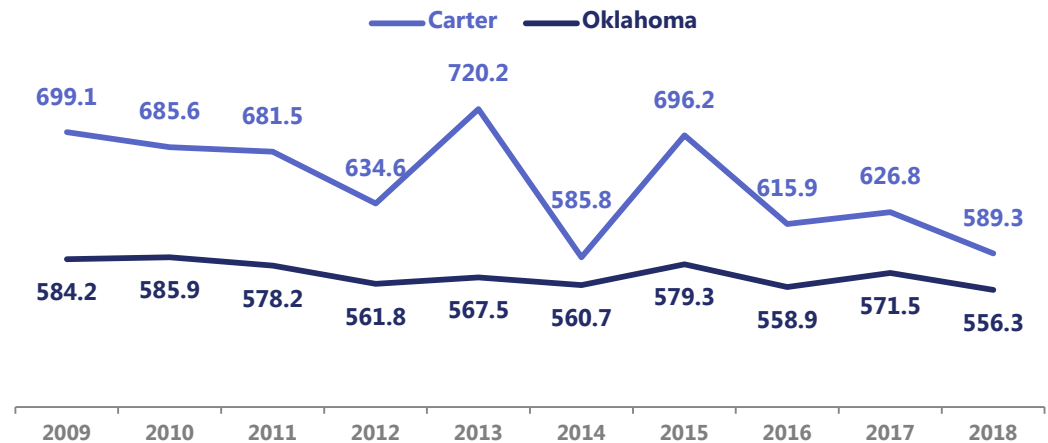
Three unhealthy behaviors influence four chronic diseases that account for more than **60** percent of all deaths in **Carter** county and for more than **60** percent of all deaths in **Oklahoma**.

## 3-4-60 DEATH PERCENTAGES\*



\*3-4-60 deaths as a percentage of all causes of death. Deaths include cardiovascular disease, cancer, diabetes, and lung disease. Source: Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics (OK2SHARE), 2009-2018.

## 3-4-60 DEATH RATES\*



\*Age-adjusted rates per 100,000 population. Deaths include cardiovascular disease, cancer, diabetes, and lung disease. Source: Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics (OK2SHARE), 2009-2018.



# Area Deprivation Index (ADI)

## Carter County

ADI includes 17 measures of education, housing quality and poverty and ranks block groups from 1-10

- 1 = least disadvantaged
- 10 = most disadvantaged

Where someone lives can determine several health-related factors, such as safety, stress and access to food. A person's neighborhood can influence many conditions, including cardiovascular disease and diabetes, which are disproportionately more common among racial and ethnic minorities and the socioeconomically disadvantaged.

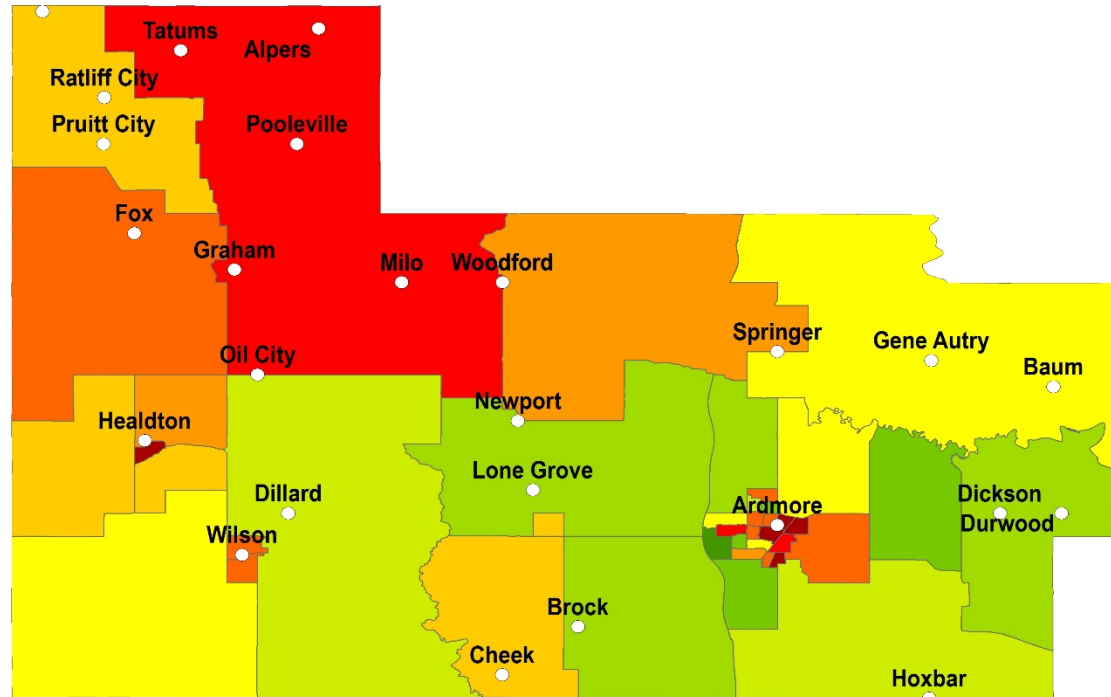
Socioeconomic disadvantage is one of the fundamental factors that result in health disparities. Seeing a neighborhood's socioeconomic measures, such as income, education, employment and housing quality, may provide clues to the effects of those factors on overall health, and could inform health resources policy and social interventions.

### Data Source:

University of Wisconsin School of Medicine and Public Health, 2011-2015 ADI. Area Deprivation Index. 3/1/2020. Available at: <https://www.neighborhoodatlas.medicine.wisc.edu/>



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### Legend





# Child Opportunity Index

## Carter County

The Child Opportunity Index (COI) 2.0, is a tool that describes and quantifies the neighborhood conditions U.S. children experience today, ranking them from lowest to highest opportunity.

Neighborhoods matter for children's health and development. All children should live in neighborhoods with access to good schools, healthy foods, safe parks and playgrounds, clean air, safe housing and living-wage jobs for the adults in their lives. However, far too many children, in particular, African American, Hispanic and Native American children live in neighborhoods that lack these conditions.

The COI measures neighborhood opportunity along three domains that matter for children: 1. Education, 2. Health and Environmental, and 3. Social and Economic. The COI ranks neighborhood opportunity based on 29 common conditions within these domains. Each neighborhood receives a Child Opportunity Score and is assigned to an opportunity level: very low, low, moderate, high, or very high opportunity.

### Data Source:

The COI 2.0 is funded by the Robert Wood Johnson Foundation and the W.K. Kellogg Foundation. 3/1/2020.  
DiversityDataKids.org available at: <http://diversitydatakids.org/child-opportunity-index>

### Legend

Child Opportunity Index

Very High

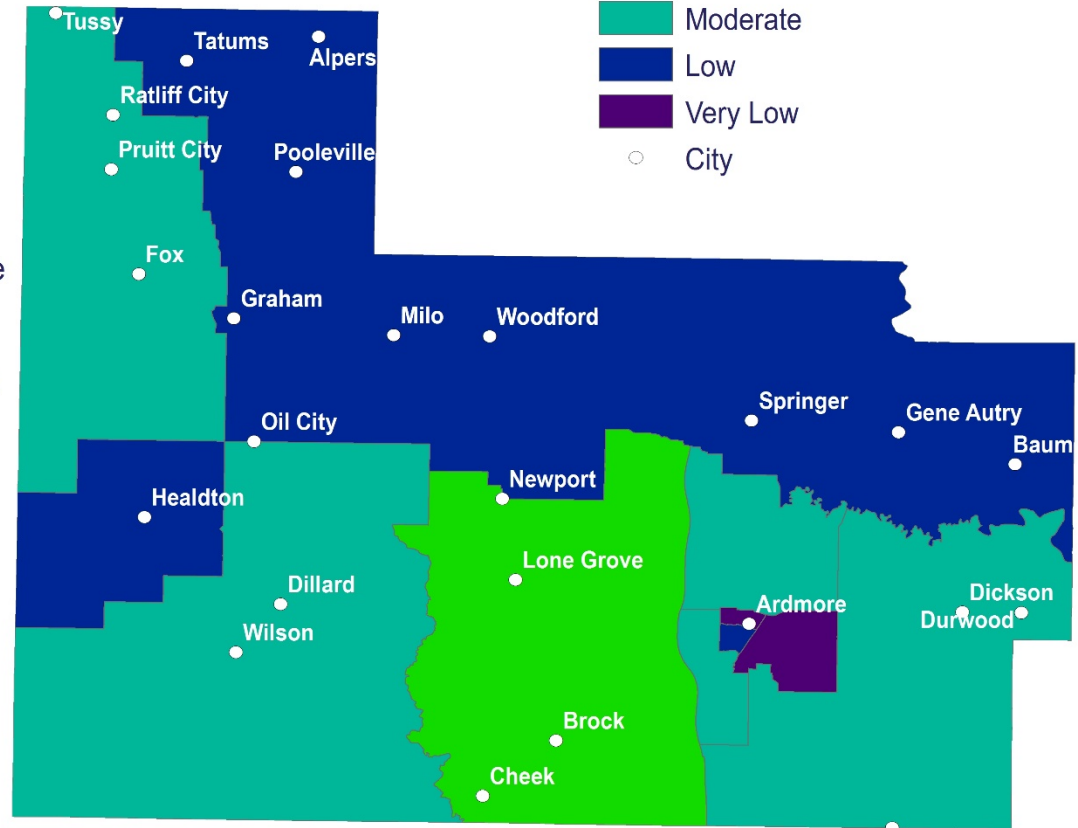
High

Moderate

Low

Very Low

City



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# Life Expectancy

## Carter County

Life expectancy data is the average age to which people can expect to live. Across Oklahoma this ranges from 56-90 years.

Life expectancy data are based on census tract and death records. Census tracts include an average of 4,000 people who typically have similar characteristics, such as social and economic status.

Use this data to:

- decide which neighborhoods most need investment dollars to fund health clinics, schools, preschools, community centers, and other projects that can help improve health
- better understand disparities and make important decisions about public transportation and grocery stores, requirements for physical activity and healthy foods in schools, community safety, access to health care, and much more
- guide conversations about what might be causing life expectancy disparities

### Data Source:

United States Small-Area Life Expectancy Project (USALEEP), National Center for Health Statistics, National Association for Public Health Statistics and Information Systems. Available at: <https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html>



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### Legend

Life Expectancy (Years)

66.1 - 68.5

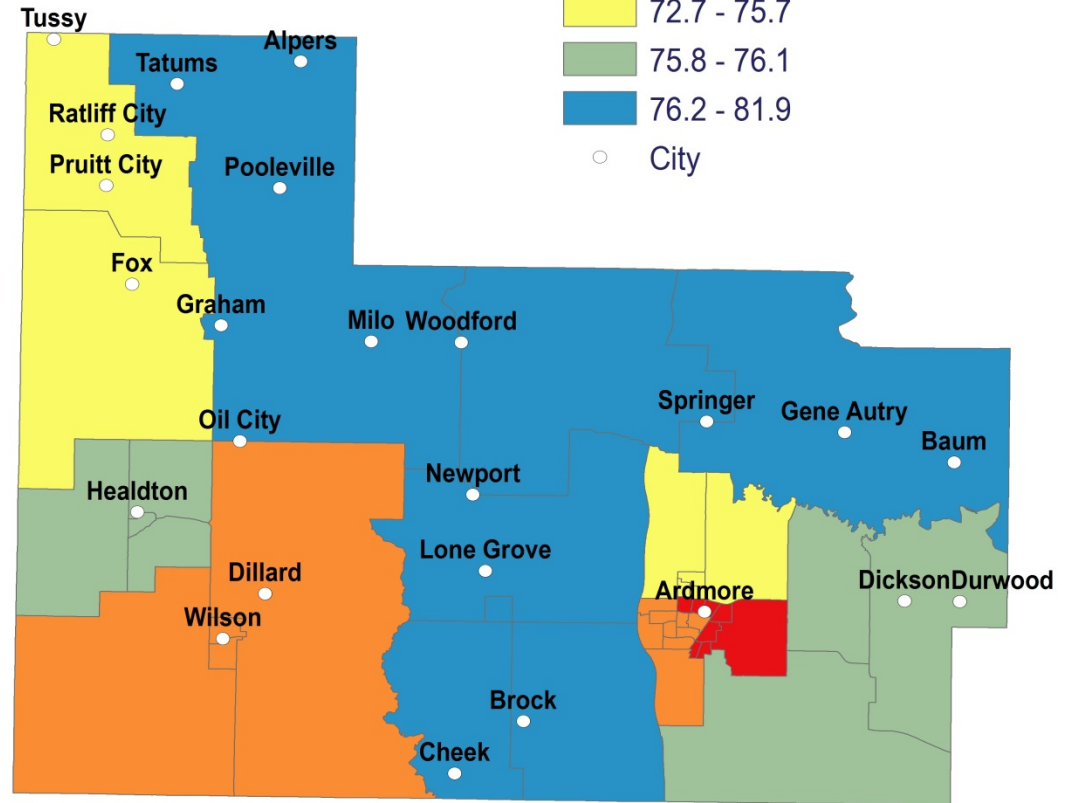
68.6 - 72.6

72.7 - 75.7

75.8 - 76.1

76.2 - 81.9

○ City



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