



OKLAHOMA STATE DEPARTMENT OF HEALTH

# State of the County's Health Report

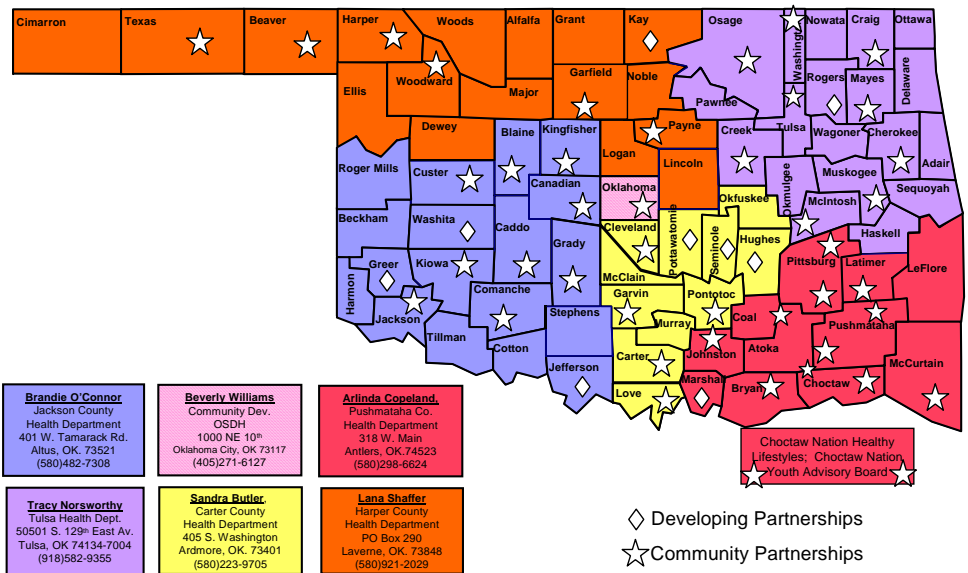
## A Look Back To Move Forward

### Tulsa 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 Tulsa 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



Field Rep Districts 9-13-05

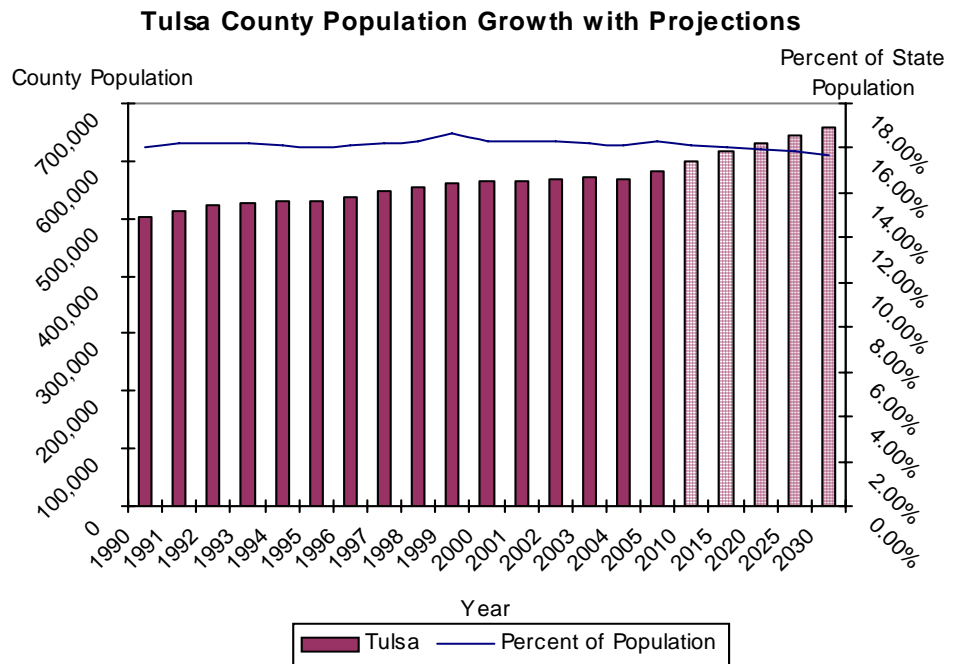
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# Demographics

\* U.S. Census Bureau

- Population estimates
  - 12% increase from 1990 to 2000 (503,341 to 563,299)
  - 1% increase from 2000 to 2004
  - Ranked 31<sup>st</sup> for growth in state
- 2000 Census
- Hispanic/Latino ethnicity = 6%
- Race
  - Whites = 75%
  - Native Americans = 5%
  - Blacks = 11%
  - Other/Multiple = 9%
- Age
  - Under 5 = 7%
  - Over 64 = 12%
  - Median age = 34.4 years
- Housing units
  - Occupied = 226,892 (93%)
  - Vacant = 17,061 (7%)
- Disability (ages 21 to 64) = 19.1% national = 19.2% state = 21.5%
- Individuals below poverty = 11.6% 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 Tulsa 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 16,113 people in Tulsa 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 1567.2 deaths a year, heart disease accounts for over \$579 million a year in medical costs

**Heart disease accounts for over \$579 million a year in medical costs in Tulsa County.**

in Tulsa County.

Alzheimer's disease and the complications associated with it have increased from the 10<sup>th</sup> ranked cause of death (1983-1993) to the 6<sup>th</sup> ranked cause of death in persons 65 and older accounting for a 229% increase in deaths.

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

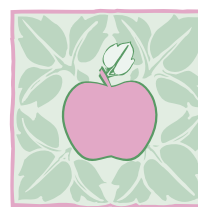
## Nutrition and Obesity

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, 21.2%



**Sensible Foods – Sensible Portions  
5 to 9 Fruits & Vegetables a Day**

(120,906) of people in Tulsa County were considered obese which accounted for an additional \$47,757,870 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

## Tulsa County 1993-2003

Rank	0-4	05-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	PERINATAL PERIOD 342	UNINTENT. INJURY 55	UNINTENT. INJURY 324	UNINTENT. INJURY 275	CANCER 412	CANCER 1080	CANCER 2065	HEART DISEASE 14137	HEART DISEASE 17240
2	CONGENITAL ANOMALIES 182	CANCER 22	HOMICIDE/LEGAL 164	SUICIDE 158	HEART DISEASE 360	HEART DISEASE 919	HEART DISEASE 1691	CANCER 8267	CANCER 12016
3	SIDS 73	HOMICIDE/LEGAL 19	SUICIDE 140	CANCER 125	UNINTENT. INJURY 354	UNINTENT. INJURY 279	BRONCHITIS/EMPHYSEMA/ASTHMA 304	STROKE 3046	STROKE 3536
4	UNINTENT. INJURY 65	CONGENITAL ANOMALIES 16	CANCER 34	HIV 122	SUICIDE 213	SUICIDE 153	STROKE 232	BRONCHITIS/EMPHYSEMA/ASTHMA 2406	BRONCHITIS/EMPHYSEMA/ASTHMA 2837
5	HEART DISEASE 27	SUICIDE 16	HEART DISEASE 18	HOMICIDE/LEGAL 117	HIV 163	LIVER DISEASE 137	DIABETES MELLITUS 197	INFLUENZA/PNEUMONIA 1290	UNINTENT. INJURY 2215
6	HOMICIDE/LEGAL 21	HEART DISEASE 9	HIV 8	HEART DISEASE 78	HOMICIDE/LEGAL 99	STROKE 136	UNINTENT. INJURY 159	ALZHEIMER'S DISEASE 987	INFLUENZA/PNEUMONIA 1505
7	SPETICEMIA (BLOOD POISONING) 18	BRONCHITIS/EMPHYSEMA/ASTHMA 7	CONGENITAL ANOMALIES 7	STROKE 26	STROKE 82	DIABETES MELLITUS 127	LIVER DISEASE 130	DIABETES MELLITUS 918	DIABETES MELLITUS 1323
8	INFLUENZA/PNEUMONIA 17	INFLUENZA/PNEUMONIA 4	BRONCHITIS/EMPHYSEMA/ASTHMA 6	DIABETES MELLITUS 21	LIVER DISEASE 78	BRONCHITIS/EMPHYSEMA/ASTHMA 86	INFLUENZA/PNEUMONIA 81	UNINTENT. INJURY 703	ALZHEIMER'S DISEASE 1005
9	CANCER 8	ANEMIA 3	DIABETES MELLITUS 6	CONGENITAL ANOMALIES 14	DIABETES MELLITUS 53	HIV 69	SUICIDE 80	ATHERO-SCLEROSIS 633	SUICIDE 892
10	TWO CAUSES TIED 7	THREE CAUSES TIED 2	STROKE 5	INFLUENZA/PNEUMONIA 14	INFLUENZA/PNEUMONIA 41	INFLUENZA/PNEUMONIA 55	KIDNEY DISEASE 45	KIDNEY DISEASE 497	ATHERO-SCLEROSIS 664

Data source: *Vital Statistics*, Health Care Information Division, Oklahoma State Department of Health

Produced by: Community Development Service, Community Health Service, Oklahoma State Department of Health

July 2005

## 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 Tulsa County. Unintentional injuries are the leading cause of death from ages 5 to 34.

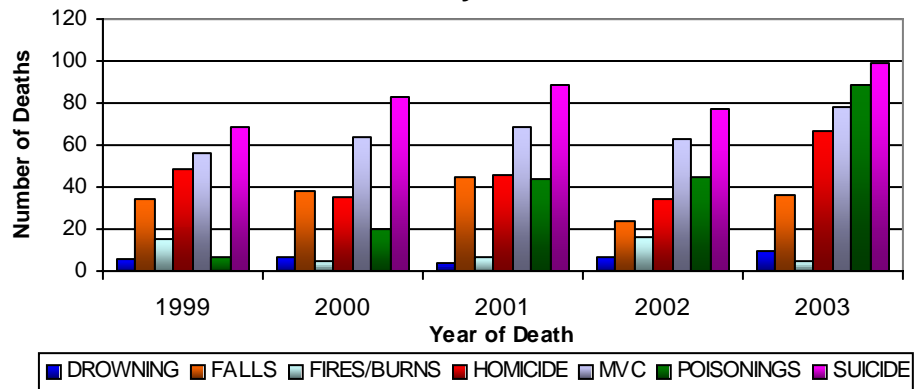
It is estimated that for every motor vehicle-related death \$1.1 million in economic costs are incurred. For Tulsa County which has an average of 65.8 motor vehicle-related deaths a year,

that translates to almost \$74 million a year.

Violence-related injuries (homicide

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

**Injury and Violence-Related Deaths in Tulsa 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 tobacco accrued over \$3,300 in health care costs per year. According to the Be-

havioral Risk Factor Surveillance Sys-

tem, it is estimated that 22.9% (130,602) of people in Tulsa County use tobacco of some sort. Medical costs accumulated by those persons are almost \$431 million a year for Tulsa County.

*“Medical costs accumulated by those persons are almost \$431 million a year for Tulsa County”*

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

## 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 25.3%

(144,289) of people in Tulsa County had no leisure activity in the past month at the time they were surveyed.

The BRFSS also indicated that 6.5% (37,070) of Tulsa County citizens have been diagnosed by a health professional as having diabe-



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

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 \$490,918,010.00 in one year for Tulsa 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

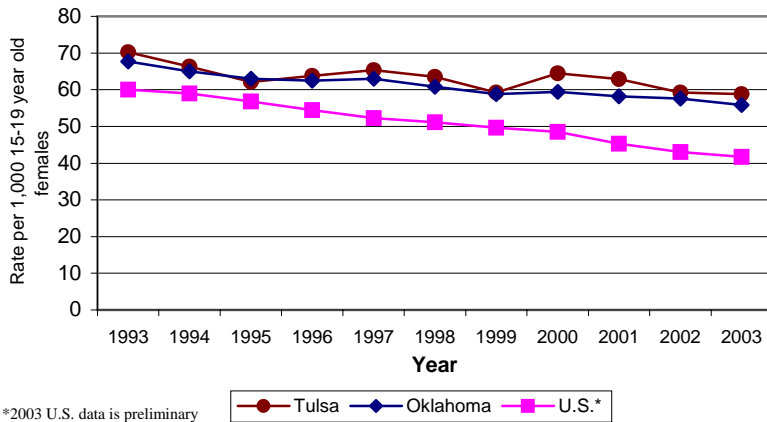
31% and 7%, respectively.

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, Tulsa County had a teen birth rate of 58.8 in 2003 which was a 1% decrease from 2002 (59.2) and a 16% decrease since 1993 (70.2).

With an average of 1185 births per year, teen pregnancy costs the citizens of Tulsa County \$3,792,000.00 a year.

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



\*2003 U.S. data is preliminary

Note: 260 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, 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, 11.6% of persons in Tulsa County

for whom poverty status was known had an income below what was needed to live at the federal poverty level. Tulsa County is 21% below the state (14.7%) and 6% below the nation (12.4%) for persons with incomes below the federal poverty level.

**Income to Poverty Ratio, Tulsa 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	551,650	27,542	36,520	50,570	53,133	383,885
Cumulative Population		27,542	64,062	114,632	167,765	551,650
% of Total	100.0%	5.0%	6.6%	9.2%	9.6%	69.6%
Cumulative %		5.0%	11.6%	20.8%	30.4%	100.0%

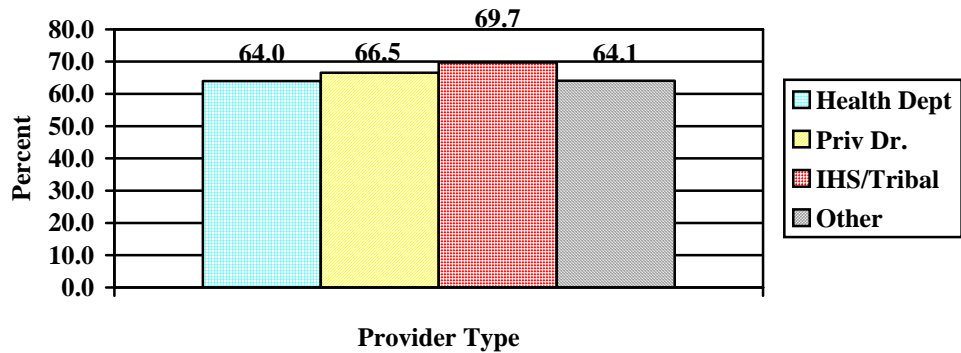
# OK By One - State Immunization Data

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

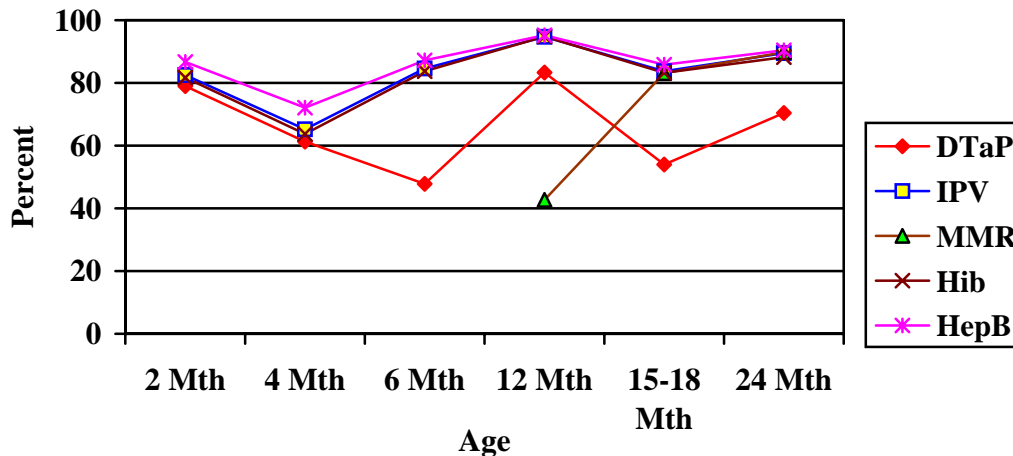
## 2003-04 Immunization Coverage Rates



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



## Oklahoma Children On Schedule by Antigen, 2004



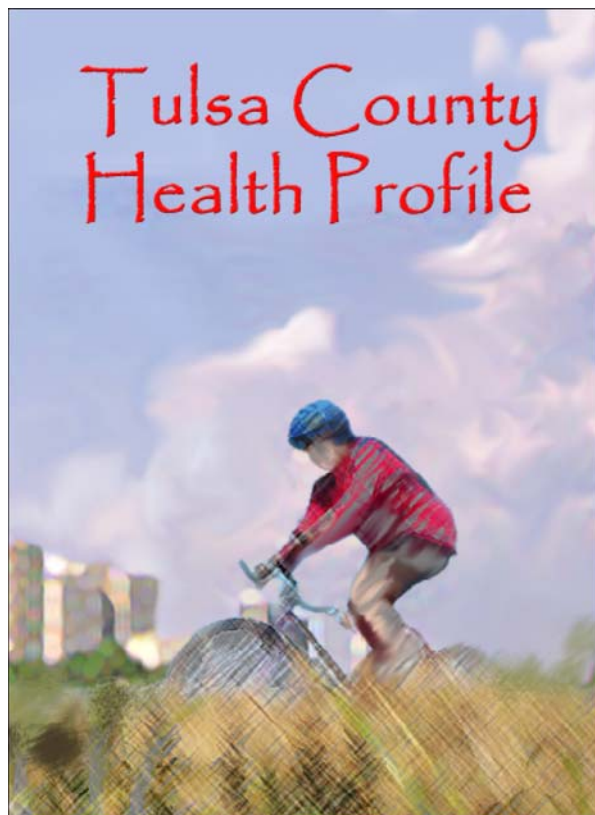
\*\*Note: County level data will be available soon.

# County Health Department

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For a more comprehensive look at the health of Tulsa County residents the Tulsa City-County Health Department Planning & Epidemiology Division has developed this 228 page document. The Tulsa County Health Profile examines information found in this document, as well as topics such as environmental health, programs and services and links to resources.

<http://www.tulsa-health.org>



## Health Care Costs Summary

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### Cardiovascular Disease (Heart Disease)

- Average 1567 deaths a year
- \$369,476.69 per death
- Total— \$578,969,973.23 a year

### Obesity

- 21.2% of population ( 120,906 )
- \$395.00 in additional medical costs per person
- Total—\$47,757,870.00

### Motor Vehicle-Related Injury Death

- Average 65.8 deaths per year
- \$1,120,000.00 in economic costs per death
- Total—\$73,696,000.00 a year

### Tobacco Use

- 22.9% of population (130,602)
- \$3,300.00 in health care costs
- Total—\$430,986,600.00 a year

### Diabetes

- 6.5% of population (37,070 )
- \$13,243.00 in healthcare costs a year
- Total—\$490,918,010.00 a year

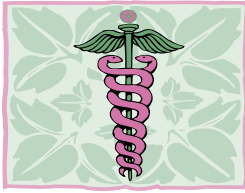
### Teen Pregnancy

- Average of 1185 births to teen mothers per year
- \$3,200.00 in costs for each birth a year
- Total— \$3,792,000.00 a year



Grand Total for Tulsa County:

**\$1,626,120,453.23**



**OKLAHOMA STATE  
DEPARTMENT OF HEALTH**

Community Health Services  
Community Development Service

1000 NE 10th St, Rm 508  
Oklahoma City, OK 73117  
Phone: 405-271-6127  
Fax: 405-271-1225  
Email: miriamm@health.ok.gov

**Tulsa City-County Health Department**  
5051 S 129th East Avenue  
Tulsa, OK 74134  
918-582-9355

Website: <http://www.tulsa-health.org>

***A Look Back To Move Forward***

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