



OKLAHOMA STATE
DEPARTMENT OF HEALTH

State of the County's Health Report

Working Together For Health

Custer 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 Custer 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 Custer County 2002-2006

| Rank | 0-4 | 05-14 | 15-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65+ | All Ages |
|------|--|-------|--|-----------------------------------|--------------------------|--|--|---|---|
| 1 | UNINTENT. INJURY 6 | | UNINTENT. INJURY 10 | UNINTENT. INJURY 5 | HEART DISEASE 7 | CANCER 26 | HEART DISEASE 42 | HEART DISEASE 370 | HEART DISEASE 441 |
| 2 | PERINATAL PERIOD 5 | | HOMICIDE < 4 | SUICIDE 4 | CANCER 5 | HEART DISEASE 19 | CANCER 41 | CANCER 177 | CANCER 252 |
| 3 | BRONCHITIS/ EMPHYSEMA/ ASTHMA < 4 | | BENIGN NEOPLASM < 4 | CANCER < 4 | UNINTENT. INJURY 5 | UNINTENT. INJURY 11 | STROKE 13 | BRONCHITIS/ EMPHYSEMA/ ASTHMA 68 | BRONCHITIS/ EMPHYSEMA/ ASTHMA 78 |
| 4 | CONGENITAL ANOMALIES < 4 | | CANCER < 4 | DIABETES MELLITUS < 4 | HOMICIDE < 4 | DIABETES MELLITUS 6 | DIABETES MELLITUS 6 | STROKE 62 | STROKE 77 |
| 5 | SIDS < 4 | | COMPLICATIONS OF PREGNANCY/ CHILD BIRTH < 4 | HEART DISEASE < 4 | LIVER DISEASE < 4 | INFLUENZA/ PNEUMONIA 5 | BRONCHITIS/ EMPHYSEMA/ ASTHMA 5 | ALZHEIMER'S DISEASE 51 | DIABETES MELLITUS 61 |
| 6 | | | HEART DISEASE < 4 | HIV < 4 | SUICIDE < 4 | VIRAL HEPATITIS 5 | SUICIDE 4 | INFLUENZA/ PNEUMONIA 49 | INFLUENZA/ PNEUMONIA 59 |
| 7 | | | INFLUENZA/ PNEUMONIA < 4 | MENINGOCOCCAL INFECTION < 4 | VIRAL HEPATITIS < 4 | BRONCHITIS/ EMPHYSEMA/ ASTHMA 4 | UNINTENT. INJURY 4 | DIABETES MELLITUS 46 | UNINTENT. INJURY 58 |
| 8 | | | SUICIDE < 4 | | SIX CAUSES TIED < 4 | LIVER DISEASE < 4 | INFLUENZA/ PNEUMONIA < 4 | NEPHRITIS 22 | ALZHEIMER'S DISEASE 51 |
| 9 | | | | | | BENIGN NEOPLASM < 4 | NEPHRITIS < 4 | SEPTICEMIA (BLOOD POISONING) 21 | NEPHRITIS 26 |
| 10 | | | | | | CONGENITAL ANOMALIES < 4 | THREE CAUSES TIED < 4 | TWO CAUSES TIED 17 | SEPTICEMIA (BLOOD POISONING) 22 |

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

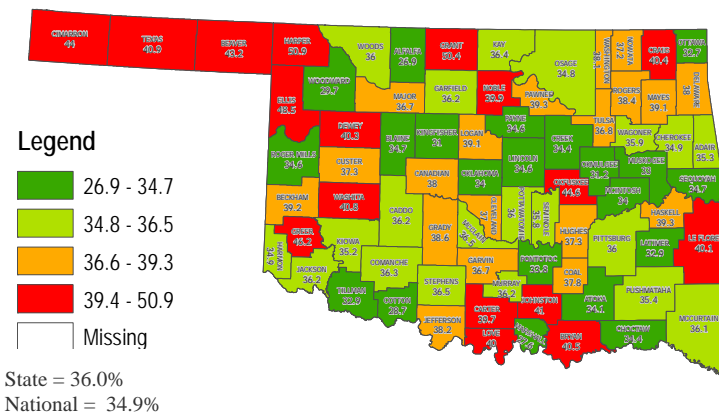
Nutrition & Overweight

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 Custer County soar to almost \$2.2 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.

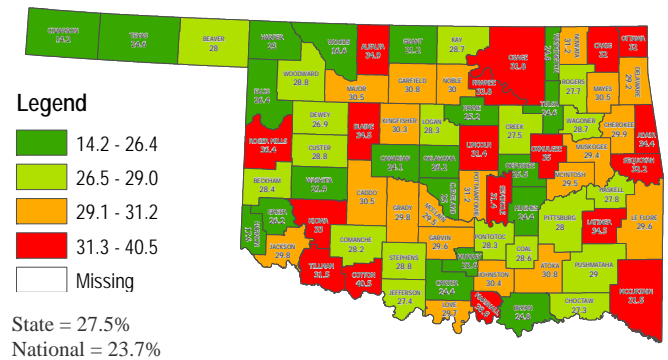
According to the Behavioral Risk Factor Surveillance System (BRFSS, 2003 & 2005)⁸, 78.5% of Custer County adults did not eat the recommended 5 servings of fruits and vegetables a day. Increasing fruit and vegetable consumption is an economical way to control many health-related issues such as obesity and diabetes.

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



* Note: Data classified by Quartiles

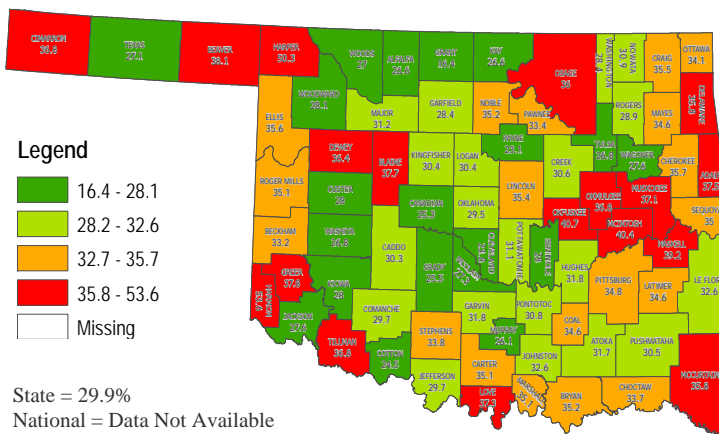
Percent of Adults who are Obese, BRFSS, 2003-2008⁸



* 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 28.0% (5,378) of people in Custer County had no leisure activity in the past month (at the time they were surveyed) and over half of the adults (66.1%) did not reach the recommended physical activity level.

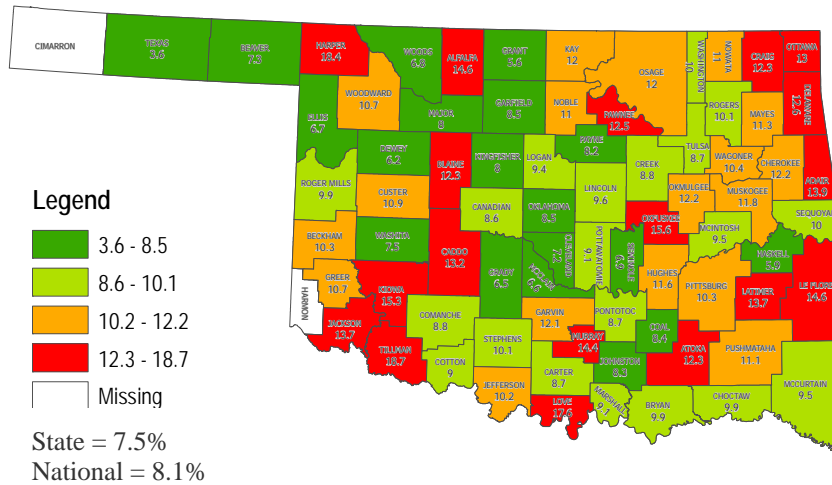
Statewide, 55% of high school students did not participate in physical activity for at least 60 minutes per day on five or more days in a week.⁷ Efforts need to be made to increase physical activity for our youth to build long-term healthy habits.

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 129 hospital discharges for diabetes among Custer County residents.⁵ This accounted for a total of 607 days in the hospital and \$2,207,106.00 in total charges.⁵ This was an average of 4.7 days and \$17,109.35 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 10.9% (2,093) of Custer 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 \$27,723,611.32 in health care costs in one year for Custer County. Actual hospital charges account for only 2.4% of the total health care impact of diabetes.

* Note: Data classified by Quartiles

Teen Births

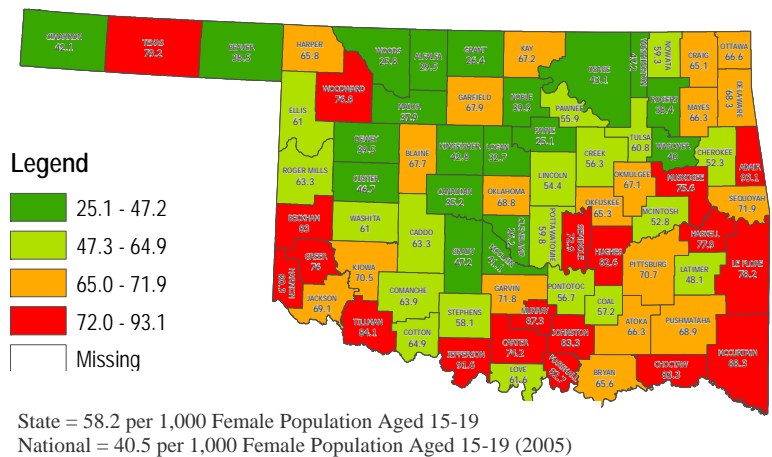
While births to teen mothers (age 15 to 19) have been on the decline in both the U.S. and Oklahoma, Oklahoma has moved down in the rankings according to the United Health Foundation.¹⁰ In 1993, the rate for teen births in the U.S. was 60.3 per 1,000 15-19 year old females and 67.1 in Oklahoma, ranking 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, Custer County had a teen birth rate of 52.2 in 2007, which accounted for a 34% increase from 2003 (39.1) and a 14% increase from 1993 (45.6)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 55.2 births per year (2003-2007)¹², teen pregnancy costs the citizens of Custer County \$176,640.00 a year.

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



* Note: Data classified by Quartiles

Injury and Violence

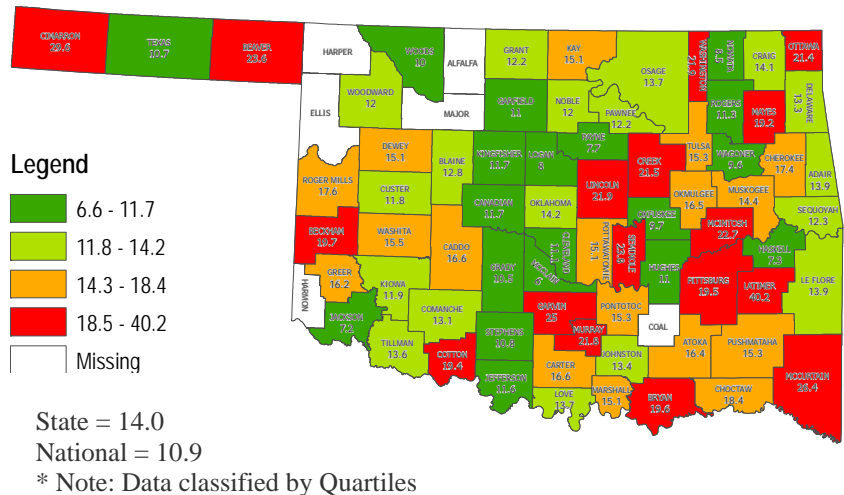
Across the nation and the state of Oklahoma, unintentional and violence-related injuries are on the rise. Unintentional injuries account for the 5th leading cause of death in the United States and Oklahoma for 2002-2006. For persons ages 1 to 44 in Oklahoma, unintentional injuries are the leading cause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

This trend does not change much in Custer County. Unintentional injuries are the leading cause of death for ages birth to 4 and 15 to 24 in Custer County.

It is estimated that for every motor vehicle-related death \$1.3 million in economic costs are incurred (2008 data).¹⁶ For Custer County, which has an average of 4.4 motor vehicle-related deaths a year⁴, the estimated economic costs are almost \$5.7 million a year.

Violence-related injuries (homicide and suicide) in Custer County are ranked in the top 10 causes of death for persons from 15 to age 64 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

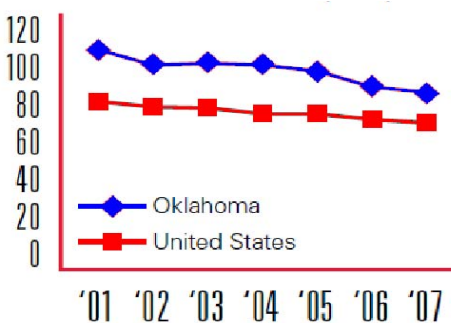


Tobacco Use Prevention

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.

Per Capita Cigarette Sales: Oklahoma & United States²⁰

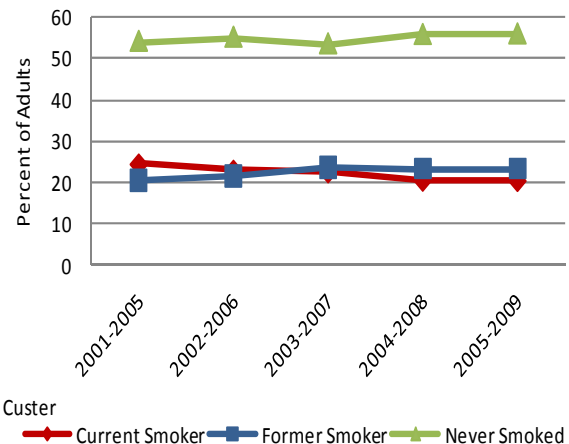


Oklahomans received free cessation assistance through the Helpline in fiscal year 2009.²⁰ Since inception of the Helpline in August 2003, over 110,000 Oklahomans have received free cessation assistance.²⁰

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 20.5% (3,937) of adults in Custer County use tobacco of some sort. Medical costs accumulated by those persons are over \$13.0 million a year for Custer County.

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



Healthy People 2010 Table

| Healthy People 2010 Indicators | Most Recent Data: Year(s) | | | | | | 2010 Target |
|--|---------------------------|-------|----------|-------|---------------|-------|-------------|
| | Custer County | | Oklahoma | | United States | | |
| Prevalence of Obese (Aged 18+) | 2002-2008 | 28.4% | 2008 | 31.0% | 2008 | 26.7% | 15% |
| No Leisure-Time Physical Activity (Aged 18+) | 2002-2008 | 28.7% | 2008 | 31.5% | 2008 | 24.6% | 20% |
| Prevalence of Smoking (Aged 18+) | 2002-2008 | 23.2% | 2008 | 24.7% | 2008 | 18.4% | 12% |
| Infant Mortality (Per 1,000 of births) | 2002-2006 | 4.8 | 2006 | 8.1 | 2006 | 6.8 | 4.5 |
| Low Birth Weight Infants (Percent of live births) | 2002-2007 | 7.3% | 2006 | 8.3% | 2006 | 8.3% | 5% |
| Very Low Birth Weight Infants (Percent of live births) | 2002-2007 | 1.0% | 2006 | 1.6% | 2006 | 1.5% | 0.9% |
| First Trimester Prenatal Care (Percent of births) | 2002-2007 | 79.2% | 2006 | 75.6% | 2006 | 83.2% | 90% |
| Prevalence of Diabetes (Aged 18+) | 2002-2008 | 8.7% | 2008 | 11.3% | 2008 | 9.2% | 2.5% |
| Lack of Health Insurance (Aged 18-64) | 2002-2008 | 22.4% | 2008 | 22.8% | 2008 | 17.1% | 0% |
| Prevalence of Binge Drinking (Aged 18+) | 2002-2008 | 9.6% | 2008 | 12.2% | 2008 | 15.6% | 6% |
| Coronary Heart Disease Death * | 2002-2006 | 224.3 | 2006 | 184.5 | 2006 | 144.4 | 166.0 |
| Cancer Death * | 2002-2006 | 184.1 | 2006 | 194.9 | 2006 | 180.8 | 159.9 |
| Unintentional Injury Death * | 2002-2006 | 42.6 | 2006 | 55.6 | 2006 | 39.3 | 17.5 |
| Transportation-Related Death * | 2002-2006 | 16.6 | 2006 | 21.0 | 2006 | 14.5 | 9.2 |

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

Reference:

- [1] Healthy People 2010 volume I and II, U.S. Department of Health and Human Services, November 2000.
- [2] Centers for Disease Control and Prevention (CDC), Wide-Ranging Online Data for Epidemiologic Research: Data for Oklahoma and United States.
- [3] CDC, National Center for Chronic Disease Prevention and Health Promotion, the Behavioral Risk Factor Surveillance System (BRFSS): Data for Oklahoma and United States.
- [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 = 342
- Average charges⁵ = \$34,950.37
- Total—\$11,963,511.99 a year

Obesity

- 28.8% of population⁸ (5,531)
- \$395 in additional medical costs per person aged 18-64⁶
- Total—\$2,184,745.00

Diabetes

- Average hospital discharges per year⁵ = 43.0
- Average charges⁵ = \$17,109.35
- Total—\$735,702.00 a year

Teen Pregnancy

- Average 55 births to females aged 15-19 a year¹²
- \$3,200 in costs a year¹³
- Total—\$176,640.00 a year

Motor Vehicle-Related Injury Death

- Average 4.4 deaths per year⁴
- \$1,300,000.00 in economic costs per death¹⁶
- Total—\$5,720,000.00 a year

Tobacco Use

- 20.5% of population⁸ (3,937)
- \$3,300 in health care costs²¹
- Total—\$12,992,100.00 a year

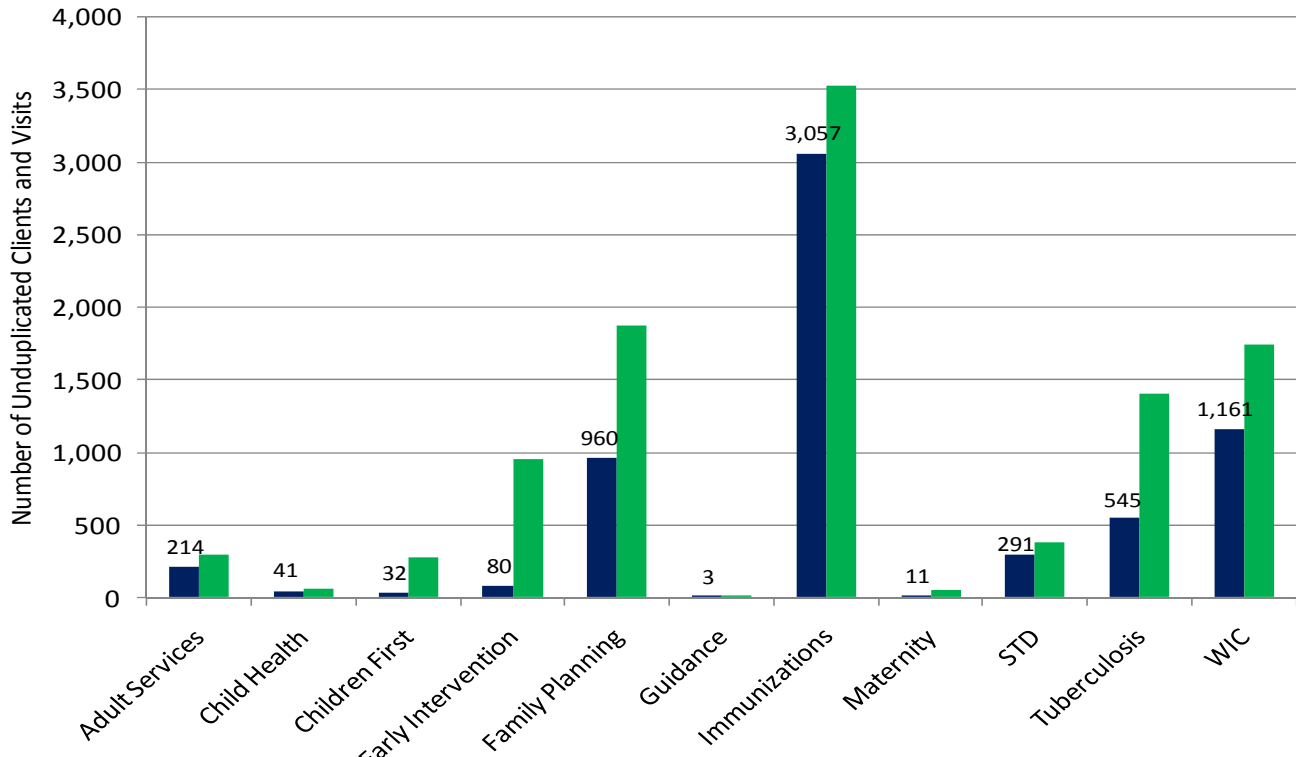
Grand Total for
Custer County:

\$33,772,698.99



County Health Department Usage

County Health Department Unduplicated Clients, and Visits by Program, Custer 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

CUSTER

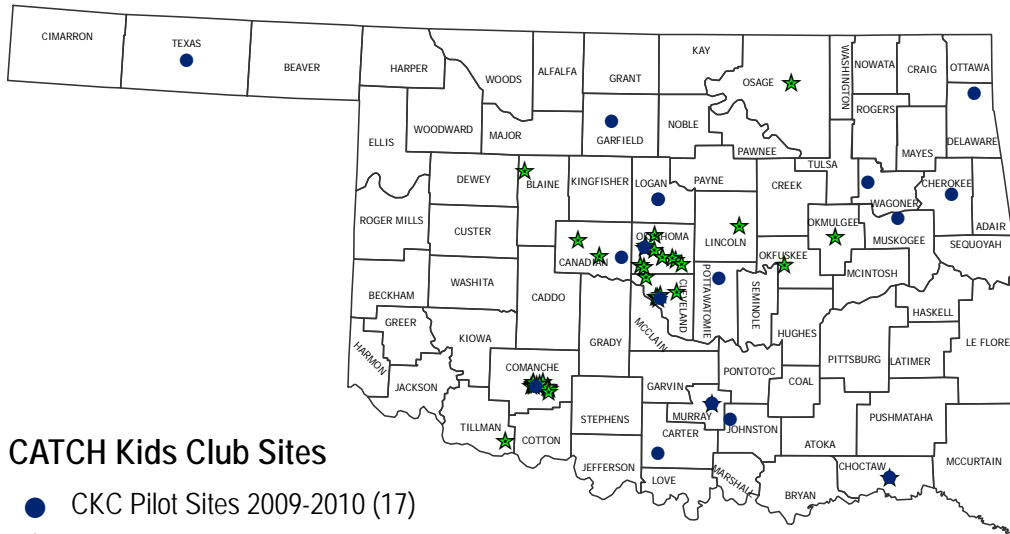
Population-Based Services by Event Type, Custer County, SFY09

| Event Type | Number of Events | Total Attendees |
|--------------------|------------------|-----------------|
| Presentation/Class | 3 | 22 |
| Grand Total | 3 | 22 |

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

| Topic | Number of Events | Total Attendees |
|------------------------------------|------------------|-----------------|
| General Health Department Services | 2 | 2 |
| Infectious Disease | 1 | 20 |
| Grand Total | 3 | 22 |

Health Education



CATCH Kids Club Sites

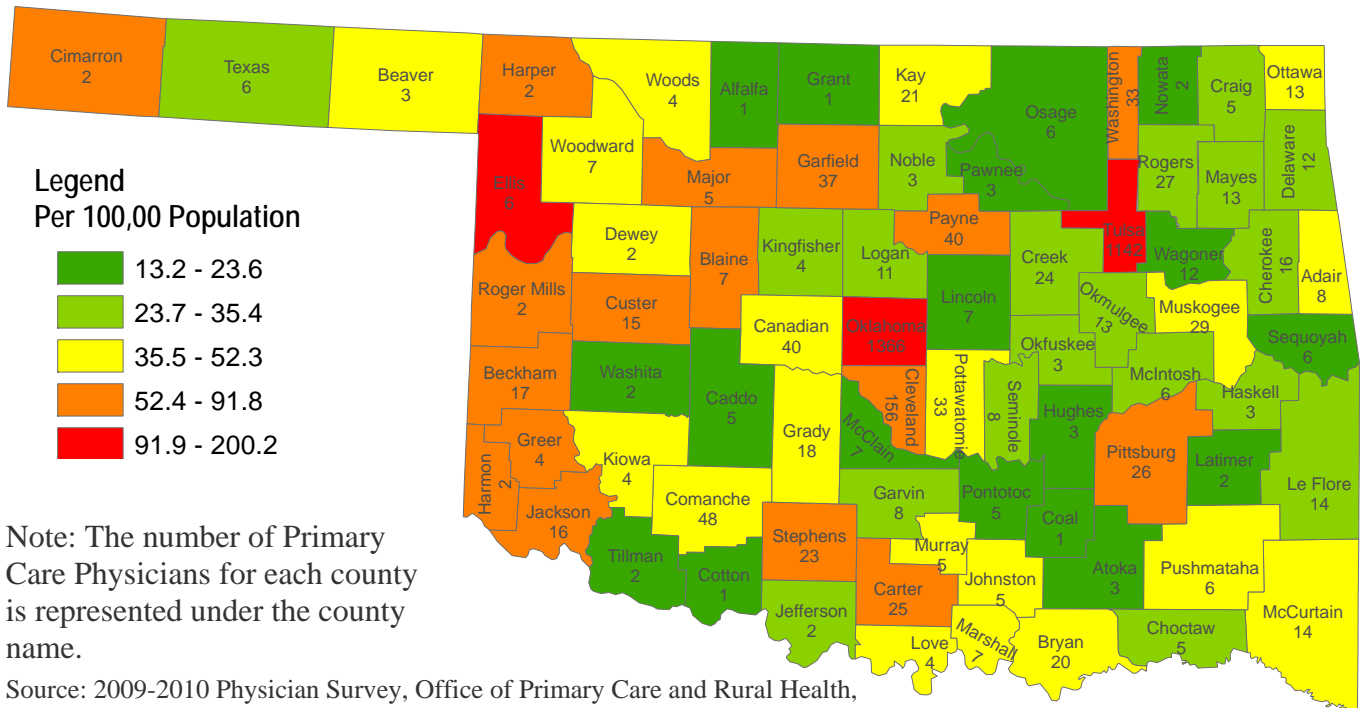
- CKC Pilot Sites 2009-2010 (17)
- ★ NEW CKC Sites 2009-2010 (40)

OSDH Health Education
 Kathy Payne, Director
 1000 NE 10th St, room 506
 Oklahoma City, OK 73117
 405-271-6127
 KPayne@health.ok.gov

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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7. Oklahoma State Department of Health, Health Care Information, OK2SHARE, Youth Risk Behavior Survey (YRBS), www.health.ok.gov/ok2share.
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19. Oklahoma State Department of Health, 2005 State of the State's Health, Accessed May 25, 2010 from <http://www.ok.gov/health/pub/boh/state05/index.html>.
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21. Centers for Disease Control and Prevention. Annual smoking-attributable mortality, years of potential life lost, and economic costs—United States, 1995–1999. *MMWR* 2002;51(14):300–303.



OKLAHOMA STATE DEPARTMENT OF HEALTH

Community and Family Health Services
 Community Development Service
 1000 NE 10th St, Room 508
 Oklahoma City, OK 73117
 Phone: 405-271-6127

Report compiled by:
 Miriam McGaugh, Ph.D.
 Epidemiologist
 and
 Shu-Chuan Lin, Ph.D.
 Epidemiologist

Working Together For Health

Custer County Health Department
 Administrator:
 Stephen Rempe
 3030 Custer Avenue
 Clinton, OK 73096
 580-772-6417
<http://Custer.health.ok.gov>

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 Custer County. Please come and be part of the solutions that will lead Oklahoma and Custer 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:

Lana Shaffer
 Harper County Health Department
 PO Box 290
 Laverne, OK 73848
 (580) 921-2029
 Email: LanaS@health.ok.gov
 Website: www.okturningpoint.org

C-WHAT: Custer-Washita Health Action Team

Coalition Priorities:

Creating partnerships to educate, support, and empower communities to promote healthy lifestyles.

2009 Significant Outcomes:

- ◆ Passage of Social Host Ordinance in Clinton and Weatherford.
- ◆ \$20,000 meth prevention grant by the ODMHSAS.
- ◆ Media campaign for meth prevention project.
- ◆ Sponsored youth to attend 2m2l Leadership Camp.
- ◆ Weatherford Regional Hospital incorporated the Tobacco Cessation Fax Ref. Forms in all admission packs.
- ◆ SWOSU became a Tobacco Free Campus .
- ◆ Nationally known speaker presented information to local youth regarding dangers of spit tobacco.
- ◆ Coalition of community leaders working to address health issues impacting residents.