HEALTH STATUS OF AFRICAN AMERICANS IN ARKANSAS

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ARKANSAS MINORITY HEALTH COMMISSION
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EXECUTIVE SUMMARY

This report presents data on demographic and socioeconomic characteristics, health status, morbidity and mortality, maternal and child health, health protecting and behavioral risk factors, and access to health care among African American/Black Arkansans in comparison with White, non-Hispanic Arkansans.

KEY FINDINGS OF THIS REPORT

Education – Approximately 21.5% of African Americans 25 years of age and over had less than a high school education, compared to 14.2% of Whites; rates were similar between the two races for high school graduation.

Income – The median income of households in Arkansas was significantly lower for African Americans ($23,839) than for Whites ($41,343). In addition, 34.3% of all African Americans were in poverty, compared to 14.4% of Whites.

Morbidity – Over the past several years, African Americans were told they had asthma, diabetes, and hypertension at higher rates than Whites; conversely, Whites were told they had angina/heart disease and heart attack at higher rates.

Mortality – Mortality rates of African Americans were significantly higher than those of Whites for most cancers, HIV, and homicide, but lower for motor vehicle crashes and suicide.

Maternal and Child Health – HIV testing during pregnancy or delivery was higher for African Americans (64.7%) than for White women (55.6%), and a lower proportion of African American mothers reported smoking during pregnancy (12.5%) than did white mothers (29.7%). However, rates of unintended pregnancy, inadequate prenatal care, low birth weight, and infant mortality and were higher for African Americans than for Whites.

Behavioral Risk Factors – A higher proportion of African Americans were overweight or obese (82.7%) compared to Whites (66%).

Access to Care – While Whites made up 63% of Medicaid enrollees, nonelderly African Americans were more likely (26%) to have Medicaid coverage than were Whites (16%).
INTRODUCTION

This report provides information about major health indicators for the African American/black and white, non-Hispanic population of Arkansas. ‘African American/Black’ is defined as a person having origins in any of the black racial groups of Africa. ‘White’ is defined as a person having origins in any of the original peoples of Europe, the Middle East, and North Africa. For the purposes of this report, ‘White’ does not include persons with Hispanic or Latino heritage. Most data sources base race upon self-identification.

This report presents data on demographic and socio-economic characteristics, health status, morbidity and mortality, maternal and child health, health protecting and behavioral risk factors, and access to health care among African American/black Arkansans in comparison with white, non-Hispanic Arkansans.
POPULATION DISTRIBUTION

As of July 1, 2010, Arkansas’ population was 2.9 million persons of whom 74.5% were white, 15.3% were African American, 6.4% were Latino, 1.2% were Asian, 0.7% were American Indian and Alaska Native, and 0.2% were Native Hawaiian and Pacific Islander. The proportion of African Americans in Arkansas’ population decreased slightly from 2000 to 2010, falling from 15.7% (418,950 persons) to 15.3% (447,102 persons). The African American population in Arkansas is unequally distributed geographically. Together, five counties—Crittenden, Jefferson, Mississippi, Pulaski, and St. Francis Counties—are home to more than half of the African Americans who live in Arkansas. Conversely, some counties—for example, Stone, Newton, Searcy, Baxter, Madison, and Marion—have very few African American residents. The racial distribution of Arkansas follows a pattern in which the African American population is concentrated toward the southeast portion of the state, while the northwest portion of Arkansas is primarily White.
African American, Percent of County Population: 2010
(Source: U.S. Census Bureau, GCT-PL1)
DEMOGRAPHIC CHARACTERISTICS

Age (by Gender)

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Distribution
Household and Families  6
MEDIAN AGE

**Median age** is defined as one age that divides the population evenly. Half of the population is older and half is younger.

If a population's older adults outnumber its young children, the median age will be higher; if the young outnumber the old, the median age will be lower.\(^3\)

The African American population in Arkansas trends younger in comparison to the white, non-Hispanic population.

AGE DISTRIBUTION

\[\text{Source: U.S. Census Bureau, Census 2010 Summary File (SF 1)}\]

```
<table>
<thead>
<tr>
<th>Age Group</th>
<th>African American</th>
<th>White, non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18 Years</td>
<td>29.8%</td>
<td>8.4%</td>
</tr>
<tr>
<td>18 to 34 Years</td>
<td>26.0%</td>
<td>17.1%</td>
</tr>
<tr>
<td>35 to 64 Years</td>
<td>35.8%</td>
<td>40.5%</td>
</tr>
<tr>
<td>65 Years and Over</td>
<td>10.4%</td>
<td>21.0%</td>
</tr>
</tbody>
</table>
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In 2010, families made up only 64.8% of households for African Americans, a proportion slightly smaller than among white households (67.5%). There were fewer African American married-couple households (27.4%) than white married-couple family households (53.5%) in Arkansas. Moreover, 31.6% of households for African Americans in Arkansas were female householders with no husband present. This was much higher than white female householders with no husband present (9.9%). Nonfamily households made up 35.2% of African American and 32.5% of white households in Arkansas. Most of the nonfamily households were people living alone, but some were composed of people living in households in which no one was related to the householder. Average household size was similar for African Americans and Whites (2.5 and 2.4, respectively), as was average family size (3.2 and 2.9, respectively).
# Socio-Economic Characteristics

<table>
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<td>Families with Children</td>
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<tr>
<td>Under 18 Years</td>
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<tr>
<td>Population</td>
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Educational attainment refers to the highest level of education completed and is an indicator of the general level of education in a population. Generally, higher levels of education are positively associated with economic success and inversely associated with unemployment.\(^5\)

High educational attainment has been linked to many positive health outcomes, such as higher life expectancy and better health quality for educated parents’ children. In addition, it leads to increased health knowledge, better working conditions, and increased social and economic resources.\(^4\)

In 2010, approximately 22% of African American persons 25 years and over had less than a high school education. The proportions of African Americans and Whites that are high school graduates are similar.

In 2010, African Americans were less likely to have a bachelor’s degree (8.4%) or a graduate or professional degree (3.8%) than Whites (14.2% and 6.8%, respectively).

“People with more education are more likely to live in health-promoting environments that encourage and enable them to adopt and maintain healthy behaviors.”\(^4\)

The Robert Wood Johnson Foundation
EMPLOYMENT STATUS

Source: U.S. Census Bureau, 2010 American Community Survey, C23002B & C23002H.

[Bar chart and pie chart showing employment status by race and occupation for African Americans and White, non-Hispanics.]

Source: U.S. Census Bureau, 2010 American Community Survey, B24010H and B24010B
**INCOME, MEDIAN***
Source: U.S. Census Bureau, 2009 American Community Survey Selected Population Profile, S0201

Median income is a midpoint measure: half of incomes are above this value and half are below.  

Median income of households in Arkansas was $23,839 for African Americans and $41,343 for Whites.

For families, married-couples, and female householders (no husband present), median incomes were far lower for African Americans than Whites.

* Income in the past 12 months (in 2009 inflation-adjusted dollars)

**INCOME, PAST 12 MONTHS***
Source: U.S. Census Bureau, 2009 American Community Survey Selected Population Profile, S0201

* Income in the past 12 months (in 2009 inflation-adjusted dollars)
MARITAL STATUS

Source: U.S. Census Bureau, 2010 American Community Survey, B12002B and B12002H

Population 15 Years and Over

- **Now Married, except Separated**: 29.7% African American, 55.4% White, non-Hispanic
- **Widowed**: 6.6% African American, 7.9% White, non-Hispanic
- **Divorced**: 13.9% African American, 13.2% White, non-Hispanic
- **Separated**: 5.1% African American, 2.1% White, non-Hispanic
- **Never Married**: 21.5% African American, 44.7% White, non-Hispanic

Population by Gender

- **Females**
  - **Now Married, Except Separated**: 26.7% African American, 53.4% White, non-Hispanic
  - **Widowed**: 9.9% African American, 12.1% White, non-Hispanic
  - **Divorced**: 15.1% African American, 13.8% White, non-Hispanic
  - **Separated**: 5.7% African American, 2.4% White, non-Hispanic
  - **Never Married**: 18.3% African American, 42.5% White, non-Hispanic

- **Males**
  - **Now Married, Except Separated**: 33.1% African American, 57.4% White, non-Hispanic
  - **Widowed**: 2.8% African American, 3.3% White, non-Hispanic
  - **Divorced**: 12.5% African American, 12.5% White, non-Hispanic
  - **Separated**: 4.5% African American, 1.7% White, non-Hispanic
  - **Never Married**: 25.0% African American, 47.1% White, non-Hispanic
The U.S. Census Bureau calculates poverty thresholds based on family size and the age of its members. Individuals or families are considered to be in poverty if all sources of income combined (excluding noncash benefits such as food stamps or housing subsidies) equal a value under this threshold.\(^6\)

In 2010, the percentage of the population under the poverty threshold was higher among African Americans than among Whites. Among all persons, African Americans were more than twice as likely to live in poverty compared to their white counterparts. Furthermore, African American families and adults 65 years and older were more than twice as likely to live in poverty compared to white families.

Forty-two percent of African American families with related children under 18 years lived below the poverty threshold, which was significantly higher compared to white families with related children under 18 years (17.4%).

“Economic research suggests that individuals living in poverty face an increased risk for adverse outcomes, such as poor health, criminal activity, and low participation in the workforce.”\(^7\)

U.S. Government Accountability Office
Studies have shown that self-reported general health questions can be a predictor of mortality. Generally, responses such as “poor” are associated with higher levels of mortality than responses of “very good” or “excellent.”

General health questions can be useful because they assess not only current health status, but also perceived future health. In addition, they can help quantify aspects of health that cannot be measured by mortality and morbidity rates alone, and identify people with certain health needs.

In 2010, when asked how their health was in general, 21.3% of African Americans reported that it was ‘excellent’ compared to 18.3% Whites. Another 23.4% of African Americans reported it was ‘very good’.

In 2010, 75.8% of African Americans reported ‘good or better health.’ However, 24.2% of African Americans rated their health as ‘fair or poor.’ This proportion was higher than that found among Whites (17.9%).
MORBIDITY

Asthma 16
Diabetes 16
Heart Disease 17
Hypertension 18
Stroke 18
**ASThma**

Asthma is a chronic lung disease in which the airways constrict, making it difficult to breathe. This can lead to coughing, wheezing, chest tightness, and shortness of breath.\(^\text{11}\)

From 2008 to 2010, a higher proportion of African Americans reported that they had previously been told they had asthma.

In 2010, 14.0% of African American adults reported ‘ever been told they have asthma,’ compared to 13.3% of white adults.

**Diabetes**

Diabetes is a disease in which the body has difficulty producing and/or using insulin, causing high blood glucose levels. Type 1 diabetes is usually diagnosed at young ages; Type 2 is typically associated with factors such as obesity and physical inactivity, and is more common in certain populations, such as African Americans and the elderly.\(^\text{12}\)

The prevalence of diabetes among African Americans in Arkansas has shifted over the past few years. In 2010, diabetes was more common among African American adults (11.6%) than among white adults (9.3%).
Heart disease is a term which refers to multiple heart conditions. The most common heart disease in the United States is coronary heart disease, a condition in which plaque accumulates on the interior of arteries in the body, causing them to harden and narrow. A heart attack can occur if blood flow to the heart is blocked by this plaque build-up.

Heart disease is the leading cause of death in the U.S., but risk can be lowered by controlling these risk factors: high cholesterol, high blood pressure, smoking, diabetes, overweight or obesity, physical inactivity, and unhealthy diet.\textsuperscript{11}

From 2007 to 2008, the proportion of African Americans who had ever been told they had angina (chest pain) or coronary heart disease rose slightly (from 4.7% to 5.2%). However, in 2010 this proportion dropped to 1.8%. In all three years, African Americans were less likely to be told they had angina or coronary heart disease than were Whites.

Similarly, from 2008-2010, the number of African Americans who had ever been told they had a heart attack decreased from 5.5% (2008) to 3.6% (2010). Whites reported similar rates, except in 2010 (5.2%).
**HYPERTENSION**

Blood pressure measures the force of the blood against artery walls as the heart pumps blood. **Hypertension** occurs when blood pressure is elevated for extended periods of time; it also increases the risk of heart disease.\(^{11}\)

The proportion of African Americans who had ever been told they had high blood pressure rose from 37.5% in 2007 to 42.2% in 2009. For each recent year data is available (2005, 2007, & 2009), African Americans demonstrate a higher proportion than Whites on this health indicator.

**STROKE**

A **stroke** is the result of a blood flow interruption (e.g., due to a blood clot or artery rupture) which prevents blood flow to the brain. When brain cells die during a stroke due to the lack of oxygen, various problems can result depending on the part(s) of the brain affected, such as memory loss, speech complications, and paralysis.\(^{13}\)

The proportion of African Americans who reported ever being told they had had a stroke spiked in 2009 at 7%, but dropped to 2.3% in 2010.
MORTALITY

All Causes 20

Leading Causes of Death by Age Group 21

Cancer, All 22
  Breast Cancer 22
  Cervical Cancer 23
  Colorectal Cancer 23
  Lung Cancer 24
  Prostate Cancer 24

Heart Disease 25

HIV/AIDS 25

Homicide 26

Motor Vehicle Accident 26

Stroke 27

Suicide 27
Ten Leading Causes of Death, All Ages, 2005-2009

Source: CDC Web-based Injury Statistics Query and Reporting System (WISQARS).

### African American, both Sexes

<table>
<thead>
<tr>
<th>Cause</th>
<th>Cases</th>
</tr>
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<tbody>
<tr>
<td>01 Heart Disease</td>
<td>4,914</td>
</tr>
<tr>
<td>02 Malignant Neoplasms</td>
<td>4,154</td>
</tr>
<tr>
<td>03 Cerebrovascular Disease</td>
<td>1,392</td>
</tr>
<tr>
<td>04 Diabetes Mellitus</td>
<td>1,003</td>
</tr>
<tr>
<td>05 Unintentional Injury</td>
<td>886</td>
</tr>
<tr>
<td>06 Nephritis</td>
<td>641</td>
</tr>
<tr>
<td>07 Homicide</td>
<td>594</td>
</tr>
<tr>
<td>08 Septicemia</td>
<td>509</td>
</tr>
<tr>
<td>09 Chronic Lower Respiratory Disease</td>
<td>471</td>
</tr>
<tr>
<td>10 Influenza &amp; Pneumonia</td>
<td>361</td>
</tr>
</tbody>
</table>

### White, non-Hispanic, both Sexes

<table>
<thead>
<tr>
<th>Cause</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Heart Disease</td>
<td>31,771</td>
</tr>
<tr>
<td>02 Malignant Neoplasms</td>
<td>27,463</td>
</tr>
<tr>
<td>03 Chronic Lower Respiratory Disease</td>
<td>7,912</td>
</tr>
<tr>
<td>04 Cerebrovascular Disease</td>
<td>7,531</td>
</tr>
<tr>
<td>05 Unintentional Injury</td>
<td>5,926</td>
</tr>
<tr>
<td>06 Alzheimer's Disease</td>
<td>3,701</td>
</tr>
<tr>
<td>07 Influenza &amp; Pneumonia</td>
<td>3,534</td>
</tr>
<tr>
<td>08 Diabetes Mellitus</td>
<td>3,224</td>
</tr>
<tr>
<td>09 Nephritis</td>
<td>2,544</td>
</tr>
<tr>
<td>10 Septicemia</td>
<td>1,978</td>
</tr>
</tbody>
</table>
### LEADING CAUSES OF DEATH (AGE GROUP)

Source: CDC Web-based Injury Statistics Query and Reporting System (WISQARS).

#### Top Five Leading Causes of Death 2005-2009

**Children, Adolescents, and Young Adults**

**African American**

#### CHILDREN AGES 1-14 YEARS

1. Unintentional Injury (motor vehicle traffic, fire/burn, drowning & other)  
2. Homicide (unspecified, firearm & other)  
3. Heart Disease  
4. Cancer  
5. Congenital Anomalies

#### ADOLESCENTS AGES 15-19 YEARS

1. Unintentional Injury (motor vehicle traffic, drowning & other)  
2. Homicide (firearm, cut/pierce & other)  
3. Suicide (firearm & suffocation)  
4. Congenital Anomalies  
5. Heart Disease

#### YOUNG ADULTS AGES 20-44 YEARS

1. Homicide (firearm, cut/pierce & other)  
2. Heart Disease  
3. Unintentional Injury (motor vehicle traffic, fire/burn & other)  
4. Cancer  
5. HIV

#### MIDDLE-AGED ADULTS 45-64 YEARS

1. Cancer  
2. Heart Disease  
3. Cerebrovascular Disease or Stroke  
4. Diabetes Mellitus  
5. Unintentional Injury (motor vehicle traffic, fire/burn & other)

#### ADULTS 65 YEARS AND OLDER

1. Heart Disease  
2. Cancer  
3. Cerebrovascular Disease or Stroke  
4. Diabetes Mellitus  
5. Nephritis

---

#### White, non-Hispanic

#### CHILDREN AGES 1-14 YEARS

1. Unintentional Injury (motor vehicle traffic, drowning, fire/burn & other)  
2. Cancer  
3. Heart Disease  
4. Congenital Anomalies  
5. Homicides (firearm & unspecified)

#### ADOLESCENTS AGES 15-19 YEARS

1. Unintentional Injury (motor vehicle traffic, drowning & other)  
2. Suicide (firearm, suffocation & other)  
3. Homicide (firearm, suffocation & other)  
4. Heart Disease  
5. Cancer

#### YOUNG ADULTS AGES 20-44 YEARS

1. Unintentional Injury (motor vehicle traffic, poisoning & other)  
2. Heart Disease  
3. Suicide (firearm, suffocation & other)  
4. Cancer  
5. Homicide (firearm, cut/pierce & other)

#### MIDDLE-AGED ADULTS 45-64 YEARS

1. Cancer  
2. Heart Disease  
3. Unintentional Injury (motor vehicle traffic, poisoning & other)  
4. Chronic Lower Respiratory Disease  
5. Diabetes Mellitus

#### ADULTS 65 YEARS AND OLDER

1. Heart Disease  
2. Cancer  
3. Chronic Lower Respiratory Disease  
4. Cerebrovascular Disease or Stroke  
5. Alzheimer’s Disease
ALL CANCER

Cancer refers to a group of diseases involving the uncontrollable growth and spread of abnormal cells in the body. These diseases can result in death if the growth isn’t controlled.

Risk factors vary by cancer type, but the most common are older age, tobacco use, sunlight, radiation, poor nutrition, physical inactivity, and obesity.

The most commonly diagnosed cancers include those of the bladder, breast, colon/rectal, and lung.

BREAST CANCER

Breast cancer forms in breast tissues and may spread to other parts of the body.

Given current trends, it is estimated that 1 in 8 women born now will be diagnosed with breast cancer at some point in their lives.

Risk factors for breast cancer include older age, excessive alcohol use, family history, race, and lack of physical activity.

In 2008, age-adjusted death rate for all cancer sites combined was substantially higher for African Americans (250.2 per 100,000) than for Whites (197.3 per 100,000). According to Arkansas’ Healthy People 2020 Health Status Report, the state goal is to lower cancer mortality rates to 160 cancer deaths per 100,000 persons per year.

In 2008, age-adjusted death rate for breast cancer was higher among African American females (27.6 per 100,000) compared to white females (20.7 per 100,000).

Source: CDC Wonder Online Database, 2008
CERVICAL CANCER

**Cervical cancer** forms in the tissues of the cervix, and is usually caused by human papillomavirus (HPV).

Because it is a slow-growing cancer, it can usually be found with regular pap tests, making these screenings essential to prevention.

The risk of cervical cancer is increased by:

- HPV infection
- smoking
- long term use of oral contraceptives
- high number of full-term pregnancies (7+)

In 2007-2008, age-adjusted death rate for **cervical cancer** was greater among African American females (5.3 per 100,000) than among white females (2.9 per 100,000). According to Arkansas’ Healthy People 2020 Health Status Report, the goal is 2 uterine cervix deaths 100,000 persons per year.

COLORECTAL CANCER

**Colorectal cancer** forms in the colon or the rectum, the two organs which form the large intestine.

Experts recommend screenings for colorectal cancer for people aged 50 and older.

Risk factors for colorectal cancer include:

- Age (50+)
- colorectal polyps
- family history of cancer
- personal history of cancer
- ulcerative colitis or Crohn’s disease
- smoking

In 2008, age-adjusted death rate for **colorectal cancer** was significantly higher among African Americans (29.5 per 100,000) than among Whites (18.7 per 100,000). According to Arkansas’ Healthy People 2020 Health Status Report, the goal is 14.5 colorectal cancer deaths 100,000 persons per year.
**LUNG CANCER**

*Lung cancer* forms in the lungs but, like other types of cancer, may spread to other parts of the body.

Cigarette smoking is the most common cause of lung cancer.

Symptoms include persistent cough, difficulty breathing, constant chest pain, fatigue, unexplained weight loss, and coughing up blood.¹⁴

In 2008, rates for lung cancer deaths were similar for African Americans and Whites.

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**PROSTATE CANCER**

*Prostate cancer* forms in the tissues of the prostate, a gland in the male reproductive system.

Prostate cancer is the second most common cancer in men in the United States.

Prostate cancer is more common among African American men than among white men.

Risk factors for prostate cancer include:¹⁴

- age (65+)
- family history
- race

In 2008, the age-adjusted death rate from *prostate cancer* among African American males (55.4 deaths per 100,000) was more than twice the rate among white males (20.2 deaths per 100,000).
HEART DISEASE

Heart disease is the number one cause of death for both men and women in America.

In 2008, it was responsible for almost a quarter of all deaths in the United States.

Heart disease can lead to further complications, such as heart attack, heart failure or arrhythmia.\(^1\)

In 2008, age-adjusted death rate for heart disease was significantly higher for African Americans (272.7 deaths per 100,000) than for Whites (224.9 per 100,000).

HIV

HIV, or human immunodeficiency virus, is a devastating disease which attacks the body’s immune system. These attacks result in an increased risk of contracting other illnesses, such as pneumonia or tuberculosis.

It is estimated that about 21% of the 1.1 million Americans living with HIV don’t know they’re infected with the virus.

Modern treatments can suppress the virus, but there is currently no cure.

In the U.S., HIV disproportionately affects African Americans.\(^1^5\)

In 2008, age-adjusted death rate for HIV was considerably higher for African Americans (7.6 per 100,000) than for Whites (1.5 per 100,000). According to Arkansas’ Healthy People 2020 Health Status Report,\(^1^0\) the goal is 3.3 HIV infection deaths per 100,000 persons per year.
HOMICIDE

Homicide refers to willful killing of another human being. Statistics generally don’t include negligent manslaughter, accidents, or suicides.

Nationally, African Americans are disproportionately affected by homicide: though they made up only 12% of the U.S. population from 1980 – 2008, they were victims in 47% of the homicides occurring during the same time period.16

The national Healthy People 2020 goal is to reduce homicides to 5.5 deaths per 100,000 people.8

MOTOR VEHICLE ACCIDENTS

Nationwide, motor vehicle crashes are the leading cause of death among people 5-34. In addition, motor vehicle crash fatalities per mile traveled increase dramatically after age 75.

Ways to prevent motor vehicle fatalities include:17
  • increasing seat belt use
  • deterring impaired driving
  • reducing distracted driving

According to Arkansas’ Healthy People 2020 Health Status Report,10 the goal is 12.4 MVA deaths per 100,000 people per year.
STROKE

About 800,000 people have a stroke annually in the U.S. Even when strokes aren’t fatal, they can result in serious disability.

African Americans, on average, are twice as likely as Whites to suffer a stroke. In addition, they are more likely to die from a stroke.

Early detection is essential in the survival of a stroke: the most common symptom noticed by sufferers is sudden numbness on one side of the body.18

In 2008, age-adjusted death rate for stroke was significantly higher for African Americans (71.6 per 100,000) than for Whites (50.1 per 100,000). The Arkansas’ Healthy People 2020 Health Status Report goal is to reduce stroke deaths to 33.8 per 100,000 people.10

Source: CDC Wonder Online Database, 2008

SUICIDE

Suicide is a complex public health issue with many underlying causes.

Generally, African Americans tend to have lower suicide rates compared to Whites.

Common risk factors include:19

- Depression
- Prior attempt(s)
- Personal/family history of mental illness, substance abuse, or suicide
- Family violence

The national Healthy People 2020 goal is to reduce suicide deaths to 10.2 per 100,000 people.8

In 2008, age-adjusted death rate for suicide was far less for African Americans (5.3 per 100,000) in comparison to Whites (18.5 per 100,000).

Source: CDC Wonder Online Database, 2008
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In 2009, 41% of births in Arkansas were to unmarried women.

Nationally, rates of births to unmarried mothers are higher among African Americans than among Whites.²⁰

Births to unmarried mothers have been linked to:²¹
- Low birthweight
- Preterm birth
- Infant mortality
- Higher poverty rates

In 2009, 82% of all African American births were to unmarried mothers, a significantly higher proportion than among Whites (35%).

Infant mortality refers to deaths of infants less than one year of age.

In 2007, the rate for infant mortality among African Americans was 2.4 times higher than the rate among Whites nationally.

Common causes of infant mortality include:²²
- Prematurity
- Sudden infant death syndrome (SIDS)
- Congenital malformations
- Unintentional injury

Infant mortality rate (per 1,000 live births) was substantially higher among African Americans (13.1) than Whites (6.9) in 2007. According to Arkansas’ Healthy People 2020 Health Status Report, the objective goal is 4.5 infant deaths per 1,000 live births.
HIV TESTING DURING PREGNANCY OR DELIVERY

Maternal HIV testing is recommended for all mothers, regardless of whether they believe they’re infected with the virus. Testing is an important aspect of prenatal care, and can result in medications that can prevent passing the virus on to the infant. HIV-positive mothers who receive no interventions pass the virus to their baby up to 25% of the time, but with treatment, this proportion can be as low as 1-2%.24

In 2008, 64.7% of African American pregnant women reported having a HIV test during pregnancy or delivery, substantially higher than the percentage found among white pregnant women.

LIVE BIRTHS

A live birth is formally described as a birth in which the infant shows any sign of life, including breath, heart rate, or movement.25

According to the CDC, over 4.1 million births were reported in the United States in 2009.

In Arkansas, 39,808 births were reported in 2009.20

In 2009, 19.2% of Arkansas live births were to African American women.

In 2009, 67.8% of Arkansas live births were to white women.
**LOW BIRTH WEIGHT**

Infants born weighing less than 2,500 grams (5 lbs., 8 oz.) are considered low birth weight.

Most infants born at low birth weight are also premature (born before 37 weeks).

Low birth weight infants have a higher risk of death and long term health problems than those born at healthy weights.

Nationally, rates of low birth weight are higher among African Americans than among Whites.26

In 2009, 14.8% of infants born to African American mothers were classified as low birth weight, compared to 7.6% of infants born to white mothers.

**MOTHERS WHO SMOKED DURING PREGNANCY**

In addition to harming themselves, mothers who smoke during pregnancy put their unborn babies at risk as well.

Smoking during pregnancy has been linked to multiple health problems, including:27

- preterm birth
- low birth weight
- SIDS
- certain birth defects (e.g., cleft palate)

In 2008, a lower proportion of African American mothers reported smoking during the last three months of pregnancy (12.5%) than did white mothers (29.7%).
PHYSICAL ABUSE

Physical abuse during pregnancy puts both the mother and unborn child at risk.

Physical abuse during pregnancy can lead to:
- miscarriage
- vaginal bleeding
- premature birth
- low birth weight

In Arkansas from 2006-2008, African American mothers were, on average, less likely to get adequate prenatal care than white mothers.

INADEQUATE PRENATAL CARE

Prenatal care is described as inadequate when it doesn’t begin until after the 4th month of pregnancy, and/or when mothers attend less than 50% of the recommended doctor visits.

Infants born to mothers who received inadequate prenatal care are at increased risk of low birth weight and prematurity.

Factors associated with inadequate prenatal care include:
- poverty
- pregnancy denial or apathy
- lack of transportation
- low maternal education levels

In Arkansas from 2006-2008, African American mothers were, on average, less likely to get adequate prenatal care than white mothers.
TEENAGE PREGNANCY

Source: CDC Wonder Online Database, 2009

UNINTENDED PREGNANCY

An unintended pregnancy is one that the mother describes as either unwanted or mistimed.8

Nationally, almost half of pregnancies are unintended. The rate for Arkansas is slightly higher, with 56% of pregnancies unintended in 2006.36

Unintended pregnancies are associated with several negative outcomes, including delay of prenatal care and maternal depression. These infants are more likely to be born with birth defects and low birth weight, and have behavioral or emotional problems as they grow.8

In 2008, the percentage of mothers who described their pregnancies as unintended was significantly higher for African American mothers (71.6%) than for white mothers (47.9%).

Source: CDC PRAMS: CPONDER, 2008
# Health Protecting / Behavioral Risk Factors

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**CHOLESTEROL CHECK**

**Cholesterol checks** are important for determining the level of cholesterol in the blood; high blood cholesterol leads to increased risk of coronary heart disease, heart attack, and stroke.

Because people with high blood cholesterol frequently show no symptoms, it is recommended that adults have their cholesterol levels checked at least once every five years.¹¹

According to Arkansas’ *Healthy People 2020 Health Status Report,* the goal is to have 82.1% of adults reporting having their blood cholesterol checked within the last 5 years.

In 2009, the percentage of African Americans reporting ever having their cholesterol checked was 78.3%.

When asked whether they had their cholesterol checked during the past five years, 76.7% of African Americans reported having it checked.

Of respondents who had their cholesterol checked, 39.4% of African Americans reported they had been told it was high in 2009.
Colorectal cancer usually begins with precancerous polyps in the colon or rectum. Therefore, screening is essential to detect and remove these polyps before they develop into cancer.

The following screening tests are recommended after age 50:²

- **Fecal Occult Blood Test (FOBT):** This screening uses either chemicals or antibodies to detect blood in the stool; a kit is provided for a sample to be collected at home, and the samples are sent to a lab for analysis. Recommended yearly.

- **Flexible Sigmoidoscopy:** A doctor uses a thin, flexible lighted tube inserted into the rectum to check for polyps or cancer that may be inside it or the lower portion of the colon. Recommended every 5 years.

- **Colonoscopy:** Similar to sigmoidoscopy but with a longer tube, the doctor checks for polyps or cancer inside the rectum and the entire colon. This test also allows the doctor to remove most polyps and cancers, and can be used as a follow-up test for unusual results of another screening test. Recommended every 10 years.

In 2010, 86.4% of African Americans 50 years old or older reported not having a fecal occult blood test within the past 2 years.

In 2010, 48.4% of African American adults 50+ reported not ever having a sigmoidoscopy or colonoscopy screening test.
**PAP SMEARS**

During a pap smear, cells from the cervix are collected and then analyzed by a lab.

Cervical cancer can be prevented if abnormal cells are found early and treated.

Experts recommend a pap smear every 1-3 years, beginning at age 21 or 3 years after the beginning of sexual activity (whichever comes first).¹⁴

According to Arkansas’ Healthy People 2020 Health Status Report,¹⁰ the goal is for 93% of women 18 years of age and older to have a pap smear within the past 3 years.

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**MAMMOGRAMS**

A mammogram is a breast x-ray used to detect tumors that may be too small to feel; early detection is the key to preventing breast cancer from spreading. Doctors recommend women aged 40 and over have mammograms every 1-2 years.¹⁴

In 2010, 73.5% of African American women aged 40+ and 79.4% of African American women aged 50+ had a screening mammogram within the past two years.
Those who drink alcohol in moderation are less likely to develop alcohol dependence. In addition, drinking moderate amounts of certain types of alcohol may lower the risk of certain diseases, such as coronary heart disease.

Drinking too much, however, has numerous effects on various parts of the body, such as the brain, heart, liver, pancreas, and immune system.

In 2010, 40.7% of African American adults reported that they had at least one drink of alcohol in the past 30 days.

In 2010, about 5.7% African American adults identified themselves as binge drinkers, significantly less than white adults (12.4%).

Fewer African American adults (2.3%) identified themselves as heavy drinkers compared to white adults (4%).
FRUIT AND VEGETABLE INTAKE

Fruits and vegetables are recommended for their nutrients (such as potassium, vitamin C, and folic acid) and fiber. Diets high in fruits and vegetables can reduce the risk of adverse health conditions such as heart disease, heart attack, obesity, diabetes, and some cancers.

Experts recommend that adults consume around 2 cups of fruit and 2-3 cups of vegetables daily. In 2009, African Americans were slightly less likely than Whites to eat fruits and vegetables five or more times per day.

ORAL HEALTH

Oral health is an essential component of overall health, and poor oral health can greatly reduce one’s quality of life. In 2010, African American adults (60.4%) were more likely than white adults (53.9%) to have had any permanent teeth extracted.

The national Healthy People 2020 objective is to reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease to 68.8%.

Data available for White only.
Overweight and obesity are serious health conditions that increase the risk of conditions such as coronary heart disease, high blood pressure, diabetes, and certain cancers.

Nationally, about two-thirds of Americans are either overweight or obese. Over the past 30 years, children have also shown higher rates of overweight and obesity.11

The national Healthy People 2020 objective calls for increasing the prevalence of healthy weight to 30.8% among adults age 20 years and older.8

In 2010, African American adults were more likely to be obese (44.5%) compared to white adults (30.0%).

*BMI - An estimate of an individual’s relative body fat calculated from his or her height and weight.23

“Overweight results when a person eats more calories from food (energy) than he or she expends, for example, through physical activity. This balance between energy intake and output is influenced by metabolic and genetic factors as well as behaviors affecting dietary intake and physical activity; environmental, cultural, and socioeconomic components also play a role….Establishing healthful dietary and physical activity behaviors needs to begin in childhood. Educating school-aged children about nutrition is important to help establish healthful eating habits early in life.”23

Centers for Disease Control and Prevention, Healthy People 2010
Physical activity is an important component in health and wellness, as well as a key to maintaining a healthy weight.

For adults, experts recommend at least 2.5 hours of moderate physical activity (brisk walking, gardening, bicycling, canoeing, etc.) or 1.25 hours of vigorous physical activity (running/jogging, heavy yard work, swimming, aerobics, etc.) a week; for children, 1 hour of any type of physical activity a day is recommended.

Regular physical activity provides many benefits, such as increased life expectancy, higher self-confidence, stronger muscles, and decreased risk of depression.

Conversely, a lack of regular physical activity has been linked with a higher risk for heart disease, type 2 diabetes, high blood pressure, and stroke.32

In 2009, African American adults (73.6%) were more likely to be physically inactive compared to white adults (75.3%).

Source: CDC, BRFSS, 2009                *Data available for White only
TOBACCO

Tobacco use causes about 1 in 5 U.S. deaths and is the leading preventable cause of death in the country. In addition, about 50,000 nonsmokers die every year due to secondhand smoke exposure.

Cigarette smoking causes about a third of all cancers and 90% of lung cancers.

Smoking also increases the risk of conditions such as:
- heart disease
- stroke
- emphysema
- chronic bronchitis

Tobacco addiction can be treated with behavioral treatments, nicotine replacement therapies, and/or medication.34

The national Healthy People 2020 goal calls for reducing the percentage of smokers to 12%.8

In 2010, rates for smoking were similar among African American and white adults. In addition, a higher percentage of African Americans reported never smoking.
Access to Care

Healthcare Access / Coverage 44
Medicaid 45
Medicare 45
Access to health care strongly impacts overall quality of life and life expectancy.

Those with access to care enjoy benefits such as prevention of disease through early screening and more efficient treatment of existing medical conditions. Conversely, those who are unable to afford or access health care face outcomes such as preventable hospitalizations, unmet health needs, and delays in receiving care.

One barrier that prevents many Americans from access to health care is a lack of health insurance coverage. When people don’t have medical insurance, they frequently postpone treatment; when they do seek treatment, they are burdened with costly medical bills.

The national Healthy People 2020 goals for health insurance coverage are to see all people be covered by some form of health insurance. In 2010, 28.0% of African Americans were uninsured, significantly higher than the uninsured rate among Whites (19.7%).
MEDICAID

Medicaid is a joint state-federal health insurance program which provides coverage to various categories of low income individuals and families. Medicaid covers various aspects of medical care such as doctor visits and prescription drugs.35

African Americans (26%) were more likely than Whites (16%) to have Medicaid coverage in 2009-2010.

Though African Americans account for only 15.3% of Arkansas’ population, they represent 23% of Medicaid enrollees.

MEDICARE

Medicare is a federal health insurance program for people who are 65 and older or have certain disabilities and conditions. Medicare provides hospital and medical insurance, as well as prescription drug coverage.35

In Arkansas in 2007, on average, individual reimbursements for African American enrollees were about 26% higher than for non-African American enrollees.
REFERENCES


DATA SOURCES


