BREAKING DOWN THE BARRIERS

THE STATE OF BLACK MEN AND BOYS IN ARKANSAS AND HOW WE CAN BEGIN EXPANDING OPPORTUNITY

Part II: Health

ARKANSAS ADVOCATES FOR CHILDREN & FAMILIES

JUNE 2018

June 2018

Arkansas Advocates for Children and Families (AACF)

Central Arkansas Office:
Union Station
1400 W. Markham St., Suite 306
Little Rock, AR 72201
(501) 371-9678

Northwest Arkansas Office:
614 E. Emma Avenue, Suite 235
Springdale, AR 72764
(479) 927-9800

BREAKING DOWN THE BARRIERS

THE STATE OF BLACK MEN AND BOYS IN ARKANSAS AND HOW WE CAN BEGIN EXPANDING OPPORTUNITY

Part II: Health

by Marquita Little, Health Policy Director
June 2018

OVERVIEW

This is the second data snapshot in a series that details the state of black men and boys in Arkansas. Across the board, our black men and boys encounter significant barriers. They face a higher rate of infant mortality, child poverty, and incarceration than their white peers. They also have lower high school graduation rates and family income levels. These outcomes are a result of decades of policy decisions that negatively impacted black Arkansans.

Continuing a dialog about the obstacles facing black men and boys in our state is a necessary first step on our journey to become a more equitable Arkansas, one in which all children can thrive regardless of race. This snapshot specifically focuses on the health and wellness of black men and boys. The snapshot also recommends policy solutions that can improve outcomes for black men and boys and help them achieve health equity. In a future report, we'll take an in-depth look at the root causes of these inequities.

HEALTH OF ARKANSAS'S BLACK MEN AND BOYS

Values Statement: Every Arkansan should have access to affordable health coverage and comprehensive care so that they can live healthy, productive lives.

What If? If every baby in Arkansas had the resources to grow and thrive, we could reduce infant mortality rates by 300 lives each year and give all babies a healthy start.

To improve the health of every Arkansan, policies and programs must focus on improving health outcomes for people of color. Adequate access to health care is a necessity for every child and family. To live healthy, productive lives, everyone needs access to treatment and preventive services to improve their health outcomes. National research shows that whites have a longer life expectancy than blacks and women live longer than men.[1] A similar pattern also exists in Arkansas. The next sections will look more closely at the health status of black men and boys in the state.

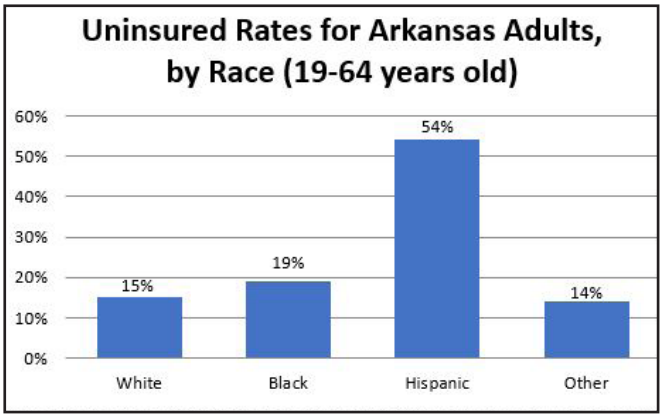
Health Data by Race and Gender in Arkansas:

Uninsured Rates for Arkansas Adults and Children, by Race and Ethnicity

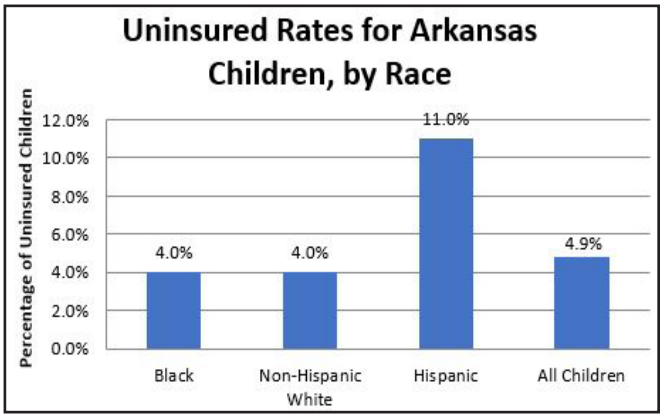
Black children in Arkansas are more than twice as likely to grow up in poverty as white children. At a young age, race has a much greater influence on poverty than gender. As these children grow into adulthood, the poverty disparities evolve into wage gaps.

When any one group lags the rest of the population, protecting the health of every person is more challenging. Adequate access to health coverage is one of the major factors influencing health outcomes. In Arkansas, black children and adults fare well when compared to the average insured rate for all adults and children. Although black adults in Arkansas are slightly more likely to lack coverage than their white counterparts, Hispanic families are the most

frequently uninsured. This is often due to a reluctance to enroll because of living in a mixed-citizenship status family, lack of knowledge about eligibility, and lack of affordable coverage options.



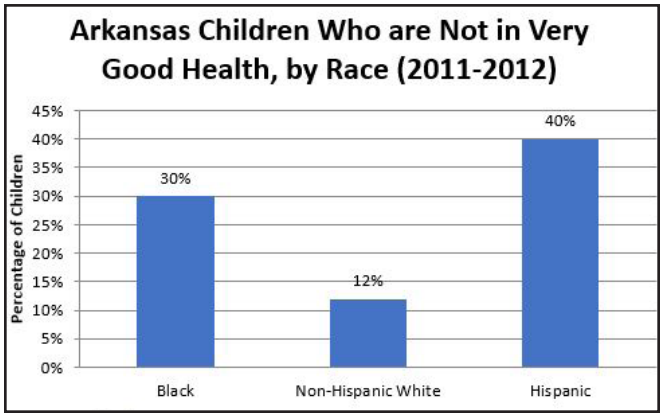
Source: PRB analysis of 2014 American Community Survey (ACS) PUMS, U.S. Census Bureau



Source: PRB analysis of 2014 American Community Survey PUMS, U.S. Census Bureau

Children Who Are Not in "Excellent" or "Very Good" Health, by Race and Ethnicity

Despite having comparable access to health coverage, black children in Arkansas are not as likely to report being in good health when compared to children of other races. Again, Hispanic children are at even greater risk for poor health, which is likely attributable to reduced coverage rates. This data show that even when black children have health coverage, they are not getting the high-quality care they need to improve their health.



Source: National Kids Count Data Center, 2011-2012

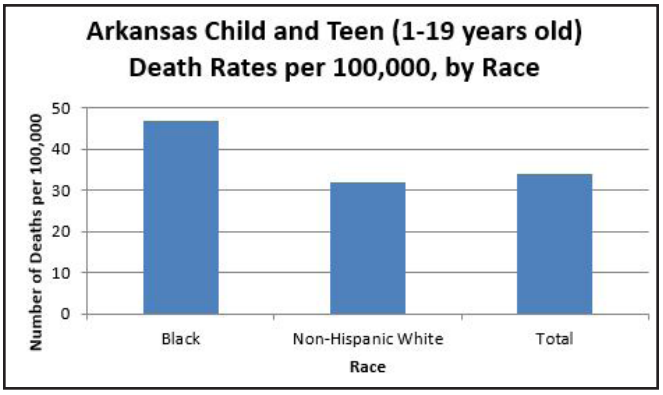
Arkansas Child and Teen Death Rates, by Race

The child and teen death rate for black children is higher when compared to overall rates in the state. There are several factors that can contribute to child and teen mortality rates, including physical and behavioral health, access to care, and quality adult supervision. These higher mortality rates likely point to disparities in other areas related to the health and well-being of black children and teens in Arkansas — including poverty.

Black families in Arkansas are more than twice as likely to live in poverty than whites.[2] This is a result of existing and historical policies that prevented people of color from building wealth. For example, a now-defunct federal policy known as "redlining" explicitly ruled out home loans in neighborhoods with higher

concentrations of black families. Because of this policy and others, generations later, many black Arkansans are still living in impoverished neighborhoods.

Living in poverty can also impact a child's health early on, and at every stage of childhood. For instance, kids living in high-poverty neighborhoods often lack healthy food. Additionally, lead poisoning, violent crime, and unsafe housing are all more commonly experienced by children living in poverty.[3]

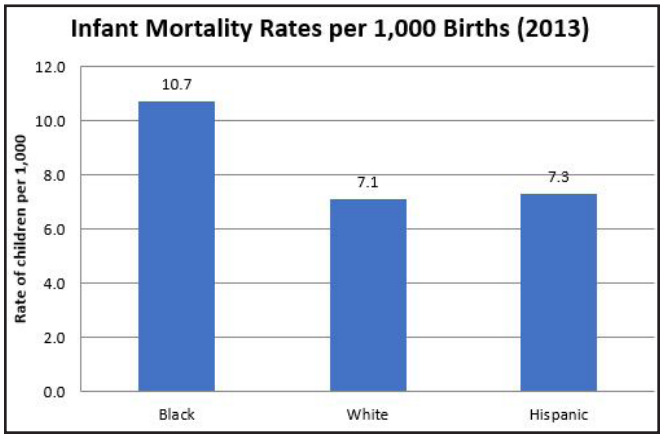


Source: National Kids Count Data Center, 2014

Arkansas Infant Mortality Rates, by Race

Like mortality rates of children and teens, the infant mortality rates in Arkansas reveal differences across racial and ethnic groups. Black infants in Arkansas have a higher rate of mortality than their white or Hispanic counterparts. Infant mortality rates are one of the largest disparities in health research on racial and ethnic differences. Key factors that influence infant mortality rates include the quality of maternal and child health programs, rates of insurance coverage, poverty rates, and overall health/lifestyle of a particular group.

While interventions like educating pregnant women or those of childbearing age on family planning, nutrition programs, and the risk of Sudden Infant Death Syndrome can help improve infant mortality, long-term state investment is needed. Such an investment would ensure access to health coverage and continued health care for all women of childbearing age, as well as critical programs to screen and refer women who need stress management assistance, social support, and behavioral health services.



Source: National Vital Statistics System, Linked Birth/Infant Death Data, CDC WONDER Online Database

ARKANSAS ADVOCATES FOR CHILDREN & FAMILIES

Leading Causes of Child Deaths, by Race and Age

Research shows that the leading causes of child deaths are usually due to conditions that can be prevented altogether or with low-cost interventions, regardless of the race of the child.[4] However, black children and adolescents are both more likely to die from homicide than their white counterparts, and black adolescents more often die from congenital anomalies or birth defects than white adolescents. Again, a number of factors can impact these rates, including physical and mental health and access to quality health care.

Leading Causes of Death for Arkansas Children Ages 1-14

Black	White, Non-Hispanic
1. Unintentional Injury (motor vehicle traffic, fire/burn, drowning, and other)	1. Unintentional injury (motor vehicle traffic, drowning, fire/burn, and other)
2. Homicide (unspecified, firearm, and other)	2. Cancer
3. Heart Disease	3. Heart Disease
4. Cancer	4. Congenital Anomolies
5. Congenital Anomolies	5. Homicides (firearm and unspecified)

Leading Causes of Death for Arkansas Adolescents Ages 15-19

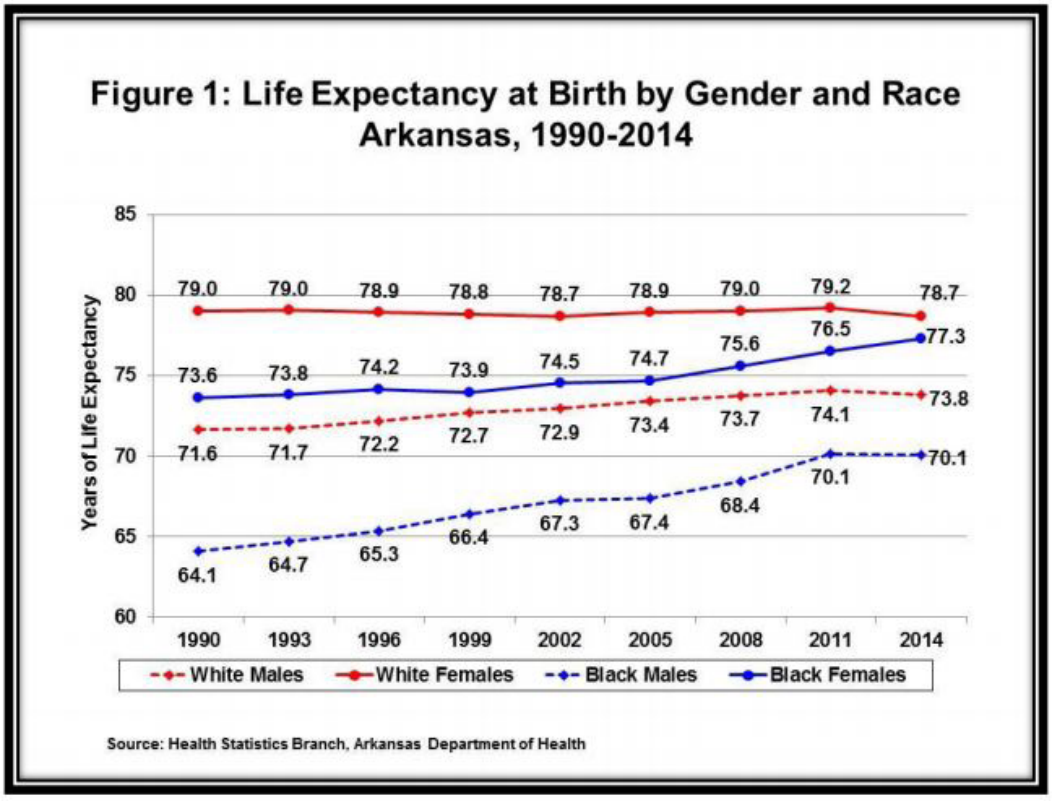
Black	White, Non-Hispanic
1. Unintentional Injury (motor vehicle traffic, fire/burn, drowning, and other)	1. Unintentional injury (motor vehicle traffic, drowning, and other)
2. Homicide (firearm, cut/pierce, and other)	2. Suicide (firearm, suffocation, and other)
3. Suicide (firearm and suffocation)	3. Homicide (firearm, suffocation, and other)
4. Congenital Anomolies	4. Heart Disease
5. Heart Disease	5. Cancer

Sources: J. Maulden, et al. (2012). Health Status of African Americans in Arkansas. University of Arkansas College of Public Health.
http://www.uams.edu/phacs/reports/African%20American%20Health%20Report,%202012.pdf

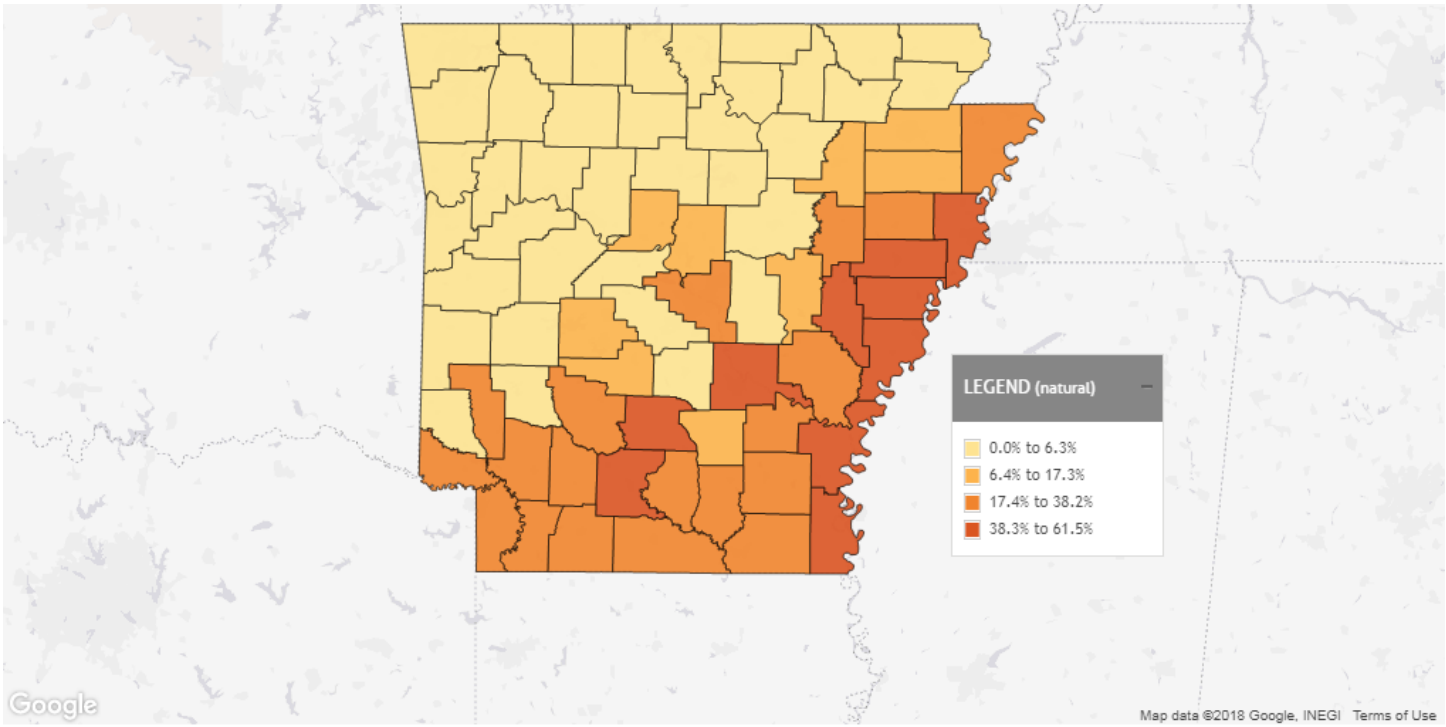
Life Expectancy of Arkansans, by Race and Gender

The life expectancy of all Arkansans has improved significantly over the past decade. Despite these gains, historically, Arkansas has one of the largest disparities in life expectancies between white and black populations.[5] Data from the Arkansas Department of Health show that black men in the state have a lower life expectancy than that of other populations.

Younger blacks often experience health issues like heart disease and diabetes that are more common in older whites. Many of these disparities are largely preventable, and further exploring the relationships between health outcomes and social and economic factors is critical to addressing them.



Sources: Red County Comprehensive Report, Arkansas Department of Health (2015)



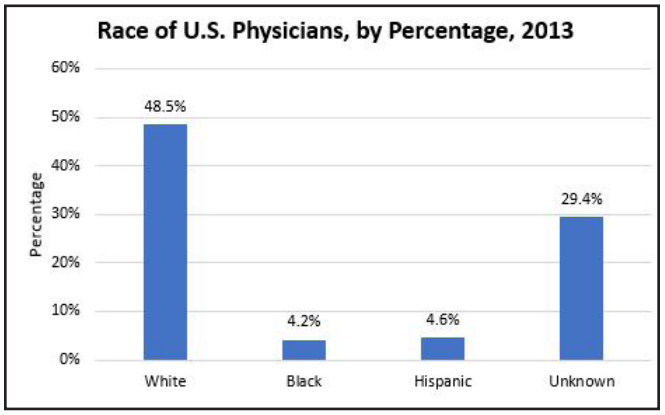
Total Population By Race: African-American (Percent) - 2013

Arkansas Advocates for Children & Families
KIDS COUNT Data Center, datacenter.kidscount.org
A project of the Annie E. Casey Foundation

The Arkansas Delta region, primarily in the southeastern part of the state, has been known to face unique challenges related to high poverty rates and poor health outcomes.[6] A higher proportion of black Arkansans reside in the Delta. Many of the families who live in this part of the state have barriers accessing care because of the lack of health care providers and resources in the community. Lower literacy rates — which make it more difficult to provide adequate health education and promote preventive care — are likely one factor contributing to the poor life expectancies in this region.

Race of Physicians in the U.S., by Percentage

As mentioned in the previous section, regions of the state like the Delta that are heavily populated by racial and ethnic minorities tend to have poor access to health care providers. The graph at right demonstrates that a very small proportion of doctors practicing in the country are black or Hispanic. This creates a barrier to quality care for black populations because race may interfere with the doctor-patient relationship. White doctors, as the largest racial group, are less likely to practice in communities of color. Health professionals from racial and ethnic minority groups are also more likely to practice in an underserved community. Increasing the diversity of the health workforce in the state would improve access to care and the health of the overall population.



Source: http://aamcdiversityfactsandfigures.org/section-ii-current-status-of-us-physician-workforce/#fig4

POLICY SOLUTIONS

1. **Maintain affordable coverage options.** Arkansas has made significant progress in closing the coverage gap by expanding Medicaid to hundreds of thousands of low-income adults. Continuing to maintain Arkansas Works, the state's Medicaid Expansion program, is key. The state should also avoid new coverage barriers that result from complex eligibility requirements. Policies like the recently approved Medicaid work requirement will likely disproportionately affect underserved populations.
2. **The state should implement health care programs in high-needs communities.** Concentrate investments into improved health care and innovative initiatives in the regions of the state with the greatest needs. This includes offering incentives to providers who offer high-quality care specifically for people living in underserved communities.
3. **Recruit and train more health professionals of color.** The state should work to improve the diversity of health care professionals, since research shows they are more likely to practice in underserved communities and treat more racial and ethnic minority patients. This includes physicians, nurses, community health workers, and other health professionals. Recently, two new osteopathic medical schools opened in Arkansas. This presents an important opportunity to make recruiting diverse students a priority.

ARKANSAS ADVOCATES FOR CHILDREN & FAMILIES

4. **Support a team-based care model, like the patient-centered medical home.** This will help increase access to primary care services, especially in underserved communities. Due to poor access to primary care doctors and culturally sensitive health providers, team-based care models should be used to improve care coordination, patient education, and utilization of preventive services. Certifying local community health workers would also help patients navigate the health care system.
5. **Expand programs that reduce racial barriers.** The state should work to increase access to evidence-based community programs that are known to reduce disparities. Investing in programs like home-visiting, that provide caregiver support and education, can greatly improve child health outcomes, especially among underserved minority families. These positive outcomes are seen in the child's health and development, parenting skills, school readiness, and family economic security.

ENDNOTES

1. "CDC Health Disparities and Inequalities Report: United States," Centers for Disease Control and Prevention, November 22, 2013. MMWR 2013;62(Suppl 3). https://www.cdc.gov/mmwr/pdf/other/su6203.pdf.
2. "Health and Wealth in Arkansas: How Our History of Policy Choices Connected Them and What We Can Do About It," Little, M., Wheeler, E., Arkansas Advocates for Children and Families, June 2018. http://www.aradvocates.org/publications/health-and-wealth-in-arkansas-how-public-policy-connected-them-and-what-we-can-do-about-it/.
3. "Contaminated Childhood: The Chronic Lead Poisoning of Low-Income Children and Communities of Color in the United States," Benfer, Emila A., Health Affairs, August 2018. https://www.healthaffairs.org/do/10.1377/hblog20170808.061398/full/.
4. "Child and Teen Death Rates on the Decline," Annie E Casey Foundation, July 2016. http://www.aecf.org/blog/child-and-teen-death-rates-on-the-decline.
5. "The Picture of Rural Health in Arkansas: A Call to Action," University of Arkansas for Medical Sciences, July 2016. http://regionalprograms.uams.edu/wp-content/uploads/2016/02/ruralHealthPicture.pdf.
6. "A Nation Free of Disparities in Health and Health Care," U.S. Department of Health and Human Services, 2015. http://minorityhealth.hhs.gov/npa/files/plans/hhs/hhs_plan_complete.pdf

Central Arkansas Office:
Union Station
1400 W. Markham St., Suite 306
Little Rock, AR 72201
(501) 371-9678

Northwest Arkansas Office:
614 E. Emma Avenue, Suite 235
Springdale, AR 72764
(479) 927-9800

Learn more at www.aradvocates.org

facebook.com/aradvocates **@aacf** **@aradvocates**