Child & Teen Death

About nine Oklahoma children and youth from the ages of 1 through 19 die every week. During the most recent three-year period an average of four hundred forty-four died each year. Just under half (47.5% or 211) of these annual child deaths are children from the ages of 1 through 14; the remainder are teenagers (ages 15 through 19).

The average annual rate of death among Oklahoma children from the ages of 1 through 14 improved slightly (from 33.2 to 31.3 per 100,000) during the most recent three-year period (1996 - 1998) when compared to the three-year period just one year earlier (1995 - 1997). In a majority of Oklahoma counties (45 of 77) child death rates stayed the same or improved during the year.

A lower rate (31.3 per 100,000) of children from the ages of 1 through 14 die currently than did in the mid-1980's (41.5 per 100,000), with such rates also improving or staying the same in the large majority (51 of 77) of Oklahoma's counties during the same period.

The rates of death for children from the ages of 1 through 14 in the majority of Oklahoma counties (46 of 77) were better than the average county rate (31.8 per 100,000 children age 1 through 14 in the county). During this most recent period, the highest and worst rate of child death (193.9 per 100,000 children age 1 through 14 in the county) is found in Dewey County; the lowest and best (0.0 per 100,000) is found in nine Oklahoma counties (Roger Mills, Johnston,

Woods, Harmon, Major, Ellis, Marshall, Beaver and Nowata).

More than half (52.2%) of the child and teen deaths during the most recent three year period were accidental. Oklahoma children and teens are less likely to die of diseases (26.4%) or violence (21.4%).

Violence among non-white children and teens is more common with well over one-third (37.1%) of all such African American deaths and well over one-fourth (28.6%) of all such American Indian deaths resulting from violence. A young African American is more than twice as likely to die of violence in Oklahoma than his or her White peer (17.9%).

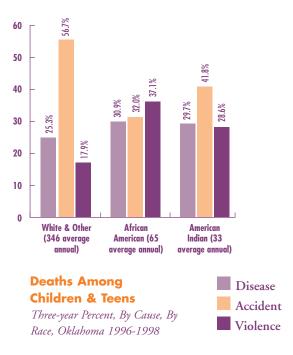
Oklahoma's young people kill themselves at a rate almost twice the national average. The number of young people committing suicide continues to increase with an average of forty Oklahoma victims under age 20 each year (1996 - 1998). While most are older White male adolescents, recent Oklahoma suicides have victimized all races, both sexes and children as young as ten.

Even with the improvement in death rates since the 1980's, Oklahoma's ranking relative to other states for the most recent year compared (1997) remains among the worst (44th in child death) in the nation.

Impact on early childhood and Oklahoma's future

- "Infants, toddlers and preschool children make up a large portion of child deaths in Oklahoma.

 During the most recent three-year period (1996-1998), almost forty-five percent (44.2%) of all child deaths (ages 1 through 14) were not yet six years of age. More than half (53.1%) of Oklahoma's youngest were victims of accidental death.
- Disquieting trends. Over the last several decades, the leading causes of death for children and teens have changed from natural causes, such as illness and birth defects, to injury and violence. Children increasingly imitate the violence they observe on



television. Poor children are three times as likely to die during their childhood than non-poor children.

» Decreasing child death requires a focus on early childhood care. Being connected with community, school and family decreases the risk of violence and death. One out of every six children has no health insurance. Half of those are poor. Risk of death increases when the lack of health insurance or money makes it difficult to obtain appropriate and necessary medical care. Young, poor and minority children are less likely to receive lifesaving preventive services. One in five Oklahoma two-year-olds has

not received all the immunizations necessary to prevent illness, disease and medical problems. Risk of accidents and the resulting death increases for low-income families as they are less likely to use safety devices due to lack of money, lack of transportation to obtain them and/or a lack of control over their housing conditions. Reducing poverty, providing effective education and ensuring adequate health care prevents premature death.

