

HEALTH

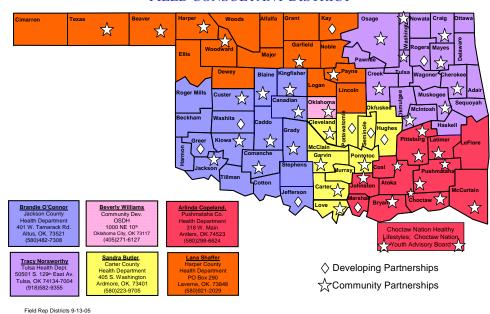
A Look Back To Move Forward

Sequoyah 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 Sequoyah 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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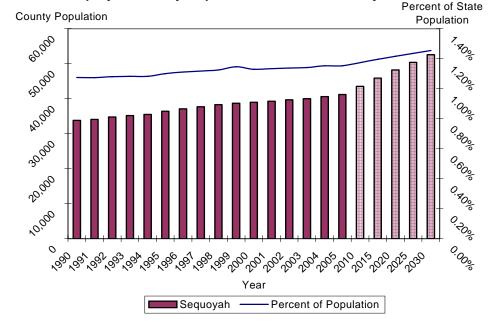
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- Population estimates
 - o 15% increase from 1990 to 2000 (33,828 to 38,972)
 - o 4% increase from 2000 to 2004
- o Ranked 10th for growth in state

2000 CensusHispanic/Latino ethnicity = 2%

- Race
 - \circ Whites = 68%
 - o Native Americans = 20%
 - o Blacks = 2%
 - Other/Multiple = 10%
- Age
 - o Under 5 = 7%
 - o Over 64 = 13%
 - o Median age = 36.4 years
- Housing units
 - o Occupied = 14,761 (87%)
 - o Vacant = 2,179 (13%)
- Disability (ages 21 to 64) = 27.8% national = 19.2% state = 21.5%
- Individuals below poverty = 19.8% 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 Sequoyah 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 1,412 people in Sequoyah 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 122.2 deaths a year, heart disease accounts for over \$45

million a year in medical costs in

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Alzheimer's disease and the complications associated with it have increased from the 10th ranked cause of death (1983-1993) to the 8th ranked cause of death in persons 65 and older accounting for a 200% 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, 32.9%



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

(13,153) of people in Sequoyah County were considered obese which accounted for an additional \$5,195,435 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.

July 2005

Top 10 Causes of Death by Age Group

Sequovah County 1993-2003

				Seduoyan C	Sequoyah County 1993-2003	-2003			
Rank	0-4	05-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
	CONGENITAL	UNINTENT.	UNINTENT.	UNINTENT.	HEART	HEART		HEART	HEART
	ANOMALIES	INJURY	INJURY	INJURY	DISEASE	DISEASE		DISEASE	DISEASE
1	15	11	28	32	31	87	188	1062	1345
	PERINATAL PERIOD	CONGENITAL ANOMALIES	SUICIDE	SUICIDE	CANCER	CANCER	HEART DISEASE	CANCER	CANCER
2	14	1	8	13	31	81	158	692	1010
	UNINTENT. INJURY	ΛIH	CANCER	CANCER	UNINTENT. INJURY	UNINTENT. INJURY	BRONCHITIS/ EMPHYSEMA/ ASTHMA	STROKE	STROKE
က	7	~	7	6	31	25	37	290	320
	SOIS	INFLUENZA/ PNEUMONIA	HOMICIDE/ LEGAL	ΛΙΗ	SUICIDE	DIABETES MELLITUS	ATHERO- SCLEROSIS	BRONCHITIS/ EMPHYSEMA/ ASTHMA	BRONCHITIS/ EMPHYSEMA/ ASTHMA
4	5	1	3	8	10	13	20	175	224
	HOMICIDE/ LEGAL	CANCER	BRONCHITIS/ EMPHYSEMA/ ASTHMA	HOMICIDE/ LEGAL	STROKE	ATHERO- SCLEROSIS	DIABETES MELLITUS	ATHERO- SCLEROSIS	UNINTENT. INJURY
5	2	1	2	8	9	12	18	125	205
	SEPTICEMIA (BLOOD POISONING)	ОТНЕВ	HEART DISEASE	HEART DISEASE	HOMICIDE/ LEGAL	SUICIDE	UNINTENT. INJURY	INFLUENZA/ PNEUMONIA	ATHERO- SCLEROSIS
9	2	2	2	4	4	12	18	114	158
	HERNIA		ОТНЕВ	INFLUENZA/ PNEUMONIA	ΛΙΗ	BRONCHITIS/ EMPHYSEMA/ ASTHMA	STROKE	DIABETES MELLITUS	INFLUENZA/ PNEUMONIA
7	_		11	2	3	6	15	82	132
	CANCER			NON- CANCEROUS TUMOR	LIVER DISEASE	STROKE	INFLUENZA/ PNEUMONIA	ALZHEIMER'S DISEASE	DIABETES MELLITUS
8	7			1	3	6	11	57	115
	OTHER			OTHER	ANEMIA	LIVER DISEASE	LIVER DISEASE	KIDNEY DISEASE	KIDNEY DISEASE
6	7			17	2	6	10	53	63
					TWO CAUSES TIED	HOMICIDE/ LEGAL	SUICIDE	UNINTENT. INJURY	ALZHEIMER'S DISEASE
10					2	5	9	53	57
Data	Ollroo. Vital Sta	Health soith	Data course: Vital Statistics Health Care Information Division Oklahoma State Denartment of Health	Okision Ok	State D	anartmant of L	4+100		

Produced by: Community Development Service, Community Health Service, Oklahoma State Department of Health Data source: Vital Statistics, Health Care Information Division, 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 Sequoyah County. Unintentional injuries are the leading cause of death from ages 5 to 34.

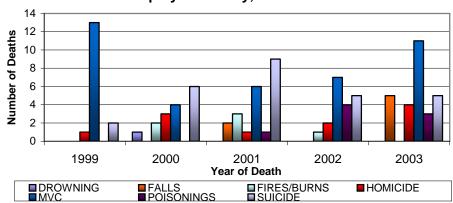
It is estimated that for every motor vehicle-related death \$1.1 million in economic costs are incurred. For Sequoyah County which has an average of 8.2 motor vehicle-related deaths a

year, that translates to over \$9 million a year.

Violence-related injuries (homicide

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

Injury and Violence-Related Deaths in Sequoyah County, 1999 - 2003



* 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 30.5% (12,194)

of people in Sequoyah County use tobacco of some sort. Medical costs accumulated by those persons are over \$40 million a year for Sequoyah County.

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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 28.9%

(11,554) of people in Sequoyah County had no leisure activity in the past month at the time they were surveyed.

The BRFSS also indicated that 6.8% (2,719) of Sequoyah County citizens have been diagnosed by a health professional as hav-



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

ing diabetes. 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 \$36,007,717.00 in one year for Sequoyah 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.

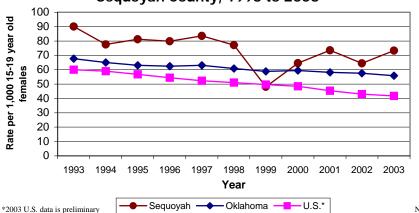
Children of teen mothers are more likely to display poor health and social outcomes than those of older mothers, such as premature birth, low birth weight, higher rates of abuse and neglect, and more likely to go to foster care or do poorly in school. Additionally, births to teen mothers accumulate \$3,200 a year for each teenage birth, which is passed on to citizens.

According to Oklahoma Vital Statistics, Sequoyah County had a teen birth rate of 73.3 in 2003 which was a 14% increase from 2002 (64.5) and a 19% decrease since 1993 (90.1).

With an average of 99 births per year, teen pregnancy costs the citizens of Sequoyah County \$316,800.00 a year.

Note: 18 births to a mother 10-14 years of age occurred during the 11 year period.

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



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, 19.8% of persons in Sequovah County for whom poverty status was known had an income below what was needed to live at the federal poverty level. Sequoyah County is 35% above the state (14.7%) and 60% above the nation (12.4%) for persons with incomes below the federal poverty level.

Income to Poverty Ratio, Sequoyah 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	38,445	2,673	4,940	5,290	4,816	20,726	
Cumulative Population		2,673	7,613	12,903	17,719	38,445	
% of Total	100.0%	7.0%	12.8%	13.8%	12.5%	53.9%	
Cumulative %		7.0%	19.8%	33.6%	46.1%	100.0%	

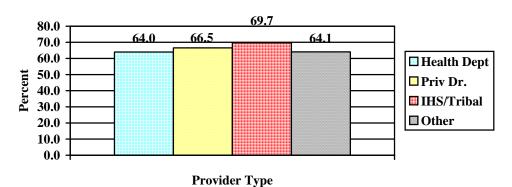
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OK By One - State Immunization Data

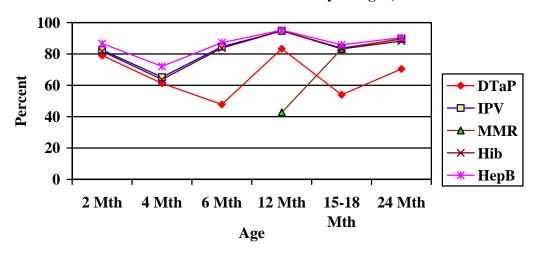
2003-04 Immunization Coverage Rates



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

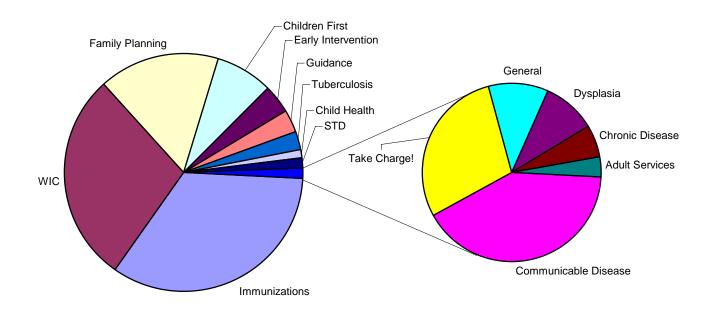


Oklahoma Children On Schedule by Antigen, 2004



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

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



Health Care Costs Summary

Cardiovascular Disease (Heart Disease)

- Average 122 deaths a year
- \$369,476.69 per death
- Total— \$45,076,156.18 a year

Obesity

- 32.9% of population (13,153)
- \$395.00 in additional medical costs per person
- Total—\$5,195,435.00



Motor Vehicle-Related Injury Death

- Average 8.2 deaths per year
- \$1,120,000.00 in economic costs per death
- Total—\$9,184,000.00 a year

Tobacco Use

- 30.5% of population (12,194)
- \$3,300.00 in health care costs
- Total—\$40,240,200.00 a year

Diabetes

- 6.8% of population (2,719)
- \$13,243.00 in healthcare costs a year
- Total—\$36,007,717.00 a year

Teen Pregnancy

- Average of 99 births to teen mothers per year
- \$3,200.00 in costs for each birth a year
- Total—\$316,800.00 a year

Grand Total for Sequoyah County:

\$136,020,308.18

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OKLAHOMA STATE DEPARTMENT OF HEALTH

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A Look 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**