2013 Oklahoma Minority Health At A Glance

POPULATION (2011)\(^1\)

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oklahoma Population</td>
<td>3,751,508</td>
<td>1,877,843</td>
<td>1,913,665</td>
</tr>
<tr>
<td>Count</td>
<td>100.0</td>
<td>49.5</td>
<td>50.5</td>
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<tr>
<td>Percent</td>
<td></td>
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<tr>
<td>Race (percent)</td>
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<tr>
<td>White</td>
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<td>36.8</td>
<td>37.7</td>
</tr>
<tr>
<td>Black or African American</td>
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<td>3.7</td>
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<tr>
<td>American Indian/Alaska Native</td>
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<td>3.4</td>
<td>3.5</td>
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<td>Ethnicity (percent)</td>
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<td>Non-Hispanic, any race</td>
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<tr>
<td>Hispanic, any race</td>
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</table>

OVERALL HEALTH: In 2012, the United Health Foundation\(^2\) ranked Oklahoma’s Overall Health as 43\(^{rd}\) in the United States in their annual America’s Health Rankings report (Vermont was the healthiest state and Louisiana was the least healthy state). The report lists Oklahoma’s challenges as large prevalences of smoking, physical inactivity, obesity, and diabetes; limited availability of primary care physicians; and a high rate of deaths attributed to cardiovascular disease.

SMOKING: In 2011, the prevalence of adult smokers (aged 18 years or older) was significantly higher among Non-Hispanic Blacks (30.7%) and Non-Hispanic American Indians (33.8%) than Hispanics (18.1%), and Non-Hispanic American Indians had a higher smoking rate than Non-Hispanic Whites (26.0%).\(^3\)

OBESITY: In 2011, the percent of obese adults (aged 18 years or older; Body Mass Index of 30 or more) was higher among Non-Hispanic American Indians (40.8%) than Non-Hispanic Whites (30.4%).\(^3\) Obesity prevalence among Non-Hispanic Blacks (34.8%) and Hispanics (28.6%) were not significantly different from the other groups.\(^3\)

HEART DISEASE: In 2011, the percent of Oklahoma adults (aged 18 years or older) who had ever had a heart attack or had been told they have coronary heart disease or angina was lowest among Hispanics (2.7%) compared to all other groups.\(^3\) Rates among Non-Hispanic American Indians (10.1%), Non-Hispanic Whites (7.9%), and Non-Hispanic Blacks (6.2%) were not different from each other.\(^3\) In 2009, Blacks had the highest age-adjusted heart disease death rate (263.8 deaths/100,000 population), followed by Whites (226.4 deaths/100,000 population), American Indians (210.9 deaths/100,000 population), Hispanics (114.4 deaths/100,000 population), and Asians (105.2/100,000).\(^4\)

STROKE: In 2011, the percent of Oklahoma adults (aged 18 years or older) who had ever had a stroke was lowest among Hispanics (0.8%) compared to all other groups.\(^3\) Stroke prevalence among Non-Hispanic Whites (3.6%), Non-Hispanic American Indians (4.2%), and Non-Hispanic Blacks (2.9%) did not differ from each other.\(^3\) In 2009, Blacks had the highest age-adjusted stroke death rate (63.2 deaths/100,000 population), followed by Whites (48.0 deaths/100,000 population), American Indians (44.0 deaths/100,000 population), Asians (31.2 deaths/100,000 population), and Hispanics (29.7 deaths/100,000 population).\(^4\)
DIABETES: In 2011, the prevalence of diabetes among adults (aged 18 years or older) was significantly higher among Non-Hispanic American Indians (16.4%) than Non-Hispanic Whites (10.3%). Diabetes prevalence among Non-Hispanic Blacks (13.5%) and Hispanics (10.5%) were not significantly different from the others. Further, in 2009 American Indians (65.2 deaths/100,000 population) and Blacks (52.8 deaths/100,000 population) died from diabetes mellitus at age-adjusted rates much higher than Hispanics (40.3 deaths/100,000 population), Whites (24.8 deaths/100,000 population), and Asians (15.7 deaths/100,000 population).

CANCER: In 2009, American Indians had the highest age-adjusted cancer incidence rates (605.3 new cases/100,000 population) compared to Blacks (531.5 new cases/100,000 population), Whites (477.9 new cases/100,000 population), and Hispanics (319.6 new cases/100,000 population). In 2009, Blacks (226.8 deaths/100,000 population) died from cancer at a higher age-adjusted rate than Whites (190.4 deaths/100,000 population), American Indians (189.4 deaths/100,000 population), Asians (129.3 deaths/100,000 population), and Hispanics (84.4 deaths/100,000 population).

LUNG CANCER: In 2009, American Indians (97.2 new cases/100,000 population) had the highest age-adjusted incidence rate attributed to lung and bronchus cancer compared to Blacks (74.8 new cases/100,000 population), Whites (72.2 new cases/100,000 population), and Hispanics (32.5 new cases/100,000 population). In 2009, the lung and bronchus cancer age-adjusted death rate for Whites (61.5 deaths/100,000 population) was higher than the rates for Blacks (56.7 deaths/100,000 population) and American Indians (53.9 deaths/100,000 population). Death rates for Asians and Hispanics were much lower, though these rates are unstable due to the small number of deaths that occurred among these groups.

COLON CANCER: In 2009, American Indians had higher age-adjusted rates attributed to colon cancer (excluding rectal cancers) at 51.1 new cases/100,000 population compared to Blacks (40.3 new cases/100,000 population), Whites (31.9 new cases/100,000 population), and Hispanics (24.6 new cases/100,000 population). Age-adjusted colorectal cancer death rates were highest for Blacks (28.2 deaths/100,000 population) and American Indians (25.7 deaths/100,000 population) compared to Whites (17.3/100,000) in 2009.

BREAST CANCER: In 2009, breast cancer was the most common new cancer diagnosis among females (120.6 new cases excluding in situ/100,000 population; 24.8 new cases in situ/100,000 population) in Oklahoma. Age-adjusted incidence rates of breast cancer were similar for Black and American Indian females (excluding in situ: 129.3 and 127.4 new cases/100,000 population, respectively; in situ: 26.7 and 23.4 new cases/100,000 population, respectively); were slightly lower for White females (117.3 and 24.3 new cases/100,000 for excluding in situ and in situ, respectively); and were lowest for Hispanic females (106.0 and 16.2 new cases/100,000 for excluding in situ and in situ, respectively). In 2009, Black females had the highest age-adjusted death rate due to breast cancer (27.0 deaths/100,000 population), followed by Whites (20.8 deaths/100,000 population), American Indians (19.9 deaths/100,000 population), Asians (19.1 deaths/100,000 population), and Hispanics (2.6 deaths/100,000 population).

PROSTATE CANCER: In 2009, prostate cancer was the most common cancer diagnosis among males (146.1 new cases/100,000 population) in Oklahoma. Black males had the highest age-adjusted incidence rate attributed to prostate cancer (246.3 new cases/100,000 population), followed by American Indian males (166.2 new cases/100,000 population), White males (127.0 new cases/100,000 population), and Hispanic males (77.3 new cases/100,000 population). Further, Black males had the highest age-adjusted death rate attributed to prostate cancer (62.9 deaths/100,000 population) in 2009, followed by Whites (20.7 deaths/100,000 population) and American Indians (16.6 deaths/100,000 population).
**ALZHEIMER’S DISEASE DEATHS:** In 2009, Blacks and Whites had the highest age-adjusted death rates attributed to Alzheimer’s Disease at 24.5 deaths/100,000 population and 24.7 deaths/100,000 population, respectively. Hispanics had the lowest rate at 8.2 deaths/100,000 population. Rates for other races/ethnicities include 22.3 deaths/100,000 population for Asians and 16.6 deaths/100,000 population for American Indians.

**FLU & PNEUMONIA:** In 2011, flu vaccination rates among seniors (aged 65 years or older) were lowest among Non-Hispanic Blacks (50.7%) compared to Non-Hispanic Whites (63.1%) and Non-Hispanic American Indians (64.5%), though these rates are not significantly different. Pneumonia vaccination rates among seniors were lowest for Non-Hispanic Blacks (59.2%) compared to Non-Hispanic Whites (73.4%) and Non-Hispanic American Indians (84.6%); these rates are statistically significant. Rates for Hispanic seniors are unavailable for this year due to their small sample size in the survey. In 2009, age-adjusted death rates attributed to influenza and pneumonia were similar amongst Whites (21.7 deaths/100,000 population), American Indians (21.1 deaths/100,000 population) and Blacks (20.9 deaths/100,000 population), with lower rates occurring for Hispanics (17.4 deaths/100,000 population) and Asians (12.6 deaths/100,000 population).

**HIV/AIDS:** The majority of individuals living with HIV/AIDS in Oklahoma in 2011 were White (58.4%), followed by Blacks (24.3%), Hispanics (8.0%), and American Indians (5.9%). Blacks had the highest rate of newly diagnosed HIV/AIDS cases in 2011 (43.4 cases/100,000 population). The rate was more than 4 times higher than rates for Hispanics (8.7 cases/100,000 population), American Indians (8.7 cases/100,000 population), Whites (7.3 cases/100,000 population), and Asians (5.9 cases/100,000 population). In 2009, Blacks had the highest age-adjusted HIV death rate (9.2 deaths/100,000 population), followed by American Indians (1.9 deaths/100,000 population) and Whites (1.4 deaths/100,000 population).

**UNINTENTIONAL INJURY DEATHS:** In 2009, American Indians had the highest age-adjusted unintentional injury death rate (75.4 deaths/100,000 population), followed by Whites (62.6 deaths/100,000 population), Blacks (44.0 deaths/100,000 population), Hispanics (33.4 deaths/100,000 population), and Asians (16.8 deaths/100,000 population).

**HOMICIDE:** In 2009, Blacks had the highest age-adjusted death rate attributed to homicide at 24.2 deaths/100,000 population, which was about 5 times higher than the rate for Whites (4.7 deaths/100,000 population). Death rates for other races/ethnicities include 9.8 deaths/100,000 population for American Indians and 6.8 deaths/100,000 population for Hispanics.

**INFANT MORTALITY:** In 2009, Blacks had the highest infant mortality rate, with 16.4 infant deaths per 1,000 live births, which was 4 times higher than the Asian rate (3.7 infant deaths/1,000 live births). Infant mortality rates for other racial/ethnic groups include 10.6 deaths per 1,000 live births of American Indian infants; 8.6 deaths per 1,000 live births of Hispanic infants; and 6.7 deaths per 1,000 live births of White infants.

**POOR MENTAL HEALTH:** In 2011, Non-Hispanic Black and Non-Hispanic American Indian adults (aged 18 years or older) experienced more mentally unhealthy days in the past 30 days (5.2 and 5.5 days, respectively) compared to Non-Hispanic Whites (4.4 days) and Hispanics (3.8 days).

**INSURANCE:** In 2011, the percent of Oklahoma adults (aged 18-64 years) without health insurance was highest among Hispanics (40.4%) compared to all other groups, and higher among Non-Hispanic Blacks (32.7%) than Non-Hispanic Whites (22.2%). Twenty-three percent of Non-Hispanic American Indians were uninsured.
Data that have not been updated since the previous report:

**PRENATAL CARE**: In 2008, **78.3%** of Oklahoma’s **White pregnant women** started **prenatal care** in their **first trimester**, followed by Asians (74.2%), American Indians (70.3%), Blacks (69.2%), and Hispanics (67.6%).

**LOW BIRTH WEIGHT**: In 2008, **Blacks** had the **highest percent of very low birth weight births** (births weighing less than 1500 grams) at **3.0%**, more than twice the rates for other racial/ethnic groups. The percent of very low birth weight births were 1.3% for both Whites and American Indians, 1.2% for Hispanics, and 0.7% for Asians. **Blacks** also had the **highest rate of births weighing less than 2500 grams** (low birth weight), at **14.9%** compared to lower rates among Whites (7.7%), American Indians (7.5%), Hispanics (6.7%), and Asians (6.3%).

**TEEN BIRTHS**: In 2008, **Hispanic females aged 15 to 19 years** had the **highest birth rate** (**51.4 births/1,000 live births**), followed by American Indians (41.9/1,000), Blacks (34.7/1,000), Whites (27.4/1,000), and Asians (14.5/1,000).

**HIGH SCHOOL DROPOUTS**: In the 2006-2007 school year, **Hispanic high school students in grades 9 to 12** had the **highest dropout rate** (**5.3%**), followed by Non-Hispanic Blacks (4.5%), American Indians (3.7%), Non-Hispanic Whites (3.1%), and Asians (2.8%).

**HIGH SCHOOL GRADUATION**: Across Oklahoma in the 2006-2007 school year, the **average rate of public school freshmen graduating 4 years later was higher for Asian/Pacific Islander students (100%)**, followed by Non-Hispanic Whites (78.6%), American Indians (77.3%), Hispanics (75%), and **Non-Hispanic Blacks (70.7%)**.

****Note: While cancer, mortality, and birth rates for some racial/ethnic groups are higher or lower than rates of other groups, these rate differences may not be statistically significant, i.e., they may not be different. Significance was only determined for the BRFSS data.****

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Community Development Service, Office of Minority Health, January 2013

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