Oklahoma County
Spring 2010



HEALTH

Working Together For Health

Oklahoma 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 Oklahoma 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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County Demographics

Population estimates¹

- o 10.2% increase from 1990 to 2000 (600,398 to 661,829)
- o 6.8% increase from 2000 to 2008 (661,829 to 706,617)
- o Ranked 12th for growth in state

2008 Census Estimates²

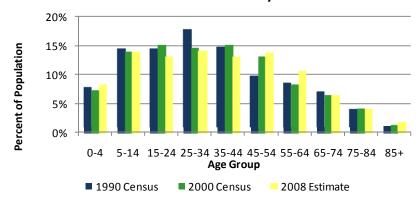
- Hispanic/Latino ethnicity = 12.7%
- Race
 - o Whites = 76.2%
 - o Native Americans = 3.7%
 - o Blacks = 16.4%
- Age
 - o Under 5 = 8.4%
 - o 65 and over = 12.6%
 - o Median age = 34.2 years

2000 Census³

- · Housing units
 - Occupied = 266,834 (90%)
 - \circ Vacant = 28,186 (10%)

- Disability (ages 21 to 64) = 21.7% state = 21.5% national = 19.2%
 - o 58.7% of disabled (ages 21-64) are employed
- Individuals below poverty = 15.3% state = 14.7% national = 12.4%
- Families below poverty = 11.7% state = 11.2% national = 9.2%

1990, 2000, & 2008 Population by Age Groups, Oklahoma County

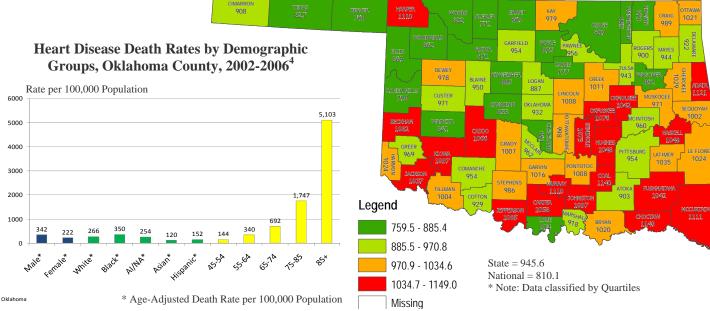


Top 10 Leading Causes of Death

The top 10 leading causes of death⁴ table on the next page displays a broad picture of the causes of death in Oklahoma 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 1,129 people in Oklahoma County and is still the leading cause of death with all age groups combined.

From 2006-2008, the total charges for all heart disease-related hospitalizations for Oklahoma County residents was \$1,305,498,313.00, which translated to an average of \$48,950.07 per discharge. Total charges are an indicator of community health, however, these are hospital-based charges and not payments or costs of actual illness. The direct and indirect costs of disease are actually much higher (i.e., loss of employee wages, loss of tax revenue, loss of years of life).

Age-Adjusted Death Rates by County, OSDH Vital Statistics, 2002-2006⁴



Top 10 Causes of Death by Age Group

Oklahoma County 2002-2006

			7017	Origina	Original County 2002-2008	2-2000	L	L	, v
Kank	0-4	U5-14	15-24	25-34	35-44	45-54	55-64	+69	All Ages
	PERINATAL PERIOD	UNINTENT. INJURY	UNINTENT. INJURY	UNINTENT. INJURY	UNINTENT. INJURY	HEART DISEASE	CANCER	HEART DISEASE	HEART DISEASE
1	228	29	146	176	250	899	1,165	6,806	8,902
	CONGENITAL ANOMALIES	CANCER	HOMICIDE	SUCIDE	HEART DISEASE	CANCER	HEART DISEASE	CANCER	CANCER
2	110	12	80	90	247	653	1,105	4,443	6,525
	SOIS	HOMICIDE	SUICIDE	HOMICIDE	CANCER	UNINTENT. INJURY	BRONCHITIS/ EMPHYSEMA/ ASTHMA	STROKE	STROKE
3	45	8	67	62	185	238	226	1,864	2,202
	UNINTENT. INJURY	CONGENITAL ANOMALIES	CANCER	HEART DISEASE	SUICIDE	LIVER DISEASE	STROKE	BRONCHITIS/ EMPHY SEMA/ ASTHMA	BRONCHITIS/ EMPHY SEMA/ ASTHMA
4	38	7	19	48	103	160	158	1,583	1,900
	HOMICIDE	SUICIDE	HEART DISEASE	CANCER	ΛΙΗ	STROKE	DIA BETES MELLITUS	ALZHEIMER'S DISEASE	UNINTENT. INJURY
2	16	7	14	43	57	115	144	683	1,428
	SEPTICEMIA (BLOOD POISONING)	BRONCHITIS/ EMPHYSEMA/ ASTHMA	COMPLICATIONS OF PREGNANCY/ CHIL DBIRTH	ΛIH	HOMICIDE	SUICIDE	UNINTENT. INJURY	DIABETES MELLITUS	DIA BETES MELLITUS
9	12	< 4	7	21	45	93	117	631	912
	STROKE	HEART DISEASE	ANEMIA	DIABETES MELLITUS	LIVER DISEASE	DIA BETES MELL ITUS	LIVER DISEASE	INFLUENZA/ PNEUMONIA	ALZHEIMER'S DISEASE
7	11	< 4	5	14	41	91	93	546	692
	HEART DISEASE	INFLUENZA/ PNEUMONIA	BRONCHITIS/ EMPHY SEWA/ ASTHIWA	STROKE	STROKE	BRONCHITIS/ EMPHYSEWA/ ASTHIMA	SEPTICEMIA (BLOOD POISONING)	UNINTENT. INJURY	INFLUENZA/ PNEUMONIA
8	9	< 4	5	13	37	89	09	434	678
	INFLUENZA/ PNEUMONIA	NEPHRITIS	BENIGN NEOPLA SM	SEPTICEMIA (BLOOD POISONING)	DIABETES MELLITUS	VIRAL HEPATITIS	INFLUENZA/ PNEUMONIA	NEPHRITIS	NEPHRITIS
6	9	< 4	4	11	30	53	56	394	496
	BRONCHITIS/ EMPHYSEMA/ ASTHMA	FOUR CAUSES TIED	CONGENITA L A NOMALIES	TWO CAUSES TIED	INFLUENZA/ PNEUMONIA	ΛH	SUICIDE	ATHEROSCLEROSI S	SUCIDE
10	9	4 >	4	8	22	45	55	340	477
Note: T	he numbers less 1	than 4 have been	Note: The numbers less than 4 have been shown as "< 4" to protect the privacy of the subjects	o protect the priv	vacy of the subject	3†c			

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

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OKLAHOMA COUNTY

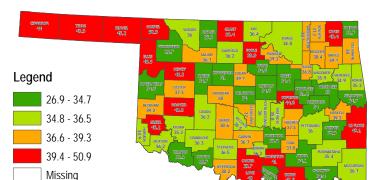
Nutrition & Overweight

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 Oklahoma County soar to almost \$52.0 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, 83.3% of Oklahoma County adults did

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

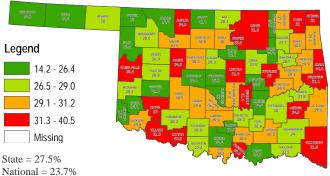


* Note: Data classified by Quartiles

State = 36.0% National = 34.9%

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.

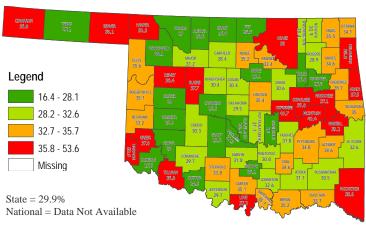
Percent of Adults who are Obese, BRFSS, 2003-2008⁸



* 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 29.5% (148,353) of people in Oklahoma County had no leisure activity in the past month (at the time they were surveyed) and over two-thirds of the adults (69.9%) did not reach the recommended physical activity level.

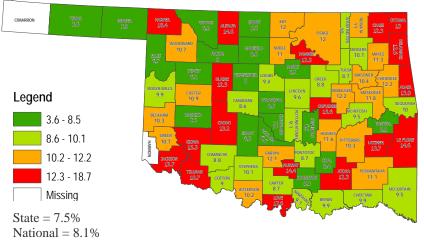
Statewide, 55% of high school students did not participate in physical activity for at least 60 minutes per day on five or more days in a week. Efforts need to be made to increase physical activity for our youth to build long-term healthy habits.

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 3791 hospital discharges for diabetes among Oklahoma County residents.⁵ This ac-

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



counted for a total of 19,600 days in the hospital and \$98,479,597.00 in total charges.⁵
This was an average of 5.2 days and \$25,977.21 in charges.⁵

According to the 2004-2008 BRFSS, it is estimated that 8.5% (42,746) of Oklahoma 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. Persons with diabetes accumulate an estimated \$566,084,019.92 in health care costs in one year for Oklahoma County. Actual hospital charges account for only 5.9% of the total health care impact of diabetes.

* Note: Data classified by Quartiles

Teen Births

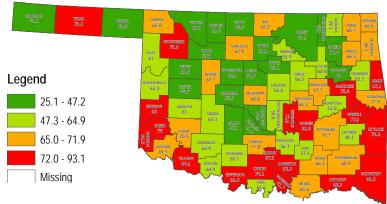
While births to teen mothers (age 15 to 19) have been on the decline in both the U.S. and Oklahoma, Oklahoma has moved down in the rankings according to the United Health Foundation. In 1993, the rate for teen births in the U.S. was 60.3 per 1,000 15-19 year old females and 67.1 in Oklahoma, ranking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

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, Oklahoma County had a teen birth rate of 70.9 in 2007, which accounted for a 1% increase from 2003 (70.4) and a 8% decrease from 1993 (77.4)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 1,515.6 births per year (2003-2007)¹², teen pregnancy costs the citizens of Oklahoma County \$4,849,920.00 a year.

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



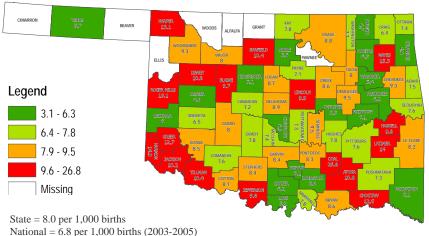
 $\begin{array}{l} State = 58.2 \; per \; 1,000 \; Female \; Population \; Aged \; 15\text{-}19 \\ National = 40.5 \; per \; 1,000 \; Female \; Population \; Aged \; 15\text{-}19 \; (2005) \end{array}$

* Note: Data classified by Quartiles

Infant Mortality

Protecting the most vulnerable populations is a task for every Oklahoman, socio-demographic variables have repeatedly been shown to affect infant mortality and birth weight. Income, education, race/ethnicity, access to medical care and social services, and social support are just a few of the characteristics that alter these rates, both positively and negatively. Differences in infant mortality rates are most apparent within racial categories. From 2003-2005 within the U.S., the infant mortality rate among white mothers was 5.7 deaths per 1,000 live births, while black or African American mothers had an infant mortality rate of 13.3 and

Infant Mortality Rate, Oklahoma Vital Statistics, 2002-2006⁴



American Indian mothers a rate of 8.4. Interestingly, Hispanic mothers had rates similar to white mothers.¹⁵

Within Oklahoma, this trend continues. From 2002-2006, the infant mortality rate was highest for black or African American mothers (16.0), followed by American Indian (8.4), White (7.1), and Asian (5).⁴ The Hispanic infant mortality rate was 7.9.⁴

With an average of 412 infant deaths a year across Oklahoma⁴, it is difficult to obtain stable county-level data by race. From 2002-2006, the overall infant mortality rate for Oklahoma County was 8.9. This accounted for a 11% increase from the state rate of 8.0 deaths per 1,000 live births.⁴

In addition, the infant mortality rate in Oklahoma County accounted for 39,300 years of potential life lost based on an average age of death in Oklahoma of 75 years of age.⁴

Low Birth Weight

* Note: Data classified by Quartiles

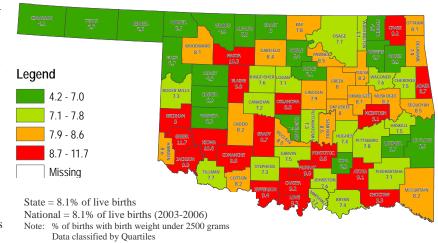
Birth weight has been a long standing indicator of long-term health outcomes as birth weight has been linked to certain adult chronic conditions such as high blood pressure, Type II diabetes, and heart disease. Low birth weight is defined as any baby born weighing less than 2,500 grams or 5 pounds and 8 ounces (including very low birth weight = less than 1,500 grams/3 pounds, 5 ounces). Low birth weight is associated with premature births, multiple births, birth defects, chronic health problems

or infections in the mother, smoking, alcohol or drug use, placental problems, inadequate maternal weight gain or socioeconomic factors. ¹⁷ Understanding the trends behind low birth weight can assist in pinpointing causes specific to a community.

In Oklahoma from 2003-2007, 8.1% of the live births were less than 2,500 grams. As with infant mortality, babies born to black or African American mothers have the highest rates of low birth weight (14.1%), followed by White (7.5%), American Indian and Asian (6.9% each). ¹² This trend is similar to the national data. ¹⁸

In Oklahoma County, from 2003-2007 the low birth weight rate was 8.8%.¹² This was a 8.6% increase from the state and national low birth weight rate. Because of the small numbers that occur in this category, county level data by race is unavailable.

Percent of Live Births with Low and Very Low Birth Weight, OSDH Vital Statistics, 2003-2007¹²



Injury and Violence

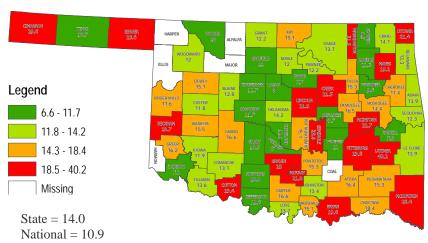
Across the nation and the state of Oklahoma, unintentional and violence-related injuries are on the rise. Unintentional injuries account for the 5th leading cause of death in the United States and Oklahoma for 2002-2006. For persons ages 1 to 44 in Oklahoma, unintentional injuries are the leading cause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

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

It is estimated that for every motor vehicle-related death \$1.3 million in economic costs are incurred (2008 data). For Oklahoma County, which has an average of 92.8 motor vehicle-related deaths a year⁴, the estimated economic costs are almost \$120.6 million a year.

Violence-related injuries (homicide and suicide) in Oklahoma County are ranked in the top 10 causes of death for persons from birth to age 64 and suicide is the 10th leading cause of death for all ages.⁴

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

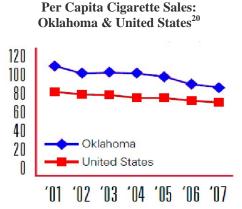


* Note: Data classified by Quartiles

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



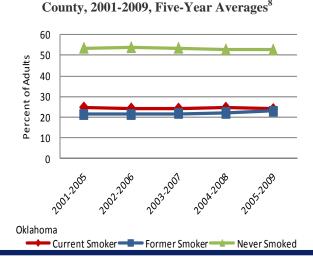
the rise, targeting areas such as tobacco use is an effective way to control those costs. The Oklahoma Tobacco Helpline (1-800-QUIT-NOW), supported jointly by the Oklahoma Tobacco Settlement Endowment Trust and the Oklahoma State Department of Health, continues to experience high call volume. Over 37,800

Oklahomans received free cessation assistance through the Helpline in fiscal year 2009. 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 to-

bacco accrued over \$3,300 in health care costs per year. According to the BRFSS (2005-2009)⁸, it is estimated that 24.1% (121,197) of adults in Oklahoma County use tobacco of some sort. Medical costs accumulated by those persons are over \$400.0 million a year for Oklahoma County.

Percent of Adults by Smoking Status, Oklahoma



Healthy People 2010 Table

Healthy People 2010 Indicators	Most Recent Data: Year(s)						
	Oklahoma	County	Ok	lahoma	Un	nited States	2010 Target
Prevalence of Obese (Aged 18+)	2002-2008	25.5%	2008	31.0%	2008	26.7%	15%
No Leisure-Time Physical Activity (Aged 18+)	2002-2008	29.5%	2008	31.5%	2008	24.6%	20%
Prevalence of Smoking (Aged 18+)	2002-2008	24.5%	2008	24.7%	2008	18.4%	12%
Infant Mortality (Per 1,000 of births)	2002-2006	8.9	2006	8.1	2006	6.8	4.5
Low Birth Weight Infants (Percent of live births)	2002-2007	8.8%	2006	8.3%	2006	8.3%	5%
Very Low Birth Weight Infants (Percent of live births)	2002-2007	1.6%	2006	1.6%	2006	1.5%	0.9%
First Trimester Prenatal Care (Percent of births)	2002-2007	76.4%	2006	75.6%	2006	83.2%	90%
Prevalence of Diabetes (Aged 18+)	2002-2008	7.7%	2008	11.3%	2008	9.2%	2.5%
Lack of Health Insurance (Aged 18-64)	2002-2008	26.3%	2008	22.8%	2008	17.1%	0%
Prevalence of Binge Drinking (Aged 18+)	2002-2008	15.1%	2008	12.2%	2008	15.6%	6%
Coronary Heart Disease Death*	2002-2006	192.4	2006	184.5	2006	144.4	166.0
Cancer Death*	2002-2006	193.8	2006	194.9	2006	180.8	159.9
Unintentional Injury Death*	2002-2006	42.4	2006	55.6	2006	39.3	17.5
Transportation-Related Death*	2002-2006	14.7	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 = 8,890
- Average charges $^5 = $48,950.07$
- Total—\$435,166,104.33 a year

Obesity

- 26.2% of population⁸ (131,758)
- \$395 in additional medical costs per person aged 18-64⁶
- Total—\$52,044,410.00

Diabetes

- Average hospital discharges per year = 1,263.7
- Average charges $^5 = $25,977.21$
- Total—\$32,826,532.33 a year

Teen Pregnancy

- Average 1,516 births to females aged 15-19 a year¹²
- \$3,200 in costs a year¹³
- Total—\$4,849,920.00 a year

Motor Vehicle-Related Injury Death

- Average 92.8 deaths per year⁴
- \$1,300,000.00 in economic costs per death¹⁶
- Total—\$120,640,000.00 a year

Tobacco Use

- 24.1% of population⁸ (121,197)
- \$3,300 in health care costs²¹
- Total—\$399,950,100.00 a year

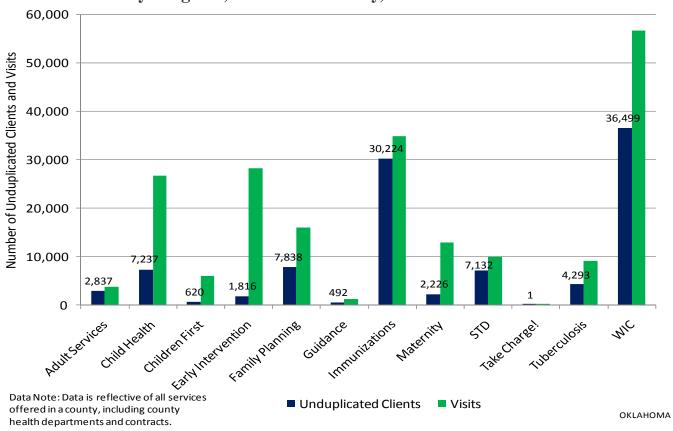
Grand Total for Oklahoma County:

\$1,045,477,066.67



County Health Department Usage

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



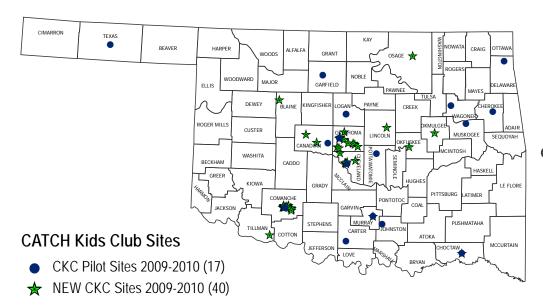
Population-Based Services by Event Type, Oklahoma County, SFY09

Event Type	Number of Events	Total Attendees
Conference/Display	27	1,951
Focus Groups	31	274
Group Screening	41	287
Health Fair	33	2,824
Meeting/Taskforce/Coalition	108	785
Presentation/Class	597	9,174
Surveys/Assessment	41	203
Grand Total	878	15,498

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

Topic	Number of Events	Total Attendees
Arthritis	5	42
Developmental Stages	589	8,181
DHS Child Care Consultation	116	576
Discipline/Behavior Management	196	3,690
Family Relationships	21	306
General Health Department Services	80	5,967
HIPPA	1	10
Human Relationships	204	3,626
Nutrition and Overweight	3	8
Oral Health	10	333
Parenting Skills	100	1,295
Physical Activity/Fitness	1	60
Terrorism/Emergency Preparedness	8	102
Grand Total	1334	24,196

Health Education



Oklahoma County Health Educator

Chrystal Hedges 921 NE 23rd St Oklahoma City, OK 73105 405-427-8651 Chrystal hedges@occhd.org

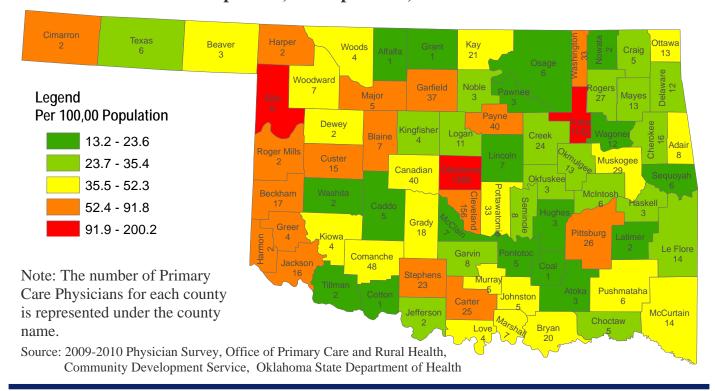
OSDH Health Education

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

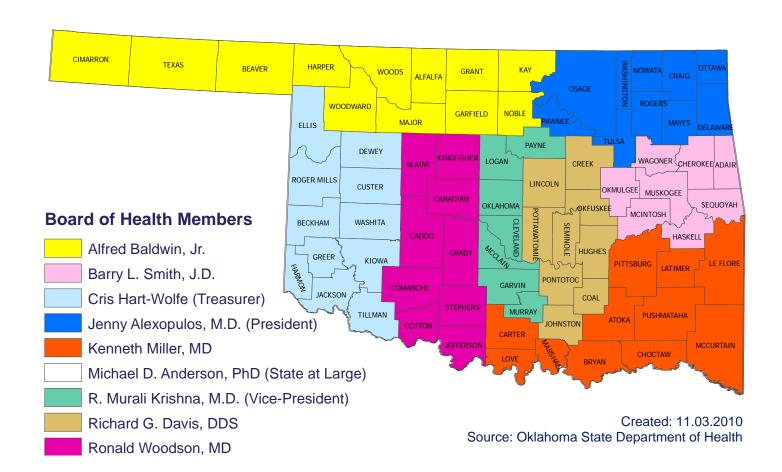
If you have an after-school program that is interested in learning more about CATCH Kids Club, a physical activity and nutrition program for children grades K-5, please contact the local health educator or Kathy Payne for information.

Primary Care Coverage Map

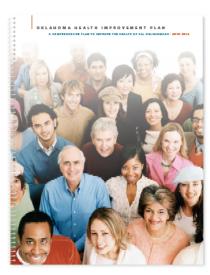
Rate of Primary Care Physicians per 100,000 Population, 2009 - 2010



OSDH Board of Health Map



Oklahoma Health Improvement Plan

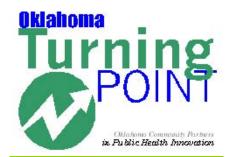


For the complete OHIP, including a full list of partners, visit <www.ok.gov/health> and click the "Oklahoma Health Improvement Plan" link.



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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 Oklahoma County. Please come and be part of the solutions that will lead Oklahoma and Oklahoma 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: Beverly Williams Community Dev., OSDH 1000 NE 10th Oklahoma City, OK 73117 (405) 271-6127

Email: BeverlyW@health.ok.gov Website: www.okturningpoint.org

Central Oklahoma Turning Point

Coalition Priorities:

- 1. Access to Care
- 2. Children's Oral Health
- 3. Wellness/Prevention
- 4. Strong & Healthy Oklahoma (SHO)
- 5. Adolescent/ Teen Health
- 6. Tobacco Use Prevention

2009 Significant Outcomes:

- ◆ Hosted OHIP *Listening Session* for Oklahoma County
- ◆ Reception June 12 at Latino Community Development
- Center for release of Strong & Healthy Oklahoma guidebook in Spanish summer '09
- ◆ 40,000 copies of Spanish Guidebook to Strong & Health Oklahoma (Oklahoma Fuerte Y Saludable) distributed
- Collaborated with OSDH, OICA, & Teen Pregnancy Prevention Coalition to offer two Parents, Let's Talk facilitator trainings (20-25 attendees at each.)
- Walk this Weigh '09 held in conjunction with COINS' Hoops for Health
- ◆ Offices moved to new location: 1444 N.W. 28th St., OKC