



# Oklahoma Task Force to Eliminate Health Disparities

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DATA REPORT · SEPTEMBER 2004



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# Summary and Key Findings

This report represents the work completed by the Data Committee of the Oklahoma Task Force to Eliminate Health Disparities for year one of the Task Force mandate. Participating agencies and groups in the Data Committee included:

- Absentee Shawnee Tribe
- Cherokee Nation
- Integris Mental Health
- Northeast Oklahoma Community Health Center
- Oklahoma City Area Indian Health Service
- Oklahoma City Area Inter-Tribal Health Board
- Oklahoma Department of Commerce
- Oklahoma Department of Human Services
- Oklahoma Department of Mental Health and Substance Abuse Services
- Oklahoma Foundation for Medical Quality
- Oklahoma Health Care Authority
- Oklahoma Primary Care Association
- Oklahoma State Department of Health
- Oklahoma State House of Representatives
- Oklahoma State Senate
- Paradox A. I. Research
- University of Oklahoma

To begin the process of identifying health disparities through available data, committee members agreed on several principles dealing with what data to review, how the data would be combined from the different participating agencies and groups, and what key benchmarks to look at (i.e., years 1997 through most current available data and standard age categories). The end result was a comprehensive database of indicators representing the combined data of the participating agencies and groups. Just having produced this very preliminary database was a significant outcome, since data from these different agencies and groups had never been combined in this way before.

In addition to the basic principles on what data to collect and how it would be combined into a single database, the group decided that the primary way to report analyses would be through regional planning districts, graphically displayed on maps of Oklahoma. Each data map also includes a brief narrative of bullet points, providing additional information on the particular health indicator. Copies of the data charts for each of these maps and bullet points may be downloaded at <http://www.health.state.ok.us/commish/disparities.html>. Technical notes about these charts also may be found at this location.

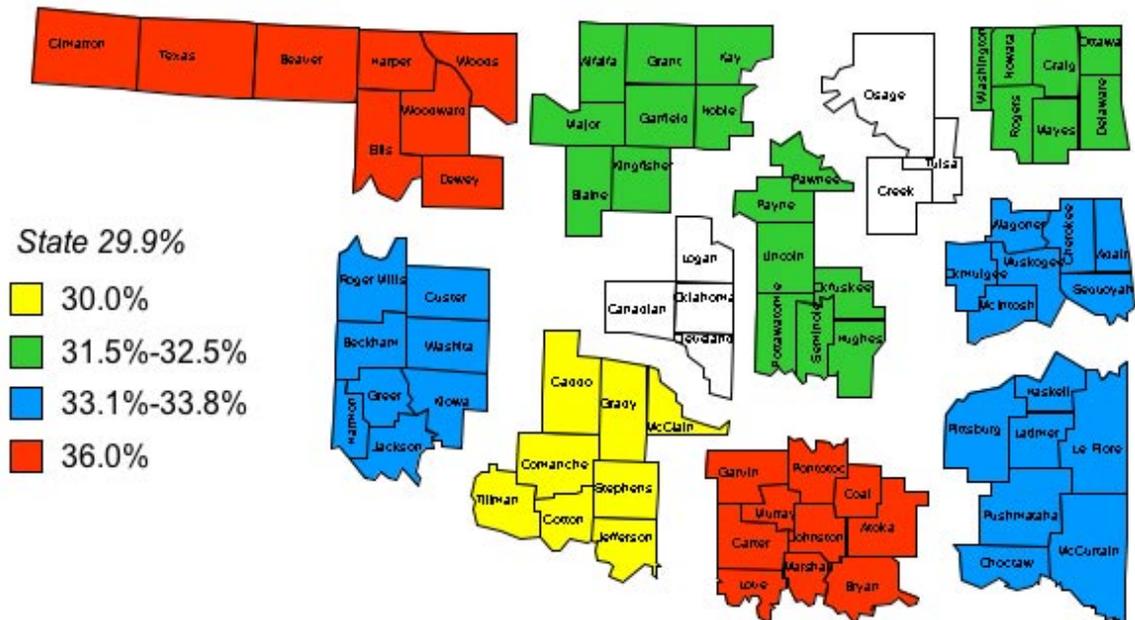
Although this is the initial, year one report of the Data Committee, some key findings have already been identified, which will lead the committee to further investigations.

These findings include:

- High rates of elevated blood pressure among African Americans.
- High rates of diabetes among Native Americans.
- High rates of obesity among African Americans, Hispanics, and Native Americans.
- Disparities in affordable medical care for African Americans and Native Americans.
- Possible treatment disparities among African Americans, resulting in higher death rates for cardiovascular disease and certain cancers.

As the Data Committee of the Oklahoma Task Force to Eliminate Health Disparities continues its work, these key findings and other areas of concern identified through this report will be further analyzed. Rather than focusing on regional differences as this report did, the year 2 report will identify disparities within ethnicity, gender, and socio-economic groups.

## Percent of Female Respondents 40 years of Age and Older Who Had Not Had a Mammography in 2 Years or More by Sub-State Planning Districts: Oklahoma 2001-2003

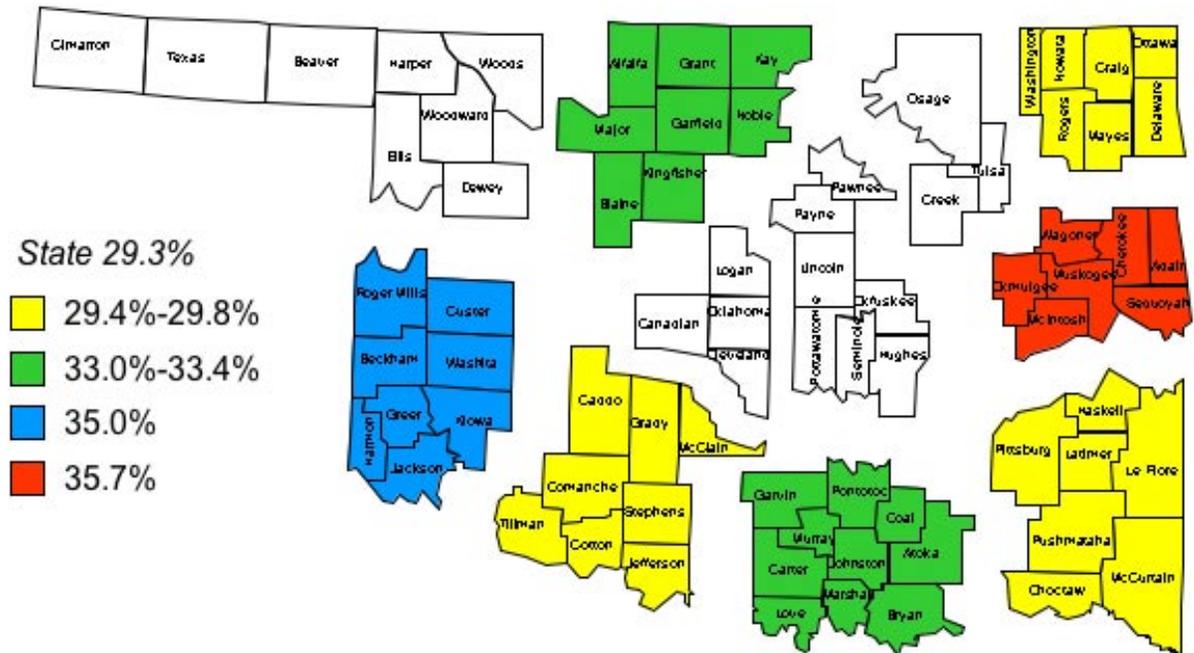


Source: Oklahoma Behavioral Risk Factor Surveillance System

- More women ages 40 and over receiving mammographies over time from 1997-2003.
- Fewer mammography screenings among women with less education.
- Fewer mammography screenings among women with less income.
- More mammography screenings among women with insurance coverage.
- Hispanic women tend to receive mammography screenings less than other groups.



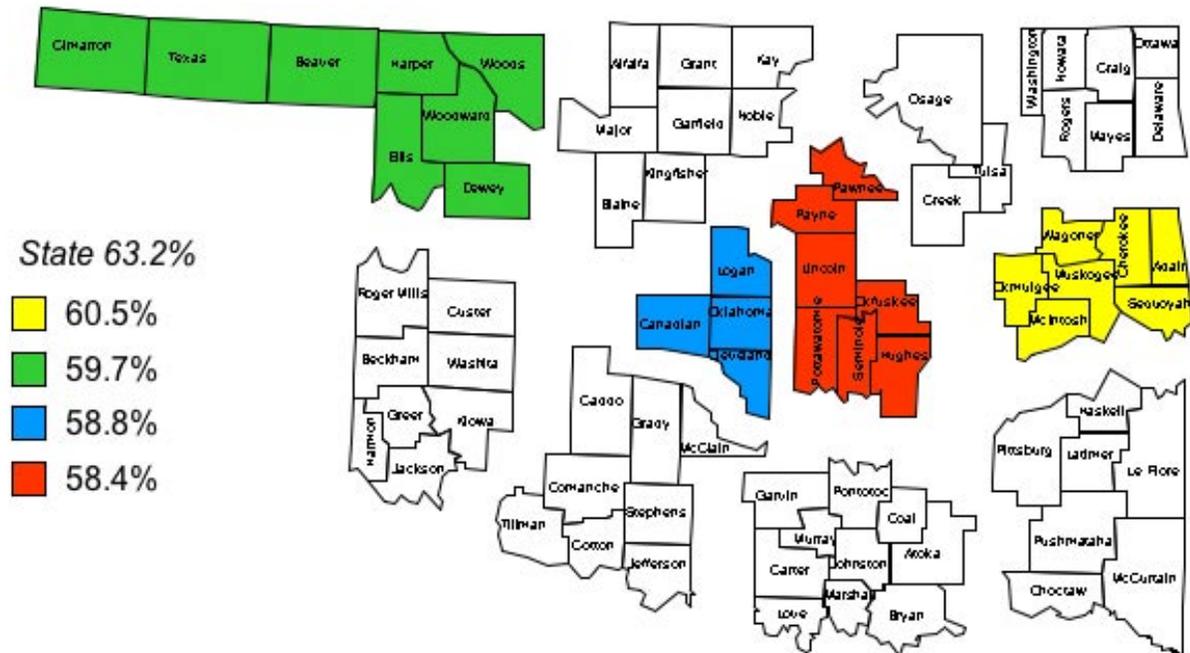
## Percent of Adult Respondents Reporting Having Been Told by a Doctor, Nurse, or Other Health Professional that You have High Blood Pressure by Sub-State Planning Districts: Oklahoma 2003



Source: Oklahoma Behavioral Risk Factor Surveillance System

- Lower rates of high blood pressure as education and income increases.
- Rates of high blood pressure increasing overall (possibly due to increases in obesity).
- Rates of high blood pressure are higher among females than males.
- Higher rates of high blood pressure are found in the east-central part of the state.
- Highest rates of high blood pressure among African Americans.

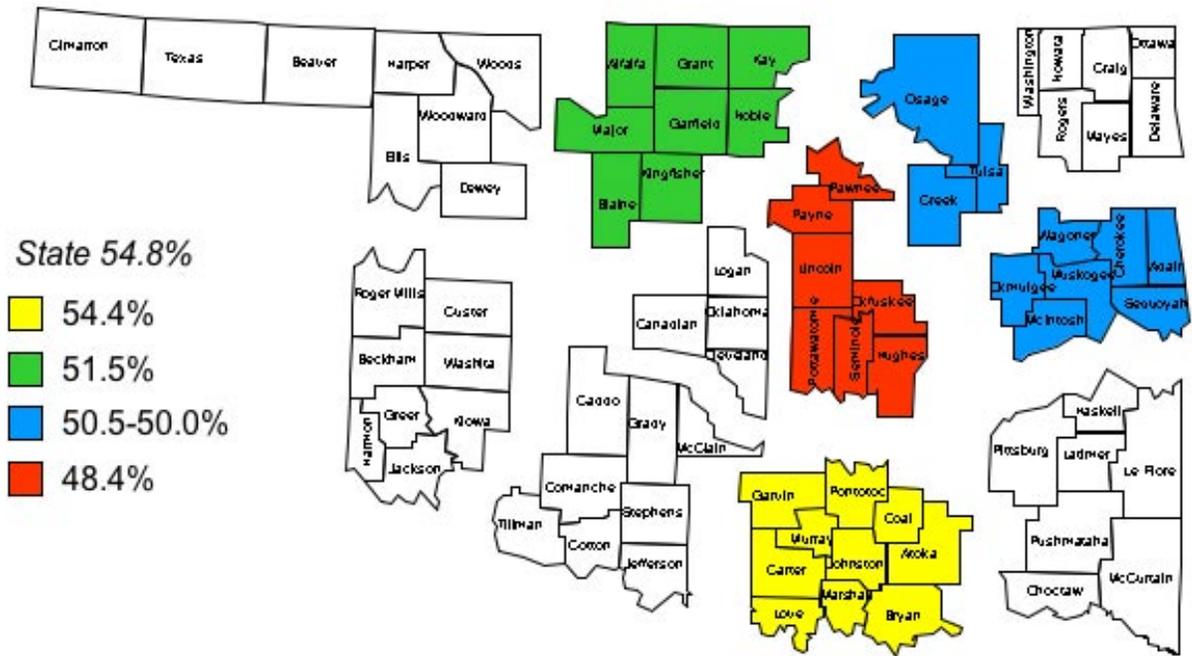
# Percent of Adult Respondents Having Flu Shot in Past 12 Months Among People with Diabetes by Sub-State Planning Districts: Oklahoma 2001-2003



Source: Oklahoma Behavioral Risk Factor Surveillance System

- Rates for flu shots among those with diabetes increasing over time.
- Rates for flu shots among those with diabetes are significantly lower for those without health insurance coverage.
- Rates for flu shots among those with diabetes tend to increase as age increases.

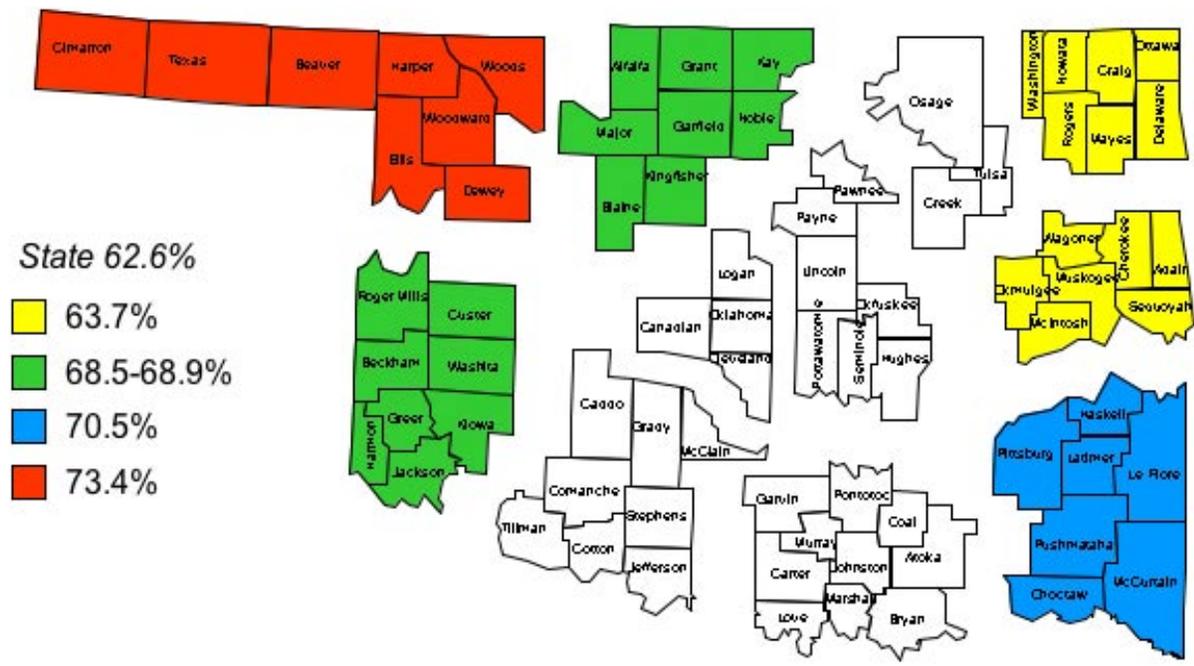
# Percent of Adult Respondents Having Pneumonia Vaccination among People with Diabetes by Sub-State Planning Districts: Oklahoma 2001-2003



Source: Oklahoma Behavioral Risk Factor Surveillance System

- Rates for pneumonia shots among those with diabetes increasing over time.
- Rates for pneumonia shots among those with diabetes are significantly lower for those without health insurance coverage.
- Rates for pneumonia shots among those with diabetes tend to increase as age increases.

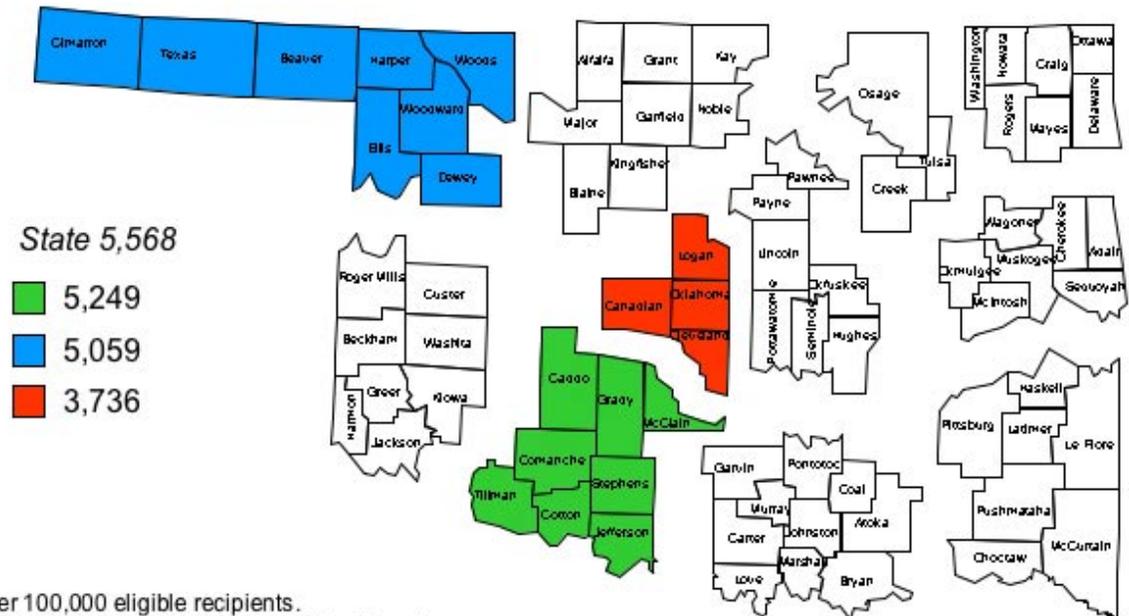
# Percent of Adult Respondents Not Tested for HIV by Sub-State Planning Districts: Oklahoma 2003



Source: Oklahoma Behavioral Risk Factor Surveillance System

- African Americans are being tested more for HIV than other groups.
- Fewer people getting tested for HIV in southeast and northwest Oklahoma.

# Rate of Paid Claim Data for Immunization Among Medicaid Patients by Sub-State Planning Districts: Oklahoma 2003



Rates per 100,000 eligible recipients.

White areas are greater than or equal to state rate.

Rates obtained were from administrative data which included paid claims/encounters only and for recipients eligible at any time during the defined year.

Numerator = eligible Medicaid recipients with defined diagnosis code

Denominator = total number of people that were Medicaid eligible at any point during the given year

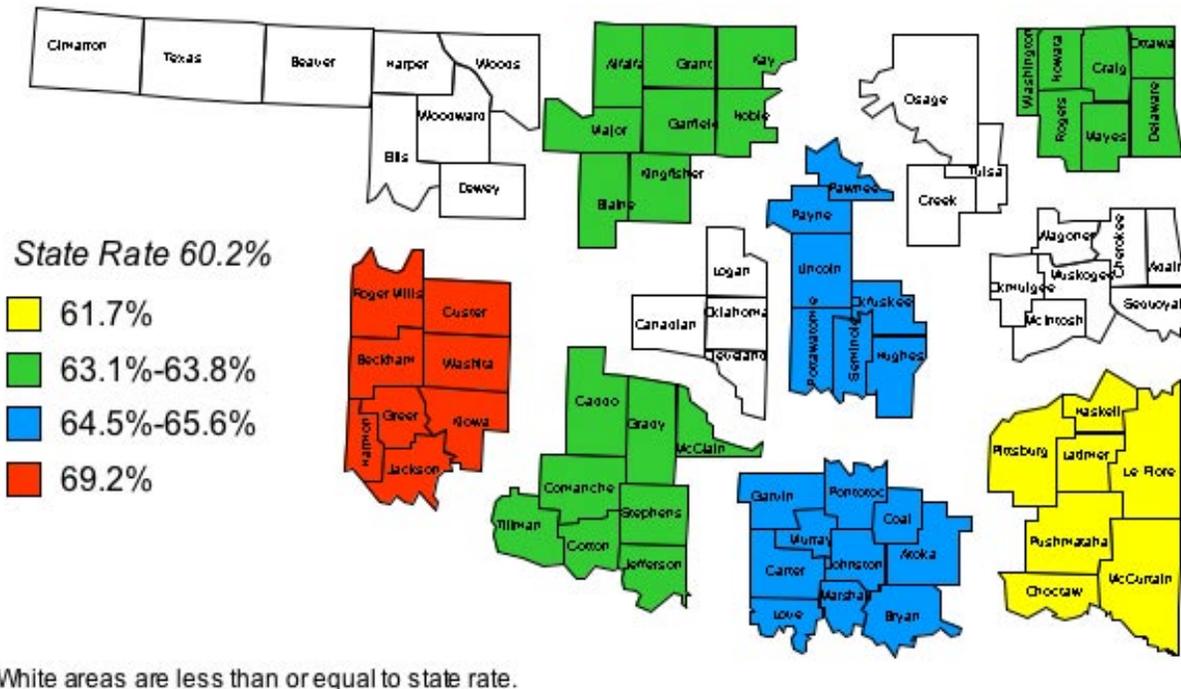
Source: Oklahoma Health Care Authority

- Significant African American disparity for Medicaid immunization coverage.
- Significant Hispanic disparity for Medicaid immunization coverage.
- Central Oklahoma rates are worse than any other region in the state for Medicaid immunization coverage.





## Percent of Adult Respondents Reporting an Overweight BMI ( $\geq 25.0$ ) by Sub-State Planning Districts: Oklahoma 2003

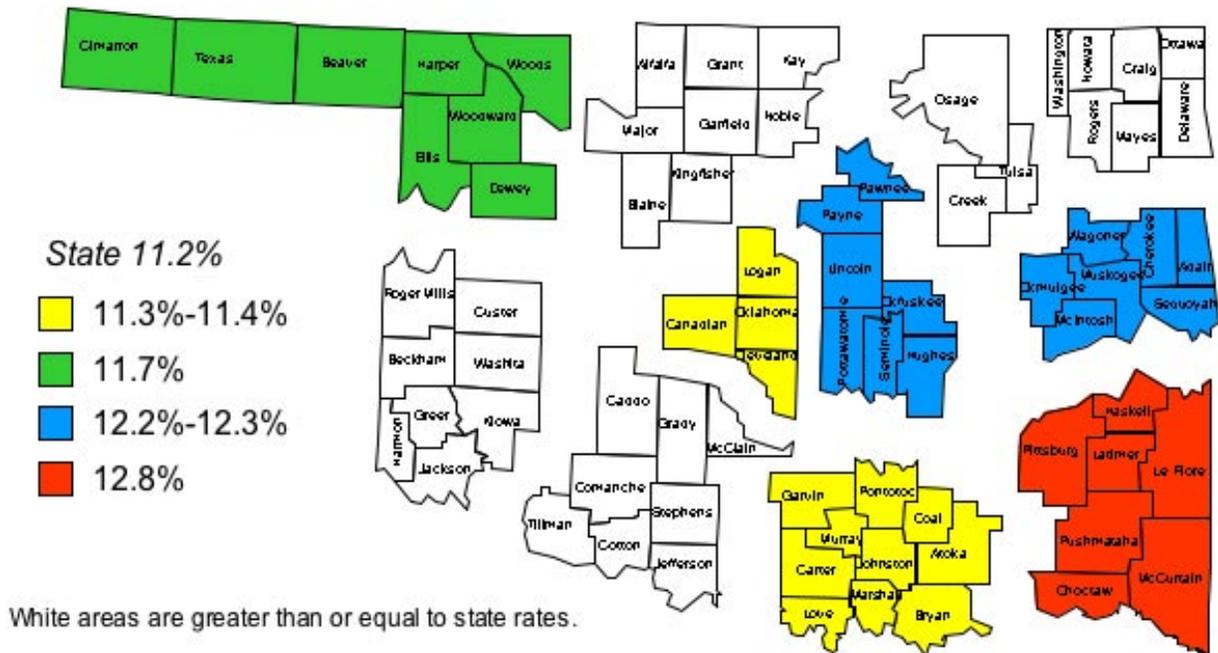


Source: Oklahoma Behavioral Risk Factor Surveillance System

- The percent of those who are overweight steadily increased from 1997-2003.
- African Americans and Native Americans have higher rates of being overweight than Hispanics.
- Higher rates of being overweight in males than females.
- Those reporting being overweight increasing more rapidly in the 20-29 age group.
- Higher rates of being overweight correspond with increase in type 2 diabetes, especially in younger age groups.
- High rate of increase of being overweight in 80+ age group.
- Slightly lower rates of being overweight in urban areas.



## Percent of Adult Respondents Reporting that There Was a Time During the Last 12 Months When You Needed to See a Doctor but Could Not because of the Cost by Sub-State Planning Districts: Oklahoma 2003



Source: Oklahoma Behavioral Risk Factor Surveillance System

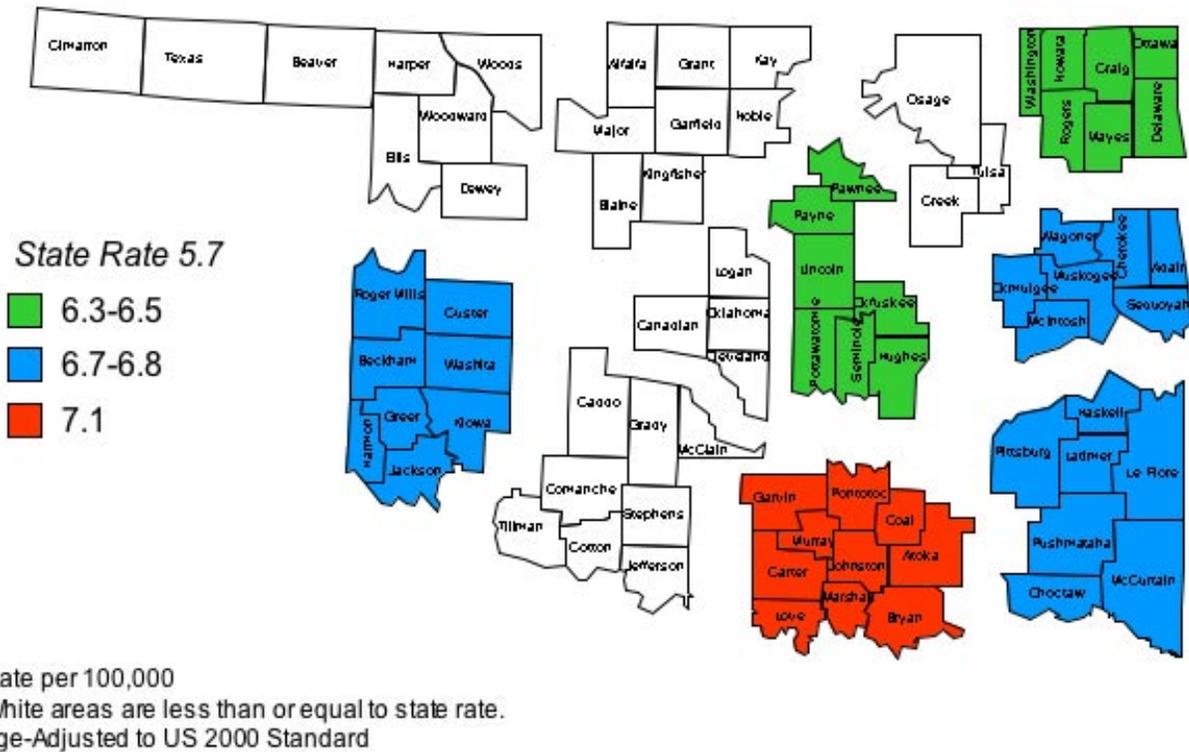
- Those unable to afford medical care increased greatly from 2000-2003.
- Higher rates of being unable to afford medical care among those with lower incomes and education levels.
- Higher rates of being unable to afford medical care among African Americans and Native Americans.
- Females are much more likely than males to be unable to afford medical care.
- Those in rural areas are more likely of being unable to afford medical care than those in urban areas.







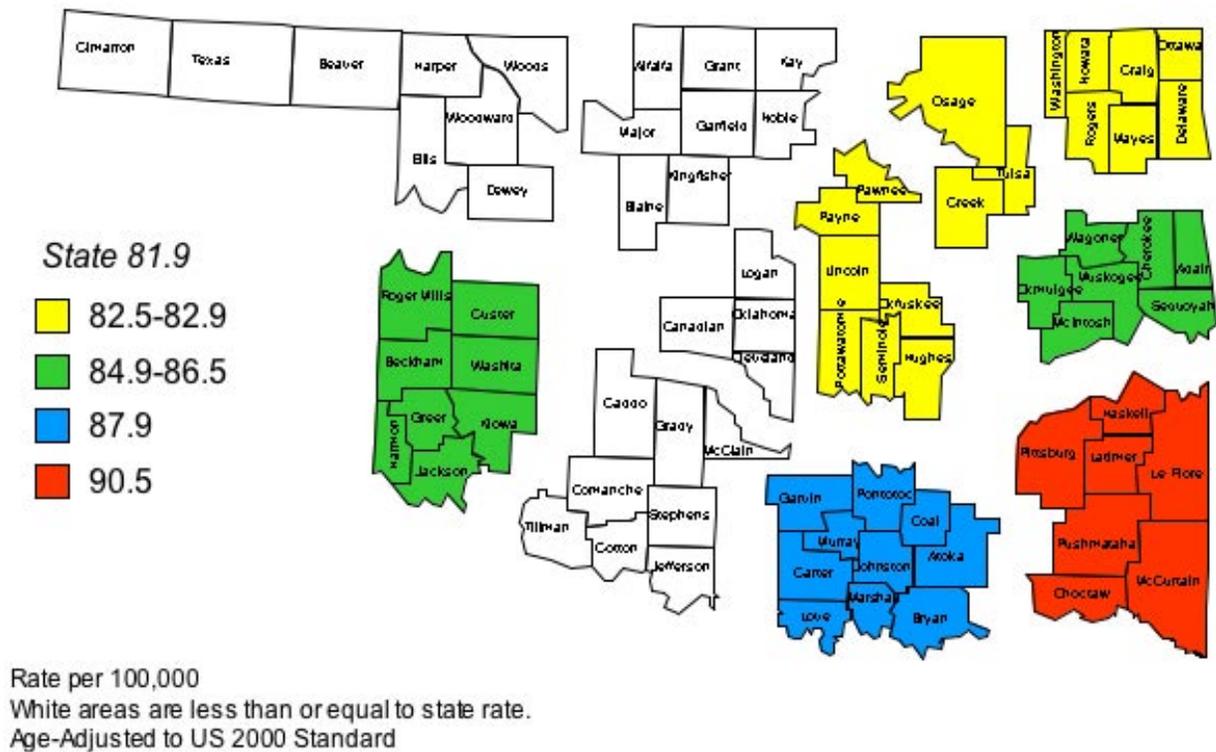
# Age-Adjusted Incidence Rate Colon and Rectum Cancer by Sub-State Planning Districts: Oklahoma 1997-2001



Source: Oklahoma Central Cancer Registry

- Highest rates of colon cancer among African Americans.
- Higher rates of colon cancer among males.
- Rates of colon cancer increase with age.

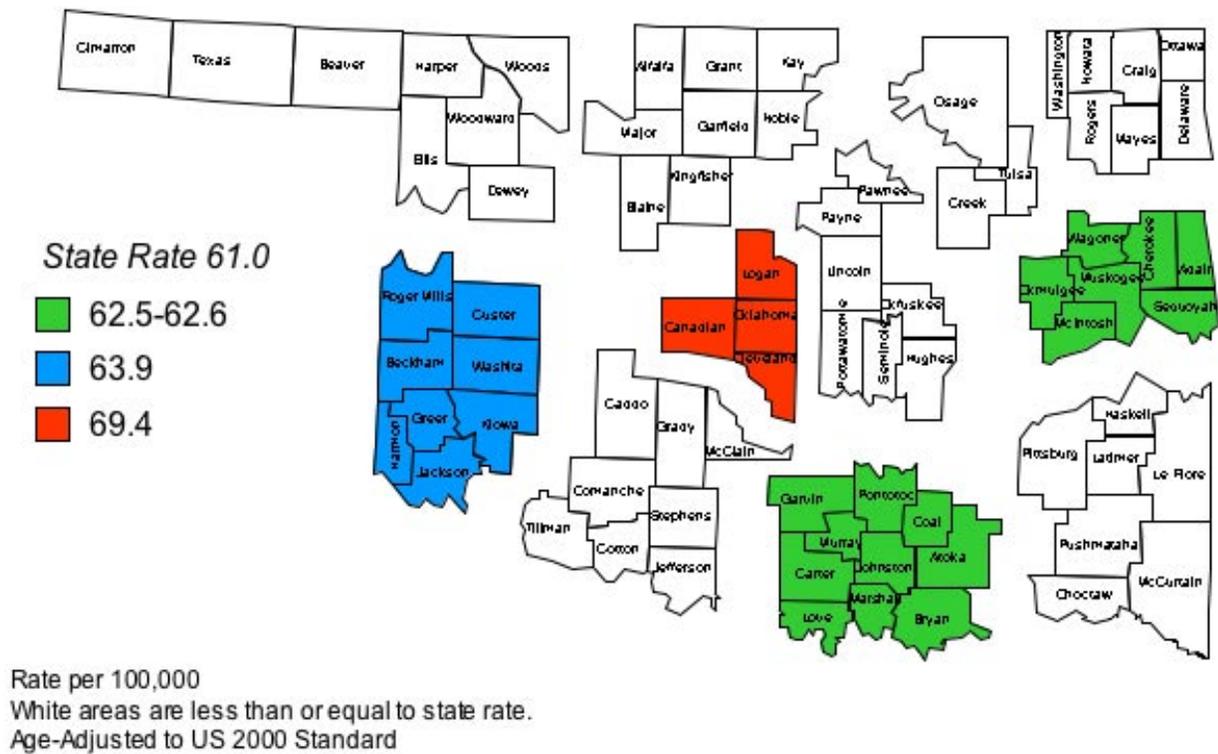
## Age-Adjusted Incidence Rate Lung and Bronchus Cancer by Sub-State Planning Districts: Oklahoma 1997-2001



Source: Oklahoma Central Cancer Registry

- Rates for lung cancer among males are almost twice as high as females.
- Although there are improvements in smoking rates, lung cancer deaths have not caught up.
- Lowest rates for lung cancer are in northwest Oklahoma and highest in southeast.
- Lung cancer rates for Hispanics are beginning to decrease.

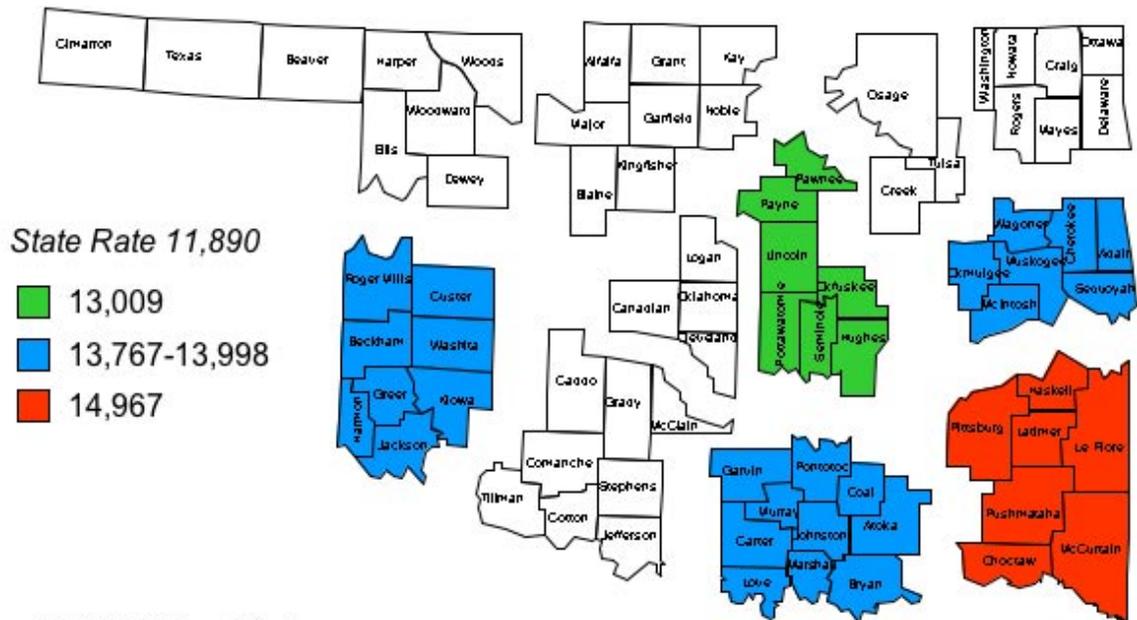
# Age-Adjusted Incidence Rate Prostate Cancer by Sub-State Planning Districts: Oklahoma 1997-2001



Source: Oklahoma Central Cancer Registry

- Significant disparity for prostate cancer among Native Americans.
- Prostate cancer rates are worse for 60-69 and 70-79 age groups.

# Rate of Paid Claim Data with a Diagnosis of Cardiovascular Disease among Medicaid Patients by Sub-State Planning Districts: Oklahoma 2003



Rates per 100,000 eligible recipients.

Rates obtained were from administrative data which included paid claims/encounters only and for recipients eligible at any time during the defined year.

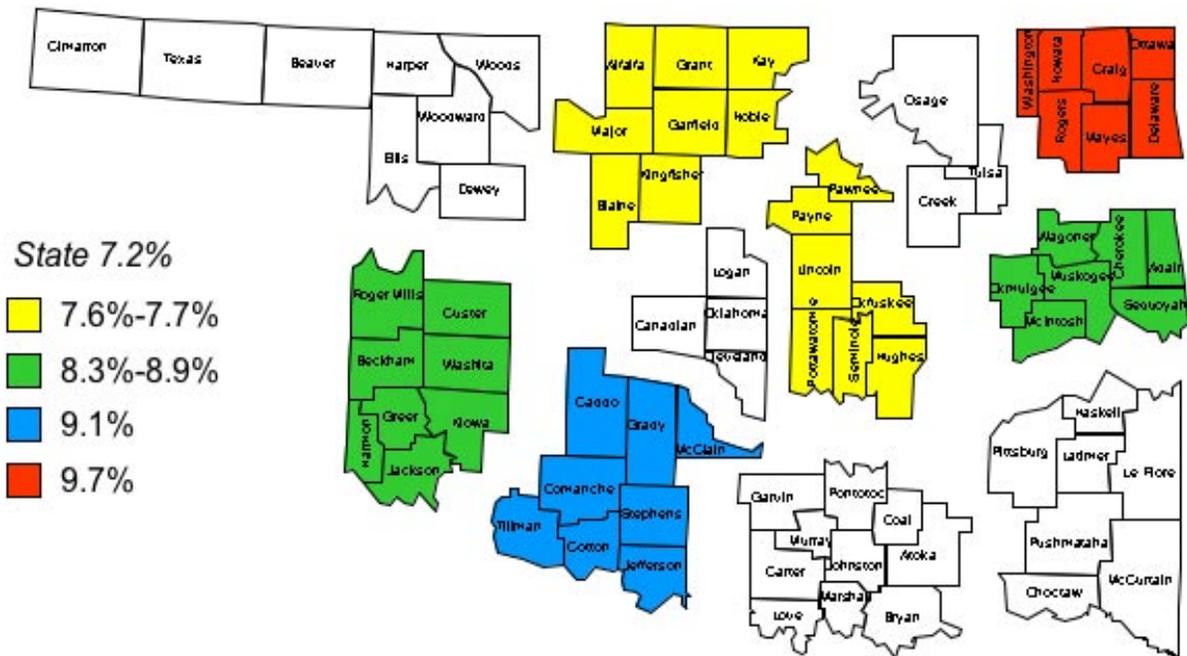
Numerator = eligible Medicaid recipients with defined diagnosis code

Denominator = total number of people that were Medicaid eligible at any point during the given year

Source: Oklahoma Health Care Authority

- African Americans are less likely to be treated for cardiovascular disease, which possibly links to the higher rate of death due to cardiovascular disease among this population.
- High claim rate for cardiovascular disease in southeast Oklahoma.

## Percent of Adult Respondents Reporting Having Been Told by a Doctor That You Have Diabetes by Sub-State Planning Districts: Oklahoma 2003



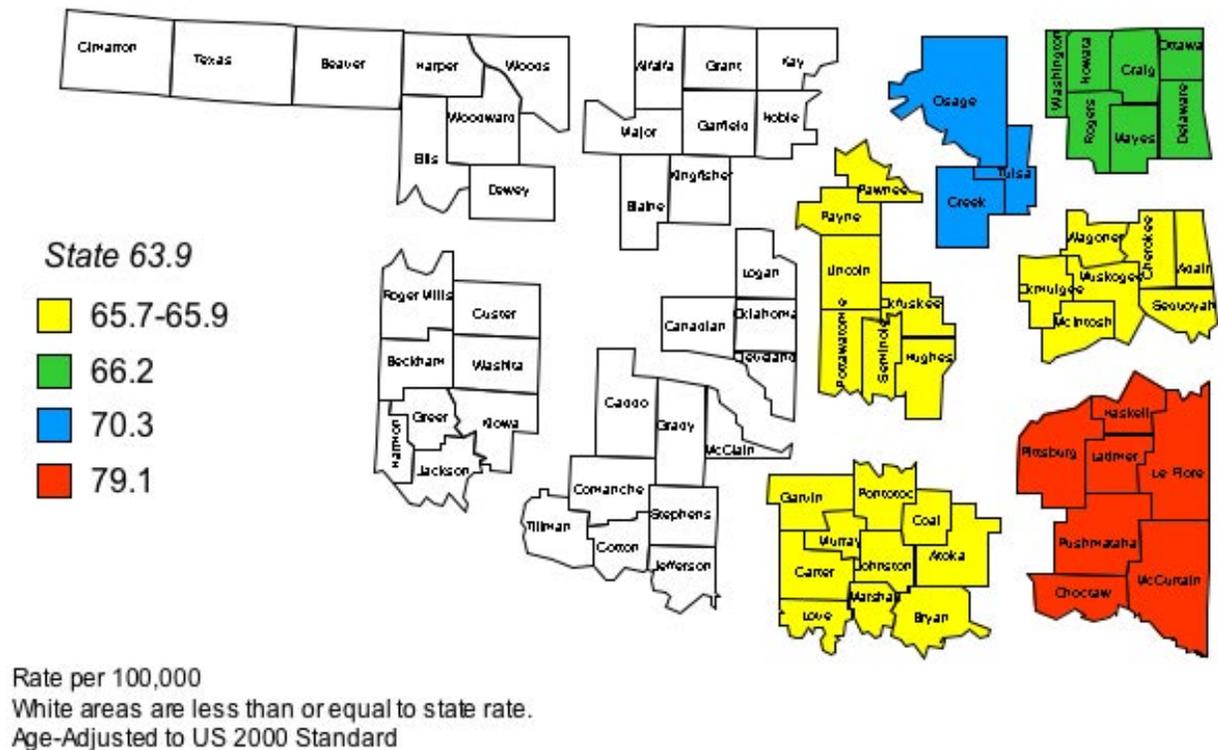
Source: Oklahoma Behavioral Risk Factor Surveillance System

- Native Americans have the highest rates for diabetes.
- African Americans have the second highest rates for diabetes.
- Other (mixed ethnicities) also have high rates of diabetes.
- Diabetes rates are worse for low income/low education.
- Diabetes rates increase with age.





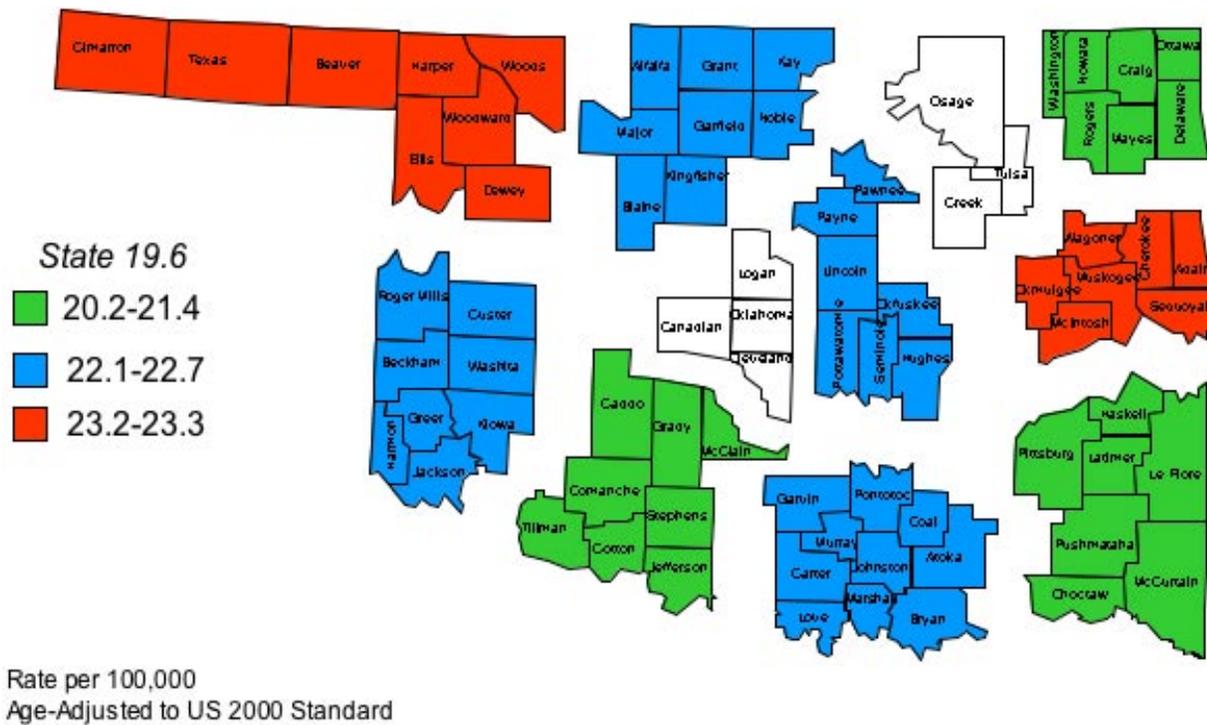
## Age-Adjusted Mortality Rate Cancer of the Lung and Bronchus by Sub-State Planning Districts: Oklahoma 1997-2001



Source: Oklahoma Vital Records

- Higher death rates of lung cancer in African Americans and Native Americans.
- Higher death rates of lung cancer in males.
- Lowest death rates of lung cancer in northwest Oklahoma, and highest rates in southeast Oklahoma.
- African Americans have lower incidence rates of lung cancer but higher death rates, indicating possible health access or treatment disparities.

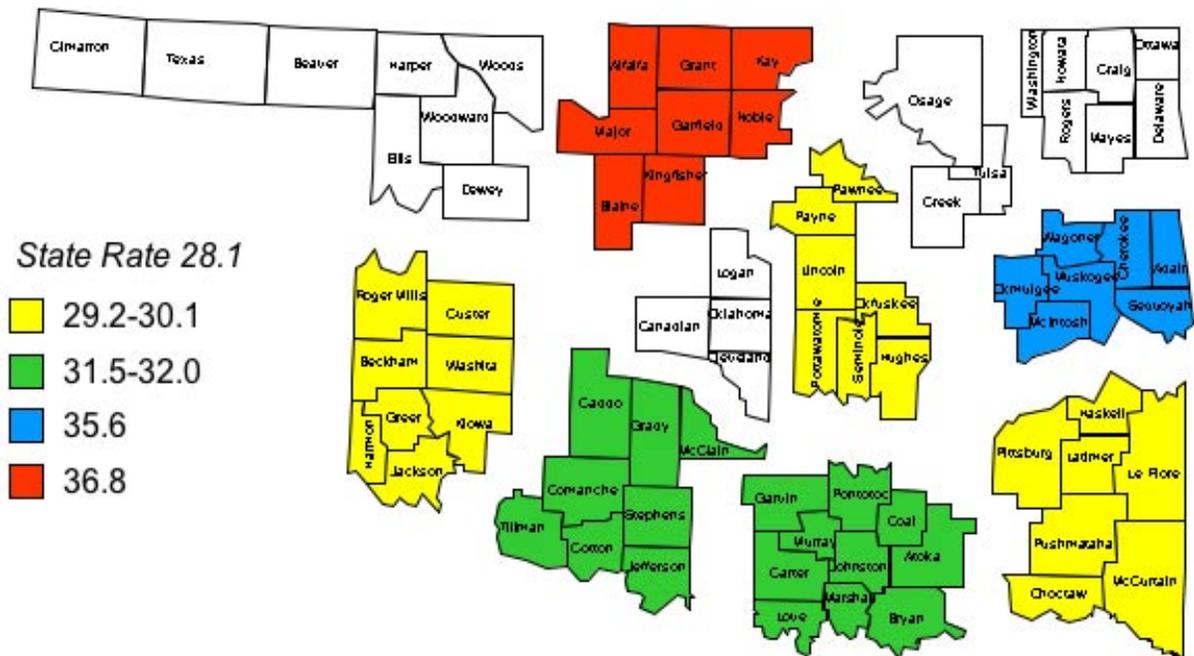
# Age-Adjusted Mortality Rate Cancers of the Colon, Rectum, and Anus by Sub-State Planning Districts: Oklahoma 2002



Source: Oklahoma Vital Records

- Higher colon cancer deaths in African Americans and Native Americans.
- Higher colon cancer deaths in males.
- Increased colon cancer death rates as age increases.
- Lower colon cancer death rates in urban areas suggesting health access and treatment issues.

## Age-Adjusted Mortality Rate for Diabetes by Sub-State Planning Districts: Oklahoma 2002



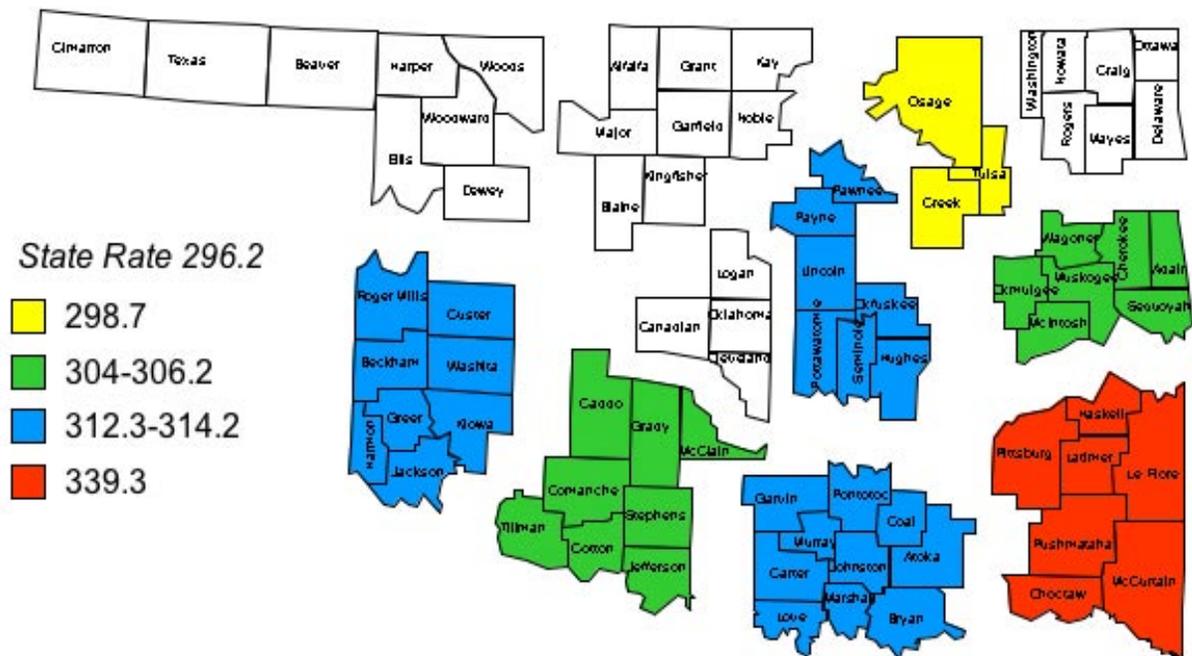
White areas are less than or equal to state rate.  
Rate per 100,000  
Age-Adjusted to US 2000 Standard

Source: Oklahoma Vital Records

- Much higher rates of diabetes deaths among Native Americans and African Americans.
- Increasing rates of diabetes deaths over time.
- Highest rates of diabetes deaths in north central Oklahoma and lowest in north-west Oklahoma.



## Age-Adjusted Mortality Rate Cardiovascular Disease by Sub-State Planning Districts: Oklahoma 2002

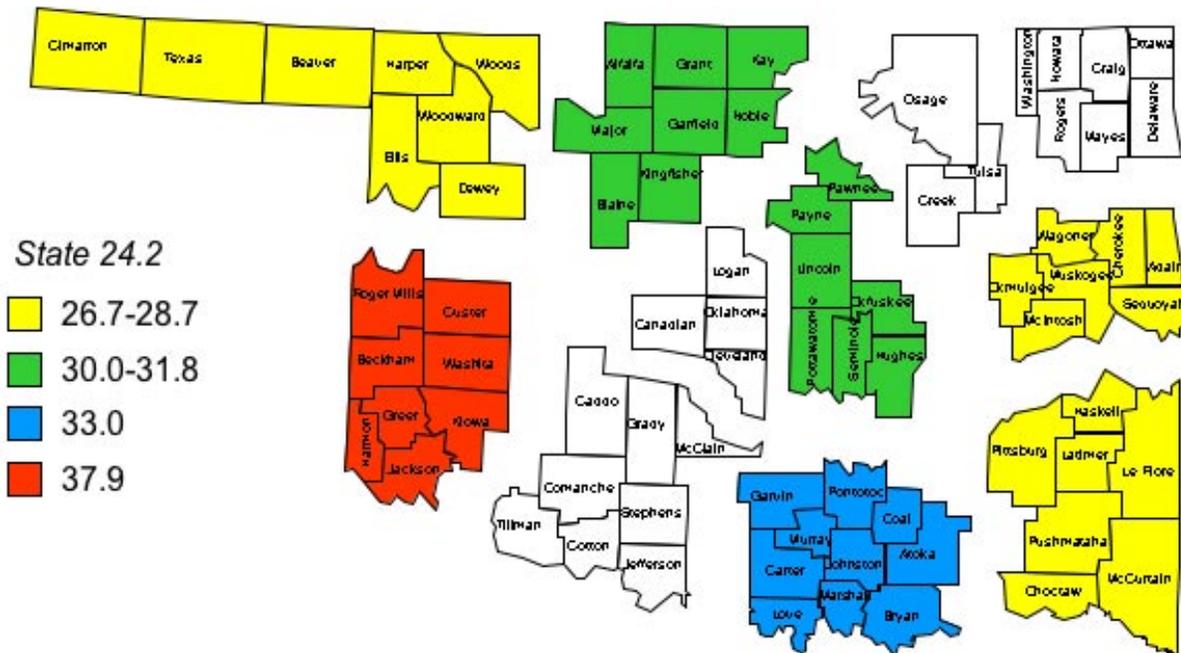


White areas are less than or equal to state rate.  
 Rate per 100,000  
 Age-Adjusted to US 2000 Standard

Source: Oklahoma Vital Records

- High cardiovascular disease deaths among African Americans and Native Americans.
- High cardiovascular disease deaths among men.
- Cardiovascular disease death rates are highest in southeast Oklahoma and lowest rates in northwest Oklahoma.
- Lower cardiovascular disease death rates among Hispanics.
- Cardiovascular disease deaths going down in all categories.
- Cardiovascular disease deaths decreasing further in men than women.

# Age-Adjusted Mortality Rate Influenza and Pneumonia by Sub-State Planning Districts: Oklahoma 2002

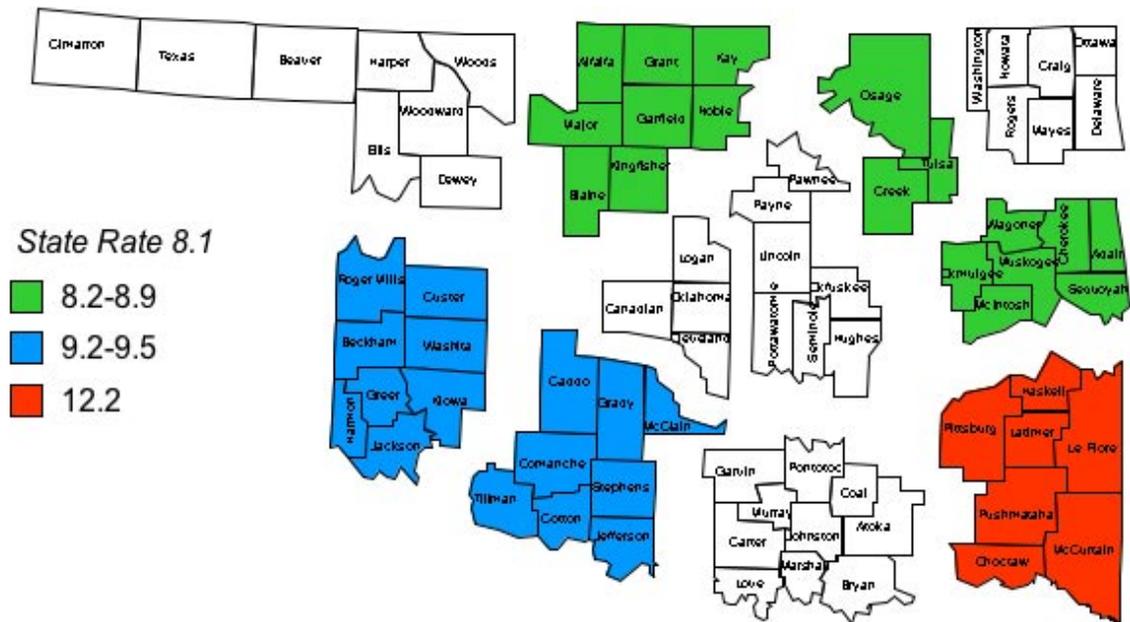


White areas are less than or equal to state rate.  
Rate per 100,000  
Age-Adjusted to US 2000 Standard

Source: Oklahoma Vital Records

- Higher death rates from influenza and pneumonia in rural vs. urban areas, probably due to health access.
- Higher death rates from influenza and pneumonia among males vs. females.
- Highest rates of death from influenza and pneumonia in southwest Oklahoma.

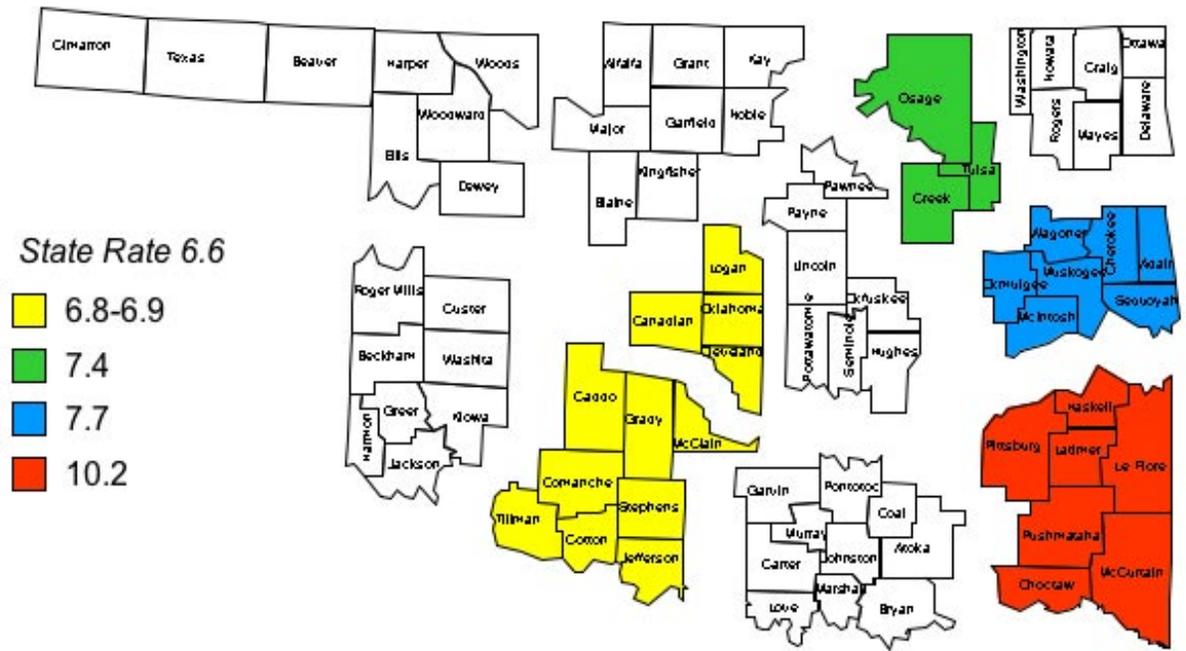
# Infant Mortality Rate by Sub-State Planning Districts: Oklahoma 2002



Rate per 1,000 Live Births  
 White areas are less than or equal to state rate.  
 Numerator (calendar year infant deaths)  
 Denominator (calendar year live births)

- Disparity for infant mortality among African Americans.
- Higher rates of infant mortality in southeast Oklahoma.

## Mortality Rate Homicide by Sub-State Planning Districts: Oklahoma 1996-2002

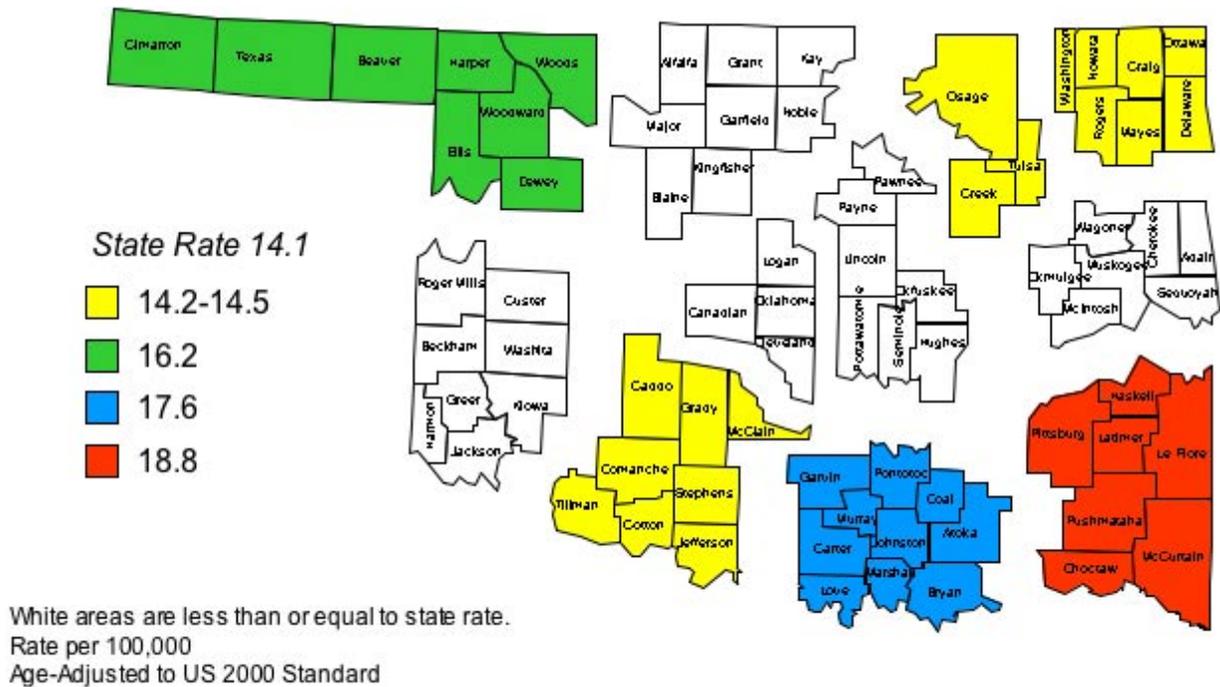


Rate per 100,000  
 White areas are less than or equal to state rate.  
 Age-Adjusted to US 2000 Standard

Source: Oklahoma Vital Records

- Clear disparity for deaths due to homicide among African Americans.
- Clear disparity for deaths due to homicide among males.
- Highest rates for deaths due to homicide in southeast Oklahoma, but decreasing.
- Disparity for deaths due to homicide among the 20-29 and 30-39 age groups.

## Mortality Rate Suicides by Sub-State Planning Districts: Oklahoma 2002



- High suicide death rates among whites.
- Highest suicide death rates among Native Americans.
- Male disparity for deaths due to suicide.
- Highest rates for deaths due to suicide in southeast Oklahoma.



# Acknowledgment

This report was made possible by the collaborative efforts of the Data Committee of the Oklahoma Task Force to Eliminate Health Disparities. The Committee members' willingness to share data and look at trends in a different way has been an important first step toward identifying health disparities in Oklahoma, which will lead to healthful solutions.

## Committee Members:

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