

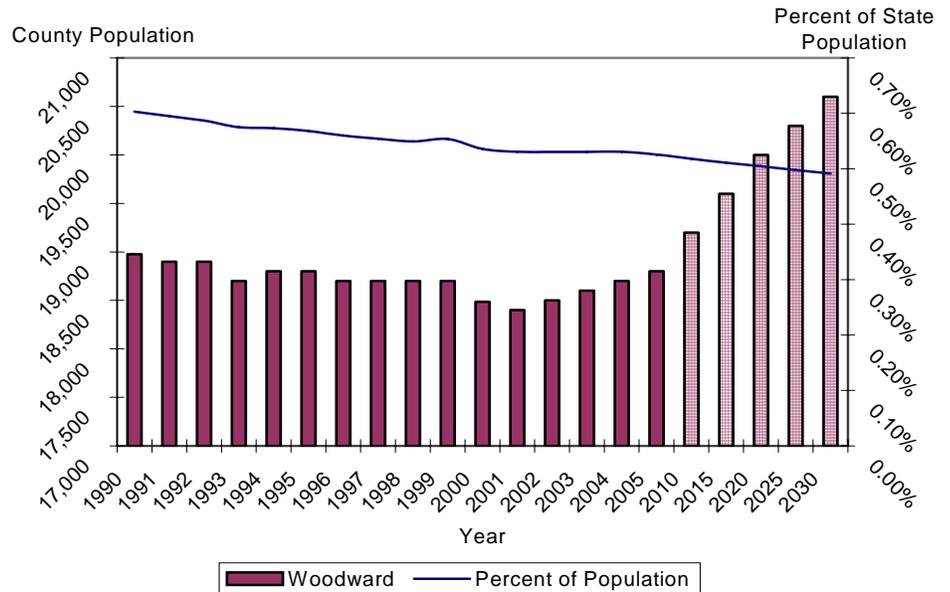


# Demographics

\* U.S. Census Bureau

- Population estimates
  - 3% decrease from 1990 to 2000 (18,976 to 18,486)
  - 1% increase from 2000 to 2004
  - Ranked 29<sup>th</sup> for growth in state
- 2000 Census
- Hispanic/Latino ethnicity = 5%
- Race
  - Whites = 92%
  - Native Americans = 2%
  - Blacks = 1%
  - Other/Multiple = 5%
- Age
  - Under 5 = 7%
  - Over 64 = 14%
  - Median age = 37.4 years
- Housing units
  - Occupied = 7,141 (86%)
  - Vacant = 1,200 (14%)
- Disability (ages 21 to 64) = 19.5% national = 19.2% state = 21.5%
- Individuals below poverty = 12.5% national = 12.4% state = 14.7%

**Woodward County 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 Woodward 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 735 people in Woodward 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 67.4 deaths a year, heart disease accounts for almost \$25 million a year in

**Heart disease accounts for almost \$25 million a year in medical costs in Woodward County.**

in Woodward County. Alzheimer's disease and the complications associated with it have increased from the 10<sup>th</sup> ranked cause of death (1983-1993) to the 6<sup>th</sup> ranked cause of death in persons 65 and older accounting for a 94% increase in deaths.

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

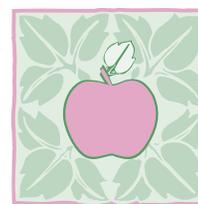
## Nutrition and Obesity

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, 26.4%



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

(4,874) of people in Woodward County were considered obese which accounted for an additional \$1,925,230 in medical costs for the county. 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 Woodward County 1993-2003

Rank	0-4	05-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	PERINATAL PERIOD 10	CONGENITAL ANOMALITIES 1	UNINTENT. INJURY 17	CANCER 9	UNINTENT. INJURY 20	CANCER 36	CANCER 67	HEART DISEASE 634	HEART DISEASE 741
2	CONGENITAL ANOMALITIES 5	UNINTENT. INJURY 1	SUICIDE 4	UNINTENT. INJURY 8	CANCER 17	HEART DISEASE 31	HEART DISEASE 62	CANCER 282	CANCER 451
3	SIDS 2	OTHER 1	MALIGNANT NEOPLASM 3	SUICIDE 5	HEART DISEASE 11	LIVER DISEASE 9	BRONCHITIS/ EMPHYSEMA/ ASTHMA 9	STROKE 127	STROKE 143
4	UNINTENT. INJURY 2		HEART DISEASE 1	STROKE 2	INFLUENZA/ PNEUMONIA 3	UNINTENT. INJURY 9	UNINTENT. INJURY 8	BRONCHITIS/ EMPHYSEMA/ ASTHMA 76	UNINTENT. INJURY 91
5	HEART DISEASE 1		HOMICIDE/ LEGAL 1	DIABETES MELLITUS 2	LIVER DISEASE 3	STROKE 5	STROKE 7	INFLUENZA/ PNEUMONIA 58	BRONCHITIS/ EMPHYSEMA/ ASTHMA 86
6	HOMICIDE/ LEGAL 1		INFLUENZA/ PNEUMONIA 1	CONGENITAL ANOMALIES 1	SUICIDE 3	DIABETES MELLITUS 5	DIABETES MELLITUS 6	ALZHEIMER'S DISEASE 35	INFLUENZA/ PNEUMONIA 69
7	CANCER 1		OTHER 3	GALLBLADDER DISORDER 1	DIABETES MELLITUS 2	SUICIDE 5	LIVER DISEASE 2	KIDNEY DISEASE 28	DIABETES MELLITUS 42
8	OTHER 9			HEART DISEASE 1	HOMICIDE/ LEGAL 2	BRONCHITIS/ EMPHYSEMA/ ASTHMA 1	PNEUMONITIS 2	DIABETES MELLITUS 27	ALZHEIMER'S DISEASE 36
9				HYPERTENSION 1	NON-CANCEROUS TUMOR 1	GALLBLADDER DISORDER 1	ACUTE BRONCHITIS 1	UNINTENT. INJURY 26	KIDNEY DISEASE 30
10				TWO CAUSES TIED 1	FIVE CAUSES TIED 1	THREE CAUSE TIED 1	FIVE CAUSES TIED 1	TWO CAUSES TIED 14	LIVER DISEASE 21

Data source: Vital Statistics, Health Care Information Division, Oklahoma State Department of Health  
 Produced by: Community Development Service, Community Health 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.

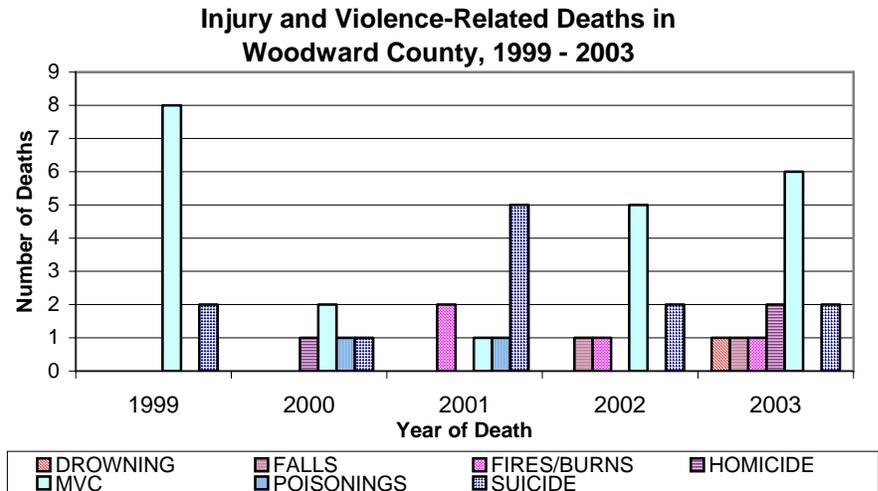
This trend does not change much in Woodward County. Unintentional injuries are the leading cause of death from ages 15 to 24.

It is estimated that for every motor vehicle-related death \$1.1 million in economic costs are incurred. For Woodward County which has an average of 4.4 motor vehicle-related deaths a year,

that translates to almost \$5 million a year.

Violence-related injuries (homicide

and suicide) in Woodward County are ranked in the top 10 in five of the eight age groups (see Top 10 list on page 3).



\* *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 Sys-

tem, it is estimated that 23.2% (4,283) of people in Woodward County use tobacco of some sort. Medical costs accumulated by those persons are over \$14 million a year for Woodward County.

*“Medical costs accumulated by those persons are over \$14 million a year for Woodward County”*

\* *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 26.1%

(4,818) of people in Woodward County had no leisure activity in the past month at the time they were surveyed.

The BRFSS also indicated that 10.6% (1,957) of Woodward County citizens have been diagnosed by a health professional as hav-



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

ing diabetes. 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 \$25,916,551.00 in one year for Woodward County.

# 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

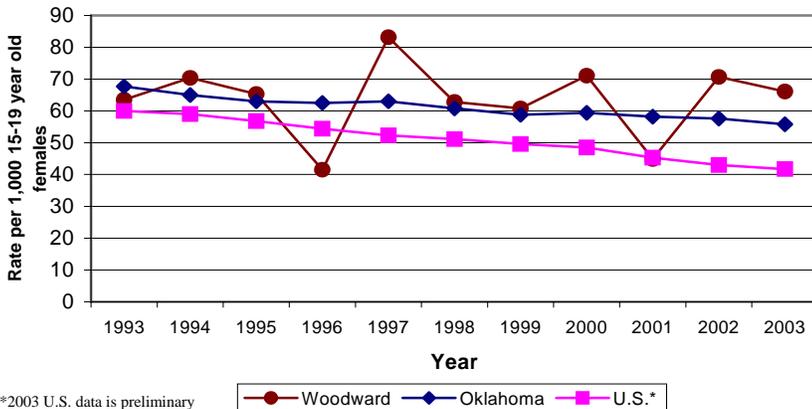
31% and 7%, respectively.

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, Woodward County had a teen birth rate of 66.1 in 2003 which was a 7% decrease from 2002 (70.7) and a 4% increase since 1993 (63.5).

With an average of 43 births per year, teen pregnancy costs the citizens of Woodward County \$137,600.00 a year.

**Rate of Live Births to Teen Mothers, Ages 15-19, Woodward County, 1993 to 2003**



\*2003 U.S. data is preliminary

Note: 2 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, 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, 12.5% of persons in Woodward County for whom poverty status was known had an income below what was needed to live at the federal poverty level. Woodward County is 15% below the state (14.7%) and similar to the nation (12.4%) for persons with incomes below the federal poverty level.

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**Income to Poverty Ratio, Woodward County, 2000 Census**

Poverty level	Total	50% below	51% to 99% below	poverty level to 149% above	150% to 199% above	200% and above
Population	17,676	1,152	1,055	1,843	2,051	11,575
Cumulative Population		1,152	2,207	4,050	6,101	17,676
% of Total	100.0%	6.5%	6.0%	10.4%	11.6%	65.5%
Cumulative %		6.5%	12.5%	22.9%	34.5%	100.0%

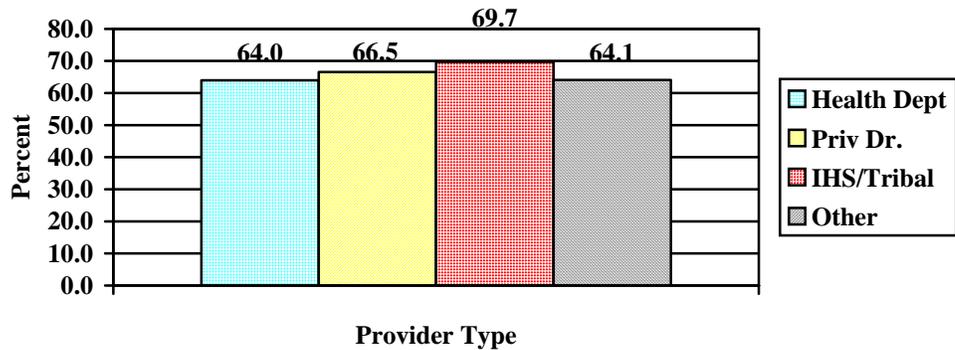
# OK By One - State Immunization Data

\* 2 Year-old Immunization Survey, Immunization Service, OSDH

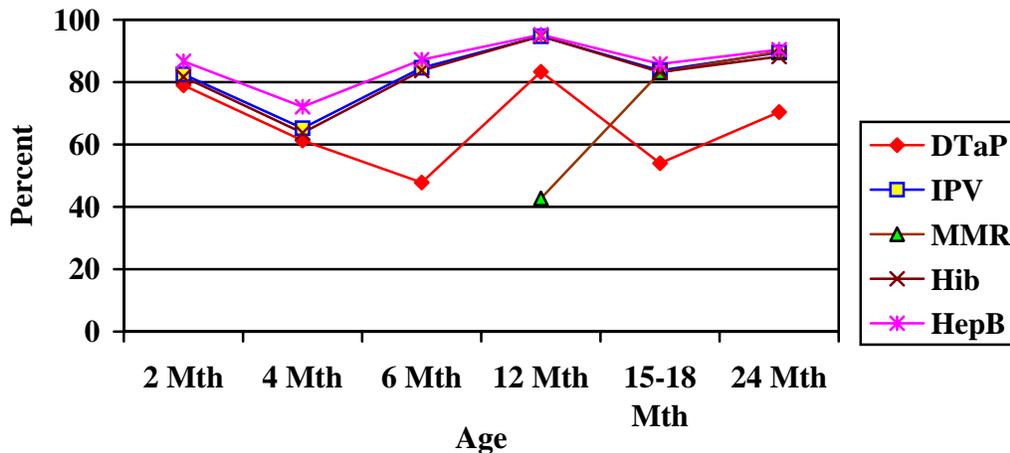
## 2003-04 Immunization Coverage Rates



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

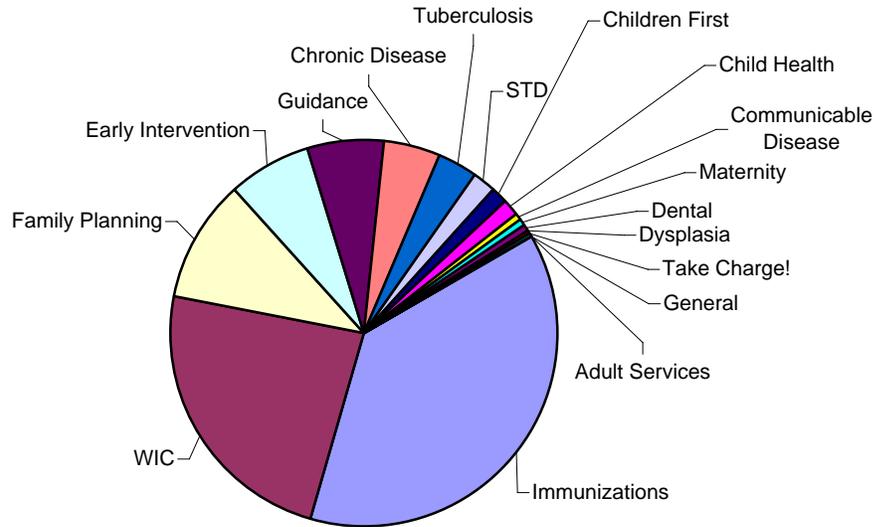


## Oklahoma Children On Schedule by Antigen, 2004



\*\*Note: County level data will be available soon.

**Attended Appointments for  
Woodward County Health Department,  
State Fiscal Year 05**



## Health Care Costs Summary

### Cardiovascular Disease (Heart Disease)

- Average 67 deaths a year
- \$369,476.69 per death
- Total— \$24,754,938.23 a year

### Obesity

- 26.4% of population ( 4,874 )
- \$395.00 in additional medical costs per person
- Total—\$1,925,230.00

### Motor Vehicle-Related Injury Death

- Average 4.4 deaths per year
- \$1,120,000.00 in economic costs per death
- Total—\$4,928,000.00 a year

### Tobacco Use

- 23.2% of population (4,283)
- \$3,300.00 in health care costs
- Total—\$14,133,900.00 a year

### Diabetes

- 10.6% of population (1,957 )
- \$13,243.00 in healthcare costs a year
- Total—\$25,916,551.00 a year

### Teen Pregnancy

- Average of 43 births to teen mothers per year
- \$3,200.00 in costs for each birth a year
- Total— \$137,600.00 a year



**Grand Total for Woodward County:**

**\$71,796,219.23**



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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.*

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# Oklahoma Turning POINT



*Oklahoma Community Partners  
in Public Health Innovation*