



OKLAHOMA
State Department
of Health

ADOLESCENT SEXUAL HEALTH IN OKLAHOMA

2021



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INTRODUCTION

This report provides a summary of the state of adolescent sexual health in Oklahoma, highlighting improvements as well as how much work the state still has to do. Oklahoma is one of 21 states without a sex education mandate; however, schools are required to provide medically accurate HIV/AIDS prevention education.¹ Un-biased, fact-based, comprehensive sex education can provide youth with the tools and resources needed to make informed, healthy choices and advocate for themselves. The intention of this report is to create awareness of the sexual health of Oklahoma youth, as well as create an understanding of how vital a holistic approach is to improving their health outcomes.

Current sexual health programming and education is largely dependent upon external funding, students' location, and buy-in from schools and communities. There are a number of coordinated efforts occurring in the state's largest metropolitan areas; however, health outcomes are disproportionately worse for Oklahoma youth in rural areas due to the lack of available resources. The Maternal and Child Health (MCH) Service at the Oklahoma State Department of Health (OSDH) provides oversight to the following teen pregnancy prevention programs in the state: Oklahoma Healthy YOUTH (OHY), Personal Responsibility Education Program

(PREP), and Pregnancy Assistance Fund (PAF). With the support of local county health departments, these programs are able to deliver evidence-based programs (EBPs) to schools and communities. Currently, the following sexual health and healthy relationship curricula are being utilized: Love Notes, Making a Difference!, Making Proud Choices!, Power Through Choices, and Positive Prevention PLUS.

The Oklahoma Healthy YOUTH project prioritizes rural counties with high teen birth rates, with the mission to promote healthy development across the life course by providing education and tools to youth, schools, families and communities. During the 2017-2018 school year, OHY was carried out in 14 schools and one community-based organization in rural counties, reaching nearly 600 youth. Due to diminished resources OHY served eight schools, totaling just over 370 youth, in the following 2018-2019 school year. The PREP program reached 6,406 youth during the 2018-2019 school year.

Recommendations are provided throughout and at the end of the report that can be used as a guide for improving and supporting adolescent sexual health by facilitating change at many levels (policy, community, organization, and individual).

ADOLESCENT SEXUAL BEHAVIOR

SEXUAL ACTIVITY

Highlight:
Less than half of high school students have ever had sex

Recommendation:
Encourage teens to participate in programs and activities that promote positive youth development.

Delaying age of sexual initiation has several life-long impacts. These include a decreased risk of sexually transmitted infections (STIs), fewer unintended pregnancies, increased likelihood of developing healthy relationships, and increased rate of high school graduation.² Engaging in sexual activity as a young teen may limit the highest level of education achieved or cause youth to delay their education goals until further into adulthood. For comprehensive sex education programs to impact sexual behavior across the lifespan, it's imperative for adolescents to have a more positive view of their future. Integrating the Positive Youth Development framework throughout an intervention is proven to result in intended outcomes that are far more achievable and sustainable.³

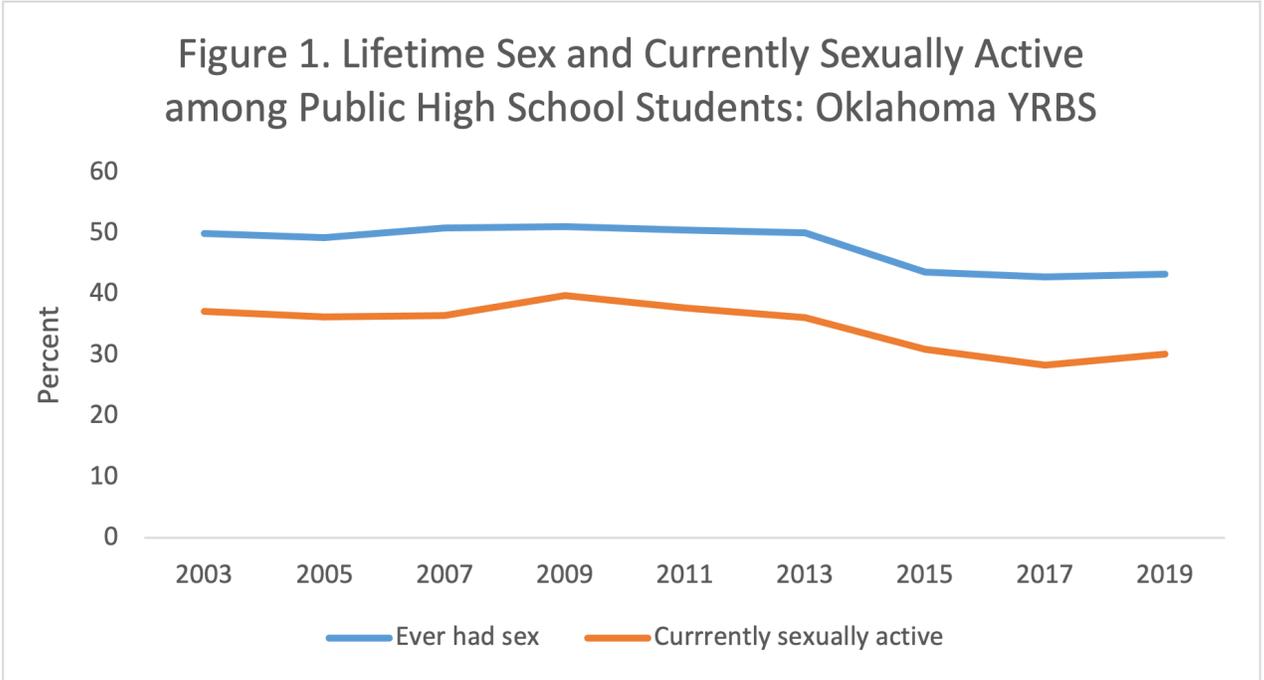
According to data from the Oklahoma Youth Risk Behavior Survey (YRBS) 2019, fewer than half (43.3%) of public high school students have ever had sex, which was a decrease from 50.0% observed in 2003. Among those who have had sex, 4.0% had sex before the age of 13 years, which was a decrease from 5.8% in 2003, 11.8% have had sex with four or more persons during their life, and 30.2% were currently sexually active. In 2019, the percentage of students who were sexually active was 30.2%, down from 37.2% in 2003.

Differences were observed by grade as younger students were less likely than older students to be currently sexually active:

CURRENT SEXUAL ACTIVITY

- 12.0% of those 15 years or younger
- 34.8% of 16-17 year olds
- 51.3% of students 18 years or older

Figure 1. Lifetime Sex and Currently Sexually Active among Public High School Students: Oklahoma YRBS



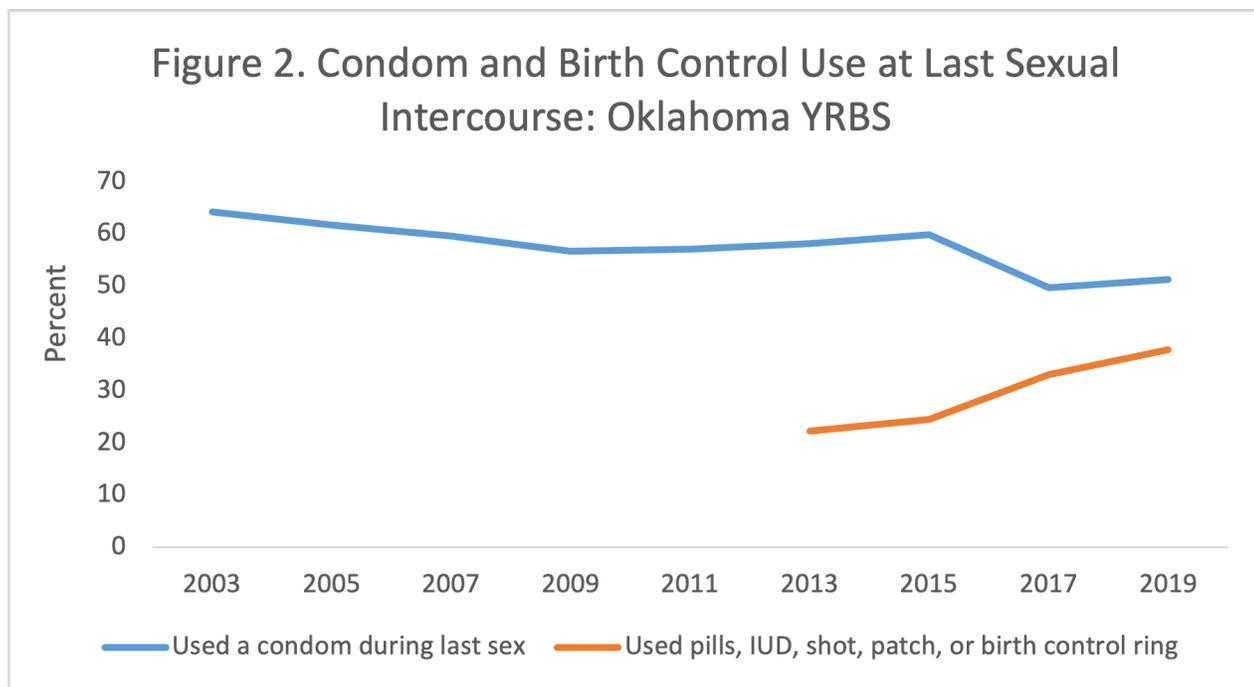
CONTRACEPTION

The percentage of youth who used a condom the last time they had sex has declined from 64.3% in 2003 to 51.3% in 2019. However, when asked what was the primary method used to prevent pregnancy the last time they had sex, condoms were still the most common at 36.5%, followed by birth control pills (22.7%), no method (12.3%), other (12.2%), IUD or implant (8.8%), and either a shot, patch, or birth control ring (7.4%). Although condom use has declined, the percentage of students who used either birth control pills; an IUD or implant; or a shot, patch, or birth control ring at last sexual intercourse has increased from 22.3% in 2013 to 37.8% in 2019. This increase could be due in part to increased funding sources for discounted or free long acting reversible contraceptives (LARC) available to teens. There are now three Title X Family Planning grantees in

Oklahoma offering confidential services to adolescents on a sliding fee scale. In addition to Title X funds, Oklahoma State Department of Health family planning clinics receive CHIP (Children's Health Insurance Program) funding from the Oklahoma Health Care Authority for clients less than 19 years of age without insurance. LARCs are considered the most effective form of contraception available. Both teen pregnancy prevention organizations, Thrive (Oklahoma County) and Take Control (Tulsa County) work to educate adolescents on contraceptive options and make the most effective methods of contraception more accessible. Additionally, the percentage of students who used both a condom and one of the aforementioned methods increased from 8.6% in 2013 to 12.8% in 2019.

Highlight:
The percent of students who used birth control pills, an IUD, a shot, patch, or birth control ring increased significantly from 22.3% in 2013 to 37.8% in 2019.

Recommendation:
Connect teens to organizations or health care professionals for sexual and reproductive health education and services.



ASKABLE ADULTS

Highlight:

68% of youth reported having at least one teacher or other adult in their school that they could talk to if they had a problem.

Recommendation:

Encourage/aid in helping youth to identify trusted adults they can talk to when they have a problem.

As youth navigate through adolescence and transition into adulthood, they experience a multitude of changes related to emotional, cognitive, physical, sexual, and reproductive development. During adolescence, youth are vulnerable to influences that shape their attitudes and guide their behaviors, especially concerning sexual health. Positive adult support is critical for youth during this time; over half of U.S. teens age 12-15 report that their parents have the

most influence over their sexual decisions.⁴ A trusted (or askable) adult is someone that youth can trust to provide them with support, advice, and answers to sensitive and/or difficult questions. The Oklahoma 2019 YRBS data show that 68.2% of Oklahoma youth reported having at least one teacher or other adult in their school that they can talk to if they have a problem. Younger students reported a lower prevalence of having a trusted adult they could talk to compared to older students:

- 61.2% of 9th graders
- 66.7% of 10th graders

- 70.2% of 11th graders
- 76.2% of 12th graders



HEALTHY RELATIONSHIPS AND BULLYING

Data from the Oklahoma 2019 YRBS show that 9.0% of public high school students had ever been physically forced to have sexual intercourse. Females were significantly more likely than males to report being a victim of forced sex at 13.2% and 4.9%, respectively. Among students who reported dating someone during the 12 months before the survey, 6.6% had experienced sexual dating violence and 7.1% had experienced physical dating violence.

Lesbian, gay, or bisexual youth (LGB) reported to be victims of these actions at a significantly higher rate than that of heterosexuals as they were twice as likely as heterosexuals to have ever been forced to have sex

(19.8% vs 7.0%), to have experienced sexual violence (21.6% vs 9.7%), and to have experienced sexual dating violence (16.5% vs 5.0%). LGB youth were also more likely than heterosexuals to have been bullied on school property (35.9% vs 16.3%) and to have been electronically bullied (25.1% vs 12.9%).

Research has shown that LGB students and students with disabilities are more likely to be targets of bullying.⁵ This often is the case as a result of stigma directed toward these students and a school climate that tolerates such behaviors. Effective interventions have been shown to reduce unhealthy relationships and its adverse effects including social cost.

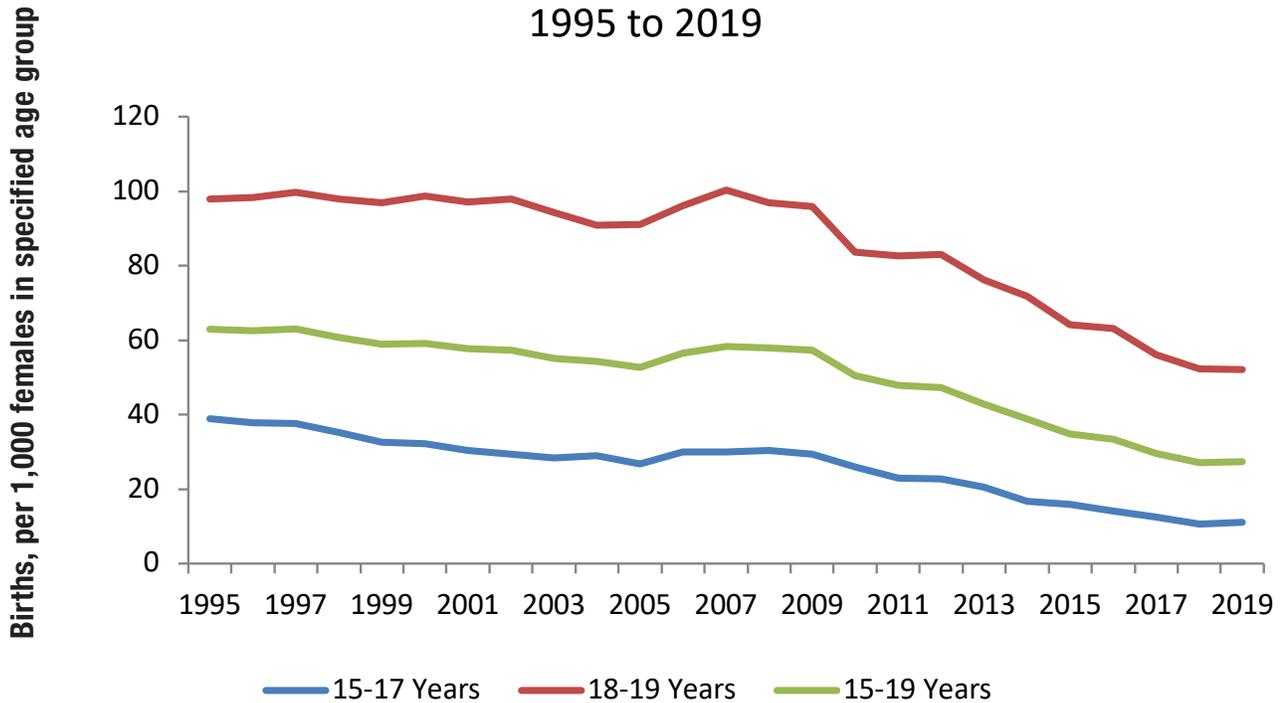
TEEN BIRTH RATES

The 15-19 year old teen birth rates decreased 57% over the past 25 years from 63.0 births per 1,000 females aged 15-19 in 1995 to 27.4 in 2019. The rates for 15-19 year olds overall, 18-19 year olds, and 15-17 year olds all decreased during this period. In 2019,

3,520 births were to females aged 15-19 years, more than three-fourths of which were to 18-19 year olds. The percent of all births in Oklahoma to females aged 15-19 years has steadily decreased from 16.7% of all births in 1995 to 7.1% of all births in 2019.

Highlight:
Teen birth rates for 15-19 year olds decreased 57% over the past 25 years.

Figure 3. Teen Birth Rates by Age of Mother: Oklahoma, 1995 to 2019



Source: Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 1995 to 2019, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE) at URL <http://www.health.ok.gov/ok2share>

RACIAL DISPARITIES IN TEEN BIRTH RATES

Teen birth rates decreased significantly from 1995-2019 for all racial/ethnic groups; however, disparities do exist. In 2019 in Oklahoma, Hispanics had the highest teen birth rate at 36.0 births per 1,000 females aged 15-19 years, followed by non-His-

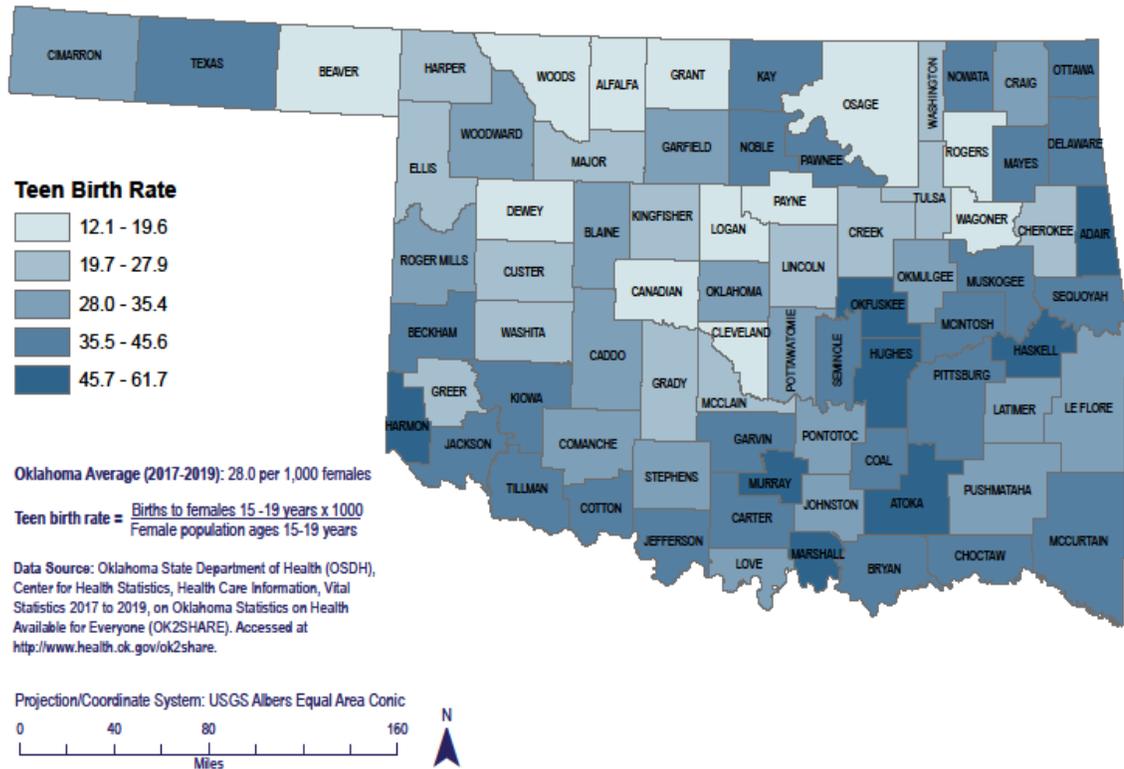
panic African Americans at 34.1, non-Hispanic American Indians at 31.2, non-Hispanic Whites at 23.9, and non-Hispanic Asian Pacific Islanders at 9.0. These disparities have changed very little over time.

BY COUNTY

The teen birth rate in Oklahoma from 2017-2019 was 28.0 births per 1,000 females aged 15-19. During this timeframe, the counties with the five highest rates were Hughes County at 61.7, followed by Adair County (58.4), Atoka County (56.2), Okfuskee County

(51.9), and Harmon County (51.0). The counties with the five lowest rates were Beaver County at 12.1, followed by Payne County (12.6), Logan County (13.4), Cleveland County (13.9), and Dewey County (14.3).

Teen Birth Rates, Ages 15-19 Years, By County: Oklahoma 2017-2019



REPEAT TEEN BIRTHS

Although teen birth rates and numbers continue to decrease over time in Oklahoma, there is still great concern over the percent of teens who have had one or more previous live births. In 2019, one in six (16.7%)

births were to teen mothers aged 15-19 who had one or more previous live births. While this is a decrease from 20.4% observed in 1995, the rate of repeat teen births in Oklahoma continues to be high.

SEXUALLY TRANSMITTED INFECTIONS

Human Immunodeficiency Virus (HIV)

HIV can be acquired through sexual activity and sharing injection drug use equipment. Certain sexual practices, such as anal sex, increase the likelihood of HIV transmission. Social determinants of health are also strongly associated with HIV. In Oklahoma and nationally, disparities in the number of HIV transmissions have been observed by sex, race/ethnicity, and geographic location. While there is currently no cure for

HIV, early diagnosis is imperative as early treatment with antiretroviral therapy (ART) can greatly extend years and quality of life and decrease deaths due to AIDS. Furthermore, people living with HIV who take ART as prescribed can achieve an undetectable level of HIV in their blood, which means they cannot transmit HIV to others through sexual activity (“undetectable = untransmittable”).

Highlight:

- In 2019, 15 teenagers ages 15-19 years were newly diagnosed with HIV. More than half of these teenagers are non-Hispanic Black.
- Males who have sex with males accounted for 71% of newly diagnosed young people ages 15-24 years in 2019.

Recommendation:

- Promote HIV and STI prevention education in Oklahoma schools and communities. Distribute condoms free of charge.
- Provide information on where to get tested for HIV and STIs. Increase access to HIV testing for Oklahoma populations who are most affected such as males who have sex with other males and non-Hispanic Black people.
- Maximize access to ART for people living with HIV. Promote understanding that taking ART as prescribed and having an undetectable viral load means you cannot sexually transmit HIV to your partner.

- In 2019, there were 77 young people ages 15-24 years who were newly diagnosed with HIV in Oklahoma, 20% of which were teenagers. Four people ages 20-24 years were diagnosed with AIDS within three months of receiving an initial HIV diagnosis, indicating missed opportunities for early diagnosis and treatment.
- Between 2015 and 2019, the rate of newly diagnosed HIV among young people ages 15-24 years increased from 12.6 per 100,000 population to 14.3 per 100,000 population. In 2019, this rate for young people was nearly twice that of the overall state rate (8.2 per 100,000).
- Most young people ages 15-24 with newly diagnosed HIV in 2019 are males (61 people, or 79%), 90% of which are males who have sex with other males.
- Nearly half of newly diagnosed young people in 2019 (36, or 46.8%) are non-Hispanic Black. Among teenagers ages 15-19, non-Hispanic Blacks accounted for 53% of new diagnoses.



CHLAMYDIA

Chlamydia is the most commonly reported, notifiable sexually transmitted infection (STI) in the United States and the most prevalent, reportable STI in Oklahoma. In Oklahoma, chlamydia rates have increased 10.6% over the last five years from 2015 to 2019, with a 6.7% increase from 2018 to 2019. Young people ages 15 – 19 accounted for 28.1% of all chlamydia cases in

Oklahoma, with the second highest rate at 2,491.0 per 100,000 population. This rate was 4.2 times the state rate of chlamydia. This age group also experienced a 3.7% rate increase from 2018 (2,401.4 per 100,000). Females in this age group have a rate of 3,962.3 per 100,000 population, 3.6 times that of males (1,101.1 per 100,000 population).

GONORRHEA

Gonorrhea is the second most commonly reported, notifiable STI in Oklahoma. Rates for gonorrhea have increased 58.5% from 2015 to 2019, and experienced a 16.2% increase from 2018 to 2019. Young people ages 15- 19 years accounted for 16.7% of all gonorrhea cases in Oklahoma and had the third highest rate at 659.8

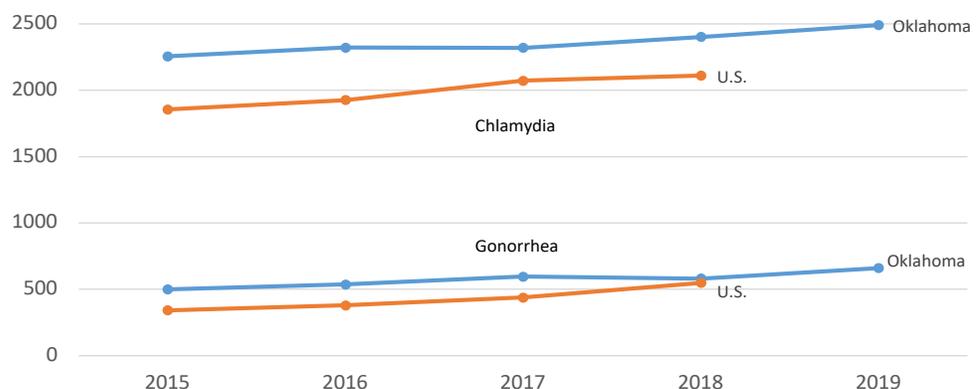
per 100,000 population, 2.5 times the state rate of gonorrhea. Females accounted for 64.1% of cases in this age group and had a rate of 871.1 per 100,000, 1.9 times that of males (460.3 per 100,000 population). Age group 20-24 years accounted for 26.6% of cases and had the highest rate of gonorrhea at 1,014.4 per 100,000.

SYPHILIS

Oklahoma experienced a 229.3% increase in the rate of syphilis diagnosed from 2015 to 2019. For 2019, the syphilis rate among 15-19 year olds in Oklahoma is 2.9 times higher than the rate in 2015 (21.1 compared to 7.3 per 100,000 population). Likewise, the rate among 20-24 year olds is also 2.9 times higher than the rate in 2015

(89.9 compared to 31.4 per 100,000). Youth aged 15-24 years of age accounted for 17.8% of syphilis cases in 2019. Among youth aged 15-19 years, females accounted for 39.3% of cases, while males accounted for 60.7%. Among 20-24 year olds, females accounted for 42.5% of cases while males accounted for 57.5% of cases.

Figure 4. Chlamydia and gonorrhea rates among youth ages 15-19 years, U.S. and Oklahoma, 2015-2019¹



¹National rate unavailable at time of this report.

DISPARITIES IN SEXUALLY TRANSMITTED INFECTIONS

In general, non-Hispanic Black/African American youth were disproportionately affected by higher rates of chlamydia, gonorrhea and syphilis in Oklahoma. Non-Hispanic Black/African American youth aged 15-19 accounted for 21.7% of chlamydia, 37.0% of gonorrhea and 21.4% of syphilis, while only accounting for 8.4% of 15-19 year olds in Oklahoma. Similarly, among 20-24 year olds in Oklahoma, non-Hispanic Blacks/African Americans accounted for 20.5% of chlamydia, 33.8% of gonorrhea, and 30.8% of syphilis, while only accounting for 9.0% of 20-24 year olds in Oklahoma.

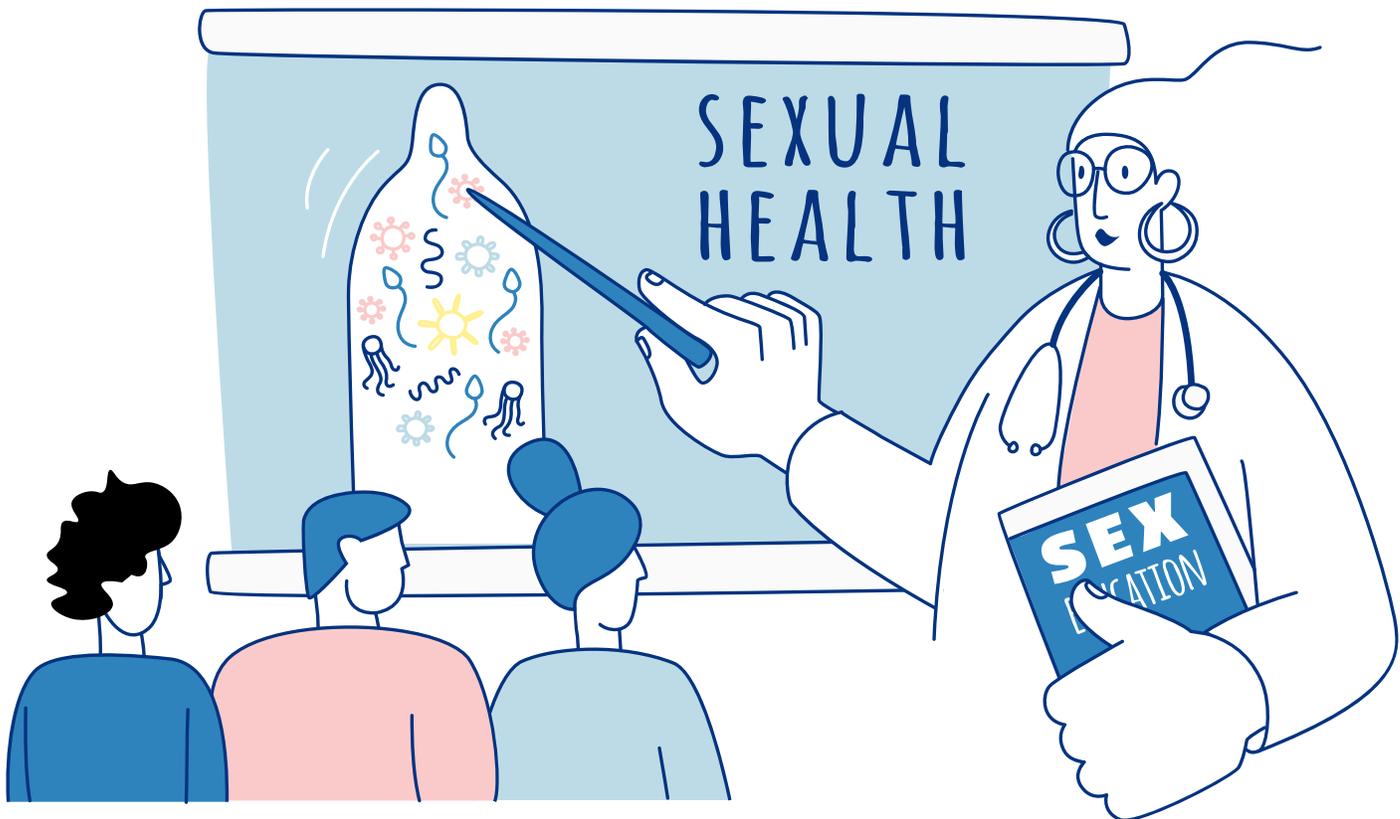
Among youth aged 15-19 years, non-Hispanic Blacks/African Americans had the highest rates of chlamydia, gonorrhea and syphilis. The rate of chlamydia was 4.1 times higher than non-Hispanic White youth of the same age (6,470.1 compared

to 1,593.1 per 100,000 population), the gonorrhea rate was 8.9 times higher than non-Hispanic White youth (2,921.3 compared to 329.7 per 100,000 population), and the syphilis rate was 4.6 times higher than non-Hispanic White youth (54.2 compared to 11.7 per 100,000 population).

Among youth aged 20-24 years, non-Hispanic Blacks/African Americans had the highest rates of chlamydia, gonorrhea, and syphilis. In comparison to non-Hispanic White youth of the same age, the rate of chlamydia was 3.5 times higher (7,144.9 compared to 2,058.3 per 100,000 population), the gonorrhea rate was 6.6 times higher (3,792.1 compared to 573.0 per 100,000 population), and the syphilis rate was 5.2 times higher (306.3 compared to 58.5).

Highlight:
Gonorrhea rates among non-Hispanic Black/African American youth are 8.9 times higher than rates among non-Hispanic White youth.

Recommendation:
For those at high risk, increase access to condoms for teens and young adults.



HEALTH CARE COVERAGE AND SERVICES

According to data from the 2018-2019 National Survey of Children's Health, 91.4% of 12-17 year olds in Oklahoma had health insurance coverage at the time of the survey and 89.8% had consistent coverage during the 12 months before the survey.⁶ Based on insurance status, 35.5% of 12-17 year olds in Oklahoma had public

health insurance only, 51.0% had private health insurance only, 5.0% had public and private insurance, and 8.6% were currently uninsured. Additionally, 43.9% received care or had coverage from a facility or a personal doctor that meets medical home criteria.

Less than half (43.9%) received care or had coverage from a facility or a personal doctor that meets medical home criteria.

CHILD/ADOLESCENT HEALTH has been a flagship issue for the Oklahoma Health Improvement Plan (OHIP) for many years. One of the strategies to improve adolescent health outcomes is to educate and promote a plan for adolescent clients to transition into an adult health care model. The American Academy of Pediatrics recommends that medical providers work with patients, families and caregivers to prepare and support

adolescents by making referrals, providing health histories and any special needs to their adult care practitioner or specialist. Additionally, medical providers are encouraged to assess adolescents' readiness to take on responsibility for making self-care decisions. This process should begin early enough that by the time the client reaches 18 years of age the transition will be seamless.

HEALTH INSURANCE



CURRENT STRATEGIES/ACTIVITIES

The Oklahoma City County Health Department has created a youth leadership group, Physicians and Teens Communicating for Health (PATCH), that focuses on communicating the youth perspective on what makes a teen-friendly clinic and what issues adolescents face when they access healthcare. Both physicians and teens are working together to improve adolescent health.

The Oklahoma Sexual Risk Avoidance Education (SRAE) grant program aims to increase protective factors while mitigating risk factors in an effort to reduce the number of teen births and rates of STIs among youth in the state of Oklahoma. Interventions include mentorship, classroom based youth education, and parent education. The SRAE also partners with Multi-County Youth Services based in Clinton, Oklahoma to serve youth and parents in Custer, Washita, and Beckham counties. Youth receive classroom-based curriculum (Promoting Health among Teens – Abstinence Only version). This curriculum promotes positive youth development, teaches refusal skills, provides information on drug and alcohol use and the influence it has on decision making, demonstrates healthy behaviors, and promotes sexual risk avoidance and healthy relationships. Parents in these areas receive Families Talking Together as mentioned above. Outside of education, the SRAE works with a research team at the Oklahoma State University to evaluate the impact of implemented curriculum and VI Marketing to run an annual media campaign promoting parents as primary sexual educators.

The OSDH will promote continued funding and support of clinics that provide sexual health and

contraception to youth and their families. This includes Title X Family Planning Clinics and a new partnership to share LARCs (Nexplanon) with a Federally Qualified Health Center in rural Oklahoma. These continued clinics and partnerships will help accessibility for all youth in Oklahoma to decrease health disparities and unintended pregnancies.

The Child and Adolescent Health Division within MCH will continue to support comprehensive reproductive and sex education in schools so teens can have access to medically accurate information in order to make informed decisions. This information will include affirmative consent as required by new Oklahoma State legislation. The Oklahoma State Department of Health continues to collaborate with the Oklahoma City County Health Department, the Tulsa Health Department and the Office of Juvenile Affairs to support their partnerships with local schools, community groups and organizations serving at-risk youth to provide evidence-based teen pregnancy prevention programs through the Office of Population Affairs' Personal Responsibility Education Program (PREP) grant. Community providers for teen pregnancy prevention efforts include Thrive of Oklahoma City and Amplify of Tulsa, who provide evidence-based sexual health education in schools and local communities. After meeting their goal to reduce Oklahoma County's teen birth rate by one-third by 2020, Thrive engaged in a new comprehensive planning process to meet a new goal of reducing Oklahoma County's teen birth rate by an additional 25% by 2025. This planning process included interviews with community experts and residents of Oklahoma County

Continuation of current strategies/activities

for over a year, which helped to inform Thrive's new agenda outlined in their "Momentum Matters" report. More than 500 stakeholders were directly engaged in the development of this plan to further reduce teen births in Oklahoma County.

Thrive serves as the backbone organization for the Central Oklahoma Teen Pregnancy Prevention Collaboration. Oklahoma's teen birth rate is the fifth highest in the nation, and Oklahoma County has the highest number of teen births in the state. Thrive exists to further the work of the Collaboration by serving as a convener and connector for partners and change agents, engaging and mobilizing the community, evaluating and sharing data, and advocating for youth to have access to resources, services and medically accurate information about sexual health.

Our Collaboration, formed in 2012, created a bold vision to reduce the teen birth rate in Oklahoma County by one third by 2020. That goal was met and surpassed a full year early due to the tireless work of Collaboration partners. In 2019, the Collaboration announced its new goal to further reduce the teen birth rate in Oklahoma County by an additional 25% by 2025.

The Collaboration's new comprehensive plan, Momentum Matters, outlines three key priority areas and strategies for moving forward. Collaboration partners and change agents will inform, connect, and engage with young people and the caring adults in their lives by providing education, access and resources to support adolescent sexual health in our community. These priority areas are a foundation in creating an inclusive, community-wide movement to support adolescent sexual health.

The Collaboration's key partners include the Kirkpatrick Family Fund, the OKC-County Health Department, OKC Public Schools, the Oklahoma Health Care Authority, Planned Parenthood Great Plains, Teen emPower!, and Variety Care. However, dozens of community organizations and individuals are working together to help achieve the goals of the plan and create a movement for our community.

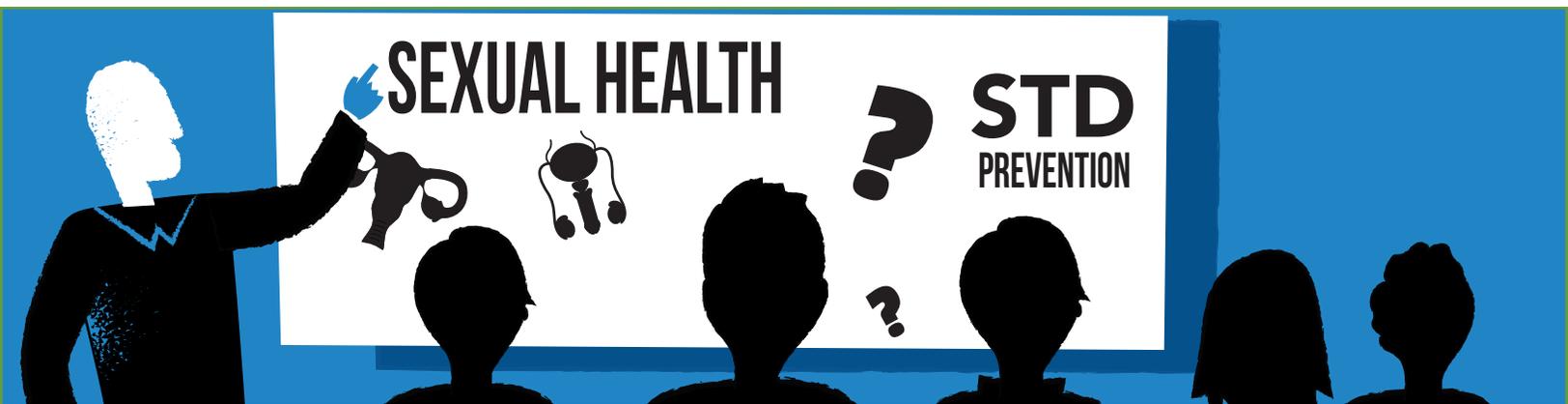
Amplify is a Youth Health Collective promoting healthy futures for youth through advocacy, collaboration, and education. Amplify addresses adolescent sexual health outcomes including unplanned teen pregnancy.

Amplify leverages the strengths of young people, partner organizations, and trusted adults to provide and strengthen a network of educational, environmental, and social supports leading to positive adolescent sexual health outcomes. Key functions of the collaborative include: training of classroom teachers and community-based sexuality educators; coordination and technical assistance support for community partners and schools implementing sexual health education; facilitating the Youth Leadership Council to ensure youth voices guide the collaborative work; outreach to parents and the general community about the importance of youth sexual health; advocacy to school administrators, policy makers, and the community for policies that promote healthy futures for youth; convening partners to achieve shared goals and avoid duplication of effort; and jump-starting new initiatives to address gaps in sexual health education programs. Learn more at amplifytulsa.org

DISCUSSION

Oklahoma has experienced a significant decrease in teen births. However, as new generations enter adolescence, there will always be new opportunities to provide medically accurate education, promote positive family relationships, and provide access to birth control/condoms for all. Education at home and in schools is a vital component of ensuring adolescents are healthy and reducing exposure to risks with long-term consequences they may not be capable of understanding at this age.

Many partners and agencies work on the issue of adolescent health in the state and much progress has been made. However, there are disparities that limit success for both the populations experiencing them and the staff working to improve adolescent health statewide. Gaps in services in the rural areas need to be addressed in order to assist youth in living their best, healthy lives. Families need support in providing education and resources to guide their youth.



RECOMMENDATIONS

- Encourage teens to participate in programs and activities that promote positive youth development.
- Connect teens to organizations or health care professionals for sexual and reproductive health education and services.
- Encourage/aid in helping youth to identify trusted adults they can talk to when they have a problem.
- Provide training to parents and school staff to increase their askability.
- Promote parent-child communication including sexual health questions.
- Promote HIV prevention education in Oklahoma schools and communities.
- Prevention efforts should reach youth populations most affected by HIV.
- Increase access to HIV pre-exposure prophylaxis (PREP) for Oklahoma youths at risk of HIV.
- Maximize access to ART for persons living with HIV.
- For those at high risk, increase access to condoms for teens and young adults.
- Support comprehensive health education for Oklahoma students.
- Discuss transition to adult health care beginning at age 12, include providers, parents, and youth at all stages of the discussion.

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DATA SOURCES

Sexual Activity, Contraceptive use, Askable Adults, and Bullying

The Youth Risk Behavior Survey (YRBS) covers six categories of health-risk behaviors, an assessment of obesity prevalence, and other health-related topics. Health-risk behaviors included behaviors that contribute to unintentional injuries and violence, tobacco use, alcohol and other drug use, sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, unhealthy dietary behaviors, and physical inactivity. Additional information about the Oklahoma YRBS at www.yrbs.health.ok.gov

Teen Births

Data for teen birth rates in Oklahoma are from the Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics. These data can be found on Oklahoma Statistics on Health Available for Everyone (OK2SHARE) at <http://www.health.ok.gov/ok2share>.

Sexually Transmitted Infections

Data for sexually transmitted infections and HIV in Oklahoma were from the Sexual Health & Harm Reduction Service at the Oklahoma State Department of Health. Additional information can be found at https://www.ok.gov/health/Prevention_and_Preparedness/Sexual_Health_&_Harm_Reduction_Service/index.html

