

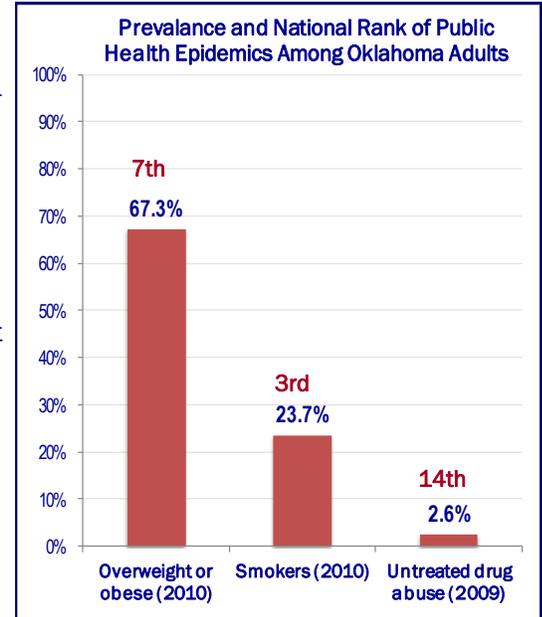
PUBLIC HEALTH EPIDEMICS IN OKLAHOMA

KATE RICHEY, POLICY ANALYST

Oklahomans have very poor health overall, and the state is grappling with three major public health hazards that have reached epidemic proportions. The state ranks near the top in the prevalence of obesity, smoking, and substance abuse and the impact of these epidemics on our residents, health care system, and overall economy.

1. OBESITY

- Between 2000 and 2010 we rose from 32nd nationally in percentage of overweight or obese adults to 7th, with 67.3 percent of adults in Oklahoma now classified as overweight or obese.
- Oklahoma spent just over \$1 billion in 2008 on obesity-attributable health care; if the obesity trend continues we will spend just over \$5 billion in 2018.
- By 2018, Oklahoma is expected to have the highest obesity rate and highest obesity-attributable health care expenditures in the country.



2. SMOKING

- Oklahoma ranks 3rd in both adults and youths who smoke, with 23.7 percent of adults and 13.3 percent of youths reporting in 2010 that they currently smoke.
- Annual direct costs attributable to smoking in Oklahoma are in excess of \$4.3 billion.

3. SUBSTANCE ABUSE

- About 5 percent of the adult population (140,000) need treatment for alcohol addiction and 1 percent (21,000) need treatment for drug addiction. Nearly 6 percent of adolescents (20,000) need treatment for alcohol and drug addiction.
- The cost of substance abuse and addiction is \$7 billion annually in Oklahoma, including expenses related to health care, public safety, social services, costs to business, property loss, and worker productivity.

WHAT WE SHOULD DO

1. Invest in community-based public health interventions aimed at improving physical activity and nutrition and preventing tobacco use. A \$10 per person investment in public health interventions aimed at improving physical activity and nutrition and preventing tobacco use yields a net savings to the state of \$184 million in just 5 years, which includes \$116 million for private payers and \$5.7 million for the state's Medicaid program.
2. Invest in anti-poverty and early childhood initiatives. A wealth of research identifies poverty and adverse childhood experiences as root causes of smoking, obesity, and substance abuse.

(see reverse for sources or visit <http://www.okpolicy.org/issues/healthcare> for more information)

SOURCES

1. Obesity

Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services, Behavioral Risk Factor Surveillance System, Prevalence and Trends Data, Overweight and Obesity (BMI) [<http://apps.nccd.cdc.gov/brfss>]

United Health Foundation, American Public Health Association and Partnership for Prevention, Kenneth E. Thorpe, Ph.D. of Emory University, "The Future Costs of Obesity: National and State Estimates of the Impact of Obesity on Direct Health Care Expenses." November 2009 [<http://www.nccor.org/downloads/CostofObesityReport-FINAL.pdf>]

2. Smoking

Kaiser Family Foundation, State Health Facts [<http://www.statehealthfacts.org>]

Pennsylvania State University, Jill S. Rumberger, PhD, School of Public Affairs and Christopher S. Hollenbeak, PhD, College of Medicine, "Potential Costs and Benefits of Smoking Cessation for Oklahoma." April 2010 [<http://www.lung.org/stop-smoking/tobacco-control-advocacy/reports-resources/cessation-economic-benefits/reports/OK.pdf>]

3. Substance Abuse

SAMHSA, Office of Applied Studies, National Surveys on Drug Use and Health, State Estimates of Substance Use from the 2008-2009 [<http://www.oas.samhsa.gov/2k9State/toc.cfm>]

Oklahoma Department of Mental Health and Substance Abuse Services [<http://ok.gov/odmhsas/faqs.html>]

What We Should Do

Trust for America's Health, "Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities." July 2008 [<http://healthyamericans.org/reports/prevention08/>]