

Health Equity

POSITION STATEMENT

Oklahoma Health Equity Campaign

*We are social by nature, and when the ties that bind begin to unravel, so does our health.*¹

HEALTH begins at home in our families, with a loving relationship between parents and their children, where kids can expect to be safe, nurtured and protected.

HEALTH begins with healthy communities, with safe streets and sidewalks, freedom from violence, and parks where kids can play.

HEALTH begins with a good education, where children learn not only how to read, write, and prepare for fulfilling, prosperous lives, but how to treat each other with dignity and respect.

HEALTH begins with safe jobs and fair wages, where people derive a sense of personal satisfaction from their work and connection to their co-workers.

HEALTH begins with healthy relationships, healthy communities, and healthy jobs, which protect us from the stress of everyday life.

HEALTH EQUITY is when everyone has the opportunity to “attain his/her full health potential” and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstance.²

FACTS

OKLAHOMANS with lower socioeconomic status die earlier and have more disability.^{3, 4}

OKLAHOMA ranks 19th highest adults without a high school diploma (14.4%), ranks 6th lowest in median household income (\$41,664), ranks 7th highest in the percentage of individuals uninsured (18.7%) among all states (including District of Columbia).⁵ Oklahoma ranks 3rd in incarcerations (655 per 100,000 - 32% higher than the national average) among 50 states.⁶

OKLAHOMA ranks at the bottom of the national health rankings, according to the United Health Foundation (43rd) and the Commonwealth Fund State Scorecard (50th).

OKLAHOMANS suffer more unhealthy days (mentally and physically) than adults nationally with suicide being the most common type of violent death according to the 2008 State of the State's Health Report.

OKLAHOMA consistently ranks among the lowest states in the consumption of fruits and vegetables⁷ and is ranked as the 5th most obese state.⁸

OKLAHOMA is 49th in the nation in the limited availability of primary care physicians per 100,000 population.⁹

OKLAHOMANS - 65% of infants and toddlers - have at least one known risk factor known to increase the chance of poor health, school and developmental outcomes.¹⁰

ACHIEVING HEALTH EQUITY

Organizations and families create communities by building and nurturing a healthier Oklahoma. This will require leadership, and a partnership of business, government, civic, religious and educational institutions. We can't eradicate illness, but we can foster health by positively impacting the factors affecting health.

THE OKLAHOMA HEALTH EQUITY CAMPAIGN PARTNERS will collaborate with public and private organizations, governmental and community partnerships to build public commitment to achieve health equity and decrease the health inequities in Oklahoma. Our partners will include businesses, advocacy groups, community non-profits, environmental justice organizations, chambers of commerce, religious organizations, labor organizations, professional associations and people like you and me that want our families to be healthy and happy.

SOURCES

1. Robert Wood Johnson Foundation. [A New Way to Talk About the Social Determinants of Health](#), July 28, 2010.
2. Brennan Ramirez LK, Baker EA, Metzler M. [Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health](#). Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2008.
3. Oklahoma Health Improvement Plan, 2010-2014. Urban Institute and Kaiser Commission on Medicaid and the Uninsured (Estimates of 2007-2008 data). U.S. Census Bureau, March 2008 and 2009, Current Population Survey (CPS: Annual Social and Economic Supplements). Retrieved November 22, 2009 www.statehealthfacts.org/
4. DeNavas Walt, Carmen, Proctor, Bernadette D. & Smith, Jessica C. (2008, August). Income, poverty and health insurance coverage in the United States: 2007 U.S. Census Bureau. (U.S. Census Bureau, pp. 60-235 www.census.gov/prod/2008pubs/p60-235.pdf).
5. U.S. Census Bureau. (2009, September) American Community Survey. Note that adults did not completed High School (includes equivalency) were aged 25 years and over. Retrieved from [http://factfinder.census.gov/servlet/GRTSelectServlet?ds_name=ACS_2009_1YR_G00 & lang=en& ts=303936727306](http://factfinder.census.gov/servlet/GRTSelectServlet?ds_name=ACS_2009_1YR_G00&lang=en&ts=303936727306).
6. National Institute of Corrections (2009). Retrieved from < <http://nicic.gov/features/statestats/?state=ok>>.
7. Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007.
8. Centers for Disease Control and Prevention (2009). *U.S. Obesity Trends*. Retrieved from <http://www.cdc.gov/obesity/data/trends.html>
9. United Health Foundation America's Health Rankings Report, 2011.
10. National Center for Children in Poverty, "Young Child Risk Calculator." National Center for Children in Poverty, 2012. www.nccp.org

JOIN US!

Visit: www.okhealthequity.org; E-Mail: okhealthequity@gmail.com;
"Like" us on FACEBOOK: <http://www.facebook.com/OKHealthEquity>
Follow us on Twitter: @okhealthequity