Health Status of Latinos in Arkansas

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EXECUTIVE SUMMARY

This report presents data on demographic and socioeconomic characteristics, health status, morbidity and mortality, maternal and child health, health protecting and behavioral risk factors, and access to health care among Latino Arkansans in comparison with White, non-Hispanic Arkansans.

KEY FINDINGS OF THIS REPORT

- The Latino population in Arkansas is growing rapidly, having increased from 3.2% of the state’s total population in 2000 to 6.4% in 2010. Latinos in Arkansas are overall much younger (median age, 23.5 years) than their white counterparts (median age, 40.4 years). The median income was also lower among Latinos ($29,073) compared to that of Whites ($42,334).

- Latinos in Arkansas are more likely to be uninsured, compared to Whites. This may be related to age and occupation or income.

- Latinos appear generally to experience a lesser burden of chronic disease. Fully 98% of Latinos reported no days in which they were prevented from engaging in usual activities because of poor health, compared to 90.5% of whites. In addition, smaller percentages of Latinos report having asthma, diabetes, and high blood pressure, and mortality rates for cancer (including breast, colorectal, and lung cancer), heart disease and stroke, suicide, and motor vehicle accidents are lower than among Whites.

- The leading cause of death among Latinos in Arkansas is unintentional injury, followed by cancer, heart disease, perinatal death, and homicide. This is likely due in part to the younger age of the Latino population overall.

- The teenage birth rate among Latinas (113.6 per 1,000 teenagers) was more than twice the rate among Whites (51.9 per 1,000 teenagers). Pregnant Latinas were less likely to obtain adequate prenatal care than their white counterparts. However, a much lower proportion of Latina mothers reported smoking during pregnancy.

- Latinos in Arkansas were less likely than Whites to meet recommendations for physical activity or fruit and vegetable intake, and they were much less likely to obtain preventative care, such as cholesterol checks and colorectal screenings. However, smaller proportions of Latinos use tobacco products, compared to Whites.
INTRODUCTION
This report provides information about major health indicators for the Latino and white, non-Hispanic population of Arkansas. ‘Latino’ is defined as a person whose origins can be traced to Latin America, Spain, or Portugal; for the purposes of this report, this category includes Hispanic origins as well.

People who self-identify as Latino can be of any race. ‘White’ is defined as a person having origins in any of the original peoples of Europe, the Middle East, and North Africa. For the purposes of this report, ‘White’ does not include persons with Hispanic or Latino heritage. Most data sources base race upon self-identification.
As of 2010, Arkansas’ population was 2,915,918 people. Of those, 77.0% were White, 15.4% were African American, 6.4% were Latino, 1.2% were Asian, 0.8% were American Indian or Alaskan Native, and 0.2% were Native Hawaiian and Pacific Islander.

The population of Latinos in Arkansas increased dramatically from 3.2% (86,866 people) of the state’s total population in 2000 to 6.4% (186,050 people) in 2010. The Latino population in the state is unevenly distributed – Sevier, Yell, Washington, and Benton counties in western Arkansas show higher percentages of Latinos compared to other parts of the state.
DEMOGRAPHIC CHARACTERISTICS

Age 7

Median Age

Distribution

Households and Families 8
**MEDIAN AGE**

*Median age* is defined as one age that divides the population evenly. Half of the population is older and half is younger.⁴

In 2010, the median age of Latinos of both genders was significantly lower than the median age of Whites. In addition, the median age overall was lower for Latinos than for Whites.⁴⁹

**AGE DISTRIBUTION**

![Age Distribution Diagram](source)

*Source: U.S. Census Bureau, 2011 American Community Survey 1-Year Estimates*
The U.S. Census Bureau defines a **family household** as one in which at least one member of the household is related to the householder by birth, marriage, or adoption. In Arkansas in 2011, 75.8% of all Latino households were classified as family households, compared to only 67.3% of white households.

In addition, similar proportions of Latino and white households were classified as married-couple families (54.2% and 53.4%, respectively) and as headed by female householders with no husband present (14.3% and 10.2%, respectively). The average household size was also higher for Latinos (3.6) than for Whites (2.5).
<table>
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<tr>
<th>SOCIO-ECONOMIC CHARACTERISTICS</th>
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<tbody>
<tr>
<td>Educational Attainment          10</td>
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<tr>
<td>Employment</td>
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<td>Employment Status               11</td>
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<tr>
<td>Civilian Population             11</td>
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<td>Income</td>
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<td>Median Household                12</td>
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<td>Past 12 Months                  12</td>
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<td>Marital Status                  13</td>
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Higher education levels have been linked to various indices of health, including higher life expectancy and lower disease rates. In 2011, the proportion of adults over 25 that had completed less than high school was significantly higher among Latinos than among Whites (48.1% and 13.6%, respectively). In addition, higher proportions of Whites: a) completed high school (36.2% and 28.4%, respectively); b) completed some college and/or earned an associate degree (28.5% and 14.4%, respectively); c) earned a bachelor's degree (13.9% and 6.3%, respectively); and d) earned a graduate or professional degree (7.8% and 2.8%, respectively).
In 2011, a slightly greater proportion of Latinos 16 years and older were unemployed (5.8%) compared to Whites (4.6%). Conversely, a greater proportion of Latinos were employed than were Whites (63.5% and 53.9%, respectively), and a higher proportion of Whites were not in the labor force at all (41.3% and 30.1%, respectively).³
In 2011, Whites earned a higher median household income compared to Latinos across all household types. The median household income was $42,334 for white households and $29,073 for Latino households.

In addition, white families, married-couple families, and female householders with no husband present earned significantly more than their Latino counterparts.

Mean incomes showed similar patterns, with Whites earning higher amounts except in supplemental security income, cash public assistance and retirement, three categories in which earnings were similar for both groups.³
In 2011, a higher proportion of Whites were married, widowed, or divorced compared to Latinos. In addition, a significantly higher proportion of Latinos (36.6%) had never been married (21.4%).

**Poverty rates** also varied depending on ethnicity in 2011. More specifically, 33.4% of all Latinos were in poverty, a much higher proportion than among Whites (15.1%). In addition, Latinos displayed higher poverty rates at all levels, including families, families with children, married couple families, single-mother families, children, and the elderly.³
PLACE OF BIRTH & CITIZENSHIP STATUS

In 2011, 57% of Latinos were U.S. born, whereas 9% were foreign-born and naturalized citizens, and 34% were foreign-born and not U.S. citizens. The same year, 99% of Whites were U.S. born.\(^3\)

![Pie chart showing the distribution of places of birth and citizenship status among Latinos.](chart)

LANGUAGE SPOKEN AT HOME & ABILITY TO SPEAK ENGLISH
(Population 5 years and older)

SOURCE: U.S. CENSUS BUREAU, 2011 AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES

In 2011, 22% of Latinos said they spoke only English at home, whereas 78% spoke a language other than English. Of those who spoke another language, 59% reported being able to speak English “very well,” while the other 41% spoke English less than “very well.”\(^3\)

![Pie charts showing language spoken at home and ability to speak English among Latinos.](charts)
### HEALTH STATUS

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Health Status</td>
<td>16</td>
</tr>
<tr>
<td>Healthy Days</td>
<td>16</td>
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</table>
GENERAL HEALTH STATUS

Studies have shown that self-reported *general health* questions can be a predictor of mortality. Generally, responses such as “poor” are associated with higher levels of mortality than responses of “very good” or “excellent.”

In 2010, a smaller proportion of Latinos described their general health as good or better compared to Whites (76.3% and 82.1%, respectively).

HEALTHY DAYS

In 2010, only 1.9% of Latinos had days where poor mental or physical health prevented their usual activities, a much smaller proportion than found for Whites (9.5%).

Consequently, 98.1% of Latinos had no days where they were prevented from usual activities due to poor health, a significantly higher proportion than among Whites (90.5%).
# MORBIDITY

<table>
<thead>
<tr>
<th>Condition</th>
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<tbody>
<tr>
<td>Asthma</td>
<td>18</td>
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<tr>
<td>Diabetes</td>
<td>19</td>
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<tr>
<td>Heart Disease</td>
<td>20</td>
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<tr>
<td>Hypertension</td>
<td>21</td>
</tr>
<tr>
<td>Stroke</td>
<td>21</td>
</tr>
</tbody>
</table>
**ASTHMA**

**SOURCE:** 2010 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

*Asthma* is a chronic lung disease in which the airways constrict, making it difficult to breathe. This can lead to coughing, wheezing, chest tightness, and shortness of breath.⁷

In 2010, a lower percentage of Latino adults had been told they currently have asthma compared to Whites (2.3% and 7.5%, respectively).

In addition, a lower percentage of Latino adults had ever been told they have asthma (4.3% and 13.3%, respectively).⁶
**Diabetes** is a disease in which the body has difficulty producing and/or using insulin, causing high blood glucose levels. Type 1 diabetes is usually diagnosed at young ages; Type 2 is typically associated with factors such as obesity and physical inactivity, and is more common in certain populations, such as Latinos and the elderly. 

From 2008-2010, the percentage of Latino adults who had ever been told they had diabetes increased, from 6.2% in 2008 to a high of 11.9% in 2009, to a 2010 percentage of 8.3%. Over this same period, the percentage of White adults who have ever been told they had diabetes remained constant at around 9.3%.

National data shows a trend of diagnoses increasing as we age: 4.3% of all Latino adults between the ages of 25 and 44 had been diagnosed with diabetes, but at ages of 65 and above, that proportion had jumped to 30%. Percentages for White adults increase with age as well, but Latino proportions are higher in every age group.
Heart disease is a term which refers to multiple heart conditions. The most common heart disease in the United States is coronary heart disease, a condition in which plaque accumulates on the interior of arteries in the body, causing them to harden and narrow. A heart attack can occur if blood flow to the heart is blocked by this plaque build-up.

Heart disease is the leading cause of death in the U.S., but risk can be lowered by controlling these risk factors: high cholesterol, high blood pressure, smoking, diabetes, overweight and obesity, physical activity, and unhealthy diet.7

In 2010, a lower proportion of Latino adults had ever been told they had angina or coronary heart disease compared to White adults (3.0% and 5.4%, respectively).

Similar proportions of both groups had ever been told they had suffered a heart attack, however.6
HYPERTENSION

Blood pressure measures the force of the blood against artery walls as the heart pumps blood. **Hypertension** occurs when blood pressure is elevated for extended periods of time; it also increases the risk of heart disease.  

From 2005 to 2009, proportions of adults who have ever been told they had high blood pressure have been consistently lower for Latino adults than for White adults, with consistently high rates for both groups.  

STROKE

A **stroke** is the result of a blood flow interruption (e.g., due to a blood clot or artery rupture) which prevents blood flow to the brain. When brain cells die due to the lack of oxygen, various problems can result depending on the part(s) of the brain affected, such as memory loss or paralysis.  

From 2008 to 2010, the proportion of Latino adults who had ever been told they had a stroke showed an irregular pattern. At all three points, however, the proportion for Latinos was similar or below that of White adults.
Generally speaking, less education and lower socioeconomic status (SES) are related to poorer health status. Of special interest to Arkansas mortality data, however, is an epidemiological paradox in which Latinos show lower mortality and morbidity rates than Whites despite having lower education levels and lower SES.

Different theories have attempted to explain this phenomenon: a) one hypothesizes that healthier Latinos may return to their home countries at older ages, thereby reducing the number of people in this group who die in the U.S. and b) some theorize that Latinos may be healthier because of certain health behaviors, genetic protectors, and lifestyle factors.51

Regardless of the cause, this paradox is seen all over the U.S., and is not unique to Arkansas.

<table>
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<tr>
<th>MORTALITY</th>
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<tbody>
<tr>
<td>Life Expectancy at Birth</td>
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<tr>
<td>Years of Potential Life Lost</td>
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<tr>
<td>Leading Causes of Death</td>
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<tr>
<td>All deaths</td>
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<td>Deaths by Age</td>
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<tr>
<td>Cancer</td>
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<td>All cancers</td>
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<td>Breast cancer</td>
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<tr>
<td>Colorectal cancer</td>
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<tr>
<td>Lung cancer</td>
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<tr>
<td>Heart Disease &amp; Stroke</td>
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<tr>
<td>HIV</td>
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<td>Suicide</td>
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<td>Homicide</td>
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<td>Motor Vehicle Accidents</td>
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Years of potential life lost (YPLL) is a measure used to quantify premature mortality. Deaths at younger ages contribute higher values toward the YPLL rate, while deaths at older ages contribute lower values.\textsuperscript{11}

From 2008 to 2010, age-adjusted YPLL rates were higher among Whites than among Latinos, suggesting that Whites were dying at younger ages overall compared to Latinos.\textsuperscript{12}
LEADING CAUSES OF DEATH, 2005-2009

LATINO

1 - Unintentional Injury
2 - Cancer
3 - Heart Disease
4 - Perinatal Period
5 - Homicide
6 - Stroke
7 - Suicide
8 - Diabetes
9 - Congenital Abnormalities
10 - Influenza and...

0 50 100 150 200

WHITE

1 - Heart Disease
2 - Cancer
3 - Chronic Lower Respiratory Disease
4 - Cerebrovascular
5 - Unintentional Injury
6 - Alzheimer’s Disease
7 - Influenza and Pneumonia
8 - Diabetes
9 - Nephritis
10 - Septicemia

0 5000 10000 15000 20000 25000 30000 35000

SOURCE: WISQARS
### LEADING CAUSES OF DEATH BY AGE GROUP, 2005-2009

**LATINO**

**Children: 1-14 Years**
1. UNINTENTIONAL INJURY
2. CANCER
3. HOMICIDE
4. PERINATAL PERIOD
5. CONGENITAL ABNORMALITIES

**Adolescents: 15-19 Years**
1. UNINTENTIONAL INJURIES
2. HOMICIDE
3. SUICIDE
4. ANEMIAS
5. AORTIC ANEURYSM

**Young Adults: 20-44 Years**
1. UNINTENTIONAL INJURY
2. HOMICIDE
3. CANCER
4. SUICIDE
5. HEART DISEASE

**Middle-Aged Adults: 45-64 Years**
1. CANCER
2. HEART DISEASE
3. UNINTENTIONAL INJURY
4. DIABETES
5. LIVER DISEASE

**Adults: 65 Years and Older**
1. HEART DISEASE
2. CANCER
3. STROKE
4. DIABETES
5. INFLUENZA AND PNEUMONIA

**WHITE**

**Children: 1-14 Years**
1. UNINTENTIONAL INJURY
2. CANCER
3. HOMICIDE
4. CONGENITAL ABNORMALITIES
5. HOMICIDE

**Adolescents: 15-19 Years**
1. UNINTENTIONAL INJURIES
2. SUICIDE
3. HOMICIDE
4. HEART DISEASE
5. CANCER

**Young Adults: 20-44 Years**
1. UNINTENTIONAL INJURY
2. HEART DISEASE
3. SUICIDE
4. CANCER
5. HOMICIDE

**Middle-Aged Adults: 45-64 Years**
1. CANCER
2. HEART DISEASE
3. UNINTENTIONAL INJURY
4. CHRONIC LOWER RESPIRATORY DISEASE
5. DIABETES

**Adults: 65 Years and Older**
1. HEART DISEASE
2. CANCER
3. CHRONIC LOWER RESPIRATORY DISEASE
4. STROKE
5. ALZHEIMER’S DISEASE

*Source: WISQARS*
ALL CANCERS

Cancer refers to a group of diseases involving the uncontrollable growth and spread of abnormal cells in the body. These diseases can result in death of the growth isn’t controlled.

Risk factors vary by cancer type, but the most common are older age, tobacco use, sunlight, poor nutrition, physical inactivity, and obesity.

The most commonly diagnosed cancers include those of the bladder, breast, colon/rectum, and lung.\(^\text{13}\)

CANCER MORTALITY RATES, 1999-2008

From 1999 to 2008, age-adjusted mortality rates for all cancers were significantly lower among Latinos (56.6 per 100,000 people) than among Whites (202.6 per 100,000 people).\(^\text{14}\)

BREAST CANCER

Breast cancer forms in breast tissues and may spread to other parts of the body.

Given current trends, it is estimated that 1 in 8 women born now will be diagnosed with breast cancer at some point in their lives.

Risk factors for breast cancer include older age, excessive alcohol use, family history, race, and lack of physical activity.\(^\text{13}\)

BREAST CANCER (PER 100,000 FEMALES)

From 1999 to 2008, age-adjusted mortality rates for breast cancer were significantly lower among Latinos (8.0 per 100,000 people) than among Whites (22.9 per 100,000 people).\(^\text{14}\)
**COLORECTAL CANCER**

*Colorectal cancer* forms in the colon or the rectum, the two organs which form the large intestine.

Experts recommend screenings for colorectal cancer for people aged 50 and older.

Risk factors for colorectal cancer include age (50+), colorectal polyps, family or personal history of cancer, ulcerative colitis or Crohn’s disease, and smoking. 

From 1999-2008, age-adjusted mortality rates for colorectal cancer were significantly lower for Latinos (5.4 per 100,000 people) than for Whites (19.1 per 100,000 people).

**LUNG CANCER**

*Lung cancer* forms in the lungs and, like other types of cancer, may spread to other parts of the body.

Cigarette smoking is the most common cause of lung cancer.

Symptoms include persistent cough, difficulty breathing, constant chest pain, fatigue, unexplained weight loss, and coughing up blood.

From 1999-2008, age-adjusted mortality rates for lung cancer were significantly lower among Latinos (10.1 per 100,000 people) than among Whites (68.8 per 100,000 people).
HEART DISEASE

*Heart disease* is the number one cause of death for both men and women in America.

In 2008, it was responsible for almost a quarter of all deaths in the United States.¹⁵

Heart disease can lead to further complications, such as heart attack, heart failure or arrhythmia.⁷

In 2009, age-adjusted mortality rates for heart disease were significantly lower among Latinos (60.6 per 100,000 people) than among Whites (216.4 per 100,000 people).¹⁶

STROKE

About 800,000 people have a *stroke* annually in the U.S. Even when strokes aren’t fatal, they can result in serious disability.

Early detection is essential in the survival of a stroke: the most common symptom noticed by sufferers is sudden numbness on one side of the body.²⁷

From 2007-2009, the age-adjusted mortality rates for stroke were significantly lower among Latinos (14.8 per 100,000 people) than among Whites (51.4 per 100,000 people).¹⁶
HIV/AIDS

**HIV**, or human immunodeficiency virus, is a devastating disease which attacks the body’s immune system. These attacks result in an increased risk of contracting other illnesses, such as pneumonia or tuberculosis.

It is estimated that about 21% of the 1.1 million Americans living with HIV don’t know they’re infected with the virus.

Modern treatments can suppress the virus, but there is currently no cure.\(^{18}\)

In 2009, mortality rates for HIV were similar for Latinos and Whites.\(^{19}\)

**SOURCE:** 2009 CDC NCHHSTP ATLAS

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SUICIDE

**Suicide** is a complex public health issue with many underlying causes.

Common risk factors include depression, prior attempt(s), family violence, and personal/family history of mental illness, substance abuse, or suicide.\(^{20}\)

The national Healthy People 2020 goal is to reduce suicide deaths to 10.2 per 100,000 people.\(^{11}\)

From 2007 to 2009, the age-adjusted mortality rate for suicide was significantly less for Latinos (4.7 per 100,000 people) than for Whites (17.4 per 100,000 people).\(^{16}\)

**SOURCE:** 2007-2009 CDC WONDER
**HOMICIDE**

Homicide refers to willful killing of another human being. These statistics generally don’t include negligent manslaughter, accidents, or suicides.\(^{21}\)

The national Healthy People 2020 goal is to reduce homicides to 5.5 deaths per 100,000 people.\(^{21}\)

From 2008-2009, the age-adjusted mortality rate for homicide was slightly higher for Latinos (5.8 per 100,000 people) than for Whites (4.9 per 100,000 people).\(^{16}\)

**MOTOR VEHICLE ACCIDENTS**

Nationwide, motor vehicle crashes are the leading cause of death among people 5-34. In addition, motor vehicle crash fatalities per mile traveled increase dramatically after age 75.

Ways to prevent motor vehicle fatalities include increasing seat belt use, deterring impaired driving, and reducing distracted driving.\(^{22}\)

In 2009, age-adjusted mortality rates were lower for Latinos (11.0 per 100,000 people) than for Whites (23.6 per 100,000 people).\(^{16}\)
MATERNAL & CHILD HEALTH

Pregnancy

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Delivery

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Births to Unmarried Mothers 35
Low Birth Weight 36
Infant Mortality 36
Teenage pregnancy is a serious public health issue for the country. Babies born to teenage mothers are at higher risk of negative health outcomes, such as low birth weight, preterm birth, and death in infancy.23

In 2007, the teenage birth rate among Latinos (113.6 per 1,000 teenagers) was more than twice the rate among Whites (51.8 per 1,000 teenagers).24

Unintended pregnancies are associated with several negative outcomes, including delay of prenatal care and maternal depression. These infants are more likely to be born with birth defects and low birth weight, and have behavioral or emotional problems as they grow.11

An unintended pregnancy is one that the mother describes as either unwanted or mistimed.11

Nationally, almost half of pregnancies are unintended. The rate for Arkansas is slightly higher, with 56% of pregnancies unintended in 2006.25

In 2008, similar proportions of pregnancies were unintended among Latinos (48.3%) and Whites (47.9%).26
**HIV TESTING DURING PREGNANCY OR DELIVERY**

**Maternal HIV testing** is recommended for all mothers, regardless of whether they believe they’re infected with the virus.

HIV-positive mothers who receive no interventions pass the virus to their baby up to 25% of the time, but with treatment, this proportion can be as low as 1-2%.27

In 2008, a smaller proportion of Latinos were tested for HIV during their most recent pregnancy (49.7%) than were Whites (59.6%).26

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**TOBACCO AND ALCOHOL USE DURING PREGNANCY**

In 2008, a significantly lower proportion of Latino mothers (4.4%) reported smoking during their last three months of pregnancy compared to white mothers (29.7%).

Conversely, a slightly higher percentage of Latino mothers (7.3%) reported drinking any alcohol during their last three months of pregnancy than did white mothers (5.6%).26

In addition to harming themselves, mothers who **smoke or drink during pregnancy** put their unborn babies at risk as well.

Smoking and/or drinking during pregnancy has been linked to numerous health problems, including stillbirth, preterm birth, low birth weight, SIDS, certain birth defects (e.g., cleft palate) and fetal alcohol syndrome.28,29
**Physical Abuse during Pregnancy** puts both the mother and unborn child at risk.

Physical abuse during pregnancy can lead to a myriad of negative health outcomes, such as miscarriage, vaginal bleeding, premature birth, and/or low birth weight.  

In 2008, a greater percentage of Latinos (4.2%) reported experiencing physical abuse from their partner during their last pregnancy compared to Whites (2.4%).

**Inadequate Prenatal Care**

**Prenatal Care** is described as *inadequate* when it doesn’t begin until after the 4th month of pregnancy, and/or when mothers attend less than 50% of the recommended doctor visits.

Infants born to mothers who received inadequate prenatal care are at increased risk of low birth weight and prematurity.

Factors associated with inadequate prenatal care include poverty, pregnancy denial or apathy, lack of transportation, and low maternal education levels.

On average, between 2007 and 2009, a larger proportion of Latino births (23.7%) received inadequate prenatal care than did White births (12.1%).
A **live birth** is formally described as a birth in which the infant shows any sign of life, including breath, heart rate, or movement.\(^{33}\)

According to the CDC, over 4.1 million births were reported in the United States in 2009; in Arkansas, 39,808 births were reported that same year.\(^{24}\)

In 2009, 10.6% of Arkansas’ 39,808 live births were to Latino mothers, compared to 67.8% to white mothers.\(^{10}\)

Nationally, rates of **births to unmarried mothers** are significantly higher among Latinos (96.8 per 1,000 unmarried women) than among Whites (33.0 per 1,000).\(^{24}\)

Births to unmarried mothers have been linked to low birth weight, preterm birth, infant mortality, and higher poverty rates.\(^{24}\)

In 2009, 45.5% of births in Arkansas were to unmarried women. In addition, 50.3% of Latino births were to unmarried women, compared to 35.2% of White births.\(^{24}\)
LOW BIRTH WEIGHT

Infants born weighing less than 2,500 grams (5 lbs., 8 oz.) are considered **low birth weight**; most infants born at low birth weight are also premature (born before 37 weeks).

Low birth weight infants have a higher risk of death and long term health problems than those born at healthy weights.

Nationally, rates of low birth weight are slightly higher among Latinos than among Whites. In Arkansas in 2009, 6.2% of births to Latino mothers were low birth weight, compared to 7.6% of births to white mothers.23

**INFANT MORTALITY**

*Infant mortality* refers to deaths of infants less than one year of age.

Common causes of infant mortality include prematurity, sudden infant death syndrome (SIDS), congenital malformations, and unintentional injury.35

From 2006-2008, the mortality rate for Latino infants was 5.7 per 1,000, lower than the rate for white infants of 6.7 per 1,000.37
# HEALTH
## PROTECTING & BEHAVIORAL RISK FACTORS

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**CHOLESTEROL CHECKS**

*Cholesterol checks* are important for determining the level of cholesterol in the blood; high blood cholesterol leads to increased risk of coronary heart disease, heart attack, and stroke.

Because people with high blood cholesterol frequently show no symptoms, it is recommended that adults have their cholesterol levels checked at least once every five years.\(^7\)

In 2009, 48.1% of Latino adults reported having their cholesterol checked within the past five years, compared to 75.0% of White adults.\(^6\)

**COLORECTAL SCREENING**

Colorectal cancer usually begins with precancerous polyps in the colon or rectum. Therefore, *colorectal screening* is essential to detect and remove these polyps before they develop into cancer.

The following screening tests are recommended after age 50: fecal occult blood tests (recommended yearly), flexible sigmoidoscopy (recommended every five years), and colonoscopy (recommended every ten years).\(^8\)

In 2010, a lower proportion of Latinos over 50 (53.0%) reported ever having a sigmoidoscopy of colonoscopy compared to Whites in the same age group (62.6%).\(^6\)
**Mammograms**

A mammogram is a breast x-ray used to detect tumors that may be too small to feel; early detection is the key to preventing breast cancer from spreading. Doctors recommend women aged 40 and over have mammograms every 1-2 years.\(^{33}\)

Nationally, in 2010, similar proportions of Latino and White women over 50 reported having mammograms within the last two years.\(^{39}\)

**Pap Smears**

During a pap smear, cells from the cervix are collected and then analyzed by a lab.

Cervical cancer can be prevented if abnormal cells are found early and treated.

Experts recommend a pap smear every 1-3 years, beginning at age 21 or 3 years after the beginning of sexual activity (whichever comes first).\(^{13}\)

In 2010, a slightly lower proportion of Latino women (70.4%) reported receiving pap tests within the last three years compared to White women (75.6%).\(^{6}\)
Those who drink alcohol in moderation are less likely to develop alcohol dependence. In addition, drinking moderate amounts of certain types of alcohol may lower the risk of certain diseases, such as coronary heart disease.

Drinking too much, however, has numerous effects on various parts of the body, such as the brain, heart, liver, pancreas, and immune system. In 2010, the proportion of Latino adults who identified themselves as heavy drinkers (0.7%) was lower than the proportion of White adults who identified themselves as heavy drinkers (4.0%).

In 2010, the proportions for self-identified binge drinkers were similar between Latinos (9.0%) and Whites (10.3%).

Lastly, the percentage of Latino adults who reported having at least one alcoholic drink in the last 30 days (32.1%) was lower compared to White adults (38.3%).

**HEAVY DRINKERS (ADULT MEN HAVING MORE THAN TWO DRINKS PER DAY, AND ADULT WOMEN HAVING MORE THAN ONE DRINK PER DAY)**

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<thead>
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<th></th>
<th>Latino</th>
<th>White</th>
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<td>0.7%</td>
<td>4.0%</td>
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**BINGE DRINKERS (MALES HAVING FIVE OR MORE DRINKS ON ONE OCCASION, AND FEMALES HAVING FOUR OR MORE DRINKS ON ONE OCCASION)**

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<th></th>
<th>Latino</th>
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<td>9.0%</td>
<td>10.3%</td>
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**ADULTS WHO HAVE HAD AT LEAST ONE ALCOHOLIC DRINK IN THE PAST 30 DAYS**

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<thead>
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<th>Latino</th>
<th>White</th>
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<tr>
<td>32.1%</td>
<td>38.3%</td>
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Tobacco use causes about 1 in 5 U.S. deaths and is the leading preventable cause of death in the country. In addition, about 50,000 nonsmokers die every year due to secondhand smoke exposure.

Cigarette smoking causes about a third of all cancers and 90% of lung cancers.

Smoking also increases the risk of conditions such as heart disease, stroke, emphysema, and chronic bronchitis.

Tobacco addiction can be treated with behavioral treatments, nicotine replacement therapies, and/or medication.41

In 2010, the percentage of Latino adults who reported being current smokers (11.9%) was significantly lower than the percentage of White adults (22.6%) who reported being current smokers.6

Likewise, a higher proportion of white adolescents (29.6%) reported using tobacco at least one day during the previous month than did Latino adolescents (12.0%).42
**OVERWEIGHT AND OBESITY**

*Overweight and obesity* are serious health conditions that increase the risk of conditions such as coronary heart disease, high blood pressure, diabetes, and certain cancers.

Nationally, about two-thirds of Americans are either overweight or obese. Over the past 30 years, children have also shown higher rates of overweight and obesity.\(^7\)

In 2010, proportions of Latinos and Whites who self-reported as obese, overweight, or neither overweight nor obese were similar.\(^6\)

Conversely, rates for Latino children and adolescents who were considered obese in 2010-2011 were slightly lower (32.1%) compared to white children and adolescents (38.3%).\(^4^3\)

**SOURCE:** 2010 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

**PROPORTION OF CHILDREN AND ADOLESCENTS WHO ARE CONSIDERED OBESE**

- Latino
- White

**SOURCE:** ASSESSMENT OF CHILDHOOD AND ADOLESCENT OBESITY IN ARKANSAS: 2010-2011
**PHYSICAL ACTIVITY**

**SOURCE:** 2009 Behavioral Risk Factor Surveillance System (BRFSS)

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**Physical activity** is an important component in health and wellness, as well as a key to maintaining a healthy weight.

For adults, experts recommend at least 2.5 hours of *moderate physical activity* (brisk walking, gardening, bicycling, canoeing, etc.) or 1.25 hours of *vigorous physical activity* (running/jogging, heavy yard work, swimming, aerobics, etc.) a week; for children, 1 hour of any type of physical activity a day is recommended.

Regular physical activity provides many benefits, such as increased life expectancy, higher self-confidence, stronger muscles, and decreased risk of depression.

Conversely, a lack of regular physical activity has been linked with a higher risk for heart disease, type 2 diabetes, high blood pressure, and stroke.44

In 2009, similar proportions of both Latinos and Whites failed to complete enough physical activity. More specifically, however, Latinos fared worse than Whites in two ways: a smaller proportion of Latinos got no physical activity (19.0% and 11.0%, respectively), and a lower percentage of Latinos met recommendations for moderate activity (16.3% and 21.8%, respectively).6
FRUIT AND VEGETABLE INTAKE

SOURCE: 2009 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

Fruits and vegetables are recommended for their nutrients (such as potassium, vitamin C, and folic acid) and fiber.

Diets high in fruits and vegetables can reduce the risk of adverse health conditions such as heart disease, heart attack, obesity, diabetes, and some cancers.

Experts recommend that adults consume around 2 cups of fruit and 2-3 cups of vegetables daily.\textsuperscript{44}

In 2009, a larger proportion of Latinos (17.0\%) reported consuming only 0 – 1 daily servings of fruits and vegetables a day compared to Whites (6.4\%); similar proportions of both groups reported consuming only 1 – 3 daily servings.

In addition, a higher percentage of Whites (34.8\%) reported consuming 3 – 5 servings a day compared to Latinos (26.5\%), and a slightly higher percentage reported 5 or more daily servings (20.2\% and 18.4\%, respectively).\textsuperscript{6}
In 2010, a smaller proportion of Latino adults (43.8%) reported having at least one permanent tooth extracted compared to White adults (53.9%).

**Oral health** is an essential component of overall health, and poor oral health can greatly reduce one’s quality of life.\(^5\)

The national Healthy People 2020 objective is to reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease to 68.8%.\(^{11}\)

Also in 2010, a majority of Whites (61.5%) reported visiting a dentist or dental clinic within the last year, a substantially larger proportion than among Latinos (36.2%). Greater proportions of Latinos had visited within the last two years (19.8% and 11.3%, respectively), within the past 5 years (15.5% and 11.1%, respectively), 5 or more years ago (22.0% and 15.6%, respectively), and never (6.5% and 0.4%, respectively).\(^6\)
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<td>Health Care Access</td>
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<td>Medicare</td>
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<td>Medicaid</td>
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**HEALTH CARE ACCESS AND COVERAGE**

**SOURCE: 2010 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)**

*Access to health care* strongly impacts overall quality of life and life expectancy.

Those with access to care enjoy benefits such as prevention of disease through early screening and more efficient treatment of existing medical conditions. Conversely, those who are unable to afford or access health care face outcomes such as preventable hospitalizations, unmet health needs, and delays in receiving care.

One barrier that prevents many Americans from access to health care is a lack of health insurance coverage. When people don’t have medical insurance, they frequently postpone treatment; when they do seek treatment, they are burdened with costly medical bills.

The national *Healthy People 2020* goals for health insurance coverage are to see all people be covered by some form of health insurance.11

In 2010, a greater percentage of Latinos (41.8%) reported having no insurance coverage of any kind compared to Whites (19.7%). However, similar proportions reported being unable to see the doctor due to cost (14.8%). In addition, a smaller proportion of Latinos (71.1%) had one or more personal doctor or health care provider than did Whites (85.0%).

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**MEDICARE**


*Medicaid* is a joint state-federal health insurance program which provides coverage to various categories of low income individuals and families. Medicaid covers various aspects of medical care such as doctor visits and prescription drugs.46

In Arkansas, 19.5% of the population as a whole is covered by Medicare, whereas 80.5% are not. In addition, out of all who are covered by Medicare, 84.5% are White and 1.1% are Latino. Also, 4.2% of all Latinos in the state are covered by Medicare, compared to 21.5% of Whites.47

**MEDICAID**


*Medicare* is a federal health insurance program for people who are 65 and older or have certain disabilities and conditions. Medicare provides hospital and medical insurance, as well as prescription drug coverage.35

In 2011, 18.7% of Arkansans were covered by Medicare. Out of all Arkansans covered, only 8.8% were Latino, and 62.1% were White. However, 33.3% of all Arkansas Latinos were covered, compared to only 15.2% of Whites.47
REFERENCES


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DATA SOURCES


