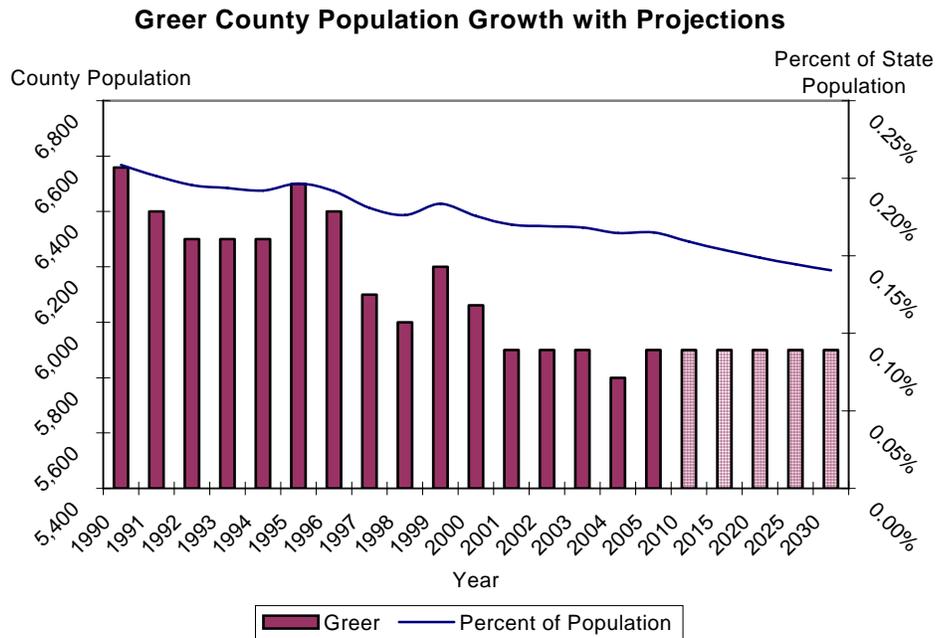


Demographics

* U.S. Census Bureau

- Population estimates
 - 8% decrease from 1990 to 2000 (6,559 to 6,061)
 - 4% decrease from 2000 to 2004
 - Ranked 63rd for growth in state
- 2000 Census
- Hispanic/Latino ethnicity = 7%
- Race
 - Whites = 81%
 - Native Americans = 2%
 - Blacks = 9%
 - Other/Multiple = 7%
- Age
 - Under 5 = 5%
 - Over 64 = 20%
 - Median age = 40.0 years
- Housing units
 - Occupied = 2,237 (80%)
 - Vacant = 551 (20%)
- Disability (ages 21 to 64) = 25.7%
national = 19.2% state = 21.5%
- Individuals below poverty = 19.6%
national = 12.4% state = 14.7%



* 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 Greer 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 417 people in Greer 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 33.2 deaths a year, heart disease accounts for over \$12 million a year in medical costs in

Heart disease accounts for over \$12 million a year in medical costs in Greer County.

Greer County.

Alzheimer's disease and the complications associated with it have increased from the 20th ranked cause of death (1983-1993) to the 12th ranked cause of death in persons 65 and older accounting for a 200% increase in deaths.

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

Nutrition and Obesity

No Data Available At This Time

Top 10 Causes of Death by Age Group Greer County 1993-2003

Rank	0-4	05-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	HEART DISEASE 1	CANCER 1	UNINTENT. INJURY 7	HOMICIDE/LEGAL 2	HEART DISEASE 8	HEART DISEASE 17	HEART DISEASE 27	HEART DISEASE 310	HEART DISEASE 365
2	PERINATAL PERIOD 1	UNINTENT. INJURY 1	HEART DISEASE 1	UNINTENT. INJURY 2	SUICIDE 2	CANCER 13	CANCER 19	CANCER 158	CANCER 193
3			HOMICIDE/LEGAL 1	CANCER 1	CANCER 1	BRONCHITIS/EMPHYSEMA/ASTHMA 4	BRONCHITIS/EMPHYSEMA/ASTHMA 5	STROKE 104	STROKE 110
4			SUICIDE 1	HEART DISEASE 1	HOMICIDE/LEGAL 1	STROKE 4	DIABETES MELLITUS 3	BRONCHITIS/EMPHYSEMA/ASTHMA 52	BRONCHITIS/EMPHYSEMA/ASTHMA 61
5				HIV 1	SEPTICEMIA (BLOOD POISONING) 1	UNINTENT. INJURY 2	LIVER DISEASE 2	INFLUENZA/PNEUMONIA 48	INFLUENZA/PNEUMONIA 49
6				SUICIDE 1	UNINTENT. INJURY 1	CONGENITAL ANOMALIES 1	STROKE 2	KIDNEY DISEASE 27	UNINTENT. INJURY 35
7					VIRAL HEPATITIS 1	DIABETES MELLITUS 1	SEVEN CAUSES TIED 1	UNINTENT. INJURY 21	KIDNEY DISEASE 27
8					OTHER 3	PEPTIC ULCER 1		DIABETES MELLITUS 12	DIABETES MELLITUS 16
9						SEPTICEMIA (BLOOD POISONING) 1		THREE CAUSES TIED 11	SEPTICEMIA (BLOOD POISONING) 13
10						OTHER 7			TWO CAUSES TIED 11

Data source: *Vital Statistics*, Health Care Information Division, Oklahoma State Department of Health
 Produced by: Injury Prevention Service, Disease and Prevention 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.

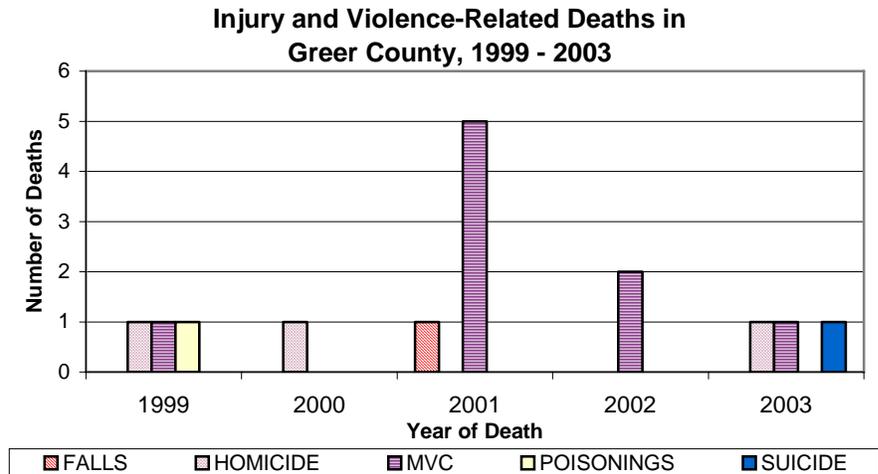
This trend does not change much in Greer County. Unintentional injuries are the leading cause of death from ages 15 to 24.

It is estimated that for every motor vehicle-related death \$1.1 million in economic costs are incurred. For Greer County which has an average of 1.8 motor vehicle-related deaths a year,

that translates to over \$2 million a year.

Violence-related injuries (homicide

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



Tobacco Use

No Data Available At This Time

Physical Activity, Wellness and Diabetes

No Data Available At This Time

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

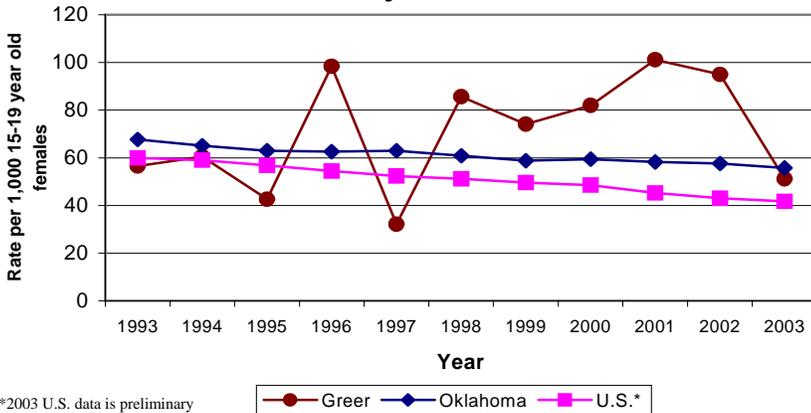
31% and 7%, respectively.

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, Greer County had a teen birth rate of 51.1 in 2003 which was a 46% decrease from 2002 (95) and a 10% decrease since 1993 (56.5).

With an average of 13 births per year, teen pregnancy costs the citizens of Greer County \$41,600.00 a year.

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



*2003 U.S. data is preliminary

Note: 6 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, 19.6% of persons in Greer County

for whom poverty status was known had an income below what was needed to live at the federal poverty level. Greer County is 33% above the state (14.7%) and 58% above the nation (12.4%) for persons with incomes below the federal poverty level.

Income to Poverty Ratio, Greer 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	5,058	341	651	578	767	2,721
Cumulative Population		341	992	1,570	2,337	5,058
% of Total	100.0%	6.7%	12.9%	11.4%	15.2%	53.8%
Cumulative %		6.7%	19.6%	31.0%	46.2%	100.0%

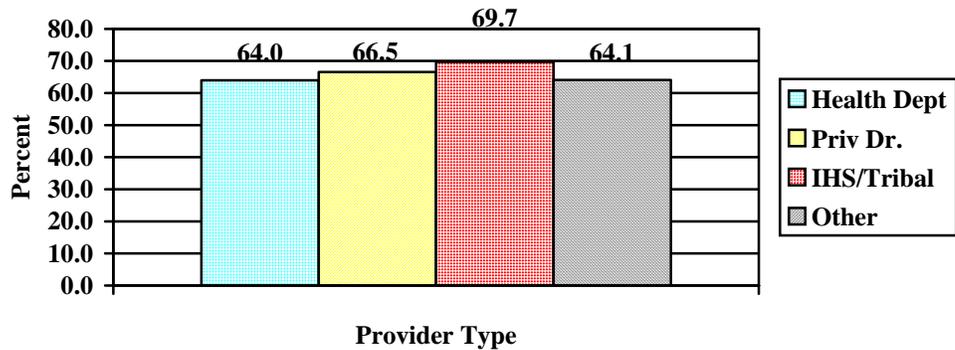
OK By One - State Immunization Data

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

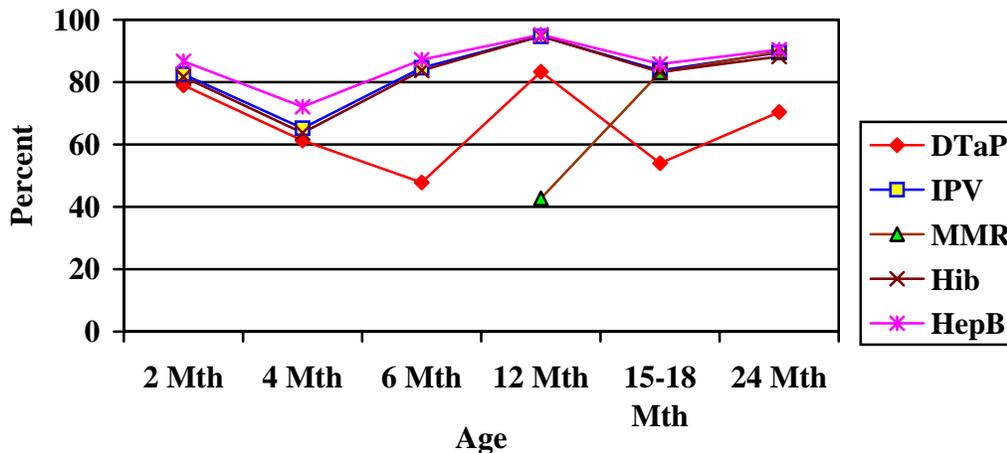
2003-04 Immunization Coverage Rates



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



Oklahoma Children On Schedule by Antigen, 2004

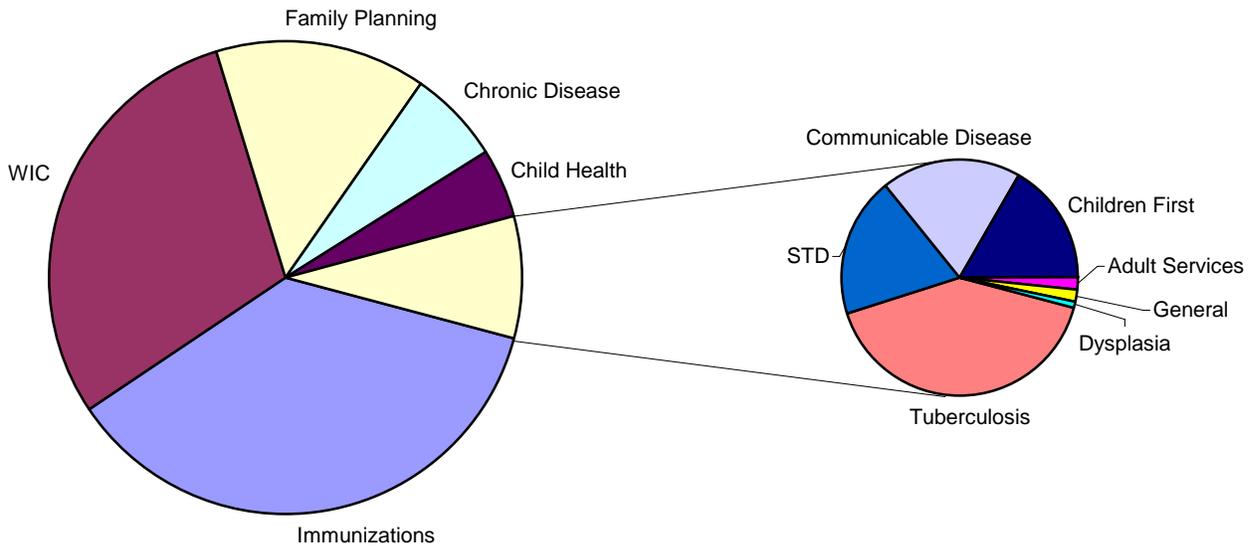


**Note: County level data will be available soon.

County Health Department Usage

* PHOCIS, Community Health Services, OSDH

Attended Appointments for Greer County Health Department, State Fiscal Year 05



Health Care Costs Summary

Cardiovascular Disease (Heart Disease)

- Average 33 deaths a year
- \$369,476.69 per death
- Total— \$12,192,730.77 a year

Obesity

- Data Not Available At This Time

Motor Vehicle-Related Injury Death

- Average 1.8 deaths per year
- \$1,120,000.00 in economic costs per death
- Total—\$2,016,000.00 a year

Tobacco Use

- Data Not Available At This Time

Diabetes

- Data Not Available At This Time

Teen Pregnancy

- Average of 13 births to teen mothers per year
- \$3,200.00 in costs for each birth a year
- Total— \$41,600.00 a year



Grand Total for Greer County:

\$14,250,330.77



**OKLAHOMA STATE
DEPARTMENT OF HEALTH**

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Community Development Service

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Fax: 405-271-1225

Greer County Health Department

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2100 N. Louis Tittle
Mangum, OK 73554
580-782-5531

***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*