
2003 SUMMARY

# Health Care Information
## 2003 Summary

*A summary of the major activities and accomplishments of the Health Care Information Division (HCI) of the Oklahoma State Department of Health*

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# HEALTH CARE INFORMATION VALUES

- We believe all Oklahomans should have access to reliable and timely health care information.
- We believe an involved and informed public can be an important factor in helping to reduce costs and improve health care quality. We pledge our assistance to Oklahomans seeking to increase their understanding of the health care system and their part in it.
- We support the medical community in its mission to ensure all Oklahomans receive quality care.
- We commit ourselves to the elimination of bias in data reporting and to the timeliness and accuracy of health care information.
- We commit ourselves to creating mutually beneficial partnerships with the medical, educational, governmental, and municipal communities on whom we must depend to deliver health care information to all Oklahomans.
- We work to create and disseminate health care information, to promote informed health care decisions by Oklahoma consumers and purchasers, and to enhance the quality of health care delivery.

# EXECUTIVE SUMMARY

## REPORT SUMMARY

This report summarizes the major activities and accomplishments of the Health Care Information Division (HCI) of the Oklahoma State Department of Health in compliance with a statutory requirement for annual reporting to the Oklahoma legislature, as well as highlights some of the key summaries from the datasets maintained by HCI. This Executive Summary provides a brief background and an overview of HCI's activities in 2003.

## BACKGROUND

HCI, short for Health Care Information, works to provide health information to Oklahomans about Oklahomans. We turn numbers into health care knowledge. We provide targeted reports to achieve our goal of providing accurate information timely, professionally, and in formats and media most useful. We want to help all Oklahoma health care buyers and health care decision makers become more savvy about their decisions.

The Oklahoma Health Care Information System Act (OS 63. Section 1-115 et seq) was enacted to create an information system for the State of Oklahoma. The Act calls for the development and operation of a method for collecting, processing, and disseminating health care data that would facilitate the ongoing analysis and evaluation of patterns and trends in the:

1. health status of Oklahomans;
2. utilization and costs of health care services; and
3. capability of various components of the health care industry to provide needed services.

HCI is responsible for the collection, maintenance, and analysis of several datasets including the Hospital Inpatient dataset, the Outpatient Surgery dataset, the Induced Termination of Pregnancy (ITOP) and the Behavioral Risk Factor Surveillance Survey (BRFSS). HCI is also responsible for the reporting of Vital Statistics, as well as the maintenance of statewide Emergency Medical Service (EMS) data.

Inpatient

Birth

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### Inpatient Hospital Discharge Data / Outpatient Surgery Data

This data comes from Oklahoma's health care providers as a response to an Oklahoma legislative mandate. HCI researchers use this data to uncover trends that have significant public policy and management implications for inpatient care. This dataset gives researchers an evidence base to understand patterns of hospitalization and outpatient surgeries by Oklahomans as a whole, or by specific groups, such as children and the elderly, and to assess outcomes as well as charges for services. HCI gathers data from hospitals using the UB92 or the HCFA 1500 patient discharge billing forms. These are administrative forms for submitting patient charges to third-party payers. The data gathered from Oklahoma facilities ranges from patient diagnoses to charges for various procedures.

A Public Use Data File (PUDF) containing patient-level information is available to study health care services and to make comparisons of services. Individual patient identities are removed from the PUDF, and penalties will be applied to anyone who may attempt to determine an individual's identity.

### Vital Statistics

Vital statistics is considered to be the foundation of public health. Oklahoma began collecting information related to births and deaths in 1917. These records are used for a variety of purposes including the Social Security Administration for legal and administrative records, state agencies to plan and evaluate programs, as well as by researchers to look at population growth. Each state differs slightly in the information that is collected. Oklahoma typically revises its forms every 10 years, in order to keep up with changes in the population. For instance, in 1991, Hispanic identifiers were added to the birth and death certificate.

Annual reports are available that describe the trends in our state. These are very important as we try to reduce the occurrence of babies born prematurely or with low birth weights with effective prenatal care programs or promote healthy behaviors based on the estimate of various diseases in our state. If you would like information regarding births and/or deaths in OK, they are available at http://www.health.state.ok.us/stats/vs.

### Behavioral Risk Factor Surveillance Survey (BRFSS)

Important information is collected from Oklahomans across the state using a phone survey to ask questions about those activities that can impact our health – questions like "How often do you wear seat belts?" and "Have you ever received a pneumonia shot?". These everyday behaviors can impact your ability to resist disease, injury and even premature death. It is especially important to collect data on behaviors, rather than on attitudes or knowledge, because then

states are able to more effectively plan, initiate, support, and evaluate health promotion and disease prevention programs.

This information is collected in every state and is used nationally, as well as locally. Oklahoma has been collecting this information in cooperation with the Centers for Disease Control and Prevention since 1988. If you would like to see the results of the survey or reports that have been developed, you can go to the website http://www.cdc.gov/brfss/ or you can call us directly and we will be happy to help answer your questions.

### Induced Terminations of Pregnancy (ITOP)

The Department of Health is required by law to collect information related to abortions performed in the state, as well as to Oklahoma residents in other states. The physician performing the procedure is required to report all medical facts pertinent to the procedure. This information is considered confidential and no names are reported. Each year, statistics are prepared as to how many procedures are performed by various characteristics, such as age.

Legal induced abortion data are used to identify women at high risk for unintended pregnancy, monitor trends, and evaluate the effectiveness of family planning programs and programs to prevent unintended pregnancies.

# Inpatient Hospital Discharge Demographics

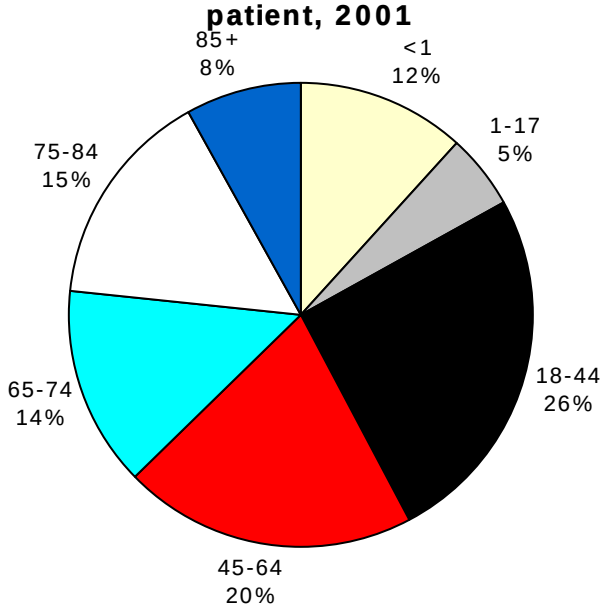
- There were 309,657 inpatient discharges reported in 2001.
- Only 69 inpatient facilities, 53 % of the facilities, reported information in the required submission format for 2001 calendar year.

**Discharges reported by age and sex, 2001**

| Age | Female | | Male | | Unknown | | Total | |
|---|---|---|---|---|---|---|---|---|
| <1 | 17,119 | 9% | 18,732 | 15% | 3 | 15% | 35,854 | 12% |
| 1-17 | 8,558 | 5% | 8,192 | 7% | 1 | 5% | 16,751 | 5% |
| 18-44 | 58,323 | 31% | 19,760 | 16% | 3 | 15% | 78,086 | 25% |
| 45-64 | 34,245 | 18% | 29,023 | 24% | 2 | 10% | 63,270 | 20% |
| 65-74 | 23,638 | 13% | 19,119 | 16% | 2 | 10% | 42,759 | 14% |
| 75-84 | 28,221 | 15% | 18,809 | 16% | 2 | 10% | 47,032 | 15% |
| 85+ | 17,879 | 9% | 7,354 | 6% | - | 0% | 25,233 | 8% |
| Unknown | 392 | 0% | 273 | 0% | 7 | 35% | 672 | 0% |
| Total | 188,375 | 100% | 121,262 | 100% | 20 | 100% | 309,657 | 100% |

- Sixty-one percent of the inpatient discharges were female patients.
- Eighty-five percent of the discharges for children less than one year of age were newborn discharges.

**Discharges by age group of patient, 2001**




- Twenty-six percent of discharges were patients between the ages of 18 and 44. This is primarily due to childbirth related discharges.
- Twenty percent of the total discharges were patients between the ages of 45 and 64.
- Patients older than 65 accounted for 37 percent of the discharges.

# Inpatient Hospital Discharge

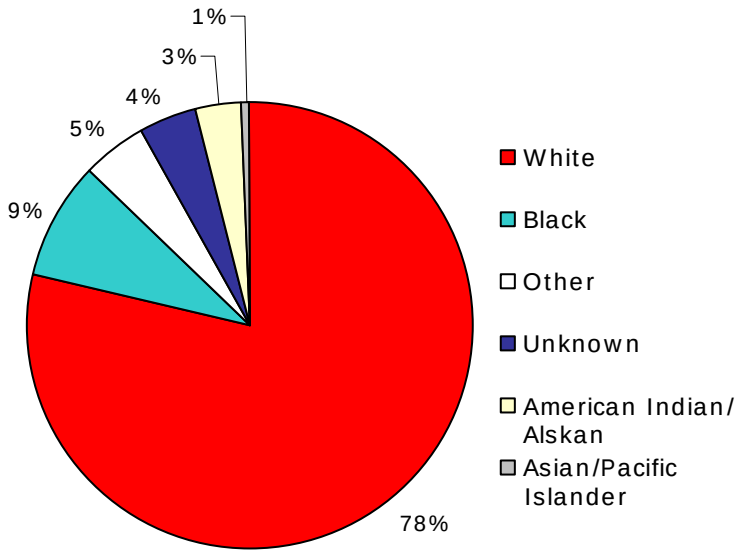
- Females accounted for the majority of the discharges, but males had a higher average length of stay (ALOS) of 5.2 days compared to 4.8 days for females.
- The average charge per hospital stay was $12,711.
- Males had a higher average charge than females. The average charge for males was $14,808 and the average charge for females was $11,362.
- When discharges related to newborn deliveries were excluded, females had an ALOS of 5.2 days and an average charge of $12,503.

**Discharges by gender , length of stay, and average charges, 2001**

| Gender | Discharges | Days | Total Charges | ALOS | Average Charges |
|---|---|---|---|---|---|
| Females | 188,375 | 896,425 | $ 2,140,223,735 | 4.8 | $ 11,362 |
| Males | 121,262 | 633,293 | $ 1,795,630,645 | 5.2 | $ 14,808 |
| Unknown | 20 | 150 | $409,935 | 7.5 | $ 20,497 |
| Total | 309,657 | 1,529,868 | $ 3,936,264,315 | 4.9 | $ 12,712 |

- Seventy-eight percent (243,832) of the discharges reported their race as White.
- Four percent (12,433) of the discharges reported listed race as unknown.

**Inpatient Discharges by Race, 2001**



# Inpatient Hospital Discharge
# Discharge Status / Admission Source

- Approximately seventy-five percent of the patients were discharged to home following their inpatient stay.

- Approximately sixteen percent of the patients were transferred to another institution following the their discharge.

**Discharges by reported discharge status**

| Discharge Status | Discharges |
|---|---|
| To Home | 234,418 |
| Intermediate Care | 15,982 |
| Organized Home Health | 14,867 |
| Another Type of Institution | 12,963 |
| Skilled Nursing Facility | 11,004 |
| Expired | 8,101 |
| To Short Term Care | 7,471 |
| Against Medical Advice | 1,950 |
| Unknown | 1,107 |
| Admitted as an inpatient to this hospital (Medicare OP) | 613 |
| Under Care of IV Provider | 584 |
| Discharged/Transferred Within Institution To Medicare Approved Swing Bed | 270 |
| Hospice - Home | 245 |
| Hospice - Medical Facility | 60 |
| Still a Patient | 13 |
| Discharged/transferred/referred to this institution for outpatient services as specified by the discharge plan of care | 6 |
| Discharged/Transferred/referred to another institution for outpatient services as specified by the discharge plan of care | 3 |

- Over half (57%) of the patients were admitted to the inpatient facility from a physician's referral.

- Thirty-four percent of the patients were admitted through the Emergency Department (ED).

- Patients transferred from another facility had the highest average charges per discharge.

**Discharges by reported admission source**

| Admission Source | Discharges | Percent | ALOS | Average Charges |
|---|---|---|---|---|
| Physician Referral | 177,727 | 57% | 4.65 | $ 11,576 |
| Clinic Referral | 7,050 | 2% | 5.61 | $ 21,603 |
| HMO Referral | 1,507 | 0% | 5.90 | $ 16,392 |
| Transfer from Hospital | 9,483 | 3% | 12.29 | $ 28,086 |
| Transfer from Skilled Nursing Facility | 403 | 0% | 16.71 | $ 25,897 |
| Transfer from Another Health Care Facility | 1,906 | 1% | 10.77 | $ 13,259 |
| Emergency Room | 105,857 | 34% | 4.63 | $ 13,026 |
| Court / Law Enforcement | 1,446 | 0% | 6.69 | $ 4,120 |
| Information not Available | 4,278 | 1% | 2.90 | $ 3,500 |
| Total | 309,657 | 100% | 4.94 | $ 12,712 |

# Inpatient Hospital Discharge
# Emergency Department Admits

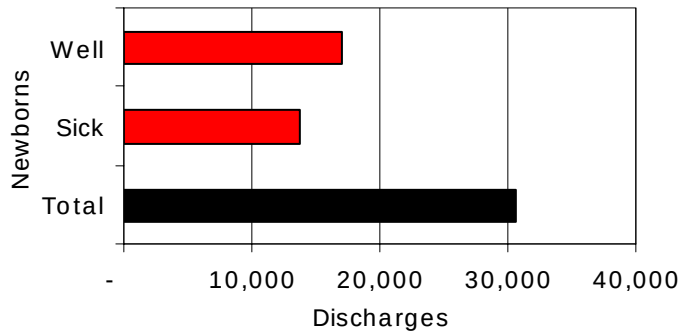
- Symptoms involving the respiratory system and other chest symptoms was the diagnosis associated with the highest number of inpatient discharges admitted through the ED.
- Acute myocardial infarction accounted for the highest total charges ($102,333,459) and the highest average charges ($27,435) for patients admitted through the ED.
- Four of the top 15 and three of the top five diagnoses for patients admitted through the ED were related to the heart.
- Pneumonia was the diagnosis with the second highest number of discharges of those admitted through the ED.

**Top 15 principal diagnoses associated with admits through the ER**

| ICD9 | Diagnosis | Dis-charges | ALOS | Total Charges | Average Charges |
|---|---|---|---|---|---|
| 786 | Symptoms involving respiratory system and other chest symptoms | 5,972 | 1.77 | $37,676,311 | $ 6,309 |
| 486 | Pneumonia, organism unspecified | 4,922 | 5.05 | $53,276,042 | $ 10,824 |
| 428 | Heart failure | 4,621 | 5.09 | $59,668,542 | $ 12,912 |
| 410 | Acute myocardial infarction | 3,730 | 5.25 | $102,333,459 | $ 27,435 |
| 414 | Other forms of chronic ischemic heart disease | 3,559 | 3.63 | $72,930,351 | $ 20,492 |
| 780 | General symptoms | 2,958 | 2.74 | $20,256,885 | $ 6,848 |
| 491 | Chronic bronchitis | 2,755 | 4.86 | $29,400,691 | $ 10,672 |
| 276 | Disorders of fluid, electrolyte, and acid-base balance | 2,664 | 3.74 | $19,348,593 | $ 7,263 |
| 427 | Cardiac dysrhythmias | 2,532 | 3.53 | $32,947,510 | $ 13,012 |
| 296 | Affective psychoses | 2,396 | 6.64 | $16,376,958 | $ 6,835 |
| 250 | Diabetes mellitus | 2,084 | 4.37 | $21,052,578 | $ 10,102 |
| 820 | Fracture of neck of femur | 2,007 | 5.71 | $37,001,480 | $ 18,436 |
| 599 | Other disorders of urethra and urinary tract | 1,773 | 4.40 | $13,849,061 | $ 7,811 |
| 493 | Asthma | 1,642 | 2.97 | $10,622,734 | $ 6,469 |
| 038 | Septicemia | 1,591 | 6.82 | $29,251,624 | $ 18,386 |

# Inpatient Hospital Discharge
# Newborn Discharges

## Newborn discharges




- Newborns accounted for 30,692 discharges.
- The average length of stay for a healthy newborn was 1.9 days with an average charge of $1,018.
- The average length of stay for a sick newborn was 5.3 days with an average charge of $11,812.
- Jaundice was diagnosed in 5,476 newborns.
- Of the top conditions based on frequency of discharges, hematological disorders accounted for the longest average length of stay (38.7 days) in newborns, as well as the highest average charges ($131,878).

## Top 20 conditions associated with newborn discharges

| ICD9 | Diagnosis | Discharges | ALOS | Average Charges |
|---|---|---|---|---|
| 774 | Other perinatal jaundice | 5476 | 7.56 | $18,148 |
| 770 | Other respiratory conditions of fetus and newborn | 3273 | 11.78 | $34,297 |
| 765 | Disorders relating to short gestation and unspecified low birthweight | 2777 | 15.00 | $41,328 |
| 766 | Disorders relating to long gestation and high birthweight | 1567 | 2.44 | $2,729 |
| 767 | Birth trauma | 1295 | 3.44 | $5,547 |
| 605 | Redundant prepuce and phimosis | 1158 | 2.90 | $2,933 |
| 769 | Respiratory distress syndrome in newborn | 1123 | 25.61 | $79,165 |
| 771 | Infections specific to the perinatal period | 1095 | 20.15 | $60,972 |
| 775 | Endocrine and metabolic disturbances specific to the fetus and newborn | 1042 | 16.49 | $54,557 |
| 779 | Other and ill-defined conditions originating in the perinatal period | 713 | 15.69 | $39,214 |
| 778 | Conditions involving the integument and temperature regulation of fetus and newborn | 650 | 5.68 | $14,110 |
| 773 | Hemolytic disease of fetus or newborn, due to isoimmunization | 581 | 6.98 | $19,866 |
| 038 | Septicemia | 561 | 21.79 | $76,264 |
| 764 | Slow fetal growth and fetal malnutrition | 527 | 8.18 | $16,710 |
| 776 | Hematological disorders of fetus and newborn | 488 | 38.66 | $131,878 |
| 763 | Fetus or newborn affected by other complications of labor and delivery | 471 | 17.42 | $46,921 |
| 747 | Other congenital anomalies of circulatory system | 451 | 29.31 | $110,897 |
| 785 | Symptoms involving cardiovascular system | 397 | 7.65 | $19,901 |
| 757 | Congenital anomalies of the integument | 367 | 2.53 | $2,496 |
| 772 | Fetal and neonatal hemorrhage | 364 | 17.18 | $63,317 |

# Inpatient Hospital Discharge
# Patients Aged 65 and Older

**Discharges for patients 65 years and older by ALOS and average charges**

| Gender | Discharges | ALOS | Average Charges |
|---|---|---|---|
| Female | 69,738 | 6.51 | $14,183 |
| Male | 45,282 | 6.23 | $17,123 |
| Unknown | 4 | 2.50 | $27,611 |
| Total | 115,024 | 6.40 | $15,341 |

- Patients 65 years of age and older accounted for 115,024 (37%) discharges.
- Females accounted for 61% of the discharges for patients older than 64 years.

- The average charge per discharge for those older than 64 years was $15,341.
- Care involving rehabilitation procedures accounted for the most frequent diagnosis among those older than 64 years of age.
- Four of the top six diagnoses (19,127 discharges) for patients 65 years and older were related to the heart.
- Pneumonia, bronchitis and other respiratory symptoms accounted for 11,067 discharges and three of the top ten diagnoses among patients over the age of 64.

**Top 10 diagnoses associated with discharges for patients 65 years and older**

| ICD9 | Diagnosis | Discharges |
|---|---|---|
| V57 | Care involving use of rehabilitation procedures | 7,718 |
| 428 | Heart failure | 6,098 |
| 414 | Other forms of chronic ischemic heart disease | 5,770 |
| 486 | Pneumonia, organism unspecified | 5,255 |
| 410 | Acute myocardial infarction | 3,743 |
| 427 | Cardiac dysrhythmias | 3,516 |
| 491 | Chronic bronchitis | 3,152 |
| 820 | Fracture of neck of femur | 2,801 |
| 276 | Disorders of fluid, electrolyte, and acid-base balance | 2,714 |
| 786 | Symptoms involving respiratory system and other chest symptoms | 2,660 |

# Inpatient Hospital Discharge
# Top Diagnoses and Procedures

## Top 15 Principal Diagnoses

| ICD9 | Diagnosis | Discharges |
|---|---|---|
| V30 | Single live born | 29,655 |
| 414 | Other forms of chronic ischemic heart disease | 10,709 |
| V57 | Care involving use of rehabilitation procedures | 9,803 |
| 486 | Pneumonia, organism unspecified | 8,943 |
| 786 | Symptoms involving respiratory system and other chest symptoms | 8,649 |
| 428 | Heart failure | 8,053 |
| 296 | Affective psychoses | 7,142 |
| 410 | Acute myocardial infarction | 6,199 |
| 427 | Cardiac dysrhythmias | 5,063 |
| 276 | Disorders of fluid, electrolyte, and acid-base balance | 4,967 |
| 491 | Chronic bronchitis | 4,756 |
| 664 | Trauma to perineum and vulva during delivery | 4,665 |
| 780 | General symptoms | 4,653 |
| 722 | Intervertebral disc disorders | 3,935 |
| 715 | Osteoarthrosis and allied disorders | 3,881 |
| 250 | Diabetes mellitus | 3,773 |

- Newborns accounted for almost 10% of all discharges.
- Four of the top 10 primary diagnoses were related to the heart.
- The top three principal procedures were all related to the heart.

## Top 15 Principal Procedures

| ICD9 | Procedure | Discharges |
|---|---|---|
| 885 | Angiocardiography using contrast material | 27,030 |
| 372 | Diagnostic procedures on heart and pericardium | 15,691 |
| 360 | Removal of coronary artery obstruction and insertion of stent | 13,259 |
| 389 | Puncture of vessel | 12,364 |
| 735 | Manually assisted delivery | 10,941 |
| 990 | Transfusion of blood and blood components | 10,740 |
| 640 | Circumcision | 9,318 |
| 451 | Diagnostic procedures on small intestine | 8,618 |
| 756 | Repair of other current obstetric laceration | 8,108 |
| 741 | Low cervical cesarean section | 7,922 |
| 884 | Arteriography using contrast material | 7,471 |
| 992 | Injection or infusion of other therapeutic or prophylactic substance | 7,287 |
| 967 | Other continuous mechanical ventilation | 7,015 |
| 730 | Artificial rupture of membranes | 6,244 |
| 960 | Nonoperative intubation of gastrointestinal and respiratory tracts | 5,872 |

# Inpatient Hospital Discharge
# Top DRG's and Comorbidities

- A Diagnosis Related Group (DRG) is a classification of hospital patients according to diagnosis and intensity of care required. DRG's are used by insurance carrier to set reimbursement scales.

- The top DRG was newborn deliveries. There were 22,572 discharges with a newborn DRG.

- Vaginal delivery without complications was the second most frequent DRG reported.

## Top 10 Diagnosis Related Groups

| ICD9 | DRG | Discharges |
|---|---|---|
| 391 | Normal Newborn | 22,572 |
| 373 | Vaginal Delivery w/o Complicating Diagnoses | 18,519 |
| 430 | Psychoses | 10,032 |
| 462 | Rehabilitation | 9,660 |
| 127 | Heart Failure and Shock | 7,621 |
| 089 | Simple Pneumonia and Pleurisy age >17 w CC | 6,868 |
| 143 | Chest Pain | 6,345 |
| 371 | Cesarean Section w/o CC | 6,313 |
| 088 | Chronic Obstructive Pulmonary Disease | 5,459 |
| 209 | Major Joint & Limb Reattachment Proc of Lwr Extremity | 5,439 |

- Comorbidity is the presence of coexisting diseases related to the initial diagnosis or the primary condition. Comorbidity can directly effect the length of stay, charges, and outcome.

- The most frequent comorbidity reported was hypertension.

- The second most frequent comorbidity reported was diabetes mellitus.

## Top Comorbidities Associated with Discharges

| ICD9 | Diagnosis | Discharges |
|---|---|---|
| 401 | Essential hypertension | 80,588 |
| 250 | Diabetes Mellitus | 43,048 |
| 276 | Disorders of fluid electrolyte & acid-base balance | 39,490 |
| 414 | Other forms of chronic ischemic heart disease | 38,055 |
| 427 | Cardiac Dysrhythmias | 27,595 |
| 428 | Heart failure | 26,566 |
| 305 | Nondependent abuse of drugs | 26,533 |
| 285 | Other and unspecified anemias | 25,790 |
| V45 | Other postprocedural status | 25,083 |
| 272 | Disorders of lipoid metabolism | 22,827 |

# Inpatient Hospital Discharge
# Length of Hospital Stay

## Top principal conditions with the longest stays*

| ICD9 | Diagnosis | ALOS |
|---|---|---|
| V34 | Other multiple birth (three or more), mates all liveborn | 46.29 |
| 897 | Traumatic amputation of leg(s) (complete) (partial) | 27.36 |
| V32 | Twin birth, mate stillborn | 26.57 |
| 765 | Disorders relating to short gestation and unspecified low birthweight | 25.79 |
| 314 | Hyperkinetic syndrome of childhood | 20.24 |
| 312 | Disturbance of conduct, not elsewhere classified | 19.83 |
| 769 | Respiratory distress syndrome in newborn | 19.00 |
| 707 | Chronic ulcer of skin | 18.93 |
| 421 | Acute and subacute endocarditis | 17.91 |
| 205 | Myeloid leukemia | 17.27 |
| 31 | Diseases due to other mycobacteria | 16.12 |
| 313 | Disturbance of emotions specific to childhood and adolescence | 15.48 |
| 194 | Malignant neoplasm of other endocrine glands and related structures | 14.76 |
| V60 | Housing, household, and economic circumstances | 14.68 |
| 324 | Intracranial and intraspinal abscess | 14.50 |
| 40 | Other bacterial diseases | 14.29 |
| 518 | Other diseases of lung | 14.18 |
| 299 | Psychoses with origin specific to childhood | 14.11 |
| 201 | Hodgkin's disease | 13.49 |
| 806 | Fracture of vertebral column with spinal cord injury | 13.31 |
| 862 | Injury to other and unspecified intrathoracic organs | 13.27 |
| 204 | Lymphoid leukemia | 13.16 |
| 115 | Histoplasmosis | 13.00 |
| 510 | Empyema | 12.98 |

*conditions listed had at least 10 discharges reported

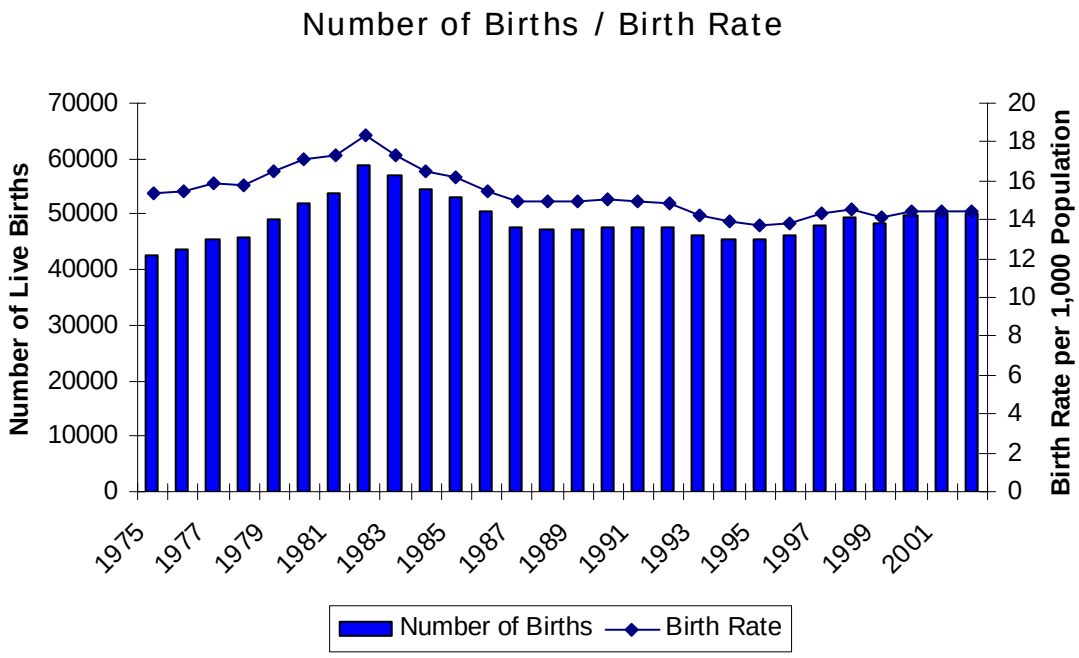
# Inpatient Hospital Discharge Average Charges

## Top principal conditions with the highest average charges*

| ICD9 | Diagnosis | Average Charges |
|---|---|---|
| V34 | Other multiple birth (three or more), mates all liveborn | $ 130,120 |
| 897 | Traumatic amputation of leg(s) (complete) (partial) | $ 116,703 |
| 765 | Disorders relating to short gestation and unspecified low birthweight | $ 91,253 |
| 769 | Respiratory distress syndrome in newborn | $ 80,117 |
| 205 | Myeloid leukemia | $ 80,005 |
| V32 | Twin birth, mate stillborn | $ 79,768 |
| 737 | Curvature of spine | $ 74,723 |
| 394 | Diseases of mitral valve | $ 72,734 |
| 746 | Other congenital anomalies of heart | $ 71,808 |
| 279 | Disorders involving the immune mechanism | $ 69,979 |
| 806 | Fracture of vertebral column with spinal cord injury | $ 68,678 |
| 194 | Malignant neoplasm of other endocrine glands and related structures | $ 67,331 |
| 745 | Bulbus cordis anomalies and anomalies of cardiac septal closure | $ 62,579 |
| 421 | Acute and subacute endocarditis | $ 61,655 |
| 396 | Diseases of mitral and aortic valves | $ 61,015 |
| 424 | Other diseases of endocardium | $ 60,244 |
| 747 | Other congenital anomalies of circulatory system | $ 59,216 |
| 430 | Subarachnoid hemorrhage | $ 59,136 |
| 204 | Lymphoid leukemia | $ 57,227 |
| 201 | Hodgkin's disease | $ 56,118 |
| 040 | Other bacterial diseases | $ 53,828 |
| 150 | Malignant neoplasm of esophagus | $ 52,959 |
| 946 | Burns of multiple specified sites | $ 51,873 |
| 862 | Injury to other and unspecified intrathoracic organs | $ 50,867 |

*contitions listed had at least 10 discharges reported

# Oklahoma Resident Births




- The number of births in Oklahoma have increased from 43,430 in 1975 to 50,310 in 2002. The birth rate however has decreased from 15.4 births per 1,000 population in 1975 to 14.4 births per 1,000 in 2002 (crude birth rate).
- In 2002, there were 68.7 births per 1,000 women age 15-44 (fertility rate)

## 2002 BIRTHS By Age

| | Number | Rate |
|---|---|---|
| 10-14 | 113 | 0.9 |
| 15-17 | 2,216 | 29.8 |
| 18-19 | 5,086 | 96.9 |
| 20-24 | 17,038 | 131.6 |
| 25-29 | 13,324 | 120.1 |
| 30-34 | 8,487 | 75.1 |
| 35-39 | 3,301 | 27.8 |
| 40-44 | 707 | 5.3 |
| 45+ | 30 | 0.2 |

## 2002 Births by County

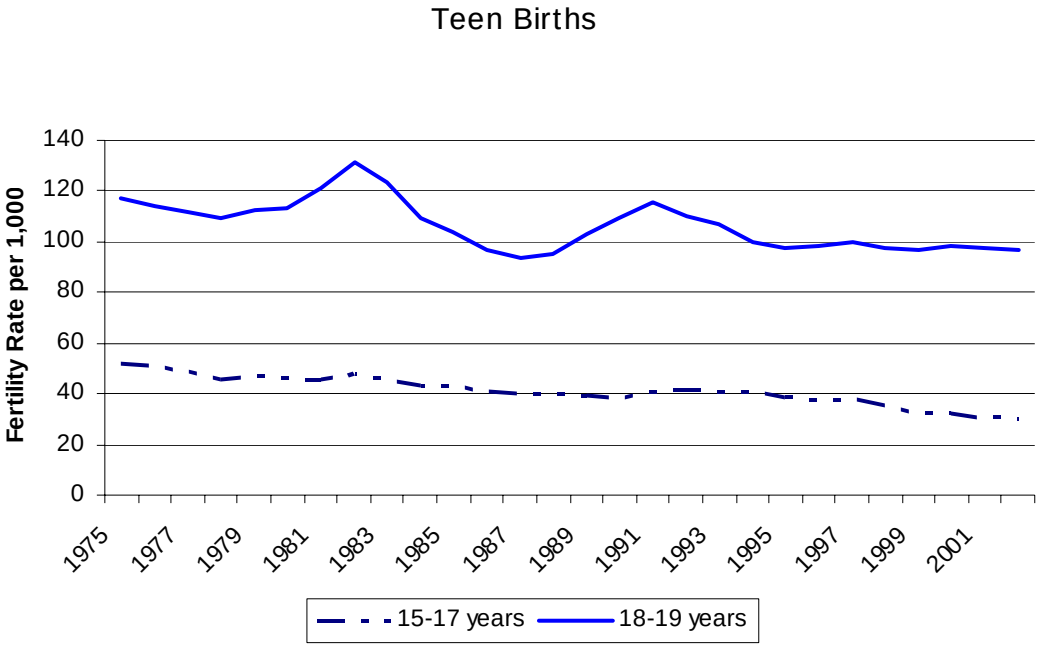
| Most | | Fewest | |
|---|---|---|---|
| Oklahoma | 11,464 | Alfalfa | 35 |
| Tulsa | 9,288 | Cimarron | 39 |
| Cleveland | 2,583 | Harmon | 39 |
| Comanche | 1,904 | Ellis | 40 |
| Canadian | 1,131 | Roger Mills | 44 |
| Muskogee | 978 | Harper | 45 |
| Rogers | 928 | Grant | 52 |
| Pottawatomie | 908 | Dewey | 62 |
| Creek | 866 | Beaver | 66 |
| Garfield | 824 | Jefferson | 67 |

## 2002 births by Race / Ethnicity

| | Number | Fertility Rate |
|---|---|---|
| White | 39,245 | 68.2 |
| Black | 4,693 | 69.1 |
| Am Indian | 5,156 | 71.3 |
| Other | 1,114 | 64.5 |
| Unknown | 102 | n/a |
| Hispanic[1] | 5,251 | 115.2 |

[1] May be of any race

# Oklahoma Resident Teen Births




- The number of births to women less than 20 years of age has decreased from 10,061 in 1975 to 7,415 in 2002.
- Age specific birth rates of women ages 10 to 14 have also decreased from 1.5 per 1,000 in 1975 to 0.9 in 2002.

**2002 Births by Age**

| | Number | Fertility Rate |
|---|---|---|
| 10-14 | 113 | 0.9 |
| 15-17 | 2,216 | 29.8 |
| 18-19 | 5,086 | 96.9 |

**2002 Teen Births By Race / Ethnicity**

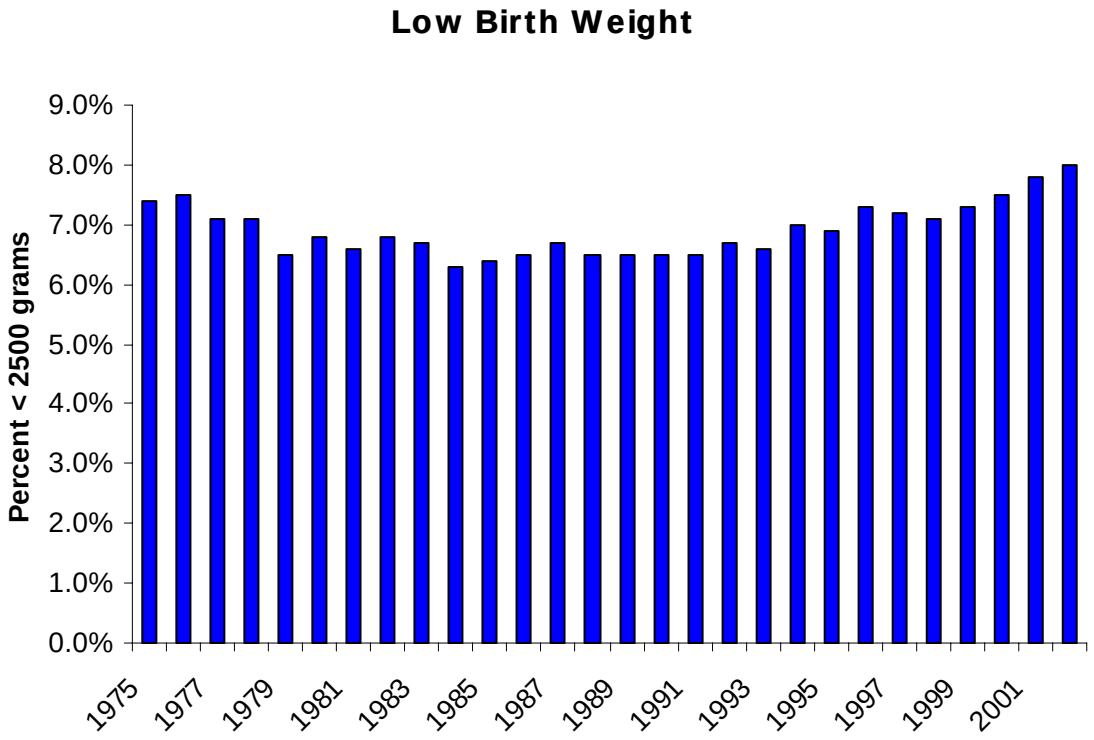
| | Number | Fertility Rate |
|---|---|---|
| White | 5,316 | 28.4 |
| Black | 948 | 35.6 |
| Am Indian | 1,069 | 35.2 |
| Other | 59 | 13.3 |
| Unknown | 23 | n/a |
| Hispanic[1] | 935 | 54.4 |

[1] May be of any race

**2002 TEEN BIRTHS**

| | < 18 years | 18-19 years |
|---|---|---|
| Low Birth Weight | 9.6% | 8.9% |
| 1st Trimester Prenatal Care | 59.8% | 67.8% |
| 10+ Prenatal Care | 53.0% | 59.0% |
| Unwed | 86.9% | 67.5% |

# Low Birth Weight




- In 2002, 8.0% of newborns babies (4,024) weighed less than 2500 grams (Low Birth Weight).
- Of those 652 were considered to be very low birth weight (less than 1,500 grams)

**2002 LBW Births by Age**

| | Percent |
|---|---|
| 10-14 | 9.7% |
| 15-17 | 9.7% |
| 18-19 | 8.9% |
| 20-24 | 8.3% |
| 25-29 | 7.0% |
| 30-34 | 7.2% |
| 35-39 | 9.9% |
| 40-44 | 8.5% |
| 45+ | 30.0% |

**2002 LBW Births**

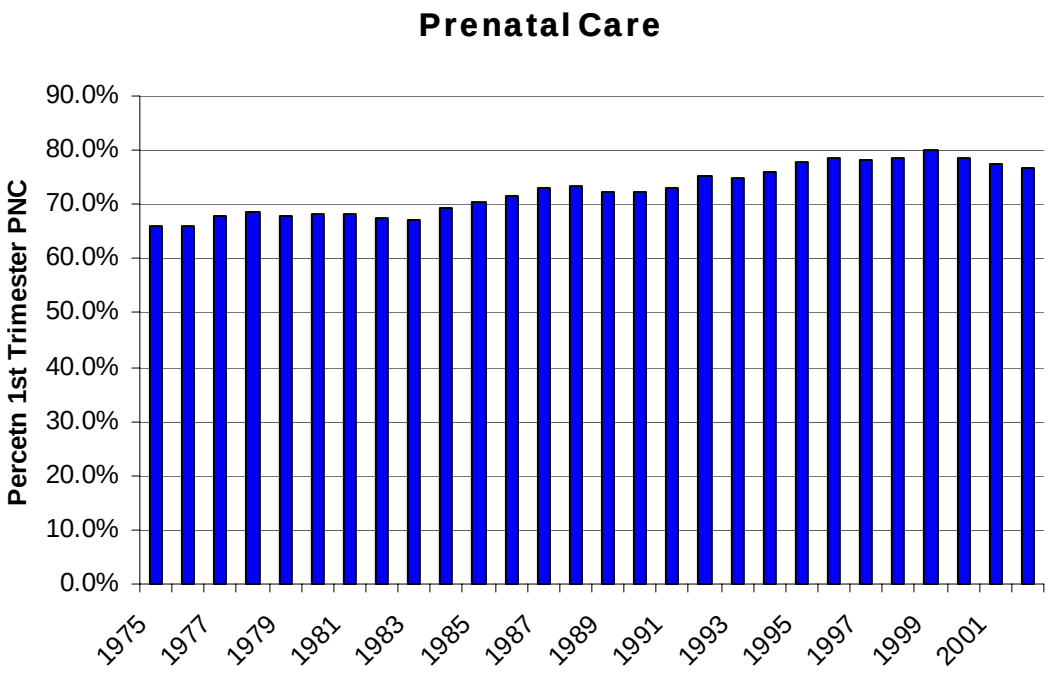
| | Percent |
|---|---|
| Single Birth | 6.4% |
| Multiple Birth | 60.6% |
| < 37 Weeks Gestation | 54.9% |
| 40+ Weeks Gestation | 0.9% |
| Any PNC | 7.8% |
| No PNC | 22.7% |
| Tobacco Use During Pregnancy | 11.4% |

**2002 LBW Births by Race/Ethnicity**

| | Percent |
|---|---|
| White | 7.5% |
| Black | 14.0% |
| Am Indian | 6.6% |
| Other | 8.1% |
| Unknown | 9.9% |
| Hispanic[1] | 7.0% |

[1] May be of any race

# Prenatal Care




- In 2002, 3 of 4 mothers received Prenatal Care (PNC) during the first three months of pregnancy.
- More than 30% of teenage mothers failed to seek prenatal care during their first trimester.

**2002 Births**
**1st Trimester PNC**
**by Age**

| | Percent |
|---|---|
| 10-14 | 50.0% |
| 15-17 | 60.3% |
| 18-19 | 67.8% |
| 20-24 | 73.0% |
| 25-29 | 81.3% |
| 30-34 | 84.3% |
| 35-39 | 82.3% |
| 40-44 | 78.8% |

**2002 Births**
**by Entry into PNC**

| | Percent |
|---|---|
| 1st Trimester | 76.7% |
| 2nd Trimester | 17.8% |
| 3rd Trimester | 4.2% |
| No PNC | 1.3% |

**2002 Births**
**1st Trimester PNC**
**by Race / Ethnicity**

| | Percent |
|---|---|
| White | 78.5% |
| Black | 68.8% |
| Am Indian | 69.6% |
| Other | 77.8% |
| Unknown | 62.6% |
| Hispanic[1] | 63.2% |

[1] May be of any race

# Leading Causes of Death 2000-2002

## Ten leading causes of death by Race/Ethnicity

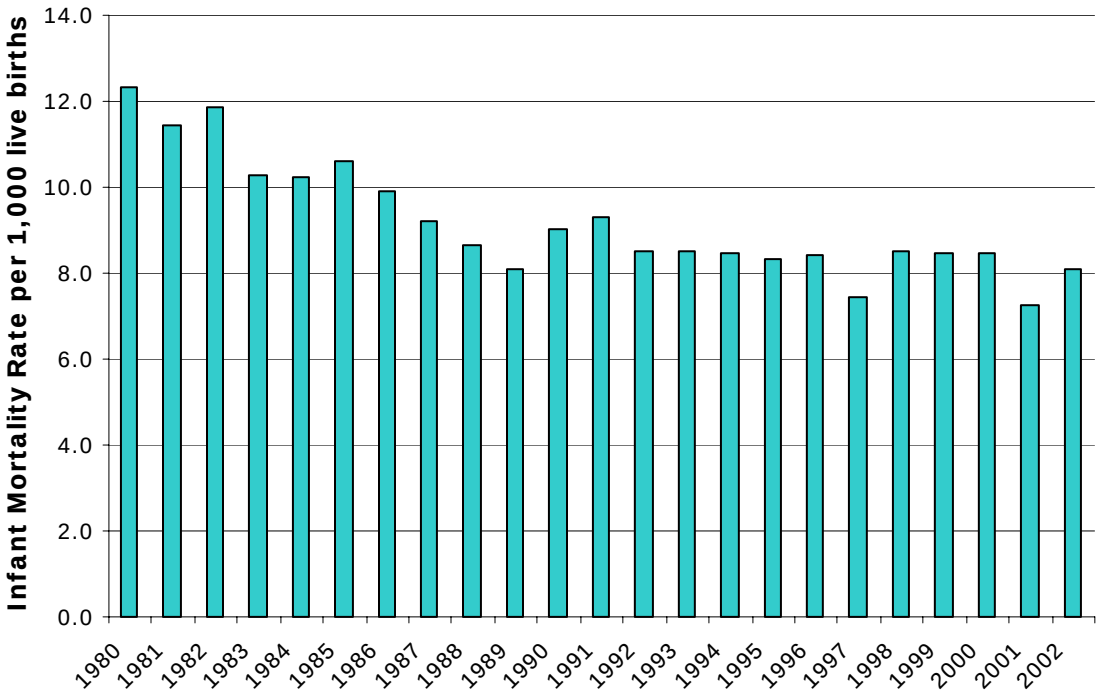
Age adjusted mortality rates per 100,000

| | White | African American | Native American | Hispanic[1] |
|---|---|---|---|---|
| 1 | Diseases of the heart 297.9 | Diseases of the heart 352.2 | Diseases of the heart 211.1 | Diseases of the heart 187.6 |
| 2 | Cancer 200.9 | Cancer 252.9 | Cancer 156.9 | Cancer 106.9 |
| 3 | Stroke 64.5 | Stroke 85.7 | Accidents (unintentional injuries) 46.1 | Accidents (unintentional injuries) 37.3 |
| 4 | Chronic lower respiratory diseases 54.7 | Diabetes mellitus 54.2 | Diabetes mellitus 58.3 | Stroke 46.2 |
| 5 | Accidents (unintentional injuries) 44 | Accidents (unintentional injuries) 39.7 | Stroke 50.0 | Diabetes mellitus 37.6 |
| 6 | Influenza and pneumonia 24.5 | Chronic lower respiratory diseases 35.8 | Chronic lower respiratory diseases 29.5 | Certain conditions originating in the perinatal period 4.2 |
| 7 | Diabetes mellitus 24.4 | Nephritis 27.2 | Chronic liver disease and cirrhosis 21.6 | Assault (homicide) 6.0 |
| 8 | Alzheimer's disease 18.9 | Assault (homicide) 16.5 | Nephritis 18.8 | Congenital malformations 3.2 |
| 9 | Nephritis 13.2 | Influenza and pneumonia 21.9 | Influenza and pneumonia 19.3 | Chronic lower respiratory diseases 22.2 |
| 10 | Suicide 15.3 | Septicemia 16.7 | Suicide 10 | Chronic liver disease and cirrhosis 12.2 |

[1] May be of any race

# Infant Deaths, Oklahoma 2002

## Infant Mortality




### 10 Leading Causes of Infant Death, Oklahoma 2002

| Rank | Cause | Count |
|---|---|---|
| 1 | Congenital malformations | 88 |
| 2 | Disorders related to short gestation and low birth weight | 54 |
| 3 | Sudden infant death syndrome (SIDS) | 34 |
| 4 | Newborn affected by complications of placenta, cord and membranes | 20 |
| 5 | Diseases of the circulatory system | 18 |
| 6 | Septicemia | 15 |
| 7 | Newborn affected by maternal complications of pregnancy | 15 |
| 8 | Respiratory distress of newborn | 9 |
| 9 | Gastritis, duodenitis, and noninfective enteritis and colitis | 7 |
| 10 | Chronic respiratory disease originating in the perinatal period | 6 |

### 2002 Infant Deaths by Gender

| | Deaths |
|---|---|
| Male | 244 |
| Female | 162 |

### 2002 Infant Deaths by Race / Ethnicity

| | Deaths |
|---|---|
| White | 274 |
| African American | 79 |
| American Indian | 43 |
| Other | 5 |
| Hispanic[1] | 45 |

[1] May be of any race

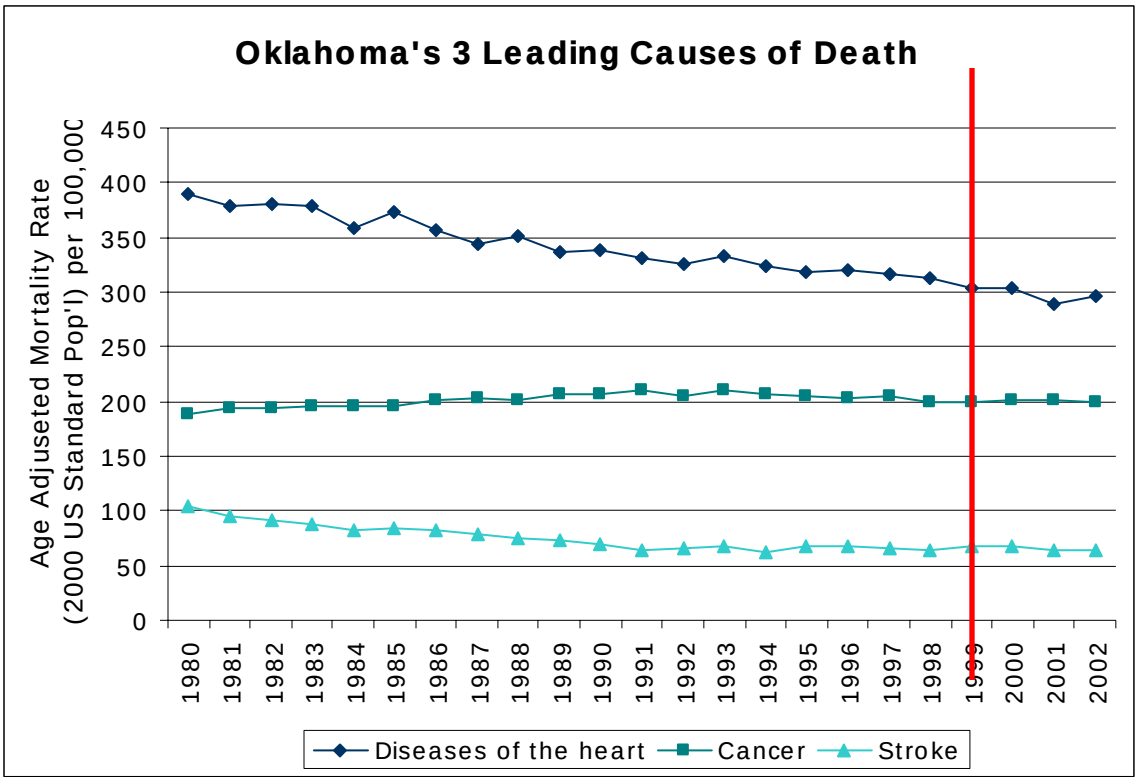
# 10 Leading Causes of Death

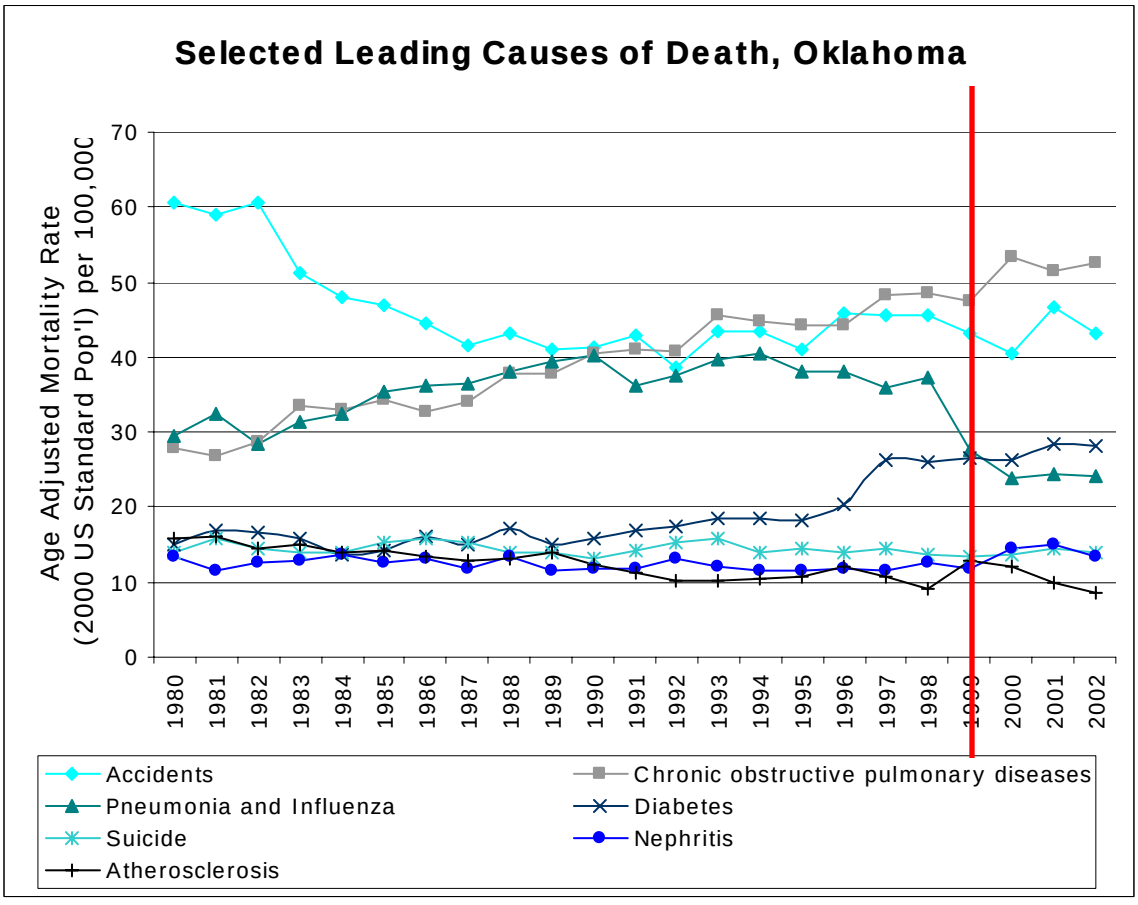
| | Under 1 | 1-4 years | 5-14 years | 15-24 years | 25-34 years |
|---|---|---|---|---|---|
| 1 | Congenital malformations | Accidents (unintentional injuries) | Accidents (unintentional injuries) | Accidents (unintentional injuries) | Accidents (unintentional injuries) |
| 2 | Disorders related to short gestation and low birth weight | Congenital defects | Cancer | Intentional self-harm (suicide) | Intentional self-harm (suicide) |
| 3 | Sudden infant death syndrome (SIDS) | Assault (homicide) | Intentional self-harm (suicide) | Assault (homicide) | Cancer |
| 4 | Newborn affected by complications of placenta, cord, and membranes | | Chronic lower respiratory diseases | Cancer | Assault (homicide) |
| 5 | Diseases of the circulatory system | | Congenital defects | Diseases of the heart | Diseases of the heart |
| 6 | Septicemia | | Assault (homicide) | Stroke | Stroke |
| 7 | Newborn affected by maternal complications of pregnancy | | | Influenza and pneumonia | Diabetes |
| 8 | Respiratory distress of newborn | | | Diabetes | HIV |
| 9 | Gastritis, duodenitis, and noninfective enteritis and colitis | | | Congenital defects | In situ neoplasms and benign neoplasms |
| 10 | Chronic respiratory disease originating in the perinatal period | | | | Septicemia |

## By Age, Oklahoma 2002

| 35-44 years | 45-54 years | 55-64 years | 65-74 years | 75-84 years | 85+ years | |
|---|---|---|---|---|---|---|
| Accidents (unintentional injuries) | Cancer | Cancer | Cancer | Diseases of the heart | Diseases of the heart | 1 |
| Diseases of the heart | Diseases of the heart | Diseases of the heart | Diseases of the heart | Cancer | Cancer | 2 |
| Cancer | Accidents (unintentional injuries) | Chronic lower respiratory diseases | Chronic lower respiratory diseases | Stroke | Stroke | 3 |
| Intentional self-harm (suicide) | Chronic liver disease and cirrhosis | Stroke | Stroke | Chronic lower respiratory diseases | Influenza and pneumonia | 4 |
| HIV | Intentional self-harm (suicide) | Diabetes | Diabetes | Diabetes | Alzheimer's disease | 5 |
| Chronic liver disease and cirrhosis | Diabetes | Accidents (unintentional injuries) | Accidents (unintentional injuries) | Influenza and pneumonia | Chronic lower respiratory diseases | 6 |
| Stroke | Stroke | Chronic liver disease and cirrhosis | Influenza and pneumonia | Alzheimer's disease | Diabetes | 7 |
| Diabetes | Chronic lower respiratory diseases | Intentional self-harm (suicide) | Septicemia | Nephritis | Athero-sclerosis | 8 |
| Assault (homicide) | Viral hepatitis | Influenza and pneumonia | Chronic liver disease and cirrhosis | Accidents (unintentional injuries) | Nephritis | 9 |
| Influenza and pneumonia | HIV | Nephritis | Nephritis | Septicemia | Accidents (unintentional injuries) | 10 |

# Leading Causes of Deaths




In 1999 a new cause of death coding system was implemented resulting in disruptions in trends of mortality statistics.

# RACE MISCLASSIFICATION STUDY

Approximately 375,000 Oklahoma resident death records from 1990-2001 were linked to Indian Health Service (IHS) records in order to determine to what extent Native Americans were being coded as some race other than Native American. A 1996 IHS report estimated that 28% of Oklahoma deaths (1986-1988) were misclassified.

Accurate coding is essential in order to make accurate comparisons and evaluate trends related to the quality and delivery of health care services, the utilization and costs of health care services, as well as the capability of the various components of the health care industry to provide needed services.

## RESULTS

**33% of Native American deaths were miscoded**

Consequence ➡ The number of deaths to Native Americans increased by 49%.
Consequence ➡ Too few staff are dedicated to meet the needs, which result in longer lines and delayed appointments
Consequence ➡ Too few health clinics or too far apart resulting in transportation issues
Consequence ➡ Too few dollars are dedicated to prevention so fewer cases are prevented
Consequence ➡ Too few dollars are dedicated to screening and early diagnosis, which delays case identification and outcomes are more severe
Consequence ➡ Too few dollars dedicated to treatment and research so fewer treatment options exist
Consequence ➡ Disparities are hidden so federal dollars are not available

**Native Americans can now demonstrate a health disparity related to 9 of the 10 leading causes of death.**

*Age Adjusted Death Rates per 100,000*

| Cause | Before | After | White |
|---|---|---|---|
| Heart Disease | 223 | 342 | 314 |
| Cancer | 163 | 252 | 206 |
| Stroke | 52 | 82 | 69 |
| Diabetes | 65 | 80 | 24 |
| Unintentional Injuries | 47 | 68 | 43 |
| Chronic lower respiratory disease | 47 | 68 | 43 |
| Influenza & Pneumonia | 47 | 68 | 43 |
| Chronic liver disease & cirrhosis | 47 | 68 | 43 |
| Nephritis, nephritic syndrome and nephrosis | 47 | 68 | 43 |
| Septicemia | 47 | 68 | 43 |

Consequence ➡ Federal dollars will become available
Consequence ➡ More effective health care planning by public and private entities
Consequence ➡ Better cost containment
Consequence ➡ Improved health facility development
Consequence ➡ Better access
Consequence ➡ Higher quality of care
Consequence ➡ More funds available for prevention, treatment and treatment research

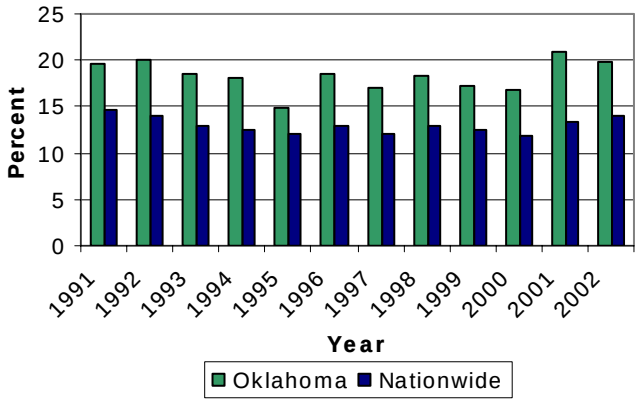
# BRFSS

## Behavioral Risk Factor Surveillance System

- BRFSS is a state-based telephone survey which is performed in all 50 states, the District of Columbia, and three territories.
- Begun in 1984 by the CDC, today it is the worlds largest telephone survey.
- The BRFSS measures health behaviors, which have been shown to be a major contributor to disease and premature death.
- The BRFSS plays a key role in targeting resources for the prevention and reduction of poor health behaviors and their related illnesses.
- The Oklahoma State Department of Health joined the Behavioral Risk Factor Surveillance System in March 1988. Oklahoma completed 982 surveys its first year.
- In 2002, Oklahoma completed over 500 surveys per month and 6,745 surveys for the entire year. This has enabled OSDH to provide statewide, regional and some county level estimates of health behaviors.

# BRFSS Health Insurance Coverage

**Percent of Adults in Oklahoma & the Nation reporting No Health Insurance Coverage**

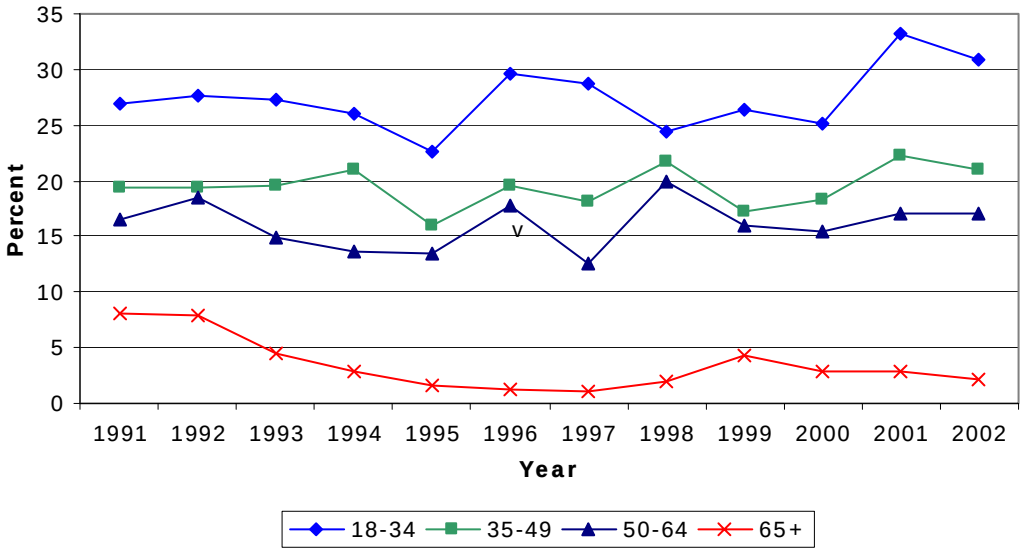



- Since 1991, the percent of adults in Oklahoma without health insurance has been higher than the nation as a whole.
- In 2002, Oklahoma ranked 46th in the Nation for the highest percent of uninsured adults.
- Those Oklahomans 18 to 34 years of age reported the highest percent of uninsured (33%) of any other age group.
- The percent of uninsured older Oklahomans has consistently been much lower than the percent of uninsured younger Oklahomans.

**Oklahoma 2002: Percent of Adults Reporting No Health Insurance Coverage**

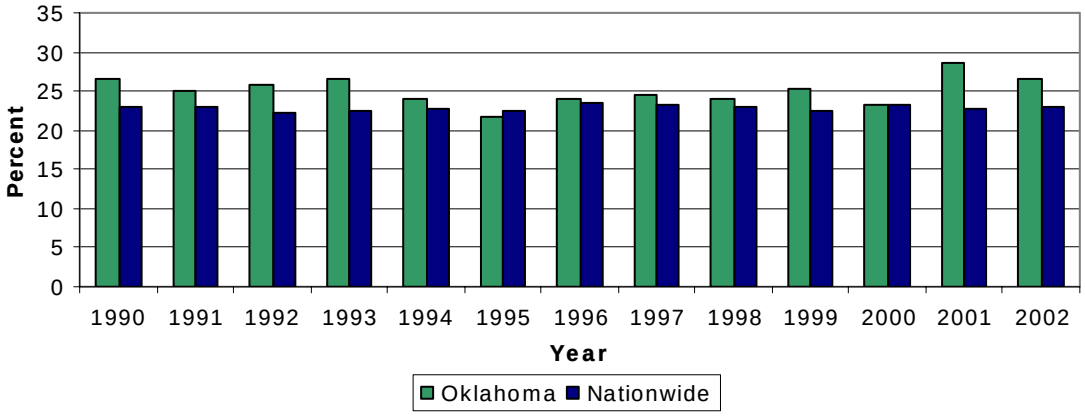
| Region | Percent |
|---|---|
| Central | 19.9% |
| Northeast | 20.5% |
| Northwest | 16.6% |
| Southeast | 24.0% |
| Southwest | 18.8% |
| Tulsa | 18.2% |

**Percent of Oklahoma Reporting No Health Insurance Coverage by Age of Respondent**



# BRFSS Smoking in Oklahoma

## Percent of Adults in Oklahoma & the Nation that Currently Smoke

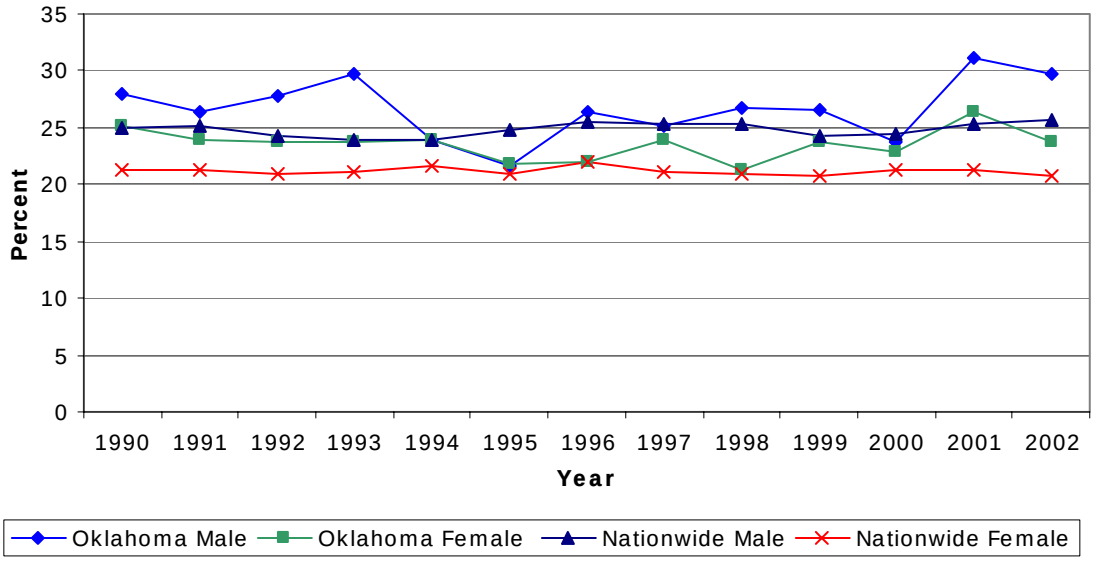



- In 2002 Oklahoma ranked 44th in the Nation for the percent of the population currently smoking (26.6% current smokers).
- In 2002, 29.7% of adult males and 23.7% of adult females in Oklahoma reported that they currently smoke.
- 23.0% of the Nation reports currently smoking.

**Oklahoma 2002: Percent of Adults Reporting they Currently Smoke**

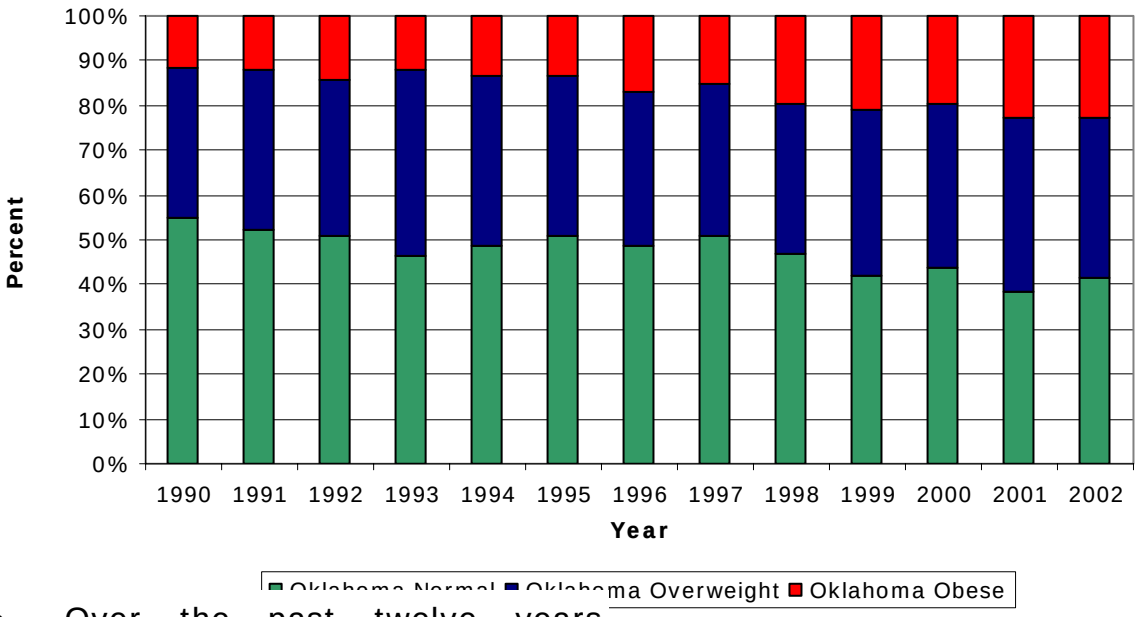
| Region | Percent |
|---|---|
| Central | 24.0% |
| Northeast | 25.5% |
| Northwest | 27.4% |
| Southeast | 32.6% |
| Southwest | 31.1% |
| Tulsa | 23.9% |

## Percent of Adults in Oklahoma and the Nation that Currently Smoke by Gender



# BRFSS Overweight / Obesity

## Percent of Adults in Oklahoma by Weight Classifications




- Over the past twelve years Oklahomans have increasingly gained weight.
- In 1990, only 45% of adult Oklahomans were considered over weight / obese while in 2002, 58.7% of adult Oklahomans are considered overweight / obese.

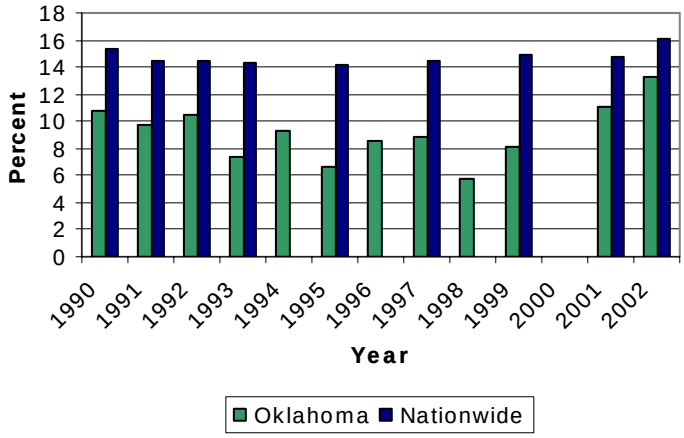
**Oklahoma 2002: Percent of Adults by Weight Classification and Region**

| Region | Normal (BMI < 25) | Over-weight (BMI 25-29) | Obese (BMI 30+) |
|---|---|---|---|
| Central | 44.0% | 35.7% | 20.3% |
| NE | 41.8% | 34.6% | 23.6% |
| NW | 37.2% | 35.4% | 27.4% |
| SE | 39.3% | 37.5% | 23.2% |
| SW | 36.4% | 37.8% | 25.8% |
| Tulsa | 44.6% | 35.1% | 20.4% |

- In 2002 58.8% of the adults in the Nation were considered overweight / obese.
- Oklahoma ranked 25th in the nation for the percent of its adult population which is considered to be overweight / obese.
- The percent of adult males in Oklahoma that are obese has increased from 9.6% in 1990 to 23.2% in 2002; the percent of obese adult women has also increased from 13.6% in 1990 to 22.6% 2002.

# BRFSS Alcohol Use

**Percent of Adults in Oklahoma & the Nation that Reported Binge Drinking during the Past 30 Days**



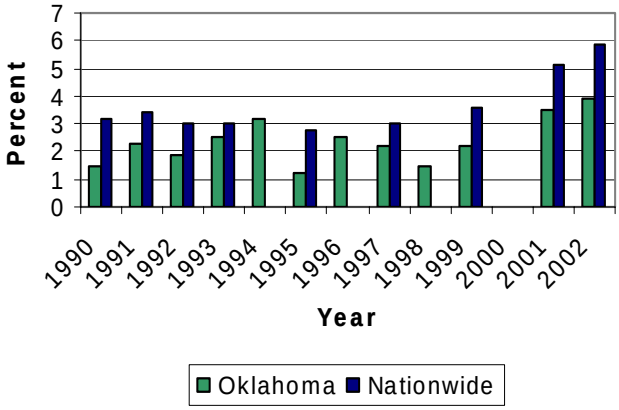

- In 2002, only 13.3% of adults in Oklahoma reported drinking 5 or more drinks during one occasion in the past 30 days.
- Nationwide 16.1% reported binge drinking in the past 30 days.
- Since 1998, Oklahoma has shown an increase in binge drinking of over 100%.

- Oklahoma has repeatedly reported a lower percent of heavy drinkers than the Nation as a whole.
- In 2002, 3.9% of adults in Oklahoma were considered heavy / chronic drinkers, as apposed to 5.9% Nationwide.
- In recent years, Oklahoma as well as the nation has shown an increase in heavy / chronic drinking. From 1990 to 2002 the percent of Oklahomans who are considered heavy drinkers has increased over 100%.
- Over the past thirteen years Oklahoma has continually reported a lower percent of binge drinking than the Nation as a whole.

**Oklahoma 2002: Percent of Adults Reporting they Drank 5 or More Alcoholic Beverages on at Least One Occasion During the Past 30 Days**

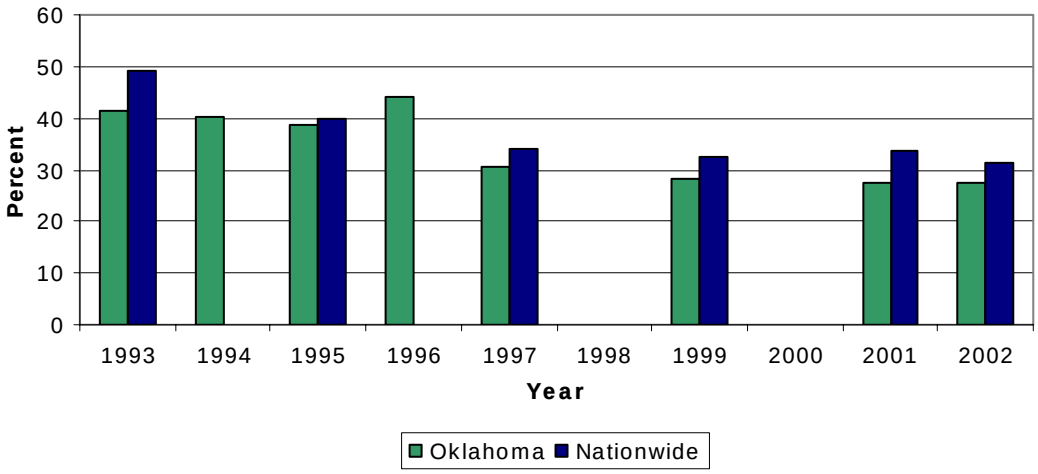
| Region | Percent |
|---|---|
| Central | 15.6% |
| Northeast | 13.0% |
| Northwest | 16.0% |
| Southeast | 11.8% |
| Southwest | 11.0% |
| Tulsa | 11.0% |

**Percent of Adults in Oklahoma & the Nation that are Considered Heavy Drinkers**



# BRFSS Flu Shots, 65 and Older

**Percent of Oklahoma & the Nation that have Not Received a Flu Shot in the Past 12 Months (Ages 65+)**

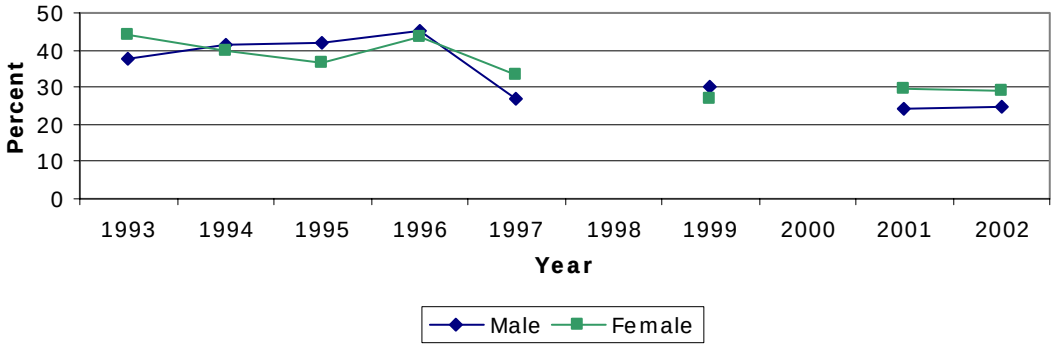



- The percent of those 65 and older that have not had a flu shot within the past 12 months has decreased more than 30% over the past 10 years.
- As of 2002, the nation reported that 31.5% of people 65 and older have not had a flu shot in the past 12 months.
- Oklahomans reported only 27.3% not receiving a flu shot in the past 12 months.
- Oklahoma males reported receiving a flu shot more often than women in 2001 & 2002.

**Oklahoma 2002: Percent of Adults Reporting they Received a Flu Shot in the Past 12 Months (age 65+)**

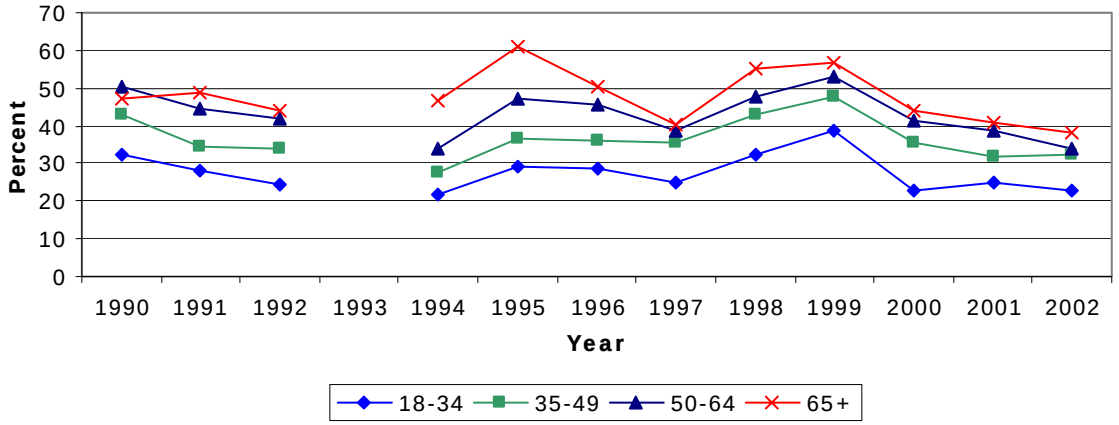
| Region | Percent |
|---|---|
| Central | 27.0% |
| Northeast | 28.5% |
| Northwest | 30.6% |
| Southeast | 24.9% |
| Southwest | 27.8% |
| Tulsa | 24.9% |

**Percent of Oklahoma reporting that they have Not Received a Flushot in the Past 12 Months (Age 65+), by Gender**



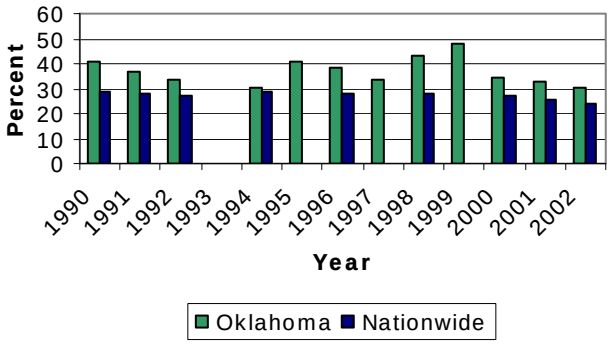
# BRFSS Leisure Time Physical Activity

**Percent of Oklahoma reporting No Leisure Time Physical Activity by Age of Respondent**




- Adults in Oklahoma have consistently reported that they participate in less leisure time activity than the Nation as a whole.
- Oklahoma ranked 48th in the Nation for the least amount of adults participating in leisure time physical activity.
- Oklahomans that are 65 and older participate in the least amount of leisure time physical activity.
- Oklahomans 18-34 have shown to participate in the most leisure time physical activity of any age group in the state, but their activity is still less than 43% of other states' activity level for all ages combined.

Percent of Oklahoma & the Nation that do Not Participate in any Leisure Time Physical Activity



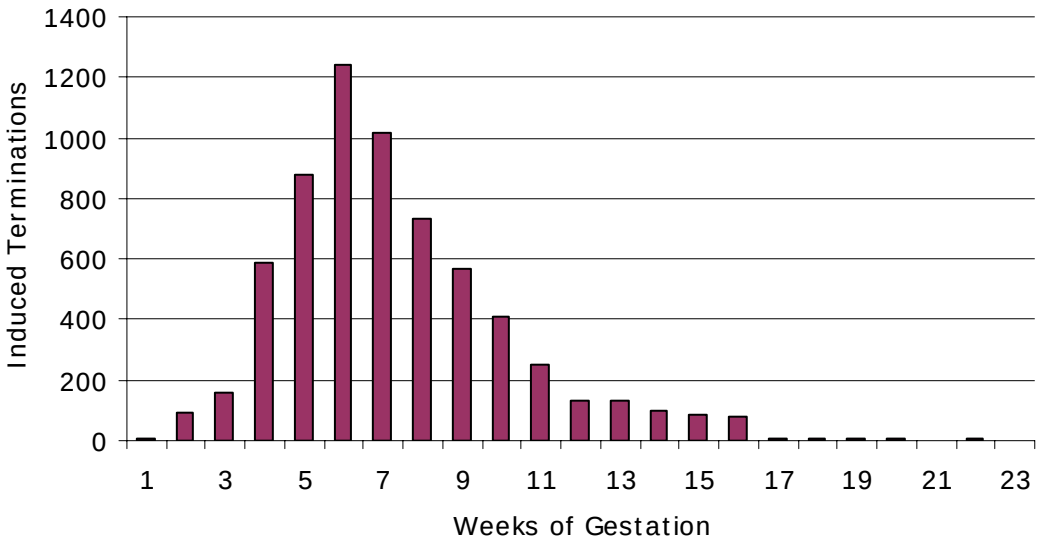

**Oklahoma 2002: Percent of Adults Reporting they do Not Participate in Any Leisure Time Physical Activity**

| Region | Percent |
|---|---|
| Central | 29.1% |
| Northeast | 33.0% |
| Northwest | 26.7% |
| Southeast | 34.9% |
| Southwest | 31.3% |
| Tulsa | 27.1% |

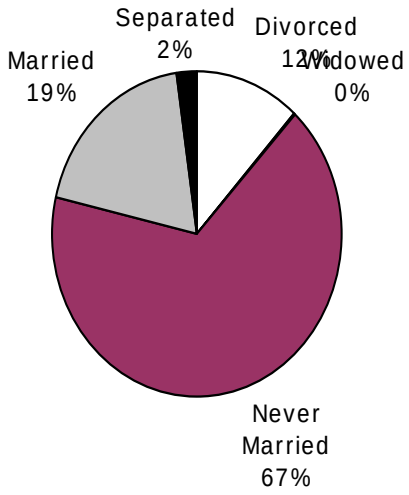
# INDUCED TERMINATION OF PREGNANCY (ITOP)

- A total of 6,500 induced abortions were reported in 2002.
- Most abortions were obtained by white women, unmarried women, and women less than 25 years of age.
- Fifty percent of the induced abortions were among women less than 25 years of age.
- Unmarried women accounted for seventy-nine percent of the abortions.
- Thirty-five percent of induced abortions were performed at or less than eight weeks gestation.

**Number of abortions by gestational age - Oklahoma, 2002**



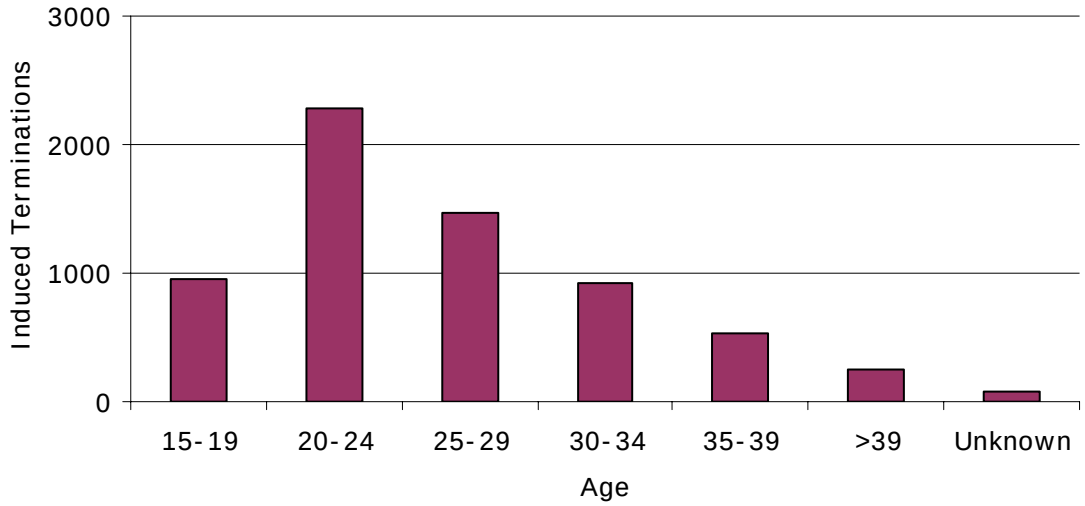

**Percent of abortions by marital status - Oklahoma, 2002**




- Sixty-seven percent of abortions were to women who have never been married.
- Nineteen percent of abortions were to married women.
- Women who were separated or divorced accounted for two percent and twelve percent of abortions. respectively.

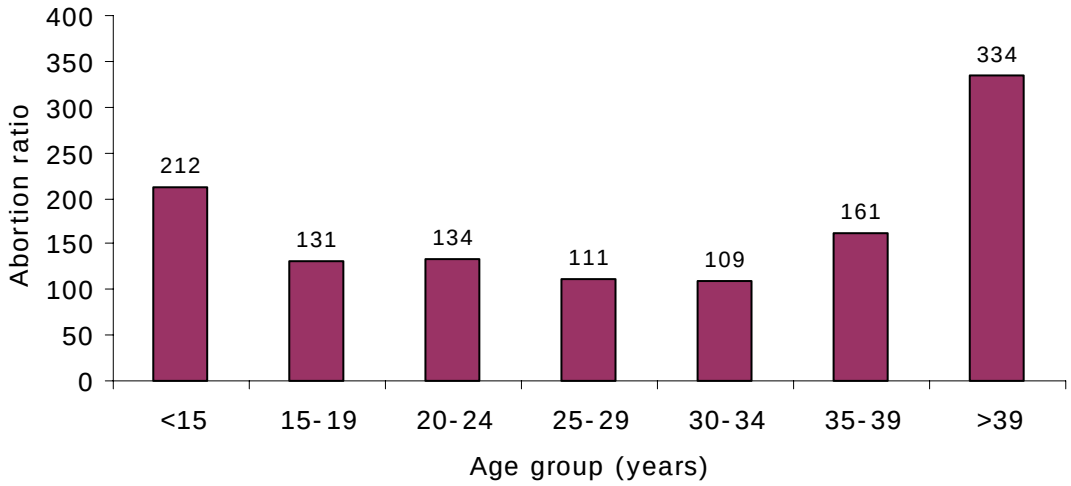
# INDUCED TERMINATION OF PREGNANCY (ITOP)

**Number of abortions by age - Oklahoma, 2002**




- Thirty-five percent of abortions (2280) were to women between the ages of 20 and 24.
- Seventy-three percent of all abortions were performed on women under the age of 30.
- Women 40 years of age or older had the highest abortion ratio of 334 abortions per 1,000 live births.
- Women between the ages of 30 and 34 had the lowest abortion ratio of 109 abortions per 1,000 live births followed closely by women ages 25-29 with an abortion ratio of 111.

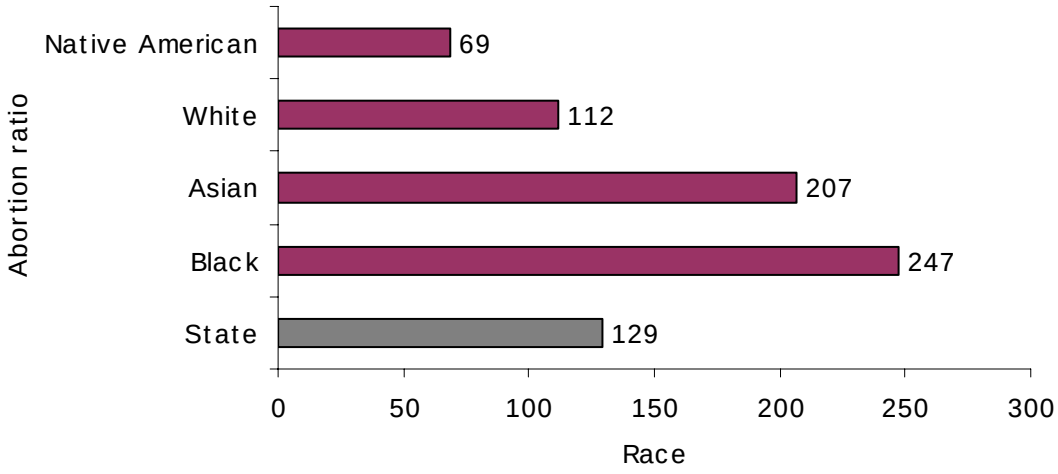
**Abortion ratio* by age group of women who obtained a legal abortion – Oklahoma, 2002**




*Abortion Ratio is the number of abortions per 1,000 live births.

# INDUCED TERMINATION OF PREGNANCY (ITOP)

**Abortion ratio* by race of women who obtained a legal abortion - Oklahoma, 2002**




*Abortion Ratio is the number of abortions per 1,000 live births.

- In Oklahoma, the abortion ratio was 129 legal induced abortions per 1,000 live births.
- In the US, the ratio was 246 legal induced abortions per 1,000 live births in 2000.
- Black women accounted for the highest abortion ratio of 247 abortions per 1,000 births, and accounted for 18 percent of abortions.

| State of Residence* | Abortions |
|---|---|
| Oklahoma | 6217 |
| Arkansas | 137 |
| California | 2 |
| Colorado | 1 |
| Florida | 1 |
| Hawaii | 1 |
| Kansas | 44 |
| Kentucky | 1 |
| Louisiana | 1 |
| Missouri | 63 |
| Ohio | 2 |
| Pennsylvania | 1 |
| Texas | 28 |
| Mexico | 1 |

*one abortion reported to a resident of another country

- White women accounted for 68% of all abortions obtained in Oklahoma, however their abortion ratio was second to lowest at 112 per 1,000 live births.
- Native American women had the lowest abortion ratio at 69 abortions per 1,000 live births and only accounted for five percent of total abortions reported.
- Ninety-six percent of abortions reported in Oklahoma were for Oklahoma residents.

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