

Chapter 7

Health: Health and Access To Care



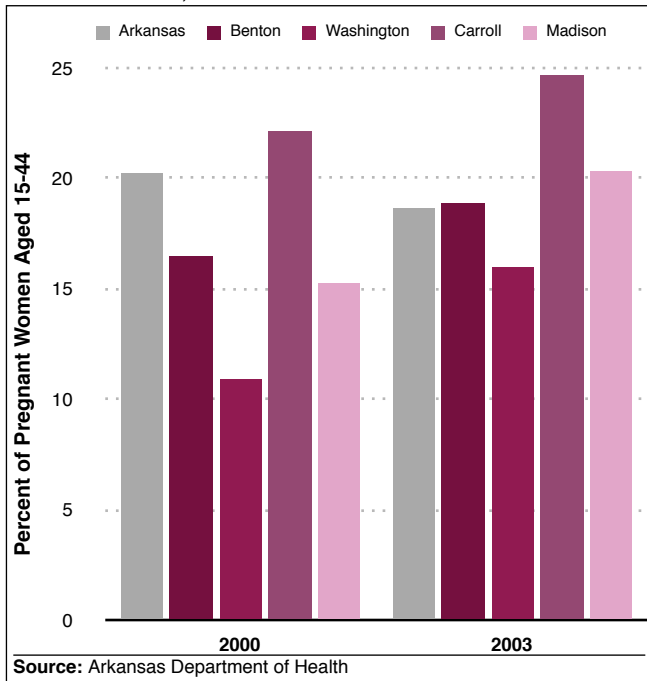
The Health of Northwest Arkansas Residents

An optimal quality of life mandates a complete state of physical and mental well-being. This state of being extends far beyond the absence of disease to include a variety of elements that impact both individual and community. Aside from the obvious benefits to the individual, health status is directly linked to productivity. A healthy workforce correlates to economic growth and prosperity. The individual benefits of good health, combined with economic community benefits, makes measuring health a necessity for assessing community quality of life.

How the population is doing, their rate of chronic disease and mortality, and health behaviors are all important aspects of a healthy community. Additionally, having access to new and innovative technologies to improve diagnosis and treatment, living close to clinics, hospitals, and practitioners, and having an opportunity to have the best and the most up-to-date health care are critical elements to not only maintaining health but improving it.

Infant Health

Figure 7.1
No Prenatal Care, First Trimester: 2000 and 2003



- ★ In 2000 the percentage of pregnant women not receiving prenatal care in the first trimester was approximately 20 percent in the state of Arkansas.
- ★ With the exception of Carroll County, the percentage of pregnant women not receiving prenatal care in Northwest Arkansas counties was lower in 2000 compared to the rest of the state.
- ★ Except for Washington County, Northwest Arkansas counties had higher rates of women not receiving prenatal care than the rest of state in 2003.



Figure 7.2
Low Birthweight Births

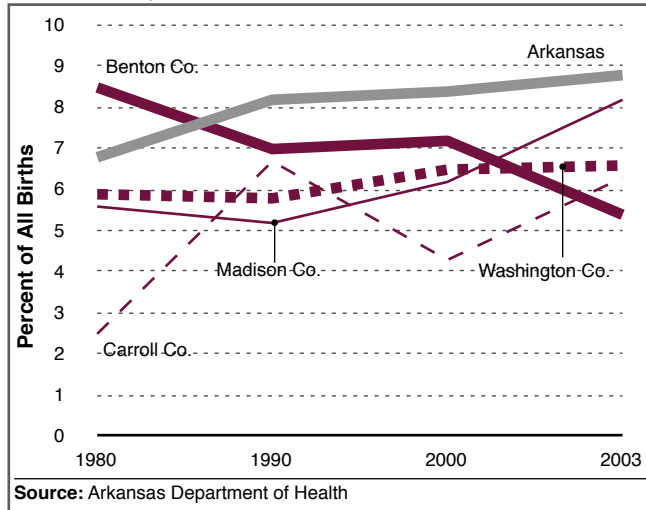


Figure 7.3
Infant Mortality Rates

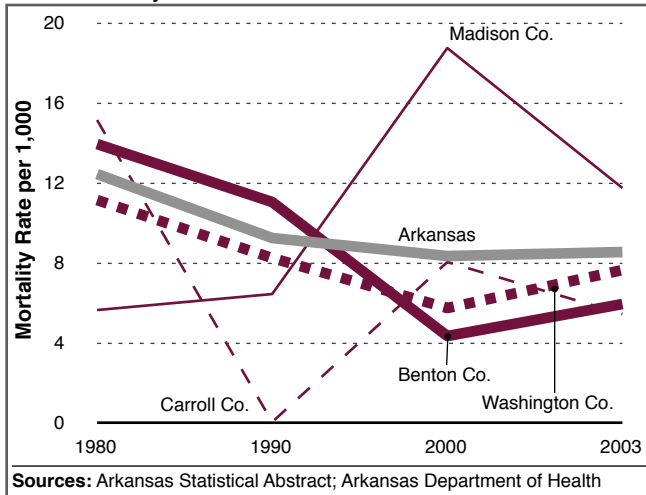
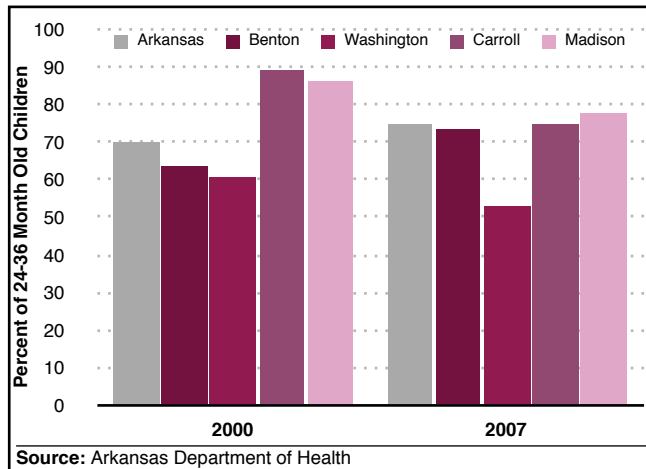


Figure 7.4
Child Immunizations: 2000 and 2007



- ★ The percent of low birthweight births in Arkansas steadily increased, though slight, since 1980.
- ★ By 2003, all of the Northwest Arkansas counties had lower percentages of low birthweight births relative to the rest of the state.
- ★ Since 2000, the two least populated counties, Madison and Carroll Counties, experienced an increase in low birthweight births.
- ★ Since 1980, the infant mortality rate has been steadily declining in the state of Arkansas from a high of 12 deaths per 1,000 live births to approximately 8 deaths per 1,000 live births in 2003.
- ★ Infant mortality rates in Washington and Benton Counties have been following the trend in the state with steady declines since 1980.
- ★ Both Madison and Carroll experienced significant upturns in infant mortality rates between 1990 and 2000. Since 2000, their infant mortality rates declined.
- ★ By 2003, the infant mortality rate in the United States was 6.84 deaths per 1,000 live births. Benton, Carroll, and Washington Counties had rates lower than the United States.
- ★ The percentage of children ages 2-3 years old in the state receiving proper immunizations increased over the last 10 years and by 2007, nearly 75 percent of Arkansas' children were properly immunized.
- ★ In Northwest Arkansas counties, only Benton County recorded an increase in the percentage of children getting properly immunized between 2000 and 2007.
- ★ By 2007, Washington County had the lowest immunization percentage in the Northwest Arkansas region with only 53 percent of children 2-3 years old being properly immunized.

Mortality in Northwest Arkansas

Chronic disease and mortality rates are one way to understand the health conditions and risks in a community. With health risks varying significantly by gender, race, and age, the following data are carefully interpreted in the context of the **general population's** chronic disease and mortality in the four Northwest Arkansas counties.

All the mortality data are presented using age-adjusted rates per 10,000 persons per county. Since most diseases occur at different rates across age groups, age-adjusted rates standardize the influence of a community's age diversity. Thus, disease and mortality comparisons can be made across communities regardless of their age composition.

- ★ Figures 7.5-7.9 show the top five age-adjusted mortality rates in the state of Arkansas for the period between 1990 and 2004.
- ★ Mortality rates for heart disease, cancer, and stroke have declined since 1990 in the state of Arkansas.
- ★ Benton County had higher rates of heart disease per 10,000 compared to the state average of nearly 19 deaths per 10,000 persons.
- ★ Northwest Arkansas counties had lower age adjusted cancer mortality rates than the state, but only Benton County was significantly lower than the state rate.
- ★ In both Madison and Carroll Counties there were sharp declines in the mid-1990's as their cancer rates leveled off.
- ★ Washington County had the highest age-adjusted cancer death rate in Northwest Arkansas.
- ★ While the age-adjusted mortality rates for stroke are three times lower in the state compared to heart disease and cancer, since 1999 they have increased in both Madison and Washington Counties.

Figure 7.5
Age Adjusted Heart Disease Mortality

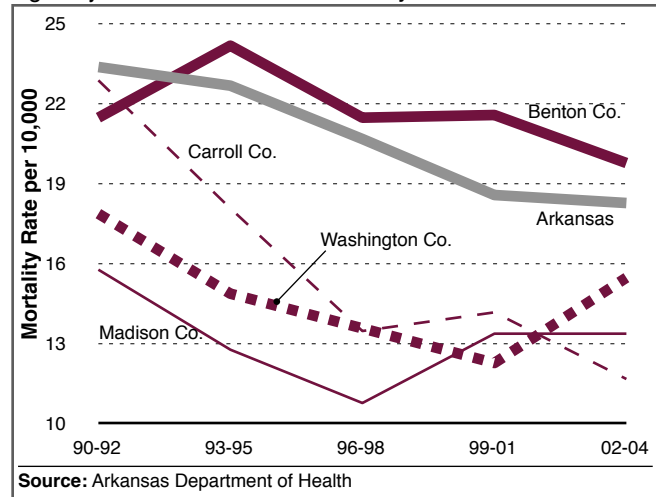


Figure 7.6
Age Adjusted Cancer Mortality

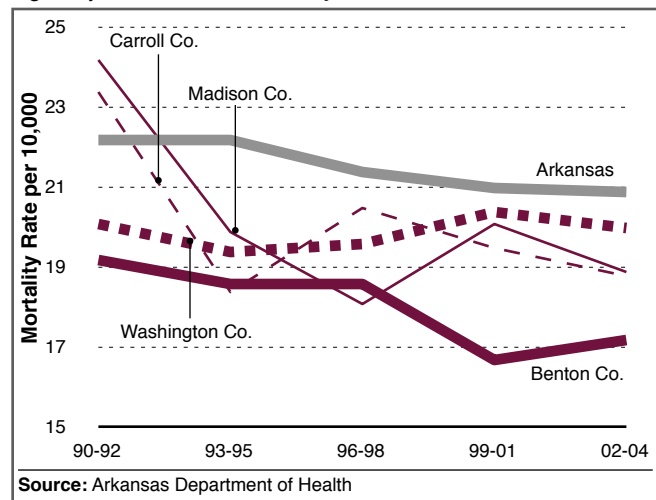
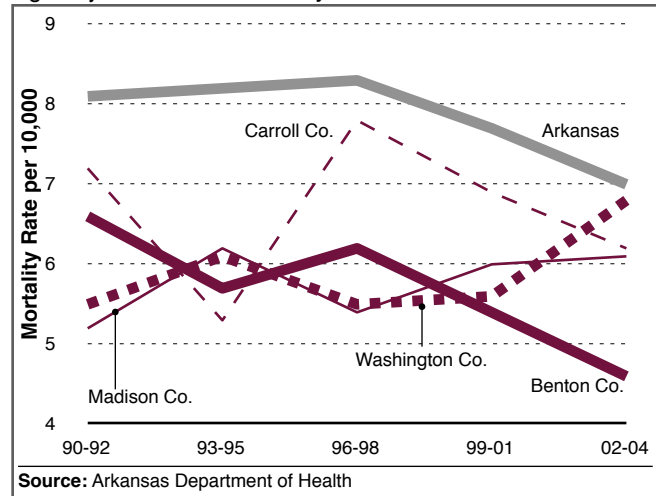


Figure 7.7
Age Adjusted Stroke Mortality



- ★ Age-adjusted mortality rates for chronic, obstructive pulmonary disease (COPD) in the state and Northwest Arkansas are relatively low. Nevertheless, these COPD mortality rates have increased steadily since 1990.
- ★ COPD age-adjusted mortality rates were highest in Washington County.
- ★ Washington County COPD mortality rates were higher than the state with nearly 6 persons per 10,000 dying each year in the period between 2002-04.
- ★ The most alarming of the five mortality trends examined is the age-adjusted mortality rate related to diabetes.
- ★ While the numbers are relatively low, the diabetes mortality rates in all of the Northwest Arkansas counties have increased since 1999.
- ★ Madison and Carroll Counties have registered significant increases since 1999, nearly doubling their diabetes death rates by the 2002-2004 period.

Figure 7.8
Age Adjusted COPD Mortality

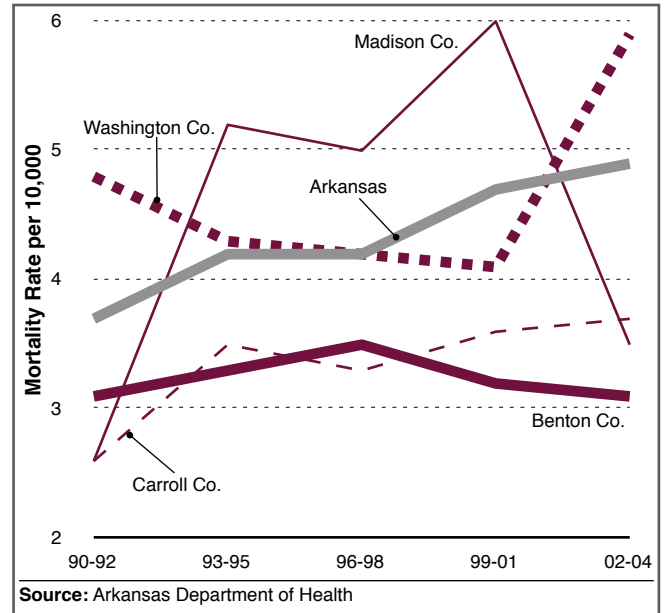
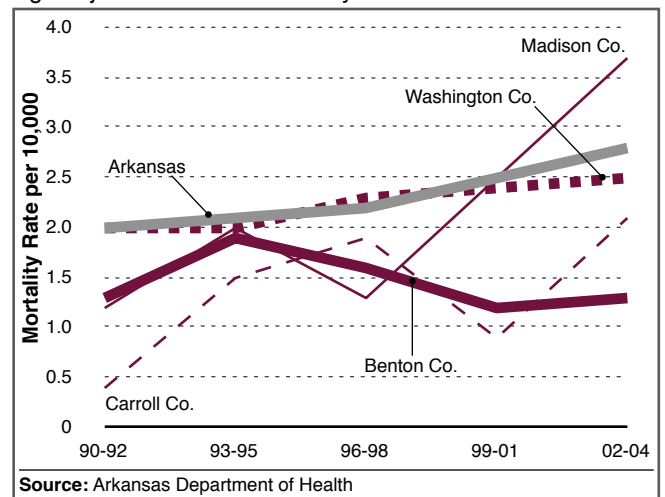


Figure 7.9
Age Adjusted Diabetes Mortality

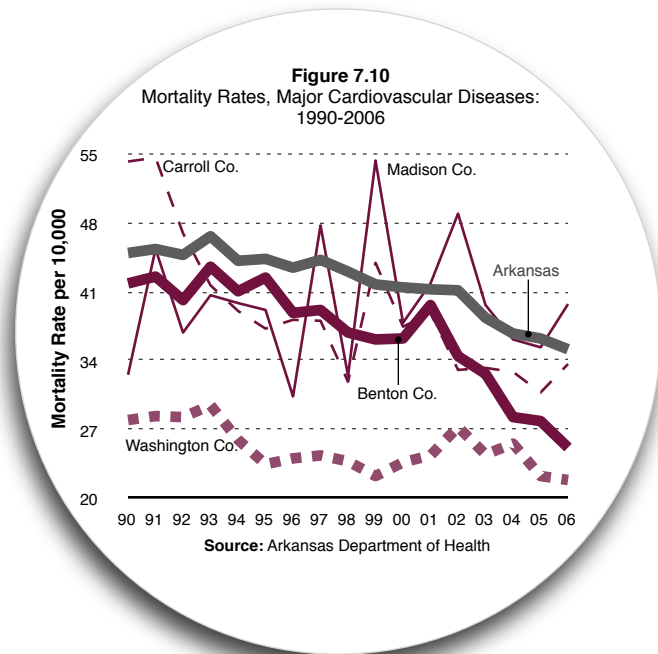


Indicator in the Spotlight: Cardiovascular Disease

Cardiovascular disease continues to be the number one cause of death among adults in the United States; nearly 30 percent of all U.S. deaths can be attributed to this disease. Nevertheless, the rates in the United States have been declining similar to Arkansas and Northwest Arkansas since 1999.

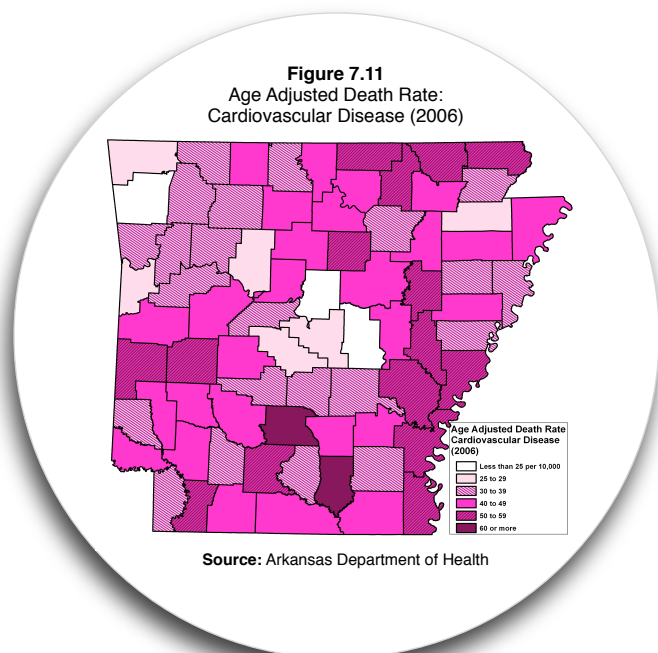
Current projections show that by 2010, the age-adjusted coronary heart disease death rate may decline by 36 percent. A developing body of knowledge from scientific research, advancing technology, and better health practices among large segments of the population are all factors contributing to this steady decline.

- ★ Cardiovascular disease mortality rates have been declining in the state since 1990.
- ★ By 2006, only Madison County had a higher cardiovascular disease mortality rate compared to the state average.
- ★ Benton County mirrored the state decline in cardiovascular disease mortality rates and has experienced the largest decline in the last 15 years among the Northwest Arkansas counties.
- ★ By 2006, Washington County had the lowest cardiovascular disease rate in Northwest Arkansas. Madison County had the highest in the region.



"Half the costs of illness are wasted on conditions that could be prevented."

Dr. Joseph Pirzorno

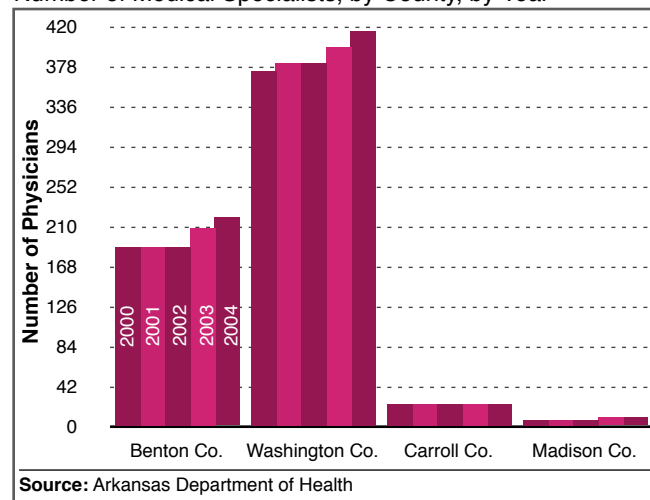


Access To Health Care

While the number of medical personnel and specialists continue to increase nationwide, certain geographic regions of the country have limited access. Persons living in rural counties like Madison and Carroll Counties often have to drive long distances to obtain health care services. Whether waiting long periods of time to get appointments or being affected by supply shortages of services like transplantation, rural residents are often impacted differently than their urban counterparts.

In addition to geographic location, poverty remains the single most important barrier to health care access in the United States. Beyond general medical care, even those persons with health care insurance are often underinsured with regards to dental, vision, and mental health care. In 2007, nearly 40 million people were without health insurance in the United States while another 13 million persons were underinsured. The percentage of persons uninsured has changed only slightly in the United States over the last few years, yet the percent without health insurance in the state of Arkansas has steadily increased during that same time period.

Figure 7.12
Number of Medical Specialists, by County, by Year



- ★ The number of medical specialists has increased in the last few years in Northwest Arkansas counties.
- ★ Madison and Carroll Counties have had limited medical specialists (2000-2004).

- ★ Because of large health care centers in Washington and Benton Counties and the growth in the general population, the number of medical specialists continue to grow in both counties as seen in Figure 7.12.
- ★ The number of nurses has slowly increased in both Washington and Benton Counties between the period of 2000-2005.
- ★ Madison and Carroll Counties have exhibited little change in the growth of nursing personnel between the years of 2000-2005.

Figure 7.13
Number of Nurses, by County, by Year

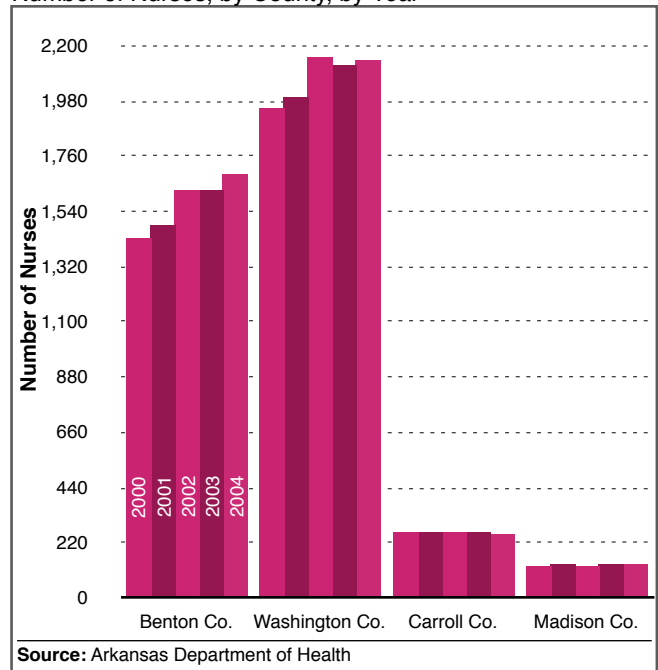
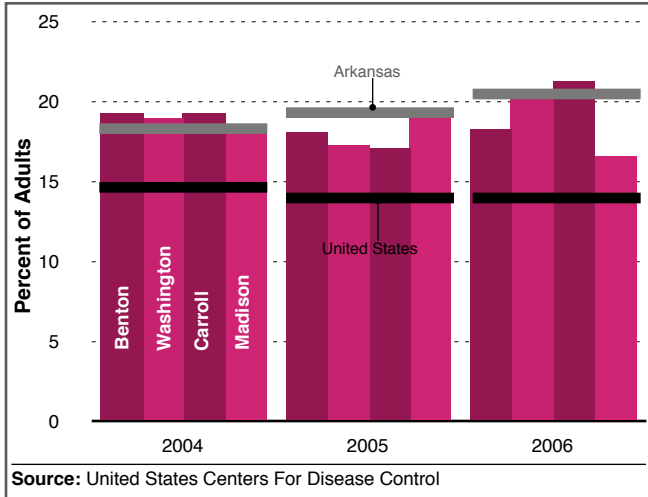


Figure 7.14
Adults Without Health Insurance, by Year, by County

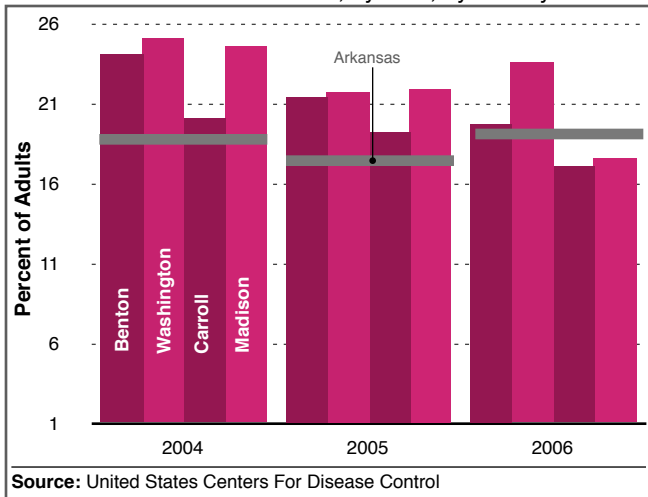


- ★ In 2004, nearly 20 percent of residents in the Northwest Arkansas counties and the state were without health insurance.
- ★ By 2006, both Washington and Carroll County had grown to over 20 percent uninsured--higher than the state average.
- ★ While the percent uninsured in the United States remained relatively constant, the Arkansas and Northwest Arkansas percentages increased slightly between 2004-2006.
- ★ Since 2004, the percentage of Northwest Arkansas residents without a personal physician has been over 20 percent and generally higher than the state average.



UNINSURED

Figure 7.15
Adults Without Personal Doctor, by Year, by County

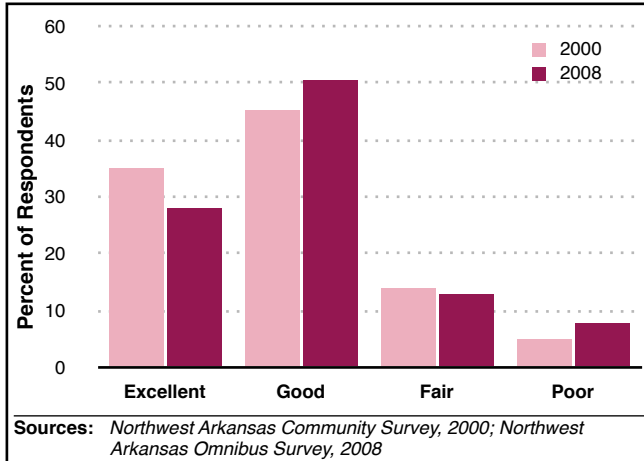


What People Are Saying About... Health Care

Attitudes toward health care often vary a great deal by socioeconomic status, region of the country, and the current state of the economy. In a recent poll, the Kaiser Foundation reported that nearly 3 in 10 Americans reported having difficulty in paying for health care or health insurance. In addition, while the majority of U.S. citizens were satisfied with the current health care they were receiving, a large percentage of citizens said their health care coverage was inadequate.

The general satisfaction of Northwest Arkansas residents is examined below. The results from the 2000 NWA Community Survey and 2008 Omnibus Survey show that while satisfaction is high among surveyed residents, attitudes are beginning to change.

Figure 7.16
Quality Of Health Care in Northwest Arkansas



- ★ In 2000, most Northwest Arkansas residents said that medical care in their community or in the region was either “*excellent*” or “*good*.”
- ★ While the shifts were modest between 2000 and 2008, Northwest Arkansas residents were slightly less satisfied now than they were eight years ago with their health care.

Health Risks and Prevention

Engaging in risky behaviors or following a lifestyle filled with risk and hazard, has shown to have wide ranging effects on youth and adults. Whether the effect is on a specific health outcome or just general social/physical development, taking unnecessary risks is a significant contributor to the problems Arkansans and Northwest Arkansans are experiencing. As simple as not wearing sunscreen or leaving an unlocked, loaded handgun in plain view, the risks that people take can actually have an impact on disease and mortality rates--some of what is discussed below are clearly relevant to earlier discussions on leading causes of death and disease in the region.

Preventing negative health outcomes often involves changing people’s behavior, or creating programming that introduces options to alter behavior. Developing an anti-smoking campaign may be an important part of prevention, but developing a program to help people actually quit smoking operates at another level that is critical to altering disease patterns among large subpopulations.

Figure 7.17
Prevalence of Smoking

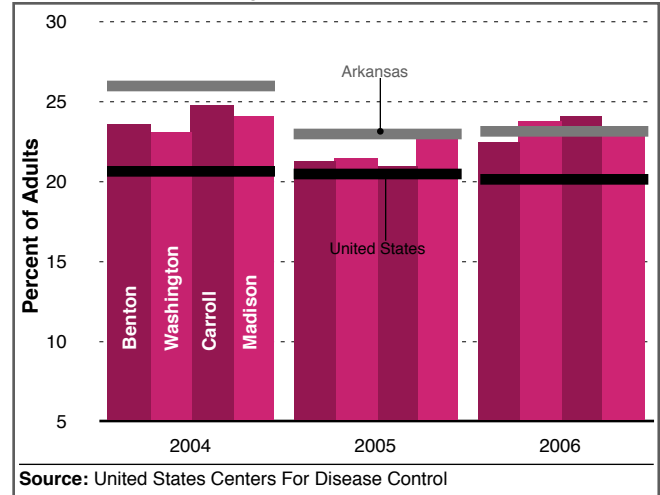
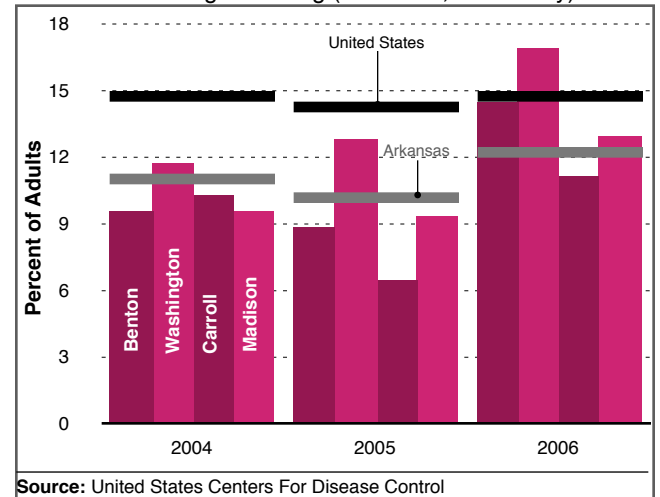
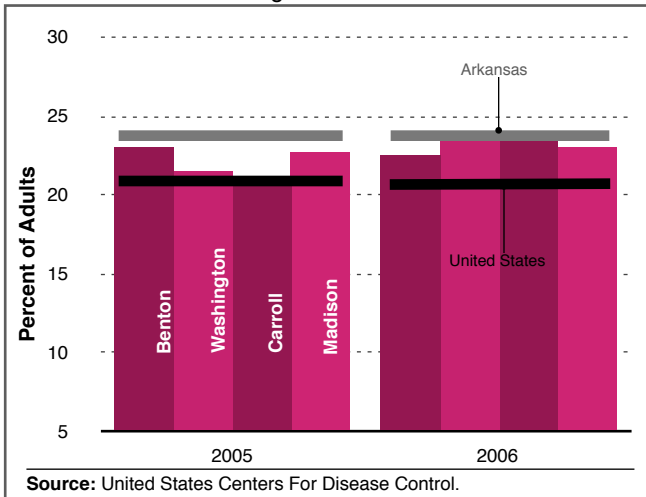


Figure 7.18
Prevalence of Binge Drinking (5+ Drinks, Same Day)



- ★ In 2004, Northwest Arkansas residents had higher rates of smoking prevalence among adults than the United States average (21%) but lower than the Arkansas state average (25%).
- ★ By 2006, Northwest Arkansans, except for Benton County, were smoking at higher rates than the average for the country and the state as a whole.
- ★ In general, the rate of binge drinking among Northwest Arkansas adults has consistently been lower than the U.S. average.
- ★ The rate of binge drinking among adults has been higher in Washington County than other Northwest Arkansas counties since 2004.

Figure 7.19
Adults Who Are Overweight



★ The percentage of adults in Northwest Arkansas who do not regularly exercise, and the percentage of adults with diabetes, has increased in Northwest Arkansas between 2005-2006.

★ Carroll County often demonstrates the largest percentage of adults who were overweight, not exercising, and diabetic during the 2004-2006 period, with a few exceptions.

★ The percentage of adults reporting diabetes in Northwest Arkansas counties was higher than both the national and state averages by 2006.

★ With regard to all three of the weight and exercise risk factors, Arkansas percentages were generally higher than the national averages.

Figure 7.20
Adults Who Did Not Exercise, Past Month

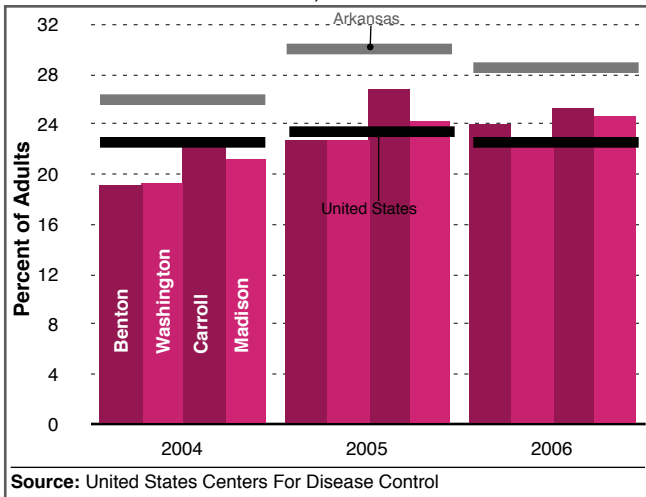
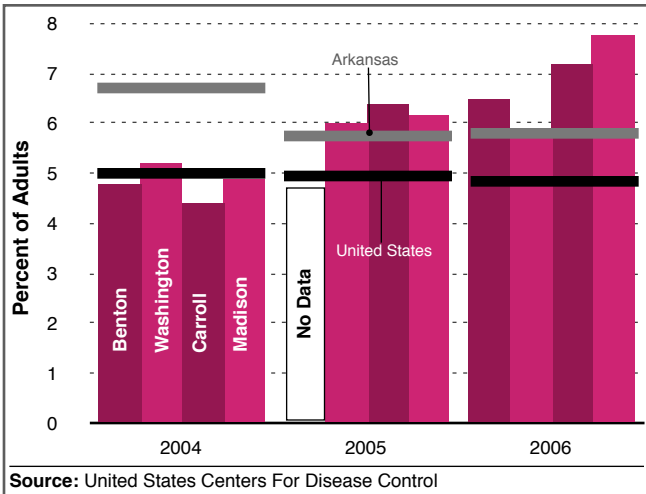
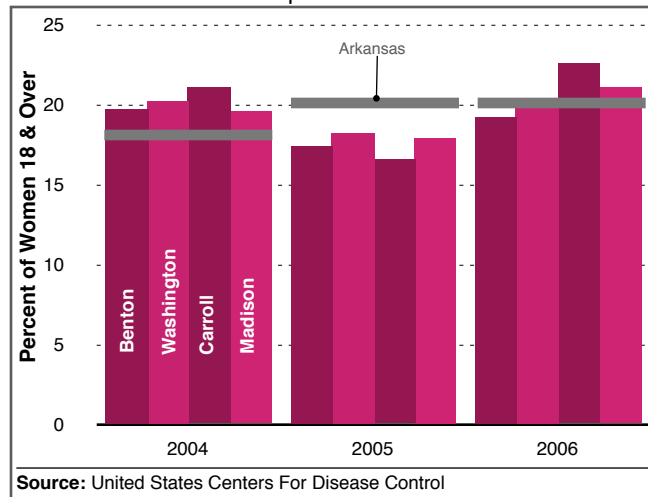


Figure 7.21
Prevalence of Diabetes



Preventative Health Care

Figure 7.22
Women 18 & Over: No Pap Smear Past 3 Years



- ★ In 2004, nearly one-fifth of Northwest Arkansas females 18 years of age and over had no pap smear in the past three years.
- ★ By 2006, nearly all the counties in Northwest Arkansas had higher percentages of women 18 years of age and over that did not have a pap smear in the last three years compared to the state average.
- ★ Mammogram testing among women ages 40 and over has increased in the state and in all of the Northwest Arkansas counties.
- ★ Except for Washington County in 2005, all the Northwest Arkansas counties lagged behind the state average for adults 16-64 being tested for HIV since 2004.
- ★ The percentage of adults ages 16-64 tested for HIV has slowly declined in the state and all of the Northwest Arkansas counties.

Figure 7.23
Adults Age 16 to 64: Receiving HIV Test

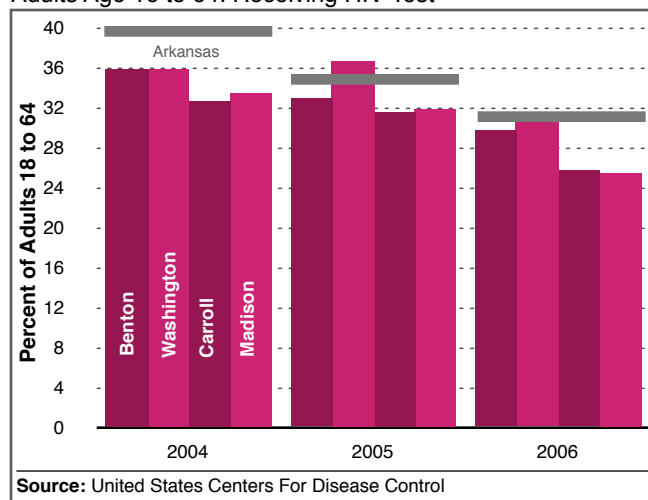
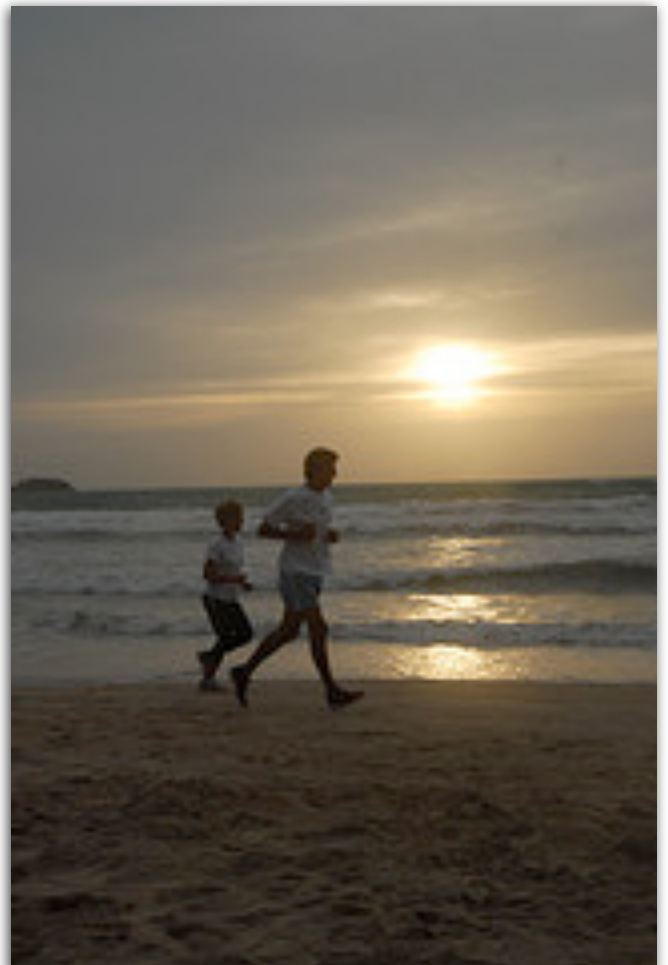
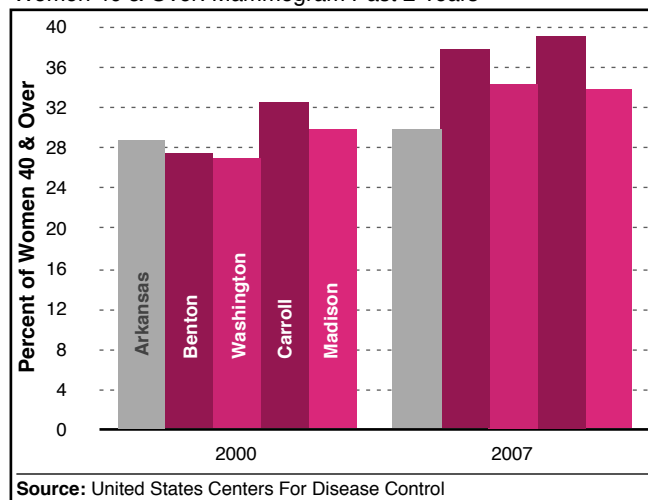


Figure 7.24
Women 40 & Over: Mammogram Past 2 Years



Mental Health and Access to Care

It is estimated that more than one-quarter of American adults over the age of 18, suffer from a major diagnosable mental disorder in a given year (Kessler 2005). While rates vary a great deal across subpopulations, major depressive disorder is the leading cause of disability among persons 15-44.

Suicide, which is often an active expression of severe mental health problems, averages a rate of 11 persons per 100,000 in the United States every year. These suicide rates are highest among men; men over the age of 85 have the highest rates of suicide across all age subgroups.

Figure 7.25
Suicide Rates: 1999-2005

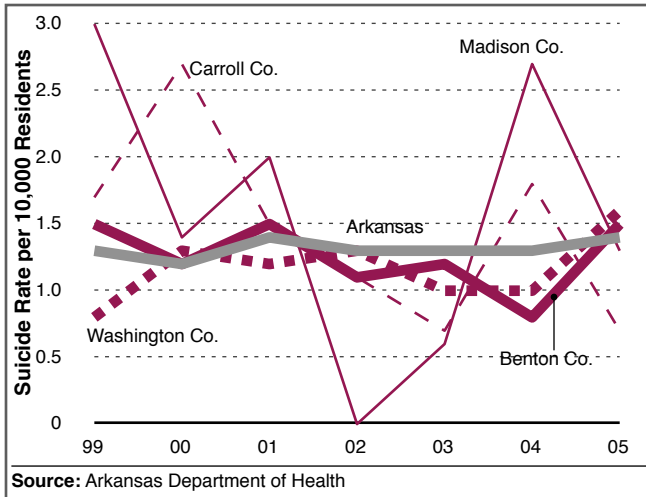
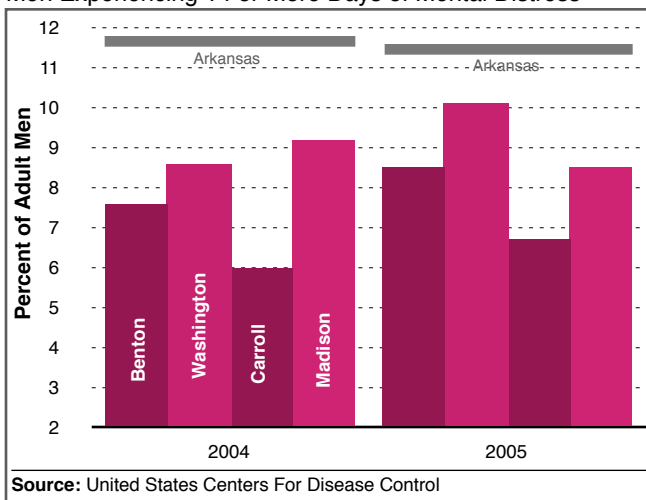


Figure 7.26
Men Experiencing 14 or More Days of Mental Distress



- ★ Suicide rates in the state have remained relatively constant since 1999.
- ★ While Benton and Washington Counties have followed a similar pattern in suicide rates to the rest of the state, Madison and Carroll counties have experienced large fluctuations in suicide rates from year-to-year since 1999.
- ★ The percentage of men 18 years of age and over reporting depressive symptoms in the last 14 days from the time of their interview is relatively low across all counties in Northwest Arkansas.
- ★ Males reporting depressive symptoms are slightly higher in Washington County relative to the rest of the Northwest Arkansas counties.

Figure 7.27
Number of Mental Health Workers, by County, by Year

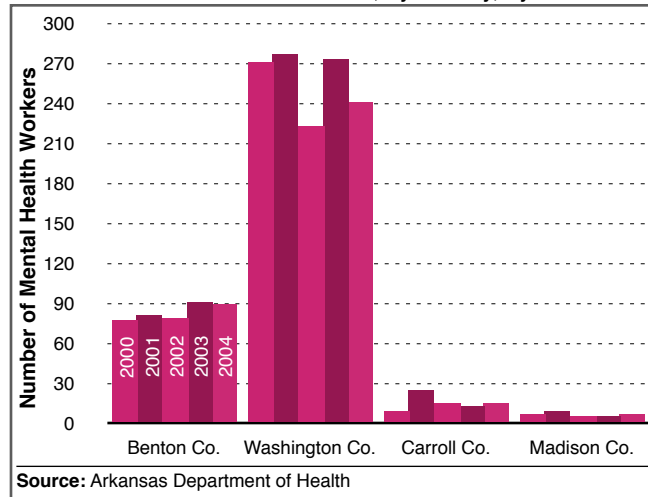


Figure 7.28
Clients Served: Arkansas Mental Health Services

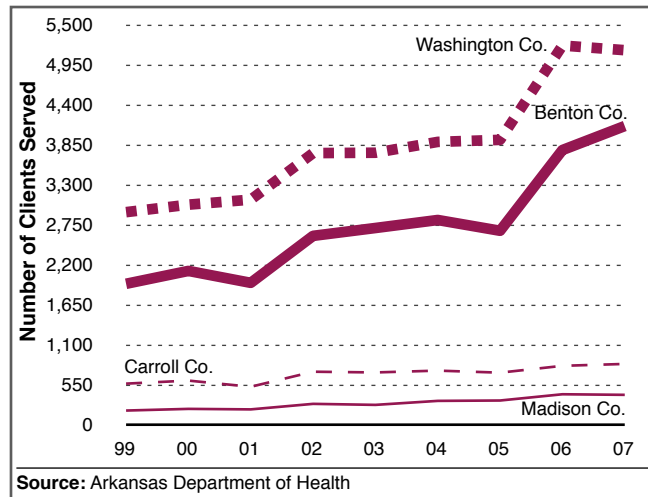
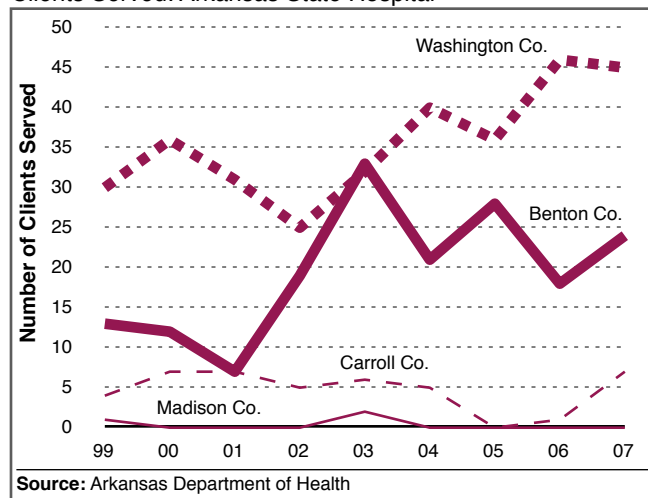


Figure 7.29
Clients Served: Arkansas State Hospital



- ★ While the number of mental health workers have increased slightly over the last 5 years in Benton County, little change was noted in the other Northwest Arkansas counties.
- ★ Despite little change in the number of mental health workers in any of the Northwest Arkansas counties, Figure 7.28 and Figure 7.29 show steady increases in the demand for mental health services.
- ★ In less than ten years, the demand for mental health services significantly increased in both Washington and Benton Counties.
- ★ Clients served by Arkansas mental health services nearly doubled in Washington County between 1999-2007.
- ★ The number of clients served by the Arkansas State Hospital has increased since 1999 in Washington and Benton Counties.
- ★ Clients served by the state hospital in Carroll and Madison County have been limited with little change over the last several years.
- ★ With limited psychiatric services in Northwest Arkansas, the demand continues to increase among both adults and children.



What's It All Mean?

While Arkansas as a whole is ranked as one of the states with the poorest health care coverage and often ranks high in a wide range of chronic disease indicators, the health of Northwest Arkansas residents has generally been better than the state on average, with some positive signs that health is improving. Nevertheless, there are a number of important health indicators that raise a red flag and suggest that a closer inspection of these indicators seems warranted.

Chronic disease rates and age-adjusted mortality rates in the region suggest that many Northwest Arkansas residents are doing better than they were at the end of the 20th Century. However, age-adjusted rates for COPD and diabetes are increasing and may be cause for alarm. A number of health risk behaviors among Northwest Arkansas residents are contributing

factors to the rise of these two chronic diseases--further reason to more carefully examine risk and its impact on specific health outcomes.

Arkansas continues to be one of several states that consistently rank toward the bottom with respect to health care coverage, percent of residents with no health care insurance, and limited access to health care, health care technology, and health care specialities. For Northwest Arkansans, limited access may be partly the result of location of services and limited public transportation to assist the elderly, poor, and other subpopulations with accessing these services.