



OKLAHOMA STATE
DEPARTMENT OF HEALTH

State of the County's Health Report

Working Together For Health

Carter County

Oklahoma ranks near the bottom in many key health status indicators. Most of these outcomes are related to conditions that Oklahomans must live with every day. Poverty, lack of insurance, limited access to primary care, and inadequate prenatal care, along with associated risky health behaviors (low fruit/vegetable consumption, low physical activity, a high prevalence of smoking) all contribute to the poor health status of our citizens.

The vision of the Oklahoma Health Improvement Plan (OHIP) involves local partnerships and communities working together to improve and sustain the physical, social, and mental well-being of all people in Oklahoma. The targeted flagship initiatives of children's health improvement, tobacco use prevention, and obesity reduction will help to maximize opportunities for all Oklahomans to lead healthy lives. If you would like more information about OHIP, please visit the Oklahoma State Department of Health website at http://www.ok.gov/health/Organization/Board_of_Health/OHIP.html.

This report focuses on health factors and demographics in Carter County. Awareness and thoughtful application of this health data can assist us in our joint endeavors to improve the health status of our local citizens.



Together We Can Move Forward

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Top 10 Causes of Death by Age Group Carter County 2002-2006

Rank	0-4	05-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	PERINATAL PERIOD 8	UNINTENT. INJURY 8	UNINTENT. INJURY 21	UNINTENT. INJURY 24	UNINTENT. INJURY 23	CANCER 49	CANCER 117	HEART DISEASE 767	HEART DISEASE 953
2	UNINTENT. INJURY 5		HEART DISEASE < 4	SUICIDE 8	HEART DISEASE 18	HEART DISEASE 48	HEART DISEASE 115	CANCER 404	CANCER 585
3	CONGENITAL ANOMALIES < 4		SUICIDE < 4	CANCER 7	CANCER 8	UNINTENT. INJURY 24	BRONCHITIS/ EMPHYSEMA/ ASTHMA 22	STROKE 162	STROKE 192
4	SIDS < 4		CONGENITAL ANOMALIES < 4	HOMICIDE < 4	SUICIDE 8	LIVER DISEASE 17	UNINTENT. INJURY 18	BRONCHITIS/ EMPHYSEMA/ ASTHMA 152	BRONCHITIS/ EMPHYSEMA/ ASTHMA 179
5	HOMICIDE < 4		HOMICIDE < 4	HEART DISEASE < 4	DIABETES MELLITUS 6	SUICIDE 11	STROKE 14	INFLUENZA/ PNEUMONIA 90	UNINTENT. INJURY 165
6			STROKE < 4	SEVEN CAUSES TIED < 4	STROKE 4	STROKE 9	DIABETES MELLITUS 9	DIABETES MELLITUS 80	INFLUENZA/ PNEUMONIA 101
7					HOMICIDE < 4	VIRAL HEPATITIS 7	INFLUENZA/ PNEUMONIA 6	ALZHEIMER'S DISEASE 69	DIABETES MELLITUS 99
8					NEPHRITIS < 4	FIVE CAUSES TIED < 4	LIVER DISEASE 6	NEPHRITIS 48	ALZHEIMER'S DISEASE 71
9					BRONCHITIS/ EMPHYSEMA/ ASTHMA < 4		NEPHRITIS 6	UNINTENT. INJURY 42	NEPHRITIS 60
10					LIVER DISEASE < 4		SEPTICEMIA (BLOOD POISONING) 6	SEPTICEMIA (BLOOD POISONING) 31	LIVER DISEASE 41

Note: The numbers less than 4 have been shown as "< 4" to protect the privacy of the subjects

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

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

March 2009

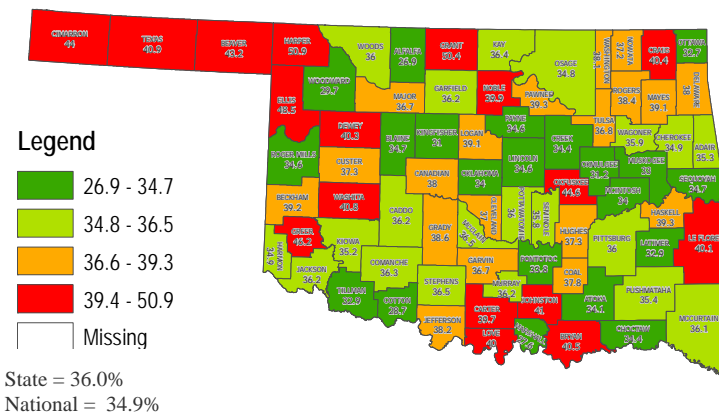
Nutrition & Overweight

With obesity at epidemic levels, steps need to be taken to control this issue. Surveillance systems have improved and been expanded to obtain more accurate county-level data. While efforts continue on this front, communities must utilize this information to improve the problem itself. With health care costs being, on average, \$395 more for a person under the age of 65 who is obese than a person of the same age who is not obese⁶, estimated health care costs related to obesity for Carter County soar to almost \$3.4 million. These costs only go up when the 65 and over population are included.

The Youth Risk Behavior Surveillance System (YRBS)⁷, while not producing county-level data, shows that in 2005, 2007, and 2009 combined, 15.8% of high school children participating in the survey classified themselves as overweight. Further, 14.7% classified themselves as obese. Interestingly, 8.9% of the males said they were obese compared to 5.8% of females. This trend was reversed in the overweight category with 8.0% of females and 7.8% of males, statewide. Although, neither weight category is statistically significant by gender.

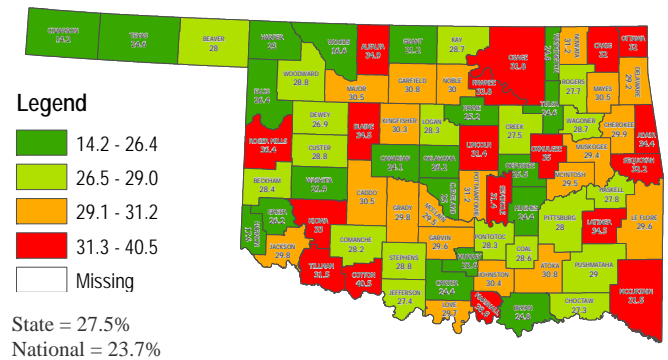
According to the Behavioral Risk Factor Surveillance System (BRFSS, 2003 & 2005)⁸, 81.0% of Carter County adults did not eat the recommended 5 servings of fruits and vegetables a day. Increasing fruit and vegetable consumption is an economical way to control many health-related issues such as obesity and diabetes.

Percent of Adults who are Overweight, BRFSS, 2003-2008⁸



* Note: Data classified by Quartiles

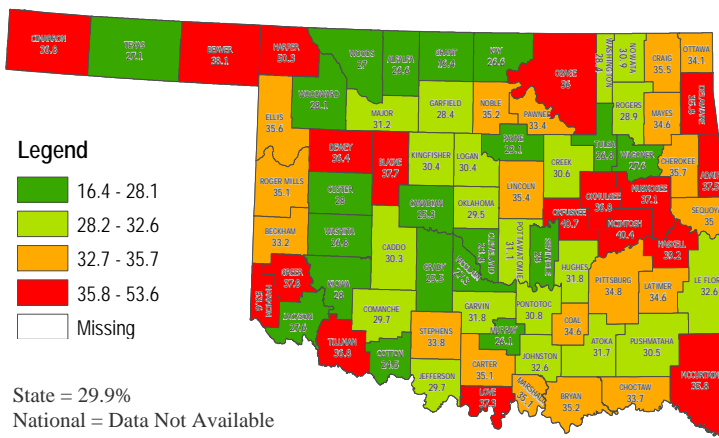
Percent of Adults who are Obese, BRFSS, 2003-2008⁸



* Note: Data classified by Quartiles

Physical Activity & Fitness

Percent of Adults with No Physical Activity Within Past Month, BRFSS, 2003-2008⁸



* Note: Data classified by Quartiles

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 2003-2008 BRFSS⁸, it is estimated that 35.1% (12,275) of people in Carter County had no leisure activity in the past month (at the time they were surveyed) and over two-thirds of the adults (67.0%) did not reach the recommended physical activity level.

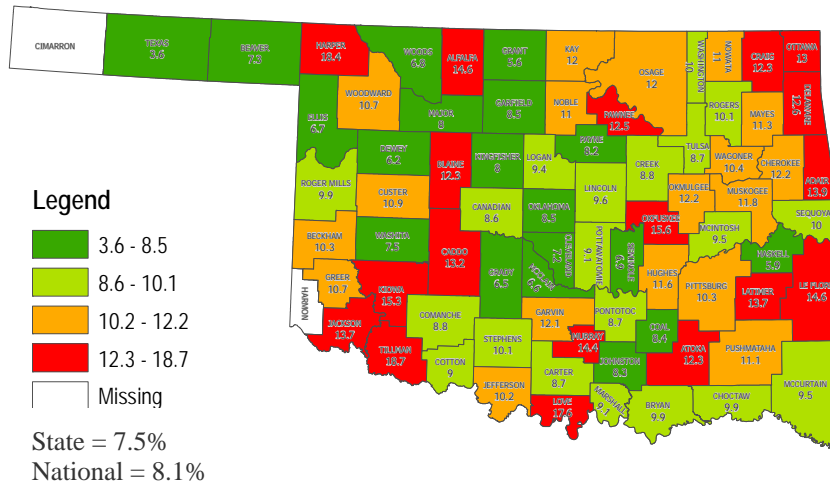
Statewide, 55% of high school students did not participate in physical activity for at least 60 minutes per day on five or more days in a week.⁷ Efforts need to be made to increase physical activity for our youth to build long-term healthy habits.

Diabetes

As stated previously, poor nutrition and lack of physical activity are linked to many chronic issues including diabetes. It is often hard to distinguish between Type I and Type II diabetes in large datasets but looking at the overall impact of diabetes is necessary to examine a community's health.

From 2006 to 2008, there were 318 hospital discharges for diabetes among Carter County residents.⁵ This accounted for a total of 1,691 days in the hospital and \$5,893,303.00 in total charges.⁵ This was an average of 5.3 days and \$18,532.40 in charges.⁵

Percent of Adults Who Have Ever Been Told They Have Diabetes, BRFSS, 2004-2008⁸



According to the 2004-2008 BRFSS, it is estimated that 8.7% (3,042) of Carter County citizens have been diagnosed by a health professional as having diabetes.

In 2007, the per capita annual healthcare costs for people with diabetes was \$11,744 compared to \$5,106 for people without diabetes.⁹ Persons with diabetes accumulate an estimated \$40,291,522.91 in health care costs in one year for Carter County. Actual hospital charges account for only 4.6% of the total health care impact of diabetes.

* Note: Data classified by Quartiles

Teen Births

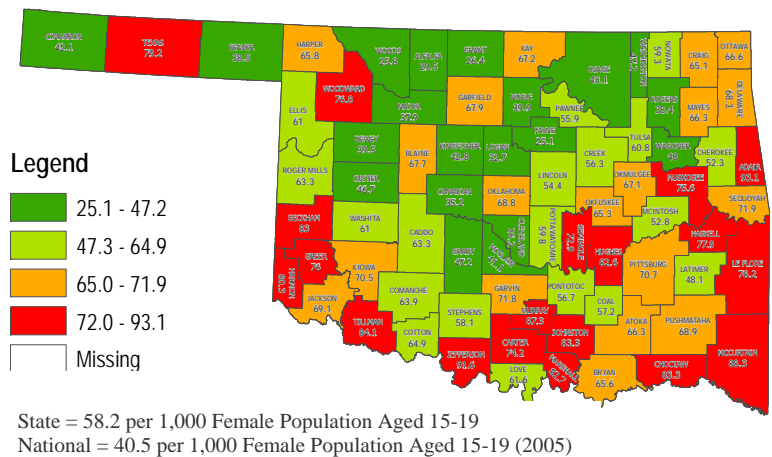
While births to teen mothers (age 15 to 19) have been on the decline in both the U.S. and Oklahoma, Oklahoma has moved down in the rankings according to the United Health Foundation.¹⁰ In 1993, the rate for teen births in the U.S. was 60.3 per 1,000 15-19 year old females and 67.1 in Oklahoma, ranking 35th in the country.¹⁰ In 2003, the rate decreased to 47.7 in the U.S. and 59.7 in Oklahoma, accounting for a decrease of 21% and 11%, respectively.¹⁰ However, while the rate decreased, Oklahoma continued to fall in the rankings (41st). In 2009, the rate of teen births stayed the same for Oklahoma (59.6) but the state ranked 45th in the country.¹⁰

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 are more likely to go into foster care or do poorly in school.¹¹

According to Oklahoma Vital Statistics, Carter County had a teen birth rate of 66.6 in 2007, which accounted for a 18% decrease from 2003 (80.8) and a 27% decrease from 1993 (91.1)¹². The map represents a five-year average of teen birth rates, 2003-2007.¹²

On average in Oklahoma, births to teen mothers accumulate \$3,807 a year for each teenage birth¹³, which is often passed on to citizens. With an average of 105.4 births per year (2003-2007)¹², teen pregnancy costs the citizens of Carter County \$337,280.00 a year.

Rate of Births to Teen Mothers (Age 15-19), OSDH Vital Statistics, 2003-2007¹²



* Note: Data classified by Quartiles

Injury and Violence

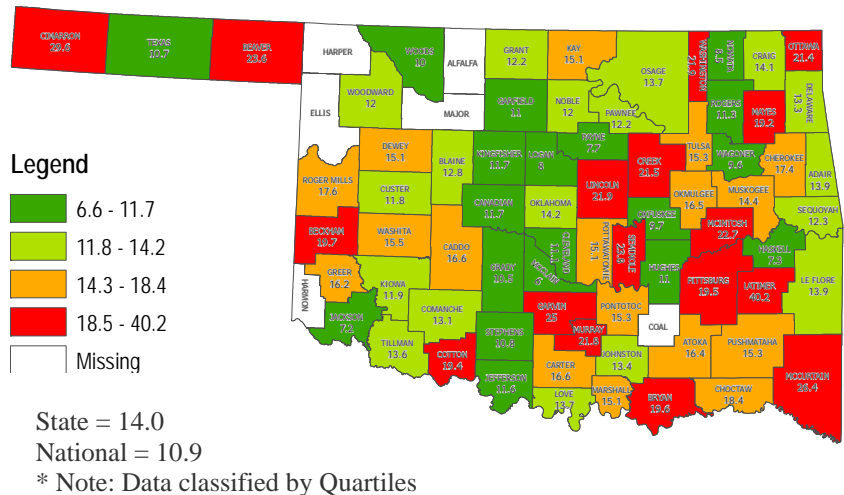
Across the nation and the state of Oklahoma, unintentional and violence-related injuries are on the rise. Unintentional injuries account for the 5th leading cause of death in the United States and Oklahoma for 2002-2006. For persons ages 1 to 44 in Oklahoma, unintentional injuries are the leading cause of death.⁴

This trend does not change much in Carter County. Unintentional injuries are the leading cause of death for ages 5 to 44 in Carter County.

It is estimated that for every motor vehicle-related death \$1.3 million in economic costs are incurred (2008 data).¹⁶ For Carter County, which has an average of 17.6 motor vehicle-related deaths a year⁴, the estimated economic costs are almost \$22.9 million a year.

Violence-related injuries (homicide and suicide) in Carter County are ranked in the top 10 causes of death for persons from birth to age 54 and suicide is the 2nd leading cause of death for ages 25 to 34.⁴

Age-Adjusted Suicide Rate by County, OSDH Vital Statistics, 2002-2006⁴

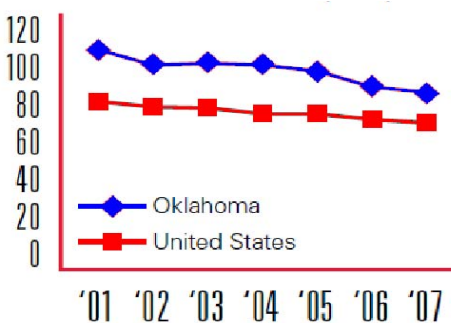


Tobacco Use Prevention

According to the 2005 State of the State's Health Report¹⁹, tobacco use among Oklahomans has remained fairly stable from 1990 to 2002. The good news is that total cigarette sales in Oklahoma (tribal and non-tribal combined) have dropped from 98.2 packs per capita in fiscal year 2005 to 86.7 packs per capita during fiscal year 2008. The national average dropped during this same time period.²⁰

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. The Oklahoma Tobacco Helpline (1-800-QUIT-NOW), supported jointly by the Oklahoma Tobacco Settlement Endowment Trust and the Oklahoma State Department of Health, continues to experience high call volume. Over 37,800 Oklahomans received free cessation assistance through the Helpline in fiscal year 2009.²⁰ Since inception of the Helpline in August 2003, over 110,000 Oklahomans have received free cessation assistance.²⁰

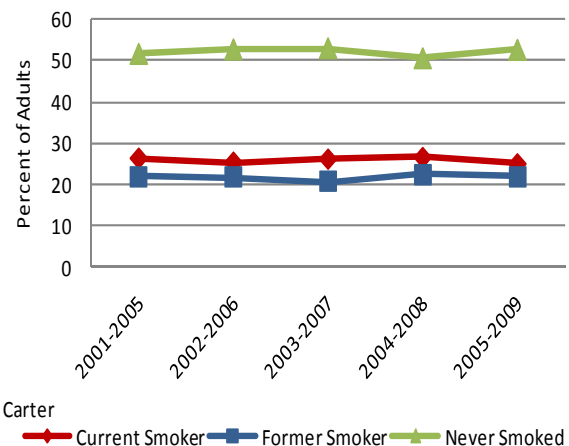
Per Capita Cigarette Sales: Oklahoma & United States²⁰



The CDC estimated that a person who used tobacco accrued over \$3,300 in health care costs per year.²¹

According to the BRFSS (2005-2009)⁸, it is estimated that 25.1% (8,778) of adults in Carter County use tobacco of some sort. Medical costs accumulated by those persons are over \$29.0 million a year for Carter County.

Percent of Adults by Smoking Status, Carter County, 2001-2009, Five-Year Averages⁸



Healthy People 2010 Table

Healthy People 2010 Indicators	Most Recent Data: Year(s)						2010 Target
	Carter County		Oklahoma		United States		
Prevalence of Obese (Aged 18+)	2002-2008	24.7%	2008	31.0%	2008	26.7%	15%
No Leisure-Time Physical Activity (Aged 18+)	2002-2008	34.9%	2008	31.5%	2008	24.6%	20%
Prevalence of Smoking (Aged 18+)	2002-2008	26.3%	2008	24.7%	2008	18.4%	12%
Infant Mortality (Per 1,000 of births)	2002-2006	6.2	2006	8.1	2006	6.8	4.5
Low Birth Weight Infants (Percent of live births)	2002-2007	9.0%	2006	8.3%	2006	8.3%	5%
Very Low Birth Weight Infants (Percent of live births)	2002-2007	1.3%	2006	1.6%	2006	1.5%	0.9%
First Trimester Prenatal Care (Percent of births)	2002-2007	83.7%	2006	75.6%	2006	83.2%	90%
Prevalence of Diabetes (Aged 18+)	2002-2008	9.0%	2008	11.3%	2008	9.2%	2.5%
Lack of Health Insurance (Aged 18-64)	2002-2008	21.7%	2008	22.8%	2008	17.1%	0%
Prevalence of Binge Drinking (Aged 18+)	2002-2008	10.4%	2008	12.2%	2008	15.6%	6%
Coronary Heart Disease Death *	2002-2006	244	2006	184.5	2006	144.4	166.0
Cancer Death *	2002-2006	206.2	2006	194.9	2006	180.8	159.9
Unintentional Injury Death *	2002-2006	68.9	2006	55.6	2006	39.3	17.5
Transportation-Related Death *	2002-2006	39.1	2006	21.0	2006	14.5	9.2

Note: * means (Age-adjusted death per 100,000 to the 2000 U.S. standard population).

Reference:

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- [4] Oklahoma State Department of Health (OSDH), OK2SHARE, BRFSS: Data for Oklahoma Counties.
- [5] OSDH, OK2SHARE, Vital Statistics: Data for Oklahoma Counties.

Health Care Cost Summary

Cardiovascular Disease (Heart Disease)

- Average hospital discharges per year⁵ = 925
- Average charges⁵ = \$37,149.30
- Total—\$34,363,104.00 a year

Obesity

- 24.4% of population⁸ (8,533)
- \$395 in additional medical costs per person aged 18-64⁶
- Total—\$3,370,535.00

Diabetes

- Average hospital discharges per year⁵ = 106.0
- Average charges⁵ = \$18,532.40
- Total—\$1,964,434.33 a year

Teen Pregnancy

- Average 105 births to females aged 15-19 a year¹²
- \$3,200 in costs a year¹³
- Total—\$337,280.00 a year

Motor Vehicle-Related Injury Death

- Average 17.6 deaths per year⁴
- \$1,300,000.00 in economic costs per death¹⁶
- Total—\$22,880,000.00 a year

Tobacco Use

- 25.1% of population⁸ (8,778)
- \$3,300 in health care costs²¹
- Total—\$28,967,400.00 a year

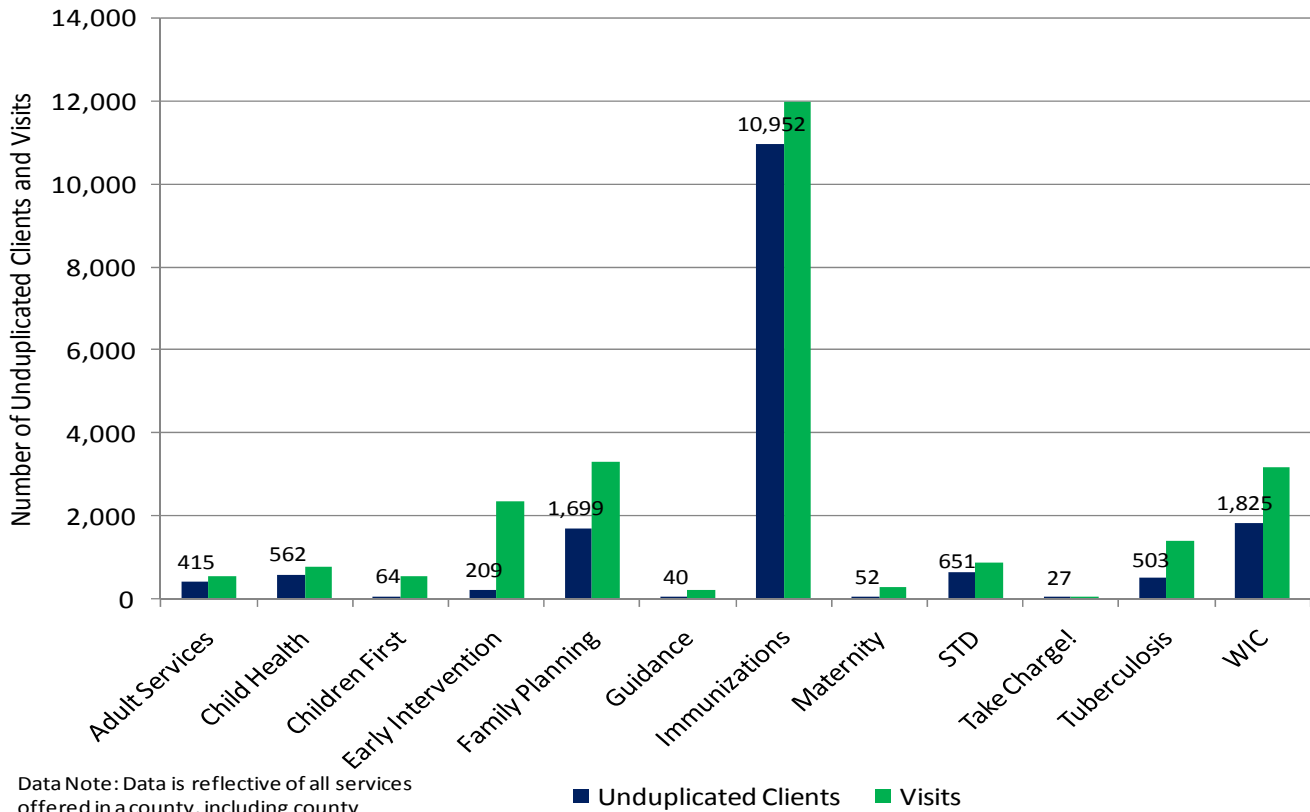
Grand Total for
Carter County:

\$91,882,753.33



County Health Department Usage

County Health Department Unduplicated Clients, and Visits by Program, Carter County, State Fiscal Year 2009



Data Note: Data is reflective of all services offered in a county, including county health departments and contracts.

■ Unduplicated Clients ■ Visits

CARTER

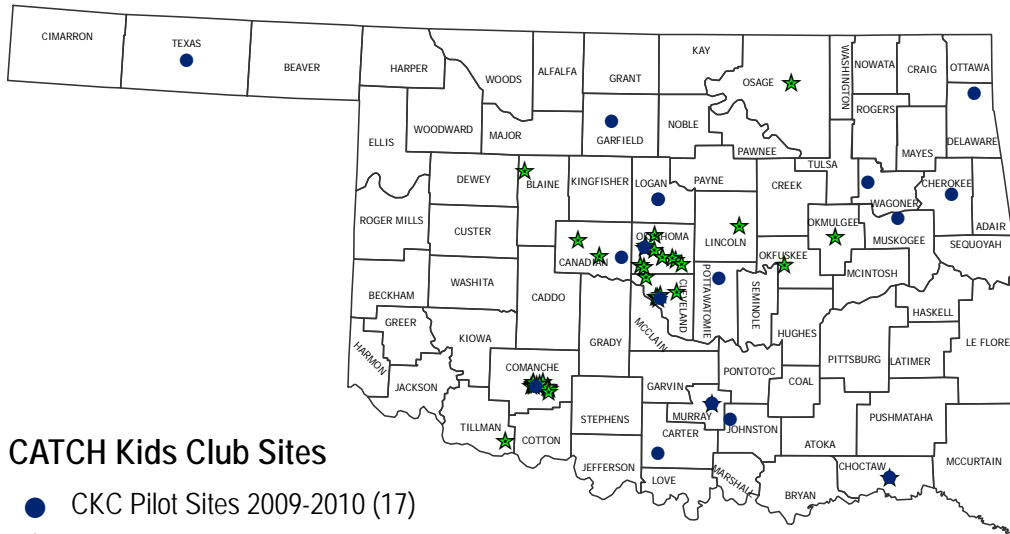
Population-Based Services by Event Type, Carter County, SFY09

Event Type	Number of Events	Total Attendees
Conference/Display	3	1,295
Focus Groups	4	37
Group Screening	4	97
Health Fair	7	545
Meeting/Taskforce/Coalition	37	815
Presentation/Class	80	2,237
Surveys/Assessment	3	109
Grand Total	138	5,135

Population-Based Services by Main Topic, Carter County, SFY09

Topic	Number of Events	Total Attendees
Discipline/Behavior Management	22	1,534
Family Relationships	4	109
Fetal Alcohol Syndrome	1	80
General Health Department Services	45	1,156
Human Relationships	18	556
Injury Prevention	21	932
Nutrition and Overweight	11	443
Oral Health	1	22
Parenting Skills	14	178
Physical Activity/Fitness	1	2
Terrorism/Emergency Preparedness	1	200
Tobacco Education	2	18
Grand Total	141	5,230

Health Education



CATCH Kids Club Sites

- CKC Pilot Sites 2009-2010 (17)
- ★ NEW CKC Sites 2009-2010 (40)

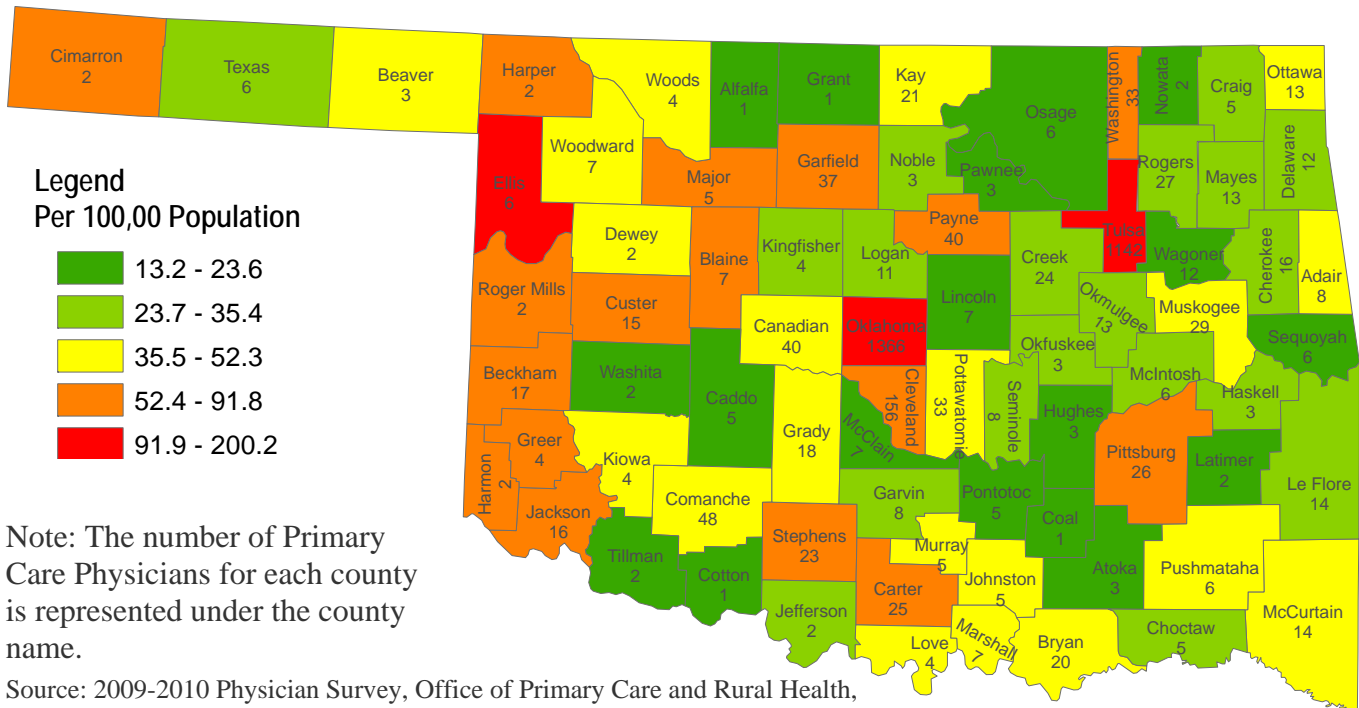
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If you have an after-school program that is interested in learning more about CATCH Kids Club, a physical activity and nutrition program for children grades K-5, please contact the local health educator or Kathy Payne for information.

Primary Care Coverage Map

Rate of Primary Care Physicians per 100,000 Population, 2009 - 2010



Note: The number of Primary Care Physicians for each county is represented under the county name.

Source: 2009-2010 Physician Survey, Office of Primary Care and Rural Health, Community Development Service, Oklahoma State Department of Health

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The Oklahoma Turning Point Initiative is public health improvement in action involving partnerships 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.

We are at a cross roads in our state and in Carter County. Please come and be part of the solutions that will lead Oklahoma and Carter County to becoming a healthy place to live, work and learn.

“If we are together nothing is impossible.
 If we are divided all will fail.” - [Winston Churchill](#)

If you are interested in learning more about Turning Point or becoming involved in local activities, please contact:

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 Pushmataha County Health Department
 318 W Main
 Antlers, OK 74523
 (580) 298-6624
 Email: ArlindaC@health.ok.gov
 Website: www.okturningpoint.org

Carter County Turning Point Coalition

Coalition Priorities:

1. Community Health
2. Violence Prevention
3. Infrastructure Development
4. Youth Health & Development
5. Parenting Skills/Education
6. Tobacco Prevention
7. Substance Abuse Prevention

2009 Significant Outcomes:

- ◆ Southeastern Okla. Technology Center, Mercy Hospital, skate park and regional ball fields and YMCA facilities went Tobacco Free
- ◆ 80% of Carter County Schools are 24/7 Tobacco Free
- ◆ Valero Refinery Provides pharmacotherapy and incentives to encourage cessation
- ◆ Clean Indoor Air and Youth Access Ordinances adopted in Ardmore
- ◆ Several organizations have signed No-Tobacco Sponsorship policies
- ◆ Salvation Army opens a women's shelter in July 2009, to date, 23 women have been provided housing as well as five families.
- ◆ The Grace Day Center opened in September 2009 with shelter for women & children and has shower and laundry facilities as well as telephone and mail boxes for the homeless to have an address to use when completing job applications. All shelters in the South Central Oklahoma area now have referrals for food, clothing and mental health facilities.
- ◆ The Infrastructure committee plans to seek a way to be their own Continuum of Care to enable them to apply for State/Federal funding for transitional and permanent housing for the mentally ill.
- ◆ Hosted 16th Annual Domestic Violence Candlelight Vigil in April, 2009
- ◆ Received Grant from Mayor's Anti-Crime Task Force
- ◆ Provided a Hispanic Interpreter for Officers in Carter and Surrounding Counties