



TOTS Brief

The Oklahoma Toddler Survey

What is TOTS?

The Oklahoma Toddler Survey (TOTS) is a two-year follow-back survey to the Oklahoma Pregnancy Risk Assessment Monitoring System (PRAMS) survey.

TOTS, developed in 1994, provides a glimpse into the health of Oklahoma's toddler population. Key topics include health insurance, child care, safety, tobacco exposure, nutrition, illness and activity limitations,

injury, family structure, and maternal and paternal demographics.

Mothers with live infants who respond to the PRAMS survey are sent a TOTS survey the month their children turn 2-years-old. TOTS is a mixed-mode surveillance system. Two mail surveys are sent in an effort to gain participation followed by telephone surveillance for non-respondents.

The response rate for 2007-2009 data was 73.8% (n=4,001). Data were weighted to represent the 2-year-old's birth cohort for those years.

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In Oklahoma:

- Seventy-eight percent of 2-year-olds were up to date on their immunizations.
- Sixty percent of 2-year-olds received the majority of their immunizations at a private doctor's office.
- Almost 16% of 2-year-olds received most of their shots at their local county health department.
- One in 15 women reported difficulties obtaining shots for their toddlers.
- The most commonly reported difficulty was getting an appointment.

Immunizations for Toddlers

Immunizations protect the health and well-being of children in Oklahoma, preventing serious illnesses and diseases.

According to linked TOTS and Oklahoma State Immunization Information System (OSIIS) data, by 24 months, 78.4% of toddlers in Oklahoma were up-to-date on the 4:3:1:3:3 series. This means that they have received four diphtheria, tetanus, and pertussis (DTaP); three Polio; one Measles, Mumps, and Rubella (MMR); three

Haemophilus influenzae type B (Hib); and three Hepatitis B vaccinations or shots.

Most toddlers in Oklahoma received the majority of their vaccinations or shots at a private doctor's office (60.1%). The second most common place to receive immunizations was a county health department (15.8%). Other places where toddlers received vaccinations included hospital clinics (9.5%), Indian Health Service (IHS) or tribal facilities (4.3%), community

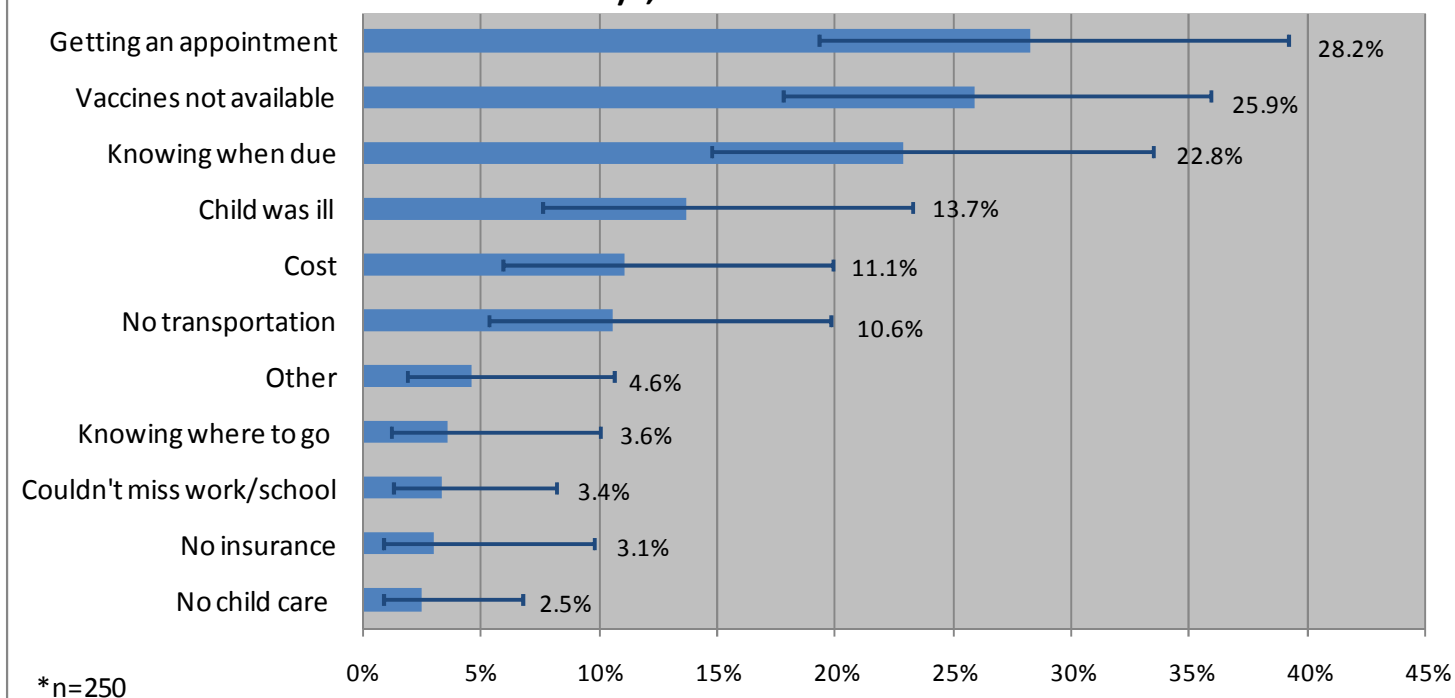
or free clinics (3.9%), military facilities (2.0%), and Other (3.5%); data not shown. One percent of 2-year-olds had not received immunizations at the time of the survey.

For some toddlers, barriers to receiving timely immunizations existed. For 2007-2009, 6.4% of 2-year-olds in Oklahoma had barriers or difficulties getting their immunizations. These included barriers that related to getting an appointment, knowing



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Figure 1: Immunization barriers among mothers who reported difficulty obtaining immunizations for their two-year-olds (with 95% Confidence Intervals)*, TOTS 2007-2009



One in ten women with difficulties getting their toddler's immunizations reported it was due to a lack of transportation.

Immunizations, Continued...

when shots were due, transportation, and clinic availability for certain shots (See Figure 1). Mothers were able to choose multiple responses. Being able to get an appointment for an immunization visit was a problem for more than one-fourth of the women who reported difficulties getting immunizations. Difficulties with vaccine availability at their provider or clinic and the mother's knowledge about when shots were due were the next most commonly cited barriers.

In general, women who reported difficulties obtaining immunizations for their toddlers were not statistically different from women who reported they did not have difficulties, with a few exceptions. Mothers who were less than 20-years-old when their toddlers were born were more likely than women 30-34-years-old at delivery to report difficulties getting immunizations (9.1% vs. 3.4%).

Women who reported in PRAMS that their pregnancy was unintended were almost twice as likely as women with intended pregnancies to report difficulties (8.1% vs. 4.9%). Maternal race, ethnicity, education, marital status, parity, insurance status of the toddler, and whether the toddler lived in a rural or urban area were not statistically significant.

The low number of women reporting a difficulty getting an immunization for their toddler was cause to revise the current question. Beginning in 2011, mothers will be asked about their reasons for delaying or deciding not to get some or all shots, to include the mother's personal beliefs about immunizations. By better understanding what guides these decisions, providers can target interventions to increase rates statewide.

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