

EALTH

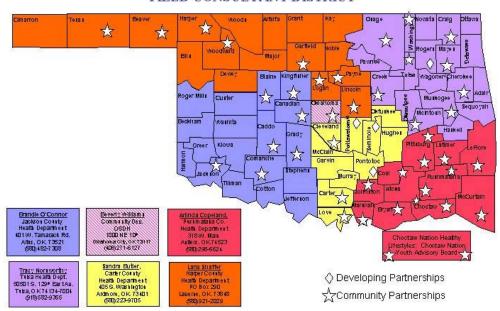
A Look Back To Move Forward

Atoka 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 Atoka 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.

TURNING POINT PARTNERSHIPS and FIELD CONSULTANT DISTRICT



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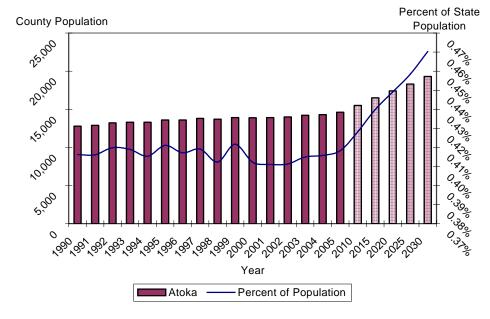
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Demographics

* U.S. Census Bureau

- Population estimates
 - o 9% increase from 1990 to 2000 (12,778 to 13,879)
 - o 3% increase from 2000 to 2004
- o Ranked 17th for growth in state 2000 Census
- Hispanic/Latino ethnicity = 1%
- Race
 - \circ Whites = 76%
 - o Native Americans =11%
 - o Blacks =6%
 - Other/Multiple = 7%
- Age
 - o Under 5 = 6%
 - o Over 64 = 15%
 - o Median age = 38.3 years
- Housing units
 - Occupied = 4,964 (88%)
 - o Vacant = 709 (12%)
- Disability (ages 21 to 64) = 25.8% national = 19.2% state = 21.5%
- Individuals below poverty = 19.8% national = 12.4% state = 14.7%

Atoka County Population Growth with Projections



* 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 Atoka 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 694 people in Atoka County and is

still the leading cause of death among all age groups. According the Centers for Disease Control, almost \$400,000 is spent on each heart disease-related death. With an average of 56.4 deaths a year, heart disease accounts for almost

\$21 million a year in medical costs

in Atoka County.

Heart disease
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Atoka County.

Alzheimer's disease and the complications associated with it have increased from the 18th ranked cause of death (1983-1993) to the 10th ranked cause of death in persons 65 and older accounting for a 900% increase in deaths.

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 2002-2004, 20.1%



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

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

> (2,843) of people in Atoka County were considered obese which accounted for an additional \$1,122,985 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

Atoka County 1993-2003

,				Атока Со	Atoka County 1993-2003	003			
Rank	0-4	05-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
	CONGENITAL	UNINTENT.	UNINTENT.	UNINTENT.	UNINTENT.	HEART	HEART	HEART	HEART
~		4	15	14	15	28	99	514	620
	PERINATAL PERIOD	BRONCHITIS/ EMPHYSEMA/ ASTHMA	HEART	SUICIDE	HEART	CANCER	CANCER	CANCER	CANCER
2	5	-	_	9	7	15	61	235	321
	SIDS	PERINATAL PERIOD	HOMICIDE/ LEGAL	HEART DISEASE	CANCER	UNINTENT. INJURY	BRONCHITIS/ EMPHYSEMA/ ASTHMA	INFLUENZA/ PNEUMONIA	STROKE
3	3	1	1	4	7	8	12	78	06
	UNINTENT. INJURY		SUICIDE	CANCER	SUICIDE	LIVER DISEASE	STROKE	STROKE	UNINTENT. INJURY
4	1		1	3	5	7	12	75	87
	ОТНЕК			LIVER DISEASE	LIVER DISEASE	SUICIDE	UNINTENT. INJURY	BRONCHITIS/ EMPHYSEMA/ ASTHMA	INFLUENZA/ PNEUMONIA
2	9			2	8	5	10	53	83
				HOMICIDE/ LEGAL	HOMICIDE/ LEGAL	STROKE	LIVER DISEASE	DIABETES MELLITUS	BRONCHITIS/ EMPHYSEMA/ ASTHMA
9				1	2	3	4	30	29
				INFLUENZA/ PNEUMONIA	DIABETES MELLITUS	DIABETES MELLITUS	KIDNEY DISEASE	KIDNEY DISEASE	DIABETES MELLITUS
7				1	1	3	4	30	35
				ОТНЕК	INFLUENZA/ PNEUMONIA	BRONCHITIS/ EMPHYSEMA/ ASTHMA	SUICIDE	SEPTICEMIA (BLOOD POISONING)	KIDNEY DISEASE
8				5	1	1	3	20	35
					OTHER	ΛIH	INFLUENZA/ PNEUMONIA	UNINTENT. INJURY	LIVER DISEASE
6					8	1	2	20	26
						FOUR CAUSES TIED	THREE CAUSES TIED	ALZHEIMER'S DISEASE	SUICIDE
10						1	1	10	23
Data s	Data source: Vital Statistics. Health Care Information Division. Oklahoma State Department of Health	tistics, Health	Care Informatio	on Division, Okl	ahoma State D	epartment of F	lealth		

Produced by: Community Development Service, Community Health Services, Oklahoma State Department of Health Data source: Vital Statistics, Health Care Information Division, Oklahoma State Department of Health

ATOKA COUNTY

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.

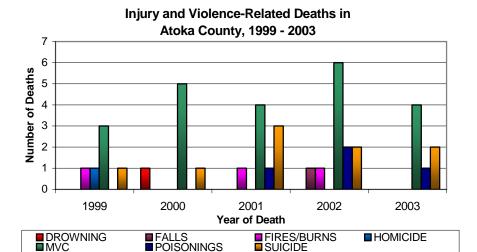
This trend does not change much in Atoka County. Unintentional injuries are the leading cause of death from ages 5 to 44.

It is estimated that for every motor vehicle-related death \$1.1 million in economic costs are incurred. For Atoka County which has an average of 4.4 motor vehicle-related deaths a year,

that translates to almost \$5 million a year.

Violence-related injuries (homicide

and suicide) in Atoka County are ranked in the top 10 in five 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 to-bacco accrued over \$3,300 in health care costs per year. According to the Be-

havioral Risk Factor Surveillance System, it is estimated that 31.6% (4,469)

of people in Atoka County use tobacco of some sort. Medical costs accumulated by those persons are almost \$15 million a year for Atoka County.

"Medical costs accumulated by those persons are almost \$15 million a year for Atoka County"

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 33.8%

(4,780) of people in Atoka County had no leisure activity in the past month at the time they were surveyed.

The BRFSS also indicated that 7.7% (1,089) of Atoka County citizens have been diagnosed by a health professional as having diabe-



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

* Behavioral Risk Factor Surveillance System, Health Care Information System, OSDH & American Diabetes Association, 2002

tes. 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 \$14,421,627.00 in one year for Atoka 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

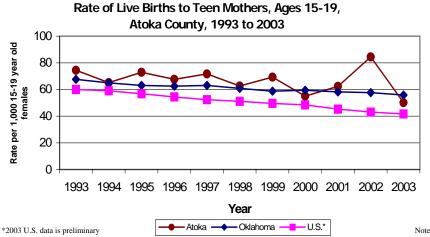
31% and 7%, respectively.

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, Atoka County had a teen birth rate of 50.1 in 2003 which was a 41% decrease from 2002 (84.4) and a 33% decrease since 1993 (74.4).

With an average of 29 births per year, teen pregnancy costs the citizens of Atoka County \$92,800.00 a year.

Note: 4 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, 19.8% of persons in Atoka County

for whom poverty status was known had an income below what was needed to live at the federal poverty level. Atoka County is 34% above the state (14.7%) and 59% above the nation (12.4%) for persons with incomes below the federal poverty level.

Income to Poverty Ratio, Atoka 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	12,282	1,018	1,408	2,147	1,534	6,175	
Cumulative Population		1,018	2,426	4,573	6,107	12,282	
% of Total	100.0%	8.3%	11.5%	17.5%	12.5%	50.3%	
Cumulative %		8.3%	19.8%	37.2%	49.7%	100.0%	

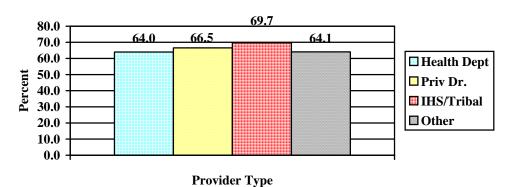
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OK By One - State Immunization Data

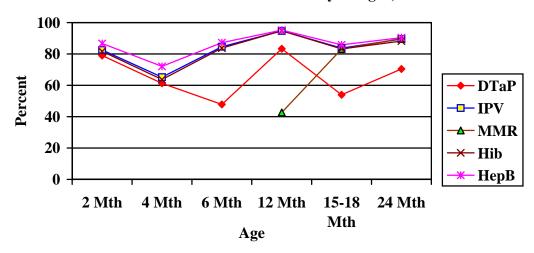
2003-04 Immunization Coverage Rates



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

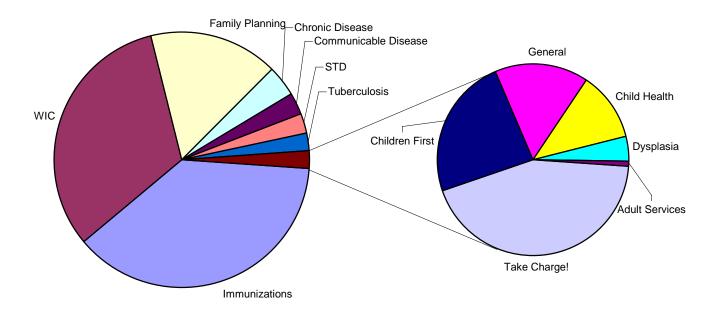


Oklahoma Children On Schedule by Antigen, 2004



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

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



Health Care Costs Summary

Cardiovascular Disease (Heart Disease)

- Average 56 deaths a year
- \$369,476.69 per death
- Total— \$20,690,694.64 a year

Obesity

- 20.1% of population (2,843)
- \$395.00 in additional medical costs per person
- Total—\$1,122,985.00



Motor Vehicle-Related Injury Death

- Average 4.4 deaths per year
- \$1,120,000.00 in economic costs per death
- Total—\$4,928,000.00 a year

Tobacco Use

- 31.6% of population (4,469)
- \$3,300.00 in health care costs
- Total—\$14,747,700.00 a year

Diabetes

- 7.7% of population (1,089)
- \$13,243.00 in healthcare costs a year
- Total—\$14,421,627.00 a year

Teen Pregnancy

- Average of 29 births to teen mothers per year
- \$3,200.00 in costs for each birth a year
- Total—\$92,800.00 a year

Grand Total for Atoka County:

\$56,003,806.64

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OKLAHOMA STATE DEPARTMENT OF HEALTH

Community Health Services
Community Development Service

1000 NE 10th St, Room 508 Oklahoma City, OK 73117 405-271-6127 Email: neilh@health.ok.gov

Atoka County Health Department

1006 W 13th St Atoka, OK 74525 580-889-2116

Looking Back to Move Forward

Report compiled by: Miriam McGaugh, M.S. Community Development Service, OSDH Kelly Baker, MPH 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.

Atoka & Coal Counties Partnership For Change Community Coalition

We want to thank all the people and organizations that make the Partnership for Change Community Coalition successful. Thank you!

- American Cancer Society
- Atoka & Coalgate Chamber of Commerce
- Atoka Community Chest
- Atoka First Baptist Church
- Atoka/Coalgate Hospital
- Big Five Community Action Agency/Sorts Transit
- Choctaw Nation CORE Capacity/Healthy Lifestyles/Project CHILD
- Coal and Atoka County Health Departments
- Coal and Atoka County Public Schools
- Coalgate Register
- COALition
- Community members at large
- County Commissioners
- Department of Human Services
- Girl Scouts

- Head Start
- INCA Community Action Agency/Jamm Transit
- Kiamichi Technology Center
- Oklahoma State Department of Health Turning Point
- Oklahoma State University Cooperative Extension Service
- School Based Social Workers
- Senior Nutrition Center
- Southeast Oklahoma Division on Aging (SODA)
- Tri-County Indian Nations Community Development Corporation
- USDA
- Women, Infants and Children (WIC)
- Youth

