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State's women 40 times more likely to be attacked by an acquaintance than a stranger

by Jyotin Vyas, program analyst
Arkansas Center for Health Statistics

Americans are fixated on violence. It dominates our newscasts, permeates our entertainment and fuels our fears.

While FBI statistics show a downturn in its prevalence, survey after survey finds violent crime atop people's list of concerns. Such fear stimulates flight to--and beyond--the suburbs.

In the 1996 Behavior Risk Factor Surveillance System survey of Arkansans, 1799 respondents reported 358 violent incidents during the previous 12 months.

The violence was clustered. Not many respondents reported being subjects of violence during that period, but those who did were likely to have experienced more than one incident. In fact, 96 percent reported no violence, 1 percent reported one incident and 3 percent reported more than one incident, including 22 people who reported four or more incidents.

Thus, we may infer that more than 65,000 Arkansans were victims of violence, most of

them more than once.

People who said they faced violence were a third more likely to have experienced emotional problems at least two days during the previous month than those who hadn't. Those problems included, but were not limited to, stress and depression.

Only about 7 percent of the violent incidents resulted in injury, 1 percent so extreme that they resulted in a trip to the emergency room. About half of those injured--including those who sought help in the emergency room--lacked health insurance.

Although men and women were about equally likely to be a victim of violence, the nature of their attackers differed greatly. Men were about equally likely to have been the victim of a stranger or of an acquaintance. But the odds are 40-to-1 that a woman knew her attacker.

It's not much of a stretch to think that many or most of those multiple-violence cases were attributable to domestic violence, especially given the likelihood that a woman was attacked by an acquaintance.



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Younger adults were more likely to be subjected to violence than older adults. For instance, 9 percent of those aged 18-25 said they had been victims during the previous 12 months, but the percentage dropped to 7 percent among the 25-34 year olds, 3 percent among those 35-54 and less than half of 1 percent of those older than 55 were victims.

Attitudes about violence depend on who is hitting and who is getting hit.

Twenty percent of men but only 12 percent of

women thought it was all right for a woman to hit her boyfriend or spouse under some conditions. Younger respondents were twice as likely as the older ones to feel that way. Make a woman the victim, however, and 6 percent of the men and 4 percent of the women think it's okay for a man to hit a girlfriend or wife.

For instance, 16 percent of those polled said it was okay for a woman to hit her husband or boyfriend, while only 5 percent thought it was okay for a man to hit his wife or girlfriend.

Program would ID birth problems**PRAMS comes to the Natural State**

A new study launched by the Arkansas Center for Health Statistics seeks to identify problems leading to poor childbirth outcomes and to develop solutions for those problems, according to Gina Redford, the project coordinator.

The survey, called PRAMS, identifies environmental, social and behavioral problems that can result in prematurity, low birthweight, fetal alcohol syndrome and other threatening conditions.

PRAMS stands for Pregnancy Risk Assessment Monitoring System, and those of us old as Methusala recognize "pram" as an old fashioned British term for baby carriage.

Currently 16 other states from Washington to Maine conduct this Center for Disease Control and Prevention sponsored program, and Louisiana participates using its own money.

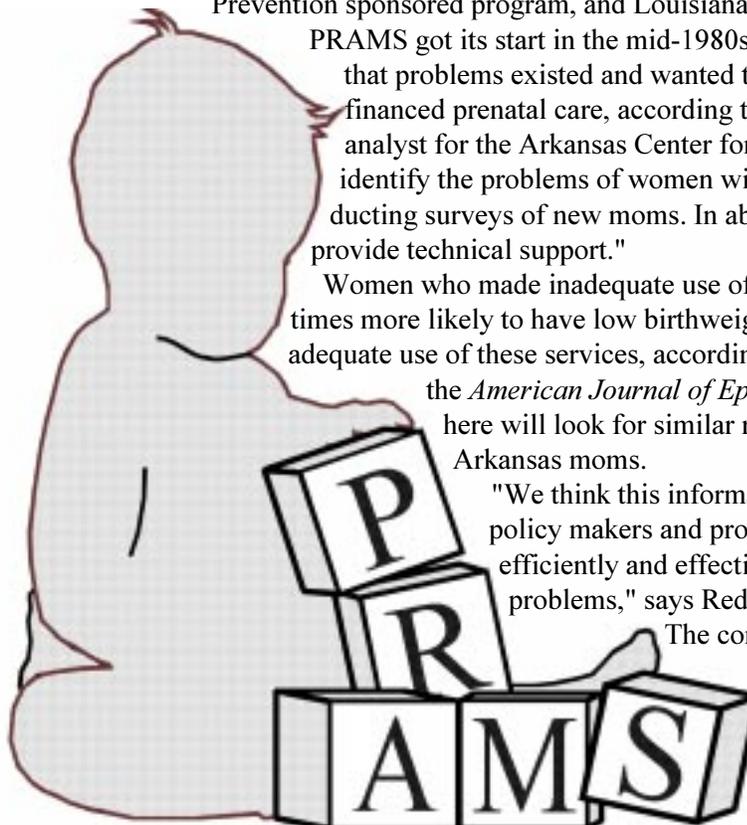
PRAMS got its start in the mid-1980s, when several states recognized that problems existed and wanted to assess the needs for state-financed prenatal care, according to John Senner, senior research analyst for the Arkansas Center for Health Statistics. "They wanted to identify the problems of women with poor outcomes. All were conducting surveys of new moms. In about 1989, the CDC kicked in to provide technical support."

Women who made inadequate use of prenatal services were four to six times more likely to have low birthweight babies than women with adequate use of these services, according to a study recently published in the *American Journal of Epidemiology*. The PRAMS study here will look for similar relationships by surveying new Arkansas moms.

"We think this information will be helpful to legislators, policy makers and program administrators trying to deal efficiently and effectively with child and maternal health problems," says Redford.

The core portion of the questionnaire covers:

- * Maternal pregnancy status, age, economic status
- * Medical or physical



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30% of Arkansans are obese

Is easy street a dead-end road? Will leisure & plenty kill us with kindness?

by Jyotin Vyas, program analyst
Arkansas Center for Health Statistics

Nearly a third of adult Arkansans are overweight, according to the 1996 Arkansas Behavioral Risk Factor Surveillance System survey. That's significant because obesity contributes to a long list of killers such as heart disease, stroke and diabetes.

Obesity accounts for a third of hypertension, 10 percent of colon cancers increases the prevalence of arthritic knees by 600 percent.

Forty-eight percent of adult Arkansans who have diabetes are overweight. Even moderate obesity, particularly abdominal obesity, can increase by 10 fold the risk of noninsulin dependent diabetes mellitus.

This increase in obesity seems to fly in the face of the emphasis in the last couple of decades on lower dietary fat and cholesterol intake, increased exercise, decreased smoking, and increased treatment of hypertension.

"For the majority of adults who don't smoke and don't drink excessively, diet is the most significant controllable risk affecting long-term health," says to Carole Garner, state Health Department nutrition director.

Sustained caloric imbalance with consequent obesity is becoming the norm in this country, according to data from the Centers for Disease Control and Prevention in Atlanta. Forty million adult Americans weigh at least 20 percent more than they should. Its prevalence is increasing in all major race/sex groups.

Obesity is as old as the pharaohs and as current as the fifth graders on the block. It's as distant as ancient Greece and as near as fast-food grease. Julius Caesar was fat. So is John Goodman, although he's lost a ton recently.

Obesity may be common to an industrial or informational society, and it could be the world's oldest metabolic disturbance, according to archaeologists and historians.

While tendency toward obesity is genetic in some people, we know that societies tend toward obesity as life becomes easier, food

more plentiful. If you consume more calories than you burn, you're going to gain weight.

Overweight folks were the most likely to say that in the 30 days prior to the survey they had to restrict normal activities on at least two days.

While 30 percent of all adult Arkansans are overweight, 33 percent of males and 27 percent of females are. About 38 percent of those 35-44 years old are overweight while only 13 percent of those between 18 and 24 are.

Among whites, 29 percent are overweight, compared to 34 percent of the nonwhites.

Education and income levels seem to be obesity indicators. Among high school dropouts, 36 percent are obese, compared to 33 percent of graduates and GED holders.

Forty-six percent of obese people had bad health that prevented normal activity on at least two days in the month preceding the survey, while only 35 percent of those not obese had similar problems.

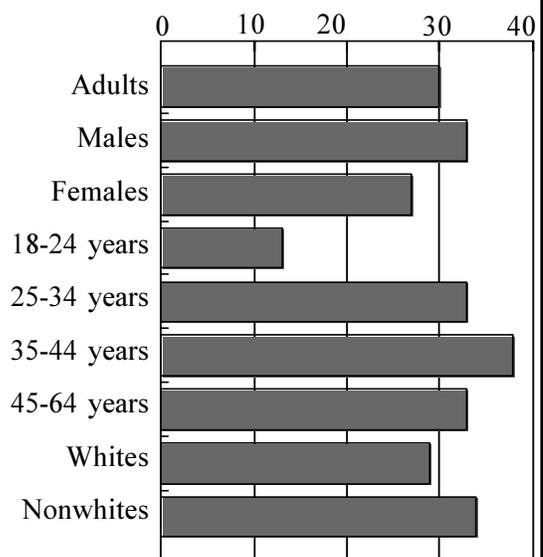
Thirty-five percent of men and 39 percent of women reported no leisure time physical activity.

Most likely to be obese were those who reported no physical activity, who ate few fruits or vegetables and adult smokers.

While new drugs are available, doctors advise reducing fat and calories and increasing exercise as the basis for successful weight-reduction.

Anyone starting an exercise program should first check with a doctor.

Percent obesity in Arkansas by groups, 1996



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factors, parity, birth spacing, previous obstetric history, contraception usage, weight, height

- * Perinatal maternal experiences and behaviors including cigarette smoking, alcohol use, nutrition, prenatal care, barriers to prenatal care, psychosocial stress
- * Source of payment for prenatal care and delivery, insurance coverage
- * Complications of pregnancy and delivery including hospitalization during pregnancy, diabetes, hypertension during pregnancy and delivery
- * Length of hospital stay for mother and infant
- * Postpartum maternal experiences and behaviors, breastfeeding, infant care knowledge and ability, well-and sick-baby care, household size.

Arkansas questions include further information on prenatal and health care; parent/household characteristics; contraceptive use; social support and services; infant health care, breast feeding, maternal physical and mental health and income.



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