2014 Oklahoma Minority Health At A Glance

**POPULATION (2012)**

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oklahoma Population</td>
<td>3,814,820</td>
<td>1,889,807</td>
<td>1,925,013</td>
</tr>
<tr>
<td></td>
<td>100.0</td>
<td>49.5</td>
<td>50.5</td>
</tr>
<tr>
<td>Race (percent)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White alone</td>
<td>73.5</td>
<td>36.3</td>
<td>37.2</td>
</tr>
<tr>
<td>Black or African American</td>
<td>7.2</td>
<td>3.6</td>
<td>3.6</td>
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<tr>
<td>American Indian/Alaska Native</td>
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<td>3.6</td>
<td>3.7</td>
</tr>
<tr>
<td>Asian/Native Hawaiian/Pacific Islander</td>
<td>1.9</td>
<td>0.9</td>
<td>1.0</td>
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<tr>
<td>Ethnicity (percent)</td>
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<td></td>
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<tr>
<td>Non-Hispanic, any race</td>
<td>90.7</td>
<td>44.6</td>
<td>46.1</td>
</tr>
<tr>
<td>Hispanic, any race</td>
<td>9.3</td>
<td>4.9</td>
<td>4.4</td>
</tr>
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</table>

**OVERALL HEALTH:** In 2013, the United Health Foundation\(^2\) ranked Oklahoma’s Overall Health as 44\(^{th}\) in the United States in their annual America’s Health Rankings report (Hawaii was the healthiest state and Mississippi was the least healthy state). The report lists Oklahoma’s challenges as high rate of drug deaths, low immunization coverage among children, and limited availability of primary care physicians. Oklahoma’s strengths include low prevalence of binge drinking, low incidence of pertussis infections, and moderate per capita public health funding (although funding has declined 40%).

**SMOKING:** In 2012, the prevalence of adult smokers (aged 18 years or older) was not significantly different among the various racial/ethnic groups. Twenty-nine percent of Non-Hispanic American Indians were smokers, as were 23.5% of Non-Hispanic Blacks, 22.7% of Non-Hispanic Whites and 22.5% of Hispanics.\(^3\)

**OBESITY:** In 2012, the percent of obese adults (aged 18 years or older; Body Mass Index of 30 or more) was higher among Non-Hispanic Blacks (45.5%) than Non-Hispanic Whites (31.0%) and Hispanics (30.6%).\(^3\) Obesity prevalence was high among Non-Hispanic American Indians (37.5%) but was not significantly different from the other groups.\(^3\)

**HEART DISEASE:** In 2012, 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 significantly lower among Hispanics (3.2%) than Non-Hispanic American Indians (9.9%) and Non-Hispanic Whites (8.9%), but was not different from Non-Hispanic Blacks (7.3%).\(^3\) In 2012, the highest age-adjusted heart disease death rates were among Blacks (263.8 deaths/100,000 population) and American Indians (240.6 deaths/100,000 population), followed by Whites (217.5 deaths/100,000 population), Hispanics (123.3 deaths/100,000 population), and Asians (87.1 deaths/100,000).\(^4\)

**STROKE:** In 2012, the percent of Oklahoma adults (aged 18 years or older) who had ever had a stroke was lower among Hispanics (1.6%) than Non-Hispanic Whites (3.7%).\(^3\) Stroke prevalence among Non-Hispanic Whites, Non-Hispanic American Indians (4.3%), and Non-Hispanic Blacks (3.9%) did not differ from each other.\(^3\) In 2012, Blacks had the highest age-adjusted stroke death rate (61.6 deaths/100,000 population), followed by Whites (45.0 deaths/100,000 population), American Indians (39.6 deaths/100,000 population), Asians (24.1 deaths/100,000 population), and Hispanics (33.7 deaths/100,000 population).\(^4\)

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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 (11.6%) and Hispanics (7.6%).³ Diabetes prevalence among Non-Hispanic Blacks (12.3%) was not significantly different from the others.³ Further, in 2012 American Indians (60.1 deaths/100,000 population) and Blacks (49.9 deaths/100,000 population) died from diabetes mellitus at age-adjusted rates much higher than Hispanics (36.5 deaths/100,000 population), Asians (27.5 deaths/100,000 population), and Whites (24.8 deaths/100,000 population).⁴

CANCER: In 2010, American Indians had the highest age-adjusted cancer incidence rates (578.6 new cases/100,000 population) compared to Blacks (491.0 new cases/100,000 population), Whites (460.4 new cases/100,000 population), and Hispanics (376.6 new cases/100,000 population).⁶ In 2012, Blacks (221.0 deaths/100,000 population) died from cancer at a higher age-adjusted rate than Whites (189.1 deaths/100,000 population), American Indians (184.3 deaths/100,000 population), Asians (129.1 deaths/100,000 population) and Hispanics (104.4 deaths/100,000 population).⁴

LUNG CANCER: In 2010, American Indians (95.8 new cases/100,000 population) had the highest age-adjusted incidence rate attributed to lung and bronchus cancer compared to Blacks (71.5 new cases/100,000 population), Whites (65.5 new cases/100,000 population), and Hispanics (36.5 new cases/100,000 population).⁶ In 2012, the age-adjusted death rates attributable to lung, bronchus, and tracheal cancers were slightly higher for Blacks (60.5 deaths/100,000 population) than Whites (55.6 deaths/100,000 population) and American Indians (55.4 deaths/100,000 population).⁴ Death rates for Asians (30.3 deaths/100,000 population) and Hispanics (17.3 deaths/100,000 population) were much lower.⁴

COLON CANCER: In 2010, American Indians had higher age-adjusted rates attributed to colon, rectal, and anal cancers at 58.2 new cases/100,000 population compared to Whites (44.0 new cases/100,000 population), Blacks (43.5 new cases/100,000 population), and Hispanics (36.3 new cases/100,000 population).⁶ In 2012, age-adjusted death rates attributed to colon, rectal, and anal cancers were highest for Blacks (26.6 deaths/100,000 population) compared to Hispanics (18.3 deaths/100,000 population), Whites (17.6 deaths/100,000 population), American Indians (16.7 deaths/100,000), and Asians (14.9 deaths/100,000 population).⁴

BREAST CANCER: In 2010, breast cancer was the most common new cancer diagnosis among females (142.5 new cases/100,000 population) in Oklahoma.⁶ Age-adjusted incidence rates of breast cancer were similar for Black and American Indian females (153.2 and 147.0 new cases/100,000 population, respectively); were slightly lower for White females (138.6 new cases/100,000); and were lowest for Hispanic females (118.4 new cases/100,000).⁶ In 2012, Black females had the highest age-adjusted death rate due to breast cancer (35.7 deaths/100,000 population), followed by Whites (22.9 deaths/100,000 population), American Indians (21.1 deaths/100,000 population), and Hispanics (16.7 deaths/100,000 population).⁶

PROSTATE CANCER: In 2010, prostate cancer was the most common cancer diagnosis among males (133.1 new cases/100,000 population) in Oklahoma.⁶ Black males had the highest age-adjusted incidence rate attributed to prostate cancer (232.0 new cases/100,000 population), followed by American Indian males (153.8 new cases/100,000 population), White males (118.1 new cases/100,000 population), and Hispanic males (102.4 new cases/100,000 population).⁶ Further, Black males had the highest age-adjusted death rate attributed to prostate cancer (51.9 deaths/100,000 population) in 2012, followed by Whites (19.3 deaths/100,000 population) and American Indians (19.2 deaths/100,000 population).⁴
ALZHEIMER’S DISEASE DEATHS: In 2012, Blacks and Whites had the highest age-adjusted death rates attributed to Alzheimer’s Disease at 26.4 deaths/100,000 population and 26.7 deaths/100,000 population, respectively. American Indians had a slightly lower rate at 21.4 deaths/100,000 population, and Hispanics had the lowest rate at 6.2 deaths/100,000 population. The rate for Asians is unavailable due to the small number of deaths attributable to Alzheimer’s Disease among this racial group.

FLU & PNEUMONIA: In 2012, flu vaccination rates among seniors (aged 65 years or older) were significantly lower among Non-Hispanic Blacks (52.2%) compared to Non-Hispanic American Indians (80.1%) and Hispanics (83.6%). The rate was also lower than the senior flu vaccination rate for Non-Hispanic Whites (68.0%), though the difference was not significant. Pneumonia vaccination rates among seniors were significantly higher for Non-Hispanic American Indians (87.1%) compared to Non-Hispanic Whites (75.3%); neither rates differed from Non-Hispanic Blacks (72.4%). Rates for Hispanic seniors are unavailable for this year due to their small sample size in the survey. In 2012, age-adjusted death rates attributed to influenza and pneumonia were highest among Blacks (17.5 deaths/100,000 population), followed by American Indians (15.1 deaths/100,000 population) and Whites (13.5 deaths/100,000 population). The lowest rate was among Hispanics (6.7 deaths/100,000 population). The rate for Asians is unavailable due to the small number of deaths attributable to flu and pneumonia among this racial group.

HIV/AIDS: The majority of individuals living with HIV/AIDS in Oklahoma in 2012 were White (58.0%), followed by Blacks (24.3%), Hispanics (8.1%), American Indians (5.8%), and Asians (0.9%). Blacks had the highest rate of newly diagnosed HIV/AIDS cases in 2012 (35.4 cases/100,000 population). The rate was more than 3 times higher than the 2nd highest rate, which was among Asians (10.7 cases/100,000 population), followed by Hispanics (9.3 cases/100,000 population), Whites (7.9 cases/100,000 population), and American Indians (6.4 cases/100,000 population). In 2012, Blacks had a higher age-adjusted HIV death rate (5.6 deaths/100,000 population) than Whites (1.1 deaths/100,000 population). The death rates for the other racial/ethnic groups are unavailable due to the small number of HIV deaths among these groups.

UNINTENTIONAL INJURY DEATHS: In 2012, American Indians had the highest age-adjusted unintentional injury death rate (73.3 deaths/100,000 population), followed by Whites (62.0 deaths/100,000 population), Blacks (44.8 deaths/100,000 population), Hispanics (35.4 deaths/100,000 population), and Asians (30.7 deaths/100,000 population).

HOMICIDE: In 2012, Blacks had the highest age-adjusted death rate attributed to homicide at 24.8 deaths/100,000 population, which was about 5 times higher than the rate for Whites (5.0 deaths/100,000 population). Death rates for other races/ethnicities include 7.4 deaths/100,000 population for American Indians, 6.9 deaths/100,000 population for Asians, and 6.6 deaths/100,000 population for Hispanics.

INFANT MORTALITY: In 2012, Blacks had the highest infant mortality rate, with 14.0 infant deaths per 1,000 live births, which was 2 times higher than the White rate (6.5 infant deaths/1,000 live births). Infant mortality rates for other racial/ethnic groups include 9.5 deaths per 1,000 live births of American Indian infants; 7.4 deaths per 1,000 live births of Hispanic infants; and 5.5 deaths per 1,000 live births of Asian infants.

POOR MENTAL HEALTH: In 2012, Non-Hispanic American Indian adults (aged 18 years or older) experienced more mentally unhealthy days in the past 30 days (5.0 days) compared to Hispanics (3.1 days). The number of mentally unhealthy days experienced by Non-Hispanic Whites (4.1 days) and Non-Hispanic Blacks (4.7 days) did not differ significantly from the others.
INSURANCE: In 2012, the percent of Oklahoma adults (aged 18-64 years) without health insurance was highest among Hispanics (47.5%) compared to all other groups, and higher among Non-Hispanic Blacks (28.2%) than Non-Hispanic Whites (20.0%) and Non-Hispanic American Indians (9.4%). Non-Hispanic American Indians had the lowest rate of uninsured adults aged 18-64 years.3

PRENATAL CARE: In 2012, 70.4% of Oklahoma’s White pregnant females started prenatal care in their first trimester, followed by Hispanics (64.9%), American Indians (63.2%), Blacks (60.5%), and Asians (60.2%).7

LOW BIRTH WEIGHT: In 2012, Blacks had the highest percent of very low birth weight births (births weighing less than 1500 grams) at 3.1%, more than twice the rates for other racial/ethnic groups.7 The percent of very low birth weight births were 1.2% for American Indians and Hispanics, 1.3% for Whites, and 1.4% for Asians. Blacks also had the highest rate of births weighing less than 2500 grams (low birth weight), at 13.6% compared to lower rates among Asians (8.0%), Whites (7.4%), American Indians (7.2%), and Hispanics (6.6%).7

TEEN BIRTHS: In 2012, Hispanic females aged 15 to 19 years had the highest specific birth rate (76.4 births/1,000 live births), followed by Blacks (57.7/1,000), American Indians (55.5/1,000), Whites (44.9/1,000), and Asians (22.5/1,000).7

HIGH SCHOOL DROPOUTS: In the 2009-2010 school year, Hispanic high school students in grades 9 to 12 had the highest dropout rate (3.5%), followed by Non-Hispanic Blacks (3.3%), American Indians (2.5%), Non-Hispanic Whites (2.1%), and Asians (1.1%).8

HIGH SCHOOL GRADUATION: Across Oklahoma in the 2008-2009 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 (79.2%), Non-Hispanic American Indians (75.6%), Hispanics (73.9%), and Non-Hispanic Blacks (68.8%).9

****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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