



Arkansas Department of Health
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Arkansas Health Counts

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Hispanic births triple in eight years, led by Washington, Benton Counties

1996 Hispanic births, by county

State of Arkansas	1,274
Benton County	243
Washington County	221
Sebastian County	149
Pulaski County	115
Yell County	41
Sevier County	39
All other counties	466

By Karen Coker, Ph.D.
Maternal and Child Health analyst

Births to Hispanic Arkansans have increased more than threefold over the last eight years. Statisticians commonly define "Hispanic" as a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

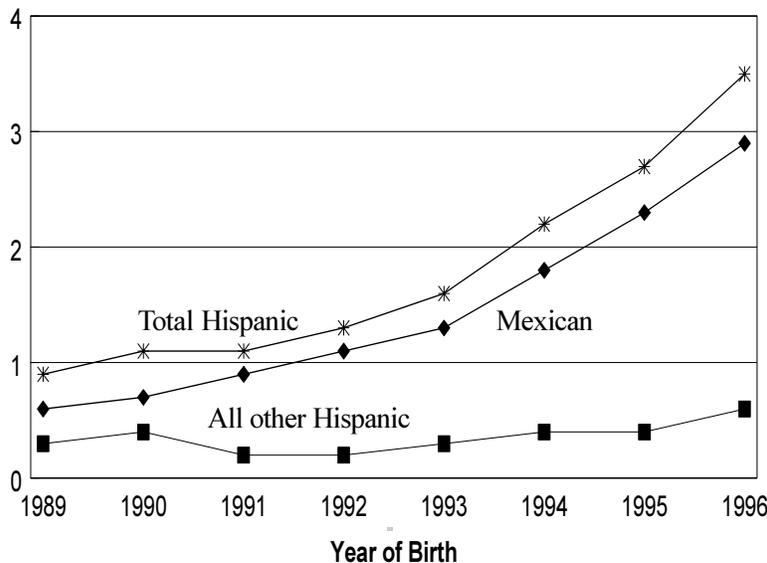
In 1989, 284 Hispanic Arkansans gave birth, accounting for 1 percent of all resident births. By 1996, 1,274 Hispanic residents gave birth, accounting for 3.5 percent of all births. The increase over these eight years is 349 percent. Mexican-American moms accounted for 1,046, or 82 percent, of those 1,274 Hispanic births. That's a 500 percent increase in births to Mexican-Americans living in Arkansas since 1989.

Northwest Arkansas counties exhibit the greatest prevalence of Hispanic births, particularly Washington, Benton, and Sebastian counties, which among them account for almost half those births. Benton County stands out with 243 Hispanic births in 1996, constituting 13 percent of the county total. Washington County follows closely with 221 births to Hispanics, or 10 percent of county births, while Sebastian had 149, or 9 percent of county births.

Since the initial numbers of births to Hispanic mothers were so low, no systematic editing has been applied to the Hispanic origin field.

With these growing numbers, however, the Center for Health Statistics currently is developing procedures to maintain a more careful count of Hispanics.

Percentage of all Arkansas births to Hispanic residents, 1989-1996



5-A-Day: Careful, you really are what you eat

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Inside:

Half of Arkansans rate health very good to excellent

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"Worms, snails and puppy-dog tails" Careful now, you *really* are what you eat

By Jyotin Vyas, program analyst
and David Rath, nutrition consultant
Arkansas Department of Health

A third of adult Arkansans eat at least five servings of fruits and vegetables daily, according to a 1996 survey. That's a healthy increase over the 25 percent reported in 1994.

Among our neighbors in 1994, only Tennessee residents ate healthier.

According to the 1994 Behavioral Risk Factor Surveillance survey, Arkansas' 25 percent ranked 16th nationally in 5-A-Day fruit and vegetable consumption, while about 14 percent of Mississippians, 19 percent of Louisianans, 21 percent of Missourians, 23 percent of Texans and Oklahomans and 26 percent of Tennesseans ate five helpings daily.

That's significant because reviews of more than 150 epidemiological studies found the incidence of digestive and respiratory tract cancers twice as great in people who ate two daily fruit or vegetable servings or fewer, when compared to those who met the 5-A-Day standard, according to the National Cancer Institute. A helping is defined as half-a-cup. The Institute estimates that 35 percent of all cancer deaths are related to diet.

Two-thirds of all deaths—including those from coronary disease, stroke, atherosclero-

sis, diabetes and many types of cancer—are related to what we eat, according to the 1988 Surgeon General's Report on Nutrition and Health. In fact, smoking, drinking and diet are the three most important personal habits influencing health.

Women are more likely to eat a balanced diet than men. Last year, a third of all males met the 5-A-Day standard compared to 40 percent of the women. Broken down by race, whites were most likely to have eaten the recommended five or more servings.

Education seems to have an impact on how people eat. In 1996, about 40 percent of those with college degrees ate five fruit or vegetable servings daily, compared to about 30 percent of high school dropouts and high school graduates with some college.

In 1994, only 17 percent of the state's high school dropouts and 26 percent of GEDs or those with some college experience ate five or more servings a day. Income does not seem to have much effect on fruit and vegetable consumption.

In this country, we spend an estimated \$250 billion a year in health care costs and lost productivity associated with diet-related illnesses such as cancer, heart disease, diabetes and stroke. Plainly put, diets high in fats and low in fruits and vegetables can cause or contribute to these diseases.

Why fruits and vegetables?

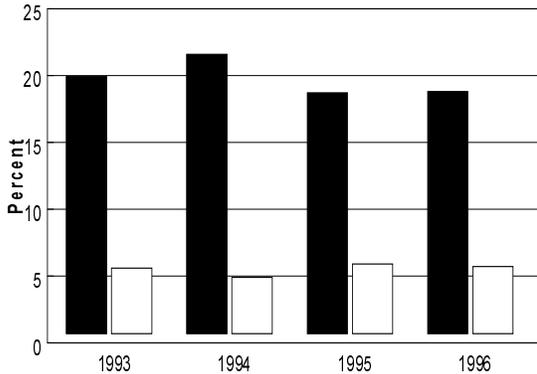
Fruits and vegetables contain a number of health-promoting ingredients. For instance, antioxidants like vitamins C, E, beta carotene (converted by the body into Vitamin A) and selenium may exert anticancer effects in the body. They defend the body against free radicals, the molecules that create chain reactions that damage healthy cells. High doses of vitamin C have been useful in treatment of some cancers. Another component in fruits and vegetables is fiber. Fiber makes bowel movements bulkier and faster, thus diluting the cancer-causing contents in the stools and expelling them faster. Cruciferous vegetables—that's broccoli, brussels sprouts, cabbage, cauliflower, turnips and the like—protect particularly against cancers of the stomach and intestine.

Folks who eat more fruits and vegetables may simply eat less fat and fewer total calories, the excesses of which have been linked with cancer.

Good for what ails you

Cancer Fighters	Tomatoes, garlic, soybeans, grapes, oranges, lemons, licorice root, green tea, artichokes, hot peppers, broccoli and cabbage
Heart Helpers	Beans, fish, carrots, celery, apples
Bone Builders	Low fat milk, milk products, sardines, tofu, dark green vegetables
Breathing Boosters	Onions, orange juice, chicken soup, hot peppers
Mood Enhancers	Spinach, pasta, high-carbohydrate products
Digestion Easers	Rice (for diarrhea), ginger (motion and morning sickness), yogurt (travelers diarrhea), prunes (laxative), bananas (acidity and ulcers)
Arthritis Relievers	Ginger, cold-water fish
Infection Fighters	Mushrooms, oysters, cranberries (urinary-tract infections)

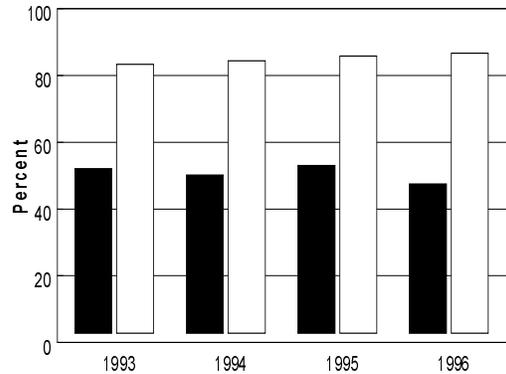
Trend in Fair/Poor Health



Fair/Poor Health
 Activity limited >15 days

Self-reported health of Arkansans, 1993-1996

Trend in Very Good/Excellent Health



V. Good/Excellent health
 Activity limited 0-1 days

from Behavioral Risk Factor Surveillance System Survey

Arkansans may be healthier than they think

by Jyotin Vyas
Health Statistics program analyst

The health of the population is measured in two ways by the Behavioral Risk Factor Surveillance System survey.

One is the self reported perception of health as poor, fair, good, very good or excellent. The other is by looking at the number of days in the previous month that the respondent could not perform normal activities due to poor or bad health.

More than 15 days of restricted activity due to health problems is considered comparable to poor/bad health, while those who had to restrict activity for 0-1 days are considered to be in very good or excellent health.

In Arkansas, about 20 percent of the popula-

tion reported having poor/fair health while only about 5 percent had to restrict their usual activities for more than 15 days the previous month.

On the other hand, more than 80 percent of Arkansans reported not losing more than one day of normal activity in the preceding month, yet only about half of the population said they felt they were in very good or excellent health..

The Behavioral Risk Factor Surveillance System survey is ongoing, with 1,800 adult Arkansans polled each year.

State death rate higher than U.S. rate

While heart disease is the leading cause of death both in Arkansas and in the United States as a whole, the crude heart disease death rate in Arkansas is 25 percent higher than in the U.S. In fact, the overall crude death rate in Arkansas is 26 percent higher than in the U.S.

Although these seem to be numbers for concern, at least part of the disparity is explainable. Heart disease is primarily an old person's disease, and parts of Arkansas are retirement havens. People from colder, more crowded parts of the country often move here in their later years. When they die, their numbers skew the state's crude statistics. In fact, two of the counties known as retirement meccas--Baxter and Garland--are among the three counties with the state's highest crude death rates.

Fortunately, statisticians can adjust the numbers to account for age (or other) disparities.

Age-adjusted, the Arkansas mortality rate for 1995 was 570 deaths per 100,000 residents, compared to an adjusted U.S. rate of 504 deaths. That reduces the disparity between Arkansas and U.S. figures by nearly half, but still represents a death rate 13 percent higher than for the country as a whole. Most age-adjusted mortality rates show Arkansans dying at a 7-13 percent higher rate than in the U.S.

The state's high accident death rate--nearly 50 percent higher than the U.S. rate--helps account for this disparity. Most those deaths are traffic-related. Because Arkansas is a rural state, residents drive more miles and thus have a high accident-death rate.

Maternal and Child Health analyst at work

Central office employees may have noticed her headed up the stairwell clutching a handful of empty six-pack rings.

No, Karen Coker's not a binge drinker, she cuts up the (snack shop) rings so birds and other landfill scavengers don't become entangled in them (It happens.)

Coker, with an M.P.A. and a Ph.D. in public administration from Syracuse University and a B.A. in physics from



Hendrix College, is a Conway native who grew up in Pine Bluff.

She's lead programmer analyst at the Center for Health Statistics, where she

links and analyzes data for the Division of Maternal and Child Health.

"We hope to link data from local health units across the state to birth certificates, and track the outcomes of the mothers and the babies," says Coker. "Are health policies and clinics doing all they can? For instance,

is there a correlation between perinatal care and low-birthweight babies in Arkansas?"

That's how she discovered Arkansas' soaring Hispanic birthrate, (see page 1.) "That part of the population is growing and I wanted to break down the increase."

Prior to coming to the Health Department, Coker taught public administration for three years at the University of North Dakota in Grand Forks.

"I wanted to get more involved in policy research and this [Little Rock] job was also an opportunity to be closer to family and friends," she says.

Her other interests include reading (George Eliot, Dostoyevsky, Tolstoy, James Agee), concerts (late baroque, classical, soul and pop) and theater.

"I'm also interested in women's history. Heroes include Sojourner Truth, a former slave and lecturer on human rights, and the educator Lucy Stone.

Coker moved here with her friend Richard Quintus, who just started law school at the University of Arkansas at Fayetteville.



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