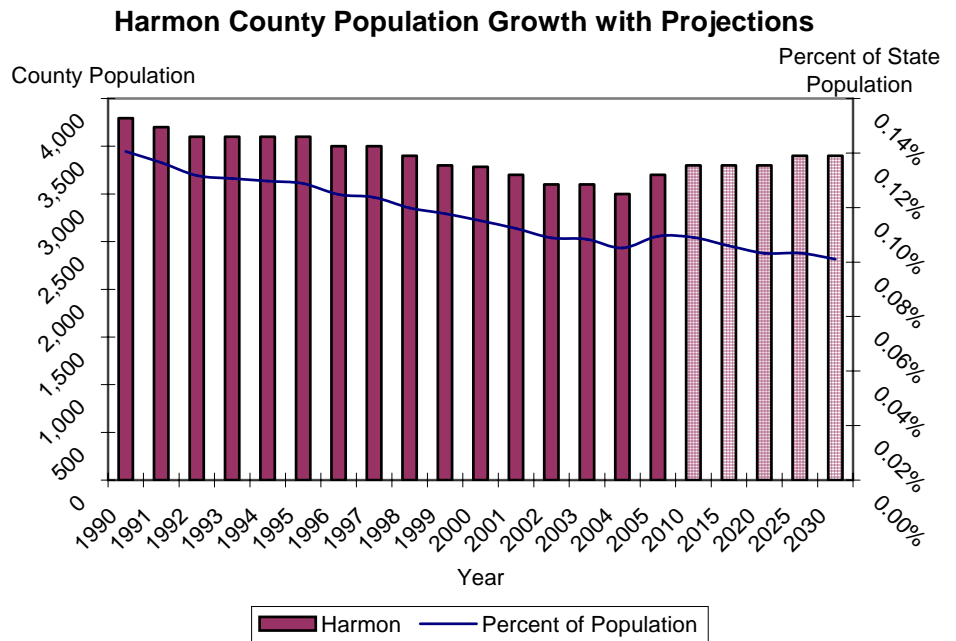




# Demographics

\* U.S. Census Bureau

- Population estimates
  - 13% decrease from 1990 to 2000 (3,793 to 3,283)
  - 9% decrease from 2000 to 2004
  - Ranked 77<sup>th</sup> for growth in state
- 2000 Census
- Hispanic/Latino ethnicity = 23%
- Race
  - Whites = 73%
  - Native Americans = 1%
  - Blacks = 10%
  - Other/Multiple = 16%
- Age
  - Under 5 = 6%
  - Over 64 = 21%
  - Median age = 39.9 years
- Housing units
  - Occupied = 1,266 (77%)
  - Vacant = 381 (23%)
- Disability (ages 21 to 64) = 23.4%  
national = 19.2% state = 21.5%
- Individuals below poverty = 29.7%  
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 Harmon 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 315 people in Harmon County and

is still the leading cause of death among all age groups. According to the Centers for Disease Control, almost \$400,000 is spent on each heart disease-related death. With an average of 21.0 deaths a year, heart disease accounts for almost \$8 million a year in medical costs in

**Heart disease accounts for almost \$8 million a year in medical costs in Harmon County.**

Harmon County.

Alzheimer's disease and the complications associated with it have increased from the 9<sup>th</sup> ranked cause of death (1983-1993) to the 8<sup>th</sup> ranked cause of death in persons 65 and older accounting for a 100% increase in deaths.

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

## Nutrition and Obesity

Data Not Available At This Time

## Top 10 Causes of Death by Age Group Harmon County 1993-2003

Rank	0-4	05-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	CONGENITAL ANOMALIES 4	PERINATAL PERIOD 1	UNINTENT. INJURY 3	UNINTENT. INJURY 2	CANCER 6	CANCER 8	HEART DISEASE 18	HEART DISEASE 205	HEART DISEASE 231
2	PERINATAL PERIOD 2	UNINTENT. INJURY 1		CANCER 1	HEART DISEASE 2	HEART DISEASE 6	CANCER 12	CANCER 93	CANCER 121
3	UNINTENT. INJURY 1	OTHER 1		DIABETES MELLITUS 1	LIVER DISEASE 2	DIABETES MELLITUS 3	UNINTENT. INJURY 3	STROKE 45	STROKE 47
4				STROKE 1	SUICIDE 2	UNINTENT. INJURY 2	DIABETES MELLITUS 2	KIDNEY DISEASE 30	DIABETES MELLITUS 32
5				SUICIDE 1	KIDNEY INFECTION 1	EIGHT CAUSES TIED 1	LIVER DISEASE 2	INFLUENZA/PNEUMONIA 29	KIDNEY DISEASE 31
6				OTHER 1	UNINTENT. INJURY 1		SIX CAUSES TIED 1	DIABETES MELLITUS 26	INFLUENZA/PNEUMONIA 30
7					OTHER 1			BRONCHITIS/EMPHYSEMA/ASTHMA 17	UNINTENT. INJURY 21
8								ALZHEIMER'S DISEASE 8	BRONCHITIS/EMPHYSEMA/ASTHMA 19
9								UNINTENT. INJURY 8	ALZHEIMER'S DISEASE 8
10								PNEUMONITIS 5	TWO CAUSES TIED 6

Data source: Vital Statistics, Health Care Information Division, Oklahoma State Department of Health  
Produced by: Injury Prevention Service, Disease and Prevention Service, Oklahoma State Department of Health

## Injury and Violence

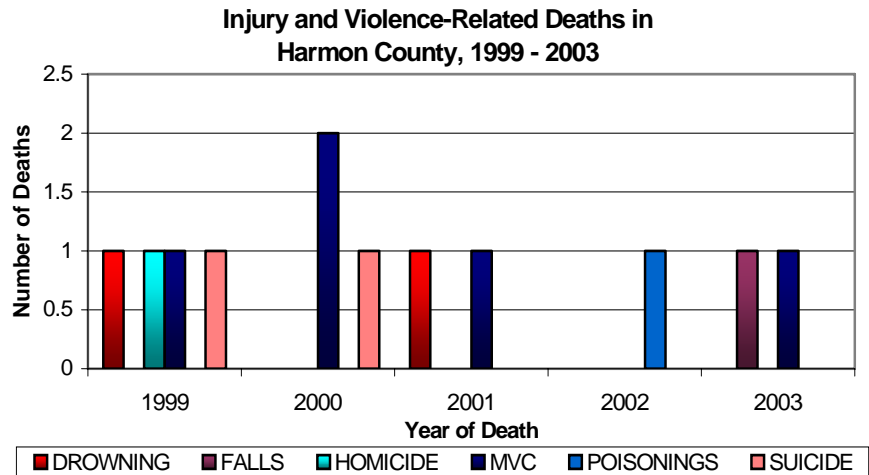
Across the nation and the state of Oklahoma, unintentional and violence-related injuries are on the rise. Unintentional injuries account for the 4th leading cause of death in the United States and the 5th leading cause of death in Oklahoma from 1999-2002. For persons ages 1 to 44 in Oklahoma, unintentional injuries are the leading cause of death.

This trend does not change much in Harmon County. Unintentional injuries are the leading cause of death from ages 15 to 34.

It is estimated that for every motor vehicle-related death \$1.1 million in economic costs are incurred. For Harmon County which has an average of 1 motor vehicle-related deaths a year, that

translates to over \$1 million a year. Violence-related injuries (homicide and suicide) in Harmon County are

ranked in the top 10 in five of the eight age groups (see Top 10 list on page 3).



## Tobacco Use

Data Not Available At This Time

## Physical Activity, Wellness and Diabetes

Data Not Available At This Time

# 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

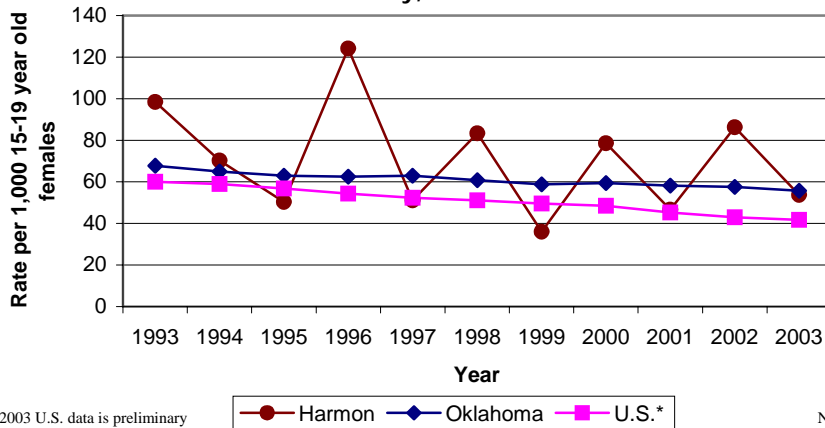
31% and 7%, respectively.

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, Harmon County had a teen birth rate of 53.8 in 2003 which was a 38% decrease from 2002 (86.3) and a 45% decrease since 1993 (98.4).

With an average of 10 births per year, teen pregnancy costs the citizens of Harmon County \$32,000.00 a year.

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



\*2003 U.S. data is preliminary

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, 29.7% of persons in Harmon

County for whom poverty status was known had an income below what was needed to live at the federal poverty level. Harmon County is 102% above the state (14.7%) and 140% above the nation (12.4%) for persons with incomes below the federal poverty level.

**Income to Poverty Ratio, Harmon 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	3,163	533	407	457	380	1,386
Cumulative Population		533	940	1,397	1,777	3,163
% of Total	100.0%	16.9%	12.9%	14.4%	12.0%	43.8%
Cumulative %		16.9%	29.7%	44.2%	56.2%	100.0%

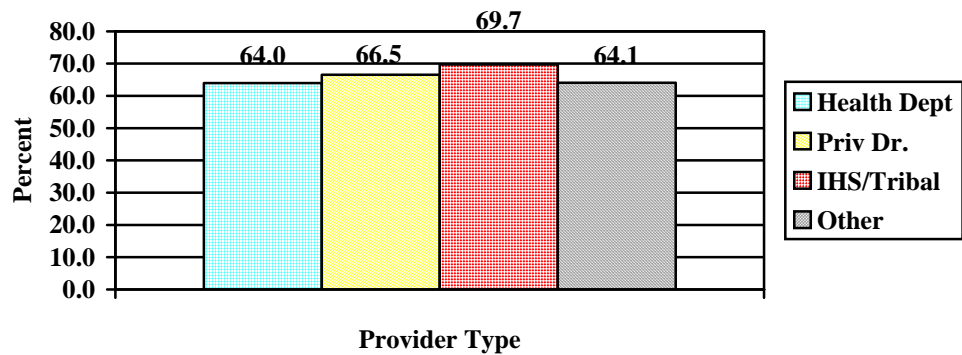
# OK By One - State Immunization Data

\* 2 Year-old Immunization Survey, Immunization Service, OSDH

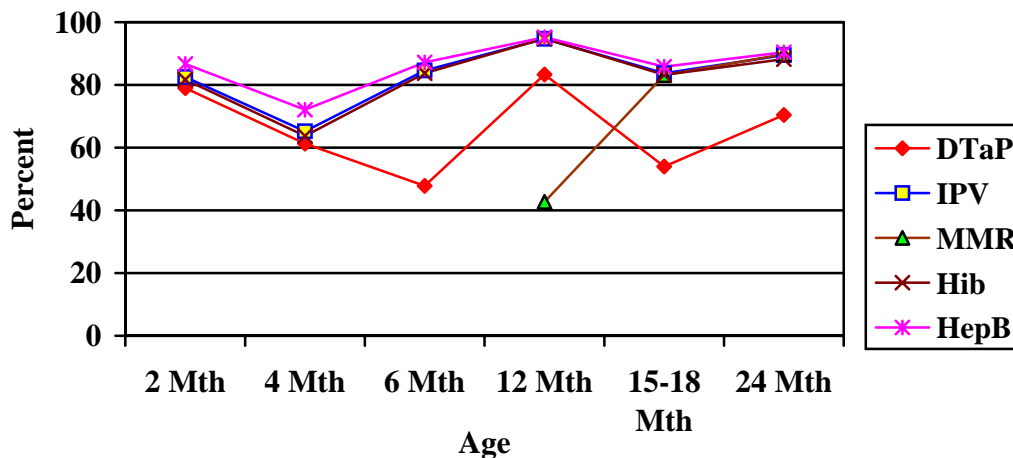
2003-04 Immunization Coverage Rates



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

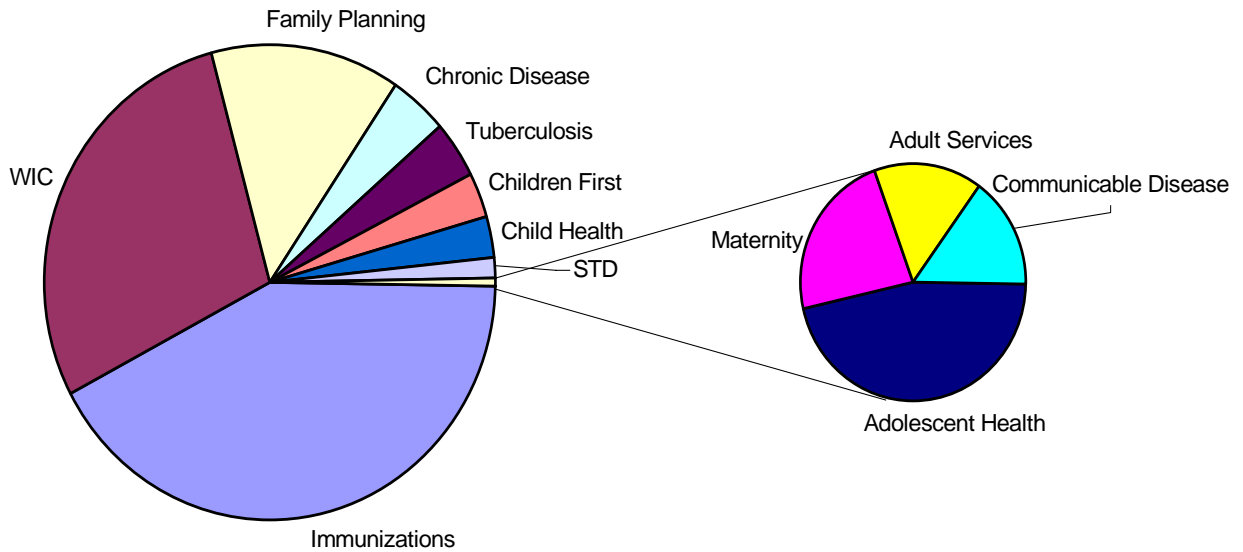


Oklahoma Children On Schedule by Antigen, 2004



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

## Attended Appointments for Harmon County Health Department, State Fiscal Year 05



## Health Care Costs Summary

### Cardiovascular Disease (Heart Disease)

- Average 21 deaths a year
- \$369,476.69 per death
- Total— \$7,759,010.49 a year

### Obesity

- Data Not Available At This Time

### Motor Vehicle-Related Injury Death

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

### Tobacco Use

- Data Not Available At This Time

### Diabetes

- Data Not Available At This Time

### Teen Pregnancy

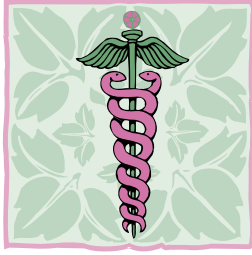
- Average of 10 births to teen mothers per year
- \$3,200.00 in costs for each birth a year
- Total— \$32,000.00 a year



**Grand Total for Harmon County:**

**\$8,911,010.49**





**OKLAHOMA STATE  
DEPARTMENT OF HEALTH**

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Community Development Service

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Harmon County Health Department  
1104 N 7th St  
Hollis, OK 73550  
580-688-3348

***Looking Back to Move Forward***

Report compiled by:  
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Health Care Information Systems, OSDH

*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.*

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# Oklahoma Turning POINT



*Oklahoma Community Partners  
in Public Health Innovation*