

Chapter 5 Mortality Rates



VARIABLES

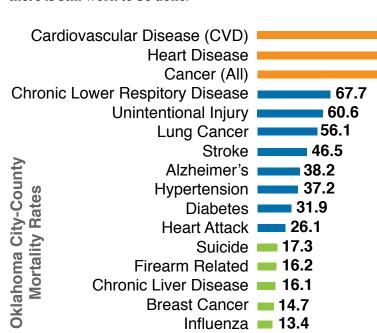
| Analysis | Data Source | |
|---|---|--|
| 1. Age-adjusted Cardiovascular Disease Mortality Rate | ^ | |
| 2. Age-adjusted Stroke Mortality Rate | | |
| 3. Age-adjusted Heart Attack Mortality Rate | | |
| 4. Age-adjusted Diabetes Mortality Rate | | |
| 4. Age-adjusted Hypertension Mortality Rate | | |
| 5. Age-adjusted Chronic Lower Respiratory Disease Mortality Rate | Oklahoma State | |
| 6. Age-adjusted Chronic Liver Disease Mortality Rate | Department of Health Vital Statistics Death Records 2013-2015 | |
| 7. Age-adjusted Cancer Mortality Rate | | |
| 8. Age-adjusted Breast Cancer Mortality Rate | | |
| 9. Age-adjusted Lung Cancer Mortality Rate | | |
| 10. Age-adjusted Prostate Cancer Mortality Rate | | |
| 11. Age-adjusted Alzheimer's Mortality Rate | | |
| 12. Age-adjusted Influenza and Pneumonia Mortality Rate | | |
| 13. Age-adjusted Unintentional Injury Mortality Rate | + | |

ALL CAUSE MORTALITY

All Cause Mortality is the total number of deaths that occurred in Oklahoma County between 2013-2015. This information highlights the overall burden of disease within the community. Mortality rates were age adjusted using the 2000 U.S. Census standard population. The overall mortality rate for Oklahoma County from 2013-2015 was 953.1 deaths per 100,000 people. The zip codes with the highest rates were 73149, 73179, 73141, 73151 and 73007

Why is it important?

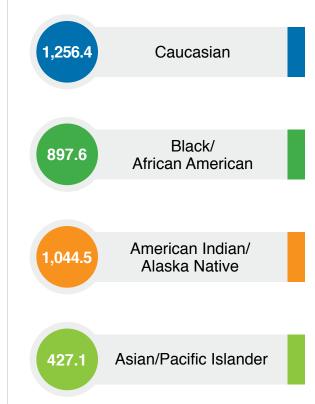
Chronic Disease Mortality demonstrates the burden of chronic disease within our community. This provides a baseline measurement for improving health outcomes and supports providers in making informed decisions for the development of general health and well-being programs, services and policies. The 10 leading causes of death in 2015 in the United States were heart disease, cancer, chronic lower respiratory diseases, unintentional injuries (accidents), stroke, Alzheimer's disease, diabetes, influenza, pneumonia, kidney disease and suicide. These 10 causes accounted for more than 74 percent of all deaths in the United States. The measure of overall mortality helps to provide the context for health and well-being of the individual, the family and the community. This statistic can support the local public health system to mobilize and advocate for general health improvement policies, programs, and services, and serve as a reminder that there is still work to be done.



Homocide **8.5**

Prostate Cancer **8.4**

Age-Adjusted All Cause Mortality Rates by Race Oklahoma City-County



How are we doing?

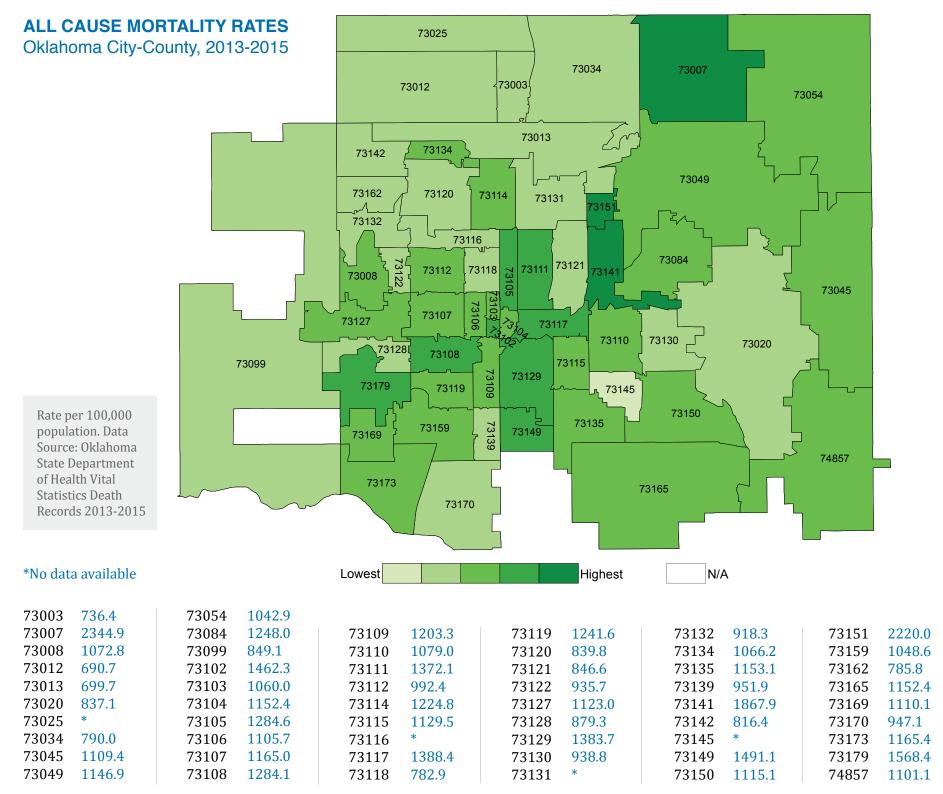
194.6

The age-adjusted death rate in the United States increased 1.2 percent from 2014 to 2015. The age-adjusted rate was 733.1 deaths per 100,000 population (NCHS Data Brief). The overall mortality rate for Oklahoma City-County from 2013-2015 was 953.1 deaths per 100,000 people. This is higher than the national rate of 733.1 and the state rate of 900 deaths per 100,000. Mortality rates were highest among whites and males. Non-Hispanics had a higher mortality rate than Hispanics. The zip codes with the highest rates were 73149, 73179, 73141, 73151 and 73007.

289.7

226.5

Data Source: Oklahoma State Department of Health Vital Statistics Death Records 2013-2015; Jiaquan Xu, et al. "Mortality in the United States, 2015". NCHS Data Brief, No. 267, December 2016.



CARDIOVASCULAR DISEASE MORTALITY

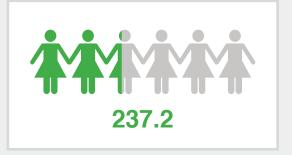
Cardiovascular disease (CVD) impacts the heart and blood vessels and includes multiple condition - some directly related to plaque buildup in the arteries. CVD is the leading cause of death in the United States for both men and women, and the leading cause of death in Oklahoma City-County. Types of cardiovascular disease include heart attack, hypertension, heart disease, stroke, heart valve problems, abnormal rhythm of the heart (arrhythmia) and diabetes. This indicator characterizes the number of deaths from cardiovascular disease per 100,000 population during 2013-2015. The rates were age adjusted to account for differences in age distributions among our community.

Why is it important?

The risk for developing cardiovascular disease increases with a variety of unhealthy lifestyle and behavioral factors. Major risk factors include smoking, physical inactivity, diabetes, high cholesterol and hypertension - all of which can be modified. High rates may indicate areas for diet, smoking or physical activity for interventions, or areas with low access to regular medical care or healthy foods. The local public health system should focus on developing or advocating for programs, services, and policies that coordinate care and resources to improve community awareness and education.

Age Adjusted CVD Mortality Rates by Gender Oklahoma City-County





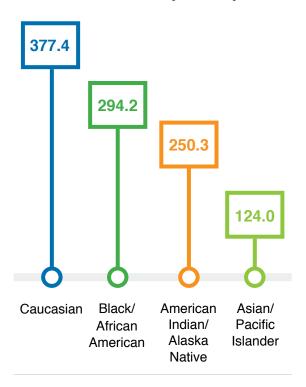
Age-Adjusted Heart Disease Mortality Rate Comparison







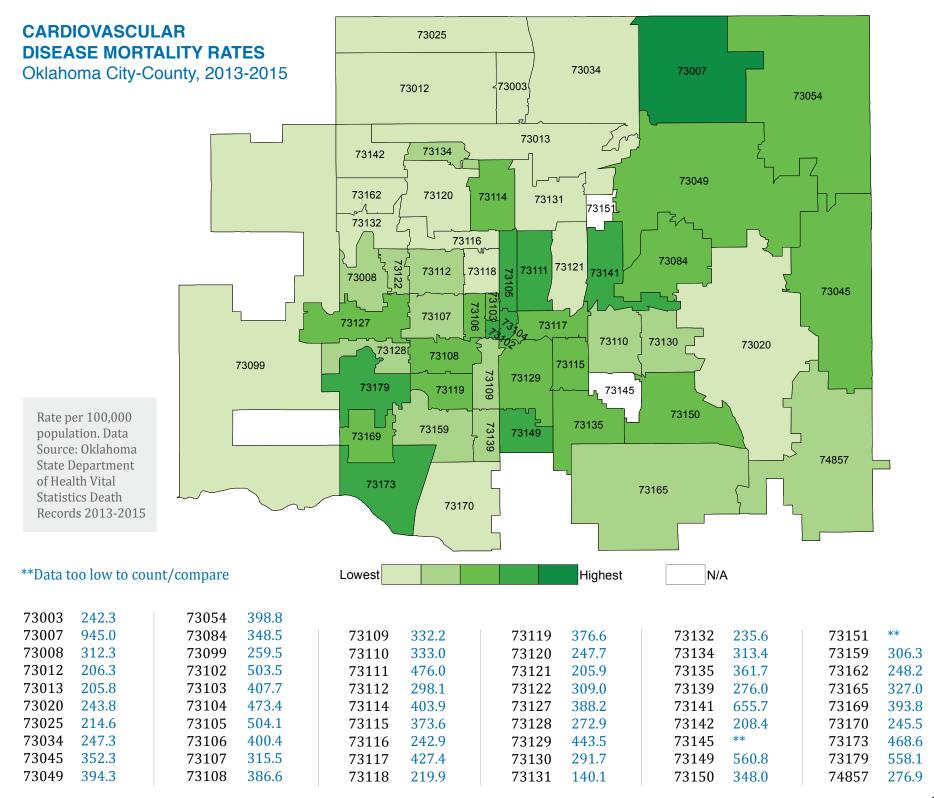
Age-Adjusted CVD Mortality Rates by Race Oklahoma City-County



How are we doing?

The Oklahoma-City County mortality rate was 289.7 deaths per 100,000, making cardiovascular disease the leading cause of death in Oklahoma City-County. The heart disease mortality rate in Oklahoma County was 226.5 deaths per 100,000. CVD and heart disease mortality rates were higher than the national and state rates. Mortality rates were highest among whites. Males had higher rates than females.

Data Source: Oklahoma State Department of Health Vital Statistics Death Records 2013-2015; National Center for Health Statistics, Centers for Disease Control and Prevention (NVSS)



STROKE MORTALITY

Stroke is the fifth leading cause of death in the United States accounting for 1 out of every 20 deaths (American Stroke Association). This indicator is presented as the number of deaths due to Cerebrovascular Disease (stroke) per 100,000 population over the years 2013-2015. The rates were age-adjusted to account for differences in age distributions among our community. The mortality rate for stroke in Oklahoma City-County was 46.5 deaths per 100,000 population.

Why is it important?

Stroke is a rapid loss of brain function due to disturbances in the blood supply of the brain. Approximately 130,000 people in the United States die from a stroke and approximately 795,000 people have a stroke event every year (American Stroke Association). Strokes are a leading cause of serious long-term disability. The most powerful modifiable risk factor for stroke is hypertension or high blood pressure. Smoking, high cholesterol and obesity are also major risk factors - all of which can be modified through lifestyle changes. The local public health system should align policies and practices in an effort to improve access to care and recognition of the early signs of stroke. Public health education, outreach and awareness provides the community tools for recognizing stroke and reducing the burden of stroke.

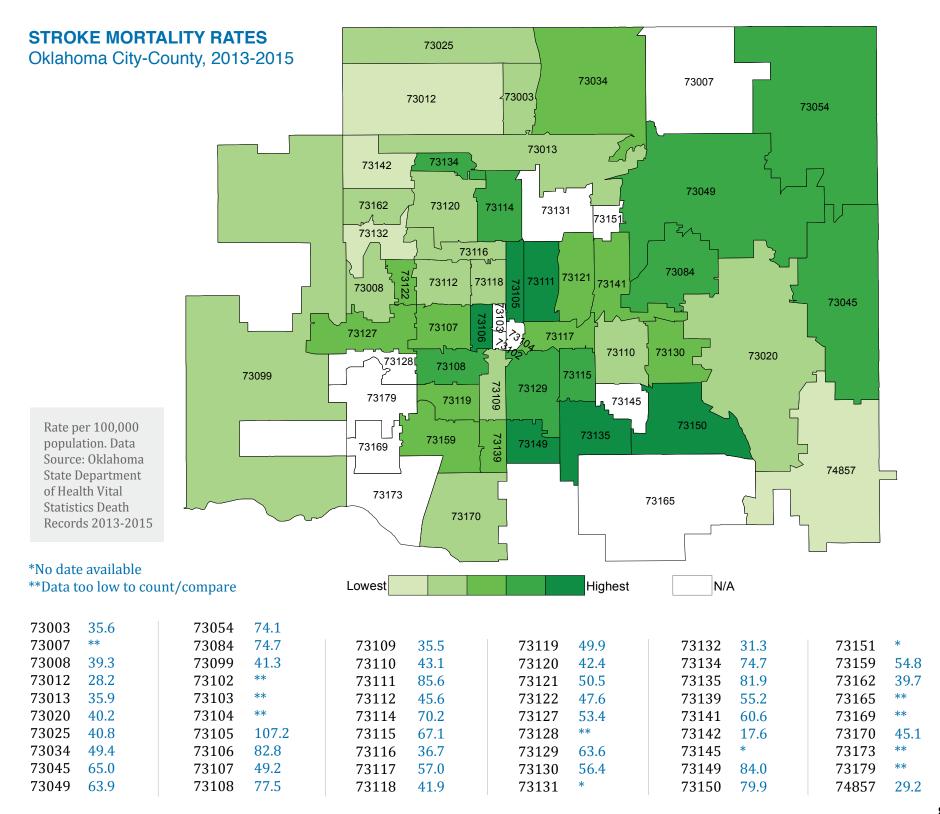
How are we doing?

The mortality rate for the Oklahoma City-County for stroke was 46.5 deaths per 100,000 population over the years 2013-2015. This was slightly lower than the Oklahoma rate of 50 (2014) but higher than the United States rate of 36.5 deaths per 100,000 population. Females had slightly higher mortality rates compared to males at 46.3 and 44.3 deaths per 100,000, respectively. Zip codes with the highest stroke mortality rates were 73105, 73111, 73149, 73106 and 73135.

Data Source: Oklahoma State Department of Health Vital Statistics Death Records 2013-2015 and Centers for Disease Control and Prevention

Mortality Rates by Race Oklahoma City-County 58.2 Caucasian 50.9 Black/African American 34.3 American Indian/Alaska Native 38.6 Asian/Pacific Islander **Mortality Rates by Gender** Oklahoma City-County 46.3 44.3 **Mortality Rate Comparison** Oklahoma Oklahoma United City-County State **States**

Age-Adjusted Stroke



HEART ATTACK MORTALITY

This indicator represents the number of deaths from heart attack per 100,000 population over the years 2013-2015. The rates were age adjusted to account for differences in age distributions among our community. The age-adjusted mortality rate due to heart attack was 26.1 deaths per 100,000 in Oklahoma City-County during 2013-2015.

Age-Adjusted Heart Attack Mortality Rates by Race Oklahoma City-County, 2013-2015















Shante Fenner, BA
Director of
Multicultural
Initiatives,
American Heart
Association

"Having access to the Oklahoma County Wellness Score is critical to the work that we do. It helps us to prioritize what areas we provide services to and defines what type of outreach is needed in particular communities."

Mortality Rates by Gender Oklahoma City-County, 2013-2015



19.7 Female

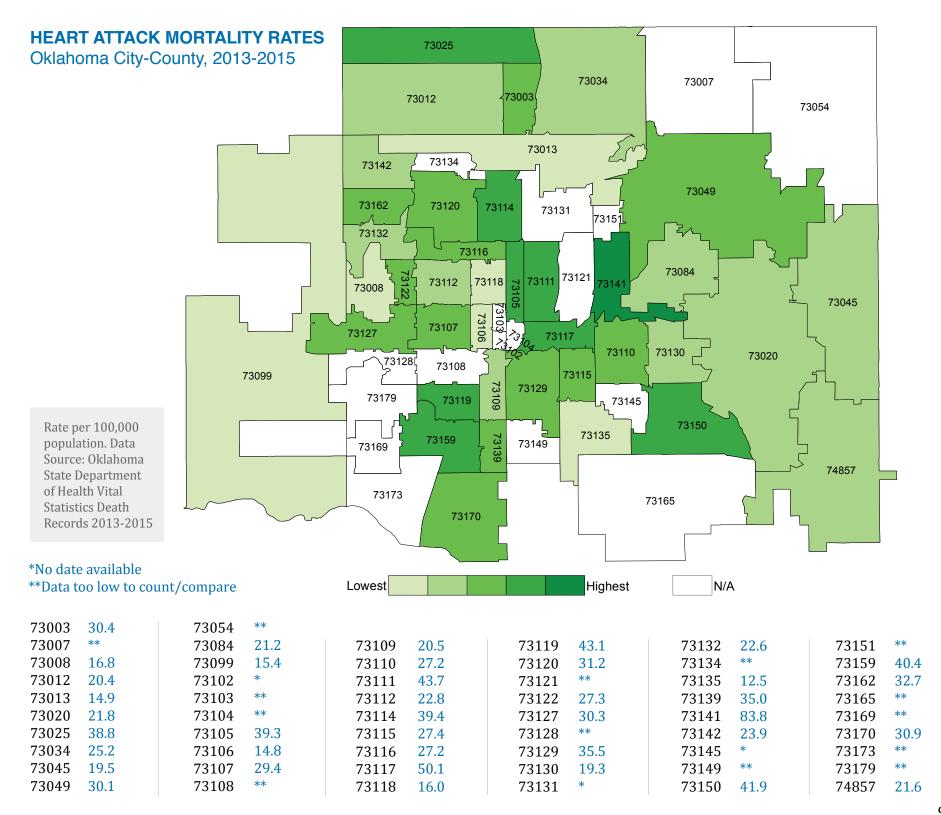
Why is it important?

Preventing heart attack occurrence depends on controlling Cardiovascular Disease and its underlying causes, such as hypertension, obesity and physical inactivity. More than 735,000 people reportedly experience a heart attack every year in the United States, and the Behavioral Risk Factor Survey (BRFSS) resulted in nearly 6 percent of the State reporting previous heart attack diagnosis during the years 2013-2015. The local public health system should align policies and practices with local health and wellness efforts focused on addressing the root cause of heart attack occurrence. Policies, programs, and services that seek to address environmental, social and behavioral norms, combined with physical health and wellness, will have the greatest impact.

How are we doing?

There were 642 deaths due to heart attack in Oklahoma City-County from 2013-2015, and the age-adjusted mortality rate was 26.1 deaths per 100,000. This was lower than the national rate of 31 deaths per 100,000. Mortality rates were highest among white individuals and males. The zip codes with the highest heart attack mortality rates were 73150, 73119, 73111, 73117 and 73141.

Data Source: Oklahoma State Department of Health Vital Statistics Death Records 2013-2015, Oklahoma State Department of Health OK2Share 2013-2015



DIABETES MORTALITY

This indicator signifies the number of deaths from diabetes per 100,000 population over the years 2013-2015. The rates were age adjusted to account for differences in age distributions among our community. The age-adjusted mortality rate due to diabetes was 31.9 deaths per 100,000 in Oklahoma City-County during 2013-2015.

Why is it important?

Diabetes is an increasing cause of death nationally and in Oklahoma City-County. Risk factors for diabetes include physical inactivity and a bad quality diet. Diabetes is a risk factor for other diseases, such as cardiovascular disease. The local public health system can use this data to influence outreach and education efforts around the dangers of uncontrolled diabetes, the need for improved access to nutritious foods, and adequate community infrastructure for physical activity.

How are we doing?

The mortality rate for Oklahoma City-County was 31.9 deaths per 100,000 making diabetes a top 10 cause of death in Oklahoma City-County. This was higher than the national rate of 20.9 deaths per 100,000 and slightly higher than the state rate of 30.4 deaths per 100,000. Mortality rates were highest among American Indian/Alaska Natives and males. Zip codes with the highest diabetes mortality rate were 73141, 73117, 73106, 73111 and 73179.

Data Source: Oklahoma State Department of Health Vital Statistics Death Records 2013-2015 and Centers for Disease Control and Prevention

*It's important to note that zips 73141 and 73179 had at least 5 events due to accidents but the number of deaths attributable to accidents are still very low compared to the other zip codes, so this rate is to be utilized with caution.

Age-Adjusted Diabetes Mortality Rates by Race Oklahoma City-County

| 36.9 | 47.6 | 55.1 | 24.8 |
|-----------|----------|---------------|----------|
| Caucasian | Black/ | American | Asian/ |
| | African | Indian/Alaska | Pacific |
| | American | Native | Islander |

Mortality Rates by Gender Oklahoma City-County





Age-Adjusted Diabetes Mortality Rates Comparison

Oklahoma City-County

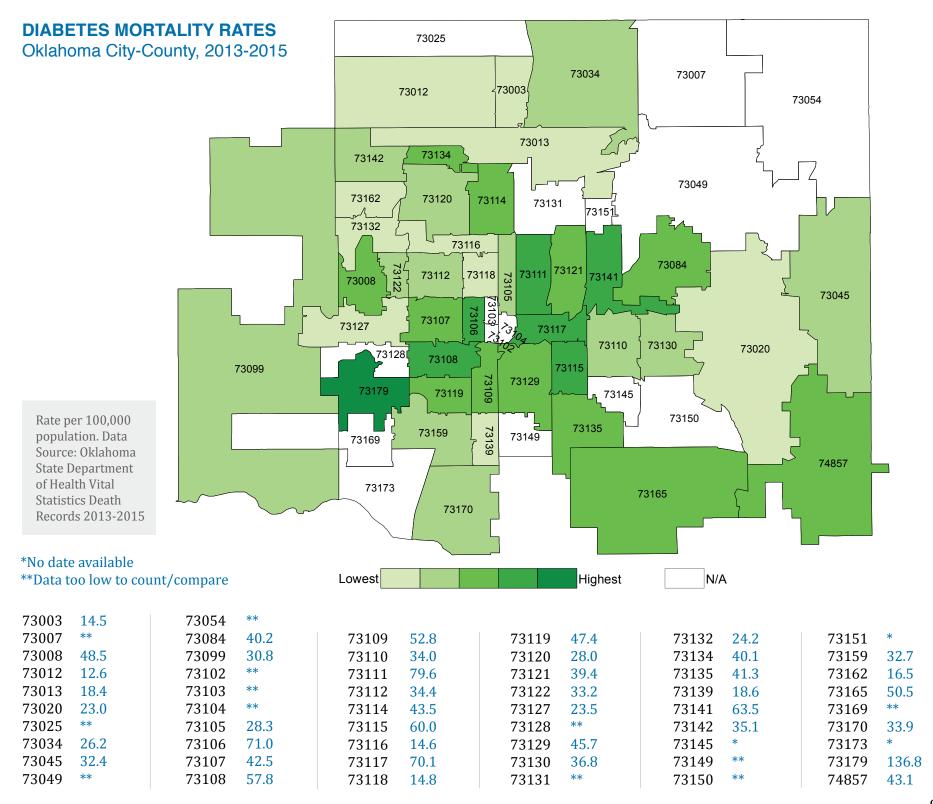
31.9



Oklahoma State

United States

21.3

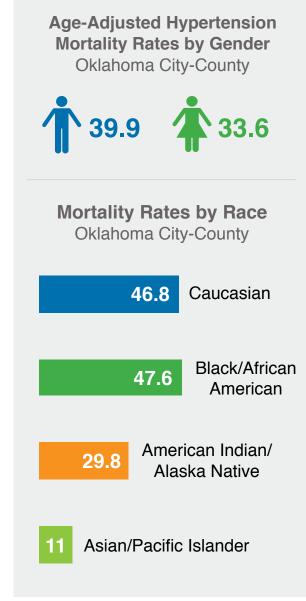


HYPERTENSION MORTALITY

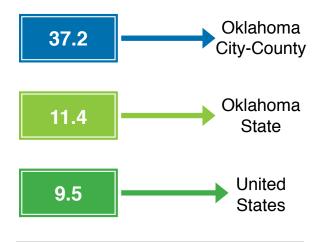
This indicator is presented as the number of deaths from hypertension per 100,000 population over the years 2013-2015. The rates were age adjusted to account for differences in age distributions among our community. The age-adjusted hypertension mortality rate was 37.2 deaths per 100,000 in Oklahoma City-County during 2013-2015. Smaller than 5 percent of the deaths in the city-county were categorized as hypertension, so this rate was created from a small sample size and is to be utilized with caution.

Why is it important?

Hypertension deaths include death due to hypertensive heart disease, hypertensive heart and renal disease, or essential hypertension and hypertensive renal disease. These are preventable and manageable conditions. Prevention strategies include a well-balanced diet, exercise and lowering salt intake. It can be managed by similar means as well as by medication. Death due to hypertension may indicate lack of access to nutritious foods or exercise opportunities, lack of education about personal risk and lack of access to care. The local public health systems should use this data to advocate for programs, policies, and services that can influence a variety of social and underlying risks. Community education and access to services, for example, could greatly impact management of hypertension. Continuing to link issues of access to health disparities will be critical in improving health for the community.



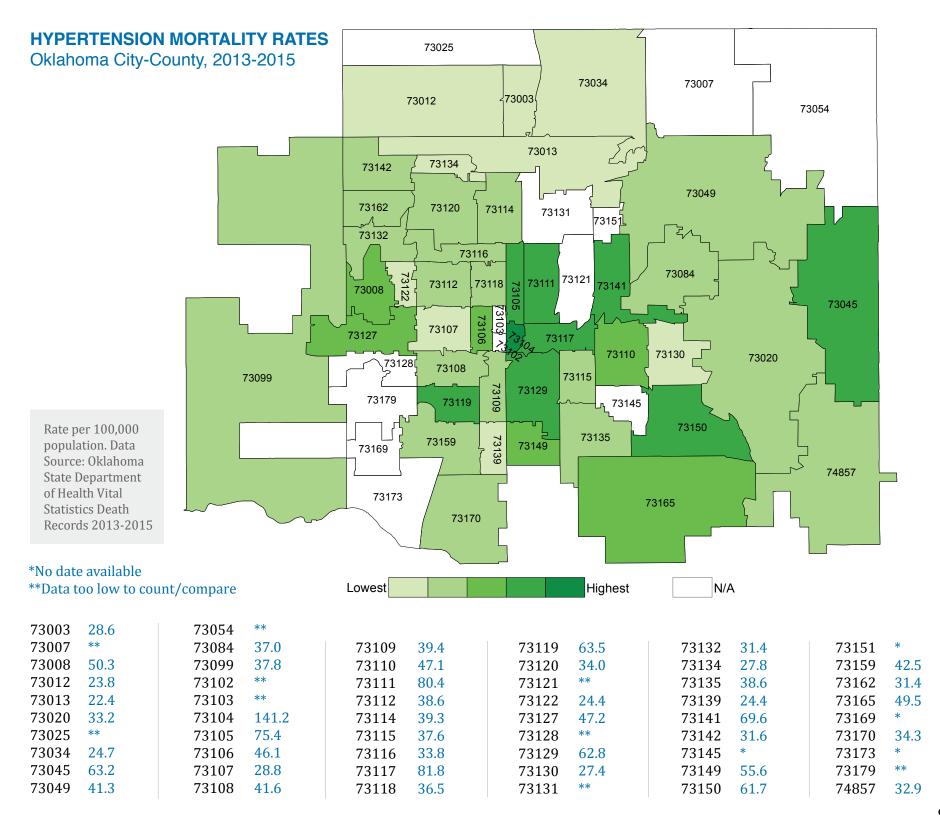
Rate Comparison (per 100,000)



How are we doing?

There were 918 hypertension deaths reported in Oklahoma City-County during 2013-2015. The age-adjusted mortality rate due to hypertension was 37.2 deaths per 100,000 in Oklahoma City-County during 2013-2015. Smaller than 5 percent of the deaths in the city-county were categorized as hypertension, so this rate was created from a small sample size and is to be utilized with caution. The hypertension mortality rate were highest among Black/African Americans and males. The zip codes with the highest rates were 73141, 73105, 73111, 73117 and 73104.

Data Source: Oklahoma State Department of Health Vital Statistics Death Records 2013-2015 and Centers for Disease Control and Prevention



CHRONIC LOWER RESPIRATORY DISEASE MORTALITY

This indicator represents the number of deaths due to chronic lower respiratory disease per 100,000 population over the years 2013-2015. The rates were age adjusted to account for differences in age distributions among our community. The age-adjusted chronic lower respiratory disease death rate in Oklahoma City-County was 67.7 deaths per 100,000 population.

Why is it important?

Chronic lower respiratory disease (CLRD) is another leading cause of mortality in Oklahoma City-County and nationally. It is comprised of a variety of conditions - primarily chronic bronchitis, asthma, and emphysema. Some of these conditions can be prevented by behavioral modification, such as not smoking. Others may be indicative of environmental conditions, such as bad air quality. The local public health system can use this information to inform decisions and policy making for air quality and environmental protection. This data can also be used to develop strategies for improving awareness, providing patient education, and improving standards of care and knowledge around CLRD.

How are we doing?

From 2013-2015, the age-adjusted death rate due to chronic lower respiratory disease in Oklahoma County was 67.7 deaths per 100,000 population. This is higher than the most recent state and national rates of 63.8 and 40.5. There was a total of 1,670 deaths attributable to chronic lower respiratory disease during this time. Rates were highest among whites and males. The zip codes with the highest overall chronic lower respiratory disease death rates were 73129, 73149, 73119, 73106 and 73141.

Data Source: Oklahoma State Department of Health Vital Statistics Death Records 2013-2015 and Centers for Disease Control and Prevention Age-Adjusted CLRD
Mortality Rates by Race
Oklahoma City-County

97.3

Caucasian

35.2

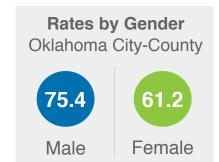
Black/African American

65.6

American Indian/Alaska Native

9.6

Asian/Pacific Islander

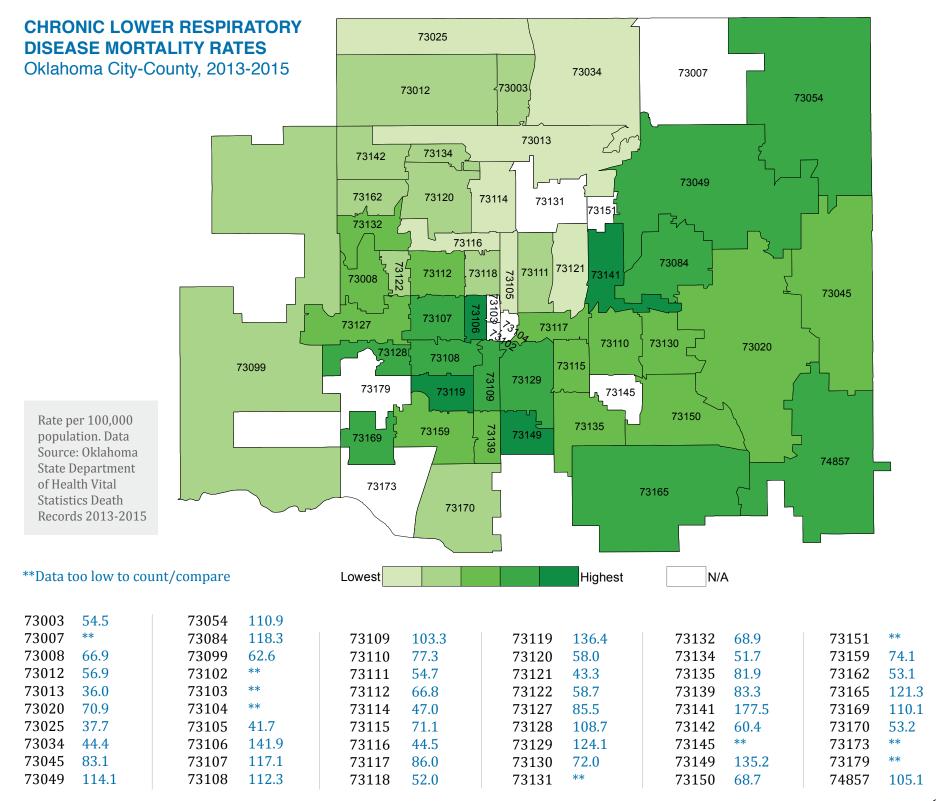


Mortality Rate Comparison

Oklahoma City-County 67.7

Oklahoma State 63.8

United States 41.6



CHRONIC LIVER DISEASE AND CIRRHOSIS MORTALITY

This indicator represents the number of deaths due to either chronic liver disease or cirrhosis per 100,000 population over the years 2013-2015. The rates were age adjusted to account for differences in age distributions among our community.

Why is it important?

Chronic liver disease is categorized by the destruction of liver tissues over time and includes cirrhosis. Cirrhosis is a chronic liver disease in which scar tissue replaces the healthy tissue in the liver, resulting in abnormal liver function. Behaviors such as alcohol abuse, obesity, high cholesterol and high blood pressure can contribute to the development of cirrhosis. The local public health system should focus on developing or advocating for programs, services, and policies that coordinate care and resources to improve community awareness and education.

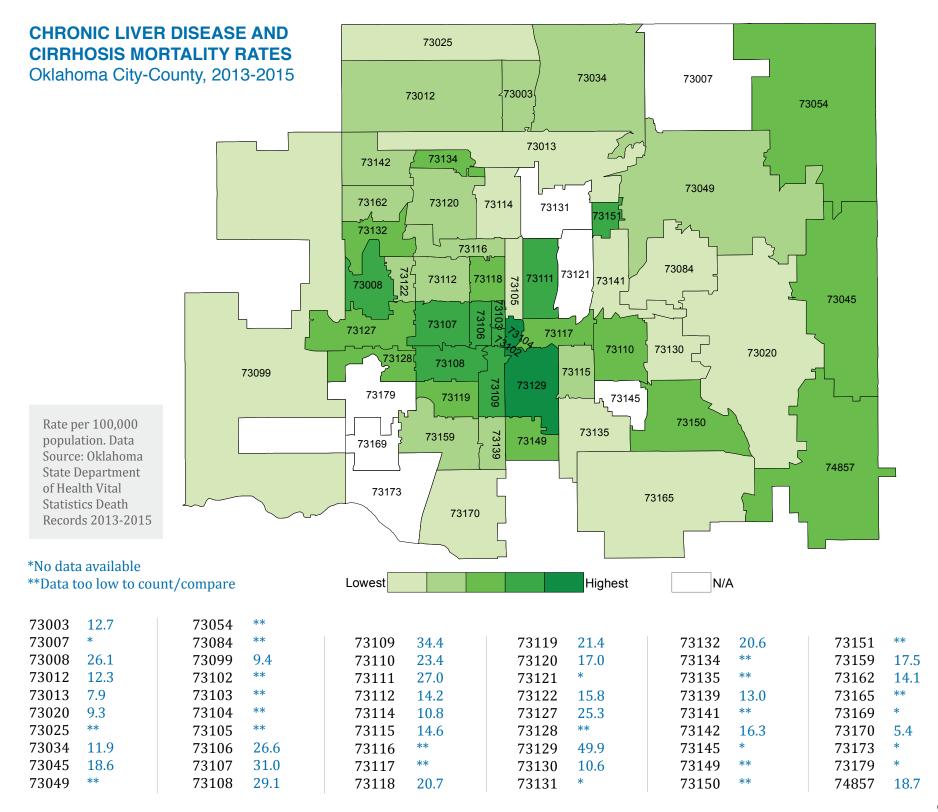
How are we doing?

There were 410 deaths due to chronic liver disease or cirrhosis in Oklahoma City-County during 2013-2016, resulting in an age-adjusted rate of 16.1 deaths per 100,000 population. The zip codes with the highest overall chronic liver disease and cirrhosis death rates were 73104, 73129 and 73109.

Data Source: Oklahoma State Department of Health Vital Statistics Death Records 2013-2015 and Centers for Disease Control and Prevention



| Age-Adjusted Mortality Rate Due | Oklahoma | Oklahoma | United |
|---------------------------------|-------------|----------|--------|
| | City-County | State | States |
| to Liver Disease and Cirrhosis | 16.1 | 13.7 | 10.4 |



CANCER MORTALITY

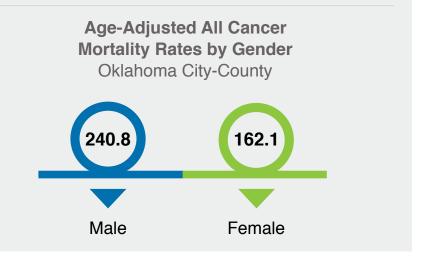
Cancer is a common term used for diseases in which abnormal cells uncontrollably divide and may invade other tissues resulting in more than 100 different types of diagnoses. (CDC) This indicator is presented as the number of deaths from all cancers per 100,000 population over the years 2013-2015. The rates were age adjusted to account for differences in age distributions among our community.

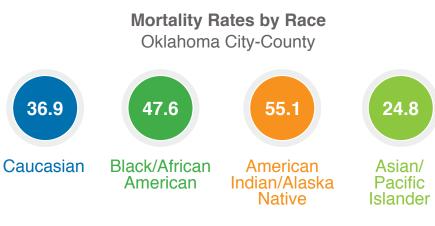
Why is it important?

Cancer was the second leading cause of death in Oklahoma City-County during 2013-2015. An individual's risk can be lowered through adoption of healthy lifestyles, including reducing in tobacco and alcohol use, protecting skin, eating a healthy diet and engaging in physical activity. (CDC). Additionally, access to timely and affordable screening and immunization programs improves treatment options. The local public health system should advocate for policies, programs, and services that increase access to screening and improve awareness in the general community. Education opportunities should be tailored to high-risk areas to improve understanding of early detection mechanisms, prevention tools and resources available for all community members.

How are we doing?

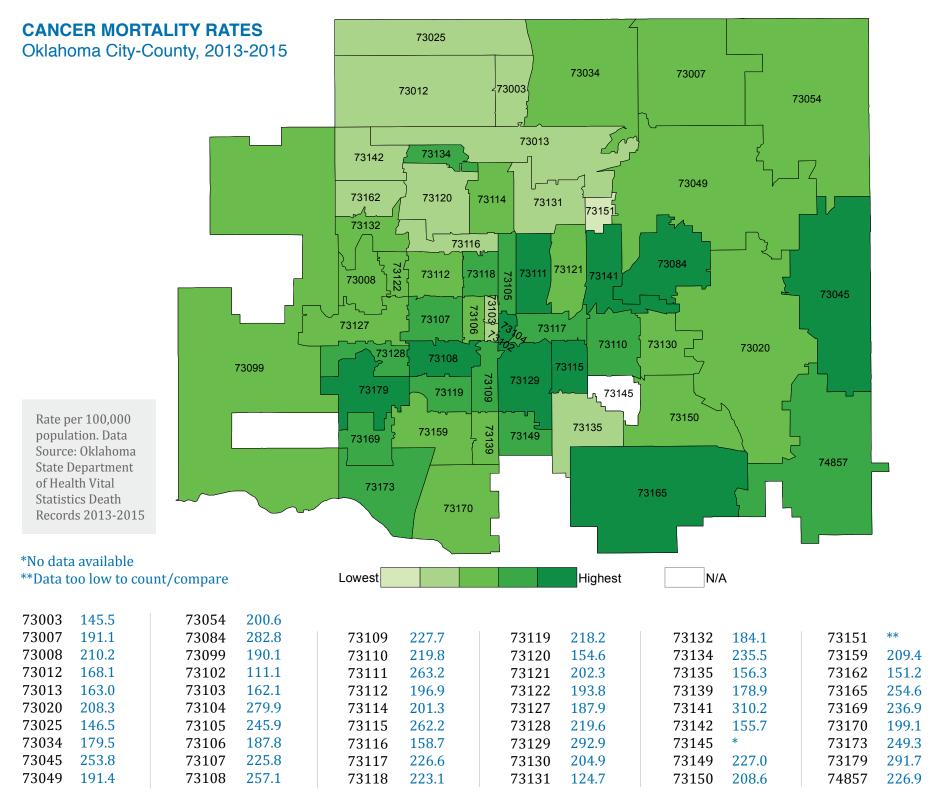
There were 4,864 Oklahoma County deaths attributable to cancer, and the mortality rate for all cancers was 194.6 deaths per 100,000 in 2013-2015. This was higher than the national and state rates. Rates were highest among American Indian/Alaska Native and males. The zip codes with the highest rates were 73141, 73129 and 73179.





Data Source: Oklahoma State Department of Health Vital Statistics Death Records 2013-2015, Centers for Disease Control and Prevention.

Mortality Rate Comparison 194.6 183.2 Oklahoma City-County Oklahoma State Oklahoma State Oklahoma States



BREAST CANCER MORTALITY

Next to skin cancer, breast cancer is the next common cancer affecting women in the United States and around the globe. (CDC) This indicator signifies the number of breast cancer deaths per 100,000 women over the years 2013-2015. The rates were age adjusted to account for differences in age distributions among our community. Early detection is key as it can identify breast cancer in the early stages when it is easier to treat.

Why is it important?

Providing comprehensive prevention methods, opportunities for early detection and control of breast cancer risk factors, such as health diet, physical activity, and healthy behaviors, could decrease long-term incidence of breast cancer. (WHO) Identifying clinics, hospitals and doctor offices where community members can be screened for breast cancer can improve early detection in our community. (CDC) Through local public health efforts, the local public health system can collaborate with community stakeholders to work on developing policies and practices to address breast cancer within the community. Additionally, enhancing education efforts throughout the communities can improve for breast self-awareness and self-exam rates in order to aid in early detection.

How are we doing?

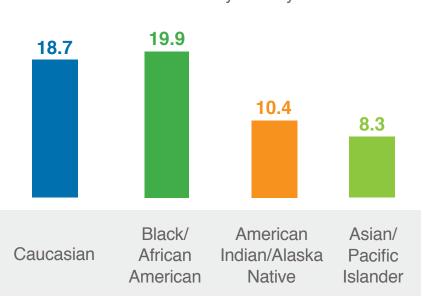
There were 370 deaths attributable to breast cancer in 2013-2015. The mortality for breast cancer in Oklahoma City-County was 14.7 deaths per 100,000 women. Rates were highest among African Americans. The zip codes with the highest rates were 73179, 73141 and 73007.

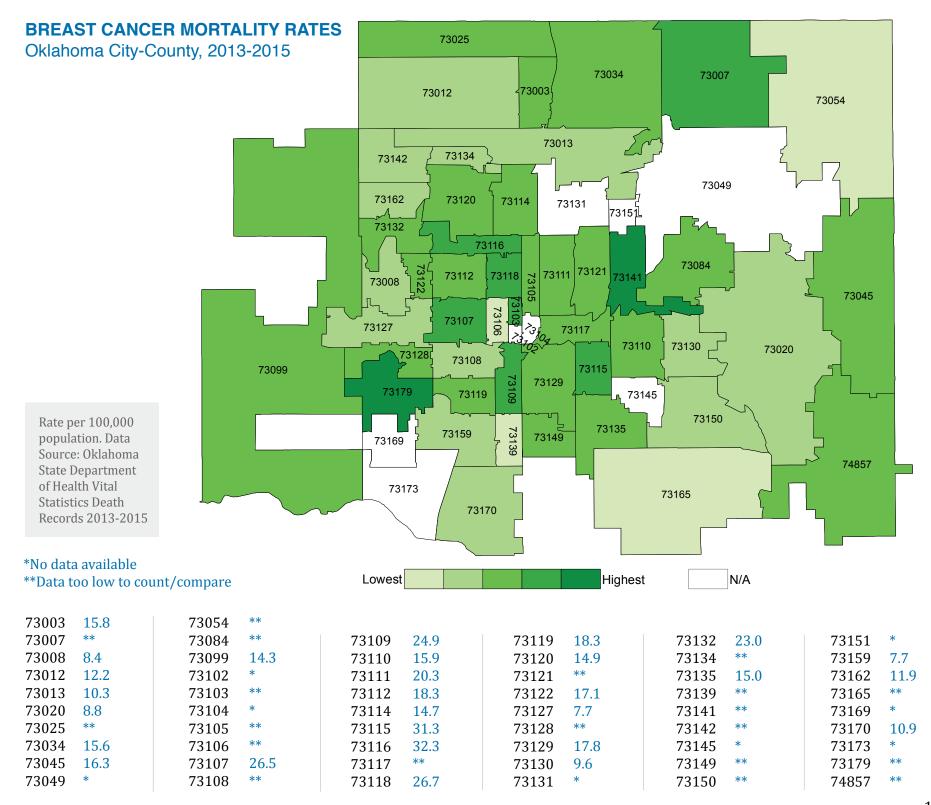
Data Source: Oklahoma State Department of Health Vital Statistics Death Records 2013-2015 and Centers for Disease Control and Prevention

Age-Adjusted Breast Cancer Mortality Rates Comparison



Age-Adjusted Breast Cancer Mortality Rates by Race Oklahoma City-County



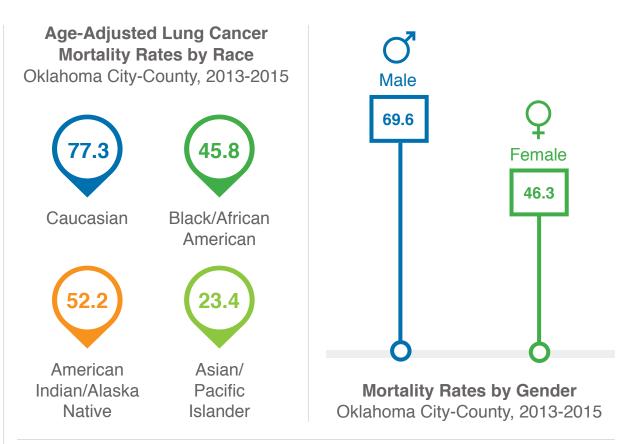


LUNG CANCER MORTALITY

Lung cancer is the leading cause of cancer deaths in Oklahoma County. This indicator is presented as the number of deaths from lung cancer per 100,000 population over the years 2013-2015. The rates were age adjusted to account for differences in age distributions among our community. The mortality rate for lung cancer in Oklahoma City-County was 56.1 deaths per 100,000 population.

Why is it important?

The majority of lung cancer cases are caused by smoking. It is the leading cause of cancer deaths in Oklahoma County and the United States. Current treatments do not cure most of the lung cancer cases (Lung.org). Through local public health efforts such as the Tobacco Settlement Endowment Trust (TSET) and OCCHD's Wellness Now Coalition, the local public health system can collaborate with community stakeholders to work on developing policies and practices to address lung cancer within the community, including aligning policies and practices with Wellness Now and public health efforts. As a community, advocating for programs, policies, and services that reduce tobacco use and exposure to secondhand smoke is critical to reducing lung cancer mortality.

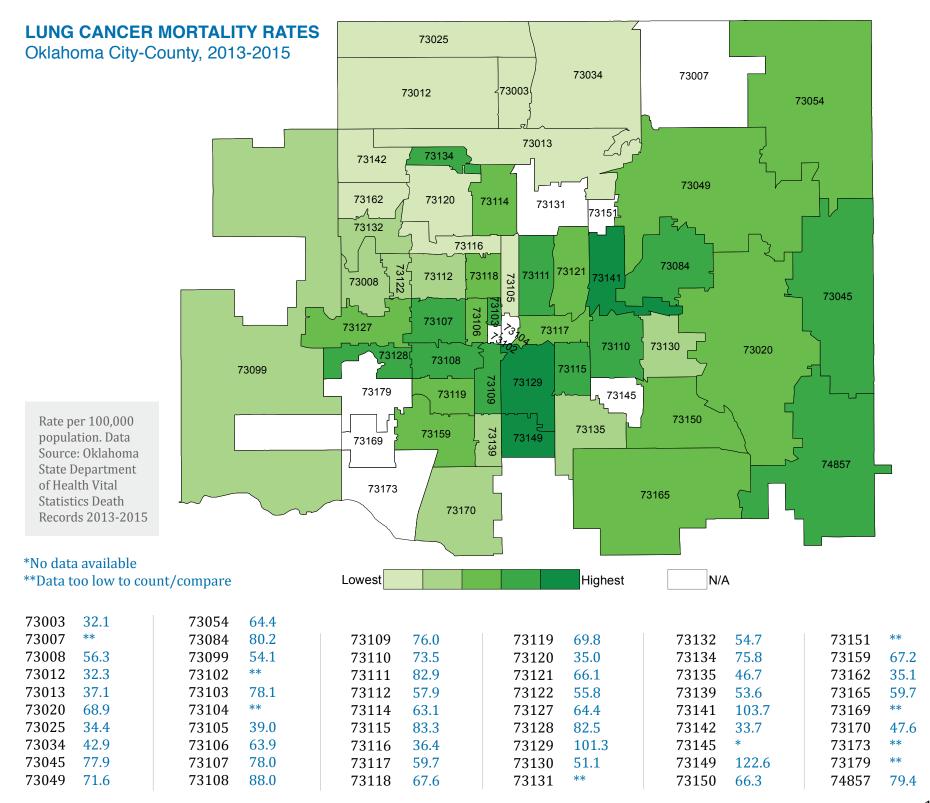


| Lung Cancer | Oklahoma | Oklahoma | United |
|--------------------------------------|-------------|----------|--------|
| | City-County | State | States |
| Mortality Rates Comparison 2013-2014 | 56.1 | 56.8 | 42.1 |

How are we doing?

There were 1,403 deaths due to lung cancer in Oklahoma City and County during 2013-2015, accounting for 29 percent of all cancer deaths. The mortality rate for lung cancer in Oklahoma City-County was 56.1 deaths per 100,000 population, similar to the state rate of 56.8 but higher than the United States rate of 42.1 deaths per 100,000 population. Rates were highest among whites and males. The zip codes with the highest rates were 73149, 73141, 73129, 73108 and 73115.

Data Source: Oklahoma State Department of Health Vital Statistics Death Records 2013-2015 and Centers for Disease Control and Prevention



PROSTATE CANCER MORTALITY

This indicator signifies the number of deaths from prostate cancer per 100,000 men over the years 2013-2015. The rates were age adjusted to account for differences in age distributions among our community. The prostate cancer mortality rate in Oklahoma City-County was 8.4 deaths per 100,000 men.

Why is it important?

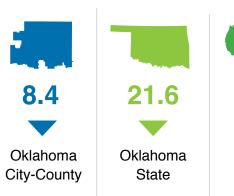
Prostate cancer is the most common cause of death from cancer among White, Black, American Indian, and Hispanic men, and fourth most common cause of death from cancer among Asian/Pacific Islander men. The highest risk factors include those that are older and have a family history of prostate cancer. It is most common in African-American men compared to other races (CDC).

How are we doing?

There were 205 prostate cancer deaths in Oklahoma City and County during 2013-2015. The mortality rate for prostate cancer in Oklahoma City-County was 8.4 deaths per 100,000 men. Rates were highest among white men. The zip codes with the highest rates were 73013, 73122, 73115, 73111 and 73170.

Due to the small sample size, a fair comparison cannot be made to the state and national rates. It is appropriate, however, to compare to the previous mortality rate in 2010-2012. In Oklahoma City-County, there was nearly a 10 percent decrease in the prostate cancer mortality rate from 2010-2012 to 2013-2015.

Mortality Rate Comparison 2013-2015



Data Source: Oklahoma State Department of Health Vital Statistics Death Records 2013-2015 and Centers for Disease Control and Prevention

United

States

Age-Adjusted Prostate Cancer Mortality Rates by Race 2013-2015

10.8

Caucasian

9.3

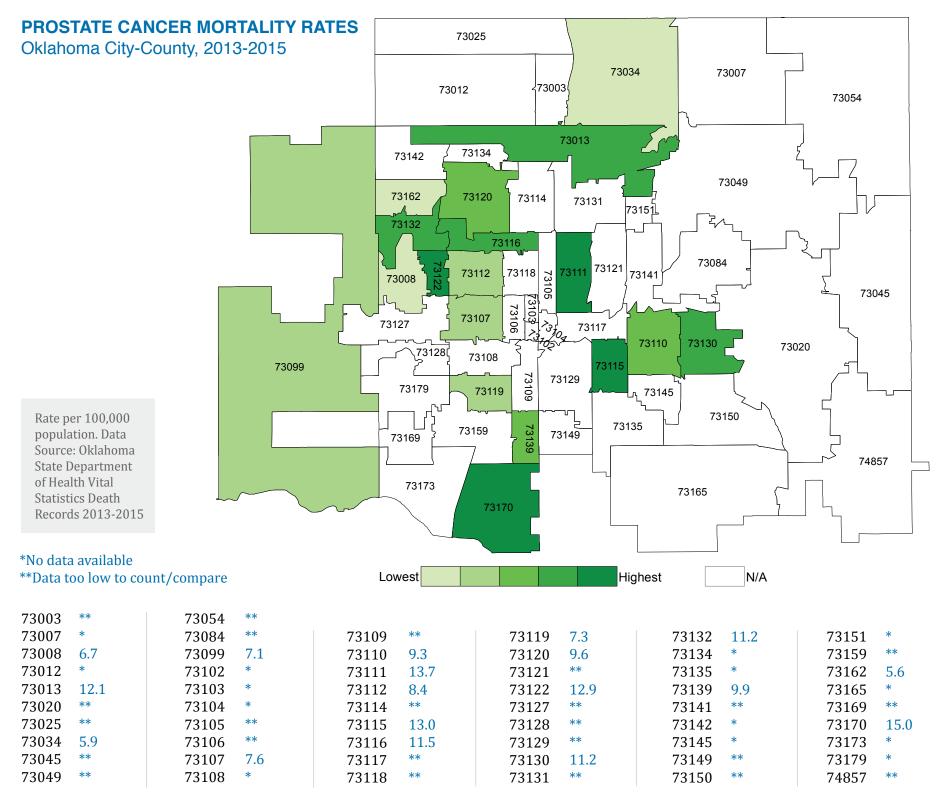
Black/African American

6.0

American Indian/Alaska Native

Insufficient Data

Asian/Pacific Islander



Age-Adjusted **Alzheimer's Mortality** Rate, 2013-2015

Oklahoma County

ALZHEIMER'S MORTALITY

Alzheimer's was one of the top 10 leading causes of death in the United States in 2015. This indicator represents the number of deaths due to Alzheimer's disease per 100,000 population between 2013-2015. The rates were age adjusted to account for differences in age distributions among our community.

Why is it important?

Approximately 5 million Americans were living with Alzheimer's disease in 2013. Alzheimer's is a disease that starts with mild memory loss and can eventually lead to serious life-altering impacts by affecting the part of the brain controlling thought, memory and language. Alzheimer's research is ongoing, and the disease is projected to increase by three-fold in 2050. Currently, the majority of individuals with Alzheimer's are cared for by family members. (CDC) Thus, understanding the prevalence in our community is crucial in developing and sustaining services for those living with, and impacted by, this disease.

How are we doing?

From 2013-2015, the age-adjusted Oklahoma County death rate due to Alzheimer's disease was 38.2 deaths per 100,000 population, higher than both the state and national age-adjusted Alzheimer's mortality rates. There were a total of 911 deaths attributable to Alzheimer's during this time period. Rates were highest among whites and females. The zip codes with the highest overall Alzheimer's death rates were 73134, 73165, 73135, 73114 and 73045.

Data Source: Oklahoma State Department of Health Vital Statistics Death Records 2013-2015



53.7

Caucasian

19.0

Black/African American

16.4

American Indian/ Alaska Native

13.8 Asian/Pacific Islander

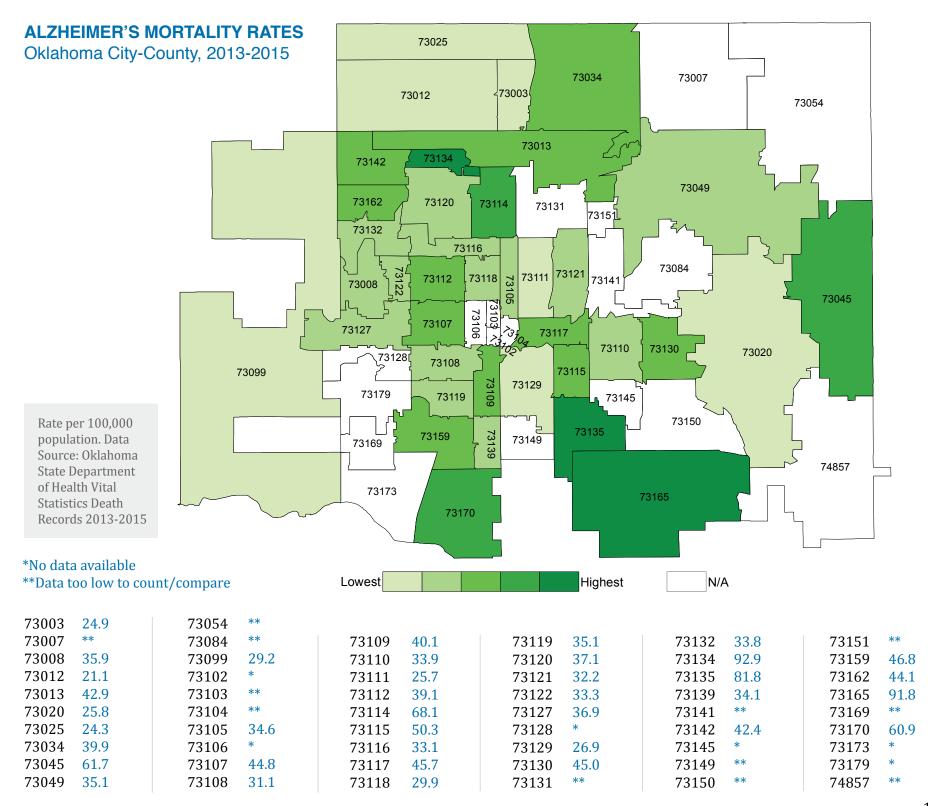




Mortality Rates by Gender 2013-2015







INFLUENZA AND PNEUMONIA MORTALITY

This indicator signifies the number of deaths from influenza and/or pneumonia per 100,000 population from 2013-2015. The rates were age adjusted to account for differences in age distributions among our community. The age-adjusted mortality rate due to influenza and/or pneumonia was 13.4 deaths per 100,000 in Oklahoma City-County during 2013-2015.

Why is it important?

Influenza is a typically mild infection characterized by fever and respiratory symptoms, such as a cough. Pneumonia is a more severe infection of the lungs and can be a complication of influenza. Those most at risk for severe infection and death are the very young or the very old. The annual flu vaccine can protect individuals from developing influenza. These vaccines are widely available throughout the flu season, which is typically early October into the spring and spikes January and February in Oklahoma County. Local public health efforts aim to prevent the spread of infectious disease and protect the community. With local public health efforts, such as epidemiological investigation and immunization services, providers and the community have an opportunity to work with and assist in the identification of gaps in vaccine standards, and prevention policies to inform decision making around influenza and pneumonia. Providers can also work on developing policies and procedures to impact disease rates in the county through mitigation strategies and vaccine support.

How are we doing?

The mortality rate due to influenza and pneumonia for Oklahoma City-County jurisdiction was 13.4 deaths per 100,000 population. This was lower than the state rate of 17 and the United States rate of 15.1. Rates were higher in American Indian and Alaska Native and non-Hispanic populations. The zip codes with the highest rates were 73084, 73049, 73108, 73109, and 73105.

Data Source: Oklahoma State Department of Health Vital Statistics Death Records 2013-2015

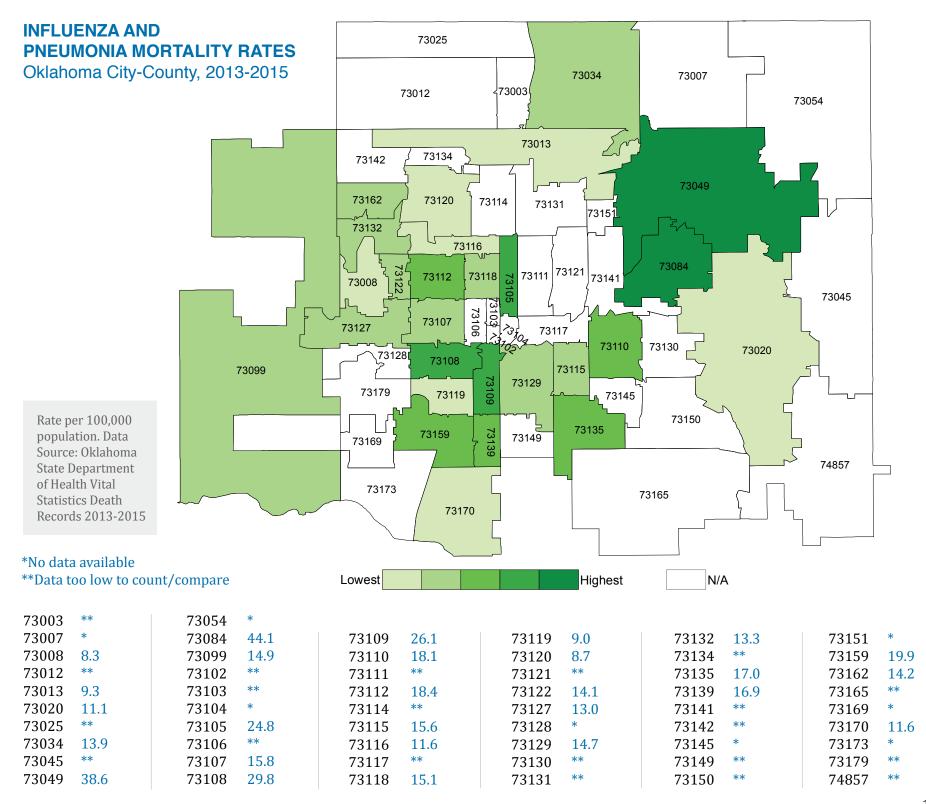
Age-Adjusted Influenza and Pneumonia Mortality Rates 2013-2015

13.4 Oklahoma City-County

17 Oklahoma State

15.2 United States





DEATHS FROM UNINTENTIONAL INJURY

Injury contributes to the leading cause of death among persons 1-44 years of age in addition to violence. Unintentional injuries include motor vehicle accidents, accidental falls, drownings, fires and poisonings. This indicator is presented as the number of deaths from unintentional injury per 100,000 population during 2013-2015. The rates were age adjusted to account for differences in age distributions among our community.

Why is it important?

More than 33,700 people died from motor-vehicle crashes in the United States in 2014, and opioid overdoses have quadrupled since the start of the millennium (CDC). Accidents were the leading cause of death in Oklahoma City-County in 2013-2015. Healthy People 2020 compiled injury and violence prevention objectives to adequately address these indicators to improve the health of the United States. Approximately 1 in 10 sustains a nonfatal injury that is serious enough to be treated in the emergency department (HP 2020). The community and local public health system can tailor education efforts by better understanding trends in the Oklahoma City-County area in order to reduce health burden of accidents and injuries.

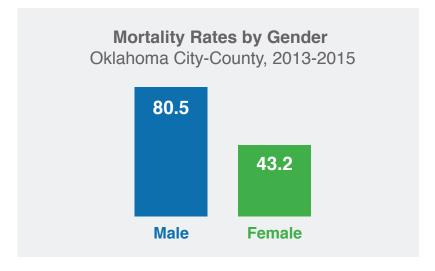
How are we doing?

There were 1,546 deaths due to unintentional injuries in Oklahoma County from 2013-2015. The average annual mortality rate was 60.6 deaths per 100,000 population. In 2014, all injury deaths in the United States occurred at a rate of 62.6 deaths per 100,000 population (CDC). The unintentional injury mortality rates were highest among American Indian/Alaska Natives and males. Non-Hispanics had a higher mortality rate due to unintentional injuries compared to Hispanics - 75.8 per 100,000 population and 33.3 per 100,000 population, respectively. The zip codes with the highest number of deaths due to unintentional injuries were 73007, 7312, 73179, 73117 and 73141.

Data Source: Oklahoma State Department of Health Vital Statistics Death Records 2013-2015 and Centers for Disease Control and Prevention National Center for Health Statistics Health, United States, 2015 Report

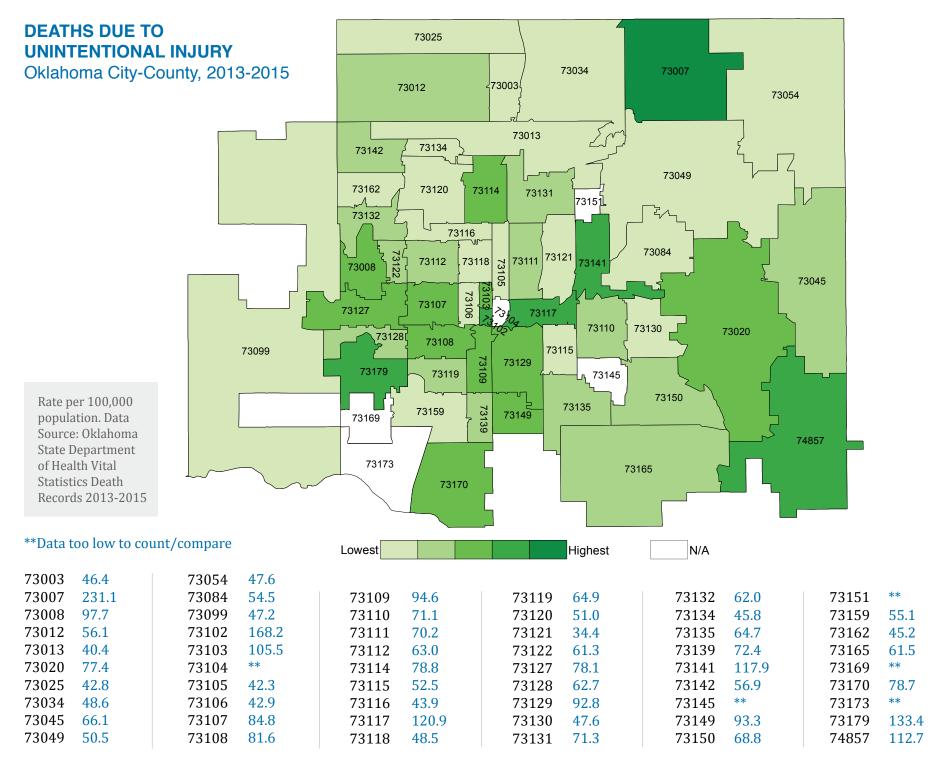
Age-Adjusted Mortality Rates From to Unintentional Injury 2013-2015





Mortality Rates by Race Oklahoma City-County, 2013-2015

| Caucasian | Black/ | American | Asian/ |
|-----------|----------|---------------|----------|
| | African | Indian/Alaska | Pacific |
| | American | Native | Islander |
| 80.9 | 49.4 | 98.3 | 23.4 |



It's important to note that zips 73102 and 73007 had at least five events due to accidents, but the number of deaths attributable to unintentional injuries were still low compared to the other zip codes, so this rate is to be utilized with caution.