A Look Back To Move Forward
Greer County

The state of Oklahoma has been in a downward health trend since the 1990’s, until recently. Through the efforts of the state and county health departments, state and local governments and the individual communities the health of Oklahomans is looking up. However, we could do more to improve the health of the citizens of Oklahoma.

This report focuses on the health factors for the citizens of Greer County. We will take a look back to discover what has been affecting the health of the citizens in order to move forward and make healthy, effective and safe changes for all.
Demographics

- Population estimates
  - 8% decrease from 1990 to 2000 (6,559 to 6,061)
  - 4% decrease from 2000 to 2004
  - Ranked 63rd for growth in state 2000 Census
- Hispanic/Latino ethnicity = 7%
- Race
  - Whites = 81%
  - Native Americans = 2%
  - Blacks = 9%
  - Other/Multiple = 7%
- Age
  - Under 5 = 5%
  - Over 64 = 20%
  - Median age = 40.0 years
- Housing units
  - Occupied = 2,237 (80%)
  - Vacant = 551 (20%)
- Disability (ages 21 to 64) = 25.7%
  - national = 19.2% state = 21.5%
- Individuals below poverty = 19.6%
  - national = 12.4% state = 14.7%

Greer County Population Growth with Projections

Top 10 Leading Causes of Death

The top 10 leading causes of death table on the next page displays a broad picture of the causes of death in Greer County. Since many health-related issues are unique to specific ages, this table provides causes of death by age group at a glance. The causes of death that are present across almost every age group have been highlighted. From 1983 to 1993 heart disease killed 417 people in Greer County and is still the leading cause of death among all age groups. According to the Centers for Disease Control, almost $400,000 is spent on each heart disease-related death. With an average of 33.2 deaths a year, heart disease accounts for over $12 million a year in medical costs in Greer County.

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Nutrition and Obesity

No Data Available At This Time
<table>
<thead>
<tr>
<th>Rank</th>
<th>0-4</th>
<th>05-14</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
<th>All Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HEART DISEASE</td>
<td>1</td>
<td>7</td>
<td>8</td>
<td>17</td>
<td>27</td>
<td>310</td>
<td>365</td>
<td>HEART DISEASE</td>
</tr>
<tr>
<td>2</td>
<td>PERINATAL PERIOD</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>13</td>
<td>19</td>
<td>158</td>
<td>193</td>
</tr>
<tr>
<td>3</td>
<td>BRONCHITIS/EMPHYSEMA/ASTHMA</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>104</td>
<td>110</td>
<td>BRONCHITIS/EMPHYSEMA/ASTHMA</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>VIRAL HEPATITIS</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>11</td>
<td>2</td>
<td>27</td>
<td>35</td>
</tr>
<tr>
<td>5</td>
<td>SEPTICEMIA (BLOOD POISONING)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>11</td>
<td>48</td>
<td>49</td>
<td>SEPTICEMIA (BLOOD POISONING)</td>
</tr>
<tr>
<td>6</td>
<td>OTHER PEPTIC ULCER</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>12</td>
<td>16</td>
<td>16</td>
<td>OTHER PEPTIC ULCER</td>
</tr>
<tr>
<td>7</td>
<td>SEPTICEMIA (BLOOD POISONING)</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>1</td>
<td>11</td>
<td>11</td>
<td>SEPTICEMIA (BLOOD POISONING)</td>
</tr>
<tr>
<td>8</td>
<td>OTHER</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>12</td>
<td>16</td>
<td>16</td>
<td>TWO CAUSES TIED</td>
</tr>
</tbody>
</table>

Data source: *Vital Statistics*, Health Care Information Division, Oklahoma State Department of Health
Produced by: Injury Prevention Service, Disease and Prevention Service, Oklahoma State Department of Health
Injury and Violence

Across the nation and the state of Oklahoma, unintentional and violence-related injuries are on the rise. Unintentional injuries account for the 4th leading cause of death in the United States and the 5th leading cause of death in Oklahoma from 1999-2002. For persons ages 1 to 44 in Oklahoma, unintentional injuries are the leading cause of death.

This trend does not change much in Greer County. Unintentional injuries are the leading cause of death from ages 15 to 24.

It is estimated that for every motor vehicle-related death $1.1 million in economic costs are incurred. For Greer County which has an average of 1.8 motor vehicle-related deaths a year, that translates to over $2 million a year.

Violence-related injuries (homicide and suicide) in Greer County are ranked in the top 10 in three of the eight age groups (see Top 10 list on page 3).

Injury and Violence-Related Deaths in Greer County, 1999 - 2003

Tobacco Use

No Data Available At This Time

Physical Activity, Wellness and Diabetes

No Data Available At This Time
Teen Pregnancy

While births to teen mothers (age 15 to 19) are on the decline in both the U.S. and Oklahoma, Oklahoma has moved up in rank from 13th to 8th in the country. In 1993 the rate of teen births was 60.0 (per 1,000 15-19 year old females) in the U.S. and 66.6 in Oklahoma. In 2003, the rate decreased to 41.7 in the U.S. and 55.8 in Oklahoma, a decrease of 31% and 7%, respectively.

Children of teen mothers are more likely to display poor health and social outcomes than those of older mothers, such as premature birth, low birth weight, higher rates of abuse and neglect, and more likely to go to foster care or do poorly in school. Additionally, births to teen mothers accumulate $3,200 a year for each teenage birth, which is passed on to citizens.

According to Oklahoma Vital Statistics, Greer County had a teen birth rate of 51.1 in 2003 which was a 46% decrease from 2002 (95) and a 10% decrease since 1993 (56.5).

With an average of 13 births per year, teen pregnancy costs the citizens of Greer County $41,600.00 a year.

Poverty

As the nation advances in technology and the ability to detect and prevent disease at an earlier stage, persons that are impoverished carry a large burden of poor health outcomes. Higher incidences of unplanned or unwanted pregnancies, teen pregnancy, inadequate prenatal care, higher rates of low-birth-weight babies, infant deaths and low immunization rates are all associated with poverty along with a myriad of other adverse health outcomes.

According to the 2000 census, 19.6% of persons in Greer County for whom poverty status was known had an income below what was needed to live at the federal poverty level. Greer County is 33% above the state (14.7%) and 58% above the nation (12.4%) for persons with incomes below the federal poverty level.

<table>
<thead>
<tr>
<th>Income to Poverty Ratio, Greer County, 2000 Census</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty level</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Population</td>
</tr>
<tr>
<td>Cumulative Population</td>
</tr>
<tr>
<td>% of Total</td>
</tr>
<tr>
<td>Cumulative %</td>
</tr>
</tbody>
</table>


Note: 6 births to a mother 10-14 years of age occurred during the 11 year period.
OK By One - State Immunization Data

2003-04 Immunization Coverage Rates

4:3:1:3:3 Coverage by Location of Shots, Oklahoma, 2004

Provider Type

Oklahoma Children On Schedule by Antigen, 2004

**Note: County level data will be available soon.**
Health Care Costs Summary

Cardiovascular Disease (Heart Disease)
- Average 33 deaths a year
- $369,476.69 per death
- Total—$12,192,730.77 a year
- Data Not Available At This Time

Obesity
- Data Not Available At This Time

Motor Vehicle-Related Injury Death
- Average 1.8 deaths per year
- $1,120,000.00 in economic costs per death
- Total—$2,016,000.00 a year

Diabetes
- Data Not Available At This Time

Teen Pregnancy
- Average of 13 births to teen mothers per year
- $3,200.00 in costs for each birth a year
- Total—$41,600.00 a year

Grand Total for Greer County:
$14,250,330.77
The Oklahoma Turning Point Initiative is public health improvement in action. The success of the Turning Point process involves a partnership between the state and county departments of health, local communities, and policy-makers. The Oklahoma Turning Point engine is fueled by a community-based decision making process whereby local communities tap into the capacities, strengths, and vision of their citizens to create and promote positive, sustainable changes in the public health system, and the public’s health.