



State of the State's Health Report

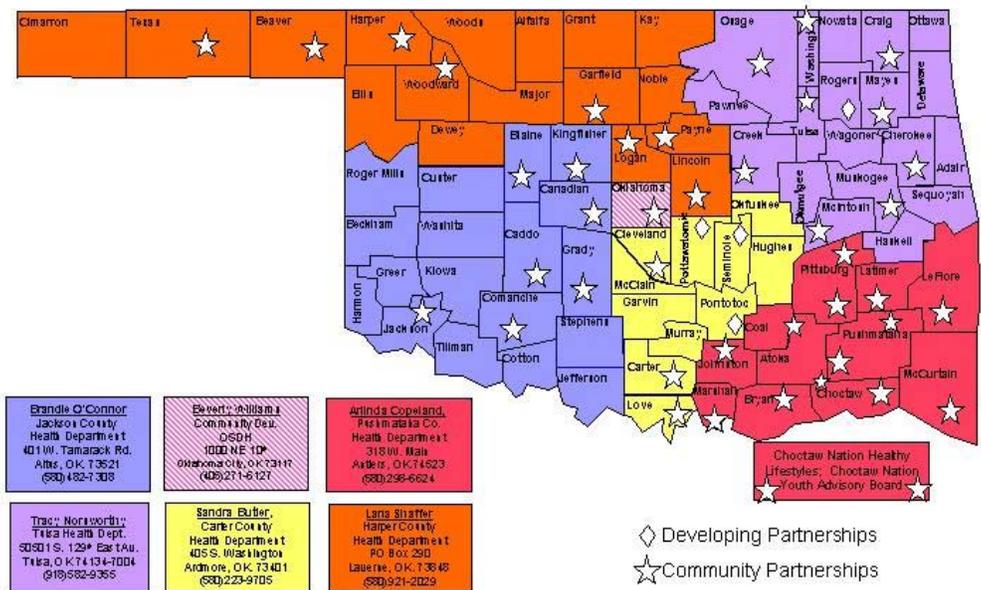
A Look Back To Move Forward

State of Oklahoma

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 Oklahoma. 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.

TURNING POINT PARTNERSHIPS and FIELD CONSULTANT DISTRICT



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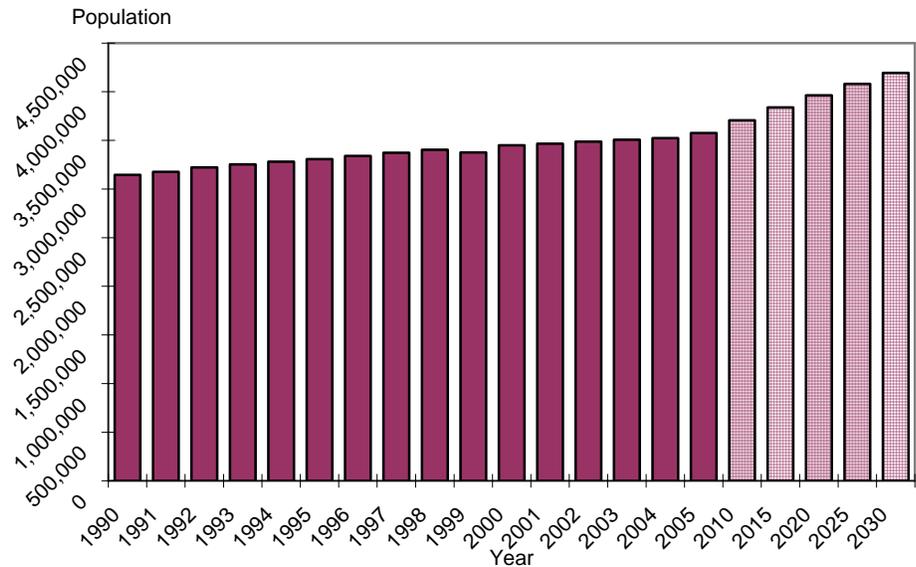
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Demographics

* U.S. Census Bureau

- Population estimates
 - 9.7% increase from 1990 to 2000 (3,145,576 to 3,450,654)
 - 3.6% increase from 2000 to 2005
 - Ranked 28th for growth in country
- 2000 Census
- Hispanic/Latino ethnicity = 5%
- Race
 - Whites = 76%
 - Native Americans = 8%
 - Blacks = 8%
 - Other/Multiple = 8%
- Age
 - Under 5 = 7%
 - Over 64 = 13%
 - Median age = 35.5 years
- Housing units
 - Occupied = 1,342,293 (89%)
 - Vacant = 172,107 (11%)
- Disability (ages 21 to 64) = 21.5% national = 19.2%
- Individuals below poverty = 14.7% national = 12.4%

State of Oklahoma Population Growth with Projections



* Vital Statistics, Health Care Information Systems, OSDH & Centers for Disease Control

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 Oklahoma. 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 119,624 people in Oklahoma 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 11,104 deaths a year, heart disease accounts for over \$4 billion a year in medical costs in Oklahoma.

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Alzheimer's disease and the complications associated with it have increased from the 16th ranked cause of death (1983-1993) to the 10th ranked cause of death in persons 65 and older accounting for a 213% increase in deaths.

* Behavioral Risk Factor Surveillance System, Health Care Information System, OSDH & Health Affairs Journal, R. Strum, 2002

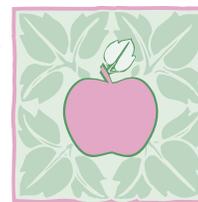
Nutrition and Obesity

With the United States coming in as the most obese country in the world, health care costs related to obesity and poor nutrition are on the rise.

Of the 292 million people in the United States, 129 million are overweight or obese according to their body mass index (BMI). The number of obese (BMI > 29) and overweight (BMI 25-29) Oklahomans has been increasing at the

same rate as the nation, and health care costs are reflecting this downward spiral of health. For persons under the age of 65, on average, health care costs are \$395 more for obese individuals and are even greater for persons over the age of 65.

In 2002-2004, 24.1%



Sensible Foods – Sensible Portions
5 to 9 Fruits & Vegetables a Day

(845,059) of people in Oklahoma were considered obese which accounted for an additional \$333,798,305 in medical costs for the state. These costs are underestimated because they do not take into account the percentage of obese or overweight persons who are over the age of 65.

Top 10 Causes of Death by Age Group State of Oklahoma 1993-2003

Rank	0-4	05-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	PERINATAL PERIOD 1,657	UNINTENT. INJURY 566	UNINTENT. INJURY 2,590	UNINTENT. INJURY 2,015	UNINTENT. INJURY 2,430	CANCER 6,578	CANCER 13,685	HEART DISEASE 100,570	HEART DISEASE 122,187
2	CONGENITAL ANOMALIES 1,035	CANCER 144	SUICIDE 844	SUICIDE 983	CANCER 2,389	HEART DISEASE 6,237	HEART DISEASE 12,229	CANCER 55,265	CANCER 79,040
3	UNINTENT. INJURY 530	HOMICIDE/LEGAL 83	HOMICIDE/LEGAL 678	CANCER 660	HEART DISEASE 2,261	UNINTENT. INJURY 1,865	BRONCHITIS/EMPHYSEMA/ASTHMA 2,160	STROKE 22,862	STROKE 25,972
4	SIDS 388	CONGENITAL ANOMALIES 70	CANCER 230	HEART DISEASE 631	SUICIDE 1,141	LIVER DISEASE 911	STROKE 1,573	BRONCHITIS/EMPHYSEMA/ASTHMA 16,401	BRONCHITIS/EMPHYSEMA/ASTHMA 19,361
5	HEART DISEASE 153	SUICIDE 66	HEART DISEASE 185	HIV 490	HIV 656	STROKE 884	UNINTENT. INJURY 1,363	INFLUENZA/PNEUMONIA 11,393	UNINTENT. INJURY 16,797
6	HOMICIDE/LEGAL 136	HEART DISEASE 53	CONGENITAL ANOMALIES 57	HOMICIDE/LEGAL 453	HOMICIDE/LEGAL 594	SUICIDE 835	DIABETES MELLITUS 1,332	DIABETES MELLITUS 6,928	INFLUENZA/PNEUMONIA 12,714
7	SEPTICEMIA (BLOOD POISONING) 82	BRONCHITIS/EMPHYSEMA/ASTHMA 25	INFLUENZA/PNEUMONIA 40	STROKE 113	LIVER DISEASE 459	DIABETES MELLITUS 779	LIVER DISEASE 817	UNINTENT. INJURY 5,418	DIABETES MELLITUS 9,524
8	INFLUENZA/PNEUMONIA 72	INFLUENZA/PNEUMONIA 17	BRONCHITIS/EMPHYSEMA/ASTHMA 39	DIABETES MELLITUS 106	STROKE 446	BRONCHITIS/EMPHYSEMA/ASTHMA 550	INFLUENZA/PNEUMONIA 573	ALZHEIMER'S DISEASE 4,757	SUICIDE 5,249
9	CANCER 68	SEPTICEMIA (BLOOD POISONING) 15	STROKE 34	INFLUENZA/PNEUMONIA 72	DIABETES MELLITUS 348	INFLUENZA/PNEUMONIA 347	SUICIDE 484	KIDNEY DISEASE 4,397	KIDNEY DISEASE 5,077
10	KIDNEY DISEASE 41	STROKE 12	DIABETES MELLITUS 27	CONGENITAL ANOMALIES 65	INFLUENZA/PNEUMONIA 196	HOMICIDE/LEGAL 344	SEPTICEMIA (BLOOD POISONING) 382	ATHERO-SCLEROSIS 3,937	ALZHEIMER'S DISEASE 4,836

Data source: *Vital Statistics*, Health Care Information Division, Oklahoma State Department of Health

Produced by: Community Development Service, Community Health Services, Oklahoma State Department of Health

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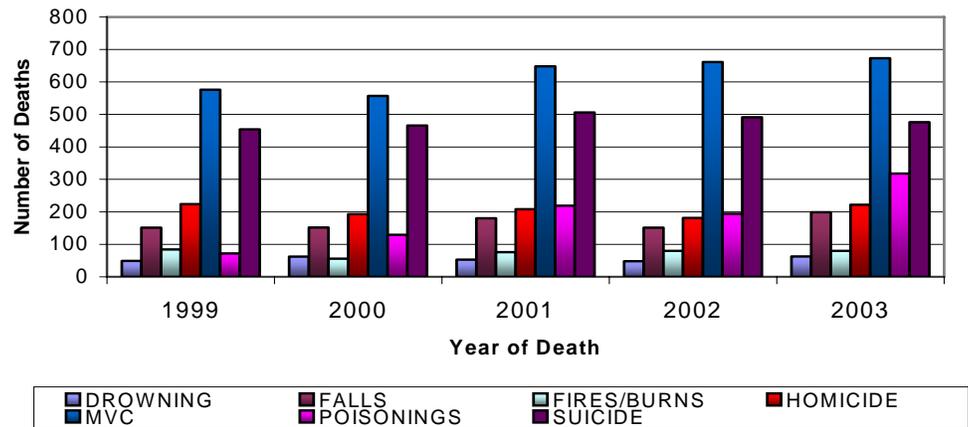
Injury and Violence

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.

It is estimated that for every motor vehicle-related death \$1.1 million in economic costs are incurred. For Oklahoma, which has an average of 623 motor vehicle-related deaths a year, that translates to almost \$700 million a year.

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

Injury and Violence-Related Deaths in Oklahoma, 1999 - 2003



* *Vital Statistics*, Health Care Information Systems, OSDH & Centers for Disease Control

Tobacco Use

According to the 2005 State of the State's Health Report, tobacco use among Oklahomans has remained fairly stable from 1990 to 2002. Oklahoma has been consistently higher in its tobacco use than the nation and is 30% higher than the nation on the amount of tobacco consumed per capita (103 packs vs. 79 packs).

Tobacco use is no longer just the

problem of the individual but also the community as a whole. With health care costs on the rise, targeting areas such as tobacco use is an effective way to control those costs.

In 2002, the CDC estimated that a person that used tobacco accrued over \$3,300 in health care costs per year. According to the Be-

havioral Risk Factor Surveillance System, it is estimated that 25.9%

(908,175) of people in Oklahoma use tobacco of some sort. Medical costs accumulated by those persons are almost \$3 billion a year for Oklahoma.

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* *Behavioral Risk Factor Surveillance System*, Health Care Information System, OSDH & American Diabetes Association, 2002

Physical Activity, Wellness and Diabetes

The increasing inactivity of the U.S. population is contributing to an increase in numerous poor health-related outcomes. Physical inactivity robs the body of precious energy needed to function properly, in turn health declines and rates of various chronic diseases escalate.

According to the 2002-2004 Behavioral Risk Factor Surveillance System (BRFSS), it is estimated that 29.6%

(1,037,915) of people in Oklahoma had no leisure activity in the past month at the time they were surveyed.

The BRFSS also indicated that 7.3% (255,972) of Oklahoma citizens have been diagnosed by a health professional as having dia-



Increase activity gradually. Moderate exercise for 30 minutes 5 days a week.

betes. In 2002, the per capita annual healthcare costs for people with diabetes was \$13,243 compared to \$2,560 for people without diabetes. Persons with diabetes accumulated health care costs of \$3,389,840,335.00 in one year for the State of Oklahoma.

Teen Pregnancy

While births to teen mothers (age 15 to 19) are on the decline in both the U.S. and the state, 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.

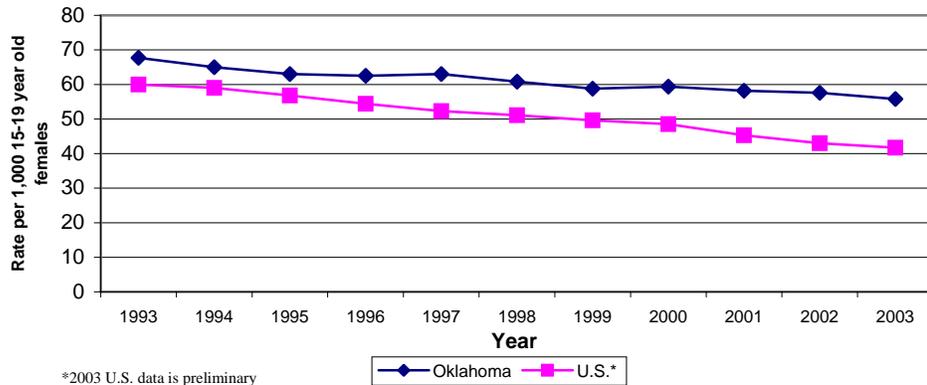
Children of teen mothers are more likely to display poor health and social outcomes than those of older mothers, such as premature birth, low birth weight, higher rates of abuse and neglect, and more likely to go to foster care or

do poorly in school. Additionally, births to teen mothers accumulate \$3,200 a year for each teenage birth, which is passed on to citi-

zens.

With an average of 7,597 births per year, teen pregnancy costs the citizens of Oklahoma \$24,310,400 a year.

Rate of Live Births to Teen Mothers Ages 15-19, Oklahoma, 1993 to 2003



Note: 1,419 births to a mother 10-14 years of age occurred during the 11 year period.

Poverty

* U.S. Census Bureau

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, inade-

quate 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.

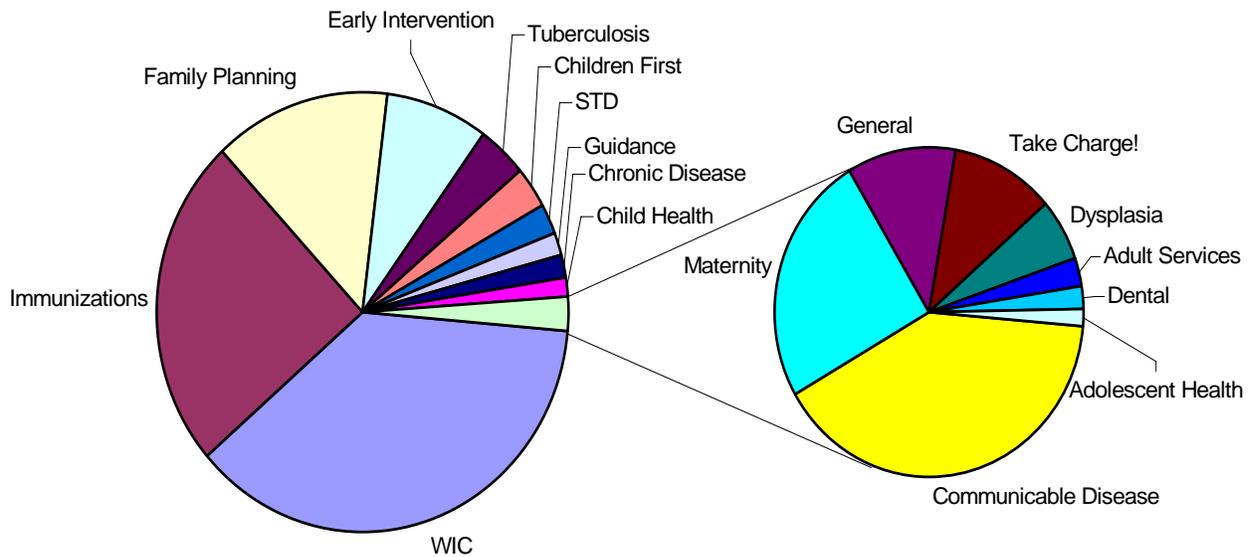
According to the 2000 census, 14.7% of persons in Oklahoma for

whom poverty status was known had an income below what was needed to live at the federal poverty level. Oklahoma is 19% above the nation (12.4%) for persons with incomes below the federal poverty level.

Income to Poverty Ratio, Oklahoma, 2000 Census

Poverty level	Total	50% below	51% to 99% below	poverty level to 149% above	150% to 199% above	200% and above
Population	3,336,224	204,486	286,749	373,397	365,976	2,105,616
Cumulative Population		204,486	491,235	864,632	1,230,608	3,336,224
% of Total	100.0%	6.1%	8.6%	11.2%	11.0%	63.1%
Cumulative %		6.1%	14.7%	25.9%	36.9%	100.0%

Attended Appointments for County Health Departments* in Oklahoma, State Fiscal Year 05



* Does not include Oklahoma County or Tulsa County

Health Care Costs Summary

Cardiovascular Disease (Heart Disease)

- Average 11,104 deaths a year
- \$369,476.69 per death
- Total— \$ 4,102,669,165.76 year

Obesity

- 24.1% of population (845,059)
- \$395.00 in additional medical costs per person
- Total—\$333,798,305.00

Motor Vehicle-Related Injury Death

- Average 623 deaths per year
- \$1,120,000.00 in economic costs per death
- Total—\$697,760,000.00 a year

Tobacco Use

- 25.9% of population (908,175)
- \$3,300.00 in health care costs
- Total—\$2,996,977,500.00 a year

Diabetes

- 7.3% of population (255,972)
- \$13,243.00 in healthcare costs a year
- Total—\$3,389,840,335.00 a year

Teen Pregnancy

- Average of 7,597 births to teen mothers per year
- \$3,200.00 in costs for each birth a year
- Total—\$24,310,400 a year



Grand Total for Oklahoma:

\$ 11,545,355,705.76



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DEPARTMENT OF HEALTH**

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Looking Back to Move Forward

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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.

Oklahoma Turning POINT



*Oklahoma Community Partners
in Public Health Innovation*