

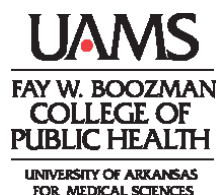
# Trends in Health Disparities: A Report for Arkansas



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# OVERVIEW

Disparities in Arkansas continue to exist between the white and black populations. Though the Latino population is growing in size in Arkansas, reliable data on this important subgroup are not consistently available. Thus, this report focuses only on the disparities seen between black and white Arkansans.

The level of burden presented by these disparities varies depending on the health topic. This report includes health topics that have been divided into three sections. The first section represents health topics for which the disparity gap is narrowing. This means that the level of burden over time is becoming more equally shared by white and black Arkansans. The second section contains health topics for which the disparity gap has made little change over time and more work is needed to narrow the gap. The last section presents health topics for which the disparity gap is increasing and one of the two groups is carrying a larger burden over time. This report illustrates the trends in health disparities among these two groups of Arkansans.

All of the data shown here are combined across multiple years. Each year displays data for that year combined with corresponding data for the two previous years. For instance, a rate for the year 2001 is a combination of the years 1999, 2000, and 2001; a rate for the year 2002 is a combination of the years 2000, 2001, and 2002. It is helpful to display data this way because these combinations represent the overall trend of each disparity.

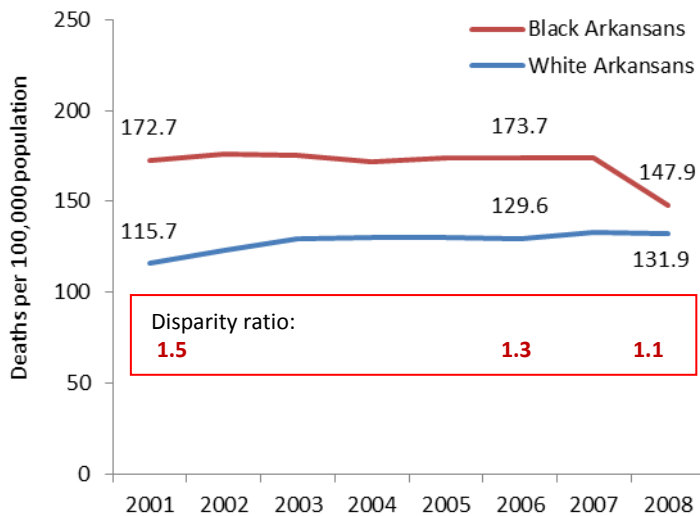
Disparity ratios are indicated on each graph in the red boxed area. Ratios are calculated by dividing the value for black Arkansans by the value for white Arkansans. The closer the disparity ratio is to 1, the smaller the disparity. As the ratio approaches 1 over time, the gap is being narrowed; as the ratio moves away from 1, the gap is widening. Ratios below 1 indicate that black Arkansans have a lower rate for that topic, compared to white Arkansans.

# PROGRESS

This section includes health topics that have shown that the disparity has narrowed over time and in some cases, has been completely eliminated. This is good news because it means that if the trend continues neither white Arkansans nor black Arkansans will be carrying a larger burden than the other.

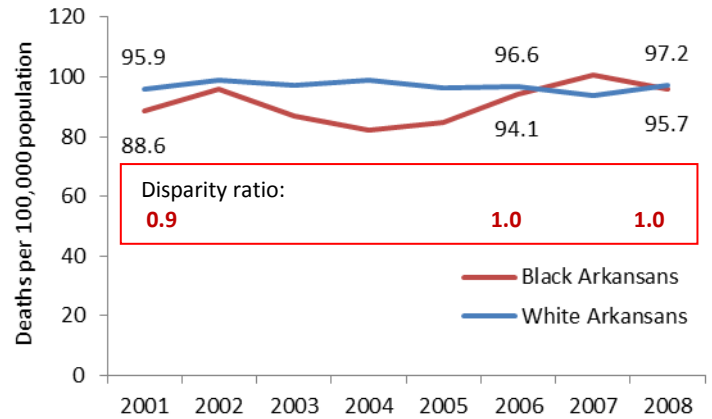
If a disparity ratio is very close to or equal to 1, there is a relatively equal burden for both groups. The next course of action then, is to maintain this balance while working to help both groups further improve their health status. Other health topics, despite a narrowing of the gap, continue to exhibit a noticeable disparity. In these instances, additional work is needed to build on the progress made and eliminate the disparity altogether.

**Mortality rates among black and white Arkansans, ages 20-24 years, 1999-2008, 3-year combined moving rates**



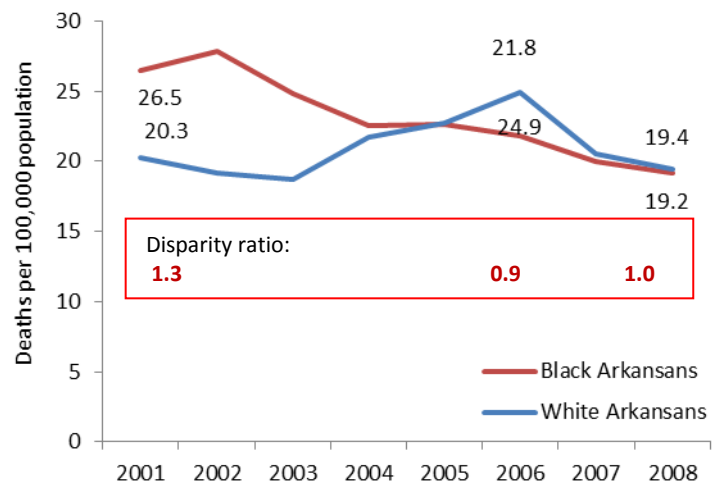
All-cause mortality rates have declined over the years for young adult black Arkansans. The opposite is true for young adult white Arkansans; the mortality rate for this group has steadily risen over time. Although the disparity ratio has lessened over time, mortality rates among young adults are currently 10% higher for black Arkansans than for white Arkansans.

**Mortality rates among black and white adolescents ages 15-19 years, 1999-2008, 3-year combined moving rates**



In 2001, the mortality rate was slightly higher among adolescent white Arkansans than among black Arkansans. Over time, the disparity gap has decreased so that the two groups currently have similar mortality rates.

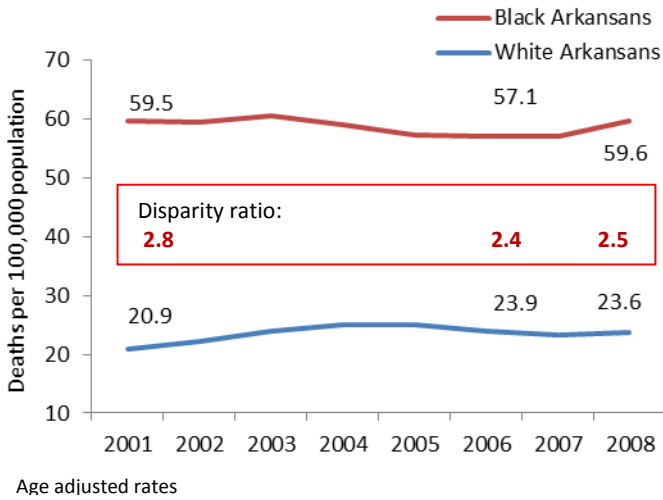
**Mortality rates among black and white children ages 5-9 years, 1999-2008, 3-year combined moving rates**



Mortality rates for children age 5-9 years have decreased for both the white and black populations in Arkansas. At the beginning of the period (1999-2001),

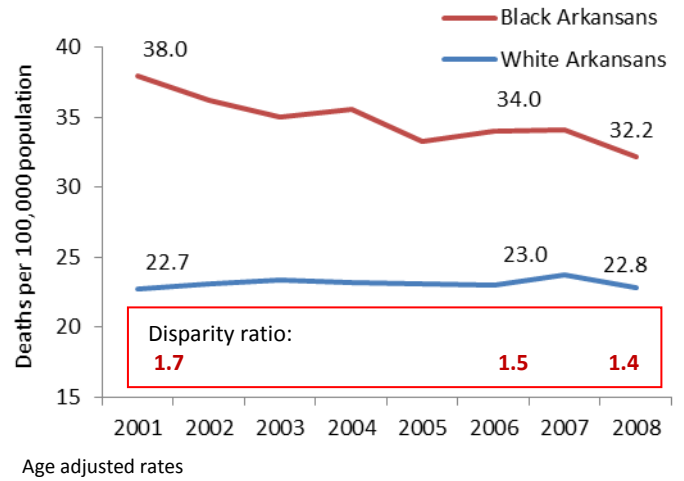
rates were 30% higher among Black Arkansans than among white Arkansans. There has been a steady decline in mortality rates for black Arkansans, while the rates among white Arkansans have risen and then fallen. Over the period shown, the disparity gap has been eliminated, and mortality rates for these two groups are now essentially equal.

**Diabetes mortality rates among black and white adult Arkansans, 1999-2008, 3-year combined moving rates**



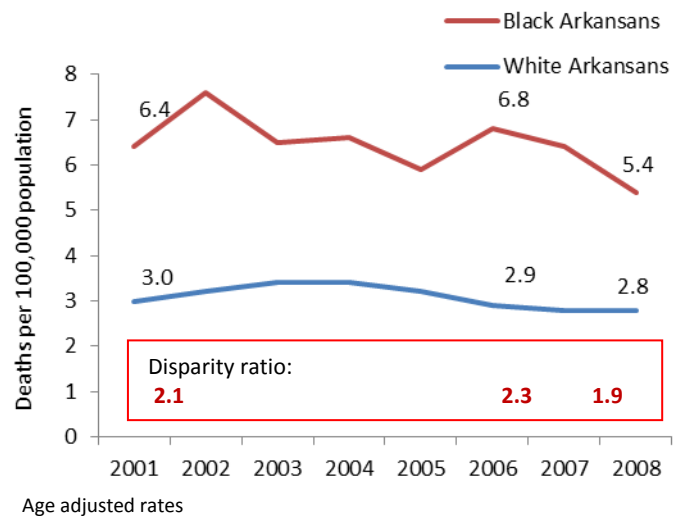
Diabetes mortality rates are more than twice as high among black Arkansans as among white Arkansans. There has been little change in diabetes mortality for the black population in Arkansas for this time period, but rates have been increasing for the white population. While the disparity gap between these two groups is still large, it has narrowed a bit in this last decade.

**Breast cancer mortality rates among black and white women, 1999-2008, 3-year combined moving rates**



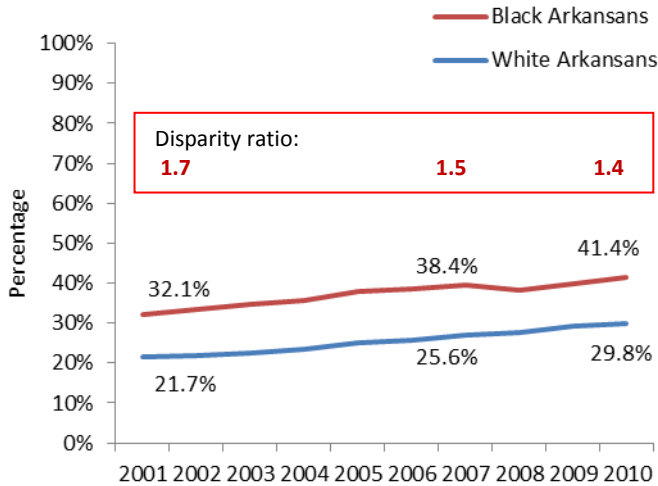
Breast cancer mortality rates have declined over the years for black women in Arkansas, while mortality rates for white women have remained stable. These trends have reduced the disparity ratio, though the breast cancer mortality rate among black women still remains 40% greater than that of white women.

**Cervical cancer mortality rates among black and white women, 1999-2008, 3-year combined moving rates**



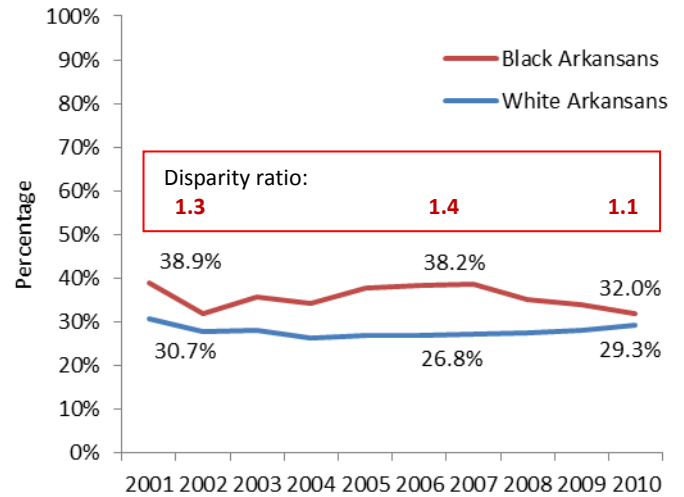
Cervical cancer mortality rates have decreased for both groups. Although the rate has decreased more sharply over time for black women, the mortality rate for Black women is twice as high as that for white women in Arkansas. The disparity gap has narrowed slightly.

**Percentage of adults who are obese, 1999-2010, 3-year moving average rates**



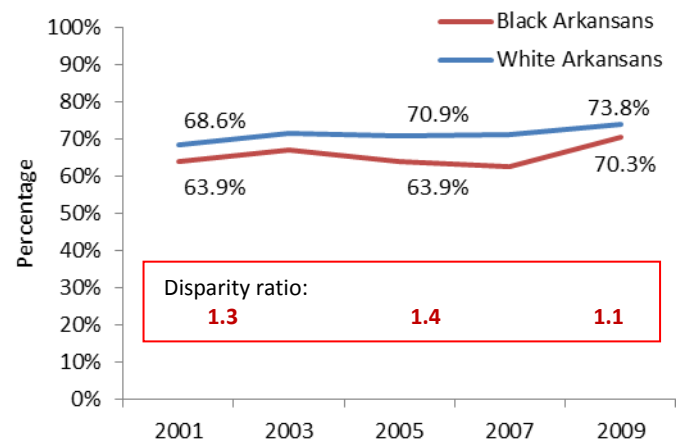
The percentage of adults who are obese in Arkansas has increased for both groups over this time period, although black Arkansans are 40% more likely to be obese than white Arkansans. The disparity gap has remained the same for the majority of the time reported here; only a slight decrease can be seen in more recent years.

**Percentage of adults who are physically inactive, 1999-2010, 3-year moving average rates**



Overall, black Arkansans are more likely to be inactive than white Arkansans. Percentages of white adults who are inactive have remained fairly stable over time, while percentages for black adults have decreased since 2004-2006. Because of these trends, the disparity gap has narrowed over time.

**Percentage of adults who had cholesterol checked within past 5 years, 1999-2009, 3-year moving average rates**

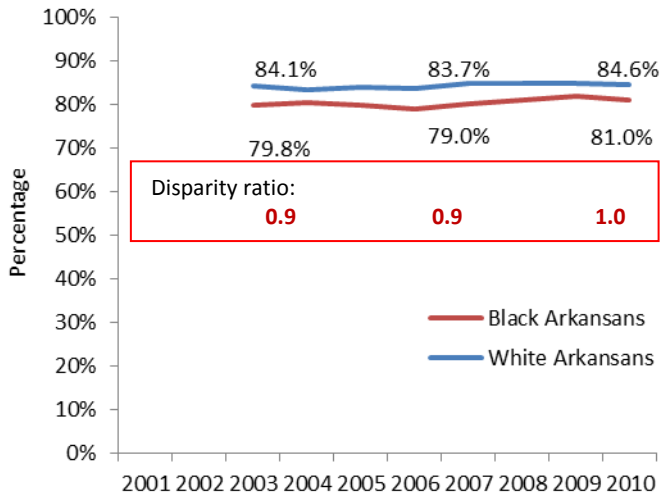


Over time, the percentage of adults who had cholesterol checked within the past 5 years has increased. Black Arkansans are less likely to have had

their cholesterol checked than white Arkansans.

Although the disparity gap widened in the first half of the period, it has since narrowed.

**Percentage of persons with a consistent source of health care, 1999-2010, 3-year moving average rates**



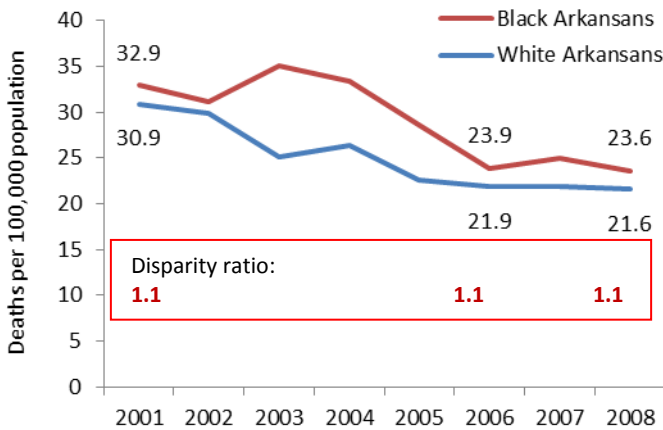
The percentage of individuals with an on-going source of health care has remained relatively stable over time among both black and white Arkansans. Black Arkansans are less likely to have a consistent source of healthcare. The disparity gap has narrowed slightly, an improvement that has been seen since 2004-2006.



# STABILITY

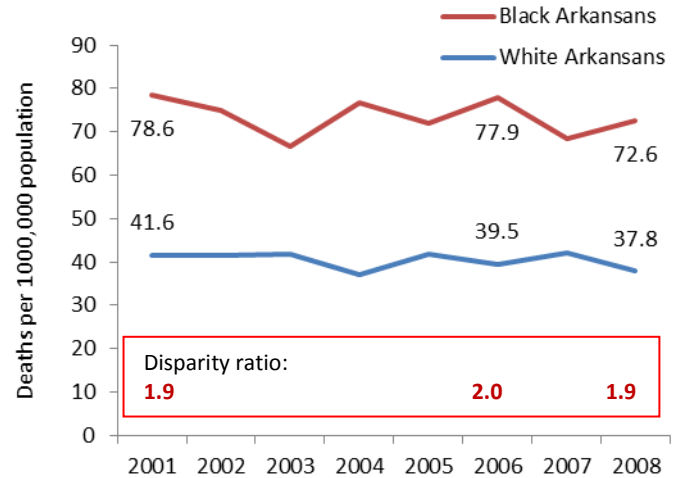
Health topics in this section are areas in which the disparity gap between white and black Arkansans has remained relatively stable over time, neither widening nor narrowing. While it is good that the disparity gap has not increased, there may be room for improvement so that the burden for both groups can be shared more equally.

**Mortality rates among black and white children, ages 10-14 years, 1999-2008, 3-year combined moving rates**



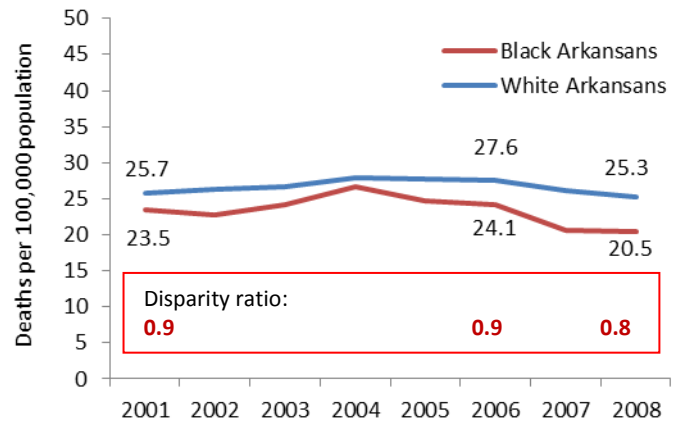
Mortality rates for both black and white children between the ages of 10 and 14 years in Arkansas have declined over the last decade. The disparity gap has remained stable over this time period, with black children experiencing a mortality rate that is 10% higher than for white children of this age group.

**Mortality rates among black and white children, ages 1-4 years, 1999-2008, 3-year combined moving rates**



Mortality rates for children ages 1-4 years have decreased for both groups. In this age group, the mortality rate for black Arkansans is almost 2 times higher than the rate for white Arkansans.

**Motor vehicle crash-related mortality rates among black and white Arkansans, 1999-2008, 3-year combined moving rates**

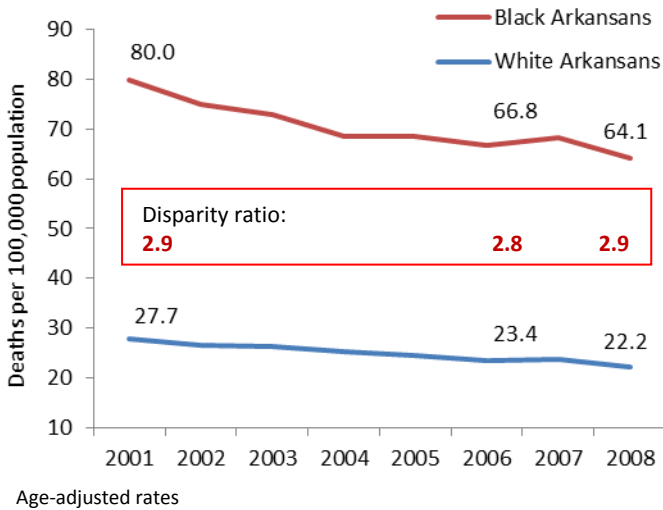


Age-adjusted rates

Mortality rates associated with motor vehicle crashes have remained nearly the same throughout this time period for white Arkansans. The mortality rates for black Arkansans have declined slightly during the same

time period. These mortality rates are about 20% lower among black Arkansans than among white Arkansans

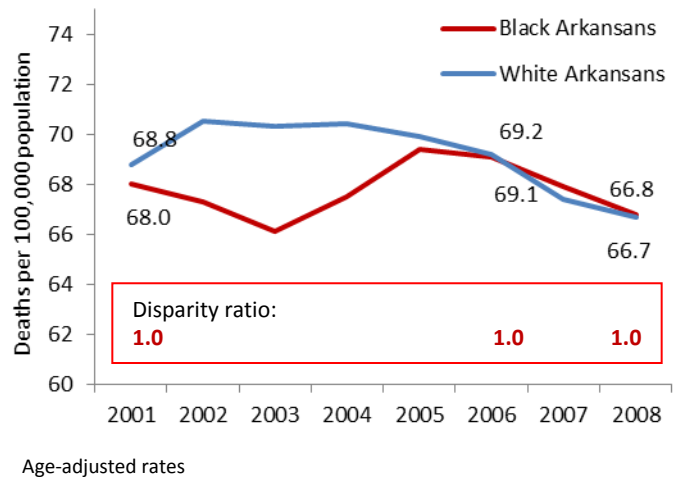
**Prostate cancer mortality rates among black and white men, 1999-2008, 3-year combined moving rates**



Prostate cancer mortality rates for both black and white men in Arkansas have declined in the last decade. Although the disparity gap has remained stable, it is noted that these mortality rates are nearly 3 times as high among black Arkansans as among white Arkansans.

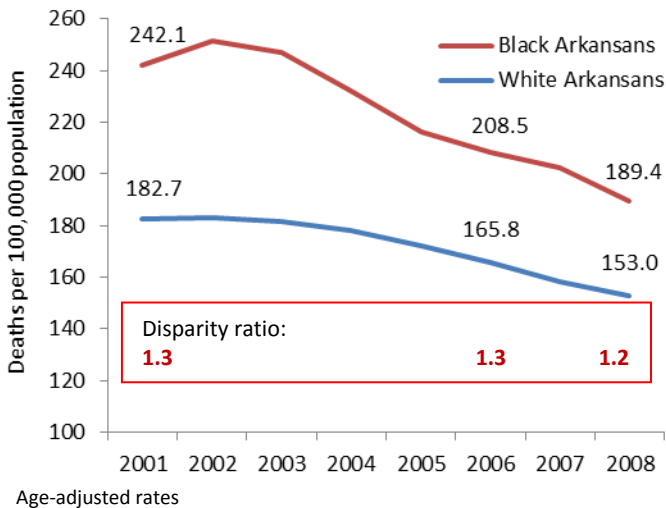
Heart disease mortality rates are 20% higher among black Arkansans than among white Arkansans. Fortunately, rates for both groups have dropped over this time period. Although mortality rates for black Arkansans experienced a sharper decline in 2002-2004, the disparity gap has remained essentially constant.

**Lung cancer mortality rates among black and white Arkansans, 1999-2008, 3-year combined moving rates**

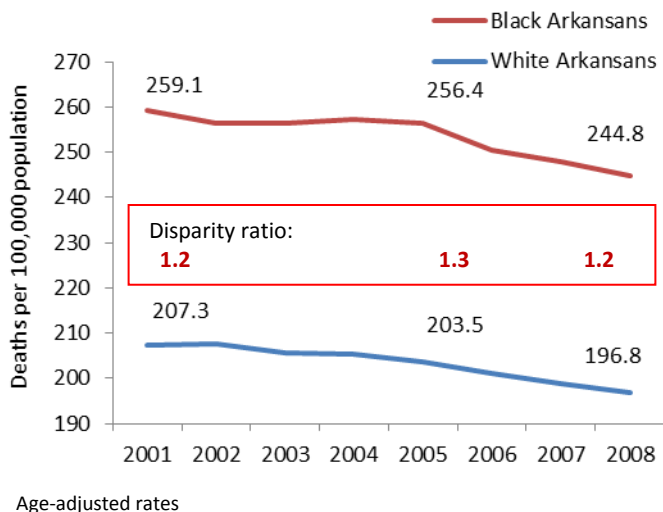


Lung cancer mortality rates are nearly equal for both white and black Arkansans, and both groups have experienced a very slight drop in mortality rates. Between 2001 and 2005, the gap widened substantially, as rates for black Arkansans fell and those for white Arkansans rose. Since that time, however, the rates for both groups have returned to their earlier levels and the gap has been eliminated again.

**Coronary heart disease mortality rates among black and white Arkansans, 1999-2008, 3-year combined moving rates**

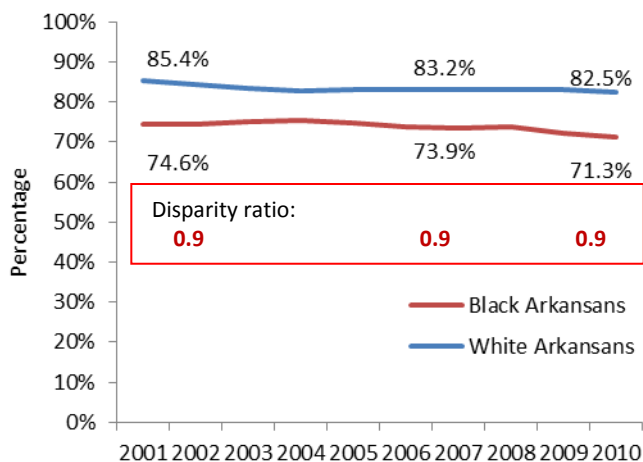


**Overall cancer mortality rates among black and white Arkansans, 1999-2008, 3-year combined moving rates**



Overall cancer mortality rates have dropped for both white and black Arkansans. Cancer mortality rates are 20% higher among black Arkansans than white Arkansans, and the disparity gap has remained relatively unchanged for this time period.

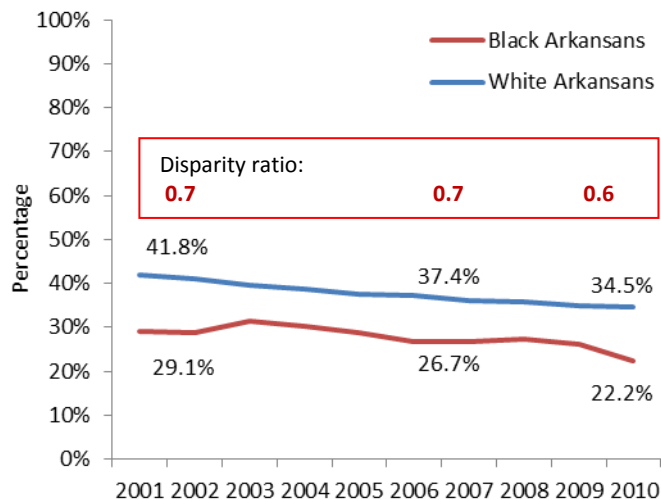
**Persons 18-64 years of age with health insurance, 1999-2010, 3-year moving average rates**



The disparity gap between white Arkansans and black Arkansans for health insurance has remained quite stable over this time period. Overall, black Arkansans are about 10% less likely to have health insurance than

White Arkansans. The percentage of individuals with health insurance dropped slightly for both groups over the period.

**Percentage of adults in the healthy weight range, 1999-2010, 3-year moving average rates**

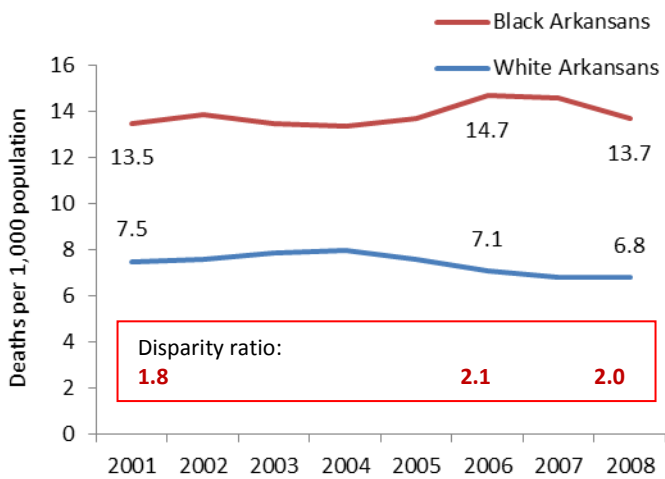


The percentage of adults who report to be at a healthy weight has declined among both groups, and a slightly steeper decline is seen among Black Arkansans. Black Arkansans are 40% less likely overall to be at a healthy weight than white Arkansans. The disparity gap remained stable for the first half of the decade, but has widened since that time.

# EFFORT NEEDED

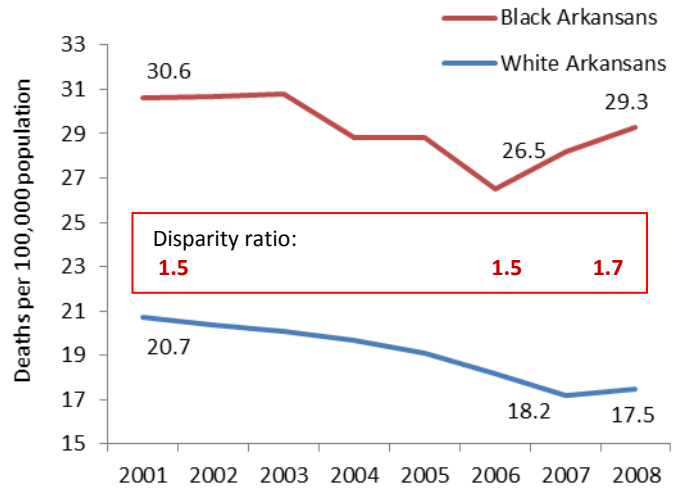
The health topics in this area are those in which the disparity gap has widened over time, leaving a heavier burden on one population over the other. While in some cases, the widening of the gap has been caused by substantial improvements in the health of the minority population, it is nonetheless necessary for efforts to be directed toward narrowing this gap and achieving optimal health for all Arkansans.

**Infant mortality rates among black and white Arkansans, 1999-2008, 3-year combined moving rates**



Infant mortality rates are twice as high among black Arkansans as among white Arkansans. While infant mortality rates have declined among white Arkansans, the rates among black Arkansans rose between 2005 and 2007 and have only started to decline in more recent years. Accordingly, the disparity gap widened between 2001 and 2006, and remains wider than at the beginning of the decade.

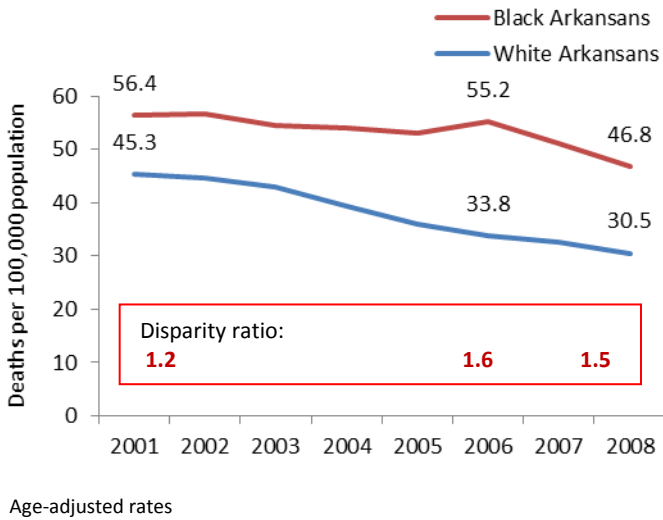
**Colorectal cancer mortality rates among black and white Arkansans, 1999-2008, 3-year combined moving rates**



Age-adjusted rates

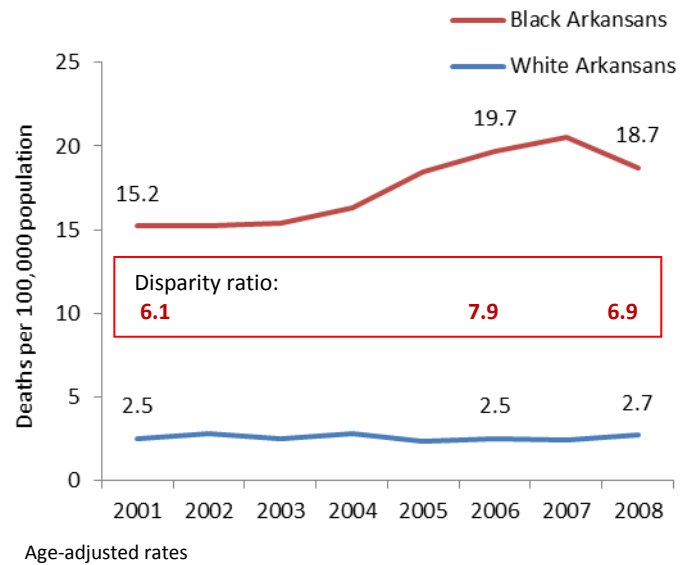
Colorectal cancer mortality rates are an alarming 70% higher among black Arkansans than among white Arkansans. Both groups evidenced a decrease in rates in the early part of the decade; however, since 2004-2006, the rates for black Arkansans have increased while the rates for white Arkansans have continued to decrease slightly. Thus, the disparity gap remained stable until 2004-2006 and, disturbingly, has widened since that time.

**Stroke mortality rates among black and white Arkansans, 1999-2008, 3-year combined moving rates**



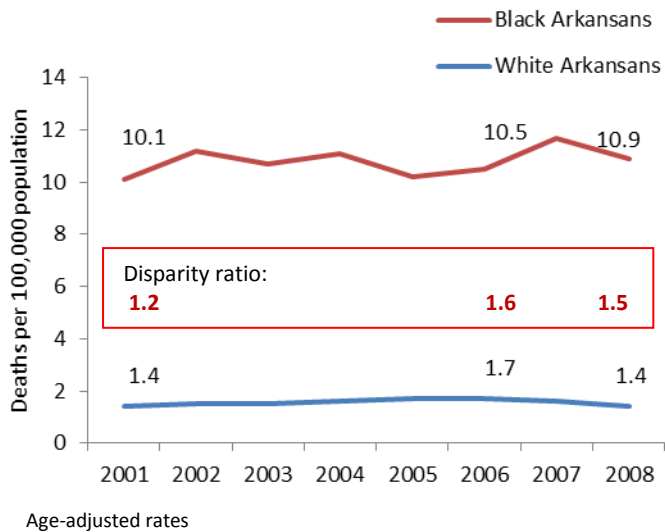
Stroke mortality rates for both groups have dropped during this reporting period. Mortality rates remain, however, 50% higher among black Arkansans than among white Arkansans. Starting in 2001-2003, the rates for black Arkansans stabilized and then rose for a period of time before starting to decline again. Over that same period, rates for white Arkansans continued to decline, resulting in a widening of the disparity gap overall.

**Firearm-related mortality rates among black and white Arkansans, 1999-2008, 3-year combined moving rates**



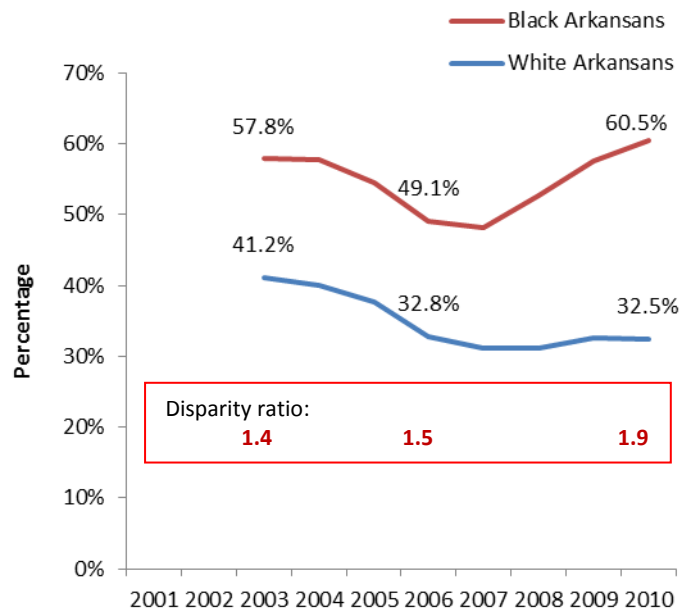
Firearm-related mortality rates are 7 times as high among black Arkansans as among white Arkansans. Firearm-related mortality rates have increased for black Arkansans but have remained stable for white Arkansans during this time period. The disparity gap greatly increased between 2002-2004 and 2005-2007; since then the gap has shown signs of narrowing again.

**HIV mortality rates among black and white Arkansans, 1999-2008, 3-year combined moving rates**



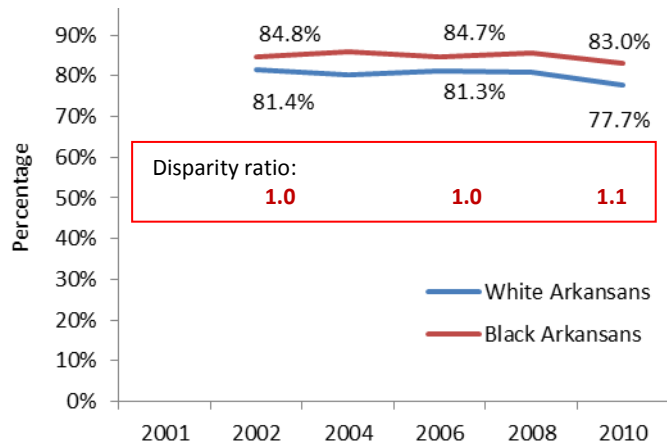
HIV mortality rates are about 8 times higher among black Arkansans than among white Arkansans. Mortality rates for white Arkansans have remained relatively stable over time, while rates among black Arkansans have been more variable and but have increased overall. The disparity gap, then, has widened over this time period.

**Percentage of adults who have ever been tested for HIV, 2001-2010, 3-year moving average rates**



Overall, black Arkansans are more likely to report being tested for HIV than are white Arkansans. Further, the percentage of white Arkansans who report being tested for HIV has decreased over the time period, while the percentage of black Arkansans reporting HIV testing has increased sharply over the past 3 to 5 years. Over the past 5 years, then, the disparity gap has widened.

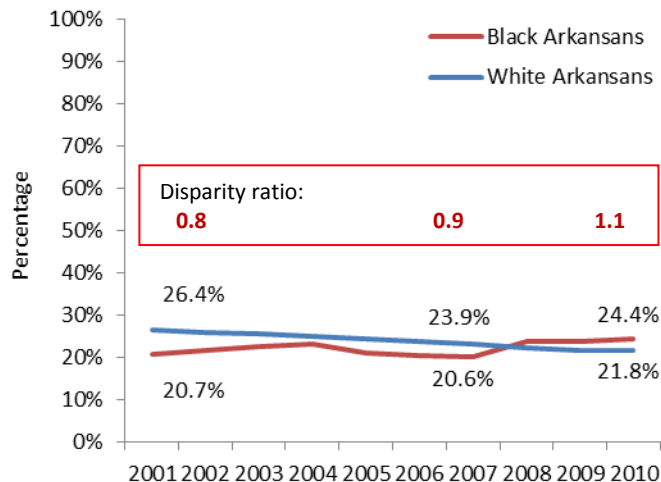
**Percentage of women 18 years of age and older who have received a Pap test in the past 3 years, 2002-2010, 3-year moving average rates**



Percentages of women obtaining a Pap test have remained fairly stable over time for black women in Arkansas; the percentages have dropped a little for white women. Overall, white women are about 10% less likely to have had a Pap test in the last three years than their black counterparts.

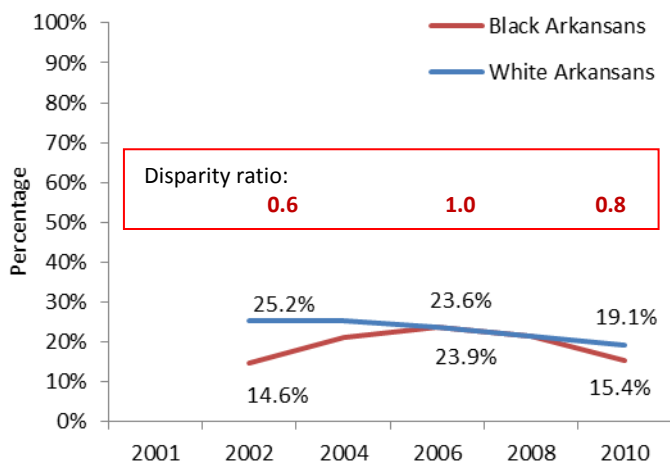
20% less likely to have had this screening. The disparity gap was closed from 2000-2002 to 2004-2006, but has widened again in more recent years.

**Percentage of adults who are current cigarette smokers, 1999-2010, 3-year moving average rates**



Overall, the percentage of adults who currently smoke cigarettes is higher among black Arkansans than among white Arkansans. This is a disturbing trend, since at the beginning of the decade the disparity was reversed: black Arkansans were less likely to smoke than their white counterparts. The disparity gap was eliminated in the period between 2007 and 2008, but has now shifted, reversing historical trends.

**Percentage of adults aged 50+ years obtaining a fecal occult blood test, 2002-2010, 3-year moving average rates**



The proportion of white Arkansans that have had a fecal blood occult test to screen for colorectal cancer have declined over time while the percentages for black Arkansans have increased. Overall, black Arkansans are

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## SOURCES

Centers for Disease Control and Prevention (CDC). National Center for Health Statistics (NCHS), Compressed Mortality File (CMF) on CDC WONDER Online Database, 2012.

Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2012.

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