Healthy People 2020 Health Status Report

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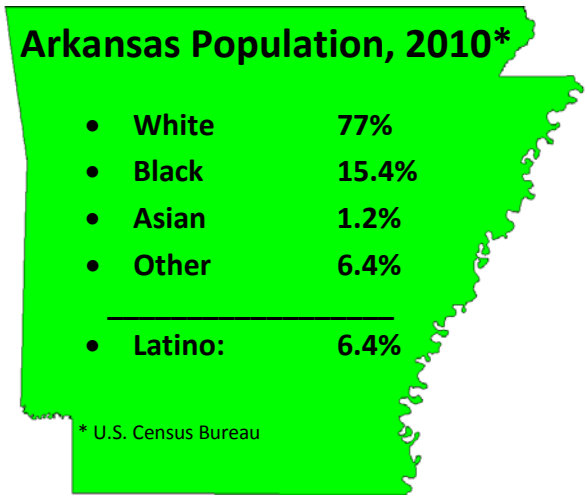
DEMOGRAPHICS

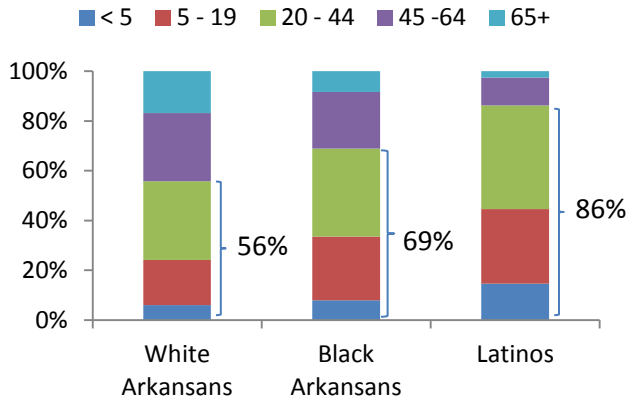
There are a little over 2.9 million people currently residing in Arkansas. More than three out of four individuals identify themselves as White Arkansans and a little more than one in seven individuals identify themselves as Black or African American Arkansans.

The Hispanic, or Latino, population in Arkansas has continued to grow over the last decade. The US Census Bureau estimates that, between 2000-2010, the Latino population more than doubled while the non-Latino population has grown by 5% for the same time period.



Age differences can be noted among the White, Black, and Latino populations in Arkansas. As shown in Figure 2, the White population is quite a bit older than both the Black and Latino populations. A little less than half of White individuals are aged 45 or older while 31 percent of Blacks and just 14 percent of Latinos fall into this age category. The White and Black populations in Arkansas will carry a larger burden for diseases and conditions that are associated with older age, such as most cancers and heart disease.

Figure 1. Age distribution within population subgroups, Arkansas, 2009



Important differences in educational level can be seen among the three groups as well. More than half of the Latino population in Arkansas reports not having a high school diploma or equivalent. Smaller percentages are seen for the other two groups: 15% of White and 23% of Black Arkansans do not have a high school diploma. The unemployment rate for Black Arkansans (20%) is twice that of Latinos (10%) and White Arkansans (8%). Not surprisingly, median household incomes for the three groups reflect employment status, in that the median household income for White Arkansans is highest at $41,680. Among Latinos the median income is $30,492, and Black Arkansans have the lowest median income at $23,805. Therefore, it is not surprising that Black Arkansans are more likely to be living in poverty than either their White or Latino counterparts (Figure 3).

Figure 2. Distribution of educational attainment within population subgroups, Arkansas, 2009

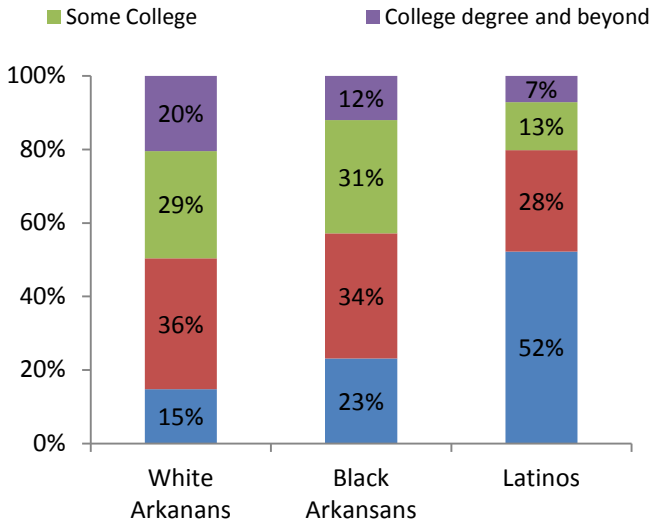
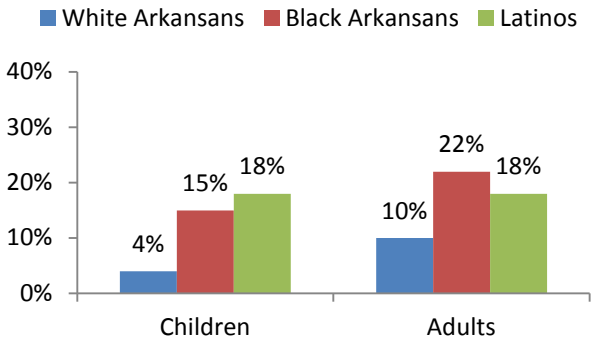


Figure 3. Persons living in poverty within population subgroups, Arkansas, 2009



Overall, the US Census estimates that roughly 4% of Arkansans were born outside of the country. Over the past 30 years, immigration patterns have drastically changed. Before 1980, the vast majority of immigrants came from Europe, while today's immigrants are least likely to have come from there. Immigration from Latin America has continued to rise each decade. More people have migrated from Latin America in the most recent decade than any other region, and the same is true for all other locations other than Europe.

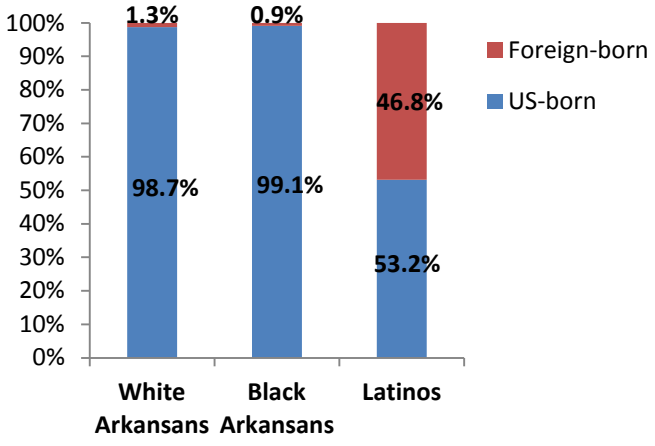
Because so many immigrants have come from Latin America, it is not shocking that almost half of the Latino population in Arkansas is foreign-born (Figure 4). In contrast, about 99% of both White and Black Arkansans are US-born.

Place of origin by decade of entry into US, Arkansas residents born outside US

	Latin America	Asia	Europe	Other Areas
2000 – 2009	**42%**	**37%**	**13%**	**43%**
1990 – 1999	**38%**	**20%**	**20%**	**24%**
1980 – 1989	**15%**	**25%**	**7%**	**16%**
Before 1980	**5%**	**18%**	**60%**	**17%**

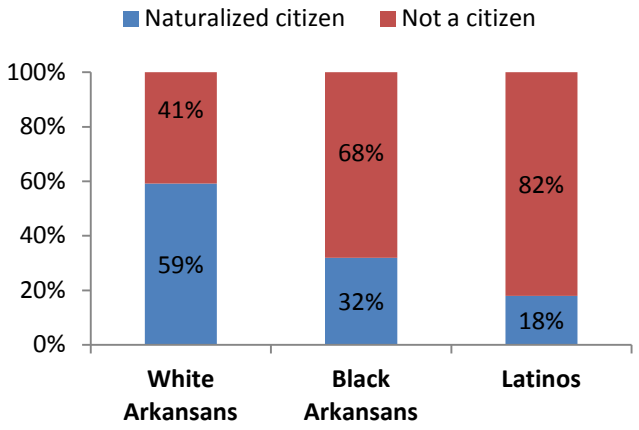
Source: American Community Survey, 2009

Figure 4. Place of birth within population subgroups, Arkansas, 2009



Of the White Arkansans that were born outside of the US, more than half (60%) were naturalized citizens. The majority of both foreign-born Black Arkansans and foreign-born Latinos were not naturalized citizens. Among Latinos who were not born in the United States, only 18% reported themselves to be naturalized citizens.

Figure 5. Citizenship status among foreign-born individuals, within population subgroups, Arkansas, 2009



SUMMARY OF RACIAL/ETHNIC GROUP HEALTH STATUS

Unless otherwise specified, all rates are crude rates per 100,000 population. (Differences in age among the three population subgroups may be a factor in the differences between groups.)

	Objective	Goal	White	Black	Latino
	ACCESS TO HEALTH SERVICES				
1-1.1	Increase the proportion of persons with health (medical) insurance:	100%	80.3%	72.0%	58.2%
1-5	Increase the proportion of persons who have a specific source of ongoing care	95%	84.4%	82.1%	71.1%
	CANCER				
5-1	Reduce the overall cancer death rate	160.6	199.2	239.5	55.9
5-2	Reduce the lung cancer death rate	45.5	65.1	61.8	11.3
5-3	Reduce the female breast cancer death rate	20.6	25.7	32.6	4.2
5-4	Reduce the death rate from cancer of the uterine cervix	2.2	3.0	5.6	0.0
5-5	Reduce the colorectal cancer death rate	14.5	17.0	32.2	8.7
5-7	Reduce the prostate cancer death rate	21.2	24.3	69.9	25.9
5-15	Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines				
	▪ Pap test within past 3 years	93.0%	79.8%	87.4%	82.2%
5-16	Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines				
	▪ Fecal occult blood test within past 2 years	70.5%	82.2%	86.4%	89.1%
	DIABETES				
8-3	Reduce the diabetes death rate	65.8	23.0	56.7	21.8
8-11	Increase the proportion of adults with diabetes who have a glycosylated hemoglobin measurement at least twice a year	71.1%	67.2%	67.1%	55.7%
8-10	Increase the proportion of adults with diabetes who have an annual dilated eye examination	58.7%	67.2%	70.3%	48.5%
8-9	Increase the proportion of adults with diabetes who have at least an annual foot examination	74.8%	61.7%	57.7%	68.8%
8-13	Increase the proportion of adults with diabetes who perform self-blood glucose-monitoring at least once daily	70.4%	67.4%	68.8%	66.9%
	FAMILY PLANNING				
13-1	Increase the proportion of pregnancies that are intended	56.0%	52.1%	28.4%	51.7%
13-5	Reduce the proportion of pregnancies conceived within 18 months of a previous birth	31.7%	10.2%	3.3%	1.4%

Meets or exceeds national target Within 15% of national target More than 15% away from target

13-8	Reduce pregnancy rates among adolescent females (per 1,000 teens)	11.4	51.3	80.63	124.88

	Objective	Goal	White	Black	Latino
13-9	Increase the proportion of adolescents aged 17 years and under who have never had sexual intercourse				
13-9.1	▪ Female adolescents aged 15 to 17 years	79.3%	48.8%	39.9%	48.6%
13-9.2	▪ Male adolescents aged 15 to 17 years	78.3%	54.1%	17.3%	58.0%
13-9.3	▪ Female adolescents aged 15 years and under	91.2%	72.7%	72.4%	89.8%
13-9.4	▪ Male adolescents aged 15 years and under	90.2%	58.5%	37.7%	84.6%
	HEART DISEASE AND STROKE				
21-2	Reduce coronary heart disease deaths	100.8	148.5	189.4	74.9
21-3	Reduce stroke deaths	33.8	55.5	82.6	22.9
21-6	Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years	82.1%	75.0%	76.7%	48.1%
	HIV				
22-12	Reduce deaths from HIV infection	3.3	1.4	14.1	2.3
	INJURY AND VIOLENCE PREVENTION				
24-30	Reduce firearm-related deaths	9.2	2.6	20.0	3.1
24-11	Reduce unintentional injury deaths	36.0	49.9	42.9	29.1
24-13	Reduce motor vehicle crash-related deaths	12.4	25.0	19.8	15.6
	MATERNAL, INFANT, & CHILD HEALTH				
26-1.3	Reduce all infant deaths (within 1 year).	6.0	7.0	14.0	6.3
26-3	Reduce the rate of child deaths				
26-3.1	▪ Children aged 1 to 4 years	25.7	39.9	85.5	46.5
26-3.2	▪ Children aged 5 to 9 years	12.3	19.6	20.1	18.4
26-4	Reduce the rate of adolescent and young adult deaths				
26-4.1	▪ Adolescents aged 10 to 14 years	15.2	25.0	26.5	N/A
26-4.2	▪ Adolescents aged 15 to 19 years	55.7	93.4	105.4	91.0
26-4.3	▪ Young adults aged 20 to 24 years	88.5	135.1	148.9	134.4
26-9	Reduce preterm births				
26-9.1	▪ Total preterm births	11.4%	12.2%	18.9%	12.1%
26-9.2	▪ Late preterm or live births at 34 to 36 weeks of gestation	8.1%	9.3%	12.6%	9.4%
26-9.4	▪ Very preterm or live births at 32 to 33 weeks of gestation	1.8%	1.7%	3.8%	1.7%
26-10	Increase the proportion of pregnant women who receive early and adequate prenatal care		72.4%	62.4%	56.1%
26-10.1	▪ Prenatal care beginning in first trimester	77.9%	82.6%	73.8%	65.6%
26-10.2	▪ Early and adequate prenatal care	77.6%	72.4%	62.4%	56.1%
26-11	Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women				
26-11.1	▪ Abstinence from alcohol	98.3%	94.4%	93.6%	92.7%
26-11.3	▪ Abstinence from cigarettes	98.6%	70.3%	87.5%	95.6%

Meets or exceeds national target Within 15% of national target More than 15% away from target

	Objective	Goal	White	Black	Latino
	NUTRITION WEIGHT STATUS				
29-8	Increase the proportion of adults who are at a healthy weight (data indicate those who are neither overweight/nor obese)	33.9%	34.0%	17.3%	35.9%
29-9	Reduce the proportion of adults who are obese	30.6%	30.0%	44.5%	31.1%
29-10.4	Reduce the proportion of children and adolescents (aged 2-19) who are considered obese	14.6%	19%	24%	28%
	ORAL HEALTH				
32-1	Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth	30%	61%	69%	68.6%
32-2	Reduce the proportion of children and adolescents with untreated dental decay	21.4%	26%	34.1%	31%
32-4.1	Reduce the proportion of adults aged 45 to 64 who have ever had a permanent tooth extracted because of dental caries or periodontal disease	68.8%	53.9%	60.4%	43.8%
32-12	Increase the proportion of children aged 6 to 9 years who have received dental sealants on one or more of their permanent first molar teeth	28.1%	30.7%	17%	27.5%
	PHYSICAL ACTIVITY				
33-1	Reduce the proportion of adults who engage in no leisure-time physical activity	32.6%	26.5 %	36.4%	39.4%
33-5	Increase the proportion of adolescents who participate in daily school physical education (Percentages were subtracted from those who did NOT participate in daily school physical education)	36.6%	25.2%	14.9%	25.1%
	TOBACCO USE				
41-1	Reduce tobacco use by adults				
41-1.1	▪ Cigarettes	12.0%	20.5%	20.6%	24.3%
41-1.2	▪ Smokeless tobacco products	0.3%	8.0%	3.5%	2.2%
41-2	Reduce tobacco use by adolescents				
41-2.1	▪ Tobacco products (past month)	21.0%	29.7%	16.7%	23.5%
41-2.2	▪ Cigarettes (past month)	16.0%	23.9%	8.7%	20.5%
41-2.3	▪ Smokeless tobacco products (past month)	6.9%	8.1%	4.9%	8.3%
41-2.4	▪ Cigars (past month)	8.0%	15.1%	19.0%	17.6%
41-4.1	Increase smoking cessation attempts by adult smokers	80.0%	43.5%	57.4%	70.3%
41-7	Increase smoking cessation attempts by adolescent smokers	64.0%	60.7%	34.4%	45.0%

Meets or exceeds national target Within 15% of national target More than 15% away from target

These data show important differences between groups and how they stand up to national health goals. A total of 69 goals are being monitored here for disparities. Out of those, only one goal is in developmental stages and therefore does not have a national target set at this time. Data for two or more groups was available for 100% of the goals; a total of 97% percent have data for all three groups. Almost half (49%, 34) of the goals showed differences among groups in terms of goal achievement.

The tables presented in the sections that follow summarize disparities across population subgroups in a more detailed manner. Values for each group are presented in numerical form in the appropriate box. In addition, the standing of the group relative to the national target is indicated by the color of the box:

Green – meets or exceeds target
Yellow – approaching target (group value within 15% of target value)
Red – not approaching target (group value more than 15% from national target in undesirable direction)

The color-coding provides for a rapid visual assessment of disparities among groups relative to a predetermined target.

The title box for each section also includes the same color coding to characterize the state's overall standing on those indicators. Detailed information about the state's status is presented in Appendix A.

In addition, it may be important to identify the population subgroups within the state experiencing the greatest challenges in particular goal areas. For each goal in the following pages, the group with the greatest difference from the target is indicated by stars within the box. Again, this provides for a rapid visual targeting of the group(s) at highest risk within each goal area.

ACCESS TO CARE

1(1.1) Increase the proportion of persons with health insurance (medical insurance):
Target: 100%

White Arkansans	Black Arkansans	Latinos
80.3%	72.0%	***58.2%***

Year, Data Source: 2010 Behavioral Risk Factor Surveillance System

1(5) Increase the proportion of persons who have a specific source of ongoing care.
Target: 95%

White Arkansans	Black Arkansans	Latinos
84.4%	82.1%	***71.1%***

Year, Data Source: 2010 Behavioral Risk Factor Surveillance System

All three groups fall behind the national standard when it comes to health care access. The most pronounced disparities are found in the Latino population. Latinos are much less likely to have medical insurance and have been much less likely in the past to have a specific source of on-going care than non-Latinos. The fact that the Latino population is much younger than their non-Latino White and non-Latino Black counterparts may influence this disparity. The majority of Latinos in Arkansas (82%) are not US citizens; this non-citizenship status also may play a role in the disparity.

CANCER

5(1) Reduce the overall cancer death rate.
Target: 160.6 deaths per 100,000 population.

White Arkansans	Black Arkansans	Latinos
199.2	***239.5***	55.9

Year, Data Source: 2007 ADH Health Statistics Branch

5(2) Reduce the lung cancer death rate.
Target: 45.5 deaths per 100,000 population.

White Arkansans	Black Arkansans	Latinos
65.1	61.8	11.3

Year, Data Source: 2007 ADH Health Statistics Branch

5(3) Reduce the female breast cancer death rate.
Target: 20.6 deaths per 100,000 population.

White Arkansans	Black Arkansans	Latinos
25.7	***32.6***	4.2

Year, Data Source: 2007 ADH Health Statistics Branch

5(4) Reduce the death rate from cancer of the uterine cervix.
Target: 2.2 deaths per 100,000 population.

White Arkansans	Black Arkansans	Latinos
3.0	***5.6***	0.0

Year, Data Source: 2007 ADH Health Statistics Branch

5(5) Reduce the colorectal cancer death rate.
Target: 14.5 deaths per 100,000 population.

White Arkansans	Black Arkansans	Latinos
17.0	***32.2***	8.7

Year, Data Source: 2007 ADH Health Statistics Branch

5(7) Reduce the prostate cancer death rate.
Target: 21.2 deaths per 100,000 population.

White Arkansans	Black Arkansans	Latinos
24.3	***69.9***	25.9

Year, Data Source: 2007 ADH Health Statistics Branch

5(15) Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines.
Target: Pap test within past 3 years: 93.0%

	White Arkansans	Black Arkansans	Latinos
Pap test within 3 years	75.6%	78.5%	***70.4%***

Year, Data Source: 2010 Behavioral Risk Factor Surveillance System

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5(16) Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.
Target: Fecal Occult Blood Test within past 2 years: 70.5%

	White Arkansans	Black Arkansans	Latinos
Fecal Occult Blood test within 2 years	82.2%	86.4%	89.1%

Year, Data Source: 2010 Behavioral Risk Factor Surveillance System

When looking at cancer death rates, disparities are easily identified. For almost every cancer site being monitored (including the overall cancer death rate), Latinos not only meet, but exceed the national targets. Again, the relatively younger age of this group may be a factor, since these cancers are seen less often in younger persons. While rates for both White and Black Arkansans are more than 15% from the national target for most goals, disparities between these two groups exist. Black Arkansans experience higher mortality rates than their White counterparts for most cancer sites. The overall cancer death rate for Black Arkansans is 20% higher than that for White Arkansans. Looking at specific cancer sites, the mortality rate for colorectal

cancer is 89% higher for Black Arkansans than for White Arkansans. Mortality rates for cervical cancer are almost twice as high and for prostate cancer almost three times as high among Black Arkansans compared to White Arkansans.

While all three groups fall behind the national target for proper cervical cancer screening, they all meet and exceed the national target for colorectal screening.

DIABETES

8(3) Reduce the diabetes death rate.
Target: 65.8 deaths per 100,000 population.

White Arkansans	Black Arkansans	Latinos
23.0	56.7	21.8

Year, Data Source: 2007 ADH Health Statistics Branch

8(11) Increase the proportion of adults with diabetes who have a glycosylated hemoglobin measurement at least twice a year.
Target: 71.1%

White Arkansans	Black Arkansans	Latinos
67.2%	67.1%	***55.7%***

Year, Data Source: 2007, 2010, Behavioral Risk Factor Surveillance System

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8(10) Increase the proportion of adults with diabetes who have an annual dilated eye examination.
Target: 58.7%

White Arkansans	Black Arkansans	Latinos
67.2%	70.3%	***48.5%***

Year, Data Source: 2007, 2010, Behavioral Risk Factor Surveillance System

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8(9) Increase the proportion of adults with diabetes who have at least an annual foot examination.
Target: 74.8%

White Arkansans	Black Arkansans	Latinos
58.8%	***57.7%***	68.8

Year, Data Source: 2007, 2010, Behavioral Risk Factor Surveillance System

8(13) Increase the proportion of adults with diabetes who perform self-blood glucose-monitoring at least once daily.
Target: 70.4%

White Arkansans	Black Arkansans	Latinos
67.4%	68.8%	***66.9%***

Year, Data Source: 2007, Behavioral Risk Factor Surveillance System

All racial/ethnic groups here meet or exceed the national target to reduce diabetes deaths. The death rate for the Black Arkansans, however, is more than twice that for both White Arkansans and Latinos. While Latinos carry the smallest burden for diabetes-related deaths, they are at the highest risk for poor diabetes management. Diabetic Latinos are less likely than White or Black Arkansans to have a glycosylated hemoglobin measurement at least twice a year, to have an annual eye exam, and to check their glucose level on a daily basis (although all the difference between the three groups for self glucose monitoring is only marginal).

FAMILY PLANNING

13(1) Increase the proportion of pregnancies that are intended.
Target: 56.0%

White Arkansans	Black Arkansans	Latinos
52.1%	***28.4%***	51.7%

Year, Data Source: 2008, Pregnancy Risk Assessment Monitoring System

13(5) Reduce the proportion of pregnancies conceived within 18 months of a previous birth.
Target: 31.7%

White Arkansans	Black Arkansans	Latinos
10.2%	3.3%	1.4%

Year, Data Source: 2009, ADH Health Statistics Branch

13(8) Reduce pregnancy rates among adolescent females.
Target: 11.4 births per 1000 teens

White Arkansans	Black Arkansans	Latinos
51.3	80.6	***124.88***

Year, Data Source: 2006, ADH Health Statistics Branch

13(9) Increase the proportion of adolescents aged 17 years and under who have never had sexual intercourse.

Target:
Female adolescents aged 15-17 years: 79.3%
Male adolescents aged 15 to 17 years: 78.3%
Female adolescents aged 15 years and younger: 91.2%
Male adolescents aged 15 years and younger: 90.2%

	White Arkansans	Black Arkansans	Latinos
Females aged 15-17	48.8%	***39.9%***	48.6%
Males aged 15-17	54.1%	***17.3%***	58.0%
Females aged 15 and younger	72.7%	***72.4%***	89.8%
Males aged 15 and younger	58.5%	***37.7%***	84.6%

Year, Data Source: 2009, Youth Risk Behavior Surveillance System

Disparities in teen sexual activity are especially noticeable in the Black Arkansas population. While White Arkansans and Latinos are nearing the target goal for proportion of pregnancies that are intended, Black Arkansans lag far behind. Black adolescents are less likely than both their White and Latino peers to report sexual abstinence.

All three groups exceed (in a positive direction) the national target (31.7%) for reducing the proportion of pregnancies conceived within 18 months of a previous birth.

HEART DISEASE AND STROKE

21(2) Reduce coronary heart disease deaths.
Target: 100.8 deaths per 100,000 population.

White Arkansans	Black Arkansans	Latinos
148.5	***189.4***	74.9

Year, Data Source: 2007 ADH Health Statistics Branch

21(3) Reduce stroke deaths.
Target: 338 deaths per 100,000 population.

White Arkansans	Black Arkansans	Latinos
55.5	***82.6***	22.9

Year, Data Source: 2007 ADH Health Statistics Branch

21(6) Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.
Target: 82.1%

White Arkansans	Black Arkansans	Latinos
75.0%	76.7%	***48.1%***

Year, Data Source: 2009, Behavioral Risk Factor Surveillance System

Mortality from heart disease is a serious problem in Arkansas, which ranked among the top 5 states with the highest rates of death for this disease. Black Arkansans carry the largest burden for this disease; mortality rates for heart related conditions in that group are nearly 30% higher and stroke mortality rates are 50% higher than the comparable rates among Black Arkansans. Interestingly, the percentages of Black and White Arkansans who reported having had their blood cholesterol checked within the preceding 5 years were essentially comparable. The Latino population shows the lowest rates of death from heart disease and stroke; this

is likely due, at least in part, to the younger age of this population in Arkansas.

HIV

22(12) Reduce deaths from HIV infection.
Target: 3.3 deaths per 100,000 population

White Arkansans	Black Arkansans	Latinos
1.4	***14.1***	2.3

Year, Data Source: 2007, ADH Health Statistics Branch

Striking disparities are seen among HIV/AIDS related deaths for the Black population in the state. HIV death rates among Black Arkansans are 10 times higher than rates for White Arkansans, almost 7 times higher than for rates seen among Latinos, and 4 times higher than the national target.

INJURY AND VIOLENCE PREVENTION

24(30) Reduce firearm-related deaths.
Target: 9.2 deaths per 100,000 population

White Arkansans	Black Arkansans	Latinos
2.6	***20.0***	3.1

Year, Data Source: 2007, ADH Health Statistics Branch

24(11) Reduce unintentional injury deaths.
Target: 36.0 deaths per 100,000 population

White Arkansans	Black Arkansans	Latinos
49.9	42.9	29.1

Year, Data Source: 2007, ADH Health Statistics Branch

24(13.1) Reduce motor vehicle crash-related deaths.
Target: 12.4 deaths per 100,000 population

White Arkansans	Black Arkansans	Latinos
25.0	19.8	15.6

Year, Data Source: 2007, ADH Health Statistics Branch

Rates of death from firearm related deaths are highest among Black Arkansans, while death rates for unintentional injury and motor vehicle crashes are highest among White Arkansans. The disparity in firearm related deaths is particularly striking, with death rates among Black Arkansans nearly 8 times higher than rates for White Arkansans and 6 times higher than for Latinos.

MATERNAL, INFANT, & CHILD HEALTH

26(1.3) Reduce all infant deaths (within 1 year of life).
Target: 6.0 deaths per 1000 live births

White Arkansans	Black Arkansans	Latinos
7.0	***14.0***	6.3

Year, Data Source: 2004-2006, Peristats, March of Dimes

26(3) Reduce the rate of child deaths.
Target: aged 1-4 years: 25.7 deaths per 100,000
aged 5-9 years: 12.3 deaths per 100,000

	White Arkansans	Black Arkansans	Latinos
Aged 1-4 years	39.9	***85.5***	46.5†
Aged 5-9 years	19.6	***20.1†***	18.4††

Year, Data Source: 2007, †2005-2007, ††2004-2007, CDC, National Center for Health Statistics, Compressed Mortality File

26(4) Reduce the rate of adolescent and young adult deaths.
Target:
aged 10-14 years: 15.2 deaths per 100,000
aged 15-19 years: 55.7 deaths per 100,000
aged 20-24 years: 88.5 deaths per 100,000

	White Arkansans	Black Arkansans	Latinos
Aged 10-14 years	25.0	***26.5†***	N/A
Aged 15-19 years	93.4	***105.4***	91.0††
Aged 20-24 years	135.1	***148.9***	134.4†

Year, Data Source: 2007, †2006-2007 ††2005-2007, CDC, National Center for Health Statistics, Compressed Mortality File

Meets or exceeds national target | Within 15% of national target | More than 15% away from target

26(9) Reduce pre-term births.

Target: total pre-term births: 11.4%
Late preterm or live births at 34 to 36 weeks of gestation: 8.1%
Very preterm or live births at less than 32 weeks of gestation: 1.8%

	White Arkansans	Black Arkansans	Latinos
Total preterm	12.5%	***19.0%***	12.4%
34-36 weeks gestation	9.3%	***12.6%***	9.4%
Less than 32 weeks gestation	1.7%	***3.8%***	1.7%

Year, Data Source: 2006-2008, Peristats, March of Dimes

26(10) Increase the proportion of pregnant women who receive early and adequate prenatal care.

Target: Prenatal care beginning in the first trimester: 77.9%
Early and adequate prenatal care: 77.6%

	White Arkansans	Black Arkansans	Latinos
Prenatal care beginning in the first trimester	82.6%	73.8%	***65.6%***
Early/adequate prenatal care	72.4%	62.4%	***56.1%***

Year, Data Source: 2006-2008, Peristats, March of Dimes

26(11) Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women.

Target: Abstinence from cigarettes: 98.6%
Abstinence from alcohol: 98.3%

	White Arkansans	Black Arkansans	Latinos
Abstinence from cigarettes	***70.3%***	87.5%	95.6%
Abstinence from alcohol	94.4%	93.6%	***92.7%***

Year, Data Source: 2008, Pregnancy Risk Assessment Monitoring System

Overall, Arkansas falls far behind national targets related to reducing deaths among infants, children, adolescents, and young adults. Infant mortality rates are lowest among White and Latino Arkansans, but the infant mortality rate for Black Arkansans is more than twice the national target. In fact, Black Arkansans have higher mortality rates for all age groups.

Disparities are also evident for maternal health objectives. Both Black Arkansans and their Latino counterparts are less likely to receive early and adequate prenatal care than White Arkansans. Pre-term births are highest among Black Arkansans. While White women meet and exceed the goal for prenatal care beginning in the first trimester, they are less likely to abstain from cigarettes during pregnancy than women in either of the other two groups.

NUTRITION & WEIGHT STATUS

29(8) Increase the proportion of adults who are at a healthy weight.
Target: 33.9%

White Arkansans	Black Arkansans	Latinos
34.0%	***17.3%***	35.9%

Year, Data Source: 2010, Behavioral Risk Factor Surveillance System

29(9) Reduce the proportion of adults who are obese.
Target: 30.6%

White Arkansans	Black Arkansans	Latinos
30.0%	***44.5%***	31.1%

Year, Data Source: 2010, Behavioral Risk Factor Surveillance System

29(10.4) Reduce the proportion of children and adolescents who are considered obese.
Target: Children and adolescents aged 2-19 years: 14.6%

White Arkansans	Black Arkansans	Latinos
19%	24%	***28%***

Year, Data Source: 2009-2010, Arkansas Center for Health Improvement

Arkansans in all groups continue to struggle with achieving and maintaining a healthy weight status. Greater proportions of Black and Latino Arkansans report being obese, compared to White Arkansans and this pattern holds true for both children and adults. While reliable rates are not available for Latino adults, the proportion of children and adolescents who are obese is highest among Latinos, compared to their White and Black peers.

ORAL HEALTH

32(1) Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth.
Target: 30%

White Arkansans	Black Arkansans	Latinos
61%	***69%***	68.6%

Year, Data Source: 2010, AR Smiles: Arkansas Oral Health Screening

32(2) Reduce the proportion of children and adolescents with untreated dental decay.
Target: 21.4%

White Arkansans	Black Arkansans	Latinos
26%	***34.1%***	31%

Year, Data Source: 2010, AR Smiles: Arkansas Oral Health Screening

32(4) Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease.
Target: 68.8%

White Arkansans	Black Arkansans	Latinos
53.9%	60.4%	43.8%

Year, Data Source: 2010, Behavioral Risk Factor Surveillance System

32(12) Increase the proportion of children and adolescents aged 6-9 years who have received dental sealants on their molar teeth.
Target: 28.1%

White Arkansans	Black Arkansans	Latinos
30.7%	***17%***	27.5%

Year, Data Source: 2010, AR Smiles: Arkansas Oral Health Screening

Black children and adolescents appear to experience less positive oral health than their White and Latino peers. Although all three groups fall behind national goals for

reducing dental caries and untreated dental decay, these conditions are more prevalent among Black children than either of the other two groups. While the information about children's oral health in Arkansas comes from ongoing, targeted screening efforts that may not be representative of the state as a whole, it provides evidence of oral health disparities and illustrates the need for better dental health among children in the state. Black and Latino children aged 6-9 years do not meet the target for dental sealants, and Black children are the least likely group to have this done. The Latino population closely follows the Black population for many of these objectives. Not surprisingly, the prevalence of tooth loss because of caries or periodontal disease among adults is highest among Black adults in the state.

PHYSICAL ACTIVITY

33(1) Reduce the proportion of adults who engage in no leisure-time physical activity.
Target: 32.6%

White Arkansans	Black Arkansans	Latinos
29.8 %	30.6%	30.8%

Year, Data Source: 2010, Behavioral Risk Factor Surveillance System

33(5) Increase the proportion of adolescents who participate in daily school physical education.
Target: 36.6

White Arkansans	Black Arkansans	Latinos
25.2%	***14.9%***	25.1%

Year, Data Source: 2009, Youth Risk Behavior Surveillance System

Racial/ethnic disparities are evident for physical activity indicators. Proportions of adults who are physically inactive (that is, engage in no leisure time physical activity) are highest among Latinos, and the proportion among Black adults, while slightly higher, is more similar to the Latino proportion than the proportion among White adults. This pattern may be related to the level of occupational physical activity, in that Black and Latino adults are more likely to be employed in construction or other blue collar positions that involve more physical activity. Black adults are least likely to engage in moderate physical activity. Both White and Latino adolescents are more likely to report participating in daily school physical education than Black adolescents.

TOBACCO USE

41(1) Reduce tobacco use by adults.
Target:
Cigarettes: 12.0%
Smokeless tobacco products: 0.3%

	White Arkansans	Black Arkansans	Latinos
Cigarettes	20.5%	20.6%	***24.3%***
Smokeless tobacco	***8.0%***	3.5%	2.2%

Year, Data Source: 2008, Arkansas Adult Tobacco Survey

41(2) Reduce tobacco use by adolescents.
Target:
Tobacco products: 21.0%
Cigarettes: 16.0%
Smokeless tobacco products: 6.9%
Cigars: 8.0%

	White Arkansans	Black Arkansans	Latinos
Tobacco products	***29.7%***	16.7%	23.5%
Cigarettes	***23.9%***	8.7%	20.5%
Smokeless tobacco	8.1%	4.9%	***8.3%***
Cigars	15.1%	***19.0%***	17.6%

Year, Data Source: 2009, Youth Risk Behavior Surveillance System

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41 (4.1) Increase smoking cessation attempts by adult smokers.
Target: 80.0%

White Arkansans	Black Arkansans	Latinos
43.5%	57.4%	70.3%

Year, Data Source: 2008, Arkansas Adult Tobacco Survey

41 (7) Increase smoking cessation attempts by adolescent smokers.
Target: 64.0%

White Arkansans	Black Arkansans	Latinos
60.7%	***34.4%***	45.0%

Year, Data Source: 2009, Youth Risk Behavior Surveillance System

Disparities are observed among groups in relation to tobacco use. While Latino adults are more likely to smoke cigarettes than the other two population subgroups, they are also more likely to try to quit smoking. Similarly, White adolescents are more likely to use tobacco products than Black or Latino teens, but they are also more likely to try to quit smoking. White adults and adolescents are more likely to use smokeless tobacco products than their Black and Latino counterparts.

Overall, Black adolescents are the only group to meet or exceed a national goal for tobacco use. In particular, rates of cigarette smoking are lowest among Black teens.

STATE LEVEL COMPARISON TO NATIONAL TARGETS

OBJECTIVE		National Target	Total Population
ACCESS TO HEALTH SERVICES			
1-1.1	Increase the proportion of persons with health insurance (medical insurance)	100%	79%
1-5	Increase the proportion of persons who have a specific source of ongoing care	95%	
CANCER			
5-1	Reduce the overall cancer death rate	160.6	245.4
5-2	Reduce the lung cancer death rate	45.5	84.5
5-3	Reduce the female breast cancer death rate	20.6	14.5
5-4	Reduce the death rate from cancer of the uterine cervix	2.2	3.2
5-5	Reduce the colorectal cancer death rate	14.5	18.6
5-7	Reduce the prostate cancer death rate	21.2	28.0
5-15	Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines	--	
	▪ Pap test within past 3 years	93.0%	74.8%
5-16	Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines		
	▪ Fecal occult blood test within past 2 years	70.5%	82.6%
DIABETES			
8-3	Reduce the diabetes death rate	65.8	29.6
8-11	Increase the proportion of adults with diabetes who have a glycosylated hemoglobin measurement at least twice a year (data indicates at least once a year)	71.1%	67.2%
8-10	Increase the proportion of adults with diabetes who have an annual dilated eye examination	58.7%	67.6%
8-9	Increase the proportion of adults with diabetes who have at least an annual foot examination	74.8%	61.4%
8-13	Increase the proportion of adults with diabetes who perform self-blood glucose-monitoring at least once daily	70.4%	66.9%
FAMILY PLANNING			
13-1	Increase the proportion of pregnancies that are intended	56.0%	48.1%
13-5	Reduce the proportion of pregnancies conceived within 18 months of a previous birth	31.7%	15.2%
13-8	Reduce pregnancy rates among adolescent females		
13-8.1	▪ Aged 15 to 17		30.8

Meets or exceeds national target Within 15% of national target More than 15% away from target

13-8.2	▪ Aged 18 to 19		109.4
13-9	Increase the proportion of adolescents aged 17 years and under who have never had sexual intercourse		
13-9.1	▪ Female adolescents aged 15 to 17 years	79.3%	47.6%
13-9.2	▪ Male adolescents aged 15 to 17 years	78.3%	45.9%
13-9.3	▪ Female adolescents aged 15 years and under	91.2%	72.3%
13-9.4	▪ Male adolescents aged 15 years and under	90.2%	53.6%
HEART DISEASE AND STROKE			
21-2	Reduce coronary heart disease deaths	100.8	150.9
21-3	Reduce stroke deaths	33.8	57.9
21-6	Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years	82.1%	74.2%
HIV			
22-12	Reduce deaths from HIV infection	3.3	3.3
22-1	Reduce the number of new HIV diagnoses among adolescents and adults	Developmental	271
22-4	Reduce the rate of new AIDS cases among adolescents and adults	13	6.8
22-14.1	Increase the proportion of adolescents and adults who have been tested for HIV in the past twelve months	16.9%	18%
INJURY AND VIOLENCE PREVENTION			
24-30	Reduce firearm-related deaths	9.2	5.6
24-11	Reduce unintentional injury deaths	36.0	47.6
24-13	Reduce motor vehicle crash-related deaths	--	23.7
MATERNAL, INFANT, & CHILD HEALTH			
26-1.3	Reduce all infant deaths (within 1 year).	6.0	8.5
26-3	Reduce the rate of child deaths		
26-3.1	▪ Children aged 1 to 4 years	25.7	45.9
26-3.2	▪ Children aged 5 to 9 years	12.3	16.3
26-4	Reduce the rate of adolescent and young adult deaths		
26-4.1	▪ Adolescents aged 10 to 14 years	15.2	26.4
26-4.2	▪ Adolescents aged 15 to 19 years	55.7	93.5
26-4.3	▪ Young adults aged 20 to 24 years	88.5	135.7
26-10	Increase the proportion of pregnant women who receive early and adequate prenatal care		
26-10.1	▪ Prenatal care beginning in first trimester	77.9%	78.9%
26.10.2	▪ Early and adequate prenatal care	77.6%	68.7%
26-9	Reduce preterm births		
26-9.1	▪ Total preterm births	11.4%	12.8%

Meets or exceeds national target Within 15% of national target More than 15% away from target

26-9.2	▪ Late preterm or live births at 34 to 36 weeks of gestation	8.1%	9.7%
26-9.4	▪ Very preterm or live births at less than 32 weeks of gestation	1.8%	2.0%
26-11	Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women		
	▪ Abstinence from cigarettes	98.6%	76.0%
	▪ Abstinence from alcohol	98.3%	94.3%
NUTRTRITION AND WEIGHT STATUS			
29-8	Increase the proportion of adults who are at a healthy weight	33.9%	32.9%
29-9	Reduce the proportion of adults who are obese	30.6%	30.9%
29-10.4	Reduce the proportion of children and adolescents (aged 2-19) who are considered obese	14.6%	21.0%
ORAL HEALTH			
32-1	Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth	30%	64%
32-2	Reduce the proportion of children and adolescents with untreated dental decay	21.4%	29.0%
32-4	Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease	68.8%	54.1%
32-12	Increase the proportion of children and adolescents who have received dental sealants on their molar teeth	28.1%	27.0%
PHYSICAL ACTIVITY			
33-1	Reduce the proportion of adults who engage in no leisure-time physical activity	32.6%	29.2%
33-2	Increase the proportion of adults that meet current Federal physical activity guidelines for aerobic physical activity and for muscle strength training	10% improvement	47.3%
33-2.1	▪ Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination	47.9%	62.1%
33-2.2	▪ Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for more than 300 minutes/week, or more than 150 minutes/week of vigorous intensity, or an equivalent combination	31.3%	43.1%
33-5	Increase the proportion of adolescents who participate in daily school physical education	36.6%	77.3%
TOBACCO USE			
41-1	Reduce tobacco use by adults		

Meets or exceeds national target | Within 15% of national target | More than 15% away from target

41-1.1	▪ Cigarettes	12.0%	22.9%
41-1.2	▪ Smokeless tobacco products	0.3%	7.0%
41-2	Reduce tobacco use by adolescents		
41-2.1	▪ Tobacco products (past month)	21.0%	26.5%
41-2.2	▪ Cigarettes (past month)	16.0%	20.3%
41-2.3	▪ Smokeless tobacco products (past month)	6.9%	12.4%
41-2.4	▪ Cigars (past month)	8.0%	16.7%
41-4.1	Increase smoking cessation attempts by adult smokers	80.0%	47.0%
41-7	Increase smoking cessation attempts by adolescent smokers	64.0%	55.3%

Meets or exceeds national target Within 15% of national target More than 15% away from target