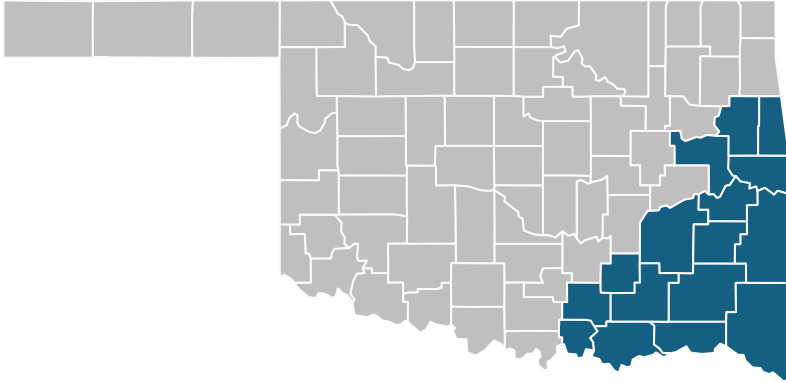


Regional Objectives Plan: Southeast and East Central Oklahoma

Geographic coverage:



Counties include Adair, Atoka, Bryan, Cherokee, Choctaw, Coal, Haskell, Johnston, Latimer, LeFlore, Marshall, McCurtain, Muskogee, Pittsburg, Pushmataha, and Sequoyah.

Geographic coverage spans OSDH Districts 7, 8, and 9.

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	- Heart disease represents a significant regional health burden, as OSDH Districts 7, 8, and 9 have the state's highest coronary heart disease prevalence, ranging from 8.3 to 9.0%, relative to a statewide prevalence of 7.3% and national prevalence of 6.3% (CDC, 2025). - Hypertension disproportionately affects OSDH Districts 7, 8, and 9, where prevalence ranges from 42.1 to 43.6%, exceeding both the Oklahoma benchmark of 38.5% and the national benchmark of 34.4% (CDC, 2025). - Obesity prevalence across OSDH Districts 7, 8, and 9 ranges from 39.5 to 44.0%, exceeding both state (38.9%) and national (33.3%) benchmarks, with District 7 reporting the highest rate in Oklahoma at 44.0% (CDC, 2025). - These three districts have the highest prevalence of diabetes in Oklahoma, with rates ranging from 14.0 to 15.8%, exceeding both the

	statewide benchmark of 12.8% and the national benchmark of 12.1% (CDC, 2025). - Limited availability of specialty care creates significant access barriers, with patients traveling an average of 31 to 53 miles for inpatient cardiology care, potentially delaying timely management of complex cardiovascular and metabolic conditions (Oklahoma Inpatient Encounter Data, 2023-2024). - Limited access to effective chronic disease management, preventive care and health education drives avoidable utilization and increases the total cost of care for these chronic diseases, with stakeholders in this region reporting diabetes as a leading cause of unnecessary emergency department visits and hospitalizations.
High prevalence of mental health conditions and substance use disorder, with limited access to care and insufficient coordination across the continuum	- Five counties (Choctaw, Pushmataha, Latimer, Atoka, and Marshall) in this region are ranked in the top 10 counties for suicide rate in Oklahoma. Higher rates are observed in areas with limited broadband access, suggesting social isolation may be a contributing factor (Healthy Minds Policy Initiative, 2025). - Rates of depression range from 25.4 to 26.0% in OSDH Districts 7, 8, and 9, well above national levels of 21.6%. Similarly, all three districts report frequent mental distress prevalence of 18.2 to 19.9%, above state prevalence of 18.0% and national of 16.5% (CDC, 2025). - Among five selected mental health quality indicators: average number of poor mental health days, depression rates, frequent mental distress, lack of emotional or social support, and feelings of loneliness, 14 of the region's 16 counties (Adair, Cherokee, Haskell, Muskogee, Sequoyah, Atoka, Bryan, Coal, Choctaw, Latimer, LeFlore, McCurtain, Pittsburg, and Pushmataha) have poorer outcomes than the Oklahoma benchmark across all five indicators (CDC, 2025; UWPHI, 2025). - OSDH District 7 experiences the highest all-drug overdose death rate, with 36.9 deaths per 100,000 residents, relative to the Oklahoma rate of 27.6. OSDH Districts 7, 8, and 9 all exceed state rates for methamphetamine overdose deaths, ranging from 19.7 to 31.5 per 100,000 residents, relative to the Oklahoma statewide rate of 18.5 (OSDH Drug Overdose Dashboard, 2024). - Regional stakeholders also identify a shortage of inpatient behavioral health services as a significant barrier to care. OSDH Districts 7, 8, and 9 range from 2.2 to 9.4 licensed mental health physicians per 100,000 residents, below the state average of 13.6 and national of 15.1 (Association of American Medical Colleges, 2023; OK Medical Board, 2026; OK State Board of Osteopathic Examiners, 2026). Residents travel an average of 27 to 37 miles for inpatient drug and alcohol care, relative to the state average of 18 miles, and the Oklahoma City/Tulsa average of 8 miles (Oklahoma Inpatient Encounter Data, 2023-2024). Limited treatment capacity contributes to prolonged psychiatric boarding in rural emergency departments, straining resources and delaying access to appropriate care.

	• Social determinants of health further compound these challenges. Oklahomans who died by suicide in 2025 were frequently experiencing financial instability, housing insecurity, or intimate partner violence (Healthy Minds Policy Initiative, 2025).
Limited access to and utilization of comprehensive primary and preventive care, contributing to avoidable health outcomes	• Access to primary and preventive care is constrained by primary care workforce shortages, with OSDH Districts 8 and 9 falling below the Oklahoma benchmark of 71.4 licensed primary care physicians per 100,000 residents (Association of American Medical Colleges, 2023; OK Medical Board, 2026; OK State Board of Osteopathic Examiners, 2026). • Screening gaps are also widespread, with all three OSDH districts in the region reporting colorectal and breast cancer screening rates below both state and national benchmarks. OSDH District 7 reports the lowest rate of mammograms of all OSDH districts (CDC, 2025). • Similarly, cholesterol screening rates fall below state and national benchmarks in OSDH Districts 7 and 9 (CDC, 2025). • Only 37.1 to 40.7% of Medicare fee-for-service enrollees in the region received an annual flu vaccine, well below the state benchmark of 44.0% and national benchmark of 48.0%, providing another example of limited utilization of preventive care (UWPHI, 2025). • These challenges are compounded by pharmacy deserts, social isolation, transportation barriers, and difficulty meeting basic needs.
Limited access to women's health services across all life stages	• Regional stakeholders identify substantial gaps in maternal care, including frequent deliveries in emergency departments and women arriving for delivery with little or no prenatal care. • Expectant mothers in the region travel an average of 24 to 33 miles to access delivery services, relative to the Oklahoma average of 14 miles and the Oklahoma City/Tulsa average of 4 miles (Oklahoma Inpatient Encounter Data, 2023-2024). • Persistent gaps in maternal care are reflected in OSDH District 8, where 8.8% of live births are low birth weight, the second highest of any OSDH district in Oklahoma (UWPHI, 2025). • Social determinants of health, alongside behavioral and clinical risk factors such as smoking, hypertension, obesity, and diabetes, further contribute to poor birth outcomes (March of Dimes, 2025). • Preventive care gaps also affect women across the region. Districts 7, 8, and 9 have some of the state's lowest mammography rates among women ages 50 to 74, ranging from 65.2 to 67.7%, compared with the national benchmark of 76.1% (CDC, 2025). • One stakeholder defined the challenge best by stating "the population is so sparse, how do we meet the need in a sustainable way?"
Limited access to timely emergency care, increasing travel time and	• Residents may travel more than 40 miles to access emergency care, delaying treatment and increasing the risk of poor health outcomes (Oklahoma Emergency Department Data, 2024). • Haskell County has the fewest reported emergency department visits per capita in the region, and the nearest emergency department is

potentially delaying time-sensitive care	more than 40 miles away, indicating access limitations (Oklahoma Emergency Department Data, 2024). • Regional stakeholders report that emergency departments operate in aging facilities with outdated equipment, inadequate staffing, and limited resources. These constraints further hinder hospitals’ ability to recruit and retain providers. • OSDH Districts 7, 8, and 9 report premature death rates of 639 to 718 per 100,000 residents, relative to the Oklahoma rate of 551 and national rate of 390. OSDH Districts 7, 8, and 9 also have the lowest life expectancy of any OSDH district, with 70.6 to 72.1 years relative to the state benchmark of 73.7 and national benchmark of 77.6 (UWPHI, 2025). • Districts 7, 8, and 9 have the state’s highest prevalence of hypertension, coronary heart disease, and stroke, underscoring the critical need for timely access to emergency care (CDC, 2025). • Regional stakeholders also report difficulty recruiting and retaining board-certified emergency physicians. With only two trauma centers serving southeastern Oklahoma, additional rural hospital closures could further limit access to emergency care. Stakeholders warn that losing local emergency services could delay lifesaving treatment and increase preventable deaths.
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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.

A Path of Care
ACG Hospice
Adair County Health Department
Alliance Health Durant
Atoka County Health Department
Bryan County Health Department
Caring Hands Healthcare Center
Cherokee County Health Department

Cherokee Nation Health
Cherokee Nation Home Health Services
Choctaw County Health Department
Choctaw Memorial Hospital
Coal County General Hospital
Coal County Health Department
Community Health Oklahoma
Creek Nation
CREOKS
CrossCheck Health
Eastern Oklahoma Medical Center
Gallipot Pharmacy
Haskell County Health Department
Haskell Regional Hospital
Help In Crisis
Inner Circle
Johnston County Health Department
Kiamichi Family Medical Center
Latimer County Health Department
LeFlore County Health Department
Lift Community Action Agency
Marshall County Health Department
Marshall County Partners in Progress Coalition
McAlester Regional Health Center
McCurtain County Health Department
McCurtain Memorial Hospital
McIntosh County Health Department
Mercy Tishomingo
Muskogee County EMS
Muskogee County Health Department
Muskogee Rural Health Network
Northeastern Health System
Northeastern Health System Sequoyah
Northeastern Oklahoma Community Health Centers
Oklahoma Birth Equity Initiative
Oklahoma Primary Care Association
People, Inc.
Pittsburg County Health Department
Pushmataha County Health Department
Pushmataha Family Medical Center
Saint Francis
Sequoyah County Health Department
Stigler Health and Wellness Center
Stilwell Hospital
TSET
Variety Care