Red County
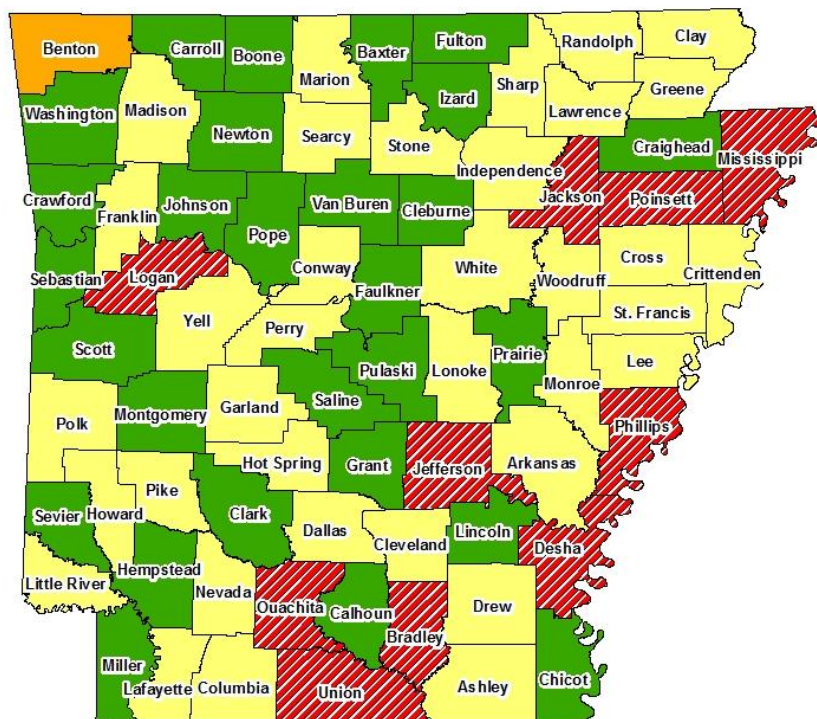## County Life Expectancy Profile
2016

Office of Minority Health & Health Disparities
Arkansas Department of Health

Arkansas Minority Health Commission

In Accordance with Act 790 and Act 798 of 2011

Red County
County Life Expectancy Profile
2016

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EXECUTIVE SUMMARY

This report is prepared in accordance with the 2011 Arkansas Act 790[1] to define Arkansas "Red Counties." Ten counties were identified and ranked as "Red Counties" in 2016. This report assists the Red County Action Planning Committee in continuing interventions in the "Red Counties."

Key Findings

- Arkansas ranked 48th (1st being the best) in the *America's Health Rankings 2015 Annual Report*,[2] an annual assessment of the nation's health on a state-by-state basis.

- The life expectancy in Arkansas has been consistently lower than the United States (U.S.). Arkansas ranked 46th in the U.S. in life expectancy in 2013-2014[3] (1st being the best).

- The 2013 and 2014 life expectancies were 76.2 and 76.1 years for Arkansas compared to the 78.8 and 78.8 years for the U.S.[5], respectively. In 2014, 48 out of the 75 (64%) county-specific life expectancies fell below the state's average life expectancy.

- Benton County had the highest life expectancy of 79.6 years, 3.5 years higher than the state's average, and was used as reference for comparison in this report for the 2014 life expectancy.

- Phillips County had the lowest life expectancy of 71.5 years in 2014, which is 4.6 years less than the state's average and 8.1 years less than Benton County's life expectancy.

- In 2014, the cutoffs generated one Gold County (79.1-80.0), 28 Green Counties (76.0-79.0), 36 Yellow Counties (74.0-75.9), and 10 Red Counties (<74.0).

- The 10 Red Counties of 2014 were Phillips, Poinsett, Bradley, Mississippi, Ouachita, Desha, Union, Logan, Jackson, and Jefferson.

- A total of 25 counties gained life expectancy in 2014 compared to the 2013 life expectancy. The highest gain was 1.9 years in Lafayette County.

- A total of 43 counties lost life expectancy in 2014 compared to the 2013 life expectancy. The greatest lost was 1.6 years in Little River County.

INTRODUCTION

According to the National Center for Health Statistics (NCHS), life expectancy at birth represents the average number of years that the members of a particular life table cohort can expect to live at the time of birth.[4]

While struggling to improve health outcomes at the state level, Arkansas also faces disparities in life expectancy at the county level. Concerned with the disparity, Senator Jack Crumbly (16th District) sponsored a bill in 2011 to designate counties with the lowest life expectancies in the state as Red Counties. The Red Counties were defined as counties where the life expectancy at birth ranged from six to ten years less than the county with the highest life expectancy.[1]
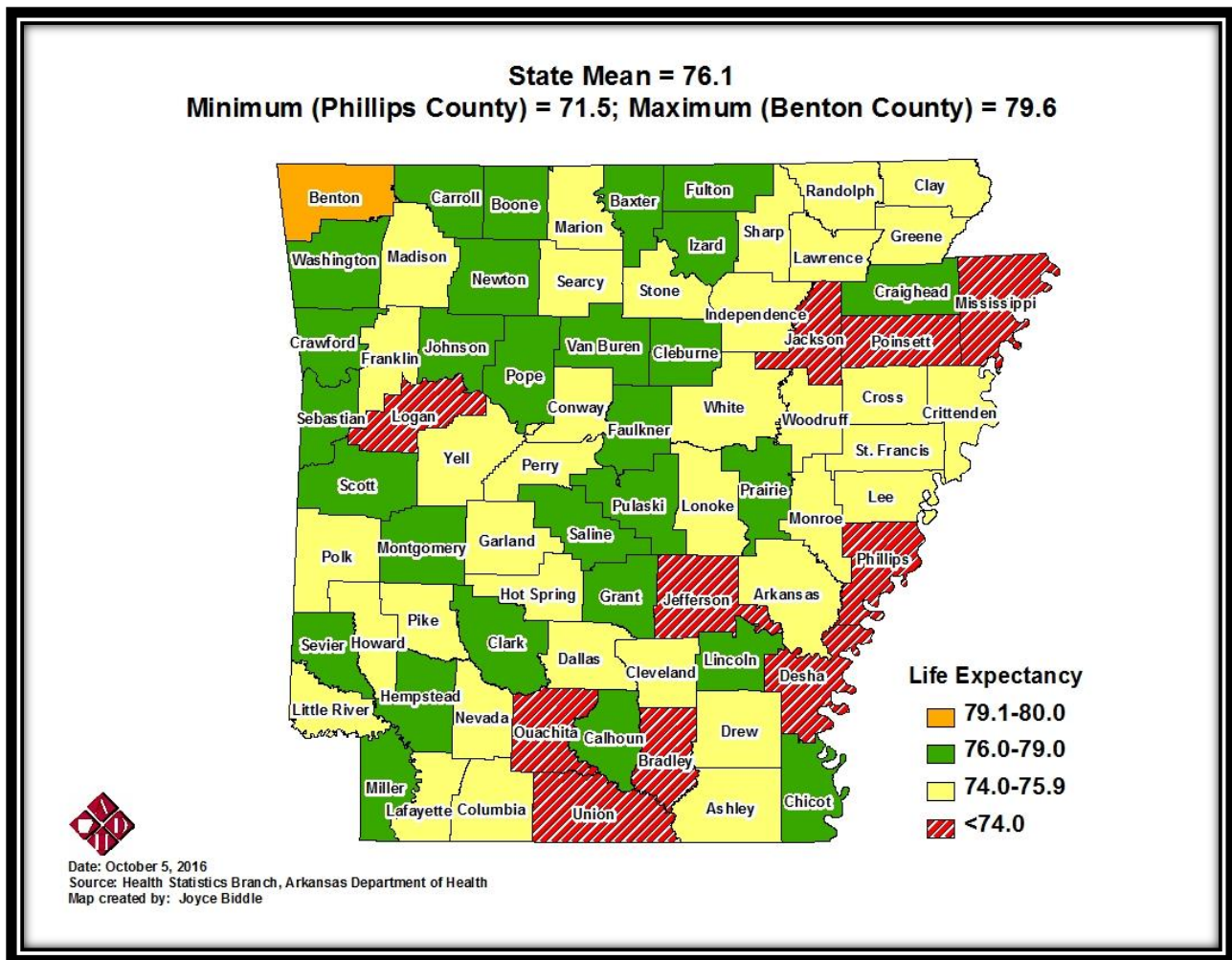
Acts 790[1] and 798[6] were passed in the Arkansas Legislature in 2011 to encourage state agencies and organizations to make appropriate services/programs available to improve public health in these counties. Following the directives of the legislation, the Red County Action Planning Committee (RCAPC) was formed in October 2012. Several agencies, including the Arkansas Department of Health (ADH), continue to work collaboratively with the RCAPC to plan and implement interventions in the 17 Red Counties identified from the 2008 data.

In the 2016 report, 10 Red Counties have been identified. Life expectancy was calculated using 2013-2015 Arkansas resident death data and 2014 Arkansas population estimates. For consistency, the same categories for defining life expectancy have been used each year within the Red County Reports using Gold (79.1-80.0), Green (76.0-79.0), Yellow (74.0-75.9), and Red (<74.0) as depicted in the map on page 5. The Gold category represents the county with the highest life expectancy and the Red category represents counties with the lowest life expectancies. The same categories were used to monitor changes in life expectancies over time within those ranges, i.e. the same cut-off points.

Ten Red County Profiles, as well as a profile for Benton County for comparison, were created using data on eight demographic characteristics and 30 health, social/economic and environmental factors. These data were obtained from the U.S. Census Bureau, the ADH, Centers for Disease Control and Prevention (CDC) Wonder, CDC Diabetes Interactive Atlas, and the *County Health Rankings & Roadmaps*. The Red County Profiles will assist the readers in understanding the issues related to health outcomes and behaviors, access to care, socio-economic factors, and physical/environmental conditions in these counties that may directly or indirectly lead to premature death.

2014 LIFE EXPECTANCY AT BIRTH MAP

2013-2015 Death Data and 2014 Population Estimates
In Accordance with Act 790 and Act 798 of 2011

State Mean = 76.1
Minimum (Phillips County) = 71.5; Maximum (Benton County) = 79.6

Life Expectancy
- 79.1-80.0
- 76.0-79.0
- 74.0-75.9
- <74.0

Date: October 5, 2016
Source: Health Statistics Branch, Arkansas Department of Health
Map created by: Joyce Biddle

SUMMARY OF RESULTS

The following five tables (pp. 7-10) and two figures (pp. 11-12) illustrate the life expectancies in the U.S., state of Arkansas, and the 75 counties in Arkansas.

- Table 1 shows 2014 life expectancies at the national and state levels. Arkansas counties with the highest and lowest life expectancies are also shown.
  - While Arkansas's life expectancy was lower than the national average, Benton County, located in the northwest region of Arkansas, exceeded the national average.
  - Benton County had the highest life expectancy of 79.6 years.
  - Phillips County had the lowest life expectancy of 71.5 years, 8.1 years less than Benton County.
- Table 2 presents 2014 life expectancies of 28 Green Counties ranging from 76.0 to 78.5 years. Twenty-eight Green Counties were identified in 2013.
- Table 3 presents 2014 life expectancies of 36 Yellow Counties ranging from 74.0 to 75.6 years. Thirty-six counties were identified as Yellow in 2013.
- Table 4 presents 2014 life expectancies of 10 Red Counties ranging from 71.5 to 73.9 years. Ten Red Counties were identified in 2013.
- Table 5 presents a comparison of 2013 and 2014 life expectancies by county.
  - A total of 25 counties gained life expectancy in 2014 ranging from as low as 0.1 year (Green County) to a high of 1.9 years (Lafayette County).
  - The life expectancies for 43 counties decreased ranging from 0.1 (Baxter, White, Mississippi, Poinsett, Newton, Sevier, St Francis, and Arkansas Counties) to 1.6 years (Little River County).
  - The life expectancies of seven counties (Carroll, Van Buren, Chicot, Polk, Crittenden, Ashley, and Franklin) remained the same.
- Figure 1 presents life expectancy trends by gender and race for the state of Arkansas. There has been an overall increasing trend of life expectancy among black males and females as well as white males.
- Figure 2 presents life expectancy trends by gender and race for the 10 Red Counties combined. Life expectancies for black males and females have continued to rise during this time period, 2005-2014. Life expectancies for black and white females have become approximately equal. Although life expectancies for black males have continued to rise, they are still below that of all race-gender groups.

LIFE EXPECTANCY AT BIRTH BY COUNTY

Table 1: Comparing U.S., Arkansas State, and Arkansas Counties with the Highest and Lowest Life Expectancies

Location	Population 2014	Life Expectancy (Years)
United States	318,907,401	78.8
State of Arkansas	2,966,369	76.1
Benton County (highest life expectancy)	242,321	79.6
Phillips County (Lowest life expectancy)	19,930	71.5

Table 2: Green Counties Life Expectancies

County (n=28)	Population 2014	Life Expectancy (Years)
Washington	220,792	78.5
Newton	7,904	77.6
Saline	115,719	77.5
Carroll	27,744	77.5
Johnson	26,005	77.2
Faulkner	120,768	77.2
Van Buren	16,851	77.1
Pope	63,201	77.1
Boone	37,196	76.7
Izard	13,486	76.7
Miller	43,428	76.6
Scott	10,693	76.5
Prairie	8,304	76.5
Grant	18,144	76.4
Baxter	40,857	76.4
Pulaski	392,702	76.4
Craighead	102,518	76.4
Lincoln	13,970	76.4
Sebastian	126,776	76.4
Fulton	12,125	76.4
Montgomery	9,082	76.3
Sevier	17,426	76.3
Calhoun	5,202	76.2
Cleburne	25,634	76.2
Crawford	61,697	76.1
Hempstead	22,327	76.1
Chicot	11,180	76.0
Clark	22,576	76.0

Sources: U.S. Census Bureau; Health Statistics Branch, Arkansas Department of Health

Table 3: Yellow Counties Life Expectancies

County (n=36)	Population 2014	Life Expectancy (Years)
Independence	36,959	75.6
Conway	21,083	75.6
Madison	15,740	75.5
Howard	13,500	75.5
Polk	20,225	75.4
Lonoke	71,557	75.4
Lafayette	7,111	75.3
St. Francis	26,899	75.3
Little River	12,532	75.2
Searcy	7,929	75.2
Yell	21,951	75.2
White	78,592	75.2
Sharp	16,906	75.2
Garland	97,322	75.1
Lee	9,860	75.1
Stone	12,494	75.0
Marion	16,367	75.0
Crittenden	49,548	75.0
Perry	10,245	74.9
Columbia	23,933	74.8
Ashley	20,948	74.8
Randolph	17,571	74.8
Drew	18,622	74.8
Arkansas	18,594	74.8
Cleveland	8,449	74.7
Nevada	8,723	74.7
Dallas	7,755	74.6
Greene	43,694	74.6
Franklin	17,805	74.4
Woodruff	6,910	74.4
Cross	17,227	74.3
Lawrence	16,931	74.2
Monroe	7,582	74.1
Pike	11,024	74.1
Clay	15,118	74.1
Hot Spring	33,368	74.0

Sources: U.S. Census Bureau; Health Statistics Branch, Arkansas Department of Health

LIFE EXPECTANCY AT BIRTH BY COUNTY

Table 4: Red Counties Life Expectancies

County (n=10)	Population 2014	Life Expectancy (Years)
Jefferson	72,297	73.9
Jackson	17,534	73.9
Logan	21,958	73.7
Union	40,227	73.6
Desha	12,264	73.4
Ouachita	24,828	73.2
Mississippi	44,235	73.2
Bradley	11,148	72.8
Poinsett	24,246	72.0
Phillips	19,930	71.5

Sources: U.S. Census Bureau; Health Statistics Branch, Arkansas Department of Health

CHANGES IN LIFE EXPECTANCIES

Table 5: Changes in Life Expectancies from 2013 to 2014

County	Life Expectancy 2013 Year	Life Expectancy 2014 Year	County	Life Expectancy 2013 Year	Life Expectancy 2014 Year
State Total	76.2	76.1	Little River	76.8	75.2
Benton	79.8	79.6	Searcy	75.9	75.2
Washington	78.4	78.5	Yell	74.6	75.2
Newton	77.7	77.6	White	75.3	75.2
Saline	77.9	77.5	Sharp	75.1	75.2
Carroll	77.5	77.5	Garland	75.3	75.1
Johnson	77.1	77.2	Lee	75.0	75.1
Faulkner	77.0	77.2	Stone	75.3	75.0
Van Buren	77.1	77.1	Marion	75.2	75.0
Pope	76.7	77.1	Crittenden	75.0	75.0
Boone	77.4	76.7	Perry	75.5	74.9
Izard	76.6	76.7	Columbia	75.3	74.8
Miller	76.8	76.6	Ashley	74.8	74.8
Scott	76.9	76.5	Randolph	76.1	74.8
Prairie	75.9	76.5	Drew	75.8	74.8
Grant	76.3	76.4	Arkansas	74.9	74.8
Baxter	76.5	76.4	Cleveland	75.6	74.7
Pulaski	76.3	76.4	Nevada	74.4	74.7
Craighead	76.7	76.4	Dallas	75.6	74.6
Lincoln	76.1	76.4	Greene	74.5	74.6
Sebastian	76.3	76.4	Franklin	74.4	74.4
Fulton	76.8	76.4	Woodruff	73.8	74.4
Montgomery	77.2	76.3	Cross	73.0	74.3
Sevier	76.4	76.3	Lawrence	73.9	74.2
Calhoun	76.7	76.2	Monroe	74.6	74.1
Cleburne	77.4	76.2	Pike	74.5	74.1
Crawford	76.0	76.1	Clay	74.3	74.1
Hempstead	75.7	76.1	Hot Spring	74.7	74.0
Chicot	76.0	76.0	Jefferson	74.2	73.9
Clark	75.2	76.0	Jackson	73.8	73.9
Independence	75.9	75.6	Logan	74.8	73.7
Conway	75.2	75.6	Union	74.2	73.6
Madison	76.6	75.5	Desha	74.4	73.4
Howard	75.3	75.5	Ouachita	73.6	73.2
Polk	75.4	75.4	Mississippi	73.3	73.2
Lonoke	75.6	75.4	Bradley	73.8	72.8
Lafayette	73.4	75.3	Poinsett	72.1	72.0
St. Francis	75.4	75.3	Phillips	72.1	71.5

Source: Health Statistics Branch, Arkansas Department of Health

TRENDS BY GENDER AND RACE, ARKANSAS

Figure 1: Life Expectancy at Birth by Gender and Race
Arkansas, 1990-2014
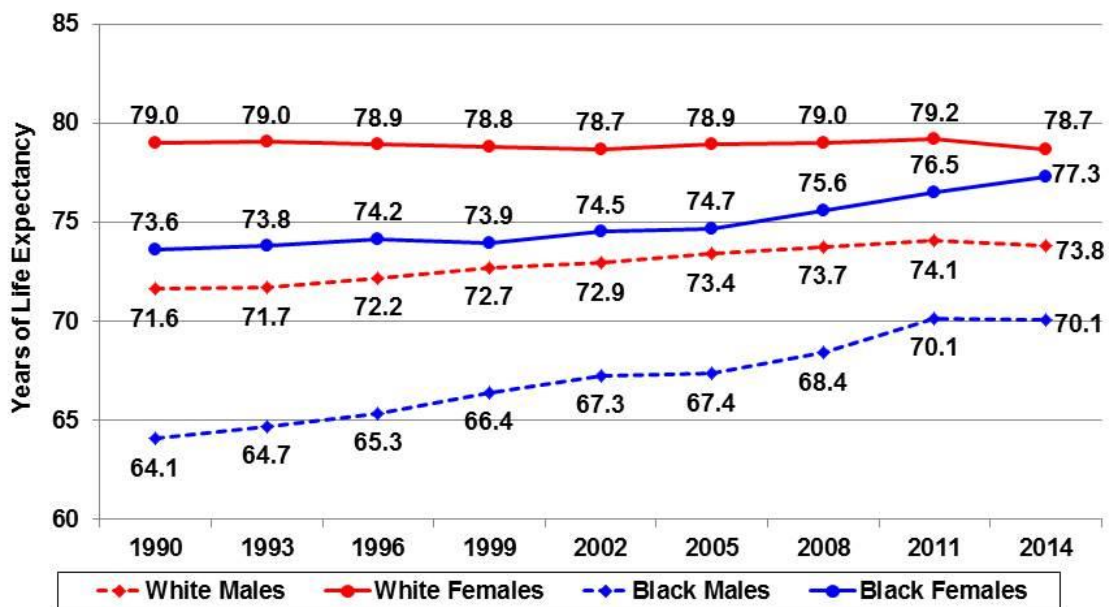
Source: Health Statistics Branch, Arkansas Department of Health

GENDER AND RACE,
RED COUNTIES

Figure 2: Life Expectancy at Birth by Gender and Race
Red Counties*, 2005-2014
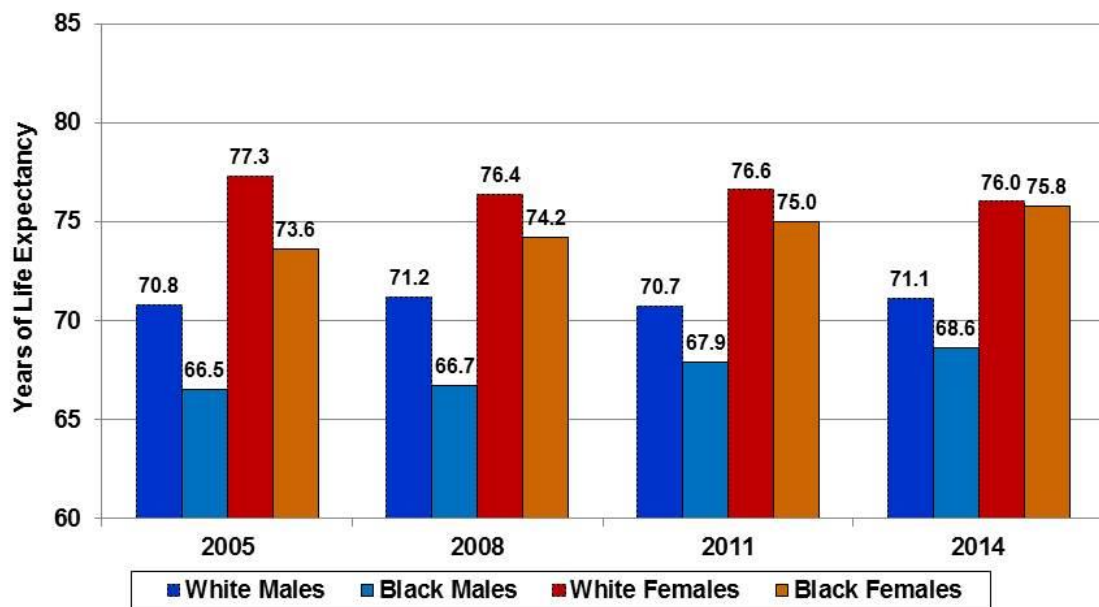
*Includes only those counties identified as Red Counties in that particular data year and are not comparable from year to year.
Source: Health Statistics Branch, Arkansas Department of Health

DISCUSSION

Arkansas's average life expectancy for 2014 was similar to that of 2013, 76.1 and 76.2, respectively. The gap between the highest and the lowest ranking counties narrowed from 10 years in 2008 to 8.3 years in 2011, and 7.7 years in 2013. However, the gap rose to 8.1 in 2014. This demonstrates that for the most part, the disparity in life expectancy in Arkansas is decreasing. This increase in life expectancy can be largely attributed to the initiatives and efforts of a number of organizations and partners across the state. Through these initiatives, many Arkansans have made better lifestyle choices resulting in increased life expectancy. In 2014, the life expectancy increased for 25 counties, decreased for 43 counties, and remained the same for seven counties. Benton County continued to have the highest life expectancy (79.6). Lafayette and Little River Counties experienced the greatest increase (1.9) and decrease (1.6), respectively.

A closer look at the state's life expectancy by gender and race revealed that life expectancies gradually increased for both black males and females as well as for white males. Life expectancy for black males in the U.S. increased from 64.5 years in 1990 to 72.5 years in 2014.[7] Similar trends were observed for blacks in the Red Counties from 2005 and 2014. A majority of the Red Counties with high black populations are located in the Arkansas Delta Region that runs along the eastern border of the state next to the Mississippi River.

Health profiles of Benton County and the 10 Red Counties were developed using 38 measures derived from the U.S. Census Bureau, the ADH, CDC Wonder, CDC Diabetes Interactive Atlas, and the *County Health Rankings & Roadmaps*. These indicators were related to demographic characteristics (eight), health outcomes (seven), health behaviors (five), clinical care (six), social and economic factors (nine), and physical environmental factors (three). Appendix 2 illustrates the importance of selecting these measures.

A review of the statewide data reveals that Phillips and Poinsett Counties were ranked as the bottom two for premature death rate. Phillips County also ranked the worst for inability to see a doctor due to cost, children in poverty, children in single parent households, adult obesity, severe housing problems, and homicide rate. Phillips County ranked second to the worst for teen birth rate and diabetes prevalence. Crittenden County ranked worst for violent crime and chlamydia infections. Lafayette County ranked worst for low birth weight and infant mortality. St. Francis County ranked worst for teen birth rate, Cleburne County for physical inactivity, Mississippi County for air pollution, Monroe County for diabetes prevalence, Bradley County for alcohol-impaired driving deaths, and Franklin County for injury mortality.

Four of the counties mentioned above are among the 10 Red Counties identified in 2016. The rankings are indicative of the fact that, despite the gradual improvement of life expectancy in Arkansas, significant challenges exist in the Red Counties concerning health outcomes, health behaviors, socio-economic, and environmental factors that affect the length and quality of life.

COUNTY PROFILES

BENTON COUNTY PROFILE

INDICATOR	YEAR	MEASURE	COUNTY	STATE
DEMOGRAPHICS				
Total population	2015	Count	249,672	2,978,204
White non-Hispanic	2015	Percent	75.7%	74.2%
Black/African American non-Hispanic	2015	Percent	2.1%	15.9%
American Indian or Alaskan Native	2015	Percent	1.7%	0.8%
Asian or Pacific Islander	2015	Percent	4.2%	1.9%
Hispanic or Latino	2015	Percent	16.4%	7.2%
Persons 65 years and older	2015	Percent	13.0%	16.0%
Not proficient in English	2010-2014	Percent	3.5%	1.6%
HEALTH OUTCOMES				
Premature death (before age 75)	2014	YPLL per 100,000 population[1]	6,054	8,888
Diabetes prevalence	2013	Percent	9.6%	11.5%
HIV prevalence	2015	Per 100,000 population	91.7	187.3
Chlamydia infections	2014	Per 100,000 population	245.5	520.1
Low birth weight	2011-2015	Percent	7.5%	8.9%
Teen birth rate	2011-2015	Per 1,000 female population	31.2	43.0
Infant death	2010-2014	Per 1,000 live births	6.0	6.9
HEALTH BEHAVIOR				
Adult smoking	2014	Percent	18.7%	24.7%
Adult obesity	2013	Percent	30.1%	34.6%
Physical inactivity	2013	Percent	24.9%	34.4%
Excessive drinking	2014	Percent	15.5%	14.3%
Alcohol impaired driving deaths	2010-2014	Percent	29.1%	29.8%
CLINICAL CARE				
Uninsured (under age 65)	2013	Percent	18.0%	18.8%
Primary Care Physicians (PCP)	2015	Ratio, population to PCP	979:1	785:1
Dentists	2015	Ratio, population to dentist	2,116:1	2,332:1
Could not see doctor due to cost	2006-2012[2]	Percent	13.3%	16.8%
Health care costs	2013	Dollar, per Medicare enrollee	$8,984	$9,409
Preventable hospital stays	2013	Per 1,000 Medicare enrollees	49.5	65.9
SOCIAL & ECONOMIC FACTORS				
Median household income	2010-2014	Dollar	$56,325	$41,264
Unemployment	2014	Percent	4.6%	6.1%
Children in poverty	2014	Percent	16.2%	26.3%
Children in single parent house	2010-2014	Percent	22.0%	36.7%
High school graduation	2010-2014	Percent	86.4%	84.3%
Bachelor's degree or higher	2010-2014	Percent	29.6%	20.6%
Homicide rate	2011-2015	Per 100,000 population[3]	1.9	7.4
Violent crime rate	2010-2012	Per 100,000 population	270.5	484.5
Injury death rate	2011-2015	Per 100,000 population[3]	36.8	46.1
PHYSICAL ENVIRONMENTAL FACTORS				
Air pollution - particulate matter	2011	Micrograms/cubic meter	10.6	11.8
Drinking water violations	FY 2013-2014	Presence of violation	Yes	N/A
Severe housing problems	2008-2012	Percent	12.9%	14.9%

[1]**Years of Potential Life Lost**
[2]**Latest Available Data**
[3]**Age Adjusted**

BRADLEY COUNTY PROFILE

INDICATOR	YEAR	MEASURE	COUNTY	STATE
DEMOGRAPHICS				
Total population	2015	Count	11,094	2,978,204
White non-Hispanic	2015	Percent	56.9%	74.2%
Black/African American non-Hispanic	2015	Percent	27.9%	15.9%
American Indian or Alaskan Native	2015	Percent	0.3%	0.8%
Asian or Pacific Islander	2015	Percent	0.3%	1.9%
Hispanic or Latino	2015	Percent	14.5%	7.2%
Persons 65 years and older	2015	Percent	18.6%	16.0%
Not proficient in English	2010-2014	Percent	2.7%	1.6%
HEALTH OUTCOMES				
Premature death (before age 75)	2014	YPLL per 100,000 population[1]	12,430	8,888
Diabetes prevalence	2013	Percent	13.1%	11.5%
HIV prevalence	2015	Per 100,000 population	108.2	187.3
Chlamydia infections	2014	Per 100,000 population	385.7	520.1
Low birth weight	2011-2015	Percent	10.6%	8.9%
Teen birth rate	2011-2015	Per 1,000 female population	51.0	43.0
Infant death	2010-2014	Per 1,000 live births	10.1	6.9
HEALTH BEHAVIOR				
Adult smoking	2014	Percent	25.0%	24.7%
Adult obesity	2013	Percent	39.0%	34.6%
Physical inactivity	2013	Percent	35.8%	34.4%
Excessive drinking	2014	Percent	12.0%	14.3%
Alcohol impaired driving deaths	2010-2014	Percent	61.5%	29.8%
CLINICAL CARE				
Uninsured (under age 65)	2013	Percent	23.8%	18.8%
Primary Care Physicians (PCP)	2015	Ratio, population to PCP	1,387:1	785:1
Dentists	2015	Ratio, population to dentist	2,774:1	2,332:1
Could not see doctor due to cost	2006-2012[2]	Percent	12.7%	16.8%
Health care costs	2013	Dollar, per Medicare enrollee	$11,548	$9,409
Preventable hospital stays	2013	Per 1,000 Medicare enrollees	119.9	65.9
SOCIAL & ECONOMIC FACTORS				
Median household income	2010-2014	Dollar	$33,745	$41,264
Unemployment	2014	Percent	8.5%	6.1%
Children in poverty	2014	Percent	39.1%	26.3%
Children in single parent house	2010-2014	Percent	47.9%	36.7%
High school graduation	2010-2014	Percent	79.4%	84.3%
Bachelor's degree or higher	2010-2014	Percent	11.2%	20.6%
Homicide rate	2011-2015	Per 100,000 population[3]	10.9	7.4
Violent crime rate	2010-2012	Per 100,000 population	263.9	484.5
Injury death rate	2011-2015	Per 100,000 population[3]	67.8	46.1
PHYSICAL ENVIRONMENTAL FACTORS				
Air pollution - particulate matter	2011	Micrograms/cubic meter	11.9	11.8
Drinking water violations	FY 2013-2014	Presence of violation	Yes	N/A
Severe housing problems	2008-2012	Percent	15.7%	14.9%

[1] **Years of Potential Life Lost**
[2] **Latest Available Data**
[3] **Age Adjusted**

DESHA COUNTY PROFILE

INDICATOR	YEAR	MEASURE	COUNTY	STATE
DEMOGRAPHICS				
Total population	2015	Count	11,965	2,978,204
White non-Hispanic	2015	Percent	46.8%	74.2%
Black/African American non-Hispanic	2015	Percent	47.4%	15.9%
American Indian or Alaskan Native	2015	Percent	0.4%	0.8%
Asian or Pacific Islander	2015	Percent	0.5%	1.9%
Hispanic or Latino	2015	Percent	5.0%	7.2%
Persons 65 years and older	2015	Percent	17.8%	16.0%
Not proficient in English	2010-2014	Percent	1.5%	1.6%
HEALTH OUTCOMES				
Premature death (before age 75)	2014	YPLL per 100,000 population[1]	12,392	8,888
Diabetes prevalence	2013	Percent	15.1%	11.5%
HIV prevalence	2015	Per 100,000 population	150.4	187.3
Chlamydia infections	2014	Per 100,000 population	888.8	520.1
Low birth weight	2011-2015	Percent	14.6%	8.9%
Teen birth rate	2011-2015	Per 1,000 female population	54.4	43.0
Infant death	2010-2014	Per 1,000 live births	6.9	6.9
HEALTH BEHAVIOR				
Adult smoking	2014	Percent	25.3%	24.7%
Adult obesity	2013	Percent	39.6%	34.6%
Physical inactivity	2013	Percent	32.7%	34.4%
Excessive drinking	2014	Percent	11.5%	14.3%
Alcohol impaired driving deaths	2010-2014	Percent	5.0%	29.8%
CLINICAL CARE				
Uninsured (under age 65)	2013	Percent	18.5%	18.8%
Primary Care Physicians (PCP)	2015	Ratio, population to PCP	1,496:1	785:1
Dentists	2015	Ratio, population to dentist	2,991:1	2,332:1
Could not see doctor due to cost	2006-2012[2]	Percent	18.0%	16.8%
Health care costs	2013	Dollar, per Medicare enrollee	$10,646	$9,409
Preventable hospital stays	2013	Per 1,000 Medicare enrollees	98.6	65.9
SOCIAL & ECONOMIC FACTORS				
Median household income	2010-2014	Dollar	$28,457	$41,264
Unemployment	2014	Percent	8.3%	6.1%
Children in poverty	2014	Percent	38.3%	26.3%
Children in single parent house	2010-2014	Percent	48.5%	36.7%
High school graduation	2010-2014	Percent	77.7%	84.3%
Bachelor's degree or higher	2010-2014	Percent	11.6%	20.6%
Homicide rate	2011-2015	Per 100,000 population[3]	18.1	7.4
Violent crime rate	2010-2012	Per 100,000 population	830.8	484.5
Injury death rate	2011-2015	Per 100,000 population[3]	62.0	46.1
PHYSICAL ENVIRONMENTAL FACTORS				
Air pollution - particulate matter	2011	Micrograms/cubic meter	12.2	11.8
Drinking water violations	FY 2013-2014	Presence of violation	Yes	N/A
Severe housing problems	2008-2012	Percent	13.6%	14.9%

[1]**Years of Potential Life Lost**
[2]**Latest Available Data**
[3]**Age Adjusted**

JACKSON COUNTY PROFILE

INDICATOR	YEAR	MEASURE	COUNTY	STATE
DEMOGRAPHICS				
Total population	2015	Count	17,338	2,978,204
White non-Hispanic	2015	Percent	77.8%	74.2%
Black/African American non-Hispanic	2015	Percent	18.1%	15.9%
American Indian or Alaskan Native	2015	Percent	0.6%	0.8%
Asian or Pacific Islander	2015	Percent	0.5%	1.9%
Hispanic or Latino	2015	Percent	3.1%	7.2%
Persons 65 years and older	2015	Percent	17.0%	16.0%
Not proficient in English	2010-2014	Percent	0.1%	1.6%
HEALTH OUTCOMES				
Premature death (before age 75)	2014	YPLL per 100,000 population[1]	10,370	8,888
Diabetes prevalence	2013	Percent	12.9%	11.5%
HIV prevalence	2015	Per 100,000 population	126.9	187.3
Chlamydia infections	2014	Per 100,000 population	382.1	520.1
Low birth weight	2011-2015	Percent	8.7%	8.9%
Teen birth rate	2011-2015	Per 1,000 female population	66.2	43.0
Infant death	2010-2014	Per 1,000 live births	12.2	6.9
HEALTH BEHAVIOR				
Adult smoking	2014	Percent	25.0%	24.7%
Adult obesity	2013	Percent	37.2%	34.6%
Physical inactivity	2013	Percent	39.9%	34.4%
Excessive drinking	2014	Percent	13.8%	14.3%
Alcohol impaired driving deaths	2010-2014	Percent	27.3%	29.8%
CLINICAL CARE				
Uninsured (under age 65)	2013	Percent	19.2%	18.8%
Primary Care Physicians (PCP)	2015	Ratio, population to PCP	1,238:1	785:1
Dentists	2015	Ratio, population to dentist	2,890:1	2,332:1
Could not see doctor due to cost	2006-2012[2]	Percent	22.6%	16.8%
Health care costs	2013	Dollar, per Medicare enrollee	$10,044	$9,409
Preventable hospital stays	2013	Per 1,000 Medicare enrollees	115.8	65.9
SOCIAL & ECONOMIC FACTORS				
Median household income	2010-2014	Dollar	$31,512	$41,264
Unemployment	2014	Percent	9.4%	6.1%
Children in poverty	2014	Percent	33.6%	26.3%
Children in single parent house	2010-2014	Percent	44.6%	36.7%
High school graduation	2010-2014	Percent	76.9%	84.3%
Bachelor's degree or higher	2010-2014	Percent	7.9%	20.6%
Homicide rate	2011-2015	Per 100,000 population[3]	6.9	7.4
Violent crime rate	2010-2012	Per 100,000 population	411.1	484.5
Injury death rate	2011-2015	Per 100,000 population[3]	57.8	46.1
PHYSICAL ENVIRONMENTAL FACTORS				
Air pollution - particulate matter	2011	Micrograms/cubic meter	12.4	11.8
Drinking water violations	FY 2013-2014	Presence of violation	No	N/A
Severe housing problems	2008-2012	Percent	13.6%	14.9%

[1]**Years of Potential Life Lost**
[2]**Latest Available Data**
[3]**Age Adjusted**

JEFFERSON COUNTY PROFILE

INDICATOR	YEAR	MEASURE	COUNTY	STATE
DEMOGRAPHICS				
Total population	2015	Count	71,656	2,978,204
White non-Hispanic	2015	Percent	40.7%	74.2%
Black/African American non-Hispanic	2015	Percent	55.7%	15.9%
American Indian or Alaskan Native	2015	Percent	0.4%	0.8%
Asian or Pacific Islander	2015	Percent	1.1%	1.9%
Hispanic or Latino	2015	Percent	2.0%	7.2%
Persons 65 years and older	2015	Percent	15.6%	16.0%
Not proficient in English	2010-2014	Percent	0.3%	1.6%
HEALTH OUTCOMES				
Premature death (before age 75)	2014	YPLL per 100,000 population[1]	10,873	8,888
Diabetes prevalence	2013	Percent	15.4%	11.5%
HIV prevalence	2015	Per 100,000 population	514.2	187.3
Chlamydia infections	2014	Per 100,000 population	1218.6	520.1
Low birth weight	2011-2015	Percent	12.0%	8.9%
Teen birth rate	2011-2015	Per 1,000 female population	52.1	43.0
Infant death	2010-2014	Per 1,000 live births	5.7	6.9
HEALTH BEHAVIOR				
Adult smoking	2014	Percent	26.2%	24.7%
Adult obesity	2013	Percent	40.7%	34.6%
Physical inactivity	2013	Percent	33.3%	34.4%
Excessive drinking	2014	Percent	12.8%	14.3%
Alcohol impaired driving deaths	2010-2014	Percent	37.1%	29.8%
CLINICAL CARE				
Uninsured (under age 65)	2013	Percent	15.4%	18.8%
Primary Care Physicians (PCP)	2015	Ratio, population to PCP	657:1	785:1
Dentists	2015	Ratio, population to dentist	2,753:1	2,332:1
Could not see doctor due to cost	2006-2012[2]	Percent	17.2%	16.8%
Health care costs	2013	Dollar, per Medicare enrollee	$8,375	$9,409
Preventable hospital stays	2013	Per 1,000 Medicare enrollees	50.7	65.9
SOCIAL & ECONOMIC FACTORS				
Median household income	2010-2014	Dollar	$36,799	$41,264
Unemployment	2014	Percent	8.9%	6.1%
Children in poverty	2014	Percent	39.8%	26.3%
Children in single parent house	2010-2014	Percent	55.3%	36.7%
High school graduation	2010-2014	Percent	84.3%	84.3%
Bachelor's degree or higher	2010-2014	Percent	17.1%	20.6%
Homicide rate	2011-2015	Per 100,000 population[3]	24.6	7.4
Violent crime rate	2010-2012	Per 100,000 population	969.1	484.5
Injury death rate	2011-2015	Per 100,000 population[3]	41.1	46.1
PHYSICAL ENVIRONMENTAL FACTORS				
Air pollution - particulate matter	2011	Micrograms/cubic meter	12.2	11.8
Drinking water violations	FY 2013-2014	Presence of violation	No	N/A
Severe housing problems	2008-2012	Percent	17.1%	14.9%

[1]**Years of Potential Life Lost**
[2]**Latest Available Data**
[3]**Age Adjusted**

LOGAN COUNTY PROFILE

INDICATOR	YEAR	MEASURE	COUNTY	STATE
DEMOGRAPHICS				
Total population	2015	Count	21,714	2,978,204
White non-Hispanic	2015	Percent	92.3%	74.2%
Black/African American non-Hispanic	2015	Percent	1.8%	15.9%
American Indian or Alaskan Native	2015	Percent	1.1%	0.8%
Asian or Pacific Islander	2015	Percent	2.0%	1.9%
Hispanic or Latino	2015	Percent	2.7%	7.2%
Persons 65 years and older	2015	Percent	19.6%	16.0%
Not proficient in English	2010-2014	Percent	1.2%	1.6%
HEALTH OUTCOMES				
Premature death (before age 75)	2014	YPLL per 100,000 population[1]	11,541	8,888
Diabetes prevalence	2013	Percent	13.8%	11.5%
HIV prevalence	2015	Per 100,000 population	50.7	187.3
Chlamydia infections	2014	Per 100,000 population	291.5	520.1
Low birth weight	2011-2015	Percent	9.2%	8.9%
Teen birth rate	2011-2015	Per 1,000 female population	57.5	43.0
Infant death	2010-2014	Per 1,000 live births	7.8	6.9
HEALTH BEHAVIOR				
Adult smoking	2014	Percent	21.1%	24.7%
Adult obesity	2013	Percent	37.5%	34.6%
Physical inactivity	2013	Percent	35.0%	34.4%
Excessive drinking	2014	Percent	14.8%	14.3%
Alcohol impaired driving deaths	2010-2014	Percent	30.0%	29.8%
CLINICAL CARE				
Uninsured (under age 65)	2013	Percent	18.8%	18.8%
Primary Care Physicians (PCP)	2015	Ratio, population to PCP	1,974:1	785:1
Dentists	2015	Ratio, population to dentist	3,102:1	2,332:1
Could not see doctor due to cost	2006-2012[2]	Percent	15.6%	16.8%
Health care costs	2013	Dollar, per Medicare enrollee	$8,982	$9,409
Preventable hospital stays	2013	Per 1,000 Medicare enrollees	72.5	65.9
SOCIAL & ECONOMIC FACTORS				
Median household income	2010-2014	Dollar	$36,062	$41,264
Unemployment	2014	Percent	6.1%	6.1%
Children in poverty	2014	Percent	30.1%	26.3%
Children in single parent house	2010-2014	Percent	34.1%	36.7%
High school graduation	2010-2014	Percent	82.0%	84.3%
Bachelor's degree or higher	2010-2014	Percent	11.8%	20.6%
Homicide rate	2011-2015	Per 100,000 population[3]	6.8	7.4
Violent crime rate	2010-2012	Per 100,000 population	240.9	484.5
Injury death rate	2011-2015	Per 100,000 population[3]	55.5	46.1
PHYSICAL ENVIRONMENTAL FACTORS				
Air pollution - particulate matter	2011	Micrograms/cubic meter	11.3	11.8
Drinking water violations	FY 2013-2014	Presence of violation	Yes	N/A
Severe housing problems	2008-2012	Percent	10.0%	14.9%

[1] **Years of Potential Life Lost**
[2] **Latest Available Data**
[3] **Age Adjusted**

MISSISSIPPI COUNTY PROFILE

INDICATOR	YEAR	MEASURE	COUNTY	STATE
DEMOGRAPHICS				
Total population	2015	Count	43,738	2,978,204
White non-Hispanic	2015	Percent	59.6%	74.2%
Black/African American non-Hispanic	2015	Percent	35.5%	15.9%
American Indian or Alaskan Native	2015	Percent	0.3%	0.8%
Asian or Pacific Islander	2015	Percent	0.6%	1.9%
Hispanic or Latino	2015	Percent	4.0%	7.2%
Persons 65 years and older	2015	Percent	13.6%	16.0%
Not proficient in English	2010-2014	Percent	0.5%	1.6%
HEALTH OUTCOMES				
Premature death (before age 75)	2014	YPLL per 100,000 population[1]	11,853	8,888
Diabetes prevalence	2013	Percent	15.9%	11.5%
HIV prevalence	2015	Per 100,000 population	198.9	187.3
Chlamydia infections	2014	Per 100,000 population	933.6	520.1
Low birth weight	2011-2015	Percent	10.9%	8.9%
Teen birth rate	2011-2015	Per 1,000 female population	69.1	43.0
Infant death	2010-2014	Per 1,000 live births	7.6	6.9
HEALTH BEHAVIOR				
Adult smoking	2014	Percent	25.6%	24.7%
Adult obesity	2013	Percent	39.8%	34.6%
Physical inactivity	2013	Percent	40.8%	34.4%
Excessive drinking	2014	Percent	12.8%	14.3%
Alcohol impaired driving deaths	2010-2014	Percent	39.6%	29.8%
CLINICAL CARE				
Uninsured (under age 65)	2013	Percent	17.5%	18.8%
Primary Care Physicians (PCP)	2015	Ratio, population to PCP	1,988:1	785:1
Dentists	2015	Ratio, population to dentist	4,860:1	2,332:1
Could not see doctor due to cost	2006-2012[2]	Percent	20.2%	16.8%
Health care costs	2013	Dollar, per Medicare enrollee	$9,785	$9,409
Preventable hospital stays	2013	Per 1,000 Medicare enrollees	99.3	65.9
SOCIAL & ECONOMIC FACTORS				
Median household income	2010-2014	Dollar	$34,424	$41,264
Unemployment	2014	Percent	9.3%	6.1%
Children in poverty	2014	Percent	37.2%	26.3%
Children in single parent house	2010-2014	Percent	50.6%	36.7%
High school graduation	2010-2014	Percent	78.6%	84.3%
Bachelor's degree or higher	2010-2014	Percent	13.1%	20.6%
Homicide rate	2011-2015	Per 100,000 population[3]	16.2	7.4
Violent crime rate	2010-2012	Per 100,000 population	791.5	484.5
Injury death rate	2011-2015	Per 100,000 population[3]	44.4	46.1
PHYSICAL ENVIRONMENTAL FACTORS				
Air pollution - particulate matter	2011	Micrograms/cubic meter	13.2	11.8
Drinking water violations	FY 2013-2014	Presence of violation	Yes	N/A
Severe housing problems	2008-2012	Percent	15.2%	14.9%

[1]**Years of Potential Life Lost**
[2]**Latest Available Data**
[3]**Age Adjusted**

OUACHITA COUNTY PROFILE

INDICATOR	YEAR	MEASURE	COUNTY	STATE
DEMOGRAPHICS				
Total population	2015	Count	24,358	2,978,204
White non-Hispanic	2015	Percent	56.0%	74.2%
Black/African American non-Hispanic	2015	Percent	40.9%	15.9%
American Indian or Alaskan Native	2015	Percent	0.4%	0.8%
Asian or Pacific Islander	2015	Percent	0.5%	1.9%
Hispanic or Latino	2015	Percent	2.2%	7.2%
Persons 65 years and older	2015	Percent	18.9%	16.0%
Not proficient in English	2010-2014	Percent	0.6%	1.6%
HEALTH OUTCOMES				
Premature death (before age 75)	2014	YPLL per 100,000 population[1]	11,975	8,888
Diabetes prevalence	2013	Percent	14.8%	11.5%
HIV prevalence	2015	Per 100,000 population	229.9	187.3
Chlamydia infections	2014	Per 100,000 population	781.4	520.1
Low birth weight	2011-2015	Percent	9.7%	8.9%
Teen birth rate	2011-2015	Per 1,000 female population	53.0	43.0
Infant death	2010-2014	Per 1,000 live births	9.8	6.9
HEALTH BEHAVIOR				
Adult smoking	2014	Percent	23.3%	24.7%
Adult obesity	2013	Percent	34.8%	34.6%
Physical inactivity	2013	Percent	33.5%	34.4%
Excessive drinking	2014	Percent	11.6%	14.3%
Alcohol impaired driving deaths	2010-2014	Percent	20.0%	29.8%
CLINICAL CARE				
Uninsured (under age 65)	2013	Percent	16.3%	18.8%
Primary Care Physicians (PCP)	2015	Ratio, population to PCP	1,353:1	785:1
Dentists	2015	Ratio, population to dentist	3,045:1	2,332:1
Could not see doctor due to cost	2006-2012[2]	Percent	22.7%	16.8%
Health care costs	2013	Dollar, per Medicare enrollee	$9,112	$9,409
Preventable hospital stays	2013	Per 1,000 Medicare enrollees	57.0	65.9
SOCIAL & ECONOMIC FACTORS				
Median household income	2010-2014	Dollar	$32,220	$41,264
Unemployment	2014	Percent	8.1%	6.1%
Children in poverty	2014	Percent	32.0%	26.3%
Children in single parent house	2010-2014	Percent	45.3%	36.7%
High school graduation	2010-2014	Percent	85.5%	84.3%
Bachelor's degree or higher	2010-2014	Percent	15.9%	20.6%
Homicide rate	2011-2015	Per 100,000 population[3]	10.1	7.4
Violent crime rate	2010-2012	Per 100,000 population	345.6	484.5
Injury death rate	2011-2015	Per 100,000 population[3]	51.4	46.1
PHYSICAL ENVIRONMENTAL FACTORS				
Air pollution - particulate matter	2011	Micrograms/cubic meter	11.5	11.8
Drinking water violations	FY 2013-2014	Presence of violation	Yes	N/A
Severe housing problems	2008-2012	Percent	14.1%	14.9%

[1]**Years of Potential Life Lost**
[2]**Latest Available Data**
[3]**Age Adjusted**

PHILLIPS COUNTY PROFILE

INDICATOR	YEAR	MEASURE	COUNTY	STATE
DEMOGRAPHICS				
Total population	2015	Count	19,513	2,978,204
White non-Hispanic	2015	Percent	36.0%	74.2%
Black/African American non-Hispanic	2015	Percent	61.4%	15.9%
American Indian or Alaskan Native	2015	Percent	0.3%	0.8%
Asian or Pacific Islander	2015	Percent	0.5%	1.9%
Hispanic or Latino	2015	Percent	1.7%	7.2%
Persons 65 years and older	2015	Percent	17.0%	16.0%
Not proficient in English	2010-2014	Percent	0.4%	1.6%
HEALTH OUTCOMES				
Premature death (before age 75)	2014	YPLL per 100,000 population[1]	15,149	8,888
Diabetes prevalence	2013	Percent	16.7%	11.5%
HIV prevalence	2015	Per 100,000 population	312.6	187.3
Chlamydia infections	2014	Per 100,000 population	1063.7	520.1
Low birth weight	2011-2015	Percent	12.5%	8.9%
Teen birth rate	2011-2015	Per 1,000 female population	80.6	43.0
Infant death	2010-2014	Per 1,000 live births	5.9	6.9
HEALTH BEHAVIOR				
Adult smoking	2014	Percent	27.3%	24.7%
Adult obesity	2013	Percent	45.5%	34.6%
Physical inactivity	2013	Percent	35.9%	34.4%
Excessive drinking	2014	Percent	10.6%	14.3%
Alcohol impaired driving deaths	2010-2014	Percent	31.6%	29.8%
CLINICAL CARE				
Uninsured (under age 65)	2013	Percent	17.6%	18.8%
Primary Care Physicians (PCP)	2015	Ratio, population to PCP	1,501:1	785:1
Dentists	2015	Ratio, population to dentist	6,504:1	2,332:1
Could not see doctor due to cost	2006-2012[2]	Percent	30.0%	16.8%
Health care costs	2013	Dollar, per Medicare enrollee	$8,801	$9,409
Preventable hospital stays	2013	Per 1,000 Medicare enrollees	80.3	65.9
SOCIAL & ECONOMIC FACTORS				
Median household income	2010-2014	Dollar	$27,183	$41,264
Unemployment	2014	Percent	9.6%	6.1%
Children in poverty	2014	Percent	50.9%	26.3%
Children in single parent house	2010-2014	Percent	64.4%	36.7%
High school graduation	2010-2014	Percent	74.8%	84.3%
Bachelor's degree or higher	2010-2014	Percent	12.9%	20.6%
Homicide rate	2011-2015	Per 100,000 population[3]	34.0	7.4
Violent crime rate	2010-2012	Per 100,000 population	1134.7	484.5
Injury death rate	2011-2015	Per 100,000 population[3]	52.2	46.1
PHYSICAL ENVIRONMENTAL FACTORS				
Air pollution - particulate matter	2011	Micrograms/cubic meter	12.3	11.8
Drinking water violations	FY 2013-2014	Presence of violation	Yes	N/A
Severe housing problems	2008-2012	Percent	21.2%	14.9%

[1]**Years of Potential Life Lost**
[2]**Latest Available Data**
[3]**Age Adjusted**
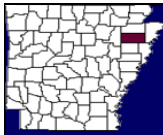
POINSETT COUNTY PROFILE

INDICATOR	YEAR	MEASURE	COUNTY	STATE
DEMOGRAPHICS				
Total population	2015	Count	24,040	2,978,204
White non-Hispanic	2015	Percent	88.0%	74.2%
Black/African American non-Hispanic	2015	Percent	8.7%	15.9%
American Indian or Alaskan Native	2015	Percent	0.3%	0.8%
Asian or Pacific Islander	2015	Percent	0.3%	1.9%
Hispanic or Latino	2015	Percent	2.8%	7.2%
Persons 65 years and older	2015	Percent	17.5%	16.0%
Not proficient in English	2010-2014	Percent	0.3%	1.6%
HEALTH OUTCOMES				
Premature death (before age 75)	2014	YPLL per 100,000 population[1]	12,605	8,888
Diabetes prevalence	2013	Percent	13.8%	11.5%
HIV prevalence	2015	Per 100,000 population	83.2	187.3
Chlamydia infections	2014	Per 100,000 population	490.8	520.1
Low birth weight	2011-2015	Percent	8.7%	8.9%
Teen birth rate	2011-2015	Per 1,000 female population	61.6	43.0
Infant death	2010-2014	Per 1,000 live births	9.9	6.9
HEALTH BEHAVIOR				
Adult smoking	2014	Percent	25.3%	24.7%
Adult obesity	2013	Percent	38.4%	34.6%
Physical inactivity	2013	Percent	33.3%	34.4%
Excessive drinking	2014	Percent	14.0%	14.3%
Alcohol impaired driving deaths	2010-2014	Percent	21.7%	29.8%
CLINICAL CARE				
Uninsured (under age 65)	2013	Percent	18.2%	18.8%
Primary Care Physicians (PCP)	2015	Ratio, population to PCP	6010:1	785:1
Dentists	2015	Ratio, population to dentist	12,020:1	2,332:1
Could not see doctor due to cost	2006-2012[2]	Percent	24.5%	16.8%
Health care costs	2013	Dollar, per Medicare enrollee	$11,047	$9,409
Preventable hospital stays	2013	Per 1,000 Medicare enrollees	80.8	65.9
SOCIAL & ECONOMIC FACTORS				
Median household income	2010-2014	Dollar	$33,238	$41,264
Unemployment	2014	Percent	6.9%	6.1%
Children in poverty	2014	Percent	33.9%	26.3%
Children in single parent house	2010-2014	Percent	46.4%	36.7%
High school graduation	2010-2014	Percent	75.5%	84.3%
Bachelor's degree or higher	2010-2014	Percent	8.0%	20.6%
Homicide rate	2011-2015	Per 100,000 population[3]	6.8	7.4
Violent crime rate	2010-2012	Per 100,000 population	398.9	484.5
Injury death rate	2011-2015	Per 100,000 population[3]	53.2	46.1
PHYSICAL ENVIRONMENTAL FACTORS				
Air pollution - particulate matter	2011	Micrograms/cubic meter	12.7	11.8
Drinking water violations	FY 2013-2014	Presence of violation	No	N/A
Severe housing problems	2008-2012	Percent	14.7%	14.9%

[1]**Years of Potential Life Lost**
[2]**Latest Available Data**
[3]**Age Adjusted**

UNION COUNTY PROFILE

INDICATOR	YEAR	MEASURE	COUNTY	STATE
DEMOGRAPHICS				
Total population	2015	Count	40,144	2,978,204
White non-Hispanic	2015	Percent	61.9%	74.2%
Black/African American non-Hispanic	2015	Percent	33.0%	15.9%
American Indian or Alaskan Native	2015	Percent	0.5%	0.8%
Asian or Pacific Islander	2015	Percent	0.8%	1.9%
Hispanic or Latino	2015	Percent	3.8%	7.2%
Persons 65 years and older	2015	Percent	17.0%	16.0%
Not proficient in English	2010-2014	Percent	0.8%	1.6%
HEALTH OUTCOMES				
Premature death (before age 75)	2014	YPLL per 100,000 population[1]	11,049	8,888
Diabetes prevalence	2013	Percent	13.5%	11.5%
HIV prevalence	2015	Per 100,000 population	323.8	187.3
Chlamydia infections	2014	Per 100,000 population	686.1	520.1
Low birth weight	2011-2015	Percent	9.6%	8.9%
Teen birth rate	2011-2015	Per 1,000 female population	53.0	43.0
Infant death	2010-2014	Per 1,000 live births	8.5	6.9
HEALTH BEHAVIOR				
Adult smoking	2014	Percent	22.9%	24.7%
Adult obesity	2013	Percent	39.4%	34.6%
Physical inactivity	2013	Percent	37.8%	34.4%
Excessive drinking	2014	Percent	13.3%	14.3%
Alcohol impaired driving deaths	2010-2014	Percent	22.0%	29.8%
CLINICAL CARE				
Uninsured (under age 65)	2013	Percent	17.8%	18.8%
Primary Care Physicians (PCP)	2015	Ratio, population to PCP	819:1	785:1
Dentists	2015	Ratio, population to dentist	2,007:1	2,332:1
Could not see doctor due to cost	2006-2012[2]	Percent	21.4%	16.8%
Health care costs	2013	Dollar, per Medicare enrollee	$9,075	$9,409
Preventable hospital stays	2013	Per 1,000 Medicare enrollees	51.4	65.9
SOCIAL & ECONOMIC FACTORS				
Median household income	2010-2014	Dollar	$38,762	$41,264
Unemployment	2014	Percent	7.6%	6.1%
Children in poverty	2014	Percent	33.5%	26.3%
Children in single parent house	2010-2014	Percent	43.1%	36.7%
High school graduation	2010-2014	Percent	82.9%	84.3%
Bachelor's degree or higher	2010-2014	Percent	17.4%	20.6%
Homicide rate	2011-2015	Per 100,000 population[3]	10.8	7.4
Violent crime rate	2010-2012	Per 100,000 population	597.1	484.5
Injury death rate	2011-2015	Per 100,000 population[3]	51.1	46.1
PHYSICAL ENVIRONMENTAL FACTORS				
Air pollution - particulate matter	2011	Micrograms/cubic meter	11.6	11.8
Drinking water violations	FY 2013-2014	Presence of violation	Yes	N/A
Severe housing problems	2008-2012	Percent	17.4%	14.9%

[1] **Years of Potential Life Lost**
[2] **Latest Available Data**
[3] **Age Adjusted**

APPENDIX 1: 2013 Life Expectancy at Birth Map

2012-2014 Death Data and 2013 Population Estimates
In Accordance with Act 790 and Act 798 of 2011

State Mean = 76.2
Minimum (Poinsett & Phillips Counties) = 72.1; Maximum (Benton County) = 79.8

Life Expectancy
- 79.1-80.0
- 76.0-79.0
- 74.0-75.9
- <74.0

Date: October 13, 2015
Source: Health Statistics Branch, Arkansas Department of Health
Map created by: Joyce Biddle
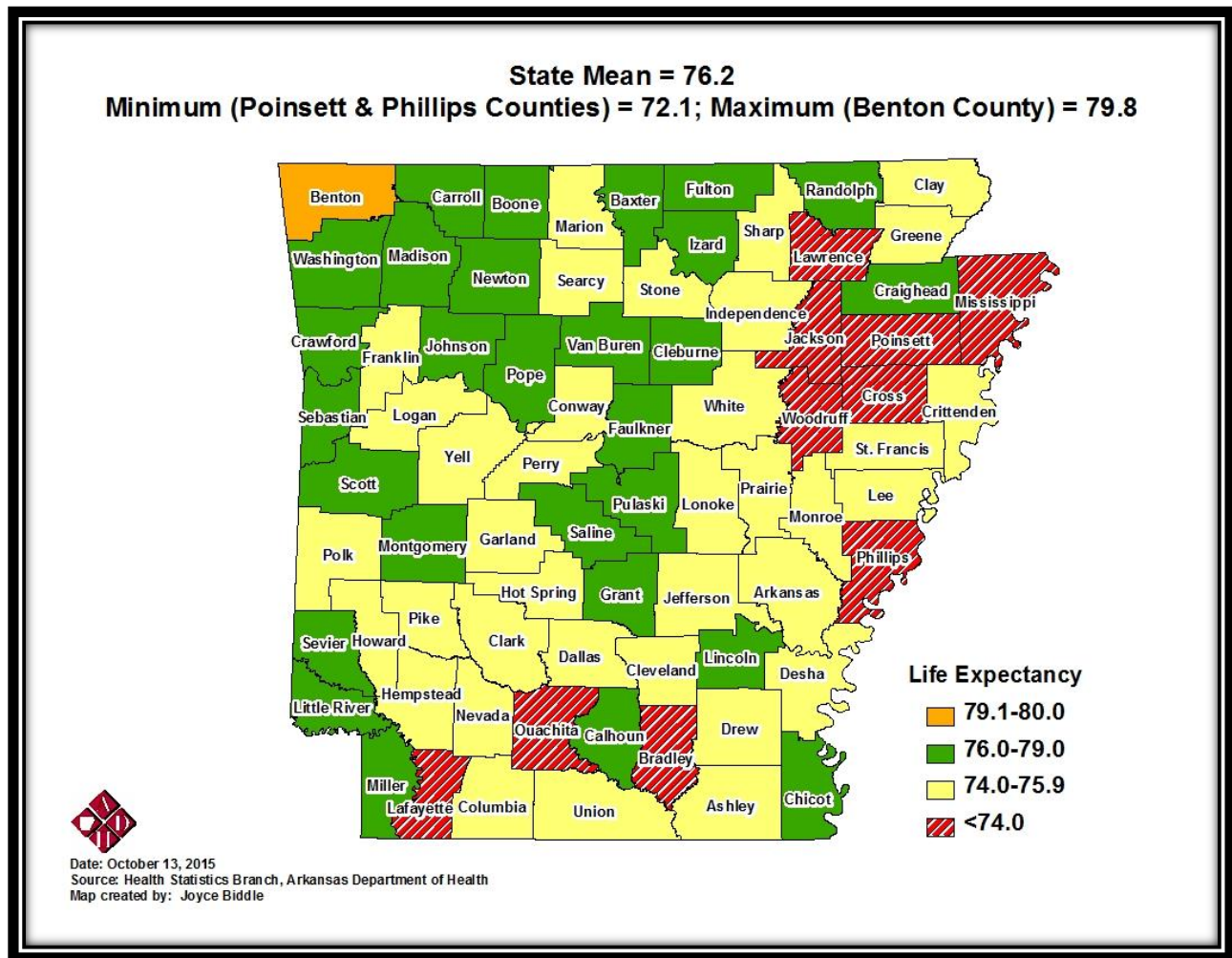
APPENDIX 2: Selection of Health Measures

HEALTH OUTCOMES
Measuring **premature mortality**, rather than overall mortality, focuses attention on deaths that could have been prevented. Measuring Years of Potential Life Lost (YPLL) allows communities to target resources to high-risk areas and further investigate the causes of premature death. YPLL is a widely used measure of the rate and distribution of premature mortality. The measure was introduced mainly because simple mortality rates do not fully address the issue of premature death, the impact of disease and death, and their costs to society.
Data Source: Arkansas Department of Health, Health Statistics Branch

Diabetes is an important marker for a range of health behaviors. Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations. Diabetes is the seventh leading cause of death in the United States.[8]
Data Source: Centers for Disease Control and Prevention Diabetes Interactive Atlas

Human Immunodeficiency Virus (HIV) is also an important marker for a range of risky health behaviors and it can put significant burden on the population and the health care system. Through the surveillance of HIV, a data system can be developed that combines information on HIV infection, disease progression, and behaviors and characteristics of people at high risk. With this system, CDC can direct HIV prevention funding to where it is needed the most.[9]
Data Source: Arkansas eHARS (enhanced HIV/AIDS Reporting System)

Chlamydia is the most common bacterial Sexually Transmitted Infection (STI) in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain. STIs are associated with a significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, involuntary infertility, and premature death. STIs also have a high economic burden on society. For example, the direct medical cost of managing STIs and the complications in the U.S. was approximately 15.6 billion dollars in 2008.[10]
*Data Source: Arkansas STD*MIS Surveillance Data System*

Low birth weight (LBW) represents two factors: maternal exposure to health risks and an infant's current and future morbidity, as well as premature mortality risk. From the perspective of maternal health outcomes, LBW indicates maternal exposure to health risks in all categories of health factors, including her health behaviors, access to health care, the social and economic environment she inhabits, and environmental risks to which she is exposed. In terms of the infant's health outcomes, LBW serves as a predictor of premature mortality and/or morbidity over the life course and for potential cognitive development problems.
Data Source: Arkansas Department of Health, Health Statistics Branch Query System

Evidence suggests **teen pregnancy** significantly increases the risk of repeat pregnancy and of contracting a STI, both of which can result in adverse health outcomes for mothers, children, families, and communities. A systematic review of the sexual risk among pregnant and mothering teens concludes that pregnancy is a marker for current and future sexual risk behaviors and adverse outcomes. Pregnant teens are more likely than older women to receive late

or no prenatal care, have gestational hypertension and anemia, and achieve poor maternal weight gain. Teens are also more likely than older women to have a pre-term delivery and LBW baby, increasing the risk of child developmental delay, illness, and mortality.
Data Source: Arkansas Department of Health, Health Statistics Branch Query System

Infant mortality represents the health of the most vulnerable age group (those under 365 days). This measure can help to interpret the YPLL rate in a county.
Data Source: Arkansas Department of Health, Health Statistics Branch Query System

HEALTH BEHAVIOR
Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as LBW and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs.
Data Source: University of Wisconsin Population Health Institute, 2016 County Health Rankings

Obesity is often the result of an overall energy imbalance due to poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, and poor health status.
Data Source: Centers for Disease Control and Prevention Diabetes Interactive Atlas

Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. **Physical inactivity** causes 11% of premature mortality in the U.S. In addition, physical inactivity at the county level is related to health care expenditures for circulatory system diseases.
Data Source: Centers for Disease Control and Prevention Diabetes Interactive Atlas

Excessive drinking is a risk factor for a number of adverse health outcomes such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. Approximately 80,000 deaths are attributed annually to excessive drinking. Excessive drinking is the third leading lifestyle-related cause of death in the U.S.
Data Source: University of Wisconsin Population Health Institute, 2016 County Health Rankings

Approximately 17,000 Americans are killed annually in alcohol-related motor vehicle crashes. Binge/heavy drinkers account for most episodes of **alcohol-impaired driving**. An important strength of this measure is that alcohol-impaired driving deaths directly measure the relationship between alcohol and motor vehicle crash deaths.
Data Source: University of Wisconsin Population Health Institute, 2016 County Health Rankings

CLINICAL CARE
Lack of health insurance coverage is a significant barrier to accessing needed health care. The Kaiser Family Foundation released a report in October 2015 that outlines the effects

insurance has on access to health care. One key finding was that "Uninsured people are far more likely than those with insurance to report problems getting needed medical care. Thirty percent of adults without coverage say that they went without care in the past year because of its cost compared to 4% of adults with private coverage."[11]
Data Source: University of Wisconsin Population Health Institute, 2016 County Health Rankings

Access to care requires not only financial coverage, but also, access to providers. While high rates of specialist physicians have been shown to be associated with higher, and perhaps unnecessary utilization, sufficient availability of **primary care physicians** is essential for preventive and primary care, and when needed, referrals to appropriate specialty care.
Data Source: Arkansas Department of Health, Health Statistics Branch, Arkansas Health Professions Manpower Statistics 2014

Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss. Although lack of sufficient **dental providers** is only one barrier to accessing oral health care, much of the country suffers from shortages. According to the Health Resources and Services Administration, as of December 2012, there were 4,585 Dental Health Professional Shortage Areas (HPSAs) with 45 million people living in them.
Data Source: Arkansas Department of Health, Health Statistics Branch, Arkansas Health Professions Manpower Statistics 2014

Could not see a doctor due to cost is the percentage of the population who reported being unable to see a doctor because of cost in the past year. Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Access to health services means the timely use of personal health services to achieve the best health outcomes and encompasses four components: coverage, services, timeliness, and workforce. Barriers to services include: 1) Lack of availability, 2) High cost, and 3) Lack of insurance coverage.
Data Source: University of Wisconsin Population Health Institute, 2015 County Health Rankings

Health care costs are an important measure of the efficiency of a health care system. Health care costs are the price-adjusted Medicare reimbursements (Parts A and B) per enrollee. However, in order to rank a measure, an ideal value must be known. Research shows that 'too little' or 'too much' health care spending is not good for health care outcomes. However, it is not yet known what the 'ideal' level of spending on patients should be.
Data Source: University of Wisconsin Population Health Institute, 2016 County Health Rankings

Preventable hospital stays is the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 fee-for-service Medicare enrollees. Ambulatory care-sensitive conditions include: convulsions, chronic obstructive pulmonary disease, bacterial pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary infection, and dehydration. Hospitalization for diagnoses treatable in outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal. The measure may also represent a tendency to overuse hospitals as a main source of care.
Data Source: University of Wisconsin Population Health Institute, 2016 County Health Rankings

SOCIAL & ECONOMIC FACTORS

Median household income is the income at which half the households earn more and half the households earn less. Median household income is a well-recognized indicator of income and poverty.
Data Source: United States Census Bureau, American Community Survey

The unemployed population experiences worse health and higher mortality rates than the employed population. **Unemployment** has been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which in turn can lead to increased risk for disease or mortality, especially suicide. Because employer-sponsored health insurance is the most common source of health insurance coverage, unemployment can also limit access to health care.
Data Source: University of Wisconsin Population Health Institute, 2016 County Health Rankings

Poverty can result in an increased risk of mortality, prevalence of medical conditions and disease incidence, depression, intimate partner violence, and poor health behaviors. A 1990 study found that if poverty were considered a cause of death in the U.S., it would rank among the top 10 causes. While negative health effects resulting from poverty are present at all ages, **children in poverty** experience greater morbidity and mortality than adults due to increased risk of accidental injury and lack of health care access.
Data Source: University of Wisconsin Population Health Institute, 2016 County Health Rankings

Adults and **children in single parent households** are at risk for adverse health outcomes such as mental health problems (including substance abuse, depression, and suicide) and unhealthy behaviors such as smoking and excessive alcohol use. Self-reported health has been shown to be worse among lone parents (male and female) than for parents living as couples, even when controlling for socioeconomic characteristics. Mortality risk is also higher among lone parents. Children in single parent households are at greater risk of severe morbidity and all-cause mortality then their peers in two-parent households.
Data Source: University of Wisconsin Population Health Institute, 2016 County Health Rankings

Not only does one's **education level** affect his or her health, education can have multi-generational implications that make it an important measure for the health of future generations. Evidence links maternal education with the health of her offspring. Parents' level of education affects their children's health directly through resources available to the children, and also indirectly through the quality of schools that the children attend.
Data Source: United States Census Bureau, American Community Survey

The relationship between **higher education** and improved health outcomes is well known, with years of formal education correlating strongly with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.
Data Source: United States Census Bureau, American Community Survey

Homicides are the number of deaths from assaults. Homicide has been ranked as one of the top five leading causes of death each year for persons aged 1-45 years living in the United States. Homicide is an extreme outcome of the broader public health problem of interpersonal violence. Despite the promising decrease in certain homicide rates, primary prevention efforts against

violence should be increased, particularly among young racial/ethnic minority males.
Data Source: Arkansas Department of Health, Health Statistics Branch Query System

High levels of **violent crime** compromise physical safety and psychological well-being. High crime rates can also deter residents from pursuing healthy behaviors such as exercising outdoors. Exposure to crime and violence has been shown to increase stress, which may exacerbate hypertension and other stress-related disorders and may contribute to obesity prevalence.
Data Source: University of Wisconsin Population Health Institute, 2016 County Health Rankings

Injuries are one of the leading causes of death. Unintentional injuries were the 4th leading cause and intentional injuries the 10th leading cause of U.S. mortality in 2014. The leading causes of death among unintentional injuries, respectively were: poisoning, motor vehicle traffic, and falls. Among intentional injuries the leading causes of death are: suicide by firearm, suicide by suffocation, and homicide by firearm, respectively. Unintentional injuries are a substantial contributor to premature death as the leading cause of death for persons under age 45.
Data Source: Arkansas Department of Health, Health Statistics Branch Query System

PHYSICAL ENVIRONMENTAL FACTORS
The relationship between **elevated air pollution**, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects.
Data Source: University of Wisconsin Population Health Institute, 2016 County Health Rankings

Recent studies estimate that **contaminants in drinking water** sicken 1.1 million people each year. Ensuring the safety of drinking water is important to prevent illness, birth defects, and death for those with compromised immune systems. A number of other health problems have been associated with contaminated water, including nausea, lung and skin irritation, cancer, kidney, liver, and nervous system damage.
Data Source: University of Wisconsin Population Health Institute, 2016 County Health Rankings

Good health depends on having homes that are safe and free from physical hazards. When **adequate housing** protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability and control, it can make important contributions to health. In contrast, poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries and poor childhood development.
Data Source: University of Wisconsin Population Health Institute, 2016 County Health Rankings

REFERENCES

1. Act 790, Arkansas Code Title 25, Chapter 1, Subchapter 1, 2011.

2. United Health Foundation. (2016). *America's Health Rankings 2015 Annual Report, Arkansas*. Retrieved February 22, 2016 from http://www.americashealthrankings.org/AR.

3. USA Life Expectancy. Retrieved September 15, 2016 from http://www.worldlifeexpectancy.com/usa/life-expectancy?order=1.

4. Arias, E. (2010). United States Life Tables 2010. *National Vital Statistics Reports*, Vol 63, no 7. Hyattsville, MD: National Center for Health Statistics.

5. Arias, E. (2016). Changes in Life Expectancy by Race and Hispanic Origin in the United States, 2013-2014. NCHS Data Brief, No. 244, Hyattsville, MD: National Center for Health Statistics.

6. Act 798, Arkansas Code Title 25, Chapter 1, Subchapter 1, 2011.

7. National Center for Health Statistics. (2016). *Health, United States, 2015*. Hyattsville, MD: U.S. Department of Health & Human Services.

8. Centers for Disease Control and Prevention. (2015). Basics about Diabetes. Retrieved January 6, 2016 from http://www.cdc.gov/diabetes/basics/diabetes.html.

9. Centers for Disease Control and Prevention. (2015). HIV/AIDS Statistics Overview. Retrieved January 6, 2016 from http://www.cdc.gov/hiv/statistics/index.html.

10. Owusu-Edusei, Jr., K., Chesson, H.W., Gift, T.L., Tao, G., Mahajan, R., Ocfemia, M.C., & Kent, C.K. (2013). The estimated direct medical cost of selected sexually transmitted infections in the United States, 2008. *Sexually Transmitted Diseases*, 40(3), 197-201.

11. Kaiser Commission on Medicaid and the Uninsured. (2015). Key Facts about the Uninsured Population. Retrieved January 6, 2016 from http://files.kff.org/attachment/fact-sheet-key-facts-about-the-uninsured-population.

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