



State of the County's Health Report

Working Together For Health

Okmulgee 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 Okmulgee 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

- 8.7% increase from 1990 to 2000 (36,478 to 39,637)
- 1.1% decrease from 2000 to 2008 (39,637 to 39,219)
- Ranked 50th for growth in state

2008 Census Estimates²

- Hispanic/Latino ethnicity = 2.8%
- Race
 - Whites = 73.3%
 - Native Americans = 16.3%
 - Blacks = 10.1%
- Age
 - Under 5 = 6.9%
 - 65 and over = 15.2%
 - Median age = 36.9 years

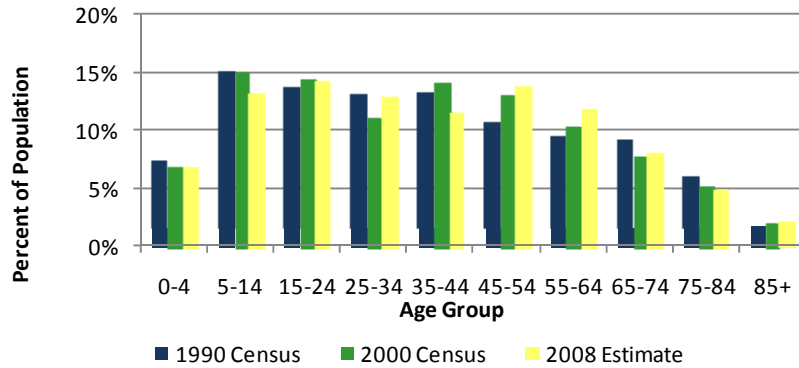
2000 Census³

- Housing units
 - Occupied = 15,300 (88%)
 - Vacant = 2,016 (12%)

- Disability (ages 21 to 64) = 24.6% state = 21.5% national = 19.2%
 - 44% of disabled (ages 21-64) are employed

- Individuals below poverty = 18.9% state = 14.7% national = 12.4%
- Families below poverty = 14.9% state = 11.2% national = 9.2%

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

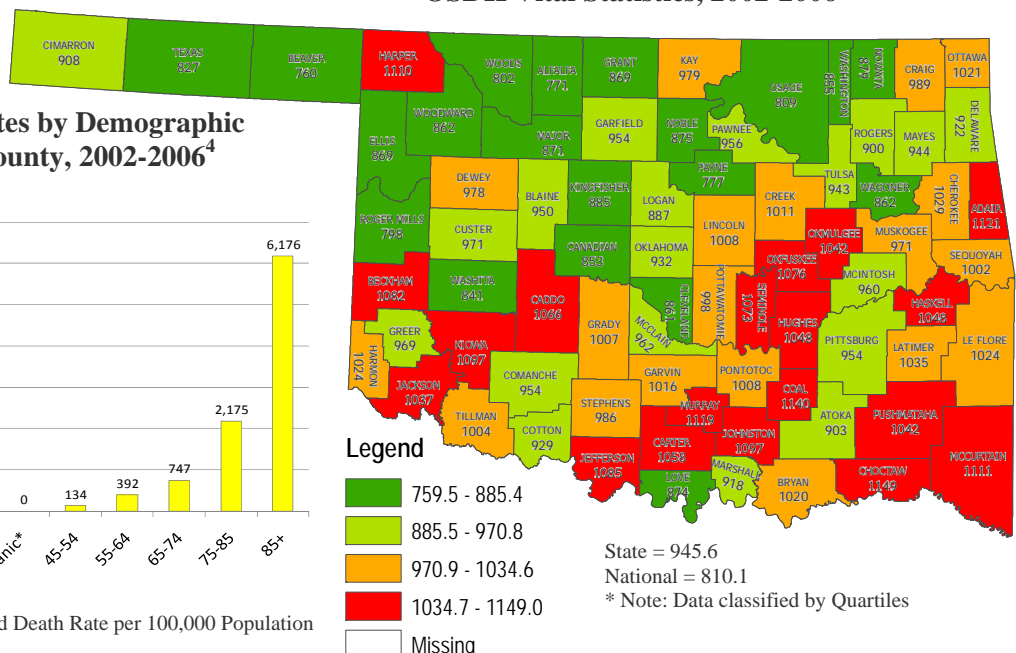


Top 10 Leading

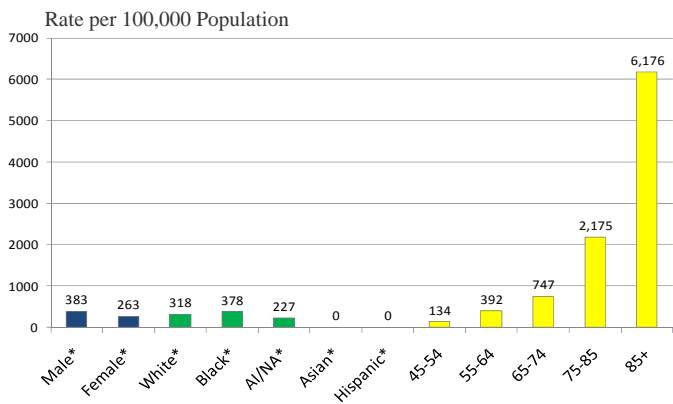
The top 10 leading causes of death⁴ table on the next page displays a broad picture of the causes of death in Okmulgee County. Since many health-related issues are unique to specific ages, this table provides causes of death by age group at a glance. The causes of death that are present across almost every age group have been highlighted. From 1983 to 1993 heart disease killed 1,129 people in Okmulgee 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 Okmulgee County residents was \$58,559,398.00, which translated to an average of \$30,341.66 per discharge.⁵ 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



Heart Disease Death Rates by Demographic Groups, Okmulgee County, 2002-2006⁴



Okmulgee

* Age-Adjusted Death Rate per 100,000 Population

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

Rank	0-4	05-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	PERINATAL PERIOD 10	CONGENITAL ANOMALIES < 4	UNINTENT. INJURY 19	UNINTENT. INJURY 16	UNINTENT. INJURY 15	CANCER 49	CANCER 107	HEART DISEASE 586	HEART DISEASE 725
2	CONGENITAL ANOMALIES 4	HEART DISEASE < 4	SUICIDE 6	HOMICIDE 8	HEART DISEASE 12	HEART DISEASE 36	HEART DISEASE 87	CANCER 349	CANCER 520
3	SIDS < 4	SUICIDE < 4	HOMICIDE < 4	SUICIDE 7	CANCER 9	UNINTENT. INJURY 30	BRONCHITIS/ EMPHYSEMA/ ASTHMA 21	STROKE 112	BRONCHITIS/ EMPHYSEMA/ ASTHMA 133
4	UNINTENT. INJURY < 4	UNINTENT. INJURY < 4	BENIGN NEOPLASM < 4	CANCER 5	SUICIDE 6	DIABETES MELLITUS 9	DIABETES MELLITUS 18	BRONCHITIS/ EMPHYSEMA/ ASTHMA 104	STROKE 133
5	SEPTICEMIA (BLOOD POISONING) < 4		CANCER < 4	HEART DISEASE < 4	DIABETES MELLITUS 5	BRONCHITIS/ EMPHYSEMA/ ASTHMA 8	STROKE 15	DIABETES MELLITUS 94	DIABETES MELLITUS 126
6			HEART DISEASE < 4	HIV < 4	HOMICIDE < 4	STROKE 6	UNINTENT. INJURY 14	ALZHEIMER'S DISEASE 50	UNINTENT. INJURY 125
7				VIRAL HEPATITIS < 4	EIGHT CAUSES TIED < 4	SUICIDE 6	LIVER DISEASE 11	INFLUENZA/ PNEUMONIA 41	INFLUENZA/ PNEUMONIA 54
8						VIRAL HEPATITIS 6	INFLUENZA/ PNEUMONIA 8	NEPHRITIS 37	ALZHEIMER'S DISEASE 51
9						INFLUENZA/ PNEUMONIA 4	SEPTICEMIA (BLOOD POISONING) 5	UNINTENT. INJURY 28	NEPHRITIS 43
10						LIVER DISEASE 4	THREE CAUSES TIED < 4	SEPTICEMIA (BLOOD POISONING) 19	LIVER DISEASE 34

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

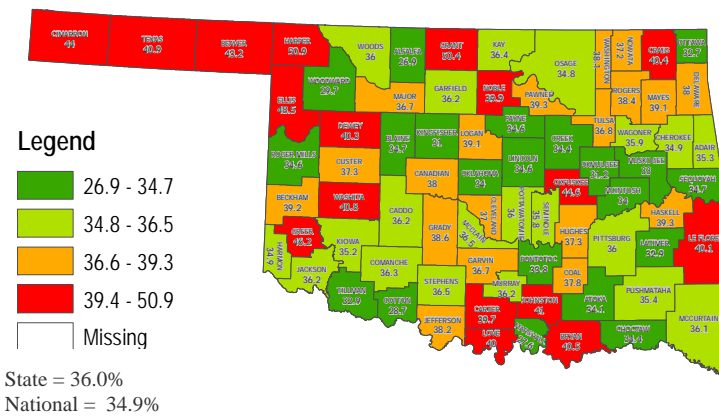
Nutrition & Overweight

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 Okmulgee County soar to almost \$3.9 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.

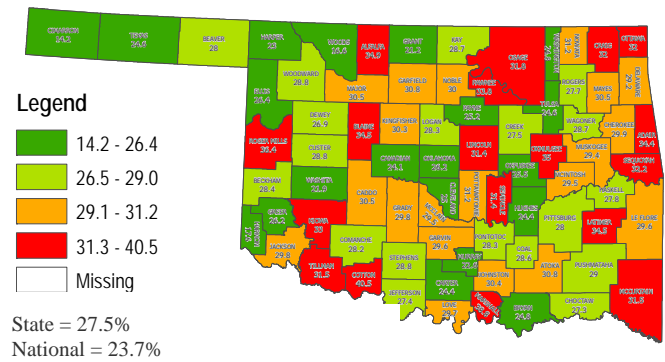
According to the Behavioral Risk Factor Surveillance System (BRFSS, 2003 & 2005)⁸, 81.6% of Okmulgee County adults did not eat the recommended 5 servings of fruits and vegetables a day. Increasing fruit and vegetable consumption is an economical way to control many health-related issues such as obesity and diabetes.

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



* Note: Data classified by Quartiles

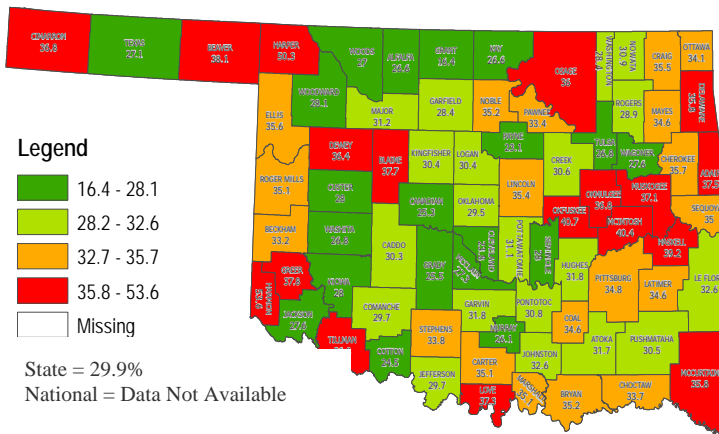
Percent of Adults who are Obese, BRFSS, 2003-2008⁸



* 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 36.8% (10,467) of people in Okmulgee County had no leisure activity in the past month (at the time they were surveyed) and over half of the adults (62.9%) did not reach the recommended physical activity level.

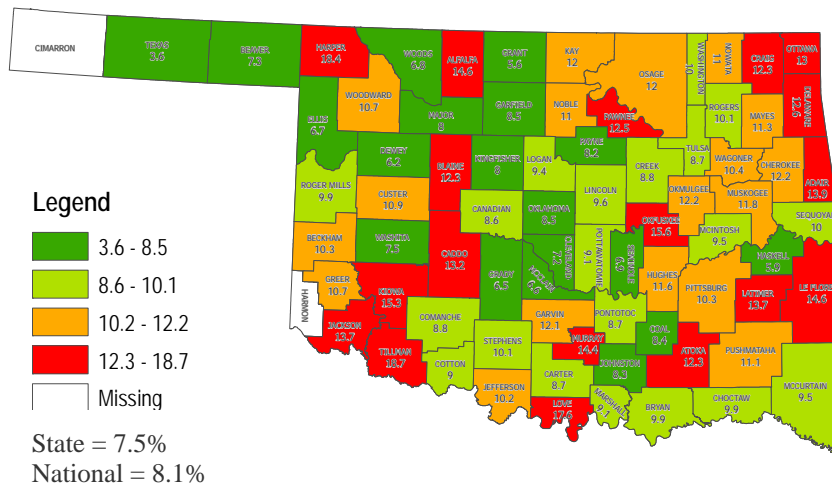
Statewide, 55% of high school students did not participate in physical activity for at least 60 minutes per day on five or more days in a week.⁷ Efforts need to be made to increase physical activity for our youth to build long-term healthy habits.

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 communities health.

From 2006 to 2008, there were 308 hospital discharges for diabetes among Okmulgee County residents.⁵ This accounted for a total of 1,574 days in the hospital and \$4,936,992.00 in total charges.⁵ This was an average of 5.1 days and \$16,029.19 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 12.2% (3,470) of Okmulgee 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 \$45,955,434.82 in health care costs in one year for Okmulgee County. Actual hospital charges account for only 3.1% of the total health care impact of diabetes.

* Note: Data classified by Quartiles

Teen Births

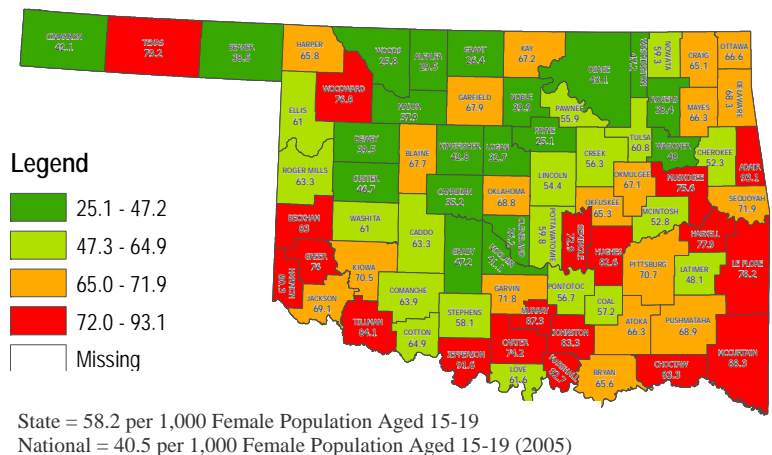
While births to teen mothers (age 15 to 19) have been on the decline in both the U.S. and Oklahoma, Oklahoma has moved down in the rankings according to the United Health Foundation.¹⁰ In 1993, the rate for teen births in the U.S. was 60.3 per 1,000 15-19 year old females and 67.1 in Oklahoma, ranking 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, Okmulgee County had a teen birth rate of 81.5 in 2007, which accounted for a 27% increase from 2003 (64.2) and a 6% increase from 1993 (77.0)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 94.2 births per year (2003-2007)¹², teen pregnancy costs the citizens of Okmulgee County \$301,440.00 a year.

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



* Note: Data classified by Quartiles

Healthy People 2010 Table

Healthy People 2010 Indicators	Most Recent Data: Year(s)						
	Okmulgee County		Oklahoma		United States		2010 Target
Prevalence of Obese (Aged 18+)	2002-2008	32.8%	2008	31.0%	2008	26.7%	15%
No Leisure-Time Physical Activity (Aged 18+)	2002-2008	36.2%	2008	31.5%	2008	24.6%	20%
Prevalence of Smoking (Aged 18+)	2002-2008	26.8%	2008	24.7%	2008	18.4%	12%
Infant Mortality (Per 1,000 of births)	2002-2006	9.5	2006	8.1	2006	6.8	4.5
Low Birth Weight Infants (Percent of live births)	2002-2007	7.9%	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	72.3%	2006	75.6%	2006	83.2%	90%
Prevalence of Diabetes (Aged 18+)	2002-2008	11.6%	2008	11.3%	2008	9.2%	2.5%
Lack of Health Insurance (Aged 18-64)	2002-2008	28.2%	2008	22.8%	2008	17.1%	0%
Prevalence of Binge Drinking (Aged 18+)	2002-2008	9.7%	2008	12.2%	2008	15.6%	6%
Coronary Heart Disease Death *	2002-2006	245.8	2006	184.5	2006	144.4	166.0
Cancer Death *	2002-2006	225	2006	194.9	2006	180.8	159.9
Unintentional Injury Death *	2002-2006	61.6	2006	55.6	2006	39.3	17.5
Transportation-Related Death *	2002-2006	28.1	2006	21.0	2006	14.5	9.2

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

Reference:

- [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 = 643
- Average charges⁵ = \$30,341.66
- Total—\$19,518,787.94 a year

Obesity

- 35.0% of population⁸ (9,955)
- \$395 in additional medical costs per person aged 18-64⁶
- Total—\$3,932,225.00

Diabetes

- Average hospital discharges per year⁵ = 102.7
- Average charges⁵ = \$16,029.19
- Total—\$1,645,664.00 a year

Teen Pregnancy

- Average 94 births to females aged 15-19 a year¹²
- \$3,200 in costs a year¹³
- Total—\$301,440.00 a year

Motor Vehicle-Related Injury Death

- Average 10.4 deaths per year⁴
- \$1,300,000.00 in economic costs per death¹⁶
- Total—\$13,520,000.00 a year

Tobacco Use

- 28.4% of population⁸ (8,078)
- \$3,300 in health care costs²¹
- Total—\$26,657,400.00 a year

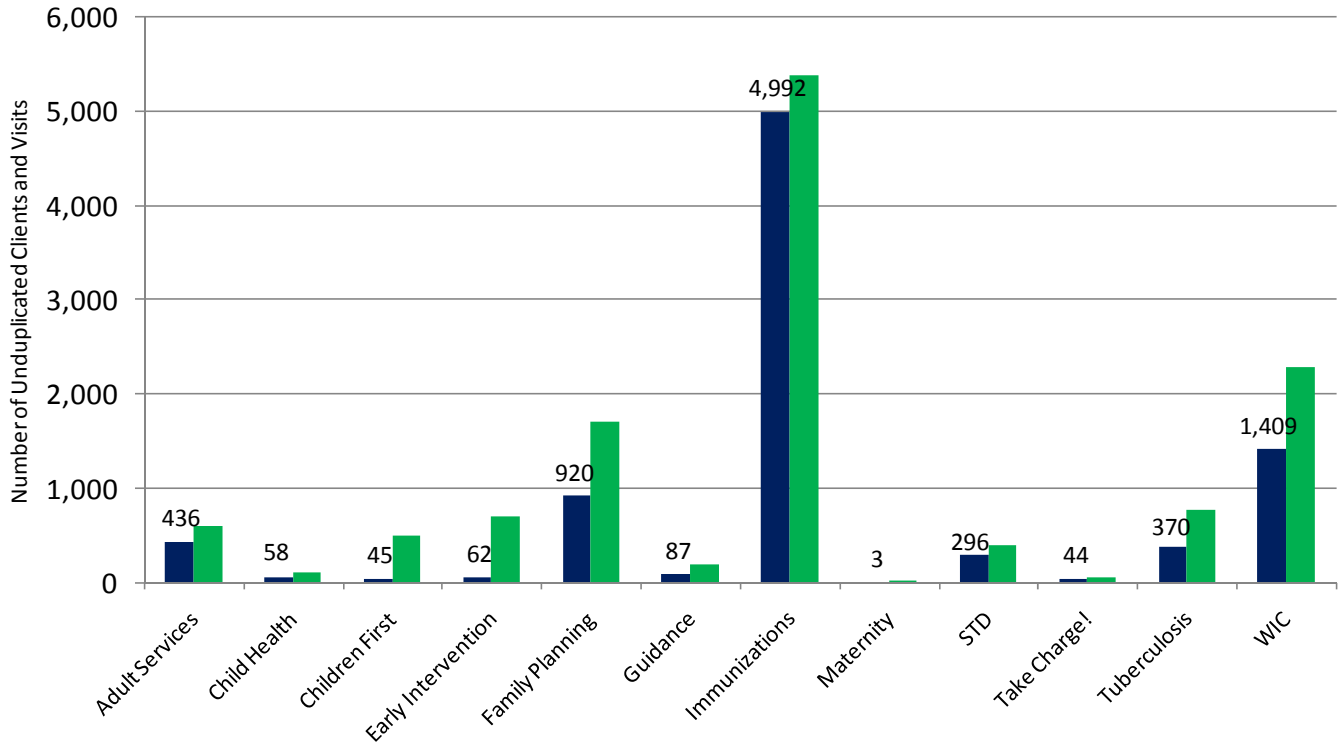
Grand Total for
Okmulgee County:

\$65,575,516.94



County Health Department Usage

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

OKMULGEE

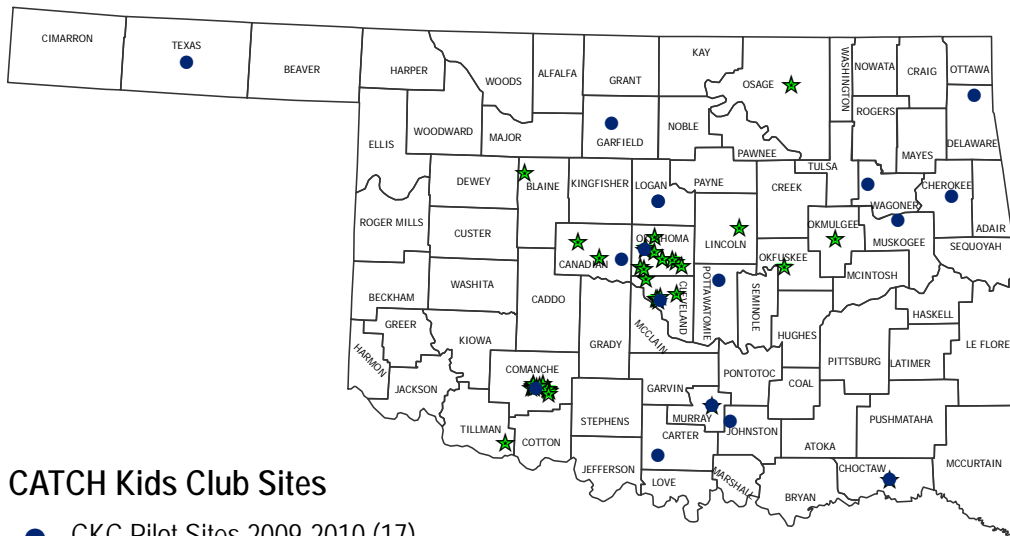
Population-Based Services by Event Type, Okmulgee County, SFY09

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

Event Type	Number of Events	Total Attendees
Conference/Display	35	322
Group Screening	6	17
Health Fair	2	408
Meeting/Taskforce/Coalition	35	359
Presentation/Class	78	650
Surveys/Assessment	4	80
Grand Total	160	1,836

Topic	Number of Events	Total Attendees
Developmental Stages	105	1,357
Family Relationships	1	31
General Health Department Services	5	72
Human Relationships	40	163
Parenting Skills	2	16
Terrorism/Emergency Preparedness	7	197
Grand Total	160	1,836

Health Education



CATCH Kids Club Sites

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

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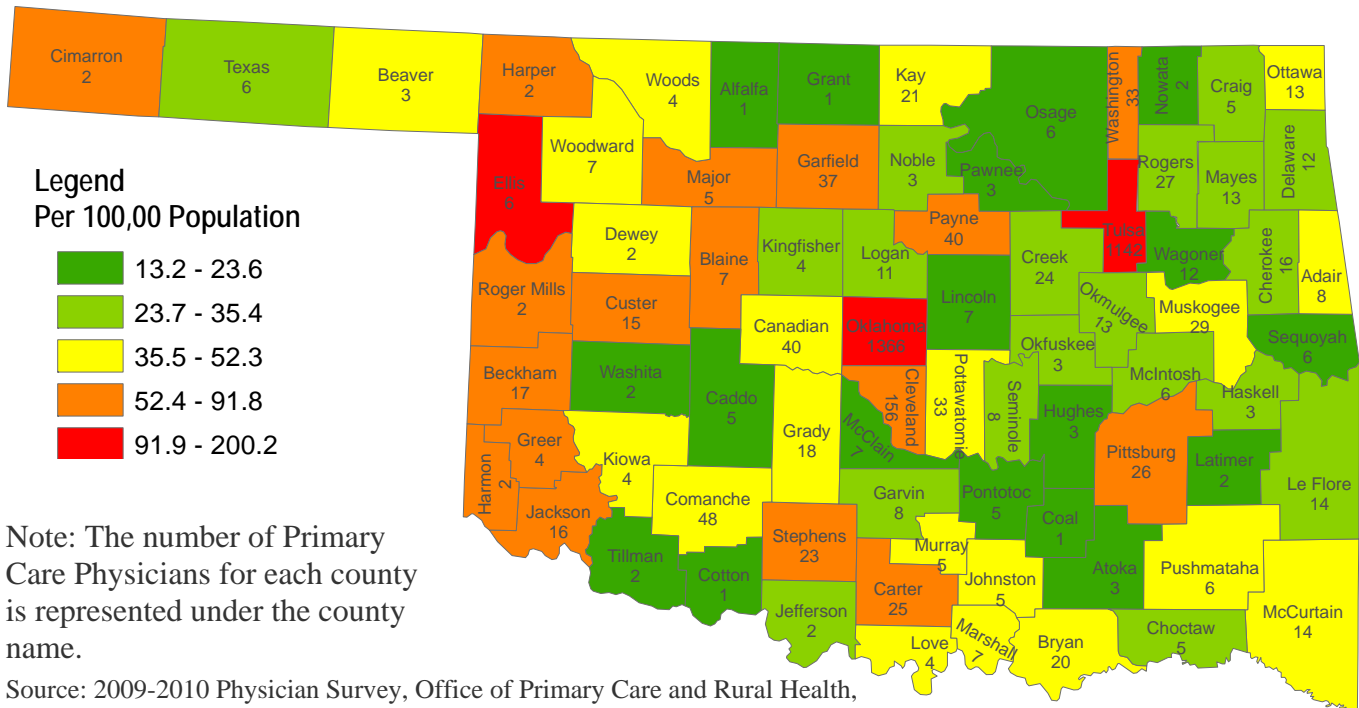
OSDH Health Education

Kathy Payne, Director
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 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

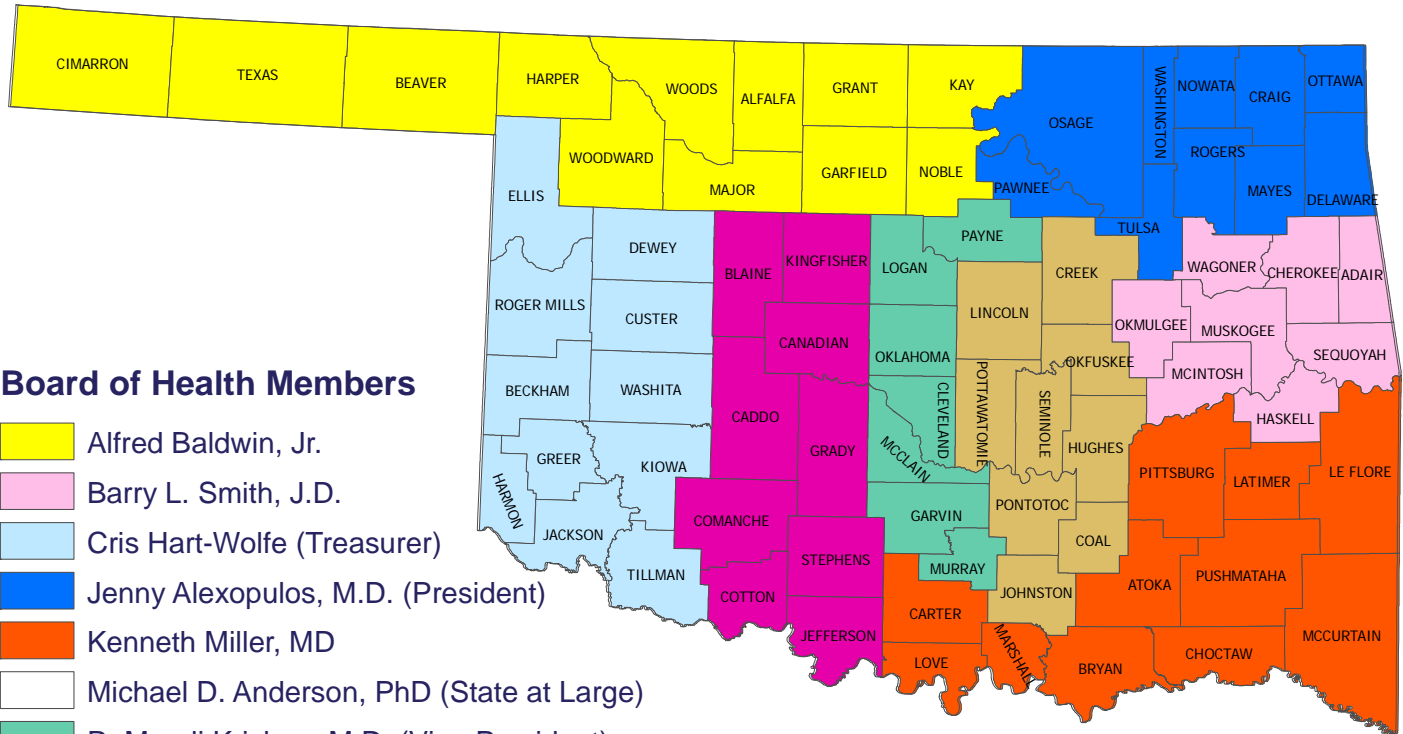
Rate of Primary Care Physicians per 100,000 Population, 2009 - 2010



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

OSDH Board of Health Map



Board of Health Members

- Alfred Baldwin, Jr.
- Barry L. Smith, J.D.
- Cris Hart-Wolfe (Treasurer)
- Jenny Alexopoulos, M.D. (President)
- Kenneth Miller, MD
- Michael D. Anderson, PhD (State at Large)
- R. Murali Krishna, M.D. (Vice-President)
- Richard G. Davis, DDS
- Ronald Woodson, MD

Created: 11.03.2010
Source: Oklahoma State Department of Health

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.



[STRATEGIC PLANNING]

FLAGSHIP GOALS

- Tobacco Use Prevention
- Obesity Reduction
- Children's Health

INFRASTRUCTURE GOALS

- Public Health Finance
- Workforce Development
- Access to Care
- Health Systems Effectiveness

SOCIETAL & POLICY INTEGRATION

- Policies and Legislation
- Social Determinants of Health & Health Equity

OKLAHOMA HEALTH IMPROVEMENT PLAN

Reference List

1. U.S. Census Bureau, Population Estimates, Accessed February 12, 2010 from www.census.gov.
2. U.S. Census Bureau, 2008 Census Estimates, Accessed February 12, 2010 from www.census.gov.
3. U.S. Census Bureau, Census 2000 Summary File 3, Accessed February 12, 2010 from www.census.gov
4. Oklahoma State Department of Health, Health Care Information, OK2SHARE, Death Statistics - Final, Accessed April 13, 2010, www.health.ok.gov/ok2share.
5. Oklahoma State Department of Health, Health Care Information, OK2SHARE, Inpatient Discharge Statistics, Accessed May 20, 2010, www.health.ok.gov/ok2share. Note: Data does not include federal or tribal facilities.
6. Sturm, R., 2002. The effects of obesity, smoking, and drinking on medical problems and costs. *Health Affairs*, 21, 245.
7. Oklahoma State Department of Health, Health Care Information, OK2SHARE, Youth Risk Behavior Survey (YRBS), www.health.ok.gov/ok2share.
8. Oklahoma State Department of Health, Health Care Information, OK2SHARE, Behavioral Risk Factor Surveillance Survey (BRFSS), www.health.ok.gov/ok2share.
9. Winning at Work—Diabetes Facts, American Diabetes Association, Accessed May 24, 2010 from www.diabetes.org
10. United Health Foundation, America's Health Rankings, www.americashealthrankings.org
11. Healthy Teen Network, Unique Needs of Children Born to Teen Parents, Accessed May 24, 2010 from www.healthteennetwork.org
12. Oklahoma State Department of Health, Health Care Information, OK2SHARE, Birth Statistics—Final, www.health.ok.gov/ok2share.
13. Than National Campaign to prevent Teen Pregnancy, By the Numbers: The Public Costs of Teen Childbearing in Oklahoma, November 2006.
14. Finch, B. K., 2003. Early origins of the gradient: The relationship between socioeconomic status and infant mortality in the United States. *Demography*, 40, 675-699.
15. United States Department of Health and Human Services (US DHHS), Centers of Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Office of Analysis and Epidemiology (OAE), Division of Vital Statistics (DVS), Linked Birth / Infant Death Records 2003-2005 on CDC WONDER On-line Database. Accessed at <http://wonder.cdc.gov/lbd-current.html> on May 25, 2010 4:08:29 PM
16. National Safety Council, Estimating the Costs of Unintentional Injuries, Accessed May 25, 2010 from http://www.nsc.org/news_resources/injury_and_death_statistics/Pages/EstimatingtheCostsofUnintentionalInjuries.aspx.
17. March of Dimes, Low Birthweight Fact Sheet, Accessed May 25, 2010 from http://www.marchofdimes.com/professionals/14332_1153.asp#head2.
18. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2003-2006, on CDC WONDER Online Database, March 2009. Accessed at <http://wonder.cdc.gov/natality-current.html> on May 25, 2010 5:09:49 PM
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>.
20. Oklahoma State Department of Health, Tobacco Use Prevention Service.
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

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 Epidemiologist
 and
 Shu-Chuan Lin, Ph.D.
 Epidemiologist

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

Tammy Randazzo
 Pittsburg County Health Department
 1400 E College Ave
 McAlester, OK 74501
 (918) 423-1267
 Email: TammyR@health.ok.gov
 Website: www.okturningpoint.org

Okmulgee Wellness Initiative

Coalition Priorities:

1. ATOD Prevention & Education
2. Child and Family Abuse Prevention
3. Physical Activity & Nutrition Promotion
4. Access to Health Care
5. Emergency Service Improvement
6. Youth & Family Support

Significant Outcomes:

- ◆ Backpack Buddy Program
- ◆ Increase in tobacco control policies and ordinances
- ◆ After school program started in Okmulgee
- ◆ BITE Grant Award
- ◆ Expansion of “Backpack Buddies” for area school children
- ◆ Community mobilization for Weed & Seed Grant application
- ◆ Underage Drinking Media Campaign