



OKLAHOMA STATE
DEPARTMENT OF HEALTH

State of the County's Health Report

Working Together For Health

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

Rank	0-4	05-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	PERINATAL PERIOD 16	UNINTENT. INJURY < 4	UNINTENT. INJURY 26	UNINTENT. INJURY 20	CANCER 30	CANCER 72	CANCER 154	HEART DISEASE 789	HEART DISEASE 974
2	CONGENITAL ANOMALIES 13	CANCER < 4	SUICIDE 7	SUICIDE 10	UNINTENT. INJURY 19	HEART DISEASE 57	HEART DISEASE 108	CANCER 489	CANCER 756
3	CANCER 4	CONGENITAL ANOMALIES < 4	CANCER < 4	CANCER 4	HEART DISEASE 13	UNINTENT. INJURY 37	BRONCHITIS/ EMPHYSEMA/ ASTHMA 23	STROKE 184	STROKE 221
4	SIDS 4	HOMICIDE < 4	HEART DISEASE < 4	HOMICIDE 4	SUICIDE 11	SUICIDE 14	STROKE 21	BRONCHITIS/ EMPHYSEMA/ ASTHMA 178	BRONCHITIS/ EMPHYSEMA/ ASTHMA 214
5	HEART DISEASE < 4	INFLUENZA/ PNEUMONIA < 4	HOMICIDE < 4	HEART DISEASE < 4	LIVER DISEASE 5	BRONCHITIS/ EMPHYSEMA/ ASTHMA 12	UNINTENT. INJURY 18	ALZHEIMER'S DISEASE 86	UNINTENT. INJURY 174
6	HOMICIDE < 4	SUICIDE < 4	INFLUENZA/ PNEUMONIA < 4	LIVER DISEASE < 4	STROKE 4	STROKE 10	DIABETES MELLITUS 12	DIABETES MELLITUS 68	DIABETES MELLITUS 93
7	INFLUENZA/ PNEUMONIA < 4			BENIGN NEOPLASM < 4	DIABETES MELLITUS < 4	DIABETES MELLITUS 8	LIVER DISEASE 8	INFLUENZA/ PNEUMONIA 67	INFLUENZA/ PNEUMONIA 88
8	SIX CAUSES TIED < 4			INFLUENZA/ PNEUMONIA < 4	HOMICIDE < 4	INFLUENZA/ PNEUMONIA 6	INFLUENZA/ PNEUMONIA 6	UNINTENT. INJURY 51	ALZHEIMER'S DISEASE 86
9				SEPTICEMIA (BLOOD POISONING) < 4	INFLUENZA/ PNEUMONIA < 4	LIVER DISEASE 6	SUICIDE 5	NEPHRITIS 38	SUICIDE 55
10				THREE CAUSES TIED < 4	TWO CAUSES TIED < 4	VIRAL HEPATITIS < 4	FOUR CAUSES TIED 4	HYPERTENSION 32	NEPHRITIS 44

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

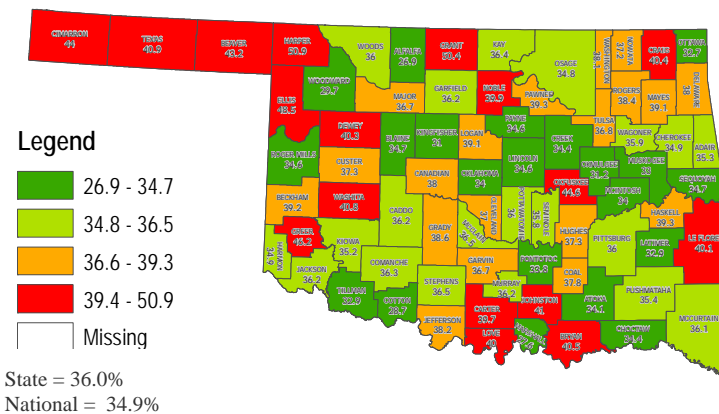
Nutrition & Overweight

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 Canadian County soar to almost \$7.3 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.

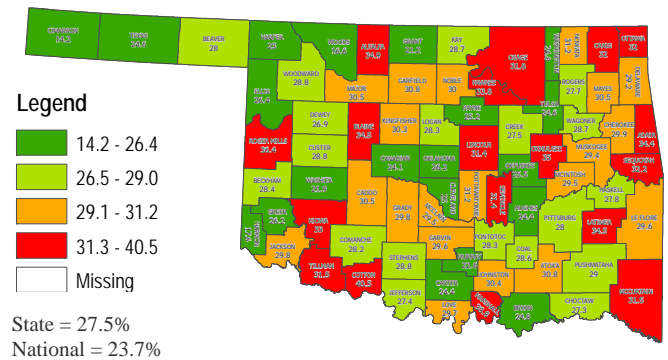
According to the Behavioral Risk Factor Surveillance System (BRFSS, 2003 & 2005)⁸, 82.4% of Canadian County adults did not eat the recommended 5 servings of fruits and vegetables a day. Increasing fruit and vegetable consumption is an economical way to control many health-related issues such as obesity and diabetes.

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



* Note: Data classified by Quartiles

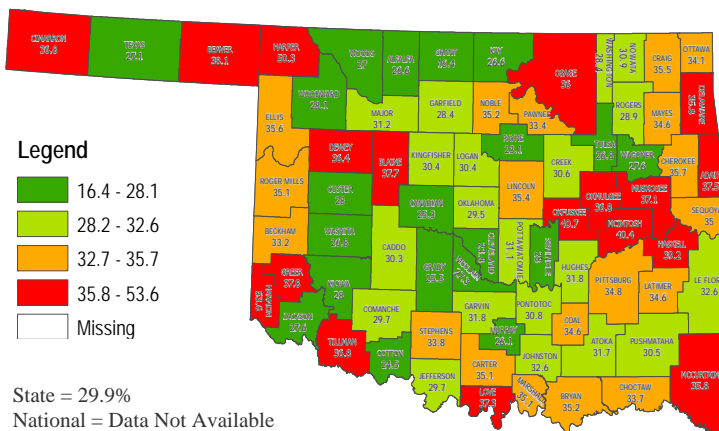
Percent of Adults who are Obese, BRFSS, 2003-2008⁸



* 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 25.3% (19,416) of people in Canadian County had no leisure activity in the past month (at the time they were surveyed) and over two-thirds of the adults (69.8%) did not reach the recommended physical activity level.

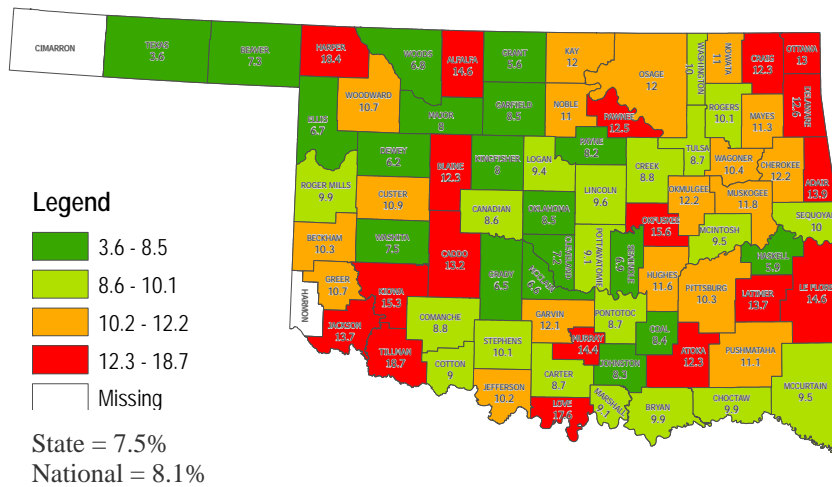
Statewide, 55% of high school students did not participate in physical activity for at least 60 minutes per day on five or more days in a week.⁷ Efforts need to be made to increase physical activity for our youth to build long-term healthy habits.

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 community's health.

From 2006 to 2008, there were 366 hospital discharges for diabetes among Canadian County residents.⁵ This accounted for a total of 2,422 days in the hospital and \$10,580,936.00 in total charges.⁵ This was an average of 6.6 days and \$28,909.66 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 8.6% (6,600) of Canadian 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 \$87,401,310.32 in health care costs in one year for Canadian County. Actual hospital charges account for only 4.5% of the total health care impact of diabetes.

* Note: Data classified by Quartiles

Teen Births

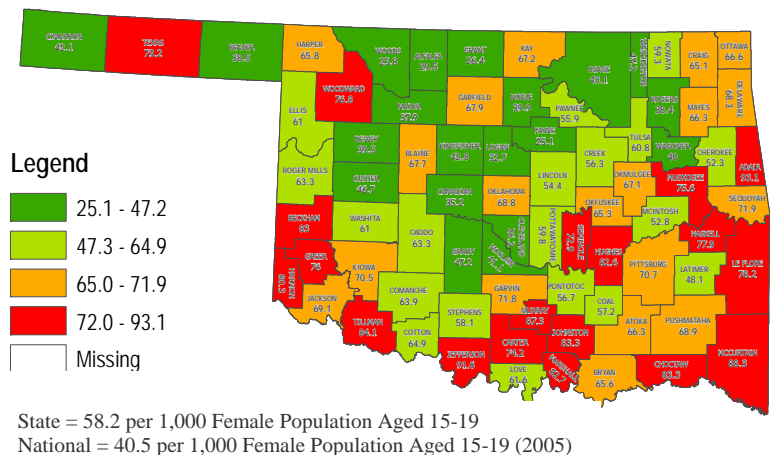
While births to teen mothers (age 15 to 19) have been on the decline in both the U.S. and Oklahoma, Oklahoma has moved down in the rankings according to the United Health Foundation.¹⁰ In 1993, the rate for teen births in the U.S. was 60.3 per 1,000 15-19 year old females and 67.1 in Oklahoma, ranking 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, Canadian County had a teen birth rate of 40.3 in 2007, which accounted for no change from 2003 (36.6) and a 8% increase from 1993 (37.4)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 124.8 births per year (2003-2007)¹², teen pregnancy costs the citizens of Canadian County \$399,360.00 a year.

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



* Note: Data classified by Quartiles

Injury and Violence

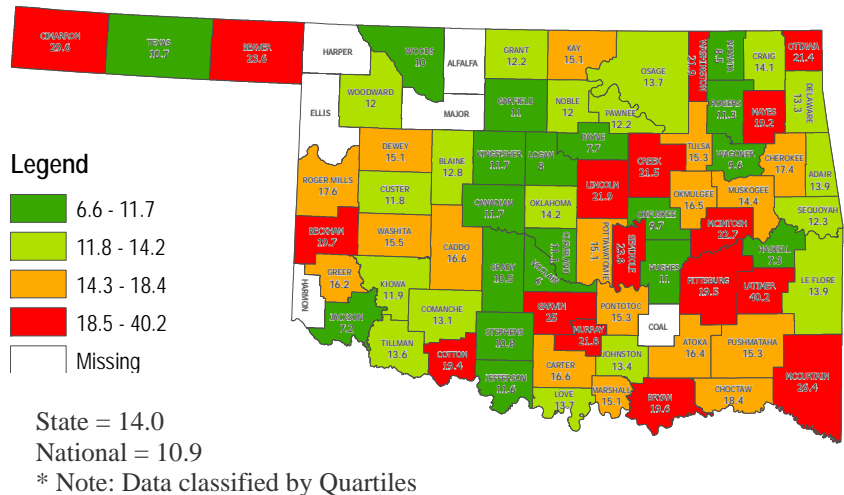
Across the nation and the state of Oklahoma, unintentional and violence-related injuries are on the rise. Unintentional injuries account for the 5th leading cause of death in the United States and Oklahoma for 2002-2006. For persons ages 1 to 44 in Oklahoma, unintentional injuries are the leading cause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

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

It is estimated that for every motor vehicle-related death \$1.3 million in economic costs are incurred (2008 data).¹⁶ For Canadian County, which has an average of 17.0 motor vehicle-related deaths a year⁴, the estimated economic costs are almost \$22.1 million a year.

Violence-related injuries (homicide and suicide) in Canadian County are ranked in the top 10 causes of death for persons from birth to age 64 and suicide is the 9th leading cause of death for all ages.⁴

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

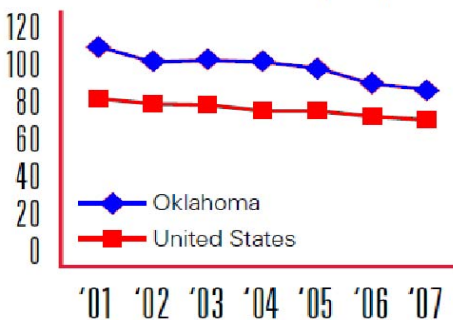


Tobacco Use Prevention

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

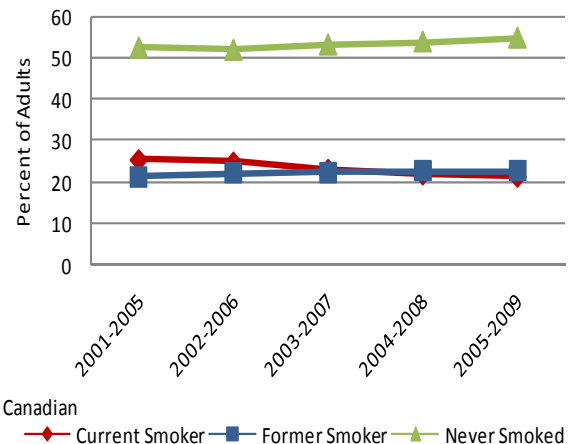
Tobacco use is no longer just the problem of the individual but also the community as a whole. With health care costs on the rise, targeting areas such as tobacco use is an effective way to control those costs. The Oklahoma Tobacco Helpline (1-800-QUIT-NOW), supported jointly by the Oklahoma Tobacco 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 2009.²⁰ Since inception of the Helpline in August 2003, over 110,000 Oklahomans have received free cessation assistance.²⁰

Per Capita Cigarette Sales: Oklahoma & United States²⁰



The CDC estimated that a person who used tobacco accrued over \$3,300 in health care costs per year.²¹ According to the BRFSS (2005-2009)⁸, it is estimated that 21.5% (16,500) of adults in Canadian County use tobacco of some sort. Medical costs accumulated by those persons are over \$54.5 million a year for Canadian County.

Percent of Adults by Smoking Status, Canadian County, 2001-2009, Five-Year Averages⁸



Healthy People 2010 Table

Healthy People 2010 Indicators	Most Recent Data: Year(s)						2010 Target
	Canadian County		Oklahoma		United States		
Prevalence of Obese (Aged 18+)	2002-2008	24.1%	2008	31.0%	2008	26.7%	15%
No Leisure-Time Physical Activity (Aged 18+)	2002-2008	25.0%	2008	31.5%	2008	24.6%	20%
Prevalence of Smoking (Aged 18+)	2002-2008	23.5%	2008	24.7%	2008	18.4%	12%
Infant Mortality (Per 1,000 of births)	2002-2006	7.2	2006	8.1	2006	6.8	4.5
Low Birth Weight Infants (Percent of live births)	2002-2007	7.2%	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	84.5%	2006	75.6%	2006	83.2%	90%
Prevalence of Diabetes (Aged 18+)	2002-2008	7.6%	2008	11.3%	2008	9.2%	2.5%
Lack of Health Insurance (Aged 18-64)	2002-2008	16.7%	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	182.4	2006	184.5	2006	144.4	166.0
Cancer Death *	2002-2006	180.6	2006	194.9	2006	180.8	159.9
Unintentional Injury Death *	2002-2006	37.9	2006	55.6	2006	39.3	17.5
Transportation-Related Death *	2002-2006	18.5	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 = 1,133
- Average charges⁵ = \$46,354.02
- Total—\$52,519,103.67 a year

Obesity

- 24.1% of population⁸ (18,495)
- \$395 in additional medical costs per person aged 18-64⁶
- Total—\$7,305,525.00

Diabetes

- Average hospital discharges per year⁵ = 122.0
- Average charges⁵ = \$28,909.66
- Total—\$3,526,978.67 a year

Teen Pregnancy

- Average 125 births to females aged 15-19 a year¹²
- \$3,200 in costs a year¹³
- Total—\$399,360.00 a year

Motor Vehicle-Related Injury Death

- Average 17.0 deaths per year⁴
- \$1,300,000.00 in economic costs per death¹⁶
- Total—\$22,100,000.00 a year

Tobacco Use

- 21.5% of population⁸ (16,500)
- \$3,300 in health care costs²¹
- Total—\$54,450,000.00 a year

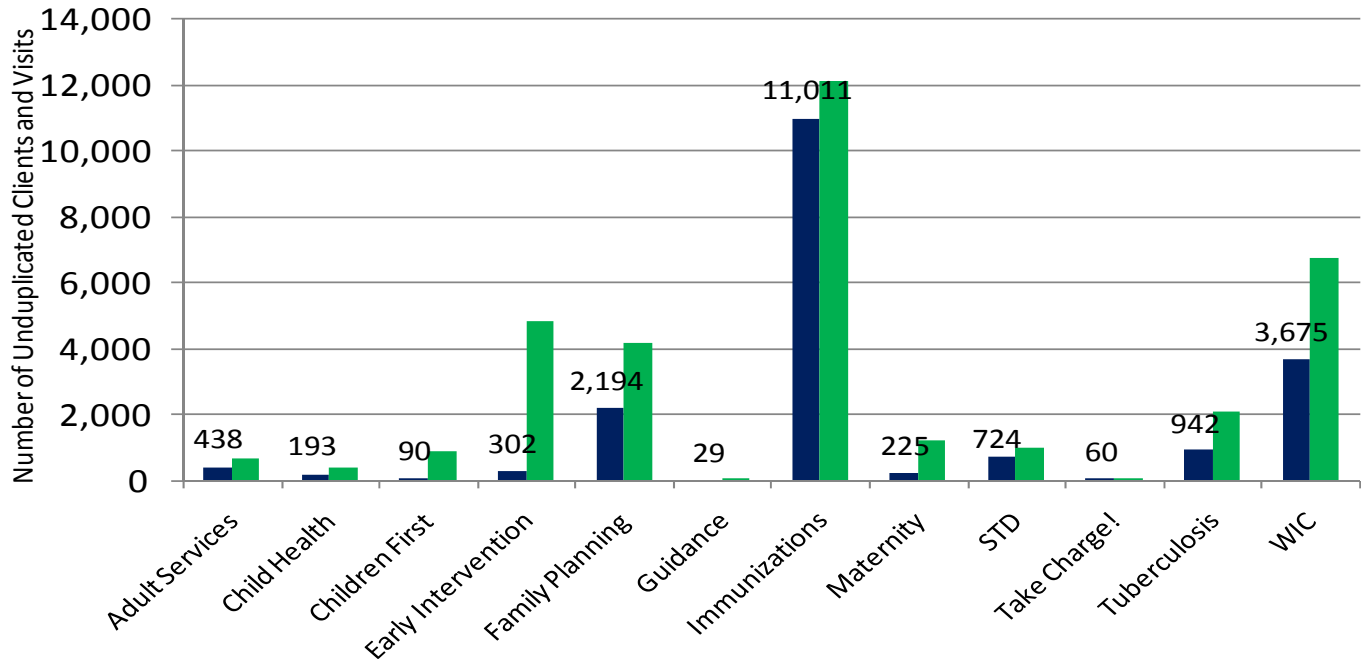
Grand Total for
Canadian County:

\$140,300,967.33



County Health Department Usage

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

CANADIAN

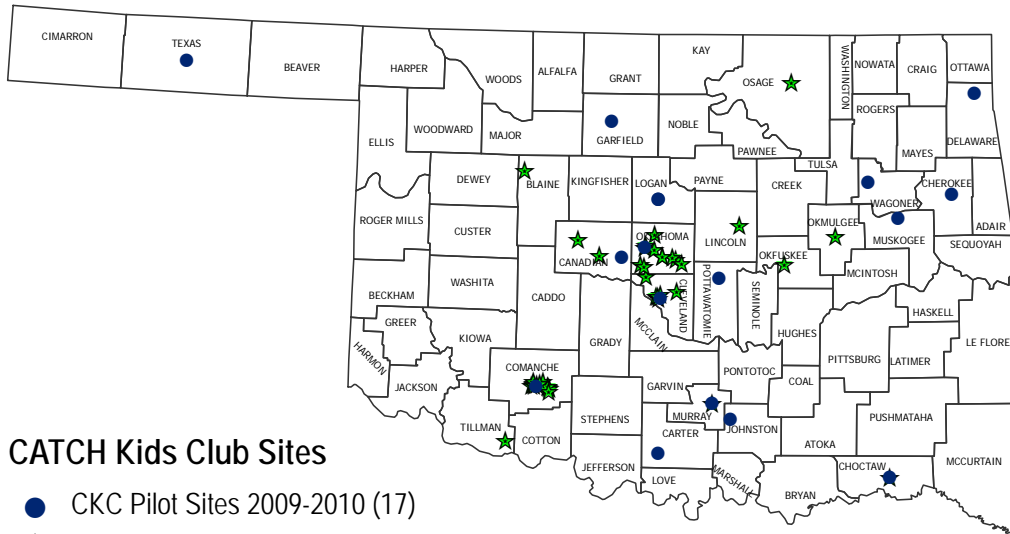
Population-Based Services by Event Type, Canadian County, SFY09

Event Type	Number of Events	Total Attendees
Conference/Display	1	25
Focus Groups	29	5,420
Health Fair	5	1,520
Meeting/Taskforce/Coalition	45	741
Presentation/Class	90	1,877
Surveys/Assessment	7	653
Grand Total	177	10,236

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

Topic	Number of Events	Total Attendees
Arthritis	2	4
Developmental Stages	4	576
Discipline/Behavior Management	2	16
General Health Department Services	108	3,786
Human Relationships	2	125
Immunizations	6	505
Infectious Disease	3	1,012
Injury Prevention	1	500
Nutrition and Overweight	51	2,202
Oral Health	1	500
Physical Activity/Fitness	19	1,661
STD/HIV/AIDS	10	825
Terrorism/Emergency Preparedness	5	101
Tobacco Education	6	115
Grand Total	220	11,928

Health Education



CATCH Kids Club Sites

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

Canadian County Health Educator

Nicole Michael
 100 S. Rock Island
 El Reno, OK 73036
 405-262-0042 x338
 NicoleH@health.ok.gov

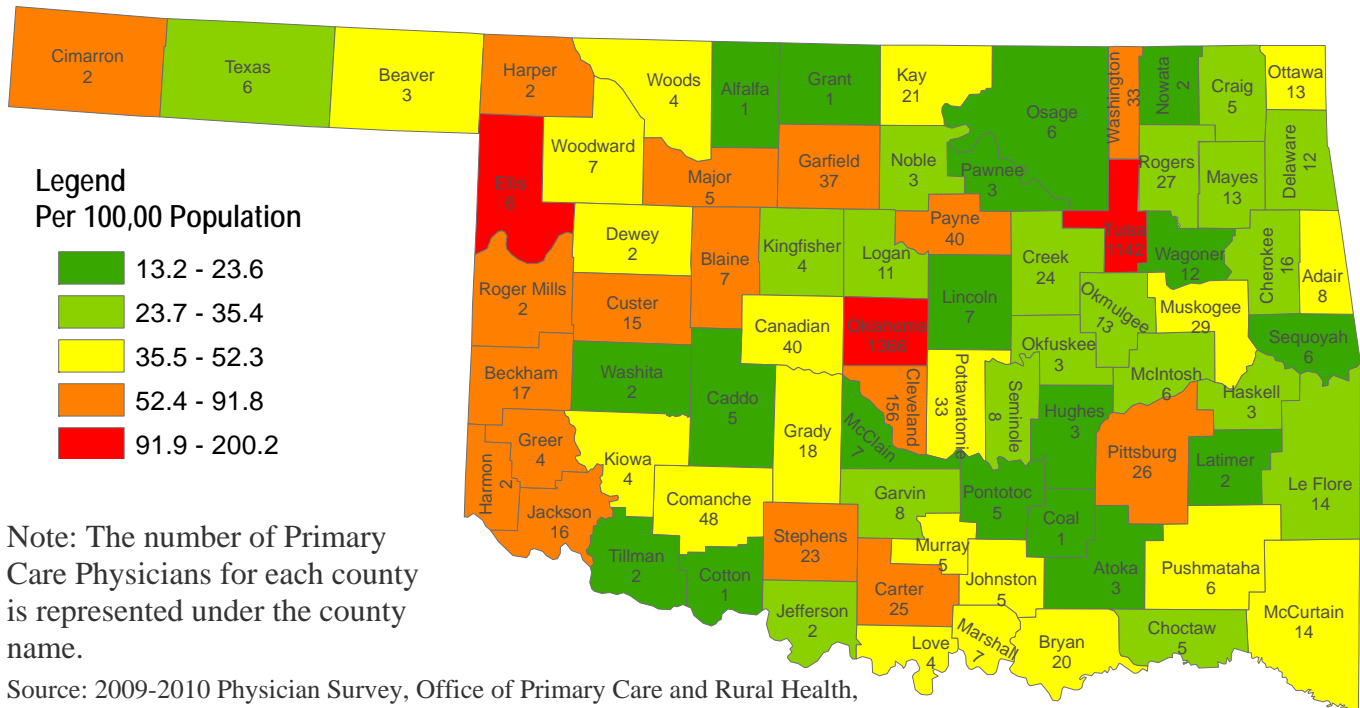
OSDH Health Education

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

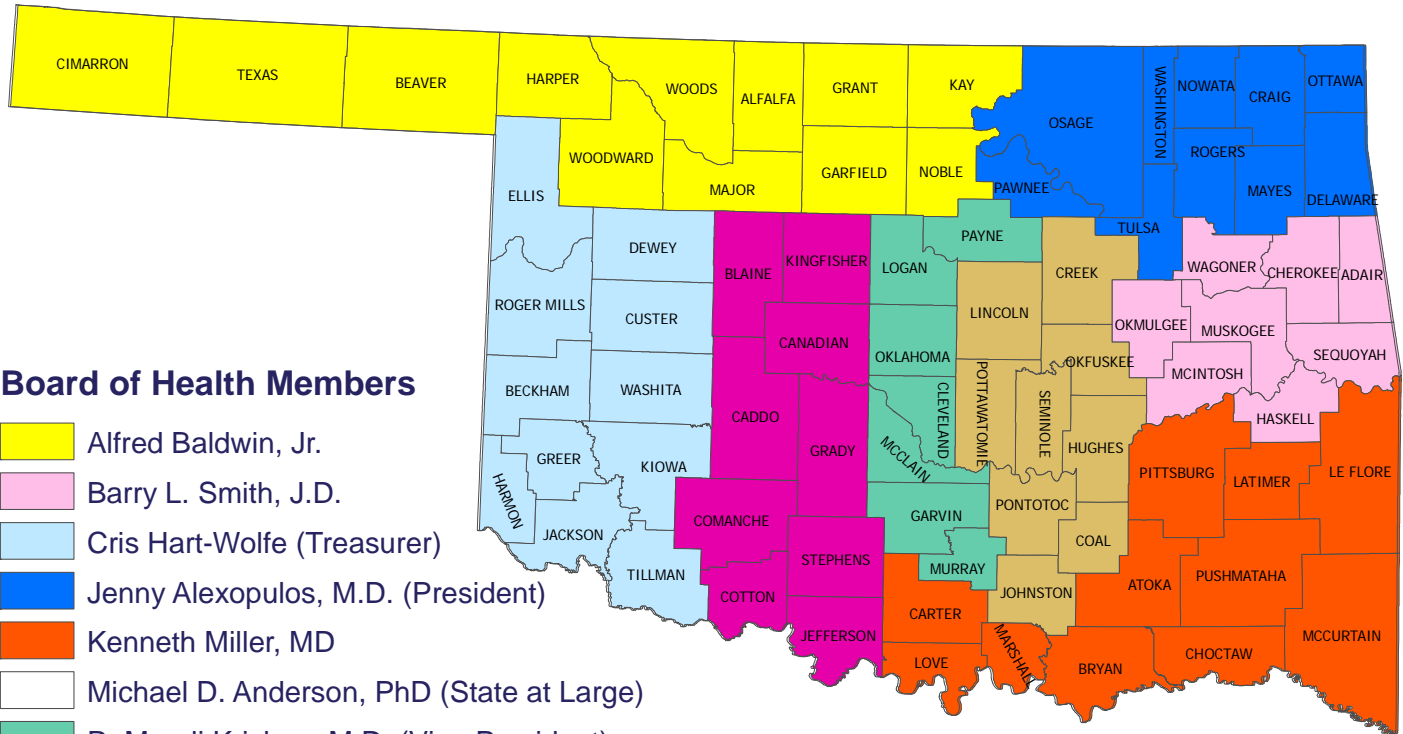
Rate of Primary Care Physicians per 100,000 Population, 2009 - 2010



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

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OKLAHOMA STATE DEPARTMENT OF HEALTH

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

Brandi McGehee
 Pottawatomie County Health Department
 1904 Gordon Cooper Dr
 Shawnee, OK 74801
 (405) 273-2157
 Email: BrandiM@health.ok.gov
 Website: www.okturningpoint.org

Canadian County Coalition for Children & Families

Coalition Priorities:

1. Increase Public awareness.
2. Increasing services to families.
3. Increasing Access to Healthcare.

2009 Significant Outcomes:

Partnership for a Healthy Canadian County has developed a task force to address the barriers to health services in the community. The task force has developed volunteer leadership and joined with the El Reno Community Clinic to have 501c3 status. The group partnered with OU Health Sciences Center to focus on increasing the EPSDT rate in five targeted doctors offices. A part-time Care Coordinator was funded to work with patients in the doctors offices, and increased the EPSDT rate **by 6%.** The Care Coordinator also provides social service and other specialty resources to the doctors offices that she serves. In addition, PHCC sought to become a Health Access Network (HAN) through the Oklahoma Healthcare Authority and is in the process of developing the Canadian County HAN.