



A Look Back To Move Forward

LeFlore County

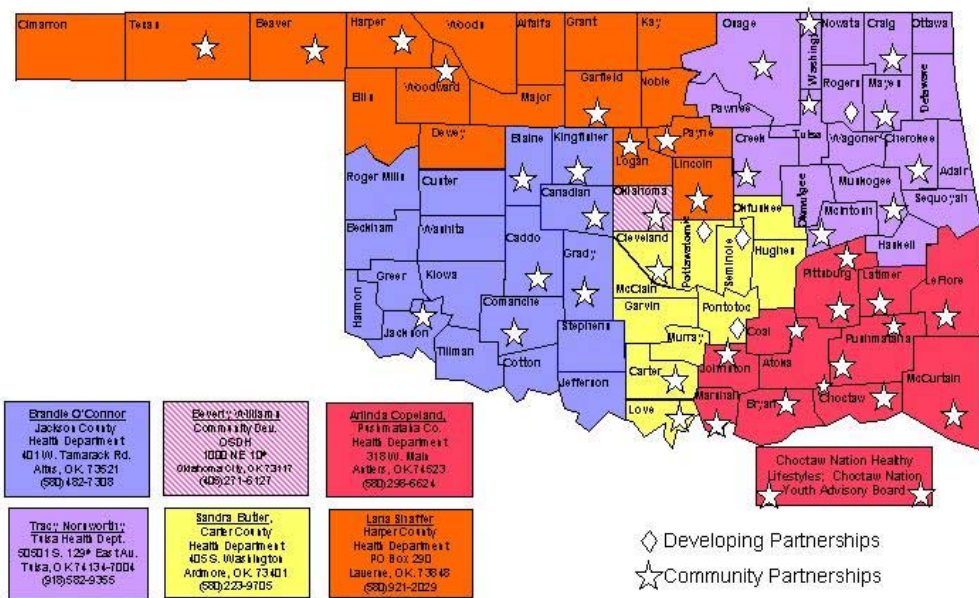
The state of Oklahoma has been in a downward health trend since the 1990's, until recently. Through the efforts of the state and county health departments, state and local governments and the individual communities the health of Oklahomans is looking up. However, we could do more to improve the health of the citizens of Oklahoma.

This report focuses on the health factors for the citizens of LeFlore County. We will take a look back to discover what has been affecting the health of the citizens in order to move forward and make healthy, effective and safe changes for all.

State of the County's Health Report

OKLAHOMA STATE DEPARTMENT OF HEALTH

TURNING POINT PARTNERSHIPS and FIELD CONSULTANT DISTRICT



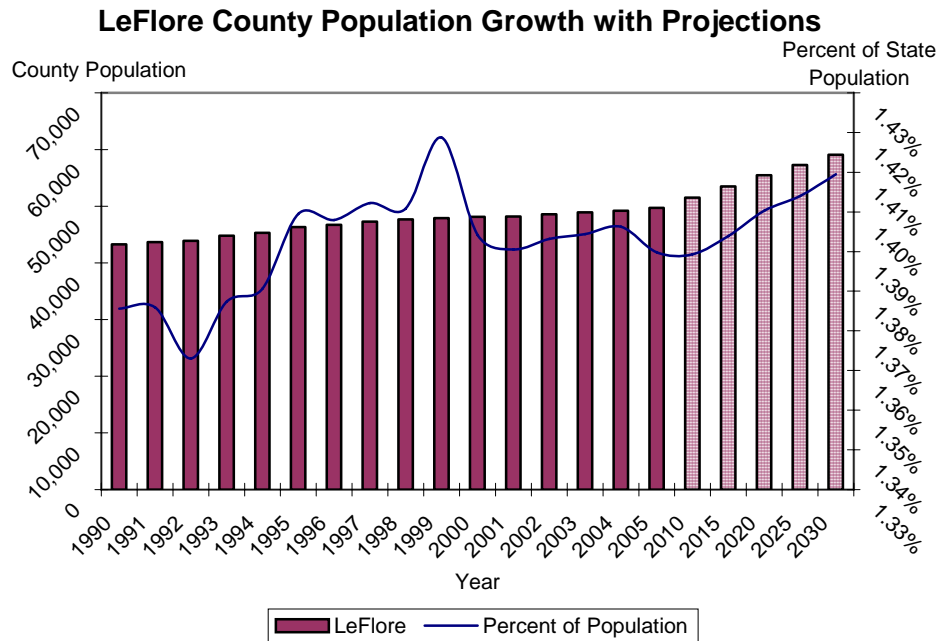
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Demographics

* U.S. Census Bureau

- Population estimates
 - 11% increase from 1990 to 2000 (43,270 to 48,109)
 - 2% increase from 2000 to 2004
 - Ranked 22nd for growth in state
- 2000 Census
- Hispanic/Latino ethnicity = 4%
- Race
 - Whites = 80%
 - Native Americans = 11%
 - Blacks = 2%
 - Other/Multiple = 7%
- Age
 - Under 5 = 7%
 - Over 64 = 14%
 - Median age = 36.1 years
- Housing units
 - Occupied = 17,861 (89%)
 - Vacant = 2,281 (11%)
- Disability (ages 21 to 64) = 25.6% national = 19.2% state = 21.5%
- Individuals below poverty = 19.1% 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 LeFlore 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 2,051 people in LeFlore 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 181.5 deaths a year, heart disease accounts for over \$67 million a year in medical costs in

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LeFlore County.

Alzheimer's disease and the complications associated with it have increased from the 16th ranked cause of death (1983-1993) to the 8th ranked cause of death in persons 65 and older accounting for a 306% increase in deaths.

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

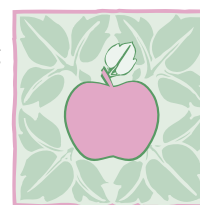
Nutrition and Obesity

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 2001-2005, 27.8%



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

(13,593) of people in LeFlore County were considered obese which accounted for an additional \$5,369,235 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 LeFlore County 1993-2003

Rank	0-4	05-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	PERINATAL PERIOD 18	UNINTENT. INJURY 10	UNINTENT. INJURY 41	UNINTENT. INJURY 48	CANCER 42	CANCER 118	HEART DISEASE 246	HEART DISEASE 1588	HEART DISEASE 1996
2	CONGENITAL ANOMALIES 11	CANCER 3	SUICIDE 12	CANCER 15	HEART DISEASE 42	HEART DISEASE 110	CANCER 218	CANCER 865	CANCER 1264
3	UNINTENT. INJURY 7	HOMICIDE/LEGAL 2	HOMICIDE/LEGAL 5	HEART DISEASE 9	UNINTENT. INJURY 41	UNINTENT. INJURY 37	BRONCHITIS/EMPHYSEMA/ASTHMA 35	STROKE 324	STROKE 359
4	SIDS 5	PERINATAL PERIOD 2	CANCER 3	HOMICIDE/LEGAL 8	HOMICIDE/LEGAL 14	DIABETES MELLITUS 16	UNINTENT. INJURY 32	INFLUENZA/PNEUMONIA 265	UNINTENT. INJURY 301
5	HEART DISEASE 1	ACUTE BRONCHITIS 1	DIABETES MELLITUS 1	HIV 7	SUICIDE 13	LIVER DISEASE 15	DIABETES MELLITUS 31	BRONCHITIS/EMPHYSEMA/ASTHMA 250	BRONCHITIS/EMPHYSEMA/ASTHMA 298
6	HOMICIDE/LEGAL 1	SEPTICEMIA (BLOOD POISONING) 1	INFLUENZA/PNEUMONIA 1	SUICIDE 5	DIABETES MELLITUS 7	BRONCHITIS/EMPHYSEMA/ASTHMA 10	STROKE 22	DIABETES MELLITUS 96	INFLUENZA/PNEUMONIA 292
7	MENINGOCOCC. INFECTION 1	OTHER 1	PNEUMONITIS 1	NON-CANCEROUS TUMOR 2	HIV 7	SUICIDE 10	LIVER DISEASE 13	UNINTENT. INJURY 85	DIABETES MELLITUS 152
8	OTHER 22			INFLUENZA/PNEUMONIA 2	STROKE 6	INFLUENZA/PNEUMONIA 9	INFLUENZA/PNEUMONIA 12	ALZHEIMER'S DISEASE 65	KIDNEY DISEASE 69
9				SEPTICEMIA (BLOOD POISONING) 2	KIDNEY DISEASE 5	KIDNEY DISEASE 8	SEPTICEMIA (BLOOD POISONING) 7	KIDNEY DISEASE 52	ALZHEIMER'S DISEASE 65
10				FIVE CAUSES TIED 1	LIVER DISEASE 5	STROKE 6	SUICIDE 5	SEPTICEMIA (BLOOD POISONING) 40	SUICIDE 63

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

Produced by: Injury Prevention Service, Oklahoma State Department of Health

July 2005

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.

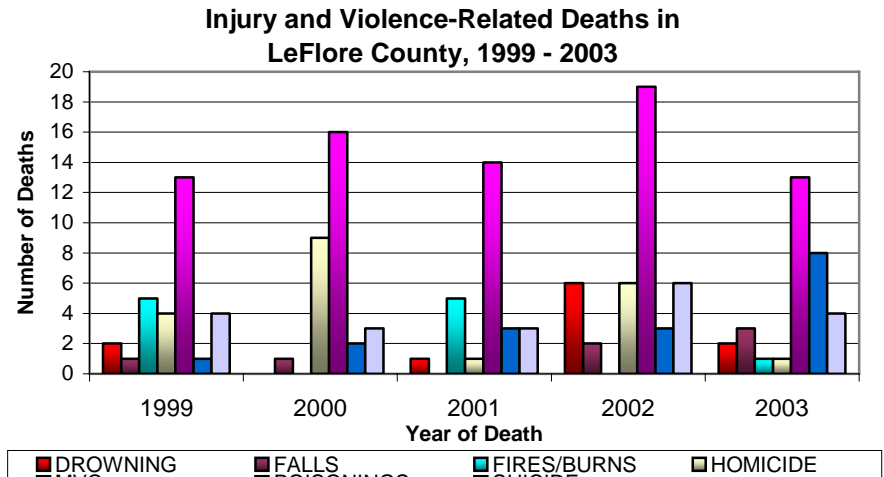
This trend does not change much in LeFlore County. Unintentional injuries are the leading cause of death from ages 5 to 34.

It is estimated that for every motor vehicle-related death \$1.1 million in economic costs are incurred. For LeFlore County which has an average of 15 motor vehicle-related deaths a year,

that translates to almost \$17 million a year.

Violence-related injuries (homicide

and suicide) in LeFlore County are ranked in the top 10 in seven 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 System, it is estimated that 31.5% (15,402) of people in LeFlore County use tobacco of some sort. Medical costs accumulated by those persons are almost \$51 million a year for LeFlore County.

“Medical costs accumulated by those persons are almost \$51 million a year for LeFlore 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 30.8%

(15,060) of people in LeFlore County had no leisure activity in the past month at the time they were surveyed.

The BRFSS also indicated that 7.7% (3,765) of LeFlore County citizens have been diagnosed by a health professional as having dia-



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

betes. 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 \$49,859,895.00 in one year for LeFlore 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

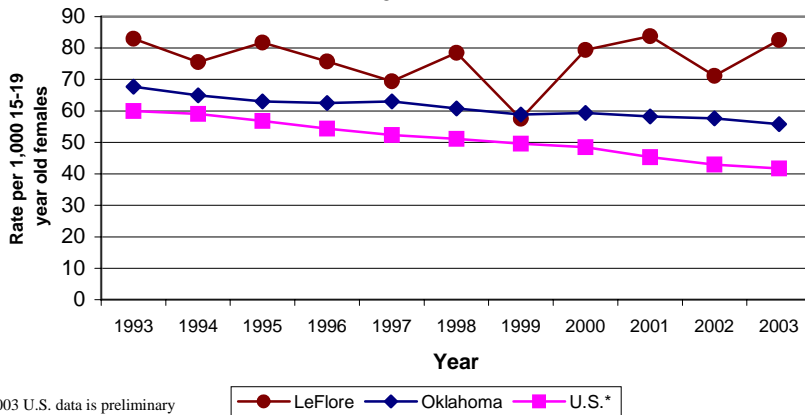
31% and 7%, respectively.

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, LeFlore County had a teen birth rate of 82.6 in 2003 which was a 16% increase from 2002 (71.2) and a 0% decrease since 1993 (83).

With an average of 132 births per year, teen pregnancy costs the citizens of LeFlore County \$422,400.00 a year.

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



*2003 U.S. data is preliminary

Note: 25 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, inade-

quate 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, 19.1% of persons in LeFlore

County for whom poverty status was known had an income below what was needed to live at the federal poverty level. LeFlore County is 30% above the state (14.7%) and 54% above the nation (12.4%) for persons with incomes below the federal poverty level.

Income to Poverty Ratio, LeFlore 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	46,443	3,597	5,260	6,683	6,398	24,505
Cumulative Population		3,597	8,857	15,540	21,938	46,443
% of Total	100.0%	7.7%	11.3%	14.4%	13.8%	52.8%
Cumulative %		7.7%	19.1%	33.5%	47.2%	100.0%

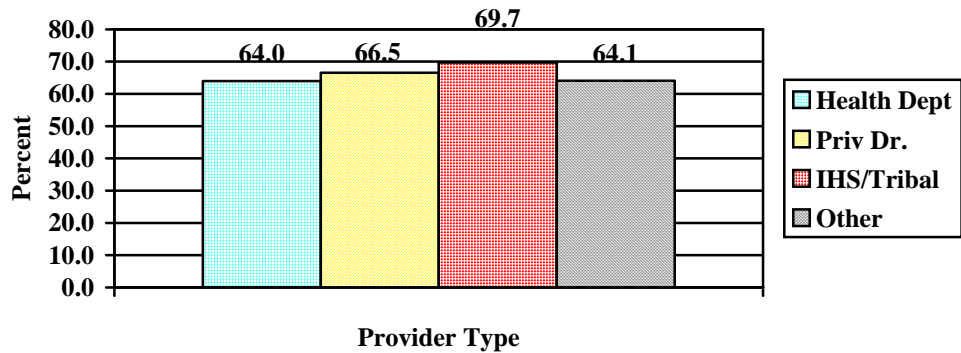
OK By One - State Immunization Data

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

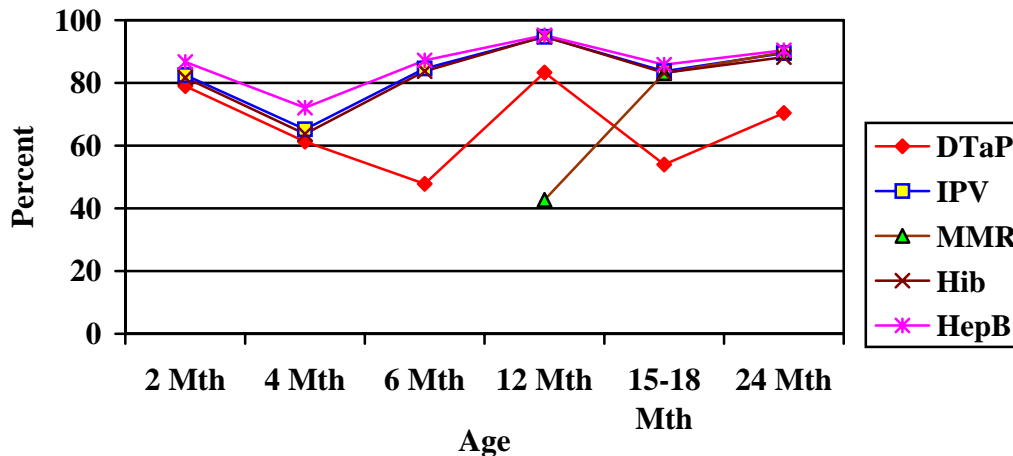
2003-04 Immunization Coverage Rates



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

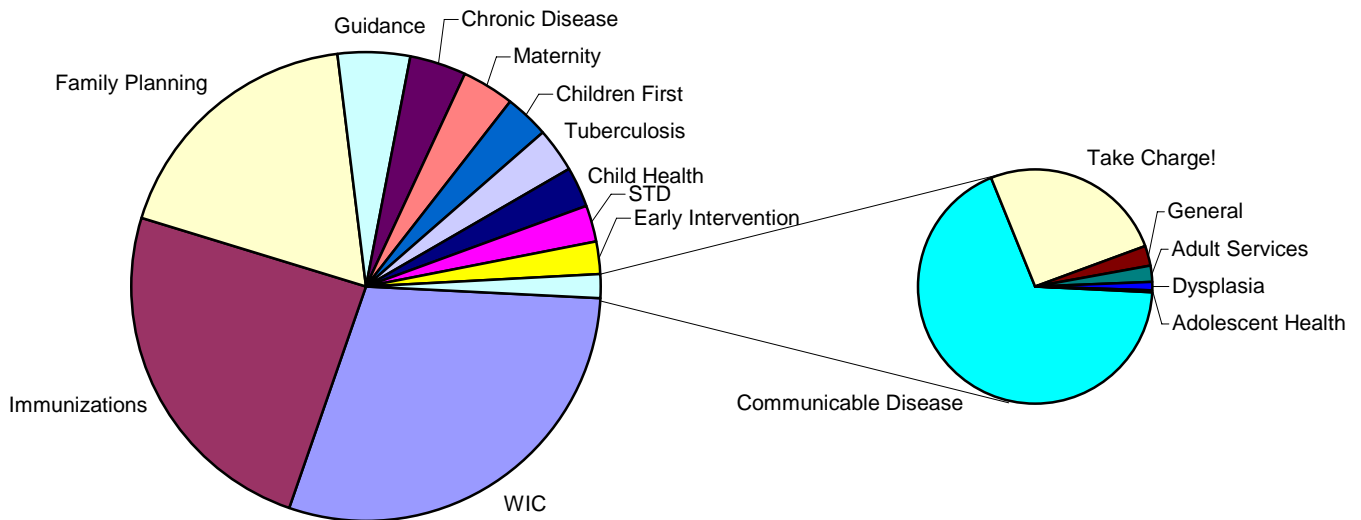


Oklahoma Children On Schedule by Antigen, 2004



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

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



Health Care Costs Summary

Cardiovascular Disease (Heart Disease)

- Average 182 deaths a year
- \$369,476.69 per death
- Total— \$67,244,757.58 a year

Obesity

- 27.8% of population (13,593)
- \$395.00 in additional medical costs per person
- Total—\$5,369,235.00

Motor Vehicle-Related Injury Death

- Average 15 deaths per year
- \$1,120,000.00 in economic costs per death
- Total—\$16,800,000.00 a year

Tobacco Use

- 31.5% of population (15,402)
- \$3,300.00 in health care costs
- Total - \$50,826,600.00 a year

Diabetes

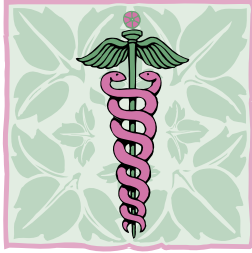
- 7.7% of population (3,765)
- \$13,243.00 in healthcare costs a year
- Total—\$49,859,895.00 a year

Teen Pregnancy

- Average of 132 births to teen mothers per year
- \$3,200.00 in costs for each birth a year
- Total— \$422,400.00 a year



**Grand Total for LeFlore County:
\$190,522,887.58**



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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.

Oklahoma Turning POINT



*Oklahoma Community Partners
in Public Health Innovation*