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[HEALTH STATUS OF AFRICAN AMERICANS IN ARKANSAS]

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EXECUTIVE SUMMARY

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

KEY FINDINGS OF THIS REPORT

- ✿ Approximately 22.6% of African American persons 25 years and older have less than a high school education. The percentage of African Americans who are high school graduates (37.8%) is essentially the same as found among Whites (35.8%).
- ✿ Median income of households in Arkansas for African Americans was \$24,166 and for Whites was \$42,355.
- ✿ African Americans were less likely to be told they had angina or coronary heart disease compared to Whites.
- ✿ Mortality rates for all cancer sites, HIV, heart disease, and stroke were substantially higher for African Americans compared to Whites.
- ✿ Lung cancer, motor vehicle accidents, suicide mortality rates were less among African Americans compared with Whites.
- ✿ Infant mortality rate (per 1,000 live births) was substantially higher among African Americans (15.5) than Whites (6.5).
- ✿ Approximately 72% of African American pregnant women reported having an HIV test during pregnancy or delivery, which was higher than the percentage of White pregnant women (56%).
- ✿ Fewer African American adults (2.3%) identified themselves as heavy drinkers compared with White adults (4%).
- ✿ African American adults (60.4%) were more likely than White adults (53.3%) to have had any permanent teeth extracted.

INTRODUCTION

This report provides information about major health indicators in 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.¹

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 their White counterparts.

[Please note that race for some Arkansas Health Department data sets are based on self-identification.]

POPULATION DISTRIBUTION

As of July 1, 2008, Arkansas' population was 2.6 million persons of whom 75.6% were White; 15.8% were African American; 5.5% were Hispanic or Latino; 1.1% were Asian; 0.9% were American Indian and Alaska Native; and 0.1% were Native Hawaiian and Pacific Islander.²

The population of African Americans in Arkansas experienced a slight growth from 2000 to 2008, rising from 15.7% (420,517) of the overall population to 15.8 % (450,037). The African American population in Arkansas is not equally distributed geographically. Together, five counties -- Crittenden, Jefferson, Mississippi, Pulaski, and Union Counties -- are home to more than half of the African Americans who live in Arkansas. Conversely, some counties -- for example, Clay, Fulton, Marion, Montgomery, Newton, Scott, Searcy, and Stone -- are home to African Americans who reside in areas that are overwhelmingly populated with White 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 almost exclusively White.²

DEMOGRAPHIC CHARACTERISTICS

Age (by Gender)

Median Age 5

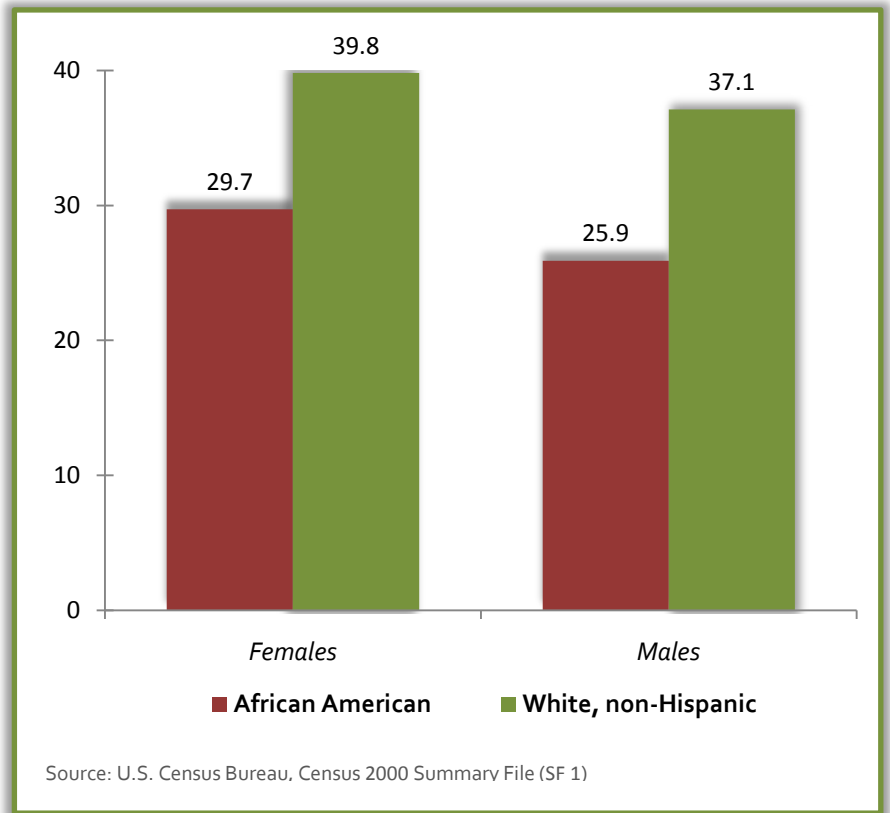
Distribution 5

Household and Families 6

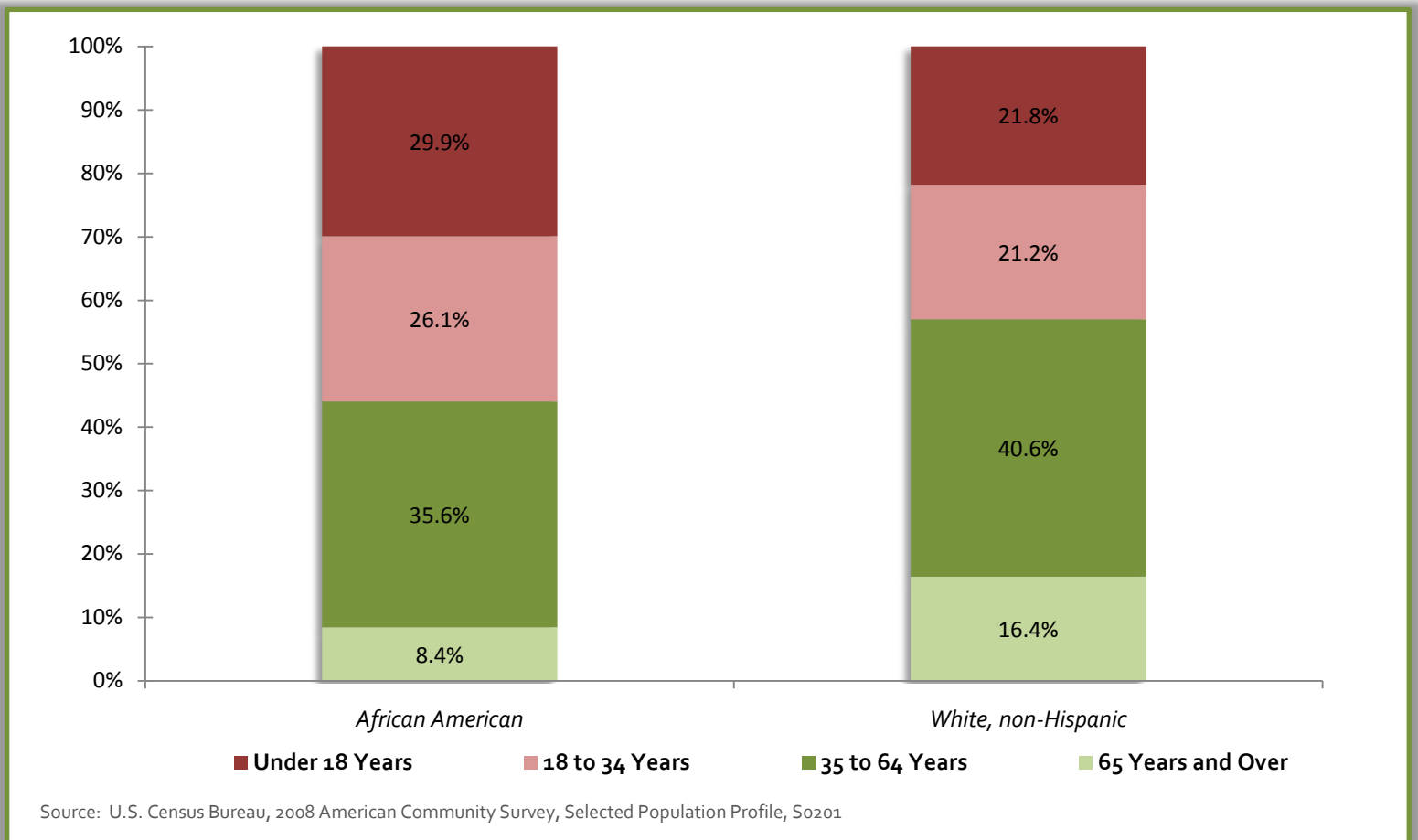
MEDIAN AGE

A number of factors, including life expectancy and natality, contribute to median age. A population with a higher life expectancy, if all other factors are constant, will have an older median age. Likewise, if the birth rate is higher than other population groups, generally the median age will be lower. Changes in demographics and immigration can temporarily alter the median age.³

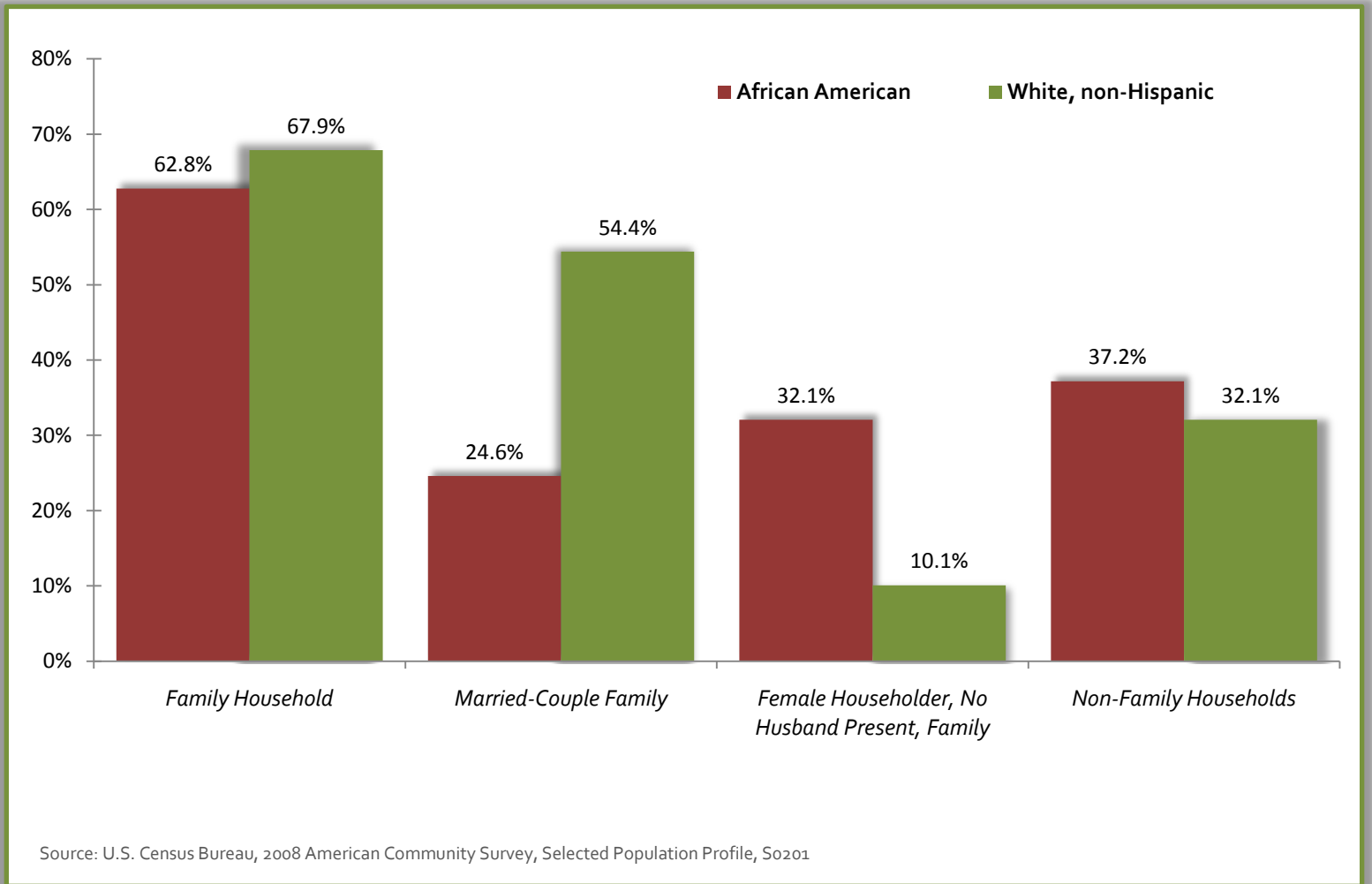
African American males and females in Arkansas are significantly younger in comparison to White males and females.



AGE DISTRIBUTION



HOUSEHOLDS AND FAMILIES



In 2008, families made up only 62.8 % of households for African Americans, which was slightly lower in comparison to White households (67.9%). There were fewer African American married-couple households (24.6%) than White married-couple family households (54.4%) in Arkansas. Moreover, 32.1% of households for African Americans in Arkansas were female heads of households with no husband present. This was much higher than among Whites (10.1%). Non-family households made up 37.2% of African American and 32.1% 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 2.5 and average family size was 3 for both African Americans and Whites.⁴

SOCIO-ECONOMIC CHARACTERISTICS

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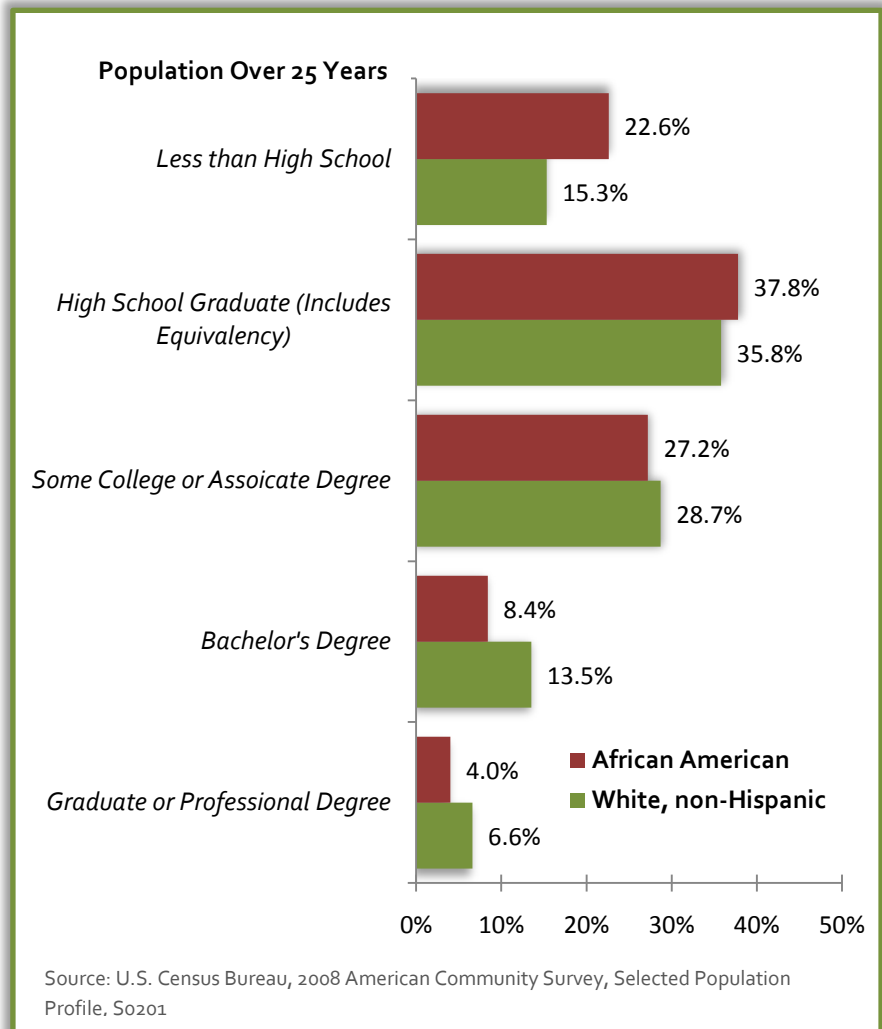
EDUCATIONAL ATTAINMENT

Educational attainment, (i.e., the highest level of formal education or school completed), is a standard measurement that helps indicate economic standing and is a part of understanding socioeconomic position. Higher education is strongly linked to better health status, better health care access, and quality and increased income and job opportunities.⁵

Education can affect health outcomes by increasing one's knowledge of and ability to access information about health and health systems, and by increasing the opportunities for higher paying jobs and higher income.⁶

Approximately 23% of African American persons 25 years and over have less than a high school education. The proportions of African Americans and Whites that are high school graduates are similar.

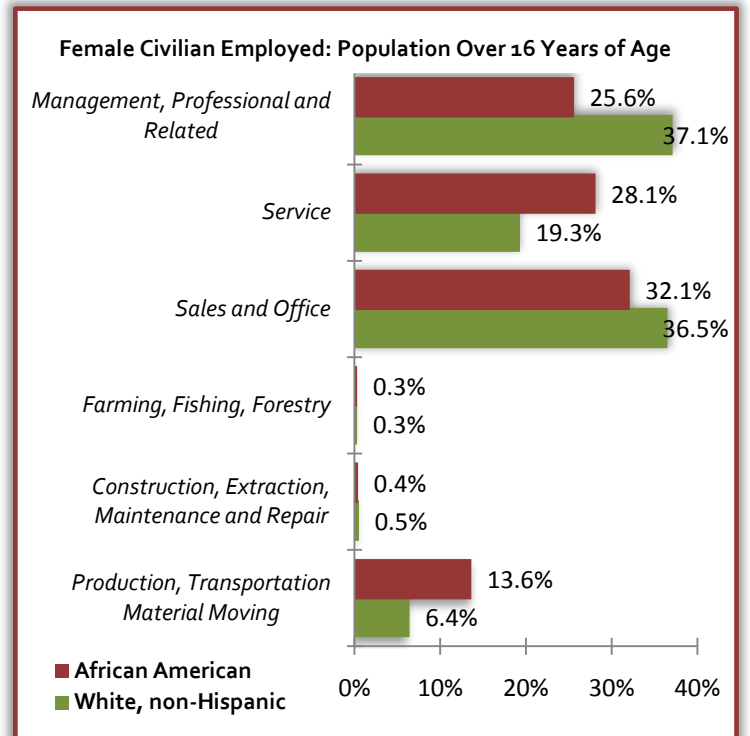
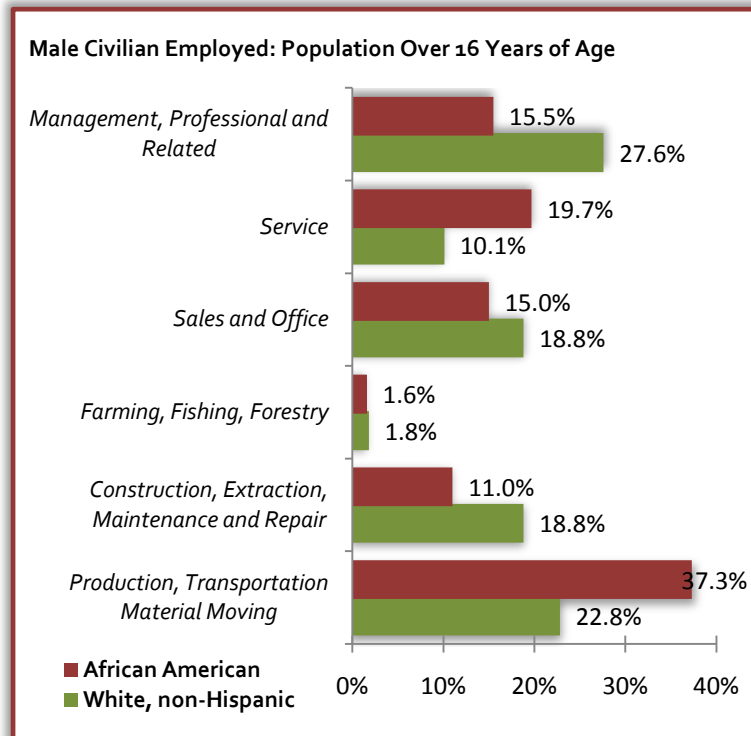
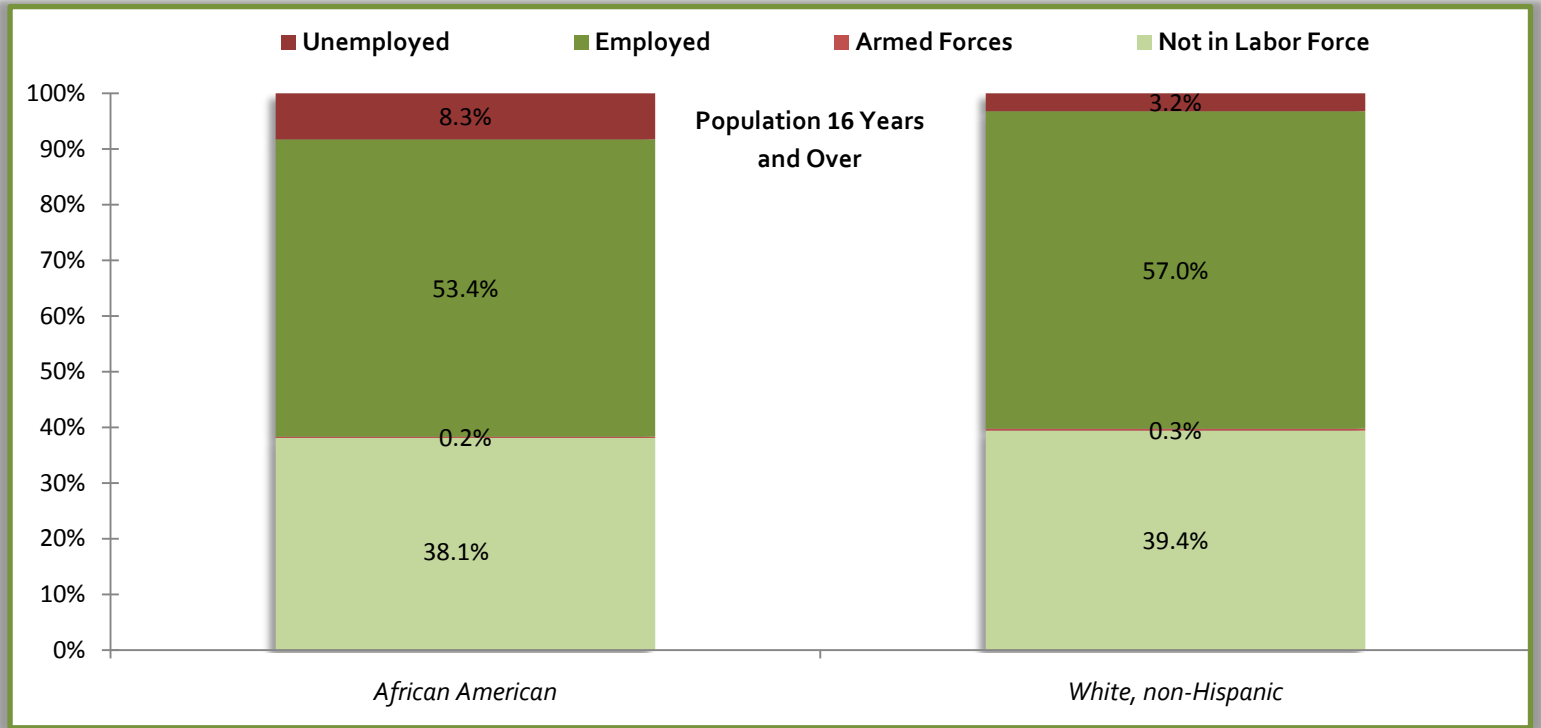
African Americans are less likely to have a bachelor's degree (8.4%) or a graduate or professional degree (4%) than Whites, 13.5% and 6.6%, respectively.



Higher **educational attainment** levels enable people to obtain safe and sanitary housing in safer and healthier neighborhoods, healthy food, safer work conditions, jobs with better benefits, and appropriate health care.⁶

EMPLOYMENT STATUS

Source: U.S. Census Bureau, 2008 American Community Survey, Selected Population Profile, So201



INCOME, MEDIAN*§

Source: U.S. Census Bureau, 2008 American Community Survey, Selected Population Profile, So201

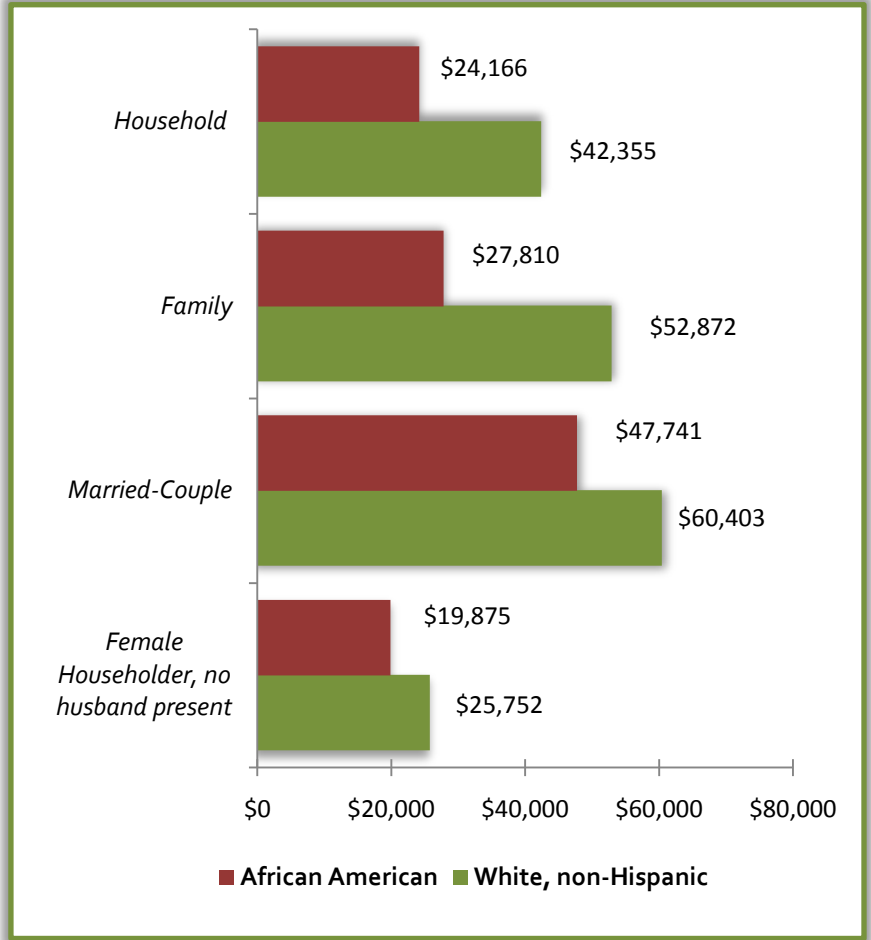
Income, along with education and occupation, are common measures of socioeconomic position.⁵

The **median income** of households in Arkansas for African Americans was \$24,166 and for Whites was \$42,355.

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

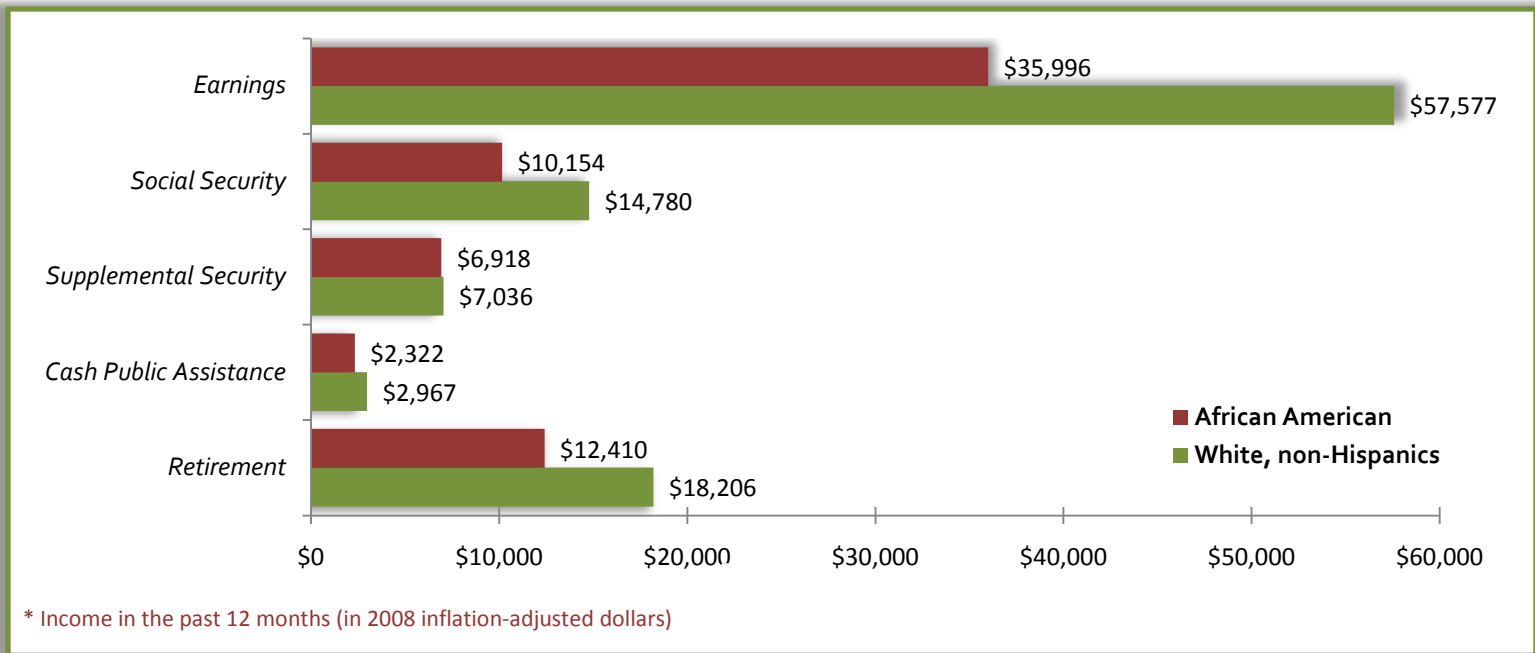
* Income in the past 12 months (in 2008 inflation-adjusted dollars)

§When household incomes are put in rank order, the median is the income at the midpoint of that ranking.



INCOME, PAST 12 MONTHS*

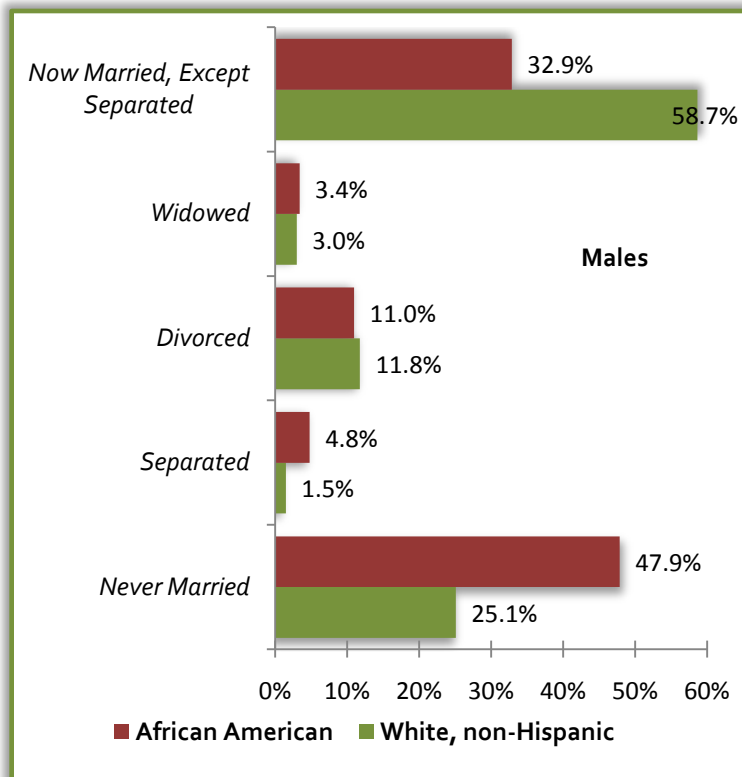
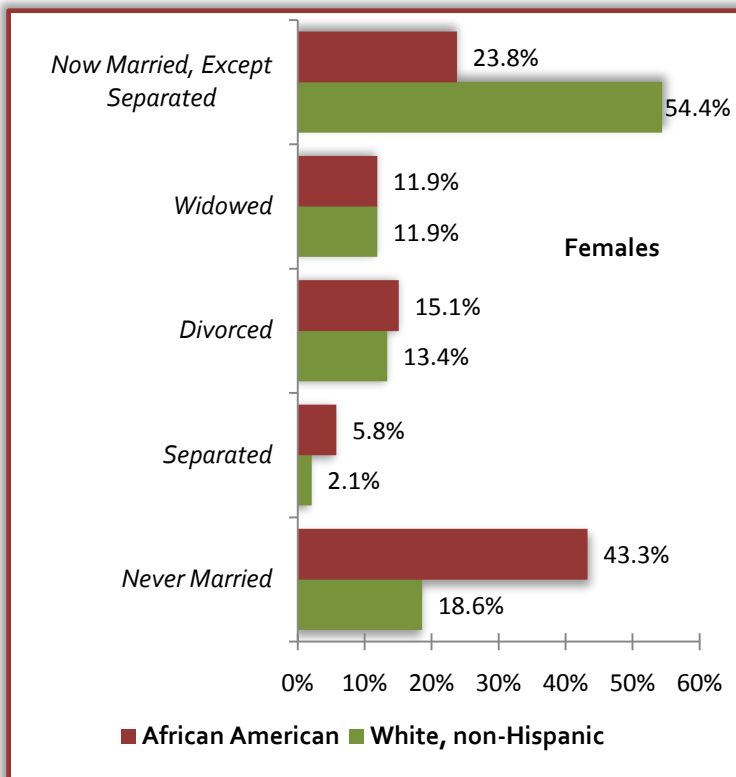
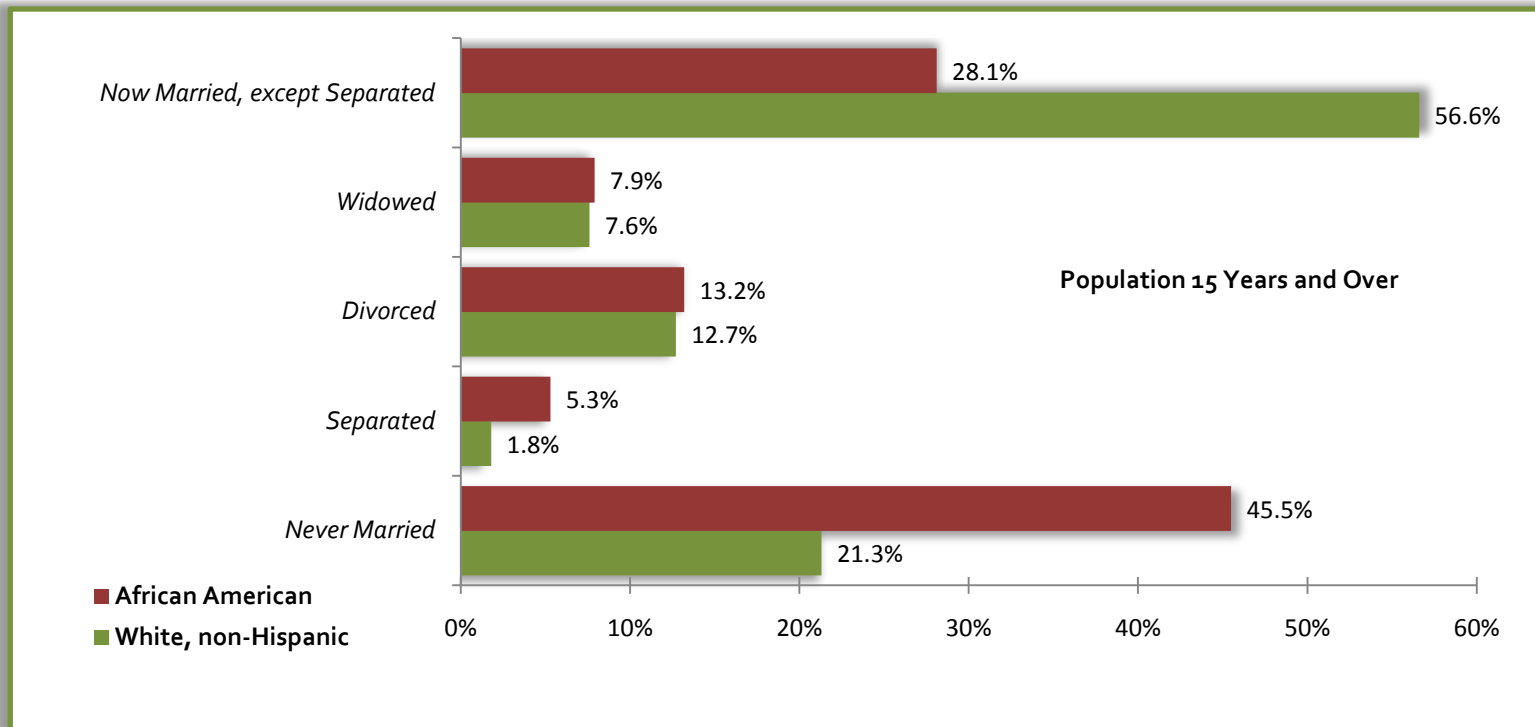
Source: U.S. Census Bureau, 2008 American Community Survey, Selected Population Profile, So201



* Income in the past 12 months (in 2008 inflation-adjusted dollars)

MARITAL STATUS

Source: U.S. Census Bureau, 2008 American Community Survey, Selected Population Profile, So201

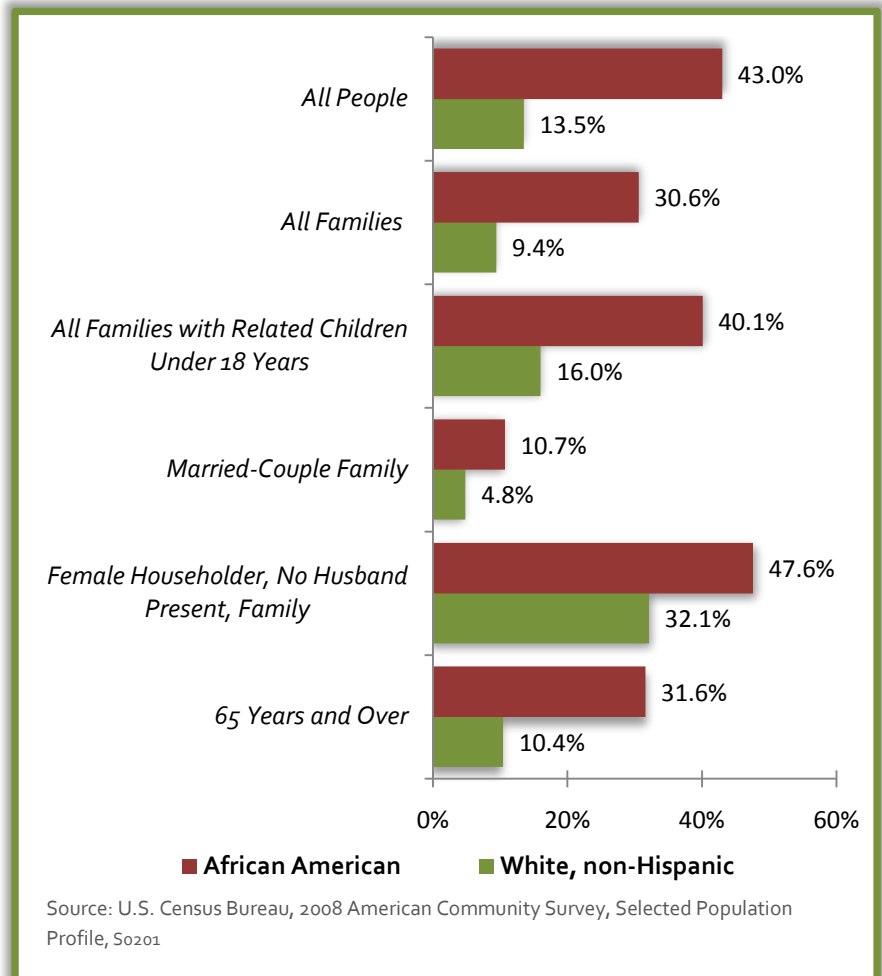


POVERTY LEVEL

Percent of population below poverty threshold is defined as the percentage of individuals whose total income, based on earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, pension, interest dividends, etc. (excluding non-cash benefits such as food stamps), before taxes fall below the poverty income threshold.⁵

In 2008, poverty prevalence was higher among African Americans than among Whites. Among all persons, African Americans are three times as likely to live in poverty as their white counterparts. Furthermore, African American families and adults 65 years and older were more than three times as likely to live in poverty compared to White families.

Forty percent of African American families with related children under 18 years lived below the poverty threshold, which was significantly higher than among White families with related children under 18 years (16%).



Poverty has long been closely associated with increased morbidity and premature mortality. There is also evidence to suggest that poor health status can lead to "persistent poverty and poorer economic growth."⁶

HEALTH STATUS

How is Your General Health	14
Health Status	14

GENERAL HEALTH /HEALTH STATUS

Source: CDC, Multi-State Integrated Database, BRFSS, 2008

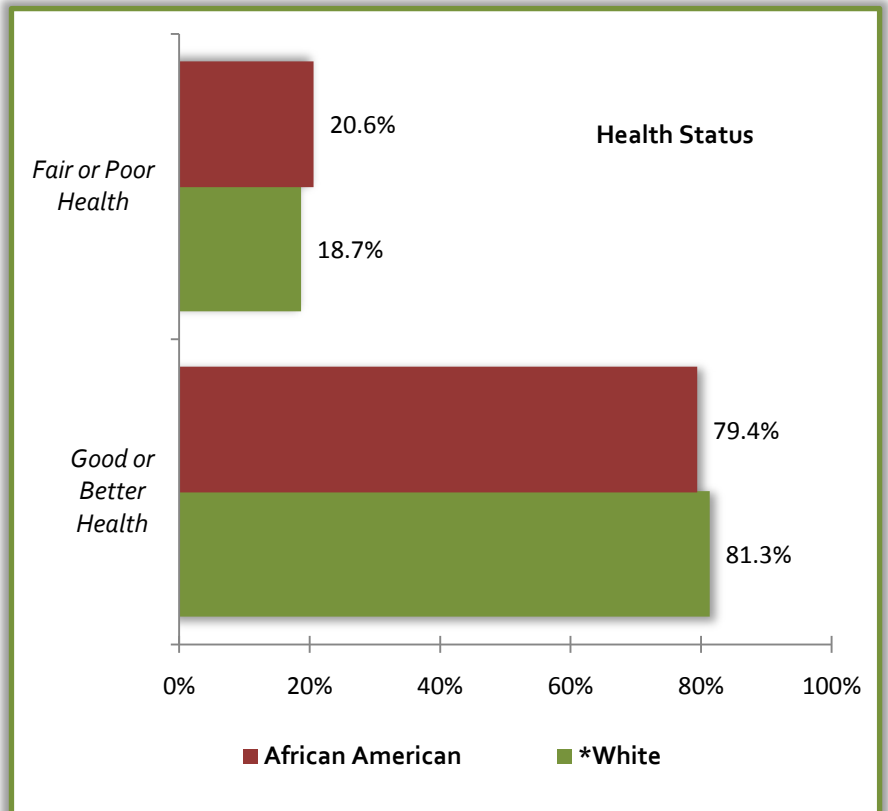
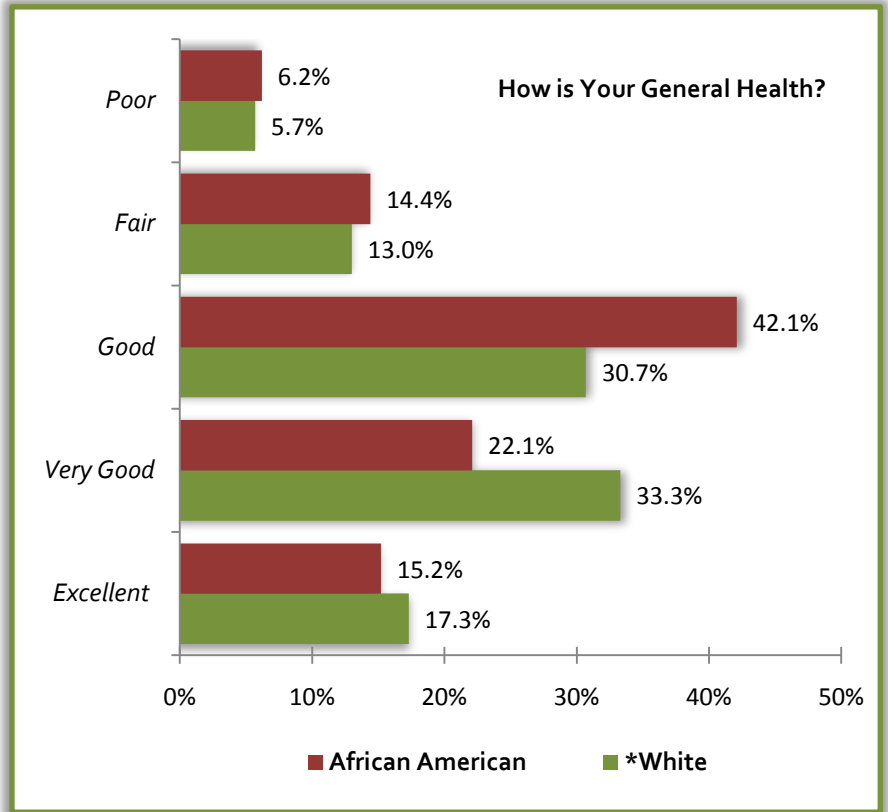
*Data available for white only

General health status defined by responses to a single question such as ‘How is your health, in general?’ have been found to be significant predictors of mortality.⁷

Self-ratings of health, or health-related quality of life, seek to determine how people perceive their own health and how well they function physically and psychologically during their usual daily activities. These indicators are important because they can assess dysfunction and disabilities that are not measured by standard morbidity and mortality measures.⁸

In 2008, when asked how their health was in general, 15.2% of African Americans reported that it was ‘excellent’ compared to 17.3% Whites. Another 22.1% of African Americans reported it was ‘very good.’

In 2008, 79.4 % of African Americans reported ‘good or better health.’ However, 20.6% of African Americans rated their health as ‘fair or poor.’ This proportion was higher than that found among Whites (18.7%).



MORBIDITY

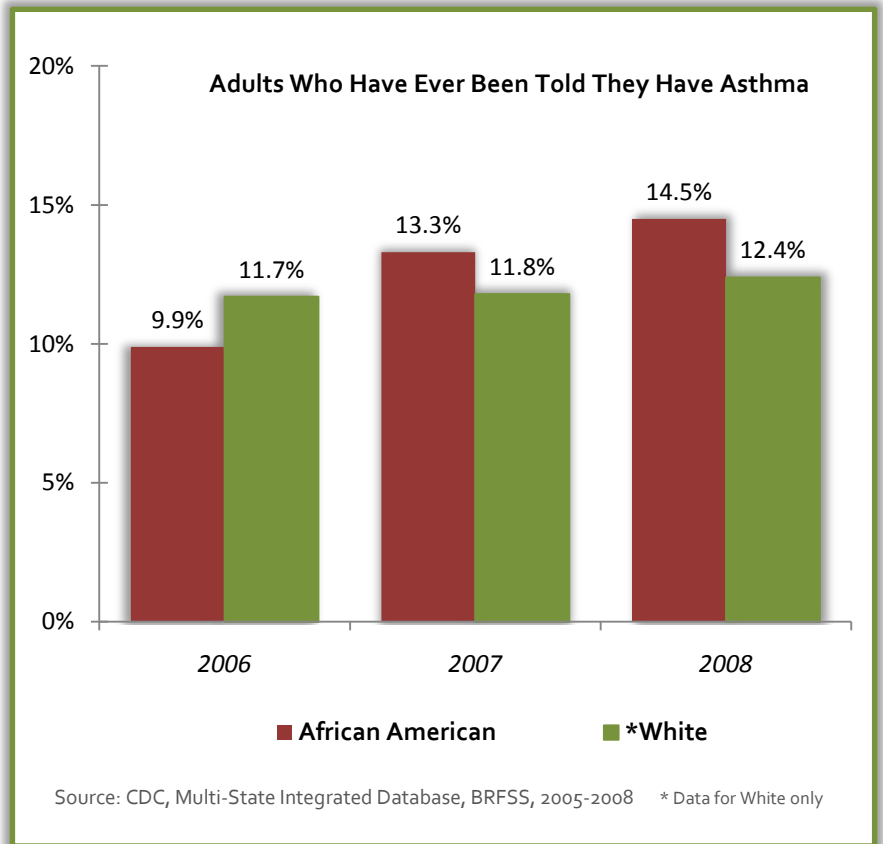
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Hypertension	18
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ASTHMA

Asthma is a chronic inflammatory disorder of the airways that makes it hard to breathe. Breathing becomes difficult because the airways tighten, thicken, become inflamed, and fill with mucus.⁵

From 2006 to 2008, an upward trend was seen in the percentage of African American adults who had ever been told they had asthma.

In 2008, 14.4% of African American adults reported 'ever been told they have asthma,' compared to 12.4% of White adults.

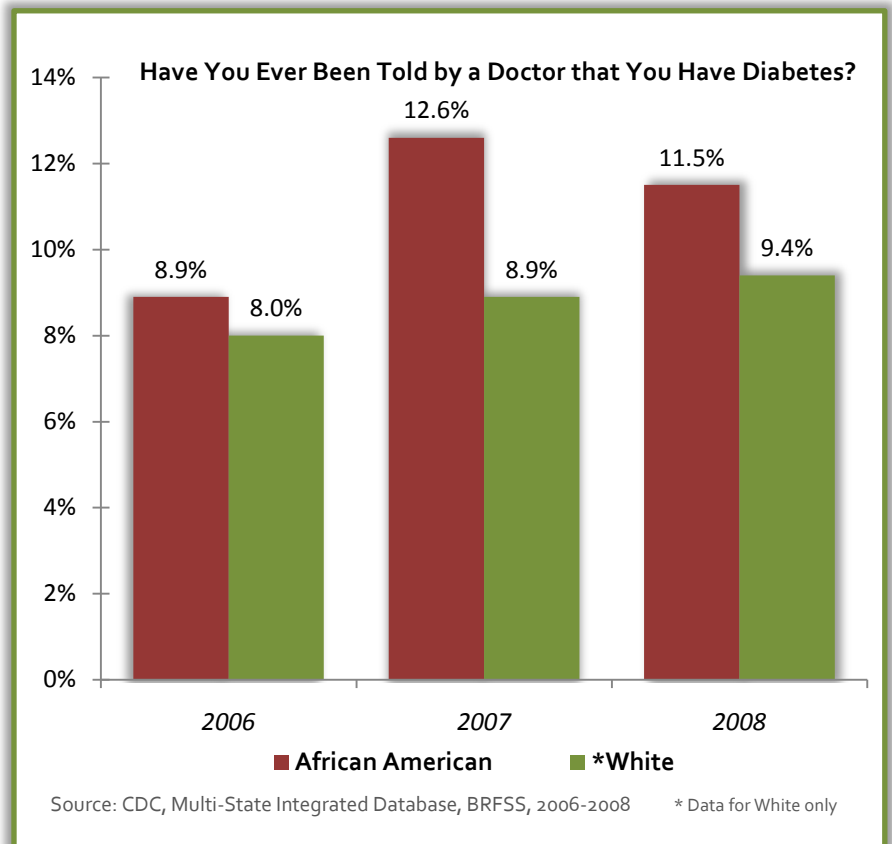


DIABETES

Diabetes is a disease in which glucose builds up in the blood and the body has trouble turning food into energy. Normally, our bodies break down food into glucose, and the hormone insulin helps glucose enter cells so our body can use it for energy.

Diabetes prevents the body from making enough insulin or from using it properly.⁵

The prevalence of diabetes among African Americans has increased in the past few years. In 2008, diabetes was more common among African American adults (12%) compared with Whites (9%).



HEART DISEASE

Heart disease is a broad term that includes coronary heart disease, myocardial infarction (or heart attack) and other serious conditions.

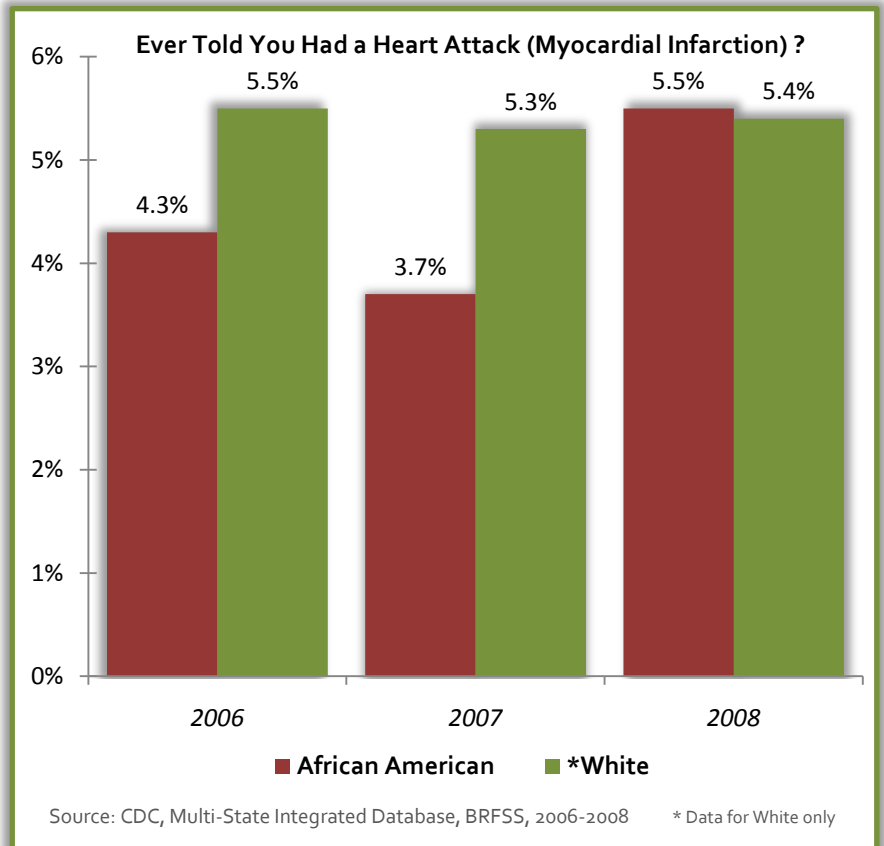
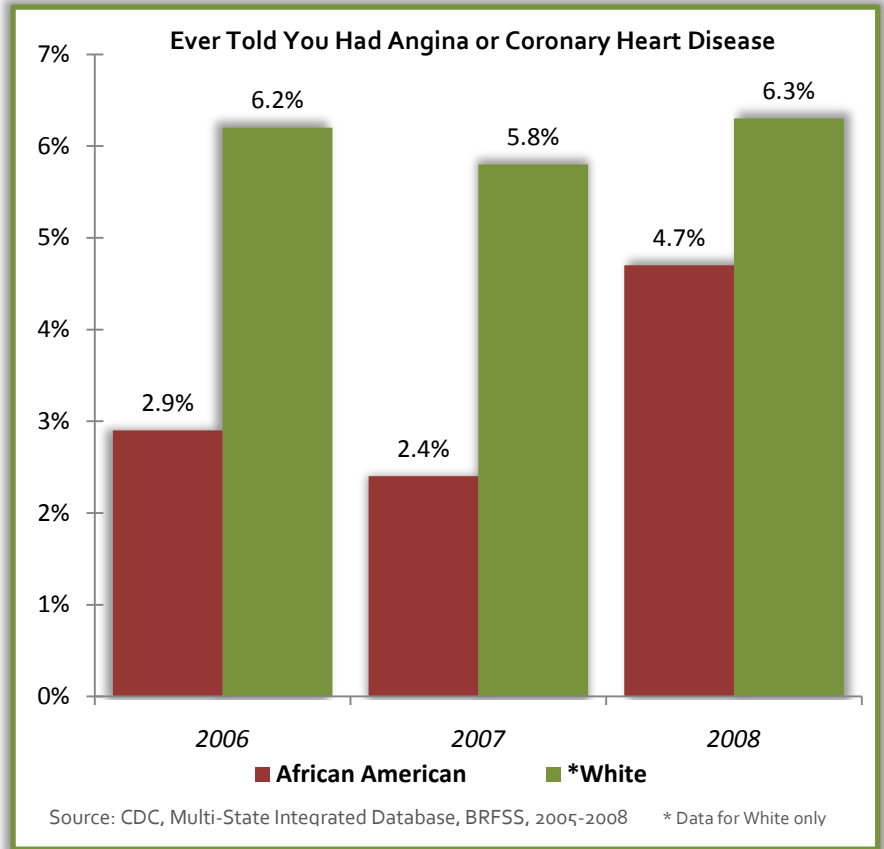
Coronary heart disease, the most common type of **heart disease**, occurs when the arteries that supply blood to the heart become hardened and narrowed due to plaque buildup.

Coronary heart disease can lead to a myocardial infarction (or heart attack). Angina, or chest pain, can also occur.⁵

Much of the burden of **heart disease** could be eliminated by reducing its **major risk factors**: *high blood pressure, high blood cholesterol, tobacco use, diabetes, physical inactivity, and poor nutrition.*⁹

From 2007 – 2008, the proportion of positive responses to the question, ‘has a doctor... ever told you had angina or coronary heart disease,’ essentially doubled for African Americans. However, African Americans remained less likely to be told they had angina or coronary heart disease compared to Whites.

Similarly, from 2007 to 2008, the proportion of African Americans who reported having been told they had had a heart attack increased from 3.7% to 5.5%.

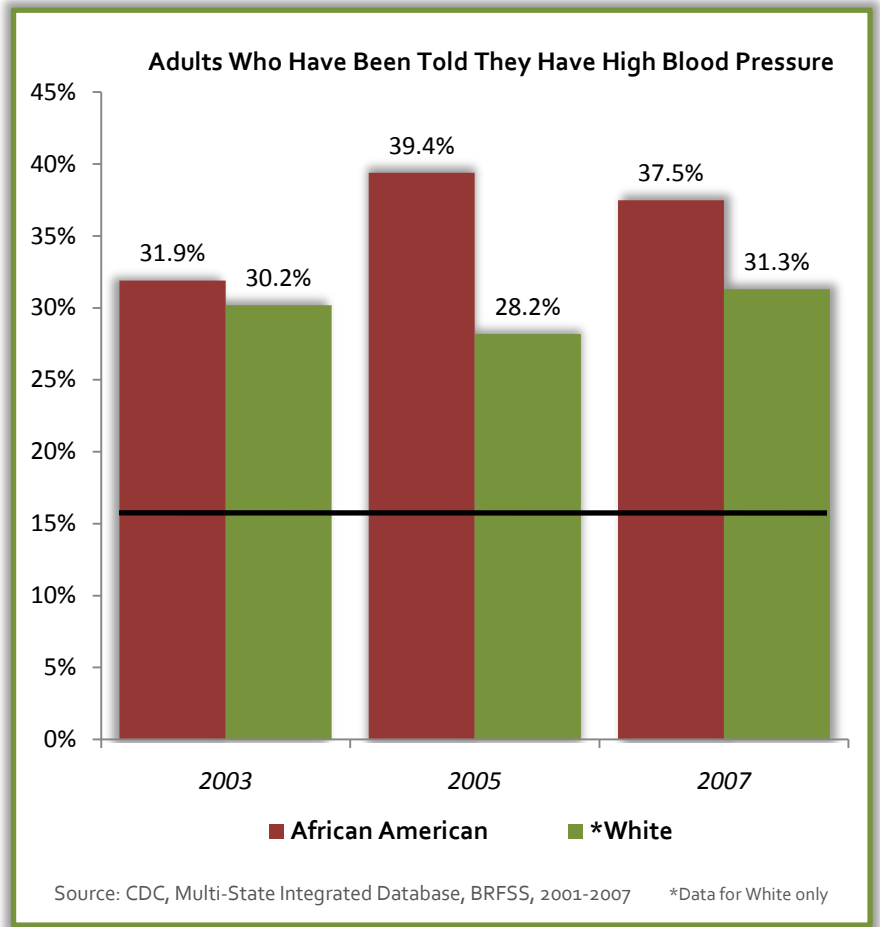


HYPERTENSION

Blood pressure is the force of blood against the walls of arteries as it is pumped through the body. Blood pressure rises and falls during the day. When blood pressure stays elevated over time, it is called high blood pressure or **hypertension**.⁸

In 2005, 39.4 % of African American respondents reported having been told they have high blood pressure. This was a significant increase from the 31.9 % of African American respondents who reported 'been told they have high blood pressure' in 2003.

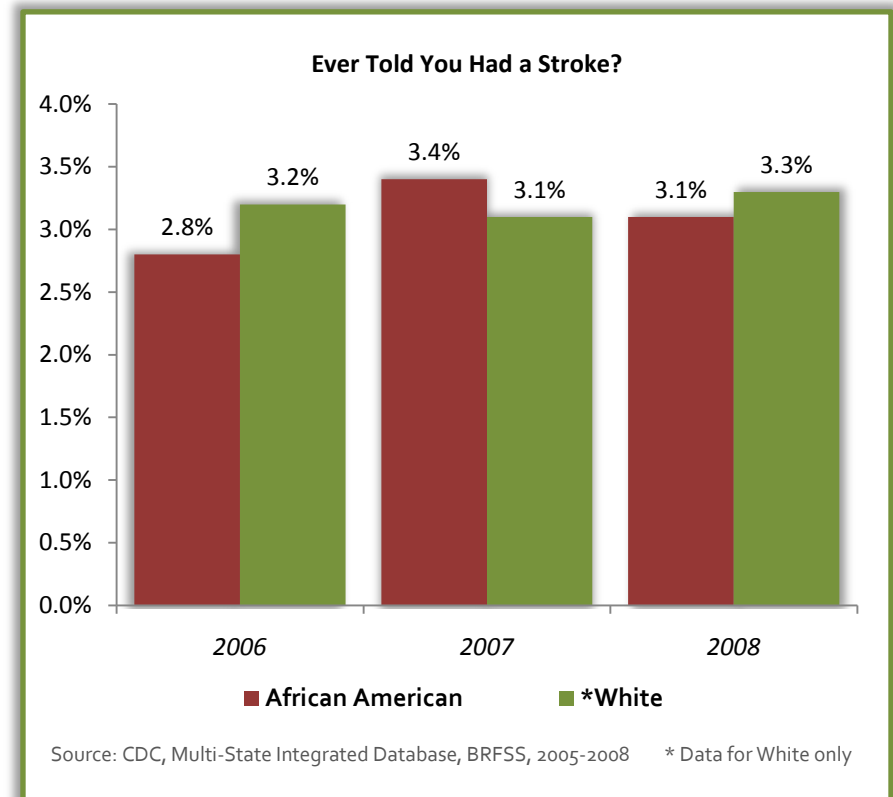
According to *Healthy People 2010*, the goal for high blood pressure is to have only 16% of the adult population reporting high blood pressure.¹⁰



STROKE

Stroke, also known as cerebrovascular disease, is the interruption of blood supply to the brain. In an **ischemic stroke**, the most common type of stroke, an artery that supplies blood and oxygen to the brain becomes blocked, either by a blood clot or by a narrowing of the artery. In a **hemorrhagic stroke**, an artery in the brain ruptures.⁸

From 2006 – 2007, the proportion of African Americans who reported being told they had had a stroke increased from 2.8% to 3.4%.



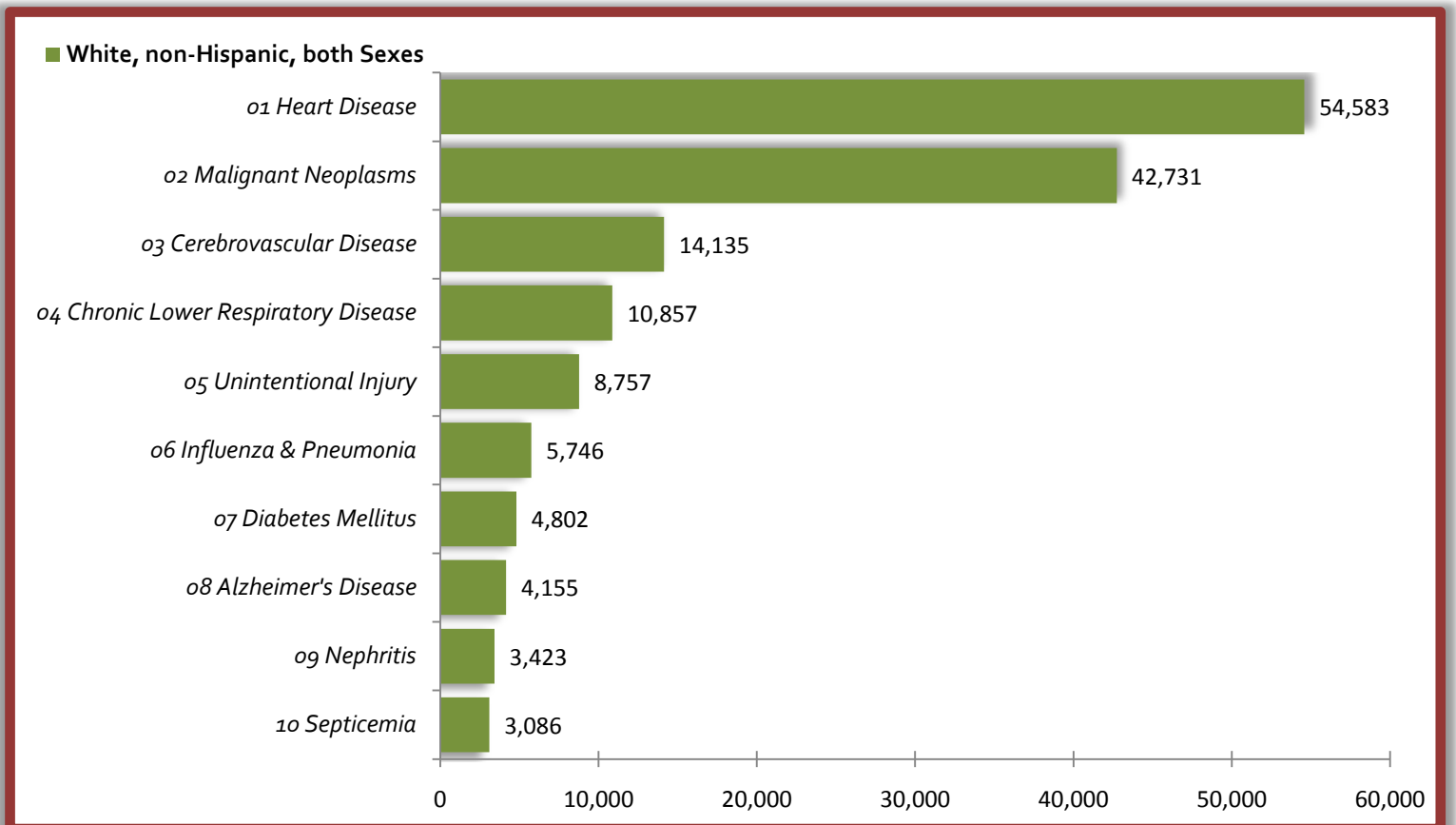
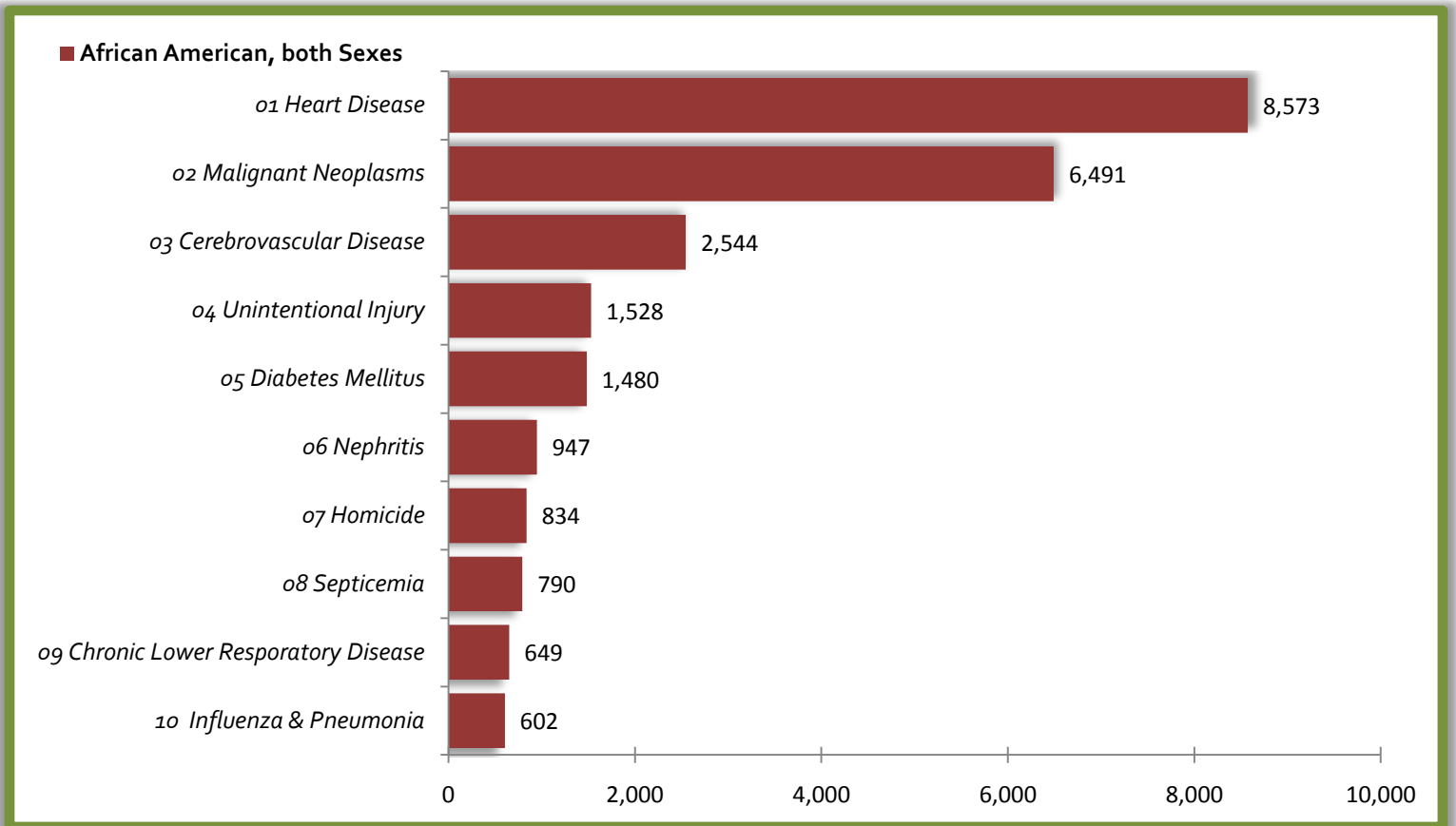
MORTALITY

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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

ALL CAUSES

Ten Leading Causes of Death, All Ages, 1999 - 2006

Source: Centers for Disease Control Prevention (CDC). Web-based Injury Statistics Query and Reporting System (WISQARS)



LEADING CAUSES OF DEATH (BY AGE GROUP)

Source: Centers for Disease Control Prevention (CDC). Web-based Injury Statistics Query and Reporting System (WISQARS)

Top Five Leading Causes of Death 1999 – 2006 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. Congenital anomalies
4. Heart Disease
5. Chronic Lower Respiratory Disease

ADOLESCENTS AGES 15-19 YEARS

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

YOUNG ADULTS AGES 20-44 YEARS

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

MIDDLE-AGED ADULTS 45-64 YEARS

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

ADULTS 65 YEARS AND OLDER

1. Heart Disease
2. Malignant Neoplasms
3. Cerebrovascular Disease
4. Diabetes Mellitus
5. Nephritis

Top Five Leading Causes of Death 1999 – 2006 Children, Adolescents, and Young Adults (White, non-Hispanic)

CHILDREN AGES 1-14 YEARS

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

ADOLESCENTS AGES 15-19 YEARS

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

YOUNG ADULTS AGES 20-44 YEARS

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

MIDDLE-AGED ADULTS 45-64 YEARS

1. Malignant Neoplasms
2. Heart Disease
3. Unintentional Injury (motor vehicle traffic, poisoning & other)
4. Chronic Low Respiratory Disease
5. Cerebrovascular Disease

ADULTS 65 YEARS AND OLDER

1. Heart Disease
2. Malignant Neoplasms
3. Cerebrovascular Disease
4. Chronic Lower Respiratory Disease
5. Influenza & Pneumonia

ALL CANCER

Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells that may result in death.¹¹

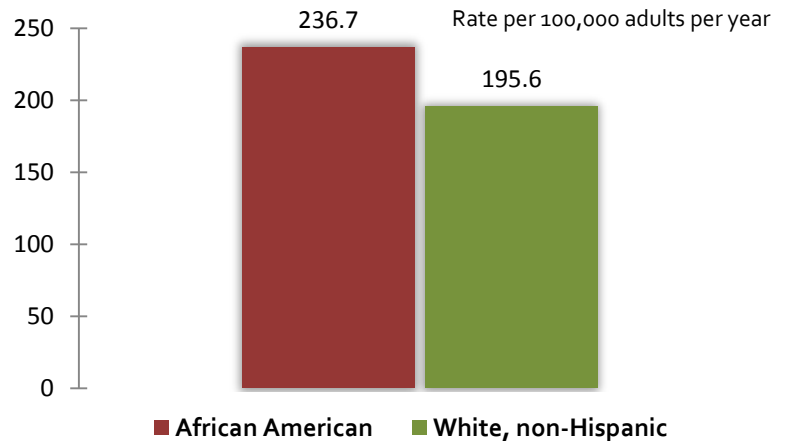
Cancer is the second leading cause of death in the US. Deaths from cancer made up about 23% of all deaths in the US in 2001.⁹

Cancer is largely **controllable** through:⁹

- Prevention
- Early detection (for some cancers)
- Treatment

In 2007, the age-adjusted death rate for **all cancer** sites combined was substantially higher for African Americans (236.7 per 100,000) compared to the rate among Whites (195.6 per 100,000).

According to Arkansas' *Healthy People 2010 Health Status Report*,¹² the goal is 160 overall cancer deaths per 100,000 persons per year.



Source: Arkansas Department of Health, Health Statistics Branch, 2007

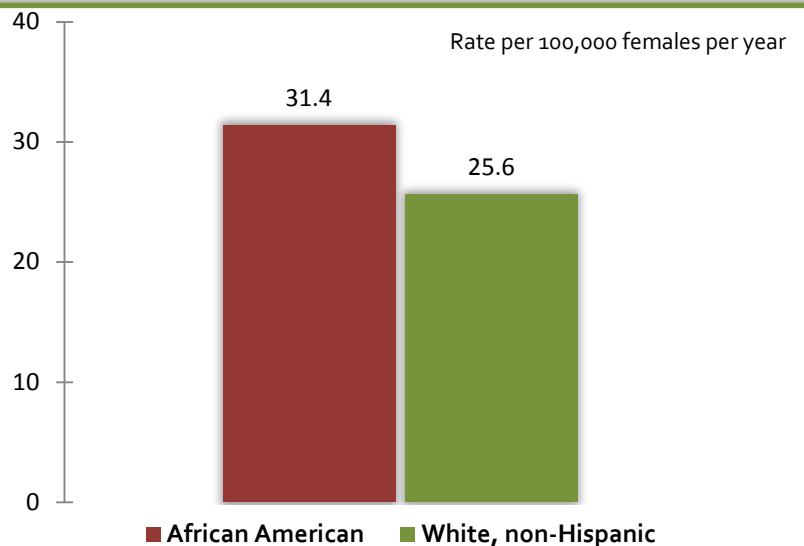
BREAST CANCER

Female breast cancer is characterized by an uncontrolled growth of abnormal cells in a woman's breast that have the potential to spread to other parts of her body.⁵

Breast cancer is the most common cancer and the second leading cause of cancer-related deaths among American women.⁹

Risk factors include: *older age, later age at birth of first child, family history of breast cancer, diets high in saturated fat, estrogen replacement therapy, and moderate obesity.*⁹

In 2007, the age-adjusted death rate for **breast cancer** was higher among African American females (31.3 per 100,000) than among White females (25.6 per 100,000).



Source: Arkansas Department of Health, Health Statistics Branch, 2007

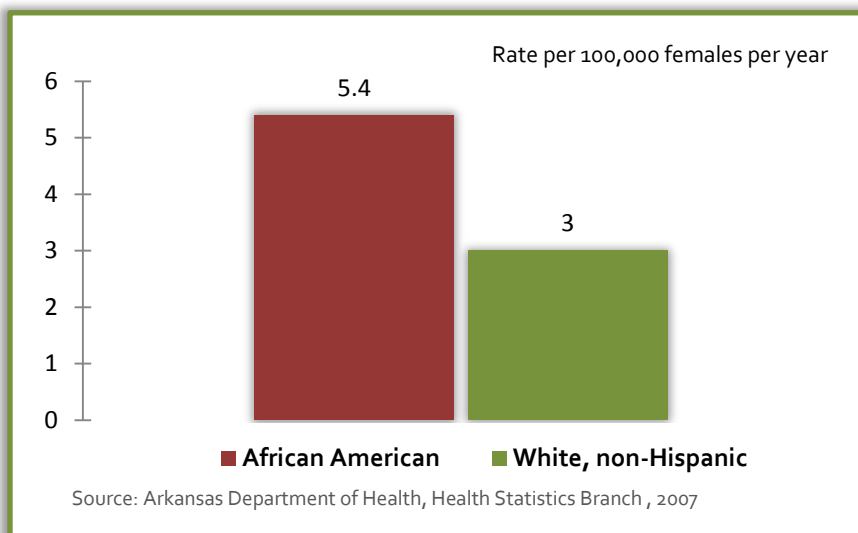
CERVICAL CANCER

Cervical cancer is characterized by an uncontrolled growth of cancer cells in the cervix of the uterus, which have the potential to spread to other areas of the body.⁵

Some risk factors for cervical cancer are:¹³

- Giving birth to many children
- Human Papilloma Virus infection (HPV)
- Having many sexual partners
- Smoking cigarettes
- Oral contraceptive use (“the Pill”)

In 2007, the age-adjusted death rate for **cervical cancer** was greater among African American females (5.4 per 100,000) than among White females (3 per 100,000). According to Arkansas’ *Healthy People 2010 Health Status Report*,¹² the goal is 2 uterine cervix deaths per 100,000 persons per year.



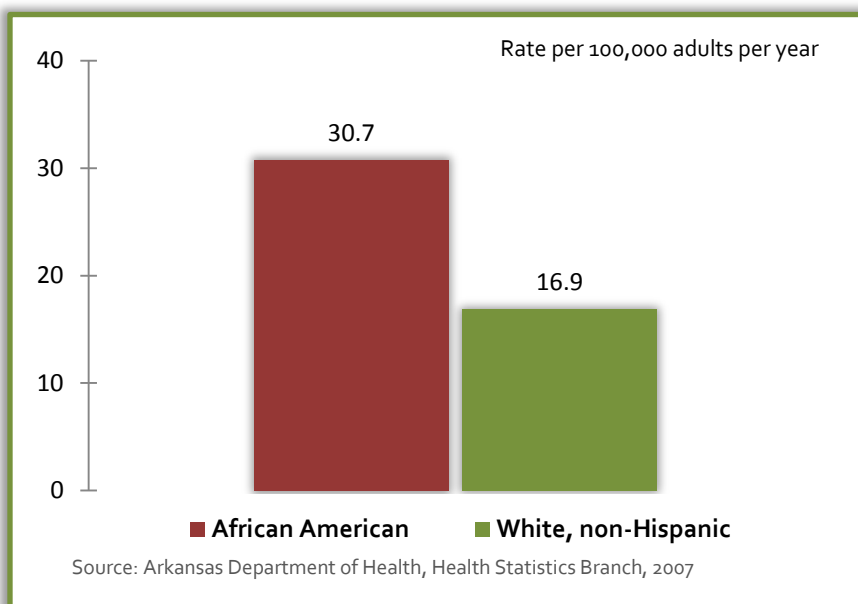
COLORECTAL CANCER

Colorectal cancer, or cancer of the colon or rectum, is characterized by an uncontrolled growth of neoplastic (abnormal) cells in the lower segment of the digestive tract, with potential to invade and spread to other sites.⁵

Adults who are aged 50 or older, have inflammatory bowel disease, are overweight or physically inactive, and have a personal or family history of colorectal polyps or colorectal cancer are at higher risk.⁹

Modifiable risk factors include: smoking, heavy alcohol use, obesity, a diet low in fruit and vegetables, a diet high in red meat, and physical inactivity.⁸

In 2007, the age-adjusted death rate for **colorectal cancer** was significantly higher among African Americans (30.7 per 100,000) than among Whites (16.9 per 100,000). According to Arkansas’ *Healthy People 2010 Health Status Report*,¹² the goal is 13.9 colorectal cancer deaths per 100,000 persons per year.

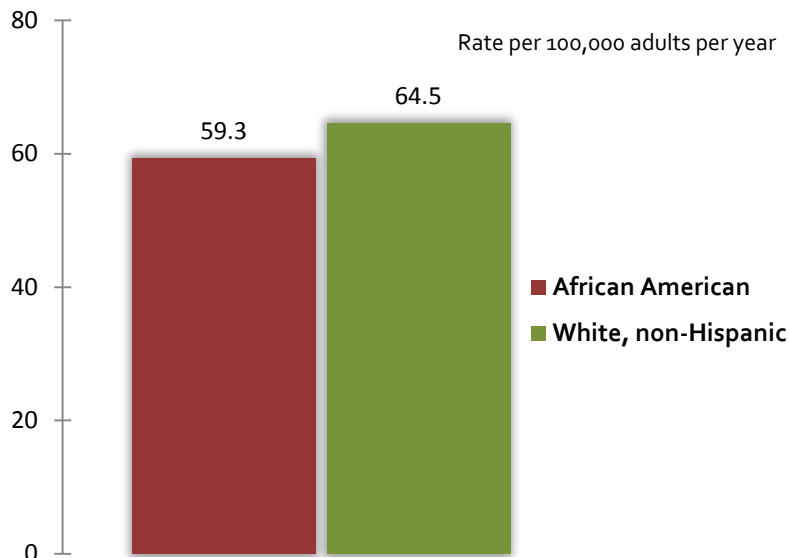


LUNG CANCER

Lung cancer is the leading cause of cancer deaths for men and women.⁹

Preventing and **reducing** cigarette smoking are **keys to reducing** illness and death from lung cancer.⁹

In 2007, fewer African Americans (59.3 deaths per 100,000 persons) were dying from **lung cancer** than Whites (64.5 deaths per 100,000 persons).



Source: Arkansas Department of Health, Health Statistics Branch, 2007

PROSTATE CANCER

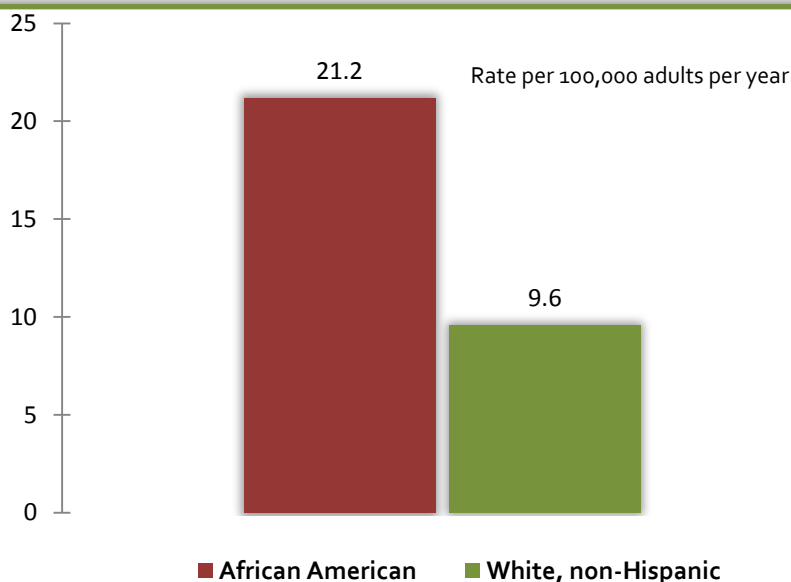
The prostate, just below the bladder in the male reproductive system, is a gland about the size of a walnut.⁹

Prostate cancer is the most common type of cancer (other than skin cancer) in men in the US.⁹

African American men have the highest incidence and mortality of **prostate cancer** in the world.¹⁴

Known risk factors associated with **prostate cancer** include: *age, family history, African-American race, and possibly a diet high in animal fat.*⁹

In 2007, the age-adjusted death rate from **prostate cancer** among African Americans (21.2 deaths per 100,000 persons) was more than twice the rate among Whites (9.6 deaths per 100,000 persons).



Source: Arkansas Department of Health, Health Statistics Branch, 2007

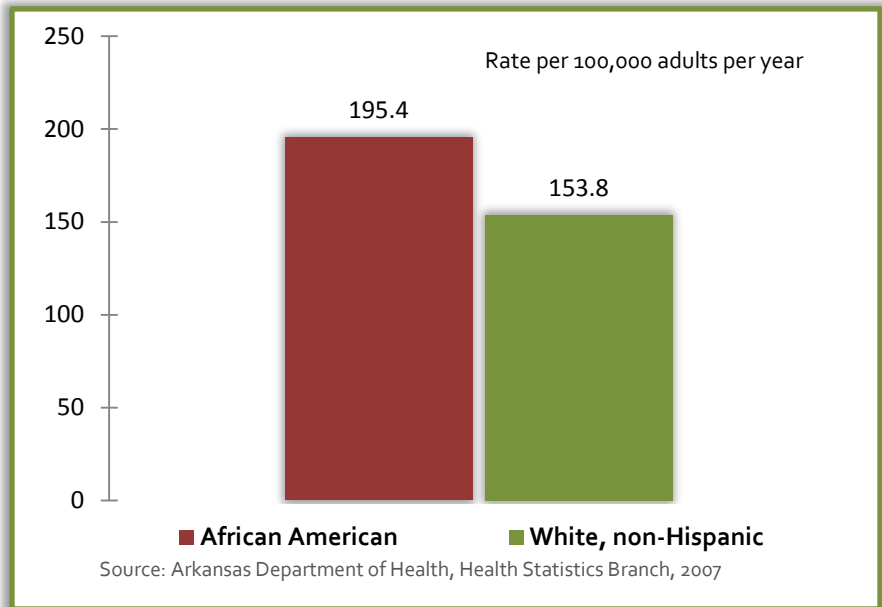
HEART DISEASE

Heart disease is the nation's leading cause of death. The most common form of **heart disease** is *coronary artery disease*. This is also referred to as *ischemic heart disease* or *heart attack*.⁹

Much of the burden of **heart disease** could be eliminated by reducing its **major risk factors**:⁹

- *High blood pressure*
- *High blood cholesterol*
- *Tobacco use*
- *Diabetes*
- *Physical inactivity*
- *Poor nutrition*

In 2007, the age-adjusted death rate for **heart disease** was significantly higher for African Americans (195.4 deaths per 100,000 persons) than for Whites (153.8 deaths per 100,000 persons).



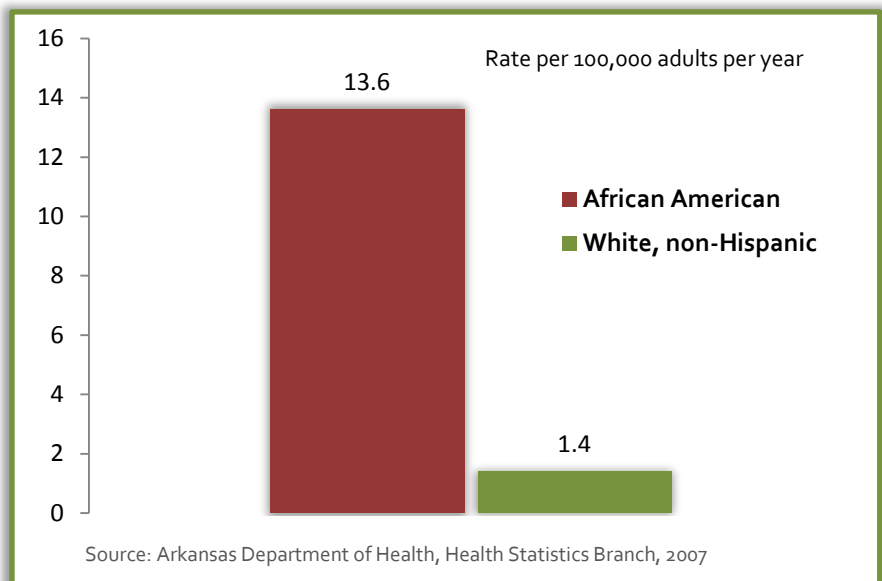
HIV

A person is **HIV** positive if he or she is infected with the human immunodeficiency virus.⁵

HIV infection is usually fatal after the virus damages the body's immune system so that it can no longer fight infections and certain types of cancers.⁵

During the course of **HIV** infection, most people experience a gradual decline in their CD4+ T cell count, which impacts the immune system.⁵

In 2007, the age-adjusted death rate for **HIV** was considerably higher for African Americans (13.6 per 100,000) than for Whites (1.4 per 100,000 persons). According to Arkansas' *Healthy People 2010 Health Status Report*,¹² the goal is 0.7 HIV infection deaths per 100,000 persons per year.



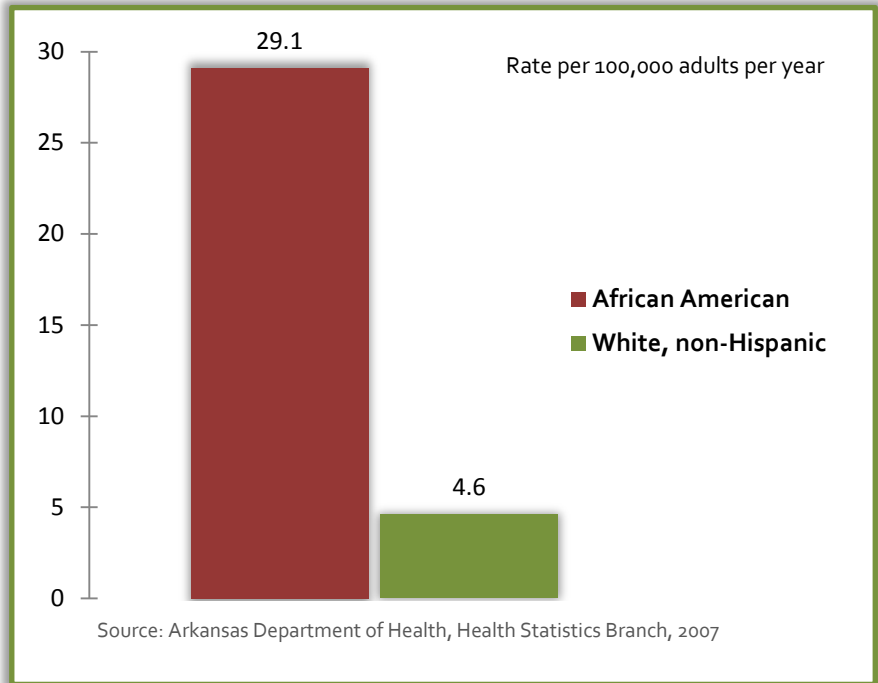
HOMICIDE

Most **homicides** occurred during the course of an argument or other non-felony circumstance, and most victims knew their assailants.⁹

Major risk factors for homicide include:⁹

- *Drug and gang activity*
- *Early school failure*
- *Delinquency*
- *Availability of firearms*
- *Neighborhoods with high rates of poverty*
- *Family violence*
- *Youth with little adult supervision*
- *Prior witnessing of violence*

In 2007, the age-adjusted death rate for **homicide** was substantially higher among African Americans (29.1 deaths per 100,000) compared with Whites (4.6 deaths per 100,000).



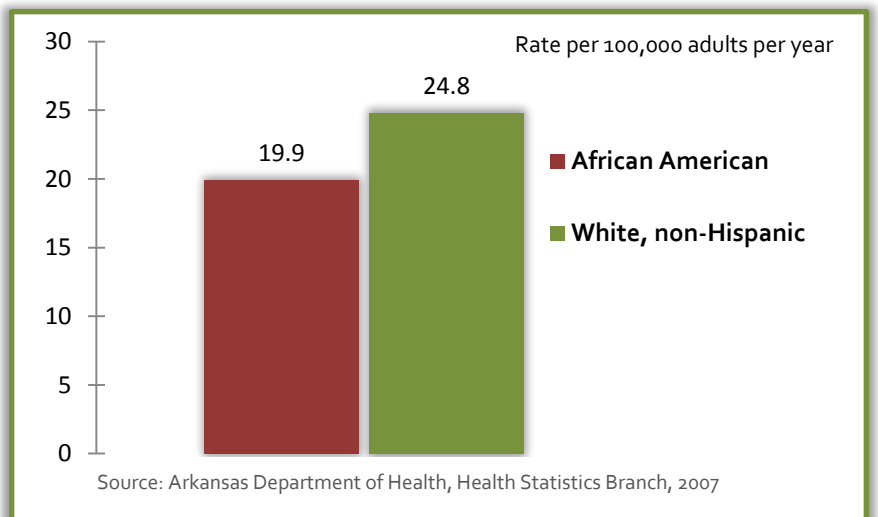
MOTOR VEHICLE ACCIDENTS

In the United States, motor vehicle-related injuries are the leading cause of death for people ages 1–34.¹⁵

Motor vehicle crashes are the leading cause of death for U.S. teens, accounting for more than one in three deaths in this age group.¹⁶

Per mile traveled, fatal crash rates increase starting at age 75 and increase even more strikingly after age 80.¹⁷

In 2007, the age-adjusted death rate for **motor vehicle accidents** (MVA) was lower for African Americans (19.9 per 100,000) than for Whites (24.8 deaths per 100,000). According to Arkansas' *Healthy People 2010 Health Status Report*,⁹ the goal is 9.2 MVA deaths per 100,000 persons per year.



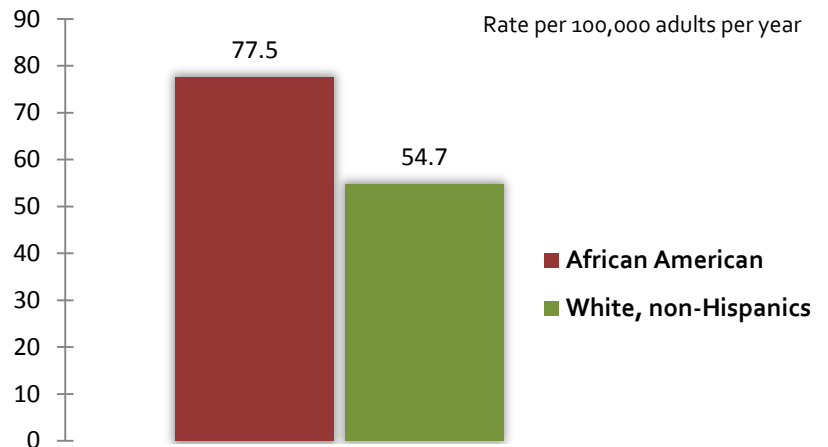
STROKE

Stroke, also known as cerebrovascular disease, is the interruption of blood supply to the brain.⁵

In an *ischemic stroke*, the most common type of stroke, an artery that supplies blood and oxygen to the brain becomes blocked, either by a blood clot or by a narrowing of the artery.⁵

In a *hemorrhagic stroke*, an artery in the brain ruptures.⁵

In 2007, the age-adjusted death rate for **stroke** was significantly higher for African Americans (77.5 deaths per 100,000 persons) than for Whites (54.7 deaths per 100,000 persons). The national *Healthy People 2010* goal is to reduce stroke deaths to 48 deaths per 100,000 population.¹⁰



Source: Arkansas Department of Health, Health Statistics Branch, 2007

SUICIDE

Suicide occurs when a person ends their life. It is the 11th leading cause of death among Americans. (Source: Centers for Disease Control and Prevention/Violence Prevention/Suicide)

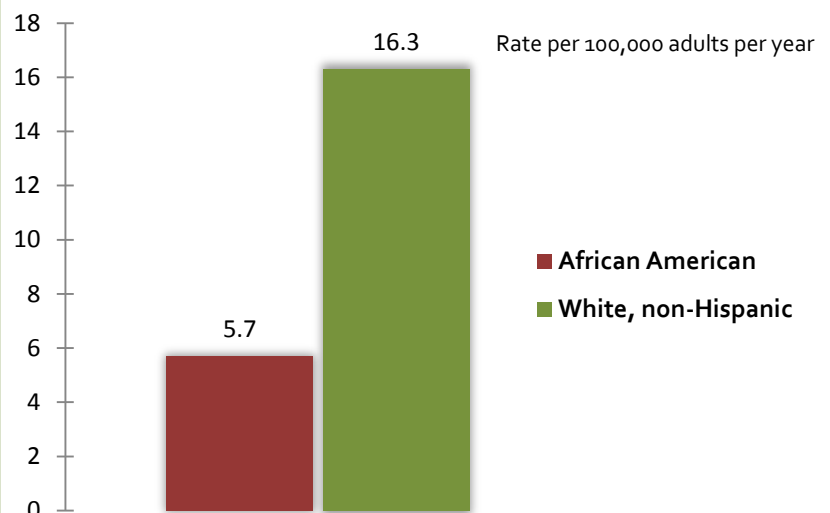
Those who attempt suicide and survive may have serious injuries like broken bones, brain damage, or organ failure. (Source: Centers for Disease Control and Prevention/Violence Prevention/Suicide)

Risk factors for suicide include:

(Source: Centers for Disease Control and Prevention/Violence Prevention/Suicide)

- Previous suicide attempt(s)
- History of depression or other mental illness
- Alcohol or drug abuse
- Family history of suicide or violence
- Physical illness
- Feeling alone

In 2007, the age-adjusted death rate for **suicide** was far less for African Americans (5.7 per 100,000) in comparison to Whites (16.3 deaths per 100,000 persons). The national *Healthy People 2010* goal is to reduce suicide deaths to 6 deaths per 100,000 population.¹⁸



Source: Arkansas Department of Health, Health Statistics Branch, 2007

MATERNAL AND CHILD HEALTH

Births to Unmarried Mothers	29
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Physical Abuse	32
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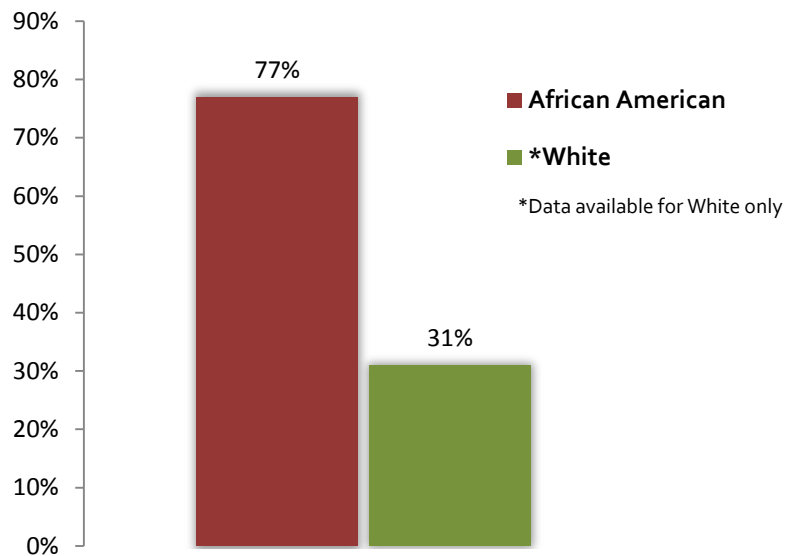
BIRTHS TO UNMARRIED MOTHERS

Births to Unmarried Mothers – children born to mothers who are not married at the time of the births.¹⁹

The **causes** of births to unmarried mothers are very complex and include: *values, lack of economic and educational opportunities, home environment, peer and media influences, and lack of access to contraceptive services.*¹⁹

Infants born to unmarried mothers are more likely to be born into poverty and be at risk for the numerous health problems associated with it.¹⁹

In 2005, African American mothers (77%) were more likely than white mothers (31%) to be unmarried when giving birth.



Source: Arkansas Department of Health, Vital Statistics State Summary, 2005

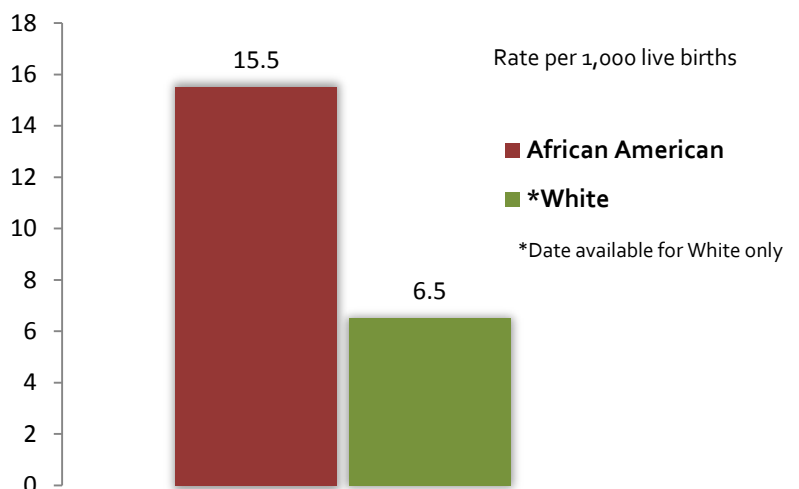
INFANT MORTALITY

Infant mortality is defined as deaths of children less than one year of age.⁵

The **leading causes** of infant death in the United States include the following:²⁰

- Birth defects
- Prematurity/low birthweight (LBW)
- Sudden infant death syndrome (SIDS)
- Maternal complications of pregnancy
- Respiratory distress syndrome (RDS)

The infant mortality rate (per 1,000 live births) was substantially higher among African Americans (15.5) than Whites (6.5) in 2005. According to Arkansas' *Healthy People 2010 Health Status Report*,¹² the goal is 4.5 infant deaths per 1,000 live births.



Source: Arkansas Department of Health, Vital Statistics State Summary, 2005

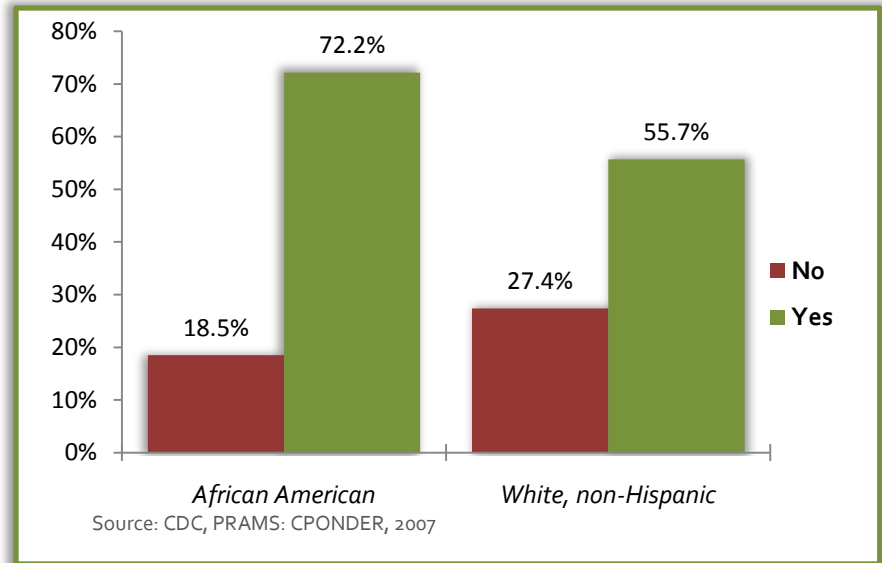
HIV TESTING DURING PREGNANCY OR DELIVERY

Maternal HIV antibody testing, with patient consent, is a routine component of prenatal care.²¹

An **HIV test** is recommended for all women who are pregnant, or planning a pregnancy regardless of their risk factors or the prevalence rates where they live.²¹

Proper diagnosis and treatment can improve the health of the mother and dramatically reduce the transmission of HIV from mother to infant.²¹

In 2007, 72.2% of African American pregnant women reported having a HIV test during pregnancy or delivery. This was substantially higher than the proportion found among White pregnant women.

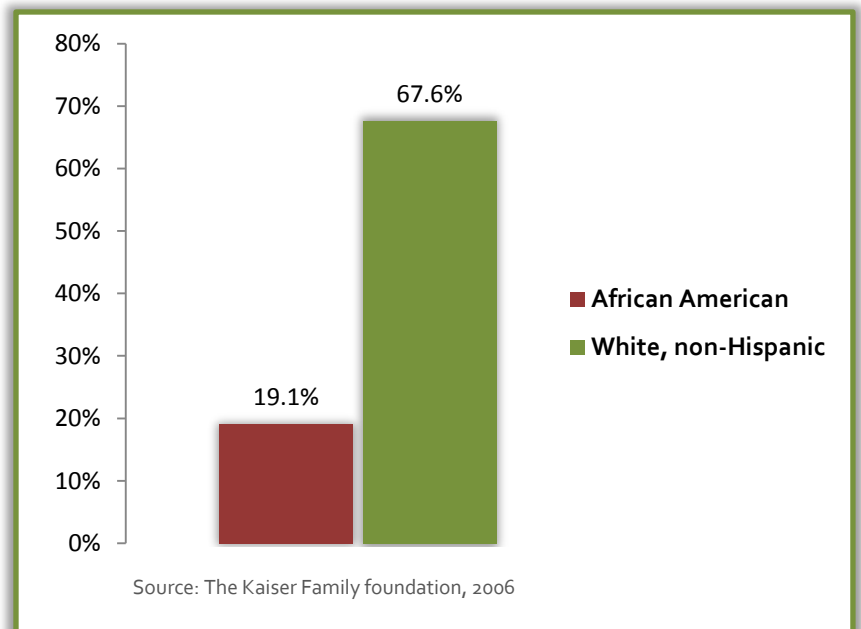


LIVE BIRTHS

A **live birth** occurs when a fetus, whatever its gestational age, exits the maternal body and subsequently shows any sign of life, such as voluntary movement, heartbeat, or pulsation of the umbilical cord, for however brief a time and regardless of whether the umbilical cord or placenta are intact.²²

This definition of the term "**live birth**" was created by the World Health Organization in 1950 and is chiefly used for public health and statistical purposes.²²

In 2006, 19.1% of Arkansas live births involved African American women.



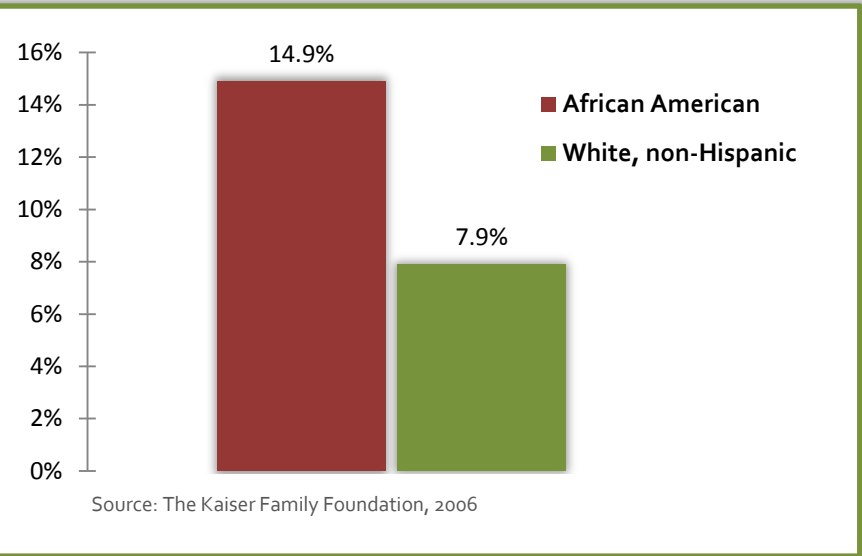
LOW BIRTH WEIGHT

Low Birth Weight (LBW) – newborn birth weight less than 2,500 grams (5 lbs 8 oz).²³

LBW is a major contributor to infant morbidity and mortality.²³

LBW infants are either those who experience normal growth but are born too early (preterm) or those who are born pre-term or full term, but have inadequate fetal growth (intrauterine growth restriction).²³

In 2006, twice as many African American mothers gave birth to an infant whose weight was less than 5.8 pounds compared to White mothers.



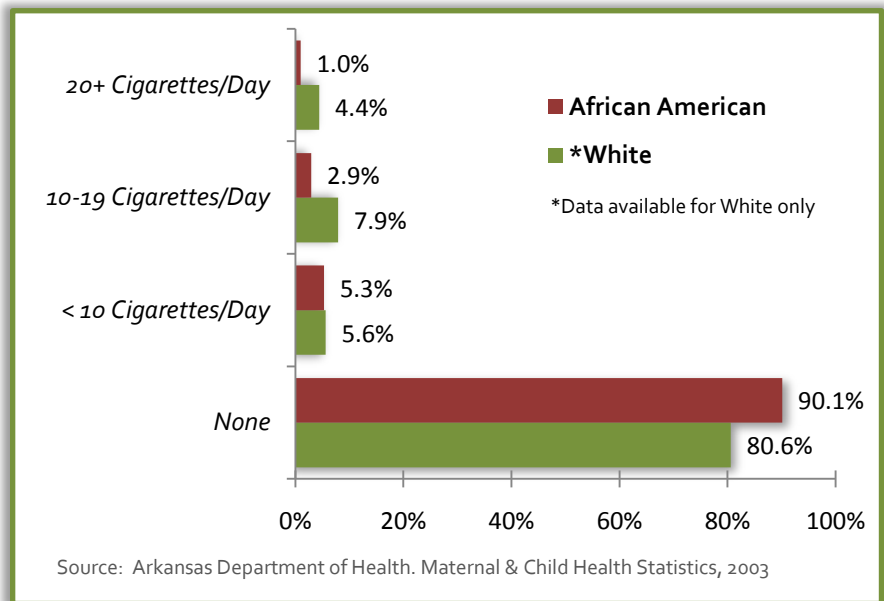
MOTHERS WHO SMOKED DURING PREGNANCY

Smoking during pregnancy can harm the health of both a woman and her unborn baby.²⁴

Maternal cigarette smoking during pregnancy increases the risk for:²⁵

- Pregnancy complications (e.g., placental previa, placental abruption, and premature rupture of the membrane)
- Poor pregnancy outcomes (e.g., preterm delivery, restricted fetal growth, and sudden infant death syndrome [SIDS])

In 2003, African American mothers reported smoking less often than did White mothers. In addition, African American mothers were less likely to smoke during pregnancy in comparison to White mothers.

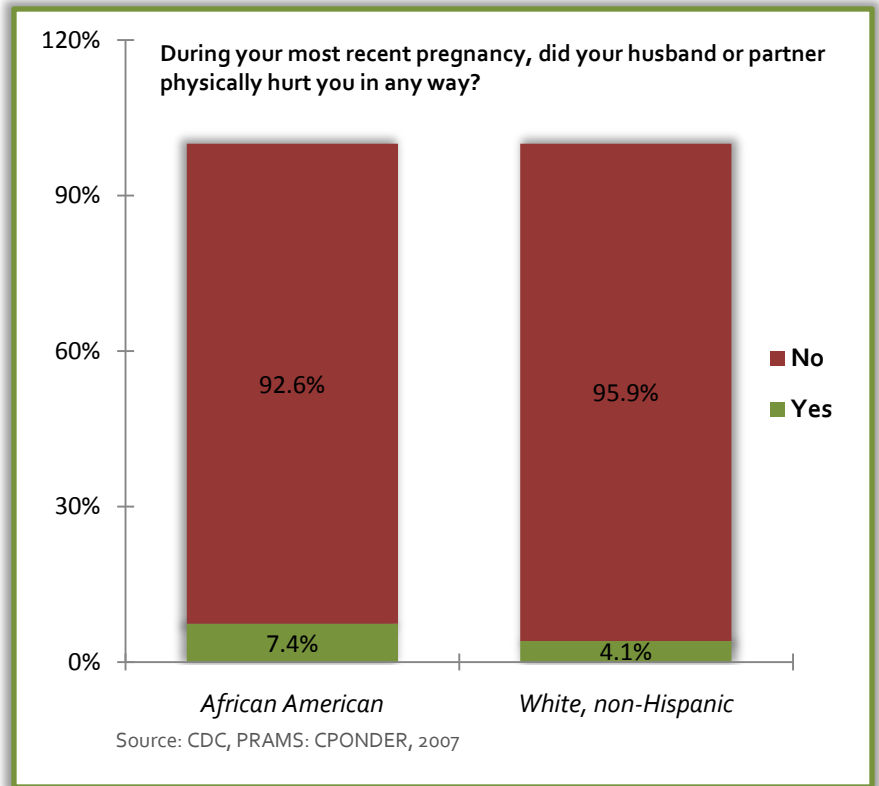


PHYSICAL ABUSE

Physical abuse during pregnancy is a serious and harmful problem. Pregnant mothers and their babies stand the risk of injury from **physical abuse**.²⁶

Examples of **side effects** resulting from **physical abuse** include:²⁶

- Miscarriage
- Stillbirth
- Low birth weight babies or premature delivery
- Fetal Fracture
- Infection or rupture of the mother's membranes



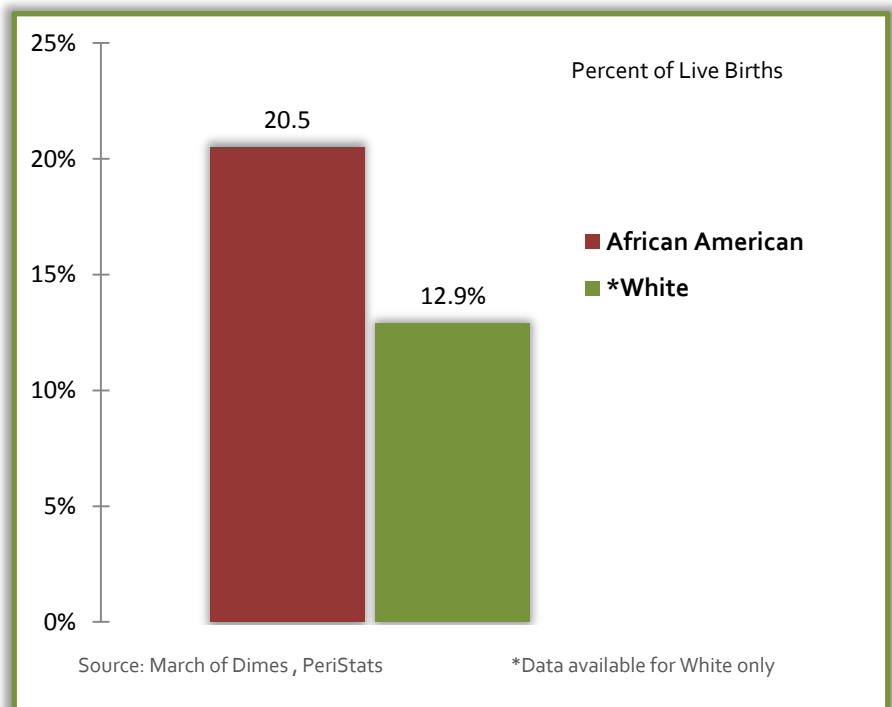
INADEQUATE PRENATAL CARE

Inadequate prenatal care is defined as fewer than five prenatal visits for pregnancies less than 37 weeks, fewer than eight visits for pregnancies 37 weeks or longer, or care beginning after the first four months of pregnancy.¹⁹

There are a **multitude of reasons** why women do not receive **adequate prenatal care**. Some reasons include:¹⁹

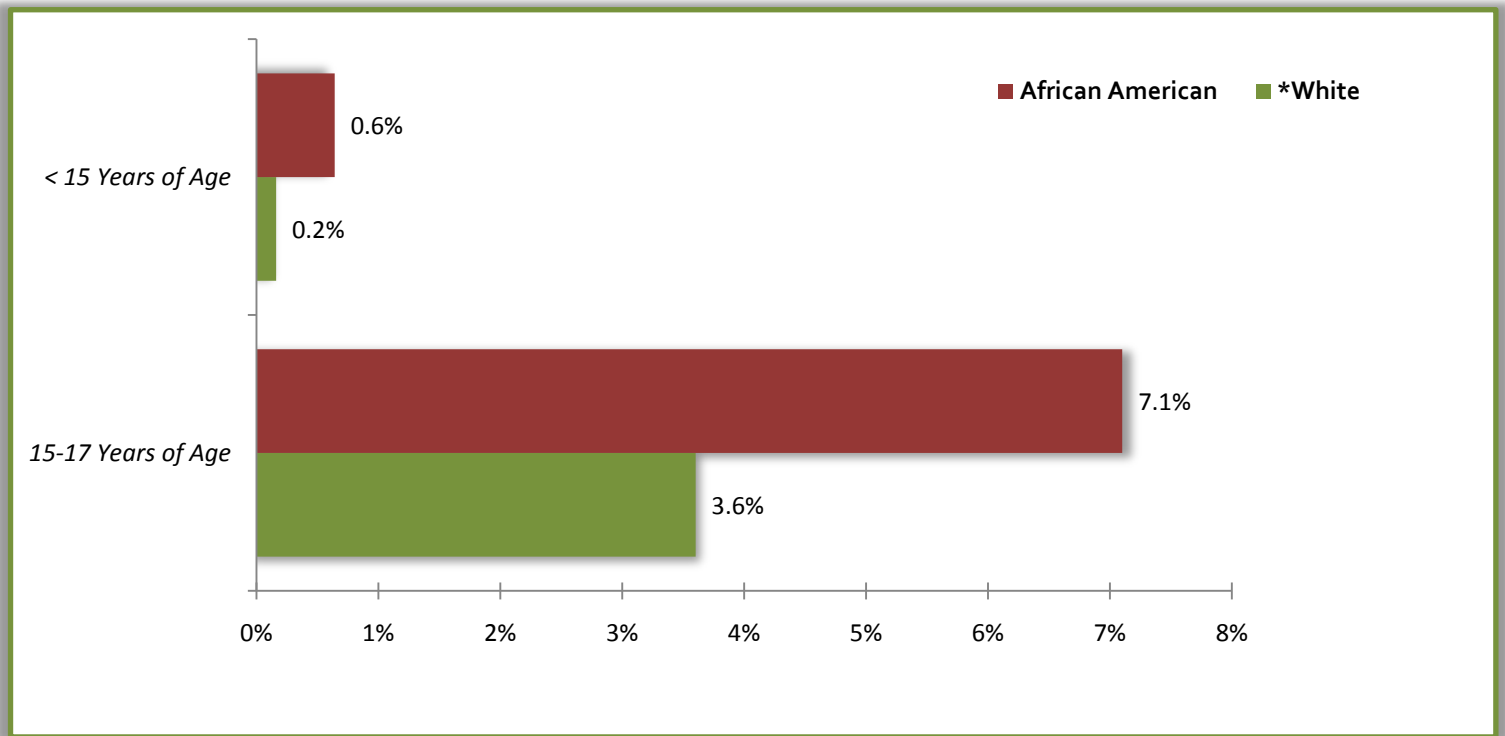
- Lack of transportation
- Overly busy physicians
- Not seeing the need for care
- Pregnancy denial

In Arkansas during 2004-2006 (combined), African American mothers were less likely to get adequate prenatal care compared to White mothers.

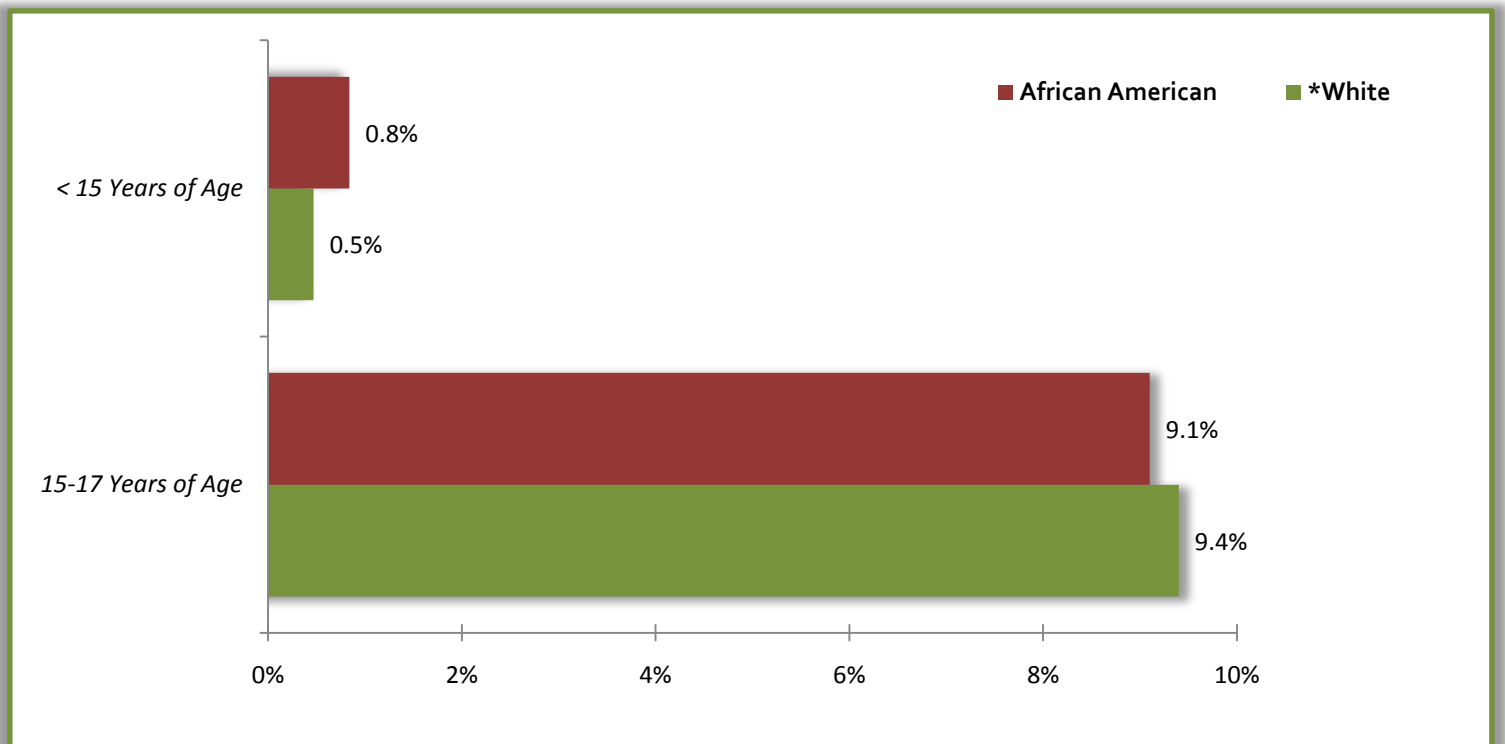


TEENAGE PREGNANCY

Source: Arkansas Department of Health, Vital Statistics State Summary, 2005 *Data available for White only



TEENAGE PREGNANCY, UNMARRIED



HEALTH PROTECTING / BEHAVIORAL RISK FACTORS

Age Appropriate Screening	
Cholesterol Checks	35
Colorectal Screening	36
Mammograms	37
Pap Smears	37
Alcohol Consumption	38
Fruit & Vegetable Intake	39
Oral Health	39
Overweight & Obesity	40
Physical Activity	41
Tobacco Use	42

CHOLESTEROL CHECK

Source: Source: CDC, Multi-State Integrated Database, BRFSS, 2007 *Data available for White only

High blood **cholesterol** is one of the major risk factors for heart disease. The higher your blood cholesterol level, the greater is your risk for developing heart disease or having a heart attack.⁸

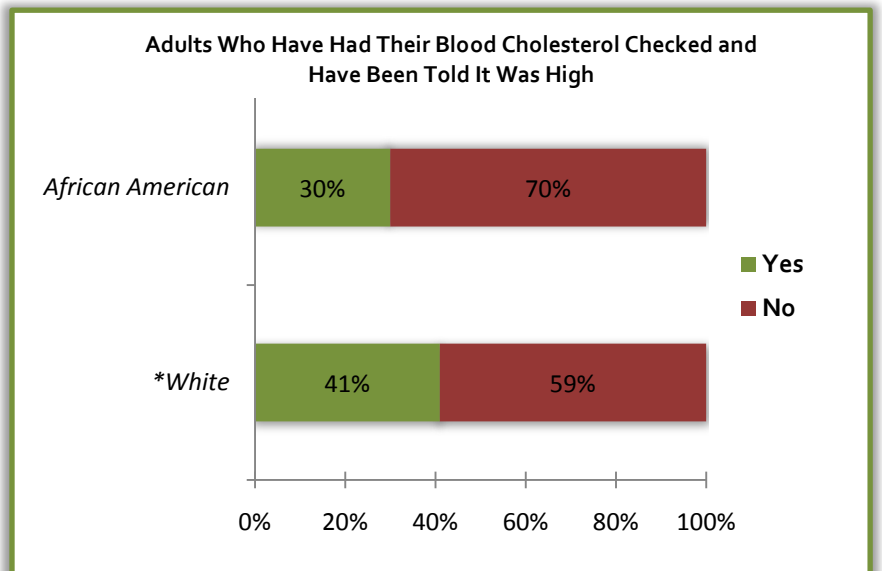
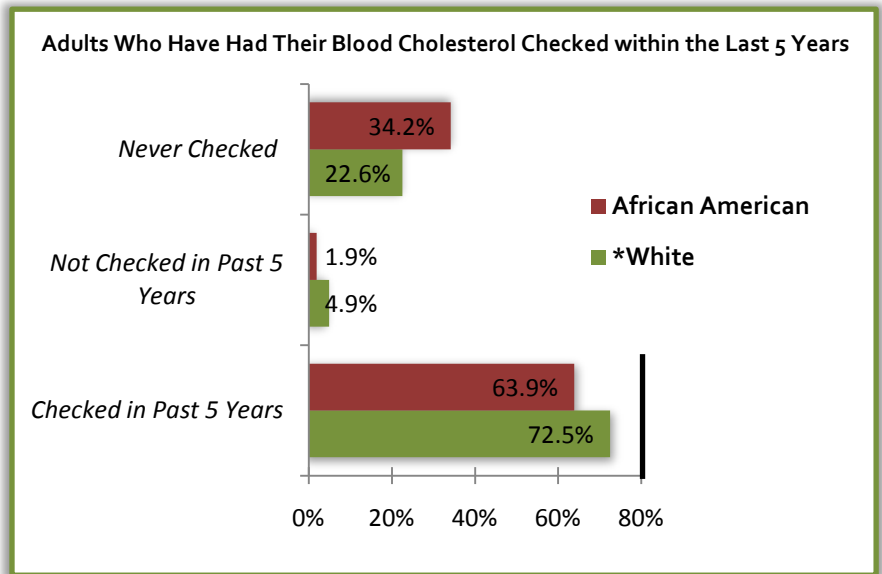
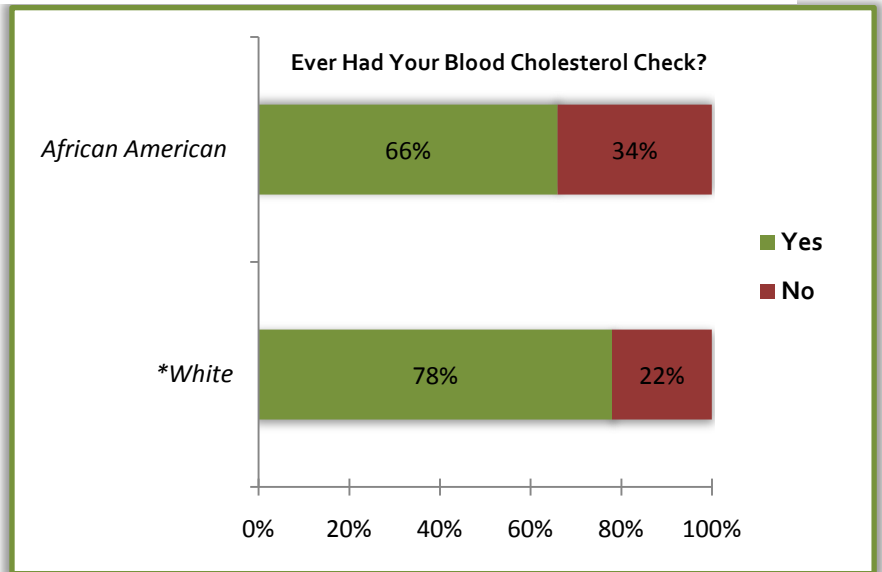
Lowering cholesterol is important for everyone—*younger, middle age, and older adults; women and men; and people with or without heart disease.* Everyone age 20 and older should have their cholesterol measured at least once every 5 years.⁸

According to *Arkansas' Healthy People 2010 Health Status Report*,¹² the goal is to have 80% of adults having their blood cholesterol checked with the preceding 5 years.

In 2007, the percentage of African Americans reporting ever having their cholesterol checked was 66%.

When asked whether they had their cholesterol checked during the past five years, 63.9% of African Americans reported having it checked.

Of respondents who had their cholesterol checked, 70% of African Americans reported they had 'been told it was high' in 2007.



COLORECTAL SCREENING

Source: Source: CDC, Multi-State Integrated Database, BRFSS, 2008

*Data available for White only

Colorectal cancer usually develops from abnormal growths known as precancerous polyps in the colon and rectum.⁸

In the early stages there are often no symptoms. Screening tests can detect polyps so they can be removed before they turn into cancer.²⁷

American Cancer Society recommends that men and women at average risk begin **regular screening** for colorectal cancer at age 50 years.⁸

Recommended options include the following:⁸

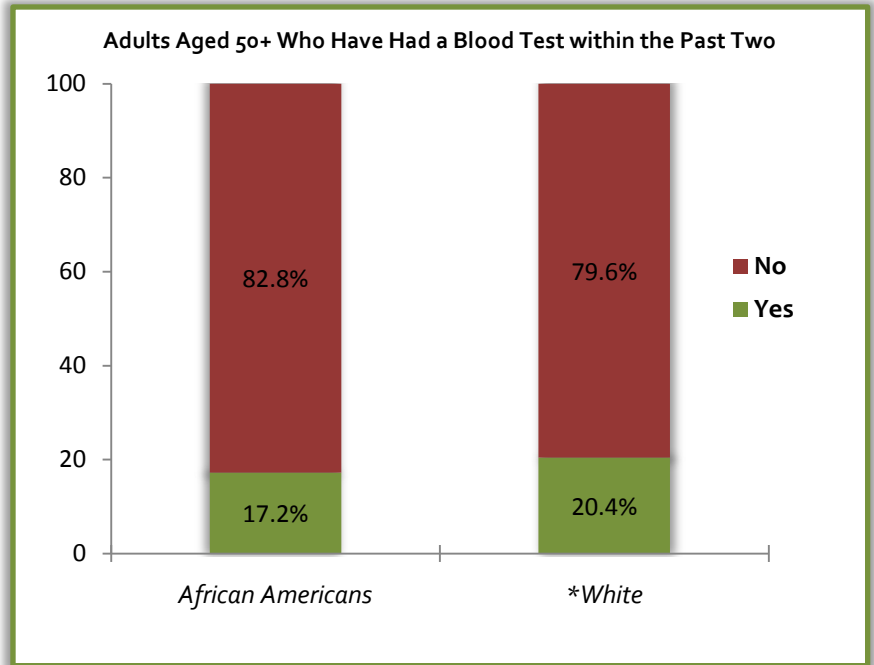
Colonoscopy - a test that uses a hollow, lighted tube to inspect the interior walls of the rectum and the entire colon visually.

Flexible sigmoidoscopy - at test that uses a hollow, lighted tube to visually inspect the wall of the rectum and part of the colon.

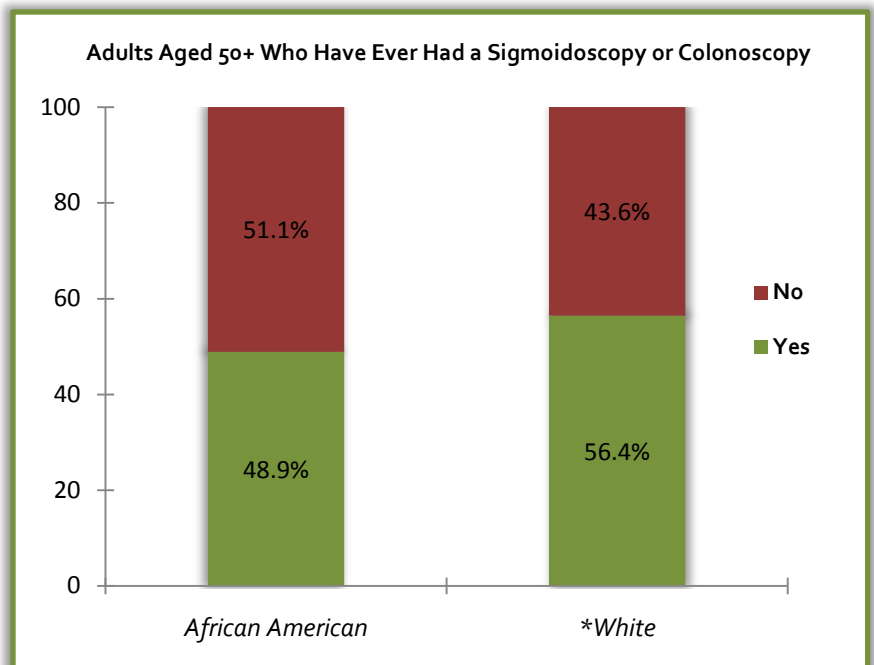
Fecal occult blood test (FOBT) - a chemical test that detects blood that is not visible in a stool sample.

Double-contrast barium enema - this is a series of x-rays of the colon and rectum.

In 2008, 82.2 % of African Americans 50 years old or older reported not having a fecal occult blood test within the past 2 years.



In 2008, 51% of African American adults 50+ reported not ever having a flexible sigmoidoscopy or colonoscopy screening test.



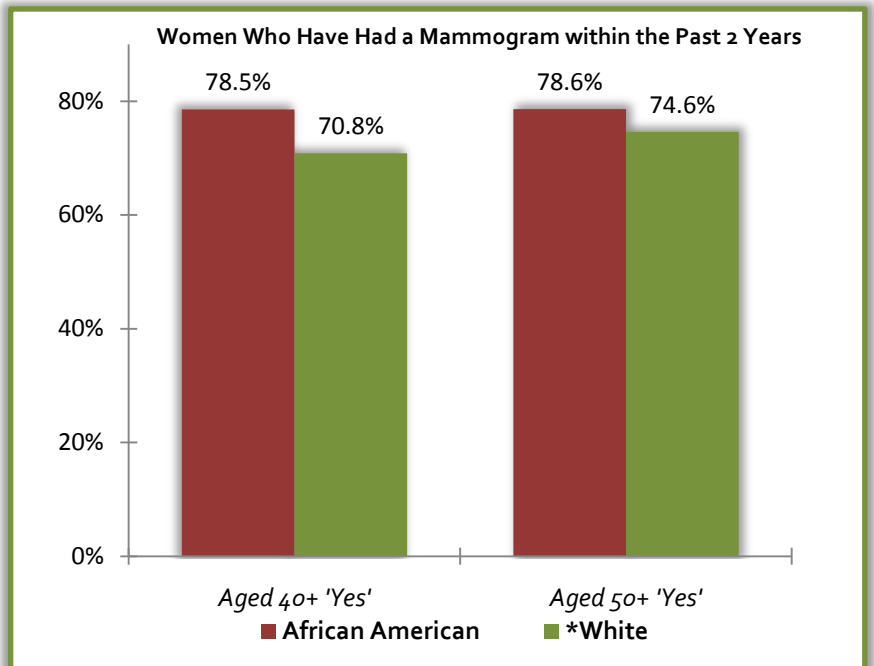
MAMMOGRAMS

Source: Source: CDC, Multi-State Integrated Database, BRFSS, 2008

*Data available for White only

Mammography, the best available method for detecting breast cancer in its earliest, most treatable stage, could find cancer 1–3 years earlier than a woman or her healthcare provider may feel a lump.⁹

In 2008, 78.5% of African American women aged 40+ and 78.6% of African American women aged 50+ had a screening mammogram within the past two years.



PAP SMEARS

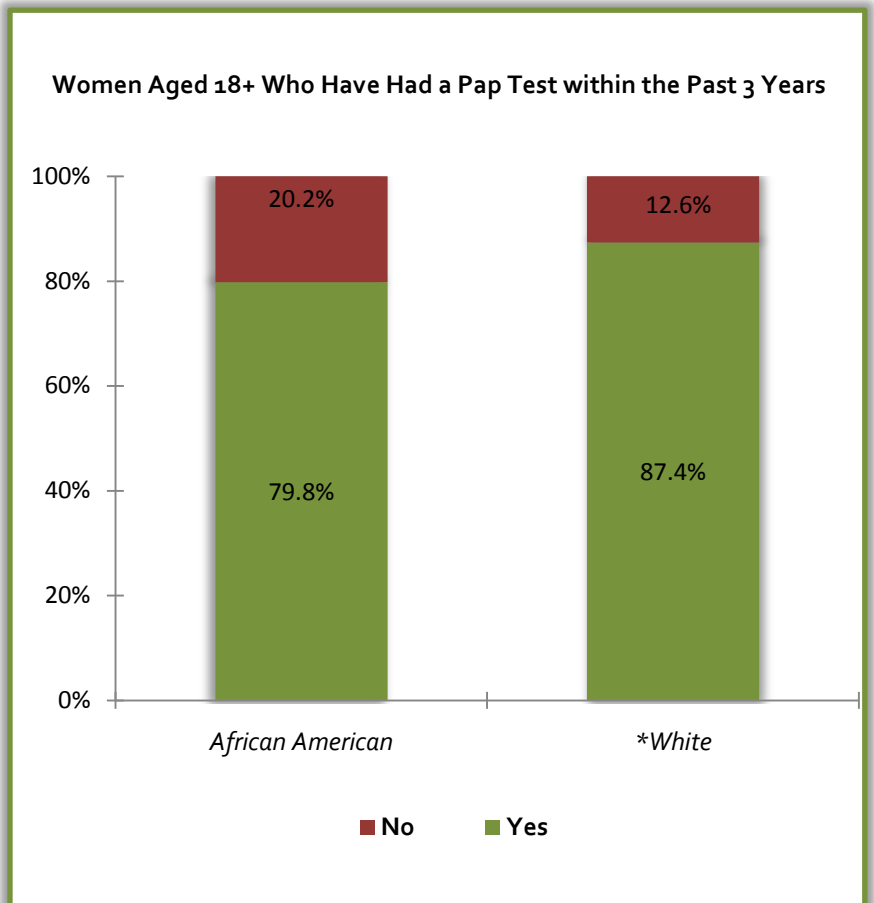
Source: Source: CDC, Multi-State Integrated Database, BRFSS, 2008

Cervical cancer may be prevented by screening with a **pap smear**.⁹

As **pap smears** have become more prevalent, pre-invasive cervical cancers are detected more commonly.⁹

In 2008, fewer African American women had a pap test within the past three years compared to White women.

According to Arkansas' *Healthy People 2010 Health Status Report*,¹² the goal is for 90% of women 18 years of age and older to have a pap smear within past 3 years.



ALCOHOL CONSUMPTION

Source: Source: CDC, Multi-State Integrated Database, BRFSS, 2008

*Data available for White only

A large number of people get into serious trouble because of their consumption of alcohol.⁸

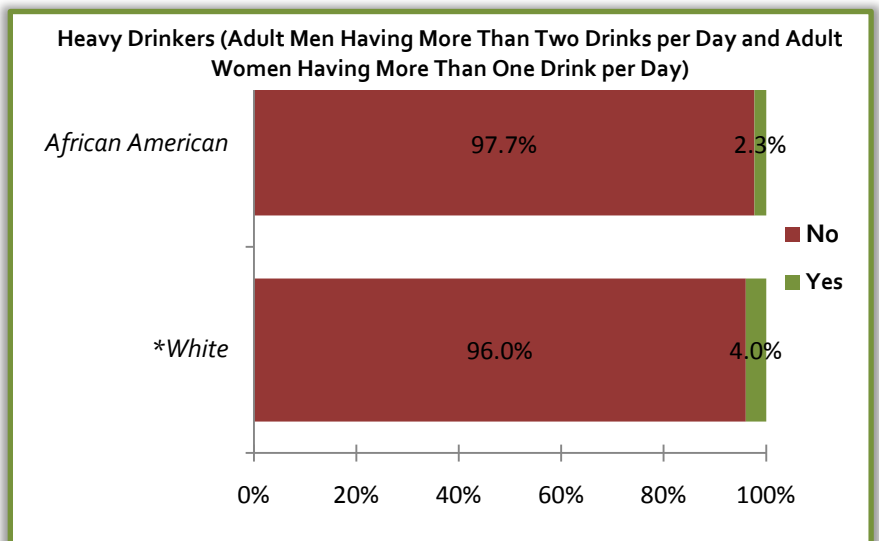
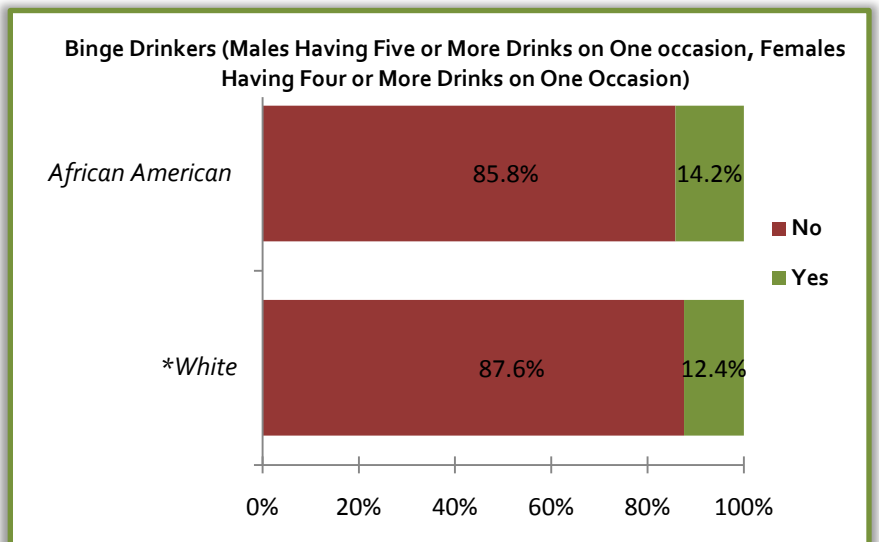
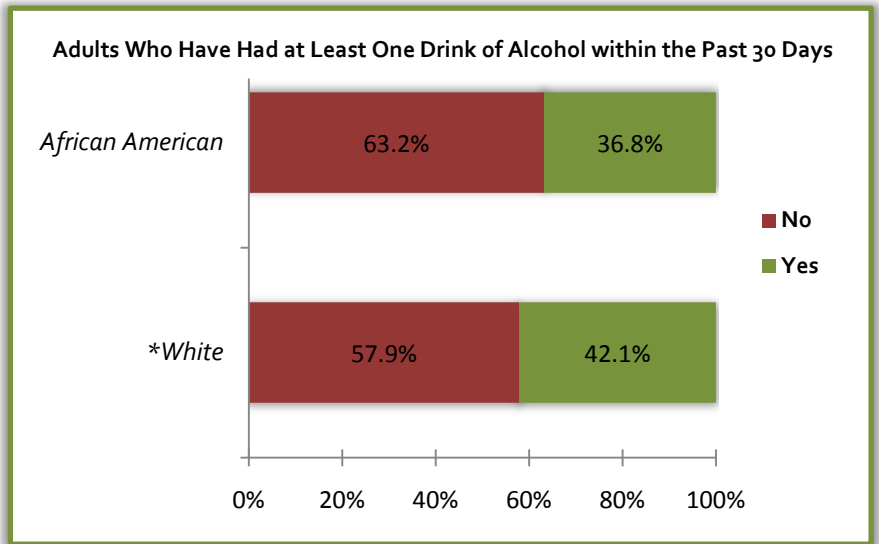
Alcohol consumed on an occasional basis will pose little risk to most people and may even promote health. Even at this level, factors such as family history, health condition, and use of medications can pose problems. Furthermore, many people find it impossible to consume alcohol in a controlled manner.⁸

In 2008, 36.8% of African American adults reported that they had at least one drink of alcohol in the past 30 days.

About 14.2% African Americans adult identified themselves as binge drinkers, which was slightly more than White adults (12.4%).

The *Healthy People 2010* goal for the nation for binge drinking is 6%.²⁸

Fewer African American adults (2.3%) identified themselves as heavy drinkers compared with White adults (4%).

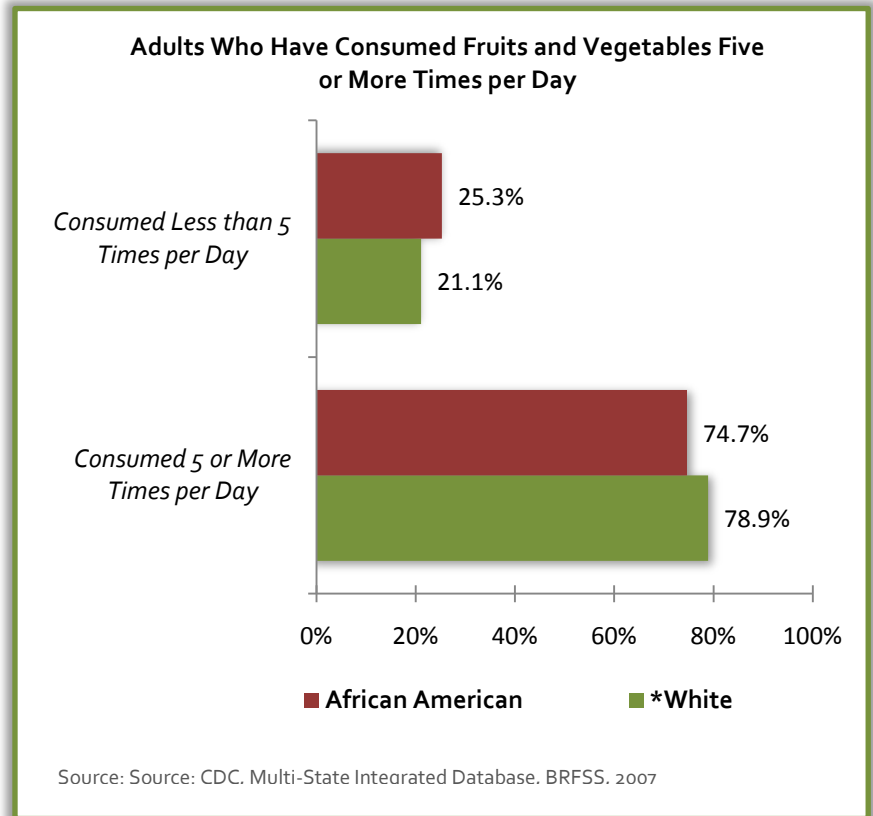


FRUIT AND VEGETABLE INTAKE *Data available for White only

Fruits and vegetables contain essential vitamins, mineral, fiber, and other bioactive compounds; a diet high in these foods is associated with lower risk for numerous chronic diseases, including certain cancers and cardiovascular disease.⁸

Two measures of **access to nutritious food** include intake of fruits and vegetables and food insecurity rates.⁵

For 2008, African Americans were less likely than Whites to eat fruit and vegetables five or more times per day.

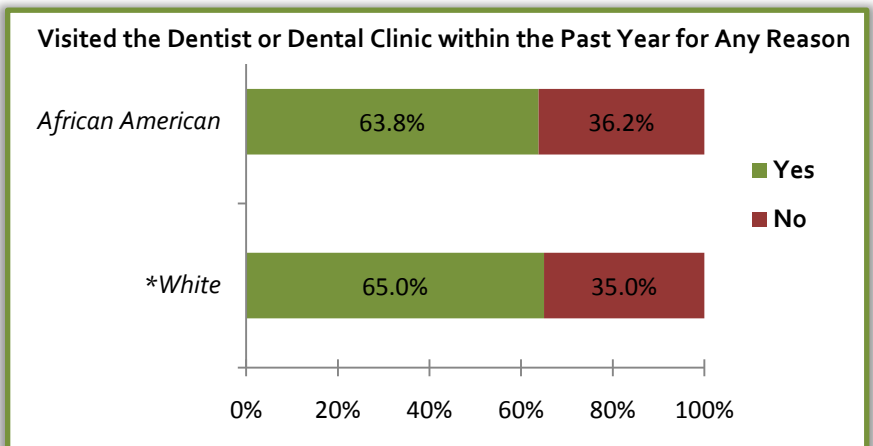
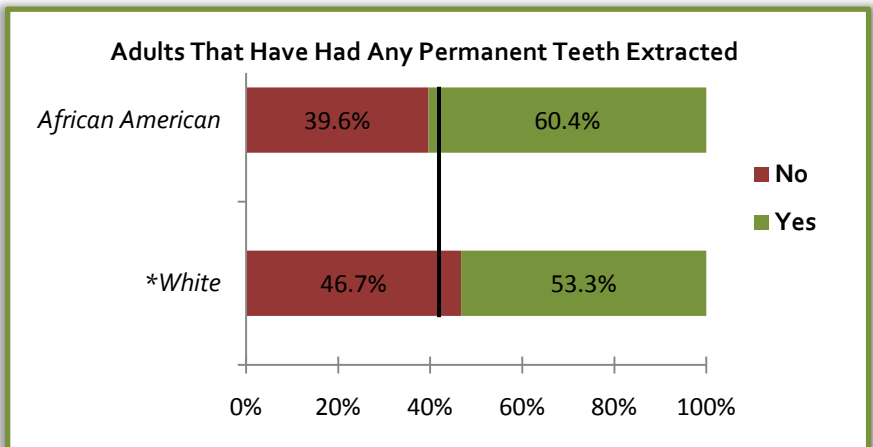


ORAL HEALTH Source: Source: CDC, Multi-State Integrated Database, BRFSS, 2008

Oral health is an essential and integral component of health throughout life. Poor **oral health** and untreated oral diseases and conditions can have a significant impact on quality of life.²⁹

In 2008, African American adults (60.4%) were more likely than White adults (53.3%) to have had any permanent teeth extracted.

The national *Healthy People 2010* goal is to have at least 42% of US adults who report never having had a permanent tooth extracted because of dental caries or periodontal disease.²⁹



OVERWEIGHT AND OBESITY

Source: Source: CDC, Multi-State Integrated Database, BRFSS, 2008 *Data available for White only

Overweight and obesity are probably the most serious health problems in America today.⁸

Obesity is a condition linked to risk factors for heart disease, cancer, and stroke, which are the first, second and third leading causes of death.⁸

Healthy People 2010 objective calls for increasing the prevalence of healthy weight (neither overweight nor obese) to 60% among adults age 20 years and older.³⁰

African American adults were more likely to be obese (38.1%) compared to White adults (28.8%) in 2008.

***BMI** - An estimate of an individual's relative body fat calculated from his or her height and weight.³¹



“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.”³⁰

PHYSICAL ACTIVITY

Source: CDC, Multi-State Integrated Database, BRFSS, 2008

*Data available for White only

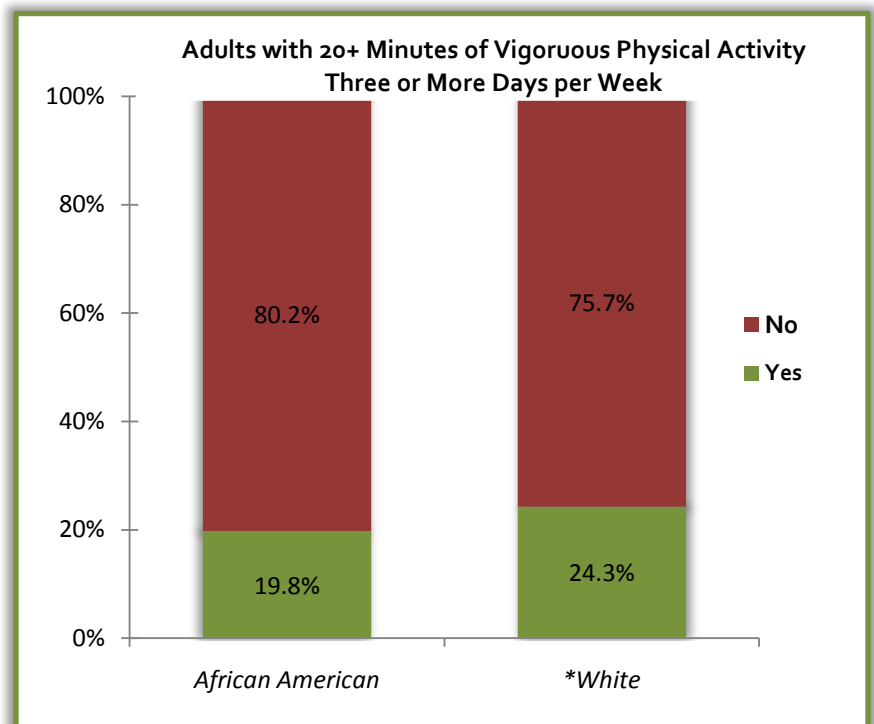
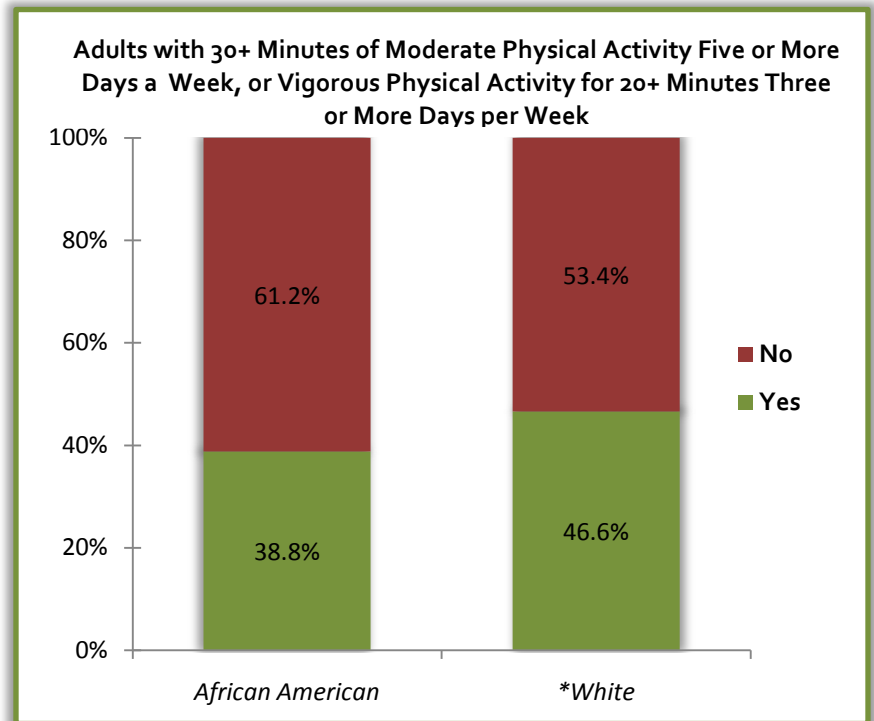
Physical activity is bodily movement that expends energy.⁵

Centers for Disease Control and Prevention (CDC) recommends that adults engage in **moderate physical activity** (e.g., brisk walking or bicycling) for at least 30 minutes a day, five days a week or engage in **vigorous activity** (e.g., running or aerobics) for at least 20 minutes a day, least three days a week.⁵

Physical activity helps to maintain healthy body weight, reduces problems with osteoarthritis and low back pain, reduces symptoms of depression and anxiety, and improves overall quality of life.⁵

A lifestyle lacking in regular **physical activity** has been associated with an increased risk for cardiovascular illness, cancer, osteoporosis, and other debilitating conditions.⁸

In 2007, African American adults (61.2%) were more likely to be physically inactive compared to White adults (53.4%).



TOBACCO

Source: CDC, Multi-State Integrated Database, BRFSS, 2008

*Data available for White only

Tobacco use remains the leading preventable cause of death in the United States. It is responsible for more than 440,000 deaths each year, or one in every five deaths.⁸

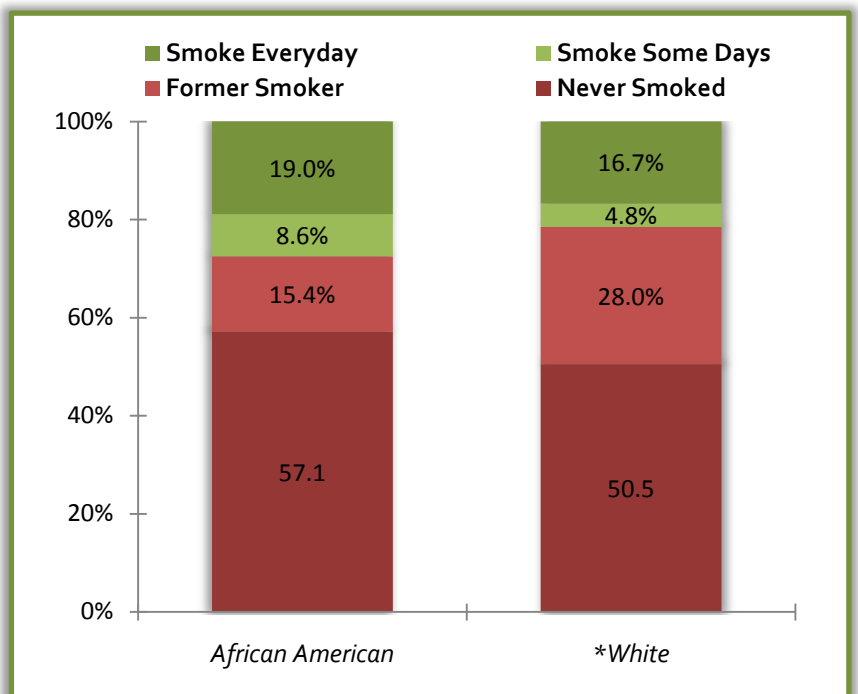
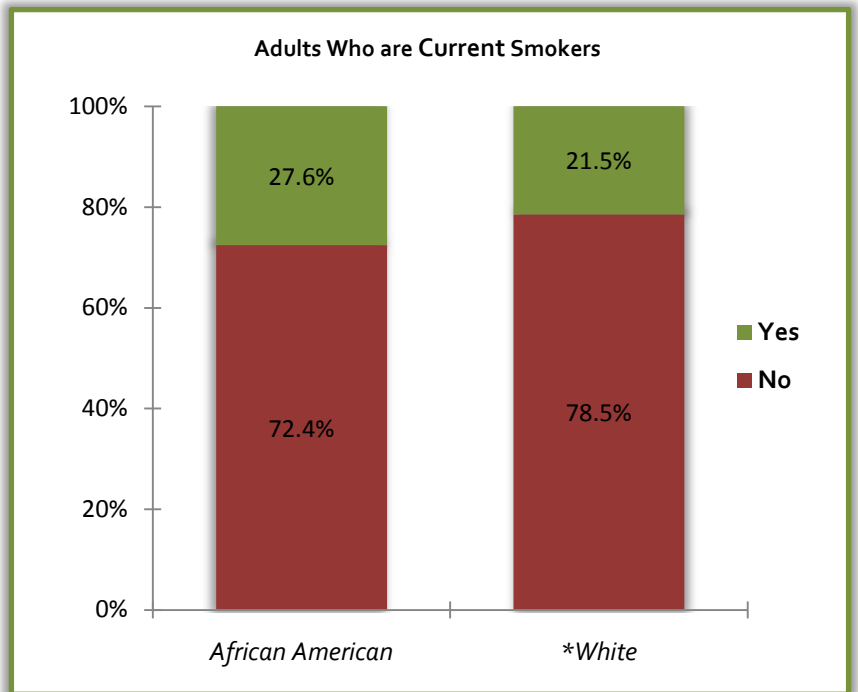
Tobacco use is known to cause:⁸

- Heart disease
- Peripheral vascular disease
- Chronic lung disease
- Cancers of the lung, larynx, esophagus, pharynx, mouth, and bladder

In addition, cigarette smoking contributes to cancer of the pancreas, kidney, and cervix. In fact, smoking causes diseases in nearly every organ of the body.⁸

The national *Healthy People 2010* goal calls for reducing the percentage of smokers to 12%.³²

In 2008, among adults in Arkansas, African Americans were more likely (27.6%) to smoke compared to Whites (21.5%).



ACCESS TO CARE

Healthcare Access / Coverage	44
Medicaid	45
Medicare	45

HEALTHCARE ACCESS/ COVERAGE

Source: CDC, Multi-State Integrated Database, BRFSS, 2008

*Data available for White only

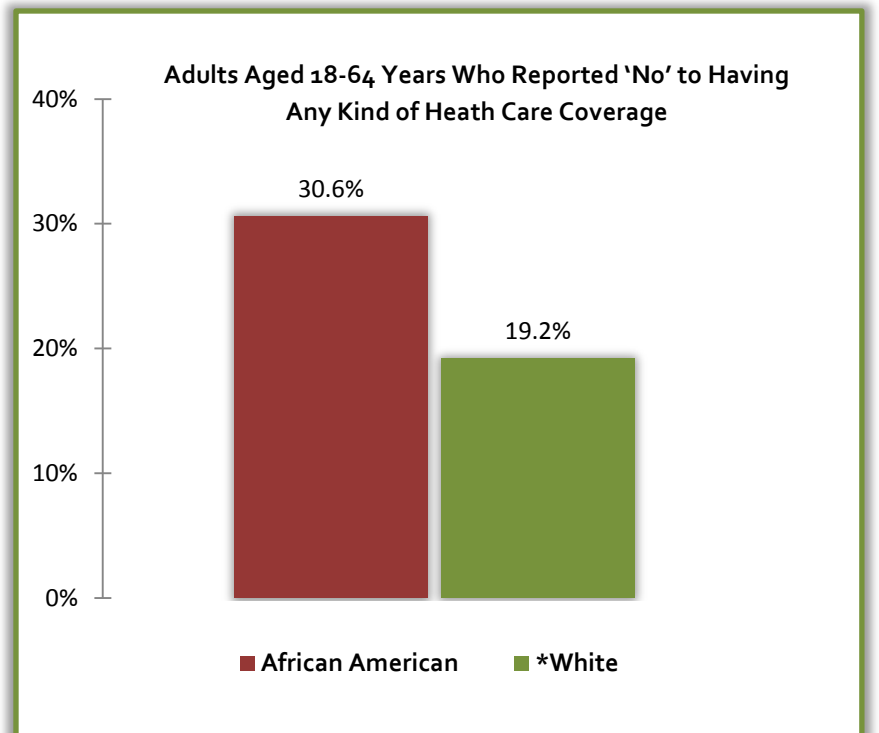
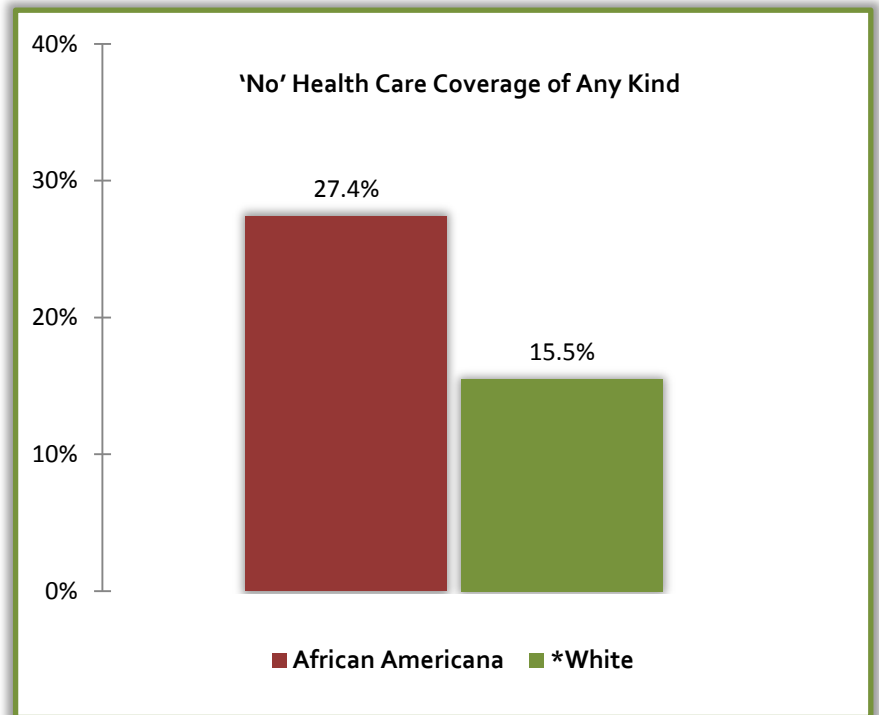
Access to **health care** is important for the prevention of disease, the detection of illness through screening, treatment, and management of illness and injuries.⁸

For those who lack **health insurance**, it may be impossible to obtain adequate health care. This not only includes expensive surgery and hospital stays, but also preventive care, management of chronic disorders such as diabetes or hypertension, and emergency treatment.⁸

Such a lack of access to **health care** allows small easily treatable problems to become major health problems for many individuals.⁸

Healthy People 2010 objective goal for **health insurance coverage** is to see all people be covered by some form of health insurance.²⁸

In 2008, 27.4% of African Americans were uninsured, substantially higher than the uninsured rate among Whites (15.5%).



MEDICAID

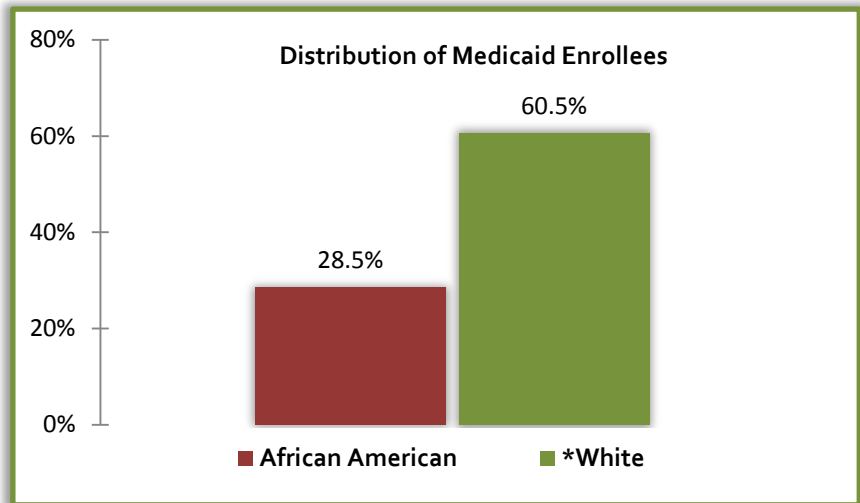
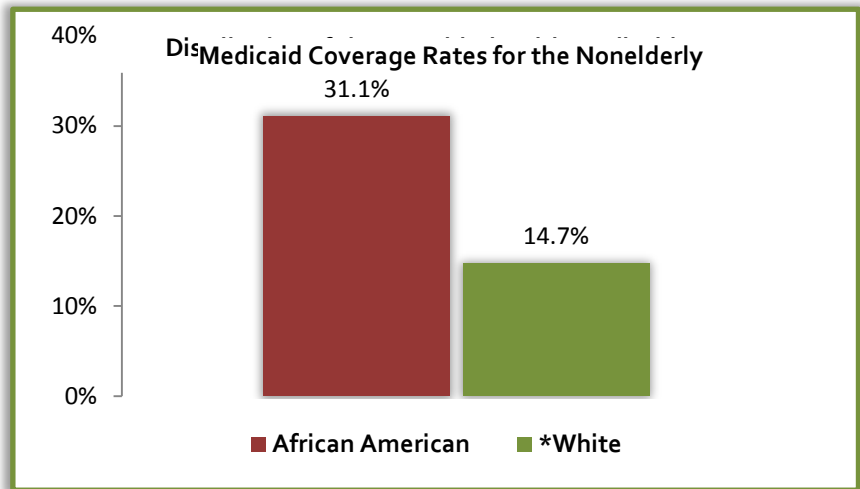
Source: The Kiser Family Foundation, 2007-2008

*Data available for White only

Medicaid is a joint federal-state program that provides health insurance coverage to certain categories of low-income individuals, including children, pregnant women, parents of eligible children, and people with disabilities.³³

African Americans (31.1%) were more likely than Whites (14.7%) to have Medicaid coverage in 2007 – 2008.

Yet, in 2007 – 2008, distribution of Medicaid enrollees was lower for African Americans (28.5%) in comparison with Whites (60.5%).

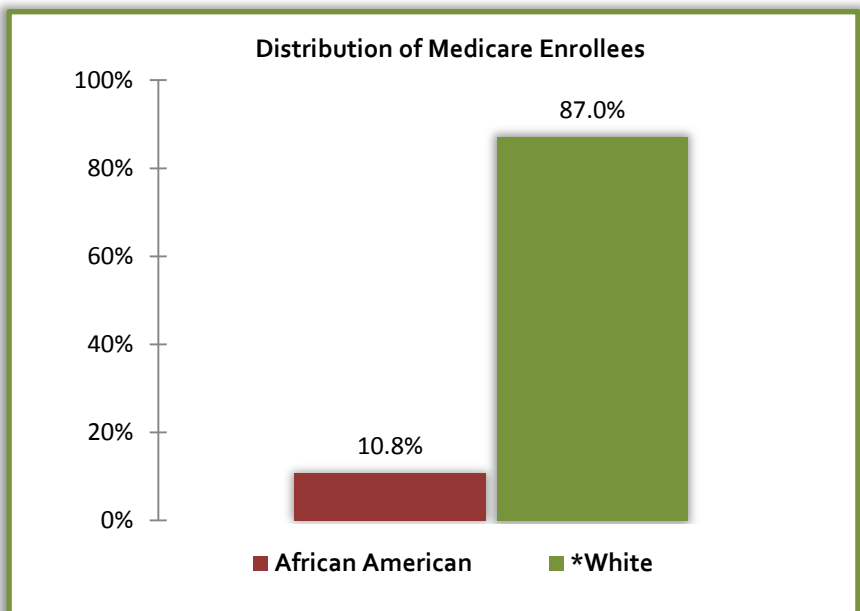


MEDICARE

Source: The Kiser Family Foundation, 2007-2008

Medicare is a social insurance program administered by the United States government, providing health insurance coverage to people who are aged 65 and over, or who meet other special criteria.³⁴

In Arkansas, African American adults (10.8%) were less likely than White adults (87%) to be a Medicare enrollee.



APPENDIX, REFERENCES, and DATA SOURCES

APPENDIX A: GLOSSARY OF SELECTED TERMS

(Source: AR Racial & Ethnic Health Disparity Study Report)

Age-Adjusted Mortality

Age-adjusted mortality is an indicator of death rates across the population, adjusted so that comparisons can be made across areas with different population numbers. It is usually measured per 100,000 population and is used as an indicator of health care need across the population.

Household

A household includes all the people who occupy a housing unit as their usual place of residence.

Income

The sum of the amounts reported separately for wages, salary, commissions, bonuses, or tips; self-employment income from own non-farm or farm businesses, including proprietorships and partnerships; interest, dividends, net rental income, royalty income, or income from estates and trusts; Social Security or Railroad Retirement income; Supplemental Security Income (SSI); any public assistance or welfare payments from the state or local welfare office; retirement, survivor, or disability pensions; and any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony.

Median Income

The median income divides the income distribution into two equal groups, one having incomes above the median, and other having incomes below the median

Medicaid

Medicaid is a program that helps pay for medically necessary medical services for needy and low-income persons. It uses state and federal government money.

Medicare

A federal health insurance program designed to provide health care for the elderly and the disabled. People who qualify for Social Security benefits are automatically eligible for Medicare.

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