



A CALL TO ACTION

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Introduction

The State Board of Health presents its sixth annual *State of the State's Health* report to the citizens of Oklahoma. The current state of the state's health is unacceptable. We issue a *Call to Action*.

Our first report in 1997 showed that Oklahoma's age-adjusted death rates and years of potential life lost were considerably above the nation as a whole. Furthermore, our prevalence of risk factors predicted poor health outcomes for the future. In 1998, we demonstrated considerable regional differences across Oklahoma, and compared to the rest of the nation, our health status actually decreased over the last decade! Our 1999 report focused on youth. A larger percentage of our children live in poverty and do not have health insurance compared to the United States. Our rates of graduation from college are considerably lower. Our rates for youth nicotine addiction, motor vehicle crashes, suicide, and teen pregnancy are truly alarming. In 2000, we re-examined health trends. Again Oklahoma's health status indicators were unacceptable. Therefore, we placed an emphasis on solutions the first time. Our 2001 report reviewed 5-year health trends. We began to find very modest evidence for progress in some areas, e.g., some decrease in motor vehicle deaths—a reflection of a stricter seat belt law. We concluded “together, as partners, we must think differently about our preventive approaches, coordinate our efforts, and challenge ourselves to take risks that will ultimately improve the health of Oklahoma's future generations.”

In this, our 2002 report, the importance of working together to improve the health of Oklahoma is crystal clear. The events of September 11 and beyond have shaken us as a nation, yet our resolve for protecting and improving the health of our citizens has never been stronger. We cannot pretend that the United States—or Oklahoma—is somehow isolated from the worldwide threats to public health. As we grapple with the realities of bioterrorism, we must acknowledge the critical need for a solid public health infrastructure and a well-informed public.

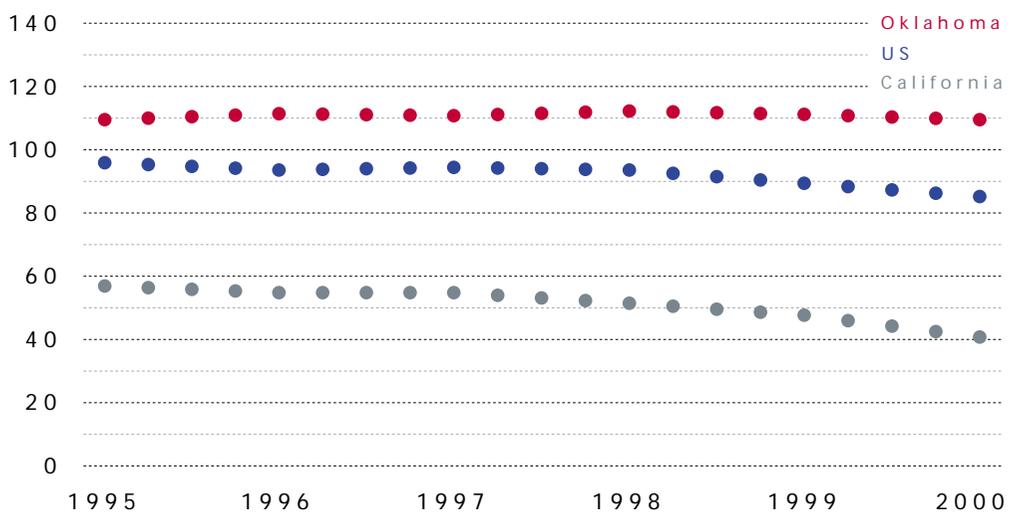
This report, while reviewing health trends, also serves as a *Call to Action*. We must act by working together. We must act by coordinating our prevention activities. We must act by ensuring a public health infrastructure that protects and improves the health of our citizens.

Review of Data

Behavioral Risk Factors

The ill effects of *nicotine addiction* have been scientifically well documented and are no longer in question. Even though Oklahoma's smoking rates have declined somewhat over the past decade, there still are too many Oklahomans at risk for tobacco-related diseases. Oklahoma continues to lose 6,000 lives prematurely each year from deaths due to nicotine addiction — more than were killed in the tragic events of September 11. As we have reported in past years, Oklahomans who smoke consume more cigarettes than much of the nation (Figure 1), and our youth, in particular, continue to be plagued by tobacco products (Figure 2), resulting in an addiction that is as powerful as heroin or cocaine. The addictive brain dysfunction disorders affect similar areas in the brain. Nicotine addiction together with calorie addiction (obesity) and alcohol addiction accounts for more than 30 percent of the burden of disease in Oklahoma! [This is measured by a relatively new statistic, DALYs (disability-adjusted life years) and will be featured in next year's report.]

Figure 1 · Cigarette Sales (Packs) Per Capita

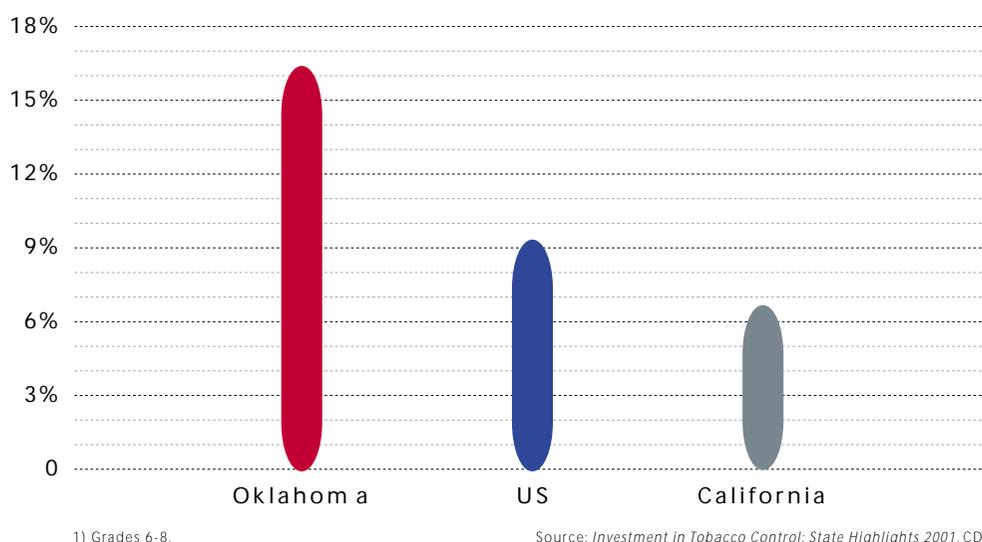


Source: Centers for Disease Control & Prevention (CDC)

Unequivocally, if we are ever to improve the health status of our state in a significant way, we must begin with our serious tobacco use problem. Recognizing this need, the State Board of Health has declared tobacco use as our state's number one health problem. We have joined forces with the Oklahoma Department of Mental Health and Substance Abuse Services, the Oklahoma Health Care Authority, the A.B.L.E. Commission, the American Cancer Society, the Oklahoma State Medical Association, and others to tackle this problem and thereby ultimately save tens of thousands from the ravages of

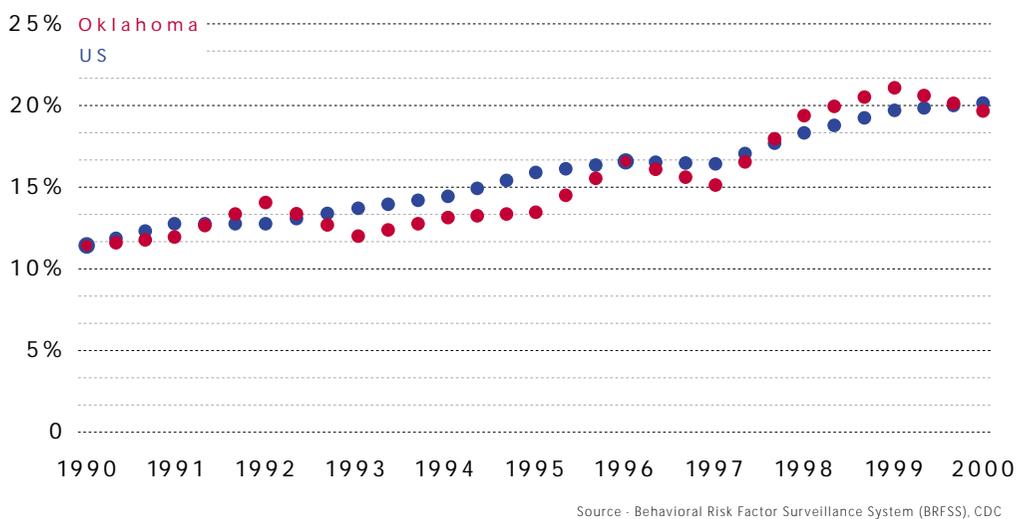
nicotine addiction and use of tobacco. In addition to working with our partners, we will be asking for increased tobacco control funding levels that will ensure the implementation of appropriate and effective prevention and cessation interventions. Over the course of the next months and years, we are absolutely determined to make an impact on this problem.

Figure 2 · Youth¹ Reporting Current Cigarette Smoking



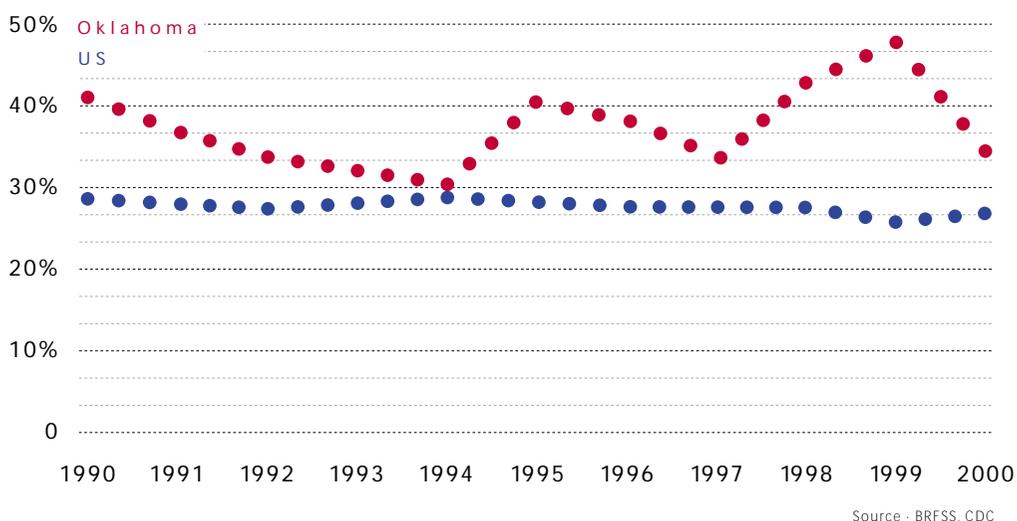
Obesity continues to be a risk factor of concern. Over the past decade, the percentage of those overweight has steadily increased (Figure 3). For our youth, the increase has been appropriately called an epidemic. Obesity contributes significantly to heart disease, stroke, diabetes, arthritis, certain cancers, and other chronic diseases and conditions.

Figure 3 · Obesity by Body Mass Index



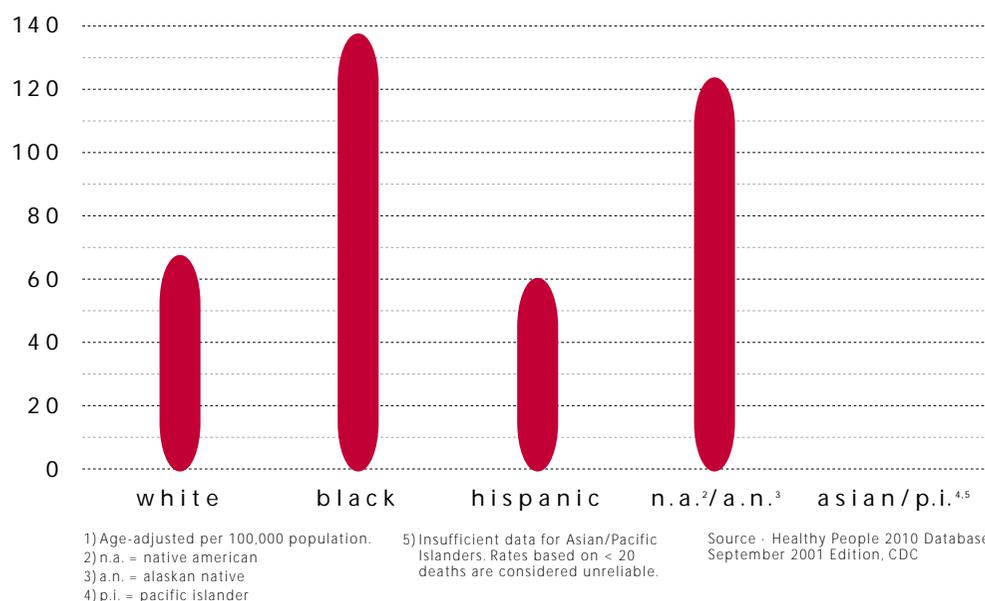
Contributing to Oklahoma's obesity problem is a *lack of exercise* (Figure 4). Over the past decade, Oklahomans have exercised much less than the rest of the nation. Programs to enhance physical activity have been shown to be effective. Even simple exercises such as regular daily walks can contribute greatly to better health.

Figure 4 · No Leisure Time Physical Activity



Our lack of exercise and increased risk for obesity also contributes to the onset and the severity of *diabetes* (Figure 5). Although our overall rates for diabetes have been near national levels, we have groups within our population that warrant concern. In particular, Oklahoma's Native American and African

Figure 5 · Diabetes-Related Deaths¹ by Race in Oklahoma, 1999

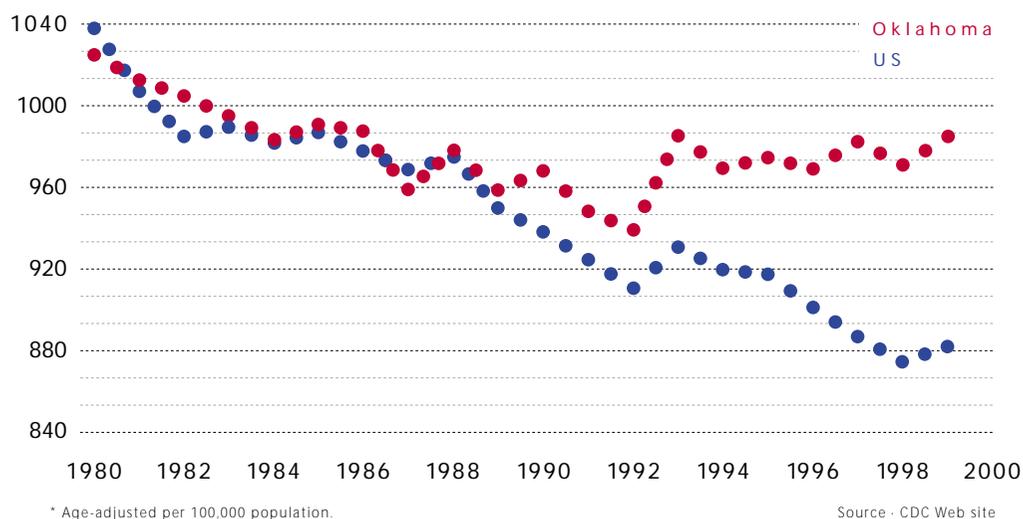


American populations show a disproportionate number of diabetes-related deaths—twice that of whites.

Leading Causes of Death

This year we update our *age-adjusted death rates* using year 2000 population standards (Figure 6). As before, Oklahoma's age-adjusted death rates are much higher than the rest of the nation, and even appear to be getting worse—a very disturbing trend.

Figure 6 · Overall Death Rates*

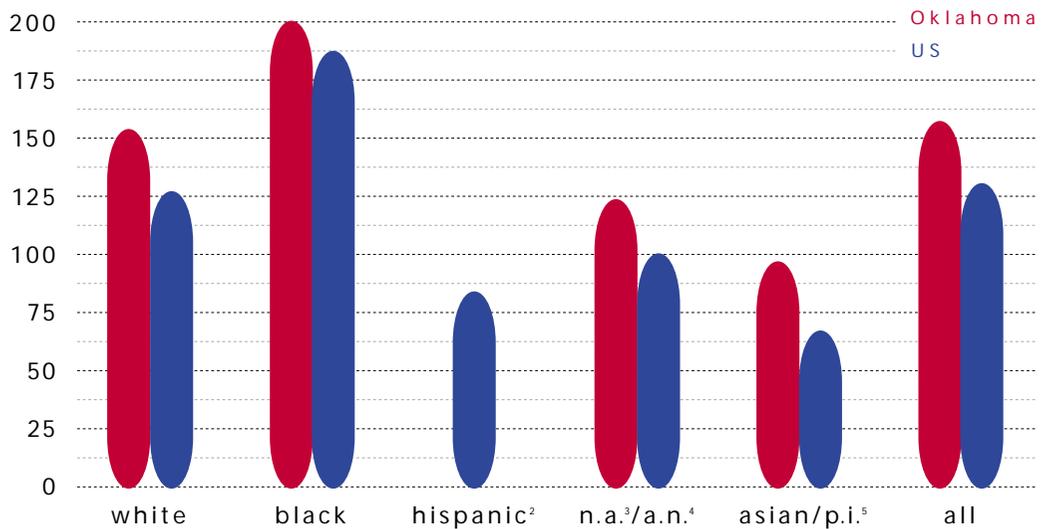


Numerous factors are responsible for Oklahoma's high death rates. Oklahoma continues to have higher rates of death from chronic illnesses, including *heart disease, cancer, stroke, and chronic obstructive pulmonary disease* (Figures 7-10) compared to the rest of the nation. We are especially concerned about the disparities among Oklahoma's population groups that exist for these leading causes of death. We are aware that the greatest disparities relate to economic status. When this is taken into account, some of the disparities between races diminish.

When taking into account all leading causes of death before age 75, we can obtain an estimate of *Years of Potential Life Lost* (Figure 11). Once again, compared to the rest of the United States, Oklahoma is losing far too many at an early age. This speaks to the relatively poor health of our adult working population, as well as higher rates of unintentional injuries. As reported in *America's Health: UnitedHealth Foundation State Health Rankings 2001*, Oklahoma's limited activity days per month due to poor health and/or injuries is

39% higher than the nation as a whole. This should be of particular concern to our business community and chambers of commerce. It has a direct effect on our economy—the costs of health insurance, workers compensation rates, and our ability to attract industry to our state.

Figure 7 · Heart Disease Death Rates¹ by Race, 1996-1998

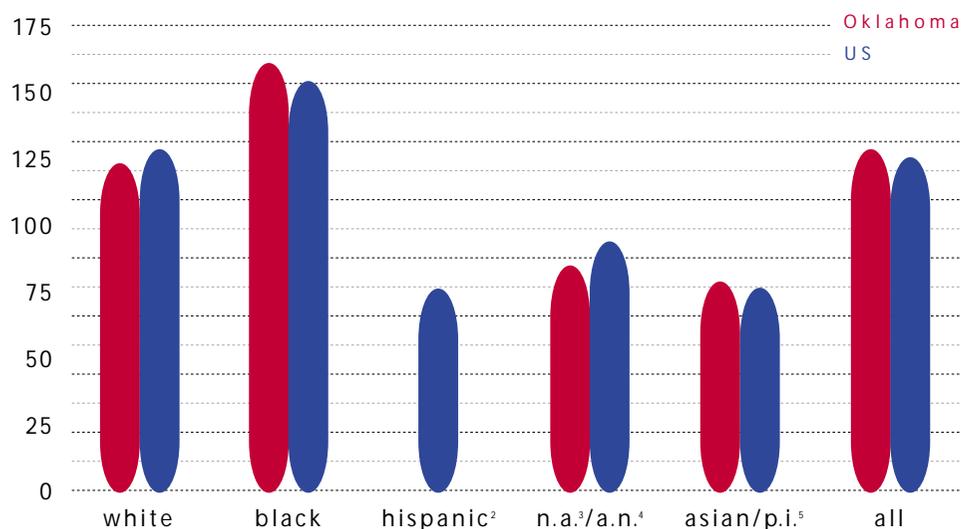


1) Age-adjusted per 100,000 population.
 2) Insufficient data for Oklahoma Hispanics. Rates based on < 20 deaths are considered unreliable.

3) n.a. = native american
 4) a.n. = alaskan native
 5) p.i. = pacific islander

Source - National Vital Statistics System, National Center for Health Statistics, CDC

Figure 8 · Cancer Death Rates¹ by Race, 1996-1998



1) Age-adjusted per 100,000 population.
 2) Insufficient data for Oklahoma Hispanics. Rates based on < 20 deaths are considered unreliable.

3) n.a. = native american
 4) a.n. = alaskan native
 5) p.i. = pacific islander

Source - National Vital Statistics System, National Center for Health Statistics, CDC

Figure 9 · Stroke Death Rates¹ by Race, 1996-1998

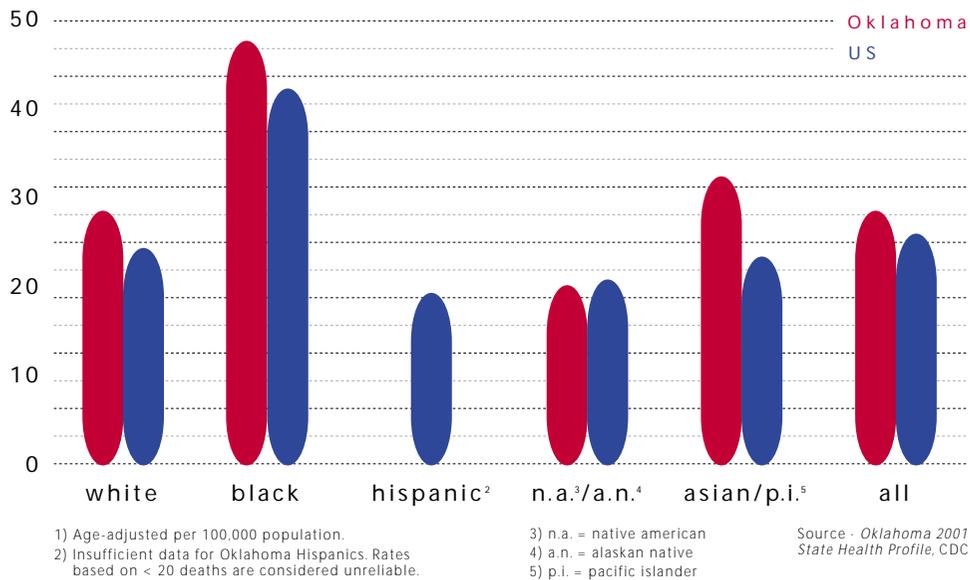
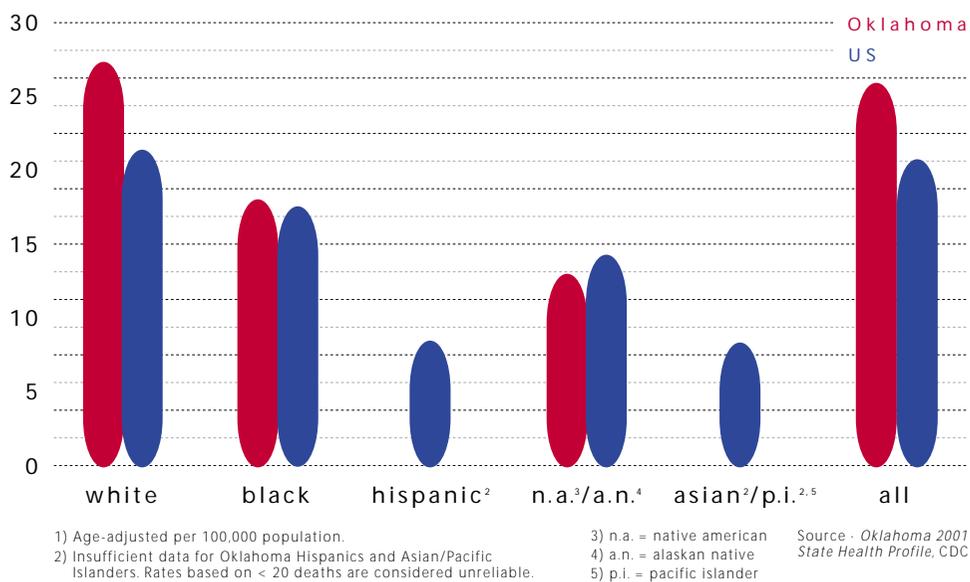


Figure 10 · COPD Death Rates¹ by Race, 1996-1998

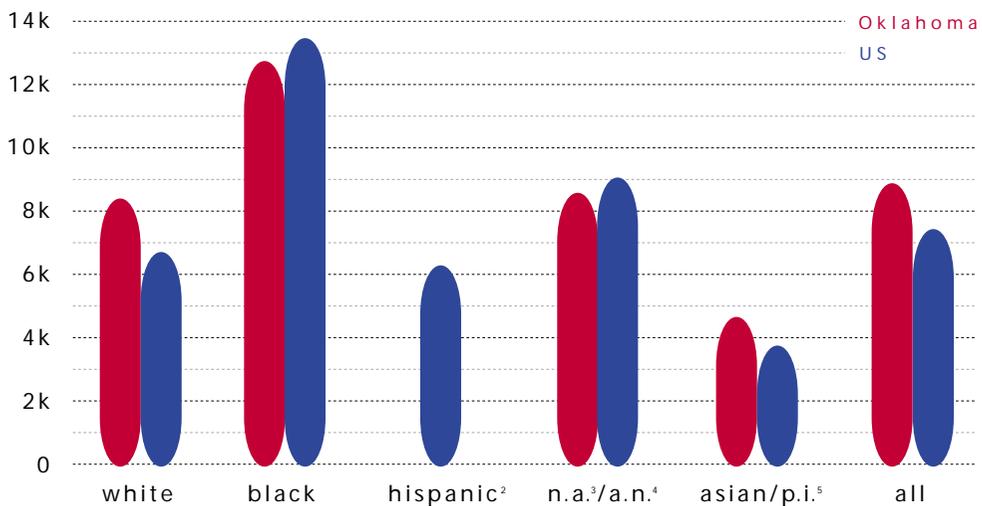


Economic Risk Factors

As stated in last year's report, "the one risk that potentially has the greatest impact on health is an individual's economic status," namely, *poverty*. Oklahoma has a higher proportion of its citizens in poverty than the nation, in particular, those under age 18 (Figure 12). According to the National Center

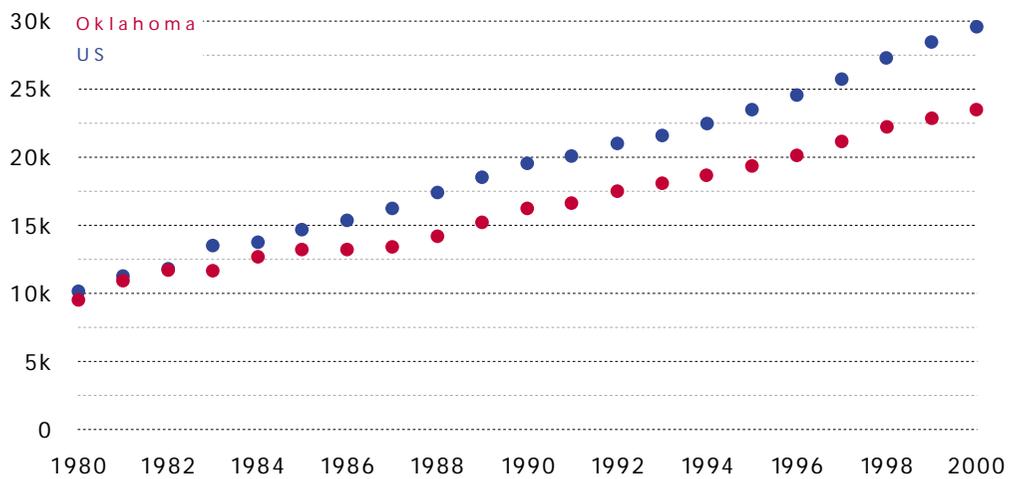
for Children in Poverty at the Columbia University School of Public Health, 26.5% of Oklahoma children aged 0-6 live in poverty compared to 23.1% for the United States (Map and Track: 2000 Edition). As concluded by our Office of State Finance, "our problem is not a job creation problem, but an income generation problem." This statement is supported by the U.S. Bureau of Economic Analysis data showing lower personal income levels for Oklahoma compared to the rest of the nation over the last 20 years, with the gap getting steadily worse. Simply put, a minimum wage for a single earner in a family of four is a poverty wage.

Figure 11 · Years of Potential Life Lost before Age 75, 1996-1998



1) Age-adjusted per 100,000 population. 3) n.a. = native american
 2) Insufficient data for Oklahoma Hispanics. Rates based on < 20 deaths are considered unreliable. 4) a.n. = alaskan native
 5) p.i. = pacific islander
 Source - Oklahoma 2001 State Health Profile, CDC

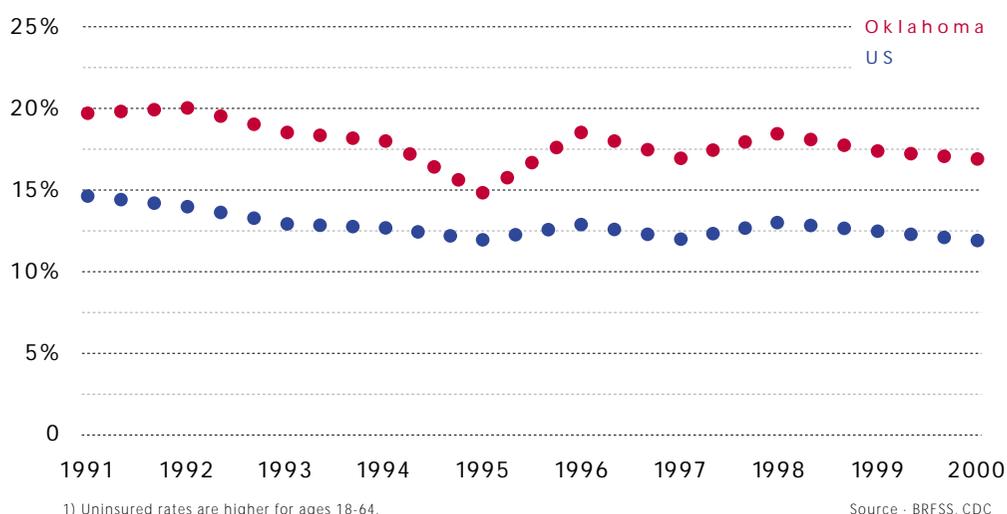
Figure 12 · Personal Income Levels



Source - US Bureau of Economic Analysis

It should be no surprise that Oklahoma has been consistently above the national average for persons reporting *no health insurance* (Figure 13). The effects of lack of insurance are cumulative. Access to health care is limited. Those needing care often are unable to afford early detection and treatment. When treatment finally is sought, outcomes are far less successful because the health problem has advanced to a more serious stage. In addition, the burden placed on our emergency care facilities is increased, and the traditional “safety nets” — non-profit and voluntary health clinics — simply cannot meet the ever-increasing needs.

Figure 13 · Reporting No Health Insurance,¹ Ages 18 and Over



Ultimately, the most vulnerable segments of our population are at risk for continued poor health outcomes — those with low incomes near poverty levels, especially our children. The State Board of Health calls upon Oklahoma business leaders to not only recognize the inseparable link between health and economic well-being, but also to work together with health leaders to improve our state’s health status by investing in preventive measures. Such action will result in a healthier Oklahoma economy together with a healthier population.

In addition to the charts in this report, these data are available at the state and county levels via the Internet at <<http://www.health.state.ok.us/board/state/>>. Additional data will be available for use by state and community partners and others to help identify prevention priorities and plan effective interventions.

A Call to Action

Again, given the evidence, the State Board of Health issues a *Call to Action*. We simply must improve the state of the state's health. We challenge key leaders, community partners, chambers of commerce, our health science centers, state agencies, the Oklahoma Legislature, the Governor's Office, and statewide organizations to join in this effort. We emphasize three areas for particular attention.

Tobacco Use Prevention

The number one preventable cause of death in Oklahoma is tobacco use. The State Board of Health and the Commissioner of Health have issued a call to action to prevent our youth from becoming addicted to nicotine and to help those already addicted to be free from tobacco use. We are starting with our own agency. Effective January 1, 2002, tobacco use will not be allowed in any of the state or county health department buildings, campuses, or vehicles. We call on other agencies, health facilities, public institutions, and work places to do likewise.

In addition, with the support of our partners, we are working on four key issues:

- *Increase Excise Tax* on a pack of cigarettes by one dollar in order to fund the health care costs of tobacco-related diseases, fund cessation services for those who want to quit, and reduce consumption of tobacco products among youth.
- Reduce sales to minors by providing increased funding for youth *compliance checks* in retail outlets.
- Allow our cities and towns to enact stronger tobacco control ordinances by *repealing preemption* language from our state's weak tobacco laws.
- Provide *smoke-free public places* to protect all Oklahomans from the health hazards of secondhand smoke.

Again, joining us in our call to action for tobacco use prevention are the Department of Mental Health and Substance Abuse Services, the Oklahoma Health Care Authority, the A.B.L.E. Commission, the American Cancer Society, the Oklahoma State Medical Association, and other state agencies and organizations. Working together with our community partners, we can make an impact and help prevent the huge burden of disease, disability, and death that nicotine addiction and tobacco use ultimately cause.



Partnership Approach to Public Health

Much progress has been made since the State Board of Health endorsed a partnership approach to health through an initiative called *Turning Point*. Many more communities have joined the effort during the past year and have committed to working together to improve our state's health. Our Turning Point community partners and the Oklahoma Turning Point Council are the keys to coordinating our prevention efforts. We encourage other state agencies, statewide organizations, physicians, business leaders, educators, faith leaders, and others to join us as partners and help ensure a healthy future for all Oklahomans.

Increased Support for Public Health

Recent tragic events have heightened the public's awareness for the need of a strong public health infrastructure. Even as we struggle with new and threatening public health concerns, we must remain focused on ongoing preventive measures that are critical to maintain a healthy population such as immunizations, HIV prevention and education, fluoridation of our communities' water supplies, injury prevention and education, child and adolescent health services, a reduction in the number of unwanted pregnancies, and better prenatal care. Unless we commit, as a state, to a strong public health infrastructure, we will be under-prepared to deal with existing and emerging new threats and will be unable to make significant gains in our state's standard measures of health status. Support for a stronger public health workforce is critically needed in a number of areas, including community health development; health regulations to ensure higher standards for our nursing homes and hospitals; communications and public health education; and enhanced protection of our air, water, and food. Threats from emerging infections are very real, independent of bioterrorism, and our ability to respond must be improved.

Recent data, however, indicate that instead of making improvements in our state's support for public health, we have fallen behind! According to the UnitedHealth Foundation, Oklahoma's support for public health has decreased to 46th in the nation! A recent millage question to increase public health support in our two largest metropolitan counties failed! We simply must do better. We have no other alternative! The health of Oklahoma's citizens is at stake.

Conclusions

The State Board of Health is responsible to the people of Oklahoma. There is a note of urgency with this *State of the State's Health* report. It is unquestionably warranted. There has never been a time when the need for a strong and effective public health infrastructure has been more obvious. We live in a different world — one with new threats, yet one with old health problems that still must be solved. In this *Call to Action*, we are joined by the leadership and membership of the State Department of Health, our county health departments, and our partners at the city-county health departments of Oklahoma City and Tulsa. Our *Call to Action* is not mere rhetoric. It requires an informed and thoughtful, but rigorous response from the citizens of Oklahoma and its public and private leadership. Our health and safety are at stake, as is the health of our children and our future generations.

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