

2016 Oklahoma Minority Health At A Glance

POPULATION (2014)¹

		Total	Male	Female
Oklahoma Population				
	Count	3,878,051	1,920,562	1,957,489
	Percent	100.0	49.5	50.5
Race (percent)				
	White alone	72.9	36.0	36.9
	Black or African American alone	7.4	3.6	3.8
	American Indian/Alaska Native alone	7.5	3.7	3.8
	Asian/Native Hawaiian/Pacific Islander alone	2.1	1.0	1.1
Ethnicity (percent)				
	Non-Hispanic, any race	90.2	44.5	45.9
	Hispanic, any race	9.8	5.2	4.6

OVERALL HEALTH: In 2015, the United Health Foundation² ranked Oklahoma's Overall Health as 45th in the United States in their annual *America's Health Rankings* report (Hawaii was the healthiest state and Louisiana was the least healthy state). The report lists Oklahoma's challenges as high prevalence of obesity, high rate of cardiovascular deaths, and limited availability of primary care physicians. Oklahoma's strengths include low prevalence of excessive drinking, high immunization coverage among children, and small disparity in health status by education. The ranking for senior health is 46th in 2015, with challenges being high prevalence of physical inactivity, high hip fracture rate, and high percentage of low-care nursing home residents.¹

SMOKING: In 2014, the prevalence of adult smokers (aged 18 years or older) was higher among non-Hispanic multiracial adults (39.3%) than the other racial/ethnic groups. The prevalence was also higher among non-Hispanic Blacks (25.6%) and non-Hispanic American Indians (26.5%) than non-Hispanic Whites (20.2%) and Hispanics (13.3%). Prevalence was lowest among Hispanics compared to all other racial groups.³

OBESITY: In 2014, the percent of obese adults (aged 18 years or older; Body Mass Index of 30 or more) was relatively high among all racial/ethnic groups. The prevalence obesity was 32.9% for non-Hispanic Whites; 33.4% for non-Hispanic Blacks; 36.4% for non-Hispanic American Indians; 37.3% for non-Hispanic multiracial adults; and 35.5% for Hispanics.³ Three-year rates (2012-2014) demonstrate non-Hispanic Blacks and non-Hispanic American Indians (both at 38.3%) had significantly higher adult obesity rates than non-Hispanic Whites (31.9%).³

HEART DISEASE: In 2014, the percent of Oklahoma adults (aged 18 years or older) who had ever had a heart attack was significantly lower among Hispanics (2.5%) than non-Hispanic Whites (5.9%), but was not different from non-Hispanic Blacks or non-Hispanic American Indians (both at 5.6%).³ Similarly, the percent of Oklahoma adults who had ever been told they have coronary heart disease or angina was lower among Hispanics (2.0%) compared to all other groups except non-Hispanic Blacks. Angina prevalence was similar among non-Hispanic Whites (6.0%), non-Hispanic Blacks (4.4%), and non-Hispanic American Indians (5.9%).³ In 2014, the highest age-adjusted heart disease death rates were among Blacks (277.2 deaths/100,000 population) and American Indians (233.2 deaths/100,000 population), followed by Whites (224.8 deaths/100,000 population), Asians (127.1 deaths/100,000), and Hispanics (121.4 deaths/100,000 population).⁴

STROKE: In 2014, the **percent of Oklahoma adults** (aged 18 years or older) **who had ever had a stroke was lower** among **Hispanics (1.7%)** than non-Hispanic Whites (3.4%).³ Stroke prevalence among non-Hispanic Whites, non-Hispanic Blacks (4.3%), and non-Hispanics American Indians (3.5%) did not differ from each other.³ In 2014, **Blacks had the highest age-adjusted stroke death rate (59.6 deaths/100,000 population)**, followed by American Indians (42.1 deaths/100,000 population), Whites (41.6 deaths/100,000 population), Asians (36.1 deaths/100,000 population), and Hispanics (29.8 deaths/100,000 population).⁴

DIABETES: In 2014, the **prevalence of diabetes among adults** (aged 18 years or older) was significantly **higher** among **non-Hispanic American Indians (15.1%)** than Hispanics (8.8%).³ Diabetes prevalence among non-Hispanic Whites (12.1%), non-Hispanic Blacks (12.8%), and non-Hispanic American Indians were not different from each other.³ Further, in 2014 **American Indians (57.6 deaths/100,000 population)** and **Blacks (61.6 deaths/100,000 population)** died from diabetes mellitus at age-adjusted rates much **higher** than Hispanics (39.2 deaths/100,000 population), Asians (27.9 deaths/100,000 population), and Whites (24.9 deaths/100,000 population).⁴

CANCER: In 2013, **Blacks had the higher age-adjusted cancer incidence rates (504.1 new cases/100,000 population)** compared to Whites (483.7 new cases/100,000 population), American Indians (394.4 new cases/100,000 population), and Hispanics (283.2 new cases/100,000 population).⁵ The **Other** race category had the **highest** incidence rate of all groups at **523.9 new cases/100,000 population**.⁵ In 2014, **Blacks (196.0 deaths/100,000 population)** and **American Indians (198.7 deaths/100,000 population)** died from **cancer** at a **higher** age-adjusted rate than Whites (179.3 deaths/100,000 population), Hispanics (97.1 deaths/100,000 population) and Asians (77.3 deaths/100,000 population).⁴

LUNG CANCER: In 2013, **Blacks (75.1 new cases/100,000 population)** had the **highest age-adjusted incidence rate attributed to lung and bronchus cancer** compared to Whites (68.7 new cases/100,000 population), American Indians (66.8 new cases/100,000 population), Other race (65.8 new cases/100,000 population), and Hispanics (34.6 new cases/100,000 population).⁵ In 2014, the **age-adjusted death rates** attributable to **lung and bronchus cancers** were **higher** for **American Indians (58.1 deaths/100,000 population)** than Whites (53.6 deaths/100,000 population) and Blacks (47.7 deaths/100,000 population).⁴ Death rates for Asians (18.4 deaths/100,000 population) and Hispanics (16.2 deaths/100,000 population) were much lower.⁴

COLON CANCER: In 2013, **age-adjusted rates attributed to colon, rectal, and anal cancers** were **lowest** among **Hispanics (23.2 new cases/100,000 population)** compared to **Blacks (49.0 new cases/100,000 population)**, Whites (45.3 new cases/100,000 population) and American Indians (41.8 new cases/100,000 population).⁵ The **Other** race category had the **highest** incidence rate at **64.3 new cases/100,000 population**.⁵ In 2014, **age-adjusted death rates attributed to colon and rectal cancers** were **highest** for **Blacks (20.2 deaths/100,000 population)** and **American Indians (19.8 deaths/100,000 population)** compared to Whites (15.8 deaths/100,000 population), Asians (12.2 deaths/100,000 population), and Hispanics (9.9 deaths/100,000).⁴

BREAST CANCER: In 2013, **breast cancer** was the **most common** new cancer diagnosis among **females (137.0 new cases/100,000 female population)** in Oklahoma.⁵ **Age-adjusted incidence rates of breast cancer** were **similar** for **Black and White females (146.4 and 136.4 new cases/100,000 female population, respectively)**; and were lower for American Indian females (122.1 new cases/100,000 female population), Other females (119.4 new cases/100,000 female population), and Hispanic females (100.4 new cases/100,000 female population).⁵ In 2014, **Black females** had the **highest age-adjusted death rate due to breast cancer (27.1 deaths/100,000 female population)**, followed by Whites (22.3 deaths/100,000 female population), American Indians (17.8 deaths/100,000 female population),

and Hispanics (10.9 deaths/100,000 female population).⁴ There were too few deaths among Asians to determine a stable mortality rate attributable to breast cancer.⁴

PROSTATE CANCER: In 2013, prostate cancer was the most common cancer diagnosis among males (95.1 new cases/100,000 male population) in Oklahoma.⁵ Black males had the highest age-adjusted incidence rate attributed to prostate cancer (188.7 new cases/100,000 male population), followed by Other and White males (89.3 and 89.0 new cases/100,000 male population, respectively), American Indian males (49.8 new cases/100,000 male population), and Hispanic males (45.1 new cases/100,000 male population).⁵ Further, Black males had the highest age-adjusted death rate attributed to prostate cancer (46.0 deaths/100,000 population) in 2014, followed by American Indians (24.3 deaths/100,000 male population), Whites (16.9 deaths/100,000 population), and Hispanics (14.6 deaths/100,000 male population).⁴ There were too few deaths among Asians to determine a stable mortality rate attributable to prostate cancer.⁴

ALZHEIMER'S DISEASE DEATHS: In 2014, Whites had the highest age-adjusted death rates attributed to Alzheimer's Disease at 29.7 deaths/100,000 population.⁴ Blacks had a slightly lower rate at 24.4 deaths/100,000 population, followed by Hispanics and American Indians at 22.4 and 20.3 deaths/100,000 population, respectively. Asians had the lowest rate at 17.2 deaths/100,000 population.⁴

FLU & PNEUMONIA: In 2014, flu vaccination rates among seniors (aged 65 years or older) were significantly lower among non-Hispanic Blacks (51.3%) compared to non-Hispanic American Indians (72.3%), non-Hispanic Whites (67.7%), and non-Hispanics of multiple race (71.5%).³ In 2014, pneumonia vaccination rates among seniors were similar for all racial/ethnic groups. The prevalence of having ever received a pneumonia vaccine was 79.2% for non-Hispanic American Indians, 77.7% for non-Hispanics of multiple races, 75.9% for non-Hispanic Whites, and 71.8% for non-Hispanic Blacks.³ Rates for Hispanic seniors are unavailable for 2014 due to their small sample size in the survey. In 2014, age-adjusted death rates attributed to influenza and pneumonia were highest among American Indians (25.0 deaths/100,000 population), followed by Blacks (18.0 deaths/100,000 population), Whites (16.1 deaths/100,000 population), and Hispanics (9.4 deaths/100,000 population).⁴ The rate for Asians is unavailable due to the small number of deaths attributable to flu and pneumonia among this racial group.⁴

HIV/AIDS: The majority of individuals living with HIV/AIDS in Oklahoma in 2014 were White (56.4%), followed by Blacks (25.0%), Hispanics (8.3%), American Indians (5.9%), and Asians (1.1%).⁶ However, Blacks had the highest rate of living HIV/AIDS cases (490.0 cases/100,000 population), with Whites being the next highest group (121.7 cases/100,000 population).⁶ Blacks had the highest rate of newly diagnosed HIV/AIDS cases in 2014 (27.9 newly diagnosed cases/100,000 population).⁷ The rate was more than double the 2nd highest rate, which was among Asians (12.0 newly diagnosed cases/100,000 population), followed by Hispanics (7.9 new cases/100,000 population), American Indians (7.2 new cases/100,000 population), and Whites (5.8 new cases/100,000 population).⁷ Almost half of the new cases were among Whites (48.9%), and the fewest new cases were among Asians (3.2%).⁷ In 2014, Blacks had a higher age-adjusted HIV death rate (6.5 deaths/100,000 population) than American Indians (2.2 deaths/100,000 population) and Whites (1.5 deaths/100,000 population).⁴ The death rates for Asians and Hispanics are unavailable due to the small number of HIV deaths among these groups.⁴

UNINTENTIONAL INJURY DEATHS: In 2014, American Indians had the highest age-adjusted unintentional injury death rate (71.3 deaths/100,000 population), followed by Whites (59.1 deaths/100,000 population), Hispanics (42.4 deaths/100,000 population), Blacks (39.5 deaths/100,000 population), and Asians (26.7 deaths/100,000 population).⁴

HOMICIDE: In 2014, **Blacks** had the **highest age-adjusted death rate attributed to homicide at 20.4 deaths/100,000 population**, which was about **4 times higher** than the rate for Whites (4.9 deaths/100,000 population).⁴ Death rates for other races/ethnicities include 7.6 deaths/100,000 population for American Indians and 6.9 deaths/100,000 population for Hispanics.⁴ There were too few homicides among Asians to determine a stable rate for this group.⁴

INFANT MORTALITY: In 2014, **Blacks** had the **highest infant mortality rate, with 13.1 infant deaths/1,000 live births**, followed by American Indians at 12.5 infant deaths/1,000 live births.⁴ Infant mortality rates for the other racial/ethnic groups include 7.4 deaths/1,000 live births of Hispanic infants; 6.9 deaths/1,000 live births of White infants; and 5.7 deaths/1,000 live births of Asian infants.⁴

POOR MENTAL HEALTH: In 2014, there were no differences among the various racial/ethnic groups in the percentage of adults experiencing more than 13 mentally unhealthy days in the previous month (13.1% for all groups combined).³ However, data across three years (2012-2014) demonstrated that a **larger percentage of non-Hispanic multiracial adults** (aged 18 years or older) experienced **more than 13 mentally unhealthy days** in the past 30 days (21.0%) compared to non-Hispanic Whites (12.8%) and Hispanics (9.5%).³

INSURANCE: In 2014, the **percent of Oklahoma adults** (aged 18-64 years) **without health insurance was highest among Hispanics (51.1%)** compared to all other groups, followed by non-Hispanic Blacks (17.8%), non-Hispanic Whites (14.7%), and non-Hispanics of multiple races (11.9%).³ Non-Hispanic American Indians (4.2%) had the lowest rate of uninsured adults aged 18-64 years.³

PRENATAL CARE: In 2014, **70.6%** of Oklahoma's **White pregnant females started prenatal care in their first trimester**, followed by Hispanics (65.3%), American Indians (64.0%), Blacks (61.8%), and Asians (59.8%).⁸

LOW BIRTH WEIGHT: In 2014, **Blacks** had the **highest percent of very low birth weight births** (births weighing less than 1500 grams) at **2.7%**, more than twice the rates for other racial/ethnic groups.⁸ The percent of very low birth weight births were 1.4% for Whites, 1.1% for American Indians and Hispanics, and 1.0% for Asians.⁸ **Blacks** also had the **highest rate of births weighing less than 2500 grams** (low birth weight), at **12.8%** compared to lower rates among Whites (7.5%), Asians (7.4%), Hispanics (7.3%), and American Indians (7.1%).⁸

TEEN BIRTHS: In 2014, **Hispanic females aged 15 to 19 years had the highest specific birth rate (54.9 births/1,000 Hispanic females aged 15 to 19 years)**, followed by Blacks (46.9/1,000 Black females aged 15 to 19 years), American Indians (43.3/1,000 American Indian females aged 15 to 19 years), Whites (36.7/1,000 White females aged 15 to 19 years), and Asians (22.1/1,000 Asian females aged 15 to 19 years).⁸

HIGH SCHOOL DROPOUTS: In 2014-2015, the total dropout rate for 9th-12th grade high school students in Oklahoma was 2.0%.⁹ **Black and Hispanic high school students had the highest dropout rates at 2.9% and 2.5%, respectively**, followed by American Indians (1.9%), Whites (1.7%), and Asians (0.7%).⁹

HIGH SCHOOL GRADUATION: In the 2014-2015 school year, **82.2% of Oklahoma's public school freshmen graduated 4 years later**. This rate was **highest for Asian students (99.9%)**, followed by Hispanics (86.0%), Whites (83.4%), American Indians (75.5%), and Blacks (74.0%).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.****

¹American Community Survey. 1-year estimates of the 2014 resident population of Oklahoma; Tables in the series B01001, Sex by Age (Race). Available: <http://factfinder2.census.gov>.

²America's Health Rankings Annual Report, United Health Foundation, 2015. Available at http://cdnfiles.americashealthrankings.org/SiteFiles/Reports/2015AHR_Annual-v1.pdf.

³Health Care Information, Center for Health Statistics, Oklahoma State Department of Health. Oklahoma Behavioral Risk Factor Surveillance System Data for 2012-2014. Available at <http://health.state.ok.us/OK2SHARE/index.shtml>.

⁴Health Care Information, Center for Health Statistics, Oklahoma State Department of Health, OK2SHARE. Vital Statistics: Final Mortality Data, 2014.

⁵Oklahoma Central Cancer Registry, Oklahoma State Department of Health, OK2SHARE. Final Statistics, Oklahoma Central Cancer Registry, 2013.

⁶HIV/STD Service, Oklahoma State Department of Health. Living HIV/AIDS Cases in 2014. Available at <https://www.ok.gov/health2/documents/Living%20HIV%202014%20-%20Fact%20Sheet.pdf>.

⁷HIV/STD Service, Oklahoma State Department of Health. Newly Diagnosed HIV/AIDS Cases in 2014. Available at <https://www.ok.gov/health2/documents/New%20HIV%20Cases%202014.pdf>.

⁸Health Care Information, Center for Health Statistics, Oklahoma State Department of Health, OK2SHARE. Vital Statistics: Final Birth Data, 2014.

⁹Oklahoma State Department of Education, Office of Educational Quality and Accountability. (Personal communication, J. Wallace, May 11, 2016).

