



INTERPRETING
THE DATA

INTERPRETING THE DATA

UNDERSTANDING WHAT IS BEING MEASURED

It is important to understand what is being measured and how. Several types of data information are available for each benchmark: numbers, average annual numbers, county and state rates, percentage change between years, base and recent data, and county rankings. A “key” directing the reader to the various types of data and information is presented at the beginning of each County Benchmark located online at www.oica.org.

Each county benchmark and the rate of change calculated for each county benchmark is rounded for presentation on the county pages. The rounding may cause the results to vary from the rates which might be calculated from the rounded numbers appearing on each county page.

The *Methodology and Sources* later in this section details what each benchmark means, what data is included and its source. The *Methodology and Sources* and the *Additional References* also detail the data and sources relied upon in the *Focus Section* and elsewhere in the Factbook.

BEWARE OF SMALL NUMBERS

County populations vary significantly. Such variations should be considered when interpreting the differences among counties. Be aware that small counties may have a small number of events (e.g., child deaths, arrests for violent crimes) which can cause rates to vary considerably from year to year without reflecting real change. For this reason, the benchmarks use three-year averages to improve the reliability of rate comparisons.

Low rates may appear in counties with large populations. Relying solely on rates, without considering the numbers involved, may result in overlooking locations which have large numbers of suffering children.

REMEMBER THE USES AND LIMITS OF DATA

Benchmarks provide important baseline information. Effective use of benchmarks requires them to be understood in a broad context. They provide one way to look at how children are doing in a county or state. Benchmarks can provide the starting place to initiate dialogue with others who share your interest. There are many important perspectives required to piece together a complete picture. Collect additional data and viewpoints to flesh out the most useful view of child well-being in your own area.

IMPORTANT CHANGES IN THE 2005 OKLAHOMA KIDS COUNT FACTBOOK

The 2005 Oklahoma KIDS COUNT Factbook *modernizes* the time frame and the benchmarks used to profile the status of children and youth. From this Factbook forward, progress (or lack of progress) will be measured from the middle of the 1990’s, quantifying the impact of more recent social and policy changes on the well-being of Oklahoma’s children, families and communities. Extreme caution should be used when comparing the changes over time reported for benchmarks in this and future Factbooks to changes over time reported for the same benchmarks in Factbooks published before 2005.

From this Factbook forward KIDS COUNT expands the detail provided for each state benchmark. **Low Birthweight Infants** will report births weighing less than 5 ¹/₂ pounds *and* births weighing less than 3 pounds, 5 ounces. **Births to Teens** will report births for girls ages 15 through 17, births for older teens ages 18 and 19, *and* births for the combined ages of 15 through 19. **Child and Teen Death** will report deaths among children ages 1 through 14, deaths among teens ages 15 through 19 *and* deaths among the combined ages of 1 through 19. Users of these expanded data categories should choose the indicators which best serve their purposes, remaining cognizant of the overlap in data for some of the groups detailed.



METHODOLOGY AND SOURCES

Data and information used in the 2005 Oklahoma KIDS COUNT Factbook came from a wide variety of sources in Oklahoma and around the nation. This section identifies sources for the information found in this document and methods used for computations where applicable.

There is no agreement about the specific terminology or the number of categories which should be used to classify race and ethnicity. The various sources use different titles to report racial characteristics. Some indicators were not available by race at all. This makes it difficult to look across the indicators by race. Persons within each race or ethnic group are encouraged to re-title or refer to the data in a manner which reflects their preferences.

Extreme caution should be used when reviewing, using and comparing data related to Hispanic populations. Some agencies count Hispanic children as a race and others consider Hispanic to be an ethnicity whose children can be any race (White, African American, Native American, Asian and so on). Of those counting Hispanic children as an ethnicity, not all maintain statistics on the proportion of children who are Hispanic.



As a result, when Hispanic is counted as a race, data may appear as follows:

White	70.0%
Native American	10.0%
American Indian	10.0%
Hispanic	5.0%
Asian	2.0%
Other	3.0%
<hr/>	
TOTAL	100.0%

When Hispanic is counted as an ethnicity, data may appear as follows:

White	72.0%	Hispanic	5.0%
Native American	11.0%	non-Hispanic	95.0%
American Indian	11.0%		
Asian	2.0%		
Other	4.0%		
<hr/>			
TOTAL	100.0%	TOTAL:	100.0%

Births to Young Teens are live births which occur to mothers ages 15 through 17. **Births to Older Teens** are live births which occur to mothers ages 18 and 19. **Births to Teens** are live births which occur to mothers ages 15 through 19. The data is reported by place of mother's residence, not place of the birth. Births count the total resident live births to mothers in this age group for two three-year periods (1994 through 1996 and 2001 through 2003), resulting in three-year rates. Rates are displayed as births per 1,000 females between ages 15 through 17, ages 18 and 19, and ages 15 through 19. Base population data for the state and counties is the average of 1994, 1995 and 1996 Census population estimates (adjusted by the State Data Center to estimate the number of females in the referenced age groups), approximating the midpoint of the three years of base

birth data displayed. Current female teen population utilizes the bridged race methodology from the Center for Disease Control and Prevention (CDC), updated to estimate the midpoint of the three years of recent birth data displayed. This bridging process allows the Census population data collected by multi-racial categories to be used with public health data collected by single-race categories. Race is reported as White, African American, American Indian and Other/Unknown. Hispanic ethnicity is reported separately. The state total may vary from the total of all the counties since the state total may include births for which the county of residence was unknown and the total of the counties may exclude births suppressed to protect confidentiality. Birth rates may vary slightly from those reported in earlier editions of the Oklahoma KIDS COUNT Factbook as a result of improved population estimates.

SOURCE: Birth data provided by Oklahoma State Department of Health (OSDH); Base population data provided by the Oklahoma Census Data Center, Research and Economic Analysis, Oklahoma Department of Commerce (ODOC), using U.S. Bureau of the Census, Population Estimates Division, for 1994, 1995 and 1996. Recent population data provided by Oklahoma Census Data Center, Research and Economic Analysis, Oklahoma Department of Commerce (ODOC), using U.S. Department of Health and Human Services, Center for Disease Control and Prevention, National Center for Health Statistics, United States Census 2000 Population with Bridged Race Categories, updated to estimate 2001, 2002 and 2003 populations.

Child Abuse and Neglect means harm or threatened harm to a child's health or welfare by a person responsible for the child's health or welfare. Abuse includes sexual abuse, sexual exploitation or non-accidental physical or mental injury. Abuse can also include harm resulting from failing to protect or abandoning a child. Sexual Abuse includes rape, incest and lewd or indecent acts or

proposals by a person responsible for the child's welfare. Sexual Exploitation includes a person responsible for the child's welfare allowing or encouraging a child to engage in prostitution or pornography or engaging in child pornography. Neglect means failing to provide adequate food, clothing, shelter or medical care, failing to provide special care made necessary by the physical or mental condition of the child, or abandonment. *Title 10 Okla. Supp. 2004 § 7102*. Data includes reports of suspected abuse or neglect containing allegations of serious or immediate threats to a child's safety for which there were formal investigations and, of those, the number for which abuse or neglect was confirmed. The data compares child abuse and neglect confirmations for two three-year periods (Fiscal Years 1995 through 1997 and Fiscal Years 2002 through 2004), resulting in three-year rates. Rates are displayed as confirmations per 1,000 children under age 18. Base child population data for the state and counties is the midpoint between the 1990 and 2000 Census populations, approximating the midpoint of the three years of base child abuse and neglect data displayed. Current child population data for the state and counties is the estimate by the U.S. Bureau of the Census for 2002, approximating the midpoint for the three years of recent child abuse and neglect data displayed. Race is reported as White, African American, American Indian, Asian and Unknown. Hispanic is not reported as a race or as an ethnicity.

SOURCE: Child abuse and neglect data provided by the Oklahoma Department of Human Services (DHS). Population data provided by the Oklahoma Census Data Center, Research and Economic Analysis, Oklahoma Department of Commerce (ODOC), using U.S. Bureau of the Census, *Census of the Population and Housing 1990, Summary Tape File 1A*; U.S. Bureau of the Census, *Census of the Population and Housing 2000, Summary File 1*; and U.S. Bureau of the Census, Population Estimates Division for 2002.

Child Deaths are the number of deaths of children from ages 1 through 14. **Teen Deaths** are the number of deaths of teens from ages 15 through 19. **Child and Teen Deaths** are the number of deaths of youth from ages 1 through 19. The data is reported by place of residence, not place of death. The data counts deaths from all causes. The data compares the deaths for two three-year periods (1994 through 1996 and 2001 through 2003), resulting in three-year rates. Rates are displayed as deaths per 100,000 children from ages 1 through 14, deaths per 100,000 teens from ages 15 through 19, and deaths per 100,000 youth from ages 1 through 19. Base population data for the state and counties is the average of 1994, 1995 and 1996 Census population estimates (adjusted by the State Data Center to estimate the number of children and teens in the referenced age groups), approximating the midpoint of the three years of base death data displayed. Current population data for the state and counties is the average of estimates by the U.S. Bureau of the Census for 2001, 2002 and 2003 (adjusted by the State Data Center to estimate the number of children and teens in the referenced age groups), approximating the midpoint for the three years of recent death data displayed. **Cause of Death** measures the number and percent of deaths that are caused by diseases, accidents and violence. By definition, deaths by violence include murder, suicide and deaths that occur during legal interventions. Race is reported as White, African American and American Indian. Other races and unknown races are excluded. Hispanic is not reported as a race or as an ethnicity. The state total may vary from the total of all the counties since the state total may include deaths for which the county of residence was unknown and the total for the counties may exclude deaths to protect confidentiality.

SOURCE: Death data provided by Oklahoma State Department of Health (OSDH). Base population data provided by the Oklahoma Census Data Center, Research and Economic Analysis, Oklahoma Department of Commerce (ODOC), using U.S. Bureau

of the Census, Population Estimates Division, for 1994, 1995 and 1996. Recent population data provided by Oklahoma Census Data Center, Research and Economic Analysis, Oklahoma Department of Commerce (ODOC), using U.S. Department of Health and Human Services, Center for Disease Control and Prevention, National Center for Health Statistics, *United States Census 2000 Population with Bridged Race Categories*, updated to estimate 2001, 2002 and 2003 populations.

Child Population is the total resident population under age 18 including dependents of Armed Forces personnel stationed in the area. **Child and Youth Population** adds additional data to count youth up to the age of 20. Population data for the state and counties is estimated by the U.S. Bureau of the Census for 2003, and adjusted by the State Data Center to estimate the number of children and teens in the referenced age groups.

SOURCE: Data provided by Oklahoma Census Data Center, Research and Economic Analysis, Oklahoma Department of Commerce (ODOC), using U.S. Bureau of the Census, Population Estimates Division, 2003.

Children in Poverty counts the related children under age 18 who live in families with incomes below the U.S. poverty threshold. Related children are the children related to the "family head" by birth, marriage or adoption and include relatives such as nieces and nephews. Children under age 18 who do not live in a household where they are related to the head of the household are not included in this analysis. Data counts poor related children calculated as a percent of all related children in 2002. Updated annually using the Consumer Price Index, the poverty thresholds, as defined by the U.S. Bureau of the Census, are based upon the amount of money required to purchase a nutritionally adequate diet. A family is classified as poor if its income falls below this minimum standard. For example, in 2003, a single adult (under age 65) with one child would be counted as poor if their income fell below \$1,057/month; with two

children below \$1,235/month; with three children below \$1,560; and so on.

SOURCE: Data provided by the Oklahoma Census Data Center, Research and Economic Analysis, Oklahoma Department of Commerce (ODOC), using U.S. Bureau of the Census, *Small Area Income and Poverty Estimates (SAIPE)*, 2002.

Economic Cluster is a generalized term depicting the economic climate in a group of counties. The base **County Economic Index** is a measure developed by ranking Child Poverty Rates (1995), Per Capita Personal Income (average annual amount, 1994–1996), Percent of Children receiving Aid to Families with Dependent Children or Temporary Assistance to Needy Families (average monthly caseload, FY1995–FY1997) and Unemployment Rates (average annual rate, 1994–1996). The recent **County Economic Index** is a measure developed by ranking Child Poverty Rates (2002), Per Capita Personal Income (average annual amount, 2001–2003), Percent of Children receiving Temporary Assistance to Needy Families (average monthly caseload, FY2002–FY2004) and Unemployment Rates (average annual rate, 2001–2003). Each county is ranked on each factor. The four individual county rankings are combined into an index in which the lower the number, the wealthier the county. **Economic Clusters** (also referred to as Quintile Divisions) result from each county being ranked according to its Economic Index and grouped into one of five clusters composed of approximately twenty percent (20%) of the state’s population during the period displayed.

Cluster 1 (Wealthiest) currently includes 18 counties with a combined population of 704,401 (21.1% of the state’s population). “Wealthiest” counties each have an Economic Index between 25 and 78.

Cluster 2 (Wealthier) currently includes 5 counties with a combined population of 673,690 (19.2% of the state’s population). “Wealthier” counties each have an Economic Index between 81 and 108.

Cluster 3 (Middle) currently includes 18 counties with a combined population of 659,216 (18.8% of the state’s population). “Middle” counties each have an Economic Index between 116 and 162.

Cluster 4 (Poorer) currently includes 4 counties with a combined population of 745,976 (21.2% of the state’s population). “Poorer” counties each have an Economic Index between 166 and 168.

Cluster 5 (Poorest) currently includes 32 counties with a combined population of 726,249 (20.7% of the state’s population). “Poorest” counties each have an Economic Index between 169 and 291.

SOURCE: Poverty data provided by the Oklahoma Census Data Center, Research and Economic Analysis, Oklahoma Department of Commerce (ODOC), using U.S. Bureau of the Census, *Census of the Population and Housing 1990, Summary Tape File 3*; U.S. Bureau of the Census, *Census of the Population and Housing 2000, Summary File 3*; and U.S. Bureau of the Census, *Small Area Income and Poverty Estimates (SAIPE)*, 2002. Per Capita Personal Income data provided by the Oklahoma Census Data Center, Research and Economic Analysis, Oklahoma Department of Commerce (ODOC), using Bureau of Economic Analysis, *Regional Economic Information System*, 1994–1996 and 2001–2003. Data counting children receiving AFDC or TANF provided by the Oklahoma Department of Human Services (OKDHS). Unemployment Rate data provided by the Oklahoma Census Data Center, Research and Economic Analysis, Oklahoma Department of Commerce (ODOC), using data from the Bureau of Labor Statistics. Population data provided by the Oklahoma Census Data Center, Research and Economic Analysis, Oklahoma Department of Commerce (ODOC), using U.S. Bureau of the Census, *Population Estimates Division for 2003*.

Health Status Indicators display six key factors related to the health of Oklahoma children. Four (Adequate Prenatal Care, Lead Exposure, Immunization Coverage, and Drug/Alcohol Arrests of Youth) display factors which influence child health and development. One (Medicaid/SCHIP Coverage) looks at the access children

have to health care coverage. A final factor (Death from Disease) measures the health status of children. Taken together the data items provide one view of the status of child health for Oklahoma and each county in a manner that can be ranked and compared. The worse the county rank, the more work is needed to improve the health of local children. The Health Status Indicators, detailed below, are designed to supplement other state and county child health indicators available in the 2005 KIDS COUNT Factbook and from other sources.

1. Adequate Prenatal Care (2001–2003): **Rate** displays the three-year percent of birth mothers receiving prenatal care beginning during their first trimester with ten or more prenatal visits. **Rank** compares the rate of birth mothers receiving Adequate Prenatal Care in all Oklahoma counties from best (1) to worst (77). **SOURCE:** Data provided by Oklahoma State Department of Health (OSDH).

2. Lead Exposure (2004): **Rate** displays the number of infants and toddlers from the ages of 6 to 72 months found to have elevated levels of lead in their blood for every 10,000 infants and toddlers in that age range. Elevated level are those with test results of 10 micrograms or greater of lead per deciliter of blood. **Rank** compares the rate of lead exposure in all Oklahoma counties from best (1) to worst (77). **SOURCE:** Data provided by Oklahoma State Department of Health (OSDH).

3. Immunization Coverage (2003 or 2004): **Rate** displays the percent of two-year olds who completed a primary series of immunizations by the age of 24 months. Rates for Oklahoma counties without available data are marked “n/a.” The primary immunization series (4:3:1:3:3) includes 4 doses of diphtheria and tetanus toxoids and acellular pertussis vaccine (DtaP), 3 doses of poliovirus vaccine (polio), 1 dose of measles, mumps and rubella vaccine (MMR), 3

doses of *Haemophilus influenzae* type b vaccine (Hib), and 3 doses of Hepatitis B vaccine. Data is drawn from OSDH surveys sampling of birth certificates at random for both 2003 and 2004. 2004 data is reported when available. When 2003 data is reported, it is marked “*” to note that the coverage may be low due to vaccine shortages in 2003. Although the OSDH immunization survey was designed to generate county coverage rates, the resulting state rate of 65.2% coverage is validated by national utilization data available at that time (65.3%, 2002). **Rank** compares the rate of immunization coverage for two-year olds in Oklahoma counties with data available from best (1) to worst (77). Ranks for Oklahoma counties without either 2004 or 2003 data are marked “n/a.” To calculate the most accurate relative rank for the counties with available data, the 2004 state rate is imputed to all counties without any available data.

SOURCE: Data provided by Oklahoma State Department of Health (OSDH).

4. Drug & Alcohol Arrests of Children and Youth (2001–2003): **Rate** displays the number of children and youth ages 10 through 17 arrested for drug and alcohol related offenses per 100,000 children and youth in that age range. Offenses related to alcohol include driving under the influence of alcohol, drunkenness and violations of liquor laws. Offenses related to drugs include drug possession, manufacturing or sales of marijuana, synthetic narcotics, opium or cocaine and their derivatives, or other drugs. The annual arrest figures include all arrests of children and teens ages 10 through 17 for alcohol and drug offenses during the year, including repeated arrests of the same individual for different offenses. Several counties reported no alcohol or drug crime arrests for children and youth ages 10 through 17 in the years reviewed. **Rank** compares the rate of arrests of children and youth for drug and alcohol

offenses in all Oklahoma counties from best (1) to worst (77).

SOURCE: Arrest data provided by the Oklahoma State Bureau of Investigation (OSBI). Population data provided by the Oklahoma Census Data Center, Research and Economic Analysis, Oklahoma Department of Commerce (ODOC), using U.S. Bureau of the Census, Population Estimates Division, 2001, 2002 and 2003.

5. Medicaid/SCHIP Coverage (May, 2005): **Rate** displays the percent of children (under age 18) estimated to be eligible for medical assistance under current Oklahoma guidelines for Medicaid (Title XIX) or the State Children’s Health Insurance Program (SCHIP, Title XXI) who are enrolled during the latest month for which data is available (May, 2005). **Medicaid/SCHIP Eligibility** is estimated as the number of children living in homes with incomes falling below 185% of the federal poverty level (2000 Census, adjusted with 2003 population estimates) or the number of children enrolled in Medicaid or SCHIP, whichever is higher. The 2004 federal poverty level for a family of three with two children is \$28,155. **Rank** compares the rate of enrollment in Medicaid/SCHIP of children estimated to be eligible in all Oklahoma counties from best (1) to worst (77). **SOURCE:** Medicaid/SCHIP data provided by the Oklahoma Health Care Authority (OCHA). Population data provided by the Oklahoma Census Data Center, Research and Economic Analysis, Oklahoma Department of Commerce (ODOC), using U.S. Bureau of the Census, *Census of the Population and Housing 2000, Summary File 3* and U.S. Bureau of the Census, Population Estimates Division, 2003.

6. Deaths from Disease (2001-2003): **Rate** displays the number of children and youth ages 1 through 19 who die from disease per 100,000 children and

youth in that age range. The data is reported by place of residence, not place of death. Deaths caused by accidents or violence are excluded. The state total may vary from the total of all the counties since the state total may include deaths for which the county of residence was unknown and the total of the counties may exclude deaths to protect confidentiality.

Rank compares the rate of death from disease in all Oklahoma counties from best (1) to worst (77).

SOURCE: Death data provided by Oklahoma State Department of Health (OSDH). Population data provided by Oklahoma Census Data Center, Research and Economic Analysis, Oklahoma Department of Commerce (ODOC), using U.S. Department of Health and Human Services, Center for Disease Control and Prevention, National Center for Health Statistics, *United States Census 2000 Population with Bridged Race Categories*, updated to estimate 2001, 2002 and 2003 populations.

Infant Mortality is death occurring to an infant under 1 year of age. The data is reported by place of mother’s residence, not place of birth or death. Rates are calculated per 1,000 live births. The data counts the total resident live births and the deaths for two three-year periods (1994 through 1996 and 2001 through 2003), resulting in three-year rates. Base population data for the state and counties is the average of 1994, 1995 and 1996 Census population estimates (adjusted by the State Data Center to estimate the number of infants), approximating the midpoint of the three years of base death data displayed. Current population data for the state and counties is the average of estimates by the U.S. Bureau of the Census for 2001, 2002 and 2003 (adjusted by the State Data Center to estimate the number of infants), approximating the midpoint for the three years of recent death data displayed. Race is reported as White, African American and American Indian. Other races and unknown races are excluded. Hispanic is not reported as

a race or as an ethnicity. The “race of child” reflects the mother’s race. The state total may vary from the total of all the counties since the state total may include deaths for which the county of residence was unknown and the total of the counties may exclude deaths suppressed to protect confidentiality.

SOURCE: Infant mortality data provided by Oklahoma State Department of Health (OSDH). Base population data provided by the Oklahoma Census Data Center, Research and Economic Analysis, Oklahoma Department of Commerce (ODOC), using U.S. Bureau of the Census, Population Estimates Division, for 1994, 1995 and 1996. Recent population data provided by Oklahoma Census Data Center, Research and Economic Analysis, Oklahoma Department of Commerce (ODOC), using U.S. Department of Health and Human Services, Center for Disease Control and Prevention, National Center for Health Statistics, *United States Census 2000 Population with Bridged Race Categories*, updated to estimate 2001, 2002 and 2003 populations.

Juvenile Violent Crime Arrests count arrests of youth from the ages of 10 through 17 for violent offenses. **Violent Crimes** include homicide, forcible rape, robbery and aggravated assault. The annual arrest figures include all arrests for violent crimes during the year, including repeated arrests of the same individual for different offenses. Rates compare the number of arrests of youth ages 10 through 17 for violent crimes to all children ages 10 through 17 and is reported as a rate per 100,000 youths. The data compares juvenile violent crime rates for two three-year periods (1994 through 1996 and 2001 through 2003). Base population data for the state and counties is the average of 1994, 1995 and 1996 Census population estimates (adjusted by the State Data Center to estimate the number of youth ages 10 through 17), approximating the midpoint of the three years of base crime data displayed. Current population data for the state and counties is the average of estimates by the U.S. Bureau of the Census for 2001, 2002 and 2003 (adjusted

by the State Data Center to estimate the number of youth ages 10 through 17), approximating the midpoint for the three years of recent crime data displayed. Increases in the number of arrests may reflect increases in juvenile crime, changes in police activity and changes in public policy. While policies and practices regarding juvenile arrests may vary from county to county and city to city, it is widely believed that the policies are more consistent for violent crimes than for less serious crimes. Data counts juveniles by age or by race, but age and race cannot be compared. Race is reported as White, African American, American Indian, and Asian. There is no provision for reporting other races. Hispanic ethnicity is reported separately. Several Oklahoma counties reported no juvenile violent crime arrests during the years included in the 2005 Oklahoma KIDS COUNT Factbook. **SOURCE:** Arrest data provided by the Oklahoma State Bureau of Investigation (OSBI). Population data provided by the Oklahoma Census Data Center, Research and Economic Analysis, Oklahoma Department of Commerce (ODOC), using U.S. Bureau of the Census, Population Estimates Division, 1994, 1995, 1996, 2001, 2002 and 2003.

Low Birthweight Infants are live births weighing under 5.5 pounds (2,500 grams). **Very Low Birthweight Infants** are live births weighing under 3 pounds, five ounces (1,500 grams). The data is reported by place of mother’s residence, not place of birth. Births count the total resident live births, the low weight births and the very low weight births and compare two three-year periods (1994 through 1996 and 2001 through 2003), resulting in three-year rates. Race is reported as White, African American, American Indian and Others, with unknown races excluded. Hispanic ethnicity is reported separately. The “race of child” reflects the mother’s race. The state total may vary from the total of all the counties since the state total may include births for which the county of residence was unknown and the total of the counties may exclude births suppressed to protect

confidentiality. **Level of Prenatal Care** addresses the timing and amount of medical care and monitoring an expectant mother receives. The **Recommended Level of Prenatal Care (Adequate)** is care that begins in the first trimester with ten or more visits. Rates are calculated as percentages of all live births. Births count both the total resident live births and those receiving the recommended level of care for the three-year period from 2001 through 2003, resulting in a three-year rate.

SOURCE: Birth, birth weight and prenatal care data provided by Oklahoma State Department of Health (OSDH).

National Survey for Child Health (NSCH) produces national and state-specific prevalence estimates for a variety of physical, emotional and behavioral indicators, and measures children’s experiences with the health care system. NSCH 2003, conducted by the Centers for Disease Control and Prevention’s National Center for Health Statistics, is the second national survey designed to produce valid child health estimates at the state level. The Maternal and Child Health Bureau, U.S. Department of Health and Human Services provided the primary funding for NSCH 2003 Administered through more than 100,000 randomly selected telephone interviews, NSCH 2003 provides current data weighted to represent the population of non-institutionalized children from birth through age 17 nationally and in all states. Each major section in the Focus Section of the 2005 KIDS COUNT Factbook contains a bar chart displaying associated key indicators, presented along with other data drawn from NSCH 2003.

SOURCE: Oklahoma and national NSCH data provided by the National Center for Health Statistics of the Centers for Disease Control and Prevention (CDC) and is available on-line at www.ncshdata.org.

Rural, Mid-Size and Metropolitan are classifications of Oklahoma counties based on population and proximity to metropolitan communities using the

nine-part U.S. Department of Agriculture Rural-Urban Continuum Codes. **Rural** means a county with less than twenty thousand residents living in its cities and towns, having codes numbering 6 (urban population of 2,500 to 19,999, adjacent to a metropolitan county), 7 (urban population of 2,500 to 19,999, not adjacent to a metropolitan county), 8 (completely rural or less than 2,500 urban population, adjacent to a metropolitan county) or 9 (completely rural or less than 2,500 urban population, not adjacent to a metropolitan county). Fifty of Oklahoma's 77 counties are designated as Rural by this definition. **Mid-Size** means a non-metropolitan county with a population of twenty thousand or more residents living in its cities and towns, having codes numbering 5 (urban population of 20,000 or more, not adjacent to a metropolitan county) and 4 (urban population of 20,000 or more, adjacent to a metropolitan county). Ten of Oklahoma's 77 counties are designated as Mid-Size by this definition. **Metropolitan** is a county designed as such by the Office of Management and Budget meaning an urbanized area characterized by population density, urbanization and population growth, having codes numbering 3 (counties in metropolitan areas with fewer than 250,000 population), 2 (counties in metropolitan areas with 250,000 to 1 million population) and 1 (counties in metropolitan areas with 1 million population or more). Seventeen of Oklahoma's 77 counties are designated as Metropolitan by this definition.

SOURCE: Data provided by the Oklahoma Institute for Child Advocacy and Arkansas Advocates for Children and Families using Rural Kids Count! Sharing the Stories and Statistics from Oklahoma and Arkansas (August 2004), Annie E. Casey Foundation.

School Dropouts count youth of any age who quit school without graduating. **High School Dropouts** count youth age 18 and under who quit high school (grades 9 through 12). The data presents the number of school dropouts and high school dropouts for one three-year

period (School Year 2001/2002 through 2003/2004). **High School Dropout Rates** compare the number of high school dropouts under age 19 to the fall enrollment in grades 9 through 12. Recent changes in Oklahoma's method of counting high school dropouts currently prevent comparisons over time. School officials in Oklahoma are required to notify the State Department of Education of the name, address, race and age of any pupil dropping out of school. *Title 70, Okla. Supp. 2005*

§ 35 e (4). Race is reported as White, African American, American Indian, Hispanic and Asian. Other races are counted with Whites. Hispanic children, for the purposes of this data, are counted as a race, rather than an ethnic group preventing precise racial comparisons between this data and other data in the Oklahoma KIDS COUNT Factbook.

SOURCE: Data provided by the Office of Accountability, Education Oversight Board.



ADDITIONAL REFERENCES



- Annie E. Casey Foundation. (2005). *KIDS COUNT Data Book: State Profiles of Child Well-being*. Baltimore, MD.
- Beal, A.C. (September 2004). *Policies to Reduce Racial and Ethnic Disparities in Child Health and Health Care*. Health Affairs, 23(5):171–179. The Commonwealth Fund: New York, N.Y.
- Center for Disease Control & Prevention Division of Oral Health (CDC) and Association of State and Territorial Dental Directors (ASTDD). *National Oral Health Surveillance System (NOHSS)*. www.cdc.gov/nohss/.
- Child & Adolescent Health Service. (no date). *Youth Suicide Prevention: Facts and Statistics for Oklahoma*. Oklahoma State Department of Health: Oklahoma City, OK.
- Child & Adolescent Health Service. (2004). *Teen Pregnancy Prevention: Facts About Oklahoma*. Oklahoma State Department of Health: Oklahoma City, OK.
- DeBiasi, A. & Edelstein, B. (February 2005). *Native American Child Oral Health*. Fact Sheet. Children’s Dental Health Project. www.cdhp.org.
- DeNavas-Walt, C., Proctor, B.D., and Mills, R.J. (August 2004). *Current Population Reports: Income, Poverty, and Health Insurance Coverage in the United States, P60–226*, Economic and Statistics Administration, U.S. Census Bureau: Washington, DC.
- Division of Children and Family Services. (2002). *Child Abuse & Neglect Statistics, Fiscal Year 2002*. Oklahoma Department of Human Services: Oklahoma City, OK.

- Division of Children and Family Services. (2003). *Child Abuse & Neglect Statistics, Fiscal Year 2003*. Oklahoma Department of Human Services: Oklahoma City, OK.
- Division of Children and Family Services. (2004). *Child Abuse & Neglect Statistics, Fiscal Year 2004*. Oklahoma Department of Human Services: Oklahoma City, OK.
- Families USA. (2005). *Paying the Premium: The Added Cost of Care for the Uninsured*. Publication No. 05-101. Washington, D.C.
- Finegold, K. & Wherry, L. (March 2004). *Race, Ethnicity, and Health*. Snapshots3 of America's Families, No. 20. Urban Institute: Washington D.C.
- Hann, N., Ed. (2003). *Mental and Addictive Disorders*. State of the State's Health 2003 Interim Report. Oklahoma State Board of Health & Oklahoma Board of Mental Health and Substance Abuse Services: Oklahoma City, OK.
- Honig, A. (April 5, 2004). *Disparities in Access to Pediatric Dental Care*. Guest Essay. Children's Dental Health Project. www.cdhp.org.
- Howell, E. (August 2004). *Access to Children's Mental Health Services under Medicaid and SCHIP*. New Federalism National Survey of America's Families, Series B, No. B-60. The Urban Institute: Washington, D.C.
- Loprest, P. (August 2003). *Use of Government Benefits Increases Among Families Leaving Welfare*. Snapshots3 of America's Families, No. 6. Urban Institute: Washington D.C.
- National Center for Health Statistics. (September 2003). *United States Census 2000 Population with Bridged Race Categories*. Vital and Health Statistics, Series 2, No. 135. Center for Disease Control and Prevention, U.S. Department of Health and Human Services: Hyattsville, MD.
- Nord, M, Andrews, M. & Carlson, S. (2003). *Household Food Security in the United States, 2003*. Food Assistance and Nutrition Research Report, No. 42. Economic Research Service, U.S. Department of Agriculture: Washington, D.C.
- Office of Accountability. (May 2003). *Profiles 2002 State Report*. Education Oversight Board: Oklahoma City, OK.
- Office of Accountability. (May 2004). *Profiles 2003 State Report*. Education Oversight Board: Oklahoma City, OK.
- Office of Accountability. (May 2005). *Profiles 2004 State Report*. Education Oversight Board: Oklahoma City, OK.
- Oklahoma FIT KIDS Coalition. www.integrallifespan.com/home.html.
- Oklahoma State Department of Health. (Summer 2003). *Update on Type 2 Diabetes Among Oklahoma Children and Adolescents: 2003*. Chronic Disease Service, Vol. 4, No.1. Oklahoma City, OK.
- Oklahoma Institute for Child Advocacy. (2003). *Oklahoma KIDS COUNT Factbook: 2003*. OICA, Oklahoma Department of Commerce, Oklahoma Commission on Children and Youth, s design, Ingraham & Associates, The Annie E. Casey Foundation: Oklahoma City, OK.
- Oklahoma Institute for Child Advocacy. (2004). *Oklahoma KIDS COUNT Factbook: 2004*. OICA, Oklahoma Department of Commerce, Oklahoma Commission on Children and Youth, s design, Ingraham & Associates, The Annie E. Casey Foundation: Oklahoma City, OK.
- Oklahoma State Bureau of Investigation. (2002). *Crime in Oklahoma: 2002 Uniform Crime Report*. Oklahoma City, OK.
- Oklahoma State Bureau of Investigation. (2003). *Crime in Oklahoma: 2003 Uniform Crime Report*. Oklahoma City, OK.
- Oklahoma State Bureau of Investigation. (2004). *Crime in Oklahoma: 2004 Uniform Crime Report*. Oklahoma City, OK.
- Rampersaud, G.C., et al. (2005). *Breakfast Habits, Nutritional Status, Body Weight, and Academic Performance in Children and Adolescents*. Journal of American Dietetic Association, Vol. 105, No. 5.
- U.S. Census Bureau. (July 2005). *Health Insurance Coverage for Oklahoma Counties, 2000: Experimental Estimates*. Small Area Health Insurance Estimates. www.census.gov/cig-bin/hhes/sahie/sahie.cgi.
- Williams, R.D. (October 1995). *Breast-feeding Best Bet for Babies*. FDA Consumer Magazine.