Geographic Health Disparities in Arkansas
2010

Selected data and county rankings
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Data included are the most recent available from cited sources.

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# Table of Contents

- Introduction .................................................. 1
- Social Environment ......................................... 2
- Access to Health Care ...................................... 18
- Risk Behaviors ................................................. 27
- Preventive Care and Screenings .......................... 33
- Health Outcomes and Mortality .......................... 40
- County Health Rankings .................................... 56
- Appendix: Sources of information ....................... 58
“Social environment includes interactions with family, friends, co-workers, and others in the community. It also encompasses social institutions, such as law enforcement, the workplace, places of worship, and schools. Housing, public transportation, and the presence or absence of violence in the community are among other components of the social environment. The social environment has a profound effect on individual health, as well as on the health of the larger community, and is unique because of cultural customs; language; and personal, religious, or spiritual beliefs. At the same time, individuals and their behaviors contribute to the quality of the social environment.”

Source: Centers for Disease Control and Prevention, Health People 2010
Number of persons per square mile

Population density affects accessibility to healthcare, the availability of resources, and the adequacy of social support. Arkansas is primarily a rural state which has areas of greater population density surrounding its larger cities in the central, northwest, northeast, and southwest areas of the state.

Data source: United States Census Bureau, 2008
Percent of the population age 65 or above

Home to a number of retirement communities, North-central and West-central Arkansas have the greatest concentrations of elderly residents.

Data source: United States Census Bureau, 2008
There are greater concentrations of youth in the Northwest and Southwest corners, central Delta, and Little Rock metropolitan area.

Data source: United States Census Bureau, 2008
Percent of the population that identify as white non-Hispanic

White non-Hispanic residents remain the majority racial group within Arkansas, with the greatest proportion of white residents in the northern region of the state.

Data source: United States Census Bureau, 2008
Race Distribution: African-American Residents

Percent of the population that identify as African-American, non-Hispanic

Arkansas has a higher proportion of African Americans than the United States in general, with the greatest relative populations in the Southwest, Delta, and Central Arkansas.

Data source: United States Census Bureau, 2008
In terms of absolute numbers, the greatest number of Hispanic or Latino residents live in the northwest and central regions.

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<tr>
<td>Arkansas</td>
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<tr>
<td>United States</td>
<td>46,943,613</td>
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</table>

Data source: United States Census Bureau, 2008
The number of Hispanic and Latino residents has risen in recent years, with the greatest relative numbers in the western Arkansas and Southeast corner.

Data source: United States Census Bureau, 2008
Percent of high school graduates among residents age 25+

Higher levels of education completion are associated with better health outcomes. The Delta tends to have fewer high school graduates than other areas of the state.

Data source: United States Census Bureau, 2000
Per capita personal income

Persons with more income tend to have better health outcomes. Personal income is lower in rural areas of the state than it is in urban areas.

Data source: United States Bureau of Economic Analysis, 2007
The percent of households with income ≤ 80% area mean paying more than 30% of income toward housing

Housing hardship is a measure of housing affordability. Lower income residents in the Delta and Little Rock metropolitan area pay a greater proportion of their income toward housing than residents of most other areas pay.

Data source: United States Census Bureau, 2000
Annual average unemployment rate

Unemployment is highest in the Delta and rural areas of the state. Unemployment is linked to poverty and lack of insurance, and is associated with poorer health outcomes.

Data source: Geographic Federal Reserve Economic Data, 2008
The percent of persons age 65+ living below the federal poverty line

Poverty among the elderly gives insight to the quality of life enjoyed by older residents. Poverty is greatest among the older residents of the Delta and southern Arkansas.

Data source: United States Census Bureau, 2000
Child Poverty

The percent of persons under age 18 living below the federal poverty line

Child poverty rates help us understand the quality of life enjoyed by Arkansas’ children, and give insight into the future health of the state. These rates are highest in the Delta and rural areas of northern and southern Arkansas.

Data source: United States Census Bureau, 2000
Reports of child abuse determined to be true per 1,000 children

Child abuse rates are another reflection of quality of life. The rate of true reports of child abuse tends to be higher in the northern and rural areas of the state.

Data source: Calculated using data from the Arkansas Department of Human Services and United States Census Bureau, 2008
The number of reported violent crimes per 1,000 residents

Violent crime, which includes murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault, reflects public safety and quality of life. The violent crime rate in Arkansas is higher in the urban and suburban areas of the Northeast, Southwest, and Central parts of the state.

Data source: United States Federal Bureau of Investigation, 2005-2007 annual average
Access to Health Care

“The health of individuals and communities also depends greatly on access to quality health care. Expanding access to quality health care is important to eliminate health disparities and to increase the quality and years of healthy life for all people living in the United States. Health care in the broadest sense not only includes services received through health care providers but also health information and services received through other venues in the community.”

Source: Centers for Disease Control and Prevention, Health People 2010
Most residents of the state have access to one or more hospitals, but there are still a few pockets of rural counties where none exist.

Data source: American Hospital Association, 2005
An adequate number of available hospital beds ensures that residents receive adequate care in the case of a health crisis.

Data source: Calculated with data from the American Hospital Association and US Census, 2005
Number of beds in certified Medicare provider nursing facilities per 1,000 residents age 65+

An adequate number of nursing home beds ensures that elderly residents have access to intensive nursing care, should they need it. The northwestern two-thirds of the state has fewer beds proportionate to its number of elderly residents, compared to the southeastern area of the state.

Data source: Calculated using data from Medicare and the US Census, 2006
Residents in areas with adequate numbers of primary care physicians are more likely to have good health outcomes. There are proportionately fewer physicians in rural areas than urban areas.

Data source: Calculated using data from the American Medical Association and United States Census Bureau, 2006
An adequate number of dentists ensures that residents have access to quality dental and oral care. Residents in rural areas have access to proportionately fewer dentists than residents of urban areas do.

Data source: Calculated with data from American Dental Association and US Census, 2007
Percent of Arkansas Adults (Age 18+) Reporting No Personal Doctor

People without personal doctors are less likely to receive preventive care. Residents of Northwest Arkansas and the Delta are less likely to report having a personal doctor than residents of other areas.

Data source: BRFSS, Arkansas Department of Health 2008
People without health insurance are less likely to receive preventive care and are more likely to have poor health outcomes. The rural areas of the Delta, Southwest Arkansas, and North-central Arkansas have greater proportions of people without health insurance.

Data source: BRFSS, Arkansas Department of Health, 2008
Mothers receiving first trimester (1-3 months) care as a percentage of all live births

Mothers who receive early prenatal care are more likely to have full-term, healthy babies. Early prenatal care is less common in Northwest, Southwest, and East-Central Arkansas.

Data source: March of Dimes Peristats/ National Center for Health Statistics 2005-2007 annual average
“Behaviors are individual responses or reactions to internal stimuli and external conditions. Behaviors can have a reciprocal relationship to biology; in other words, each can react to the other. For example, smoking (behavior) can alter the cells in the lung and result in shortness of breath, emphysema, or cancer (biology) that then may lead an individual to stop smoking (behavior). Similarly, a family history that includes heart disease (biology) may motivate an individual to develop good eating habits, avoid tobacco, and maintain an active lifestyle (behaviors), which may prevent his or her own development of heart disease (biology).”

Source: Centers for Disease Control and Prevention, *Health People 2010*
Smoking

Percent of Arkansas Adults (Age 18+) Reporting Being Current Smokers

Smoking is related to cancer, cardiovascular disease, respiratory diseases, and many other negative health outcomes. While smoking rates have dropped in recent years, rates remain high in areas of Northeast and South Arkansas.

Data source: BRFSS, Arkansas Department of Health 2008
Arkansas Adults (Age 18+) Reporting Being Binge Drinkers, percent

Binge-drinking has both short-term and long-term harmful effects. It raises the risk of alcohol-related injury, cancer, liver diseases, brain damage, and mental illness. Binge drinking is more common in the northwest two-thirds of the state.

Data source: BRFSS, Arkansas Department of Health 2008
Percentage of 12th graders reporting lifetime use of any illicit drug; AR Prevention Needs Assessment

While the negative effects of teen drug use vary by substance, this statistic is a powerful indicator of risk-taking behavior among teenagers. Teen drug use is more common in Central Arkansas than in other regions of the state.

Arkansas Adults (Age 18+) Reporting Consuming less than 5 Fruits & Vegetables per day

“Five a day” is a standard recommendation for minimum fruit and vegetable intake. People who do not meet this recommendation increase their risk of chronic disease, obesity, and cancer. Residents of Northeast and Southwest Arkansas are less likely to meet fruit and vegetable consumption recommendations than residents of other areas.

Data source: BRFSS, Arkansas Department of Health, 2007
Percent of Arkansas Adults (Age 18+) Reporting No Exercise in Past 30 Days (BRFSS, 2008)

Regular physical activity is important to maintain a healthy weight and avoid chronic disease. Fewer residents of the Delta and Southwest Arkansas exercise, compared to residents of other areas.

Data source: BRFSS, Arkansas Department of Health, 2008
“There is ample evidence to show that increasing use of proven preventive services will result in fewer people suffering from diseases that could have been prevented or treated with less pain at early stages. Also, preventive services are often more cost effective—meaning they provide better value for the dollar—than waiting to treat diseases, and some preventive services even save more money than they cost. Underuse of effective preventive care is a wasted opportunity. The U.S. health care system suffers a quality deficit in part because too many patients do not get the effective preventive care they need when they need it.”

Source: Partnership for Prevention, 2007. Preventive Care: A National Report on Use, Disparities, and Health Benefits,
Arkansas Adults (Age 65+) Reporting No Flu Shot in Past Year, percent (BRFSS, 2008)

Influenza vaccinations are especially important for the elderly and the very young, since these groups typically have higher influenza mortality rates. Older residents of Western and the East-central Arkansas were less likely to have had a recent flu vaccine than elderly residents of other areas.

Data source: BRFSS, Arkansas Department of Health, 2008
Arkansas Adult Women (Age 40+) Reporting No Mammogram in Past 2 Years, percent

Mammograms help save lives by detecting breast cancer early, and the American Cancer Society recommends that women over the age of 40 be regularly screened. Women in Northeast Arkansas are less likely to have had a recent mammogram than women in other areas of the state.

Data source: BRFSS, Arkansas Department of Health, 2008
Percent of Arkansas Adult Women (Age +18) Reporting No Pap Test in Past 3 years

Pap smears help detect cervical cancer and sexually transmitted diseases, and are recommended for women over the age of 18. Fewer women in Northeast and Northwest Arkansas receive regular pap smears, compared to women in other areas.

Data source: BRFSS, Arkansas Department of Health, 2008
Arkansas Adult Male (Age 40+) Reporting No PSA Test In 2 Years

The prostate-specific antigen test is a non-invasive prostate cancer screening that is recommended for men over the age of 40. Men in western Arkansas are less likely to have had a recent PSA test than men in other areas of the state.

Data source: BRFSS, Arkansas Department of Health, 2008
Colon cancer a silent killer, making early detection key. Male residents of areas of Southwest and Eastern Arkansas are less likely to have been screened for colon cancer than male residents of other areas.

Data source: BRFSS, Arkansas Department of Health, 2008
Arkansas Adults (Age: 18-64) Reporting No HIV Test, percent

Many people who are HIV-positive do not know it, putting their own health and that of their loved ones’ at risk. Residents in rural areas of the state are less likely to have been tested for HIV than residents of other areas.

Data Source: BRFSS, Arkansas Department of Health, 2008
Health Outcomes and Mortality

“The leading causes of death in the United States generally result from a mix of behaviors; injury, violence, and other factors in the environment; and the unavailability or inaccessibility of quality health services. Understanding and monitoring behaviors, environmental factors, and community health systems may prove more useful to monitoring the Nation’s true health, and in driving health improvement activities, than the death rates that reflect the cumulative impact of these factors.”

Source: Centers for Disease Control and Prevention, Healthy People 2010
Percent of Arkansas Adults (Age 18+) Reporting Mental Health not good for 14 or more days

Frequent mental distress affects quality of life and increases the risk of other negative health outcomes. Residents of southwestern and northeastern Arkansas are more likely to report poor mental health than residents of other areas.

Data source: BRFSS, Arkansas Department of Health, 2008
Poor Physical Health

Percent of Arkansas Adults (Age 18+) Reporting Being Physically Unhealthy on any past 30 days

Poor physical health has a very negative effect on quality of life. Residents of Northeast and Southwest Arkansas are more likely to report having felt physically unhealthy recently than residents in other areas.

Data source: BRFSS, Arkansas Department of Health 2008
**Diabetes**

**Percentage of Arkansas Adults (Age 18+) Reporting Having Doctor Diagnosed Diabetes**

Diabetes is among the ten leading causes of death in the United States. In Arkansas, rates of diabetes are highest in the Crowley’s Ridge, Southwest, and North-Central regions.

Data source: BRFSS, Arkansas Department of Health, 2008
Percent of Arkansas Adults (Age 18+) Reporting Having Doctor Diagnosed Hypertension

High blood pressure increases the risk of stroke, heart attacks, and heart failure. Hypertension is higher in the Southwest, Southeast, and North-central regions of the state.

Data source: BRFSS, Arkansas Department of Health, 2008
Percent of Arkansas Adults (Age 18+) Reporting Being Overweight or Obese (BMI>=25.0)

Excess weight affects quality of life and increases the chance of chronic disease, disability, and death. Obesity rates are higher in southern and northeastern Arkansas.

Data source: BRFSS, Arkansas Department of Health, 2008
Ambulatory care sensitive hospitalizations per 1,000 Medicare patients

Good outpatient care can prevent many hospitalizations. Hospitalizations for conditions treatable through other means are more common in areas outside of central Arkansas.

Data source: Arkansas Department of Health, 2005-2007
Preterm birth as a percentage of all live births

Preterm babies are those born before 37 weeks’ gestation. They are at greater risk of health complications and death. Preterm birth is more common in eastern and southern Arkansas.

Data source: March of Dimes Peristats/ National Center for Health Statistics, 2005-2007 annual average
Infant deaths per 100,000 live births

Infant deaths are strongly linked to preterm birth and lack of adequate prenatal and infant care. The infant mortality rate is higher in the southeastern area of the state than in the rest of the state.

Data source: Arkansas Department of Health, 1997-2007
Teenage Suicide

*Teen suicide rate age 15-17; deaths per 100,000 persons*

The teenage suicide rate is higher in northern and rural areas of Arkansas.

Data source: Arkansas Department of Health, 1997-2007
The homicide rate is higher in southern and eastern Arkansas than in other areas of the state.

Data source: Arkansas Department of Health, 1997-2007
Intoxicated drivers are more likely to cause serious traffic accidents. The Central and Northwest regions have the highest incidence of traffic fatalities related to drugs or alcohol.

Data source: Arkansas State Police, 2005-2007
Heart disease in the most common cause of death in the United States. In Arkansas, deaths from cardiovascular disease are highest in the Delta and southern areas of the state.

Data source: Arkansas Department of Health, 2004-2006
Cancer is among the leading causes of death in Arkansas and the nation. Parts of the Delta, south-central Arkansas, and west-central Arkansas have the highest cancer mortality rates in the state.

Data source: Arkansas Department of Health, 2004-2006
Once death rates are adjusted for differences in age distribution, the Delta has the highest all-cause mortality rate.

Data source: Arkansas Department of Health, 2004-2006
Years of potential life lost under age 75, per 100,000 population

Years of potential life lost measures premature death and is an indication of serious disease burden within a community.

Data source: CDC WONDER, 2004-2006

2009, America's Health Rankings (UHF)
Index scores and rankings are frequently used on the national level to compare the health of states. Health rankings stimulate discussion, help inform the public about health concerns, and can be used to direct policy changes.

The Arkansas County Health Rankings look at 23 social and health characteristics that represent social conditions, health care availability, risk factors, and burdens of disease within communities. Variables included in the rankings are High school completion; Unemployment; Average wages; Lack of health insurance; Affordable housing; Adequacy of prenatal care; Child poverty; Child abuse; Poverty among the elderly; Prevalence of smoking; Prevalence of binge drinking; Alcohol-related traffic fatalities; Teenage drug abuse; Prevalence of obesity; Violent crime; Childhood immunizations; Primary care physicians; Preventable hospitalizations; Poor mental health days; Poor physical health days; Cardiovascular deaths; Cancer deaths; and, Premature death.

The counties’ values for each variable are compared to the state average, then that is summed into a final score. Smoking and obesity are weighted more heavily than the other variables, since they are strong risk factors for the most common causes of death. Counties are then ranked based upon their relative scores, with 1 being the highest ranking and 75 being the lowest.
Rankings

1. Benton
2. Faulkner
3. Pulaski
4. Saline
5. Craighead
6. Sebastian
7. Grant
8. Washington
9. Miller
10. Lonoke
11. Union
12. Carroll
13. Greene
14. Baxter
15. Independence
16. Clark
17. Johnson
18. Pike
19. Calhoun
20. Cleburne
21. Stone
22. Crawford
23. Izard
24. Columbia
25. Van Buren
26. Franklin
27. Polk
28. Perry
29. Madison
30. Montgomery
31. Howard
32. White
33. Fulton
34. Garland
35. Jefferson
36. Randolph
37. Conway
38. Lafayette
39. Pope
40. Cleveland
41. Nevada
42. Marion
43. Prairie
44. Newton
45. Bradley
46. Boone
47. Little River
48. Clay
49. Ashley
50. Hempstead
51. Lawrence
52. Ouachita
53. Dallas
54. Hot Spring
55. Arkansas
56. Sevier
57. Sharp
58. Yell
59. Chicot
60. Scott
61. Jackson
62. Mississippi
63. Logan
64. Poinsett
65. Desha
66. Lincoln
67. Searcy
68. Drew
69. Monroe
70. Cross
71. Crittenden
72. Woodruff
73. Lee
74. Phillips
75. St. Francis
Many of the data presented in this report are available online. Those websites and other health-related resources that may be helpful are listed below.

Arkansas Department of Health Data and Query Systems
http://www.healthyarkansas.com/data/data.html

Arkansas Public Health Virtual Library
http://arpublichealth.info

Centers for Disease Control and Prevention
http://www.cdc.gov/

Geographic Federal Reserve Economic Data
http://geofred.stlouisfed.org/

Kaiser Foundation State Health Facts
http://www.statehealthfacts.org/index.jsp

KIDS COUNT Data Center
http://datacenter.kidscount.org/

March of Dimes Peristats
http://www.marchofdimes.com/peristats

Partnership for Prevention
http://www.prevent.org/

United States Census Bureau
http://factfinder.census.gov

Univ. of Arkansas for Medical Sciences College of Public Health
http://www.uams.edu/coph/