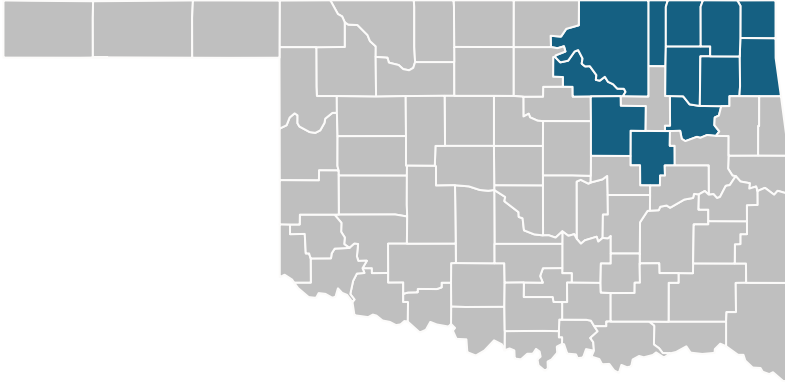


Regional Objectives Plan: Northeast Oklahoma

Geographic coverage:



Counties include Craig, Creek, Delaware, Mayes, Nowata, Okmulgee, Osage, Ottawa, Pawnee, Rogers, Wagoner, and Washington.

Geographic coverage spans OSDH Districts 3, 4, and 7.

Prioritized areas of need:

These prioritized areas of need were identified through available data and stakeholder input and reflect a focused set of priorities rather than every challenge present in these communities. While communities across the region face a wide range of needs, they also demonstrate significant strengths, and many areas could merit attention. Further needs are likely to emerge over time, and future planning will continue to evolve as new information and community input becomes available.

The first four needs below are present statewide across all Oklahoma regions and are listed alphabetically. The ordering does not reflect any ranking of priority or importance.

Need	Supporting Details
High prevalence and co-occurrence of obesity, hypertension, diabetes, and cardiovascular disease, worsened by limited engagement with preventive care and chronic disease management	• OSDH District 4 exceeds the Oklahoma benchmark on all ten selected disease-prevalence measures (Disability, Asthma, High Blood Pressure, Cancer, High Cholesterol, COPD, Coronary Heart Disease, Diabetes, Obesity, and Stroke), and has particularly elevated high blood pressure (40.5% vs. Oklahoma 38.5%). OSDH District 3 is above the Oklahoma benchmark on nine of ten selected measures. Among adults in OSDH District 7, diagnosed diabetes is 15.8% and obesity is 44.0%, versus Oklahoma 12.8% and 38.9% and national 12.1% and 33.3% (CDC, 2025). • Oklahoma was among the states with persistently high death rates related to diabetes and cardiovascular disease between 1999 and 2023 (Engstrom, citing Hashmi S, Safdar I, Kazmi MH, et al., 2025). • There are 2.9 licensed cardiologists per 100,000 residents in OSDH District 3 and 2.1 in OSDH District 4, versus the Oklahoma benchmark of 7.4 and Oklahoma City/Tulsa benchmark of 15.4 (Association of

	American Medical Colleges, 2023; OK Medical Board, 2026; OK State Board of Osteopathic Examiners, 2026). • The largest excess emergency and hospital burden among people with diabetes comes from severe infection, heart and kidney disease, heart attack and stroke, rather than from blood sugar emergencies themselves, which emphasizes the need for early intervention and effective care management (Engstrom, citing Patel R, Uppal TS, Tomic D, et al., 2026). • Participants at the Kellyville Collaborative meeting tied food insecurity (including access to healthy foods) and housing instability to the inability to engage patients in prevention.
High prevalence of mental health conditions and substance use disorder, with limited access to care and insufficient coordination across the continuum	• OSDH District 7 methamphetamine-related overdose deaths are 31.5 per 100,000 residents versus an Oklahoma benchmark of 18.5; all-drug overdose deaths in OSDH District 7 are 36.9 per 100,000 residents versus an Oklahoma benchmark of 27.6 (OSDH Drug Overdose Dashboard, 2024). • OSDH District 3 residents travel an average of 60 miles for inpatient mental health care; District 4 residents travel 45 miles; the Oklahoma average is 30 miles (Oklahoma Inpatient Encounter Data, 2023-2024). • There are 6.8 licensed mental health physicians per 100,000 residents in OSDH District 3 and 3.7 in OSDH District 4, versus 13.6 Oklahoma and 15.1 national (Association of American Medical Colleges, 2023; OK Medical Board, 2026; OK State Board of Osteopathic Examiners, 2026). • Depression prevalence among adults is 25.4% (OSDH District 3) and 25.3% (OSDH District 4) against a national benchmark of 21.6%; frequent mental distress among adults in District 7 is 19.9%, the highest of any Oklahoma district, versus a statewide prevalence of 18.0% (CDC, 2025). • Teen suicides are of particular concern, and Oklahoma's teen suicide rate is higher than the national average. One hospital CEO shared that a community committee had been created to address teen suicides, but interest in participation was limited to a few community leaders and it was difficult to engage parents. Rural areas and Native American communities tend to have higher suicide rates than urban areas and other racial and ethnic groups (Healthy Minds Policy Initiative, 2025). • A behavioral health/substance use provider emphasized that maternal wellbeing and substance use conditions also warrant focus. Pregnant women require access to detox services, safe care settings, and care managers. However, stigma remains a significant barrier preventing those in need from seeking help.
Limited access to and utilization of comprehensive primary and preventive care, contributing to	• OSDH Districts 3 and 4 range from 42.8 to 43.2 licensed primary care physicians per 100,000 residents, below the Oklahoma benchmark of 71.4 (Association of American Medical Colleges, 2023; OK Medical Board, 2026; OK State Board of Osteopathic Examiners, 2026).

avoidable health outcomes	• Kellyville and Pryor subregion kickoff meeting participants further called out access issues including “primary care scheduling availability,” “doctors in the places they’re needed,” and traveling-provider days that working people cannot use. • Flu vaccination is limited in the region. For example, 40.7 to 43.3% of Medicare fee-for-service enrollees in the Northeast received an annual flu vaccine, relative to an Oklahoma benchmark of 44.0% and national benchmark of 48.0% (UWPHI, 2025). • Screening is similarly limited. For example, in OSDH Districts 3 and 7, 83.3% of adults received a cholesterol screening in the past 5 years, below the Oklahoma benchmark of 84.3% and national benchmark of 86.2%. In the same districts, 57.5 to 59.4% of adults ages 45-75 have received a recent colorectal cancer screening, below state and national benchmarks (CDC, 2025). • Between 65.2 and 68.6% of women ages 50-74 have received a mammogram in the past two years in the Northeast region, below the state average of 70.4% and national average of 76.1% (CDC, 2025).
Limited access to women's health services across all life stages	• OSDH District 4 has 3.9 licensed OB/GYN physicians per 100,000 residents versus an Oklahoma benchmark of 11.3 and an Oklahoma City/Tulsa rate of 20.4. OSDH District 3 (which includes Creek, Osage, and Pawnee counties) has 9.7 licensed OB/GYN physicians per 100,000 residents, closer to the Oklahoma benchmark but still well below the metro benchmark (Association of American Medical Colleges, 2023; OK Medical Board, 2026; OK State Board of Osteopathic Examiners, 2026). Stakeholders further describe traveling-provider “time buckets” that working women cannot use. • Patients admitted for labor and delivery travel an average of 24 miles in OSDH District 3, 17 miles in OSDH District 4, and 32 miles in OSDH District 7, versus an Oklahoma average of 14 miles (Oklahoma Inpatient Encounter Data, 2023-2024). Incremental travel distance can become detrimental to urgent/emergency deliveries as well as a barrier to pre- and post-natal care. • Mammography screening rates in the past two years among women ages 50-74 are 68.1% in OSDH District 3, 68.6% in OSDH District 4, and 65.2% in OSDH District 7 - the lowest among OSDH districts - versus 70.4% Oklahoma and 76.1% national (CDC, 2025). • The Northeast region counties are aging faster than the state. OSDH District 4 has the highest median age (40) and the highest share of residents ages 65-79, so the postmenopausal span - osteoporosis, hormone therapy, female cardiovascular risk, and mood and cognitive changes - is rapidly becoming a volume problem that needs to be anticipated and addressed (ACS 5-Year, 2024).
An aging population needs integrated geriatric, disability, and cross-sector support	• OSDH District 4 has the highest median age (40) and the highest share of residents ages 65-79 among OSDH districts; Medicare coverage is 11.6% and rose 2.8 percentage points from 2019 to 2024, tying the largest district Medicare increase (ACS 5-Year, 2019 & 2024).

	• Disability prevalence among adults is 39.8% (District 3), 39.9% (District 4), and 45.3% (District 7) versus 38.9% Oklahoma and 30.4% national (CDC, 2025). • The Pryor Collaborative called attention to the aging population, growth in Medicare, limited senior supportive services in communities, home safety concerns, limited caregiver education, and limited support for cognitive impairment and developmental disabilities. Kellyville attendees further named a need for workforce training for evolving needs of aging populations. • Across collaboratives and stakeholder interviews, community members emphasized poor communication among providers and healthcare systems and expressed a need for referral pipelines, service coordination, case/care management, more navigators, and rural/tribal partnerships for upstream prevention. • Older adults are also subject to behavioral health crises and suicide. “Physical health problems were prevalent among Oklahomans who died by suicide: about 1 in 5 had a physical health issue that appeared to contribute to their death. This factor, as well as the death of a loved one, was magnified for older Oklahomans” (Healthy Minds Policy Initiative, 2025).
--	--

Disclosure:

This Regional Objectives Plan draws on data-driven findings from public sources (cited with each finding) and OSDH encounters data (2023-2024). To allow comparison across regions of different sizes, rates were calculated by dividing figures from the cited source by the relevant population data from the US Census Bureau (2024). These findings were supplemented by stakeholder input to validate findings, surface additional regional priorities, and capture insights not reflected in available data. All attendees of publicly accessible RRR Regional Virtual Kickoffs or County Cluster Kickoffs were invited to meet with their facilitator to discuss organizational challenges and share perspectives on regional needs. Virtual Kickoff sessions and materials were also recorded and posted publicly for broader accessibility. Facilitators combined data and community input, where possible, to ground the plan in both evidence and lived experience.

Organizations consulted while developing perspectives for this plan:

Note: Listing an organization reflects its participation in the input process and not its endorsement of the plan.

Abundant Rain Ministries
Access Care Oklahoma clinically integrated network
ACG Hospice
Aetna Better Health of Oklahoma
Alera Group
AlignRx
Ascension Medical Group
Ascension St. John - system office
Ascension St. John Jenks and Sapulpa

Asceu
Avem Health Partners
Avem RWS
Bios Home Health
Bridges to Healing LLC
Cherokee Nation Health Services
Cherokee Nation Home Health Services
Community Health Center of SEK/OK
Creek County Emergency Management
CREOKS
CrossCheck Health
DentaQuest
District 3 OSDH
Drumright Regional Hospital
East Central Oklahoma Family Health Center
Elder Care
Fairfax Medical Facilities, Inc.
Grand Mental Health
HaloHealthtransitions.com
Healthy Oklahomans Nutrition Alliance
Hillcrest Hospital Claremore
Hillcrest Hospital Cushing
Hillcrest Hospital Henryetta
Hillcrest Hospital Pryor
iMed Supply
Independent physician executive consultant
Inner Circle Institute
INTEGRIS Health Grove Hospital
INTEGRIS Health Miami Hospital
INTEGRIS Health Ponca City Hospital
Kingdom Community Development Services
Kiowa Tribe
Legal Aid Services of Oklahoma, Inc.
LIFE Senior Services
Lifecare value network
Lumeris
Macy's Clinic Pregnancy Center
Memorial Hospital of Texas County
Morton Comprehensive Health Services
Muskogee County EMS
Muskogee Creek Nation Health Services
MyHealth Access Network
NeoHealth
Nexa Point Health
Northeast Oklahoma Community Action
Northeastern Oklahoma Community Health Centers, Inc.
OESC

OKDRS
Okeene Municipal Hospital
Oklahoma Birth Equity Initiative
Oklahoma Complete Health
Oklahoma Department of Rehabilitation Services
Oklahoma Impact Investing Collaborative
Oklahoma Primary Care Association
Oklahoma State University - Community Wellness Programs
Osage Nation
Osage Nation Health System
Osage Nation Health Systems Public Health Department
OsiLIFE (healthcare division of Osi Vision LLC)
OSU Extension
Pear Suite
Region 2 RMRS
Roger Mills Memorial Hospital
Rural Wellness Fairfax Hospital / AVEM Health Partners
Saint Francis Health System
Saint Francis Hospital Vinita
Save our hospital Nowata
Sooner SUCCESS
Stillwater Medical
Tulsa Cardiovascular Center of Excellence
United Keetoowah Band
Wagoner Community Hospital
Washington County Elder Care
Wendy Smith LCSW
YMCA of Greater Oklahoma City