

OKLAHOMA



“Infant Mortality is part of every state’s agenda, a part of its programming, and a part of the work many legislators and governors aim to do while in office.”

–Governor David Walters, Lead Governor
Southern Governors’ Association, April 28, 1992

Anually, approximately 400 infants die before their first birthday in Oklahoma, an average of one infant death each day. Infant deaths in Oklahoma typically result from inadequate prenatal care. Other causes include poverty, maternal and infant neglect and abuse, injuries, accidents, and infections. Infant deaths also can be linked to premature deliveries, especially in young mothers. In 2001, 7,572 babies were born to females under the age of 20 in Oklahoma. Of those, 32 percent, or 2,427 babies, were born to females under the age of 17. Oklahoma ranked 9th highest in the nation in teenage birth rates to females between the ages 15-19 in 2001.⁵⁰ Although the state has several teen pregnancy prevention programs, very few provide an abstinence-only message. According to the *March of Dimes 2000 Perinatal Profiles*, in an average week in Oklahoma, 957 babies are born. Of those, 150 babies are born to teenage mothers, 129 are born to mothers who receive inadequate prenatal care, 71 are born with low birth weight, and 112 are born preterm.

Even though the infant mortality rate is declining in Oklahoma (a 12-percent drop between 1991 and 2001), several related risk indicators are on the rise. In 2002, the percent of mothers beginning prenatal care in the first trimester was 76.8, compared to 80.5 in 1999. The percent of low birth weight infants increased to 7.8 in 2001 from 7.4 in 1999. Between 1991 and 2000, the proportion of all babies born with low birth weights increased nearly 14 percent, and the percentage of all babies born preterm also increased more than 15 percent.⁵¹

Recognizing these challenges, the Department of Health is focusing on reducing the number of infant deaths by concentrating on early childhood care. Areas for improvement also include increasing support for public healthcare and decreasing the number of uninsured women and children. Numerous programs and services have been developed targeting risk populations. Health disparities among minority groups continue to exist, but is not considered significant when determining infant

State Facts 2001*

Infant Mortality Rate	8.0
Preterm Birth Rate	12.7
Low Birth Weight Infants	7.8
Prenatal Care in First Trimester	77.4
Pregnancy/Maternal Smoking	17.9
Teenage Birth Rate (age 15-19)	58.0
Birth Rate to Unmarried Women (age 15-44)	35.2

*Rates are calculated per 1,000 live births, except for low birth weight, prenatal care, and maternal smoking, which are calculated in percent.

mortality rate. Oklahoma is slowly experiencing widespread improvements in the overall health of its citizens. This pace primarily is due to little improvement in the prevalence of smoking and a rise in the percentage of children in poverty.

Children First Program: operated under the Family Health Services, as a community-based voluntary family resource program, offers home visitation to families expecting to deliver and/or parent their first child. The program encourages early and continuous prenatal care, personal development, and the involvement of fathers, grandparents, and other supporting persons in parenting.

Child Care Program: helps to ensure that children and their parents have access to licensed and affordable quality child care. This is accomplished through the administration of the federal Child Care Development Fund and the statewide licensing program. Family Health Services has initiated several programs to improve the quality and quantity of child care. The programs include Reaching for the Stars, TEACH Oklahoma, Oklahoma Child Care Resource and Referral, Family Child Care Home Networks, and First Start.

Children with Special Health Needs Program: provides medical services to special needs children who are not eligible for Medicaid. Services may include food supplements, genetics testing and counseling, and grants to local programs serving community health needs. The program is operated under Family Health Services.





Early Childhood Comprehensive Systems Initiative: seeks to collaborate and create a statewide, multi-agency comprehensive statewide early childhood plan by 2006. This planning grant is funded by the MCH Bureau in an effort to support families and communities to foster the mental and physical development of toddlers and children upon school entry.

Oklahoma Toddler Survey (TOTS): surveys mothers who have participated in PRAMS (Pregnancy Risk Assessment Monitoring System) at the time the child reaches his/her second birthday. The goal is to assure quality healthcare for toddlers and to provide a longitudinal summary of characteristics prior to pregnancy and continuing through the first two years of a child's life.

Oklahoma Birth Defects Registry: provides statewide active surveillance to better understand the incidence, cause, impact, and prevention of birth defects in Oklahoma. Information regarding neural tube defects and resources for services also is provided to parents.

Children's Emergency Services: provides emergency shelters to children who are removed from their own homes due to abuse or neglect. The emergency shelters are located at the Pauline E. Mayer Center in Oklahoma City and the Laura Dester Center in Tulsa. Emergency foster care also is available to provide family foster home placement to children under age 10 in Tulsa and Oklahoma counties for up to 30 days.

Family Support Assistance Program: helps families care for children under the age of 18 who have developmental disabilities.

Family Support Services Program: offers family planning services including examinations and birth control methods to all Medicaid-eligible persons. The AFDC and Title XIX recipients are notified of the availability of the family planning services.

SoonerStart Program: an early intervention program that provides assistance and education to families who have children up to age 3 with developmental delays or physical or mental conditions associated with Down Syndrome, fetal alcohol syndrome, failure-to-thrive, or cerebral palsy. Services include diagnosis and evaluation, case management, family training, counseling, home visits, nursing and nutrition services, and occupational, physical, and speech-therapy. SoonerStart is a voluntary program, and there is no cost for services.

Teen Pregnancy Prevention Program: provides coordination, technical assistance, and evaluation of community-based teen pregnancy prevention projects located in 16 counties. The program implements teen pregnancy prevention strategies that address the identified unmet needs of specific populations of youth who are at high risk for pregnancy.

Youth Risk Behavior Survey: identifies the prevalence of high-risk behaviors among high school students that may lead to poor health outcomes. The six primary risk behavior target measures are tobacco and drug use; unintentional/intentional injuries; alcohol use; sexual behaviors; dietary behaviors; and physical activity. The data establishes a mechanism for communities and schools to work together in developing intervention strategies targeting teenagers who may be vulnerable to, or at high risk, for dangerous health behaviors.

Adolescent Health Program: provides contract monitoring and technical assistance to 10 community-based teen pregnancy prevention projects in 12 counties. These projects address teen pregnancy by implementing research-based curricula to young teens that target knowledge, attitude, and behavioral intention around early sexual involvement and providing education for parents of adolescents and teenagers on how to become the primary sex educators.

Oklahoma Commission on Children and Youth: created by the Legislature for the purpose of providing independent oversight of the children and youth service system, assisting local communities in the development of partnership boards to improve and increase needed services for children and their families, and providing leadership on children's issues through test models and demonstration projects.



Child Care Warmline (1-888-574-5437): offers free telephone consultation to child care providers on numerous topics of concern.

Oklahoma Abstinence Education Project: provides community-based, medically accurate, and age appropriate sexual abstinence-only projects to teenagers. The project aims at reducing the proportion of teenagers age 17 and younger who have engaged in sexual intercourse, lowering the pregnancy and birth rates, and reducing the incidence of sexually transmitted diseases among teenagers.

Early Childhood Development and Parent Education Program: provides education and consultation on child development, play and learning activities, and developmental assessments of children up to age 5.

Please Be Seated Program: initiated in 1992 to allow concerned citizens to report moving vehicles carrying unrestrained children. Patterned after a program in Virginia, the program allows motorists to carry Please Be Seated postcards in their vehicles and use them to report non-compliant drivers. The postcards request the tag number of the vehicle, date and time of reported offense, and number and ages of unrestrained children. The owner of the vehicle will then receive a packet with information on the importance of buckling up children and child passenger safety resources. Please Be Seated is solely educational, and drivers are not reported to law enforcement.

SAFE KIDS Buckle Up Program: provides child safety seat check-ups and child passenger safety training classes for professionals and other interested advocates in an effort to get more children properly restrained in vehicles.

