



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Office of Health Data & Research

State of the State:

**Annual Mississippi Health Disparities and
Inequities Report**

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Introduction to Health Disparities

The Social Determinants of Health

It is widely understood a person's health is influenced by biology and genetics, but there is much more to the story. The social determinants of health are pivotal to an individual and community's well-being and impact well-being just as much, if not more, as genetic inheritance.

According to the World Health Organization, social determinants of health are "the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels."¹ In other words, where and how our citizens live, work, play, and learn directly impacts health.

Examples of social determinants of health include quality of education, food security, job opportunities, living wages, health insurance, public safety, workplace safety, safe and affordable housing, clean water and air, public transportation access, residential segregation, concentrated poverty, exposure to crime and violence, mass media exposure, geographic distribution of providers, social capital, social norms, intentional and unconscious bias, perceptions of discrimination, emerging technologies, and cultural and linguistic competency among health care providers.

Health Disparity and Health Equity

Differences in access and exposure to these social determinants are a large contributor to differences in health outcomes between populations. Differences in social determinants between populations can lead to a burden of illness, suffering, disability, and premature death that is often avoidable.

Healthy People 2020 defines a *health disparity* as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."⁸

Healthy People 2020 defines *health equity* as "the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."⁹

Glossary¹

Age-Adjusted: method that allows statisticians to compare populations of normal distribution. For example, a state with a particularly elderly population would present a greater number of illnesses, so age-adjusted health outcomes allow statisticians to standardize such differences.²

Frequency: the amount or number of occurrences of an attribute or health outcome within a population.³

Health Disparity: a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.⁴

Health Equity: attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.⁵

Incidence: a measure of the frequency with which new cases of illness, injury, or other health condition occur, expressed explicitly per a time frame. Incidence rate is calculated as the number of new cases over a specified period divided either by the average population (usually mid-period) or by the cumulative person-time the population was at risk.⁶

Prevalence: the number or proportion of cases or attributes among a given population.⁷

Proportion: a ratio in which the numerator is included in the denominator; the ratio of a part to the whole, expressed as a "decimal fraction" (e.g., 0.2), a fraction (1/5), or a percentage (20%).⁸

Rate: an expression of the relative frequency with which an event occurs among a defined population per unit of time, calculated as the number of new cases or deaths during a specified period divided by either person-time or the average population.⁹

Respondent Size: number of individuals who respond to a survey item or question.

Response Bias: cognitive bias where the respondent answers a question not true to self-opinion, but in the manner s/he believes pleasing to the interviewer.

Social Determinants of Health- the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.¹⁰

¹ Glossary terms align with the Centers for Disease Control and Prevention published terminology.

Mission, Vision, and Guiding Principles of the Health Equity Team

Mission

To improve the quality of health for all Mississippians by establishing systems that enable MSDH staff to apply a health equity lens when developing health policies, programs, procedures, processes, services, and plans.

Vision

To champion and achieve health equity.

Guiding Principles

- Health equity policies should be concerned with improving living and working conditions.
- Health equity policies should be directed towards enabling people to adopt healthier lifestyles.
- Health equity policies require a genuine commitment to decentralizing power and decision-making, encouraging people to participate in every stage of the policy making process.
- Health impact assessment should be conducted together with intersectoral action.
- Health equity has mutual concern and control at the internal level.
- Health equity in healthcare is based on the principle of making high quality health care accessible to all.
- Health equity policies should be based on appropriate research, monitoring and evaluation.

Guiding principles adapted from the Programme on Health Policies and Planning of the World Health Organization Regional Office for Europe and *The Concepts and Principles of Equity and Health* by Margaret Whitehead.

Executive Summary: Data Report Highlights and Limitations

The following health outcomes are presented according to the most recent data available to the Mississippi State Department of Health Office of Health Data and Research. These data are pulled from several data sources, including the Mississippi Behavioral Risk Factor Surveillance System (BRFSS). For a list of the survey questions used, please go to <http://www.cdc.gov/brfss/>. Other data used come from the Mississippi State Department of Health Vital Records, Mississippi State Department of Health STD/HIV Surveillance, and the University Of Mississippi Medical Center Cancer Registry.

Every health outcome was analyzed by race-ethnicity, gender, education, and annual household income, if data was available. Further analysis into Mississippi's health inequalities can include geographic region, age, sexual orientation, and trend analyses.

Data Limitations

BRFSS data limitations include potential response bias on survey items, such as self-reported weight and dental visit frequency. Race-ethnicity is self-labeled, so this categorical cultural relativity may also skew data representation.

Another data limitation comes in the form of respondent size. Several survey items received small respondent sizes (<50), and this is indicated in the graphs. Potentially, also due to small sample sizes in data collection, the Hispanic population was not consistently represented in all analyses.

Also of note is that the "other" race-ethnicity-category was significantly represented in several of the health outcomes. Since it is not transparent whether "other" respondents are multiracial or of non-represented ethnic background, lack of consistency in data representation prevented this race-ethnicity category from being included in the report summary. However, they are represented in several of the charts, where data was available. Existence of this "other" categorization should be kept in mind as practitioners design surveys, collect data, and better describe the community in which we live.

A limitation of databases, like the Mississippi STD/HIV surveillance system and the Cancer Registry, is that the represented data is only for diagnosed and reported cases. There likely are a significant number of Mississippians with illnesses, who are silenced and undiagnosed as a result of socioeconomic circumstances, miseducation, and misdiagnoses, among other potential reasons.

All mortality data were age-adjusted and unless indicated, all data represents an adult of population of 18 years of age or older.

Executive Summary: Health Disparity Outcomes

The data included in the below executive summary are statistically significant:

Summary of Health Disparities by Race-Ethnicity

Black Population

Compared to Mississippi's white population, the state's black population has the highest mortality rate due to: heart disease, hypertension, stroke, diabetes, renal disease, cancer, and homicide. Black Mississippians also have the highest infant mortality rate.

This population has the higher prevalence of obesity, the highest prevalence of adults with permanent teeth extractions, and the highest teenage pregnancy rate. Mississippi's black population also has the highest total invasive cancer incidence as well as the highest HIV incidence rate.

Furthermore, Mississippi's black population ranked lowest for proportion of adults visiting a dentist in the past year, proportion of adults age 65+ receiving a pneumonia vaccination, and proportion of adults age 65+ receiving an influenza shot within the past year. Mississippi's black population is also the most uninsured.

White Population

Compared to Mississippi's black population, the state's white population has the higher prevalence of high cholesterol and myocardial infarctions. This population also has the highest mortality rate due to unintentional injury and suicide.

Summary of Health Disparities by Gender

Women

Compared to Mississippi's adult men, adult Mississippi women had the higher prevalence of current asthma.

Men

Compared to Mississippi's adult women, adult Mississippi men had significantly higher mortality rates due to: heart disease, hypertension, stroke, diabetes, renal disease, HIV/AIDS, cancer, unintentional injury, homicide, and suicide.

This population also had a significantly higher prevalence of: myocardial infarctions, overweight individuals, HIV, and current smokers. This population also demonstrated a higher incidence of HIV/AIDS as well as total invasive cancer incidence.

In comparison to Mississippi women, fewer Mississippi men age 65+ received a pneumonia vaccination. Mississippi's men are also more uninsured, in comparison to women.

Summary of Health Disparities by Education

Those with no high school education had the highest prevalence of: coronary heart disease, hypertension, stroke, myocardial infarction, high cholesterol, diabetes, current asthma, those having any permanent teeth extracted, and current smokers.

Those in this education bracket also ranked lowest in prevalence of: those reporting any amount of exercise over the past month, those visiting a dentist within the past year for any reason, and those with any form of health care coverage.

In comparison to those with no high school education, no other education group received significantly worse health outcomes in any category.

Summary of Health Disparities by Annual Household Income

Those earning less than \$15,000 in annual household income had the highest prevalence of: coronary heart disease, hypertension, stroke, myocardial infarction, high cholesterol, obesity, diabetes, current asthma, lifetime asthma, permanent teeth extractions, and current smokers.

Those earning less than \$15,000 in annual household income also ranked lowest in prevalence of: individuals reporting any amount of exercise over the past month, individuals visiting a dentist in the past year for any reason, and individuals covered by any form of health care.

Those earning \$35,000 or more in annual household income were more overweight than those with lower annual household income.

Those earning less than \$24,999 in annual household income were the least covered by any form of health care, in comparison to households earning \$25,000 or more.

CONDITIONS OF ILLNESS

I. Cardiovascular Disease

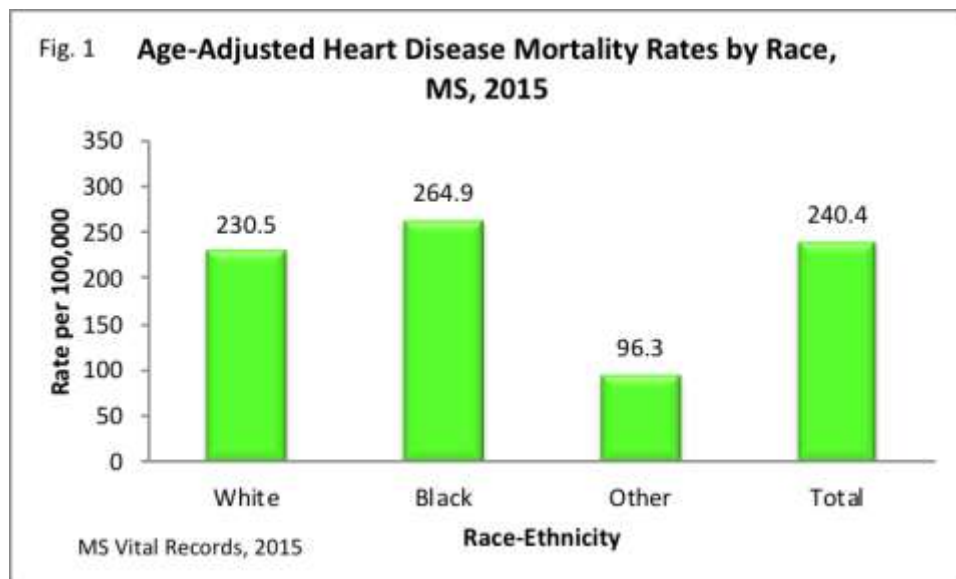


Figure 1: The mortality rate for heart disease, by race-ethnicity, is the highest among black Mississippians at 264.9 deaths per 100,000 population.

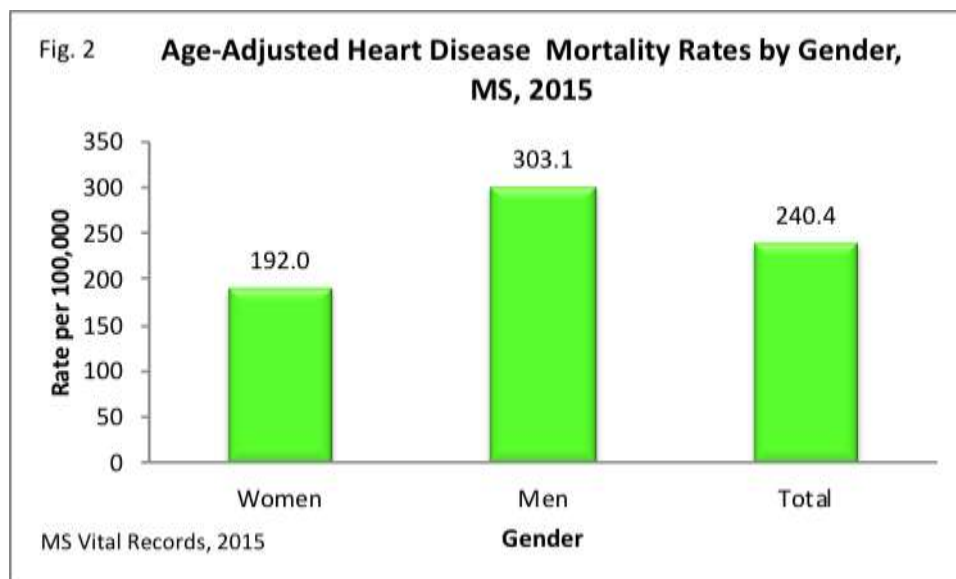


Figure 2: The mortality rate for heart disease, by gender, is the highest among Mississippi men at 303.1 deaths per 100,000 population.

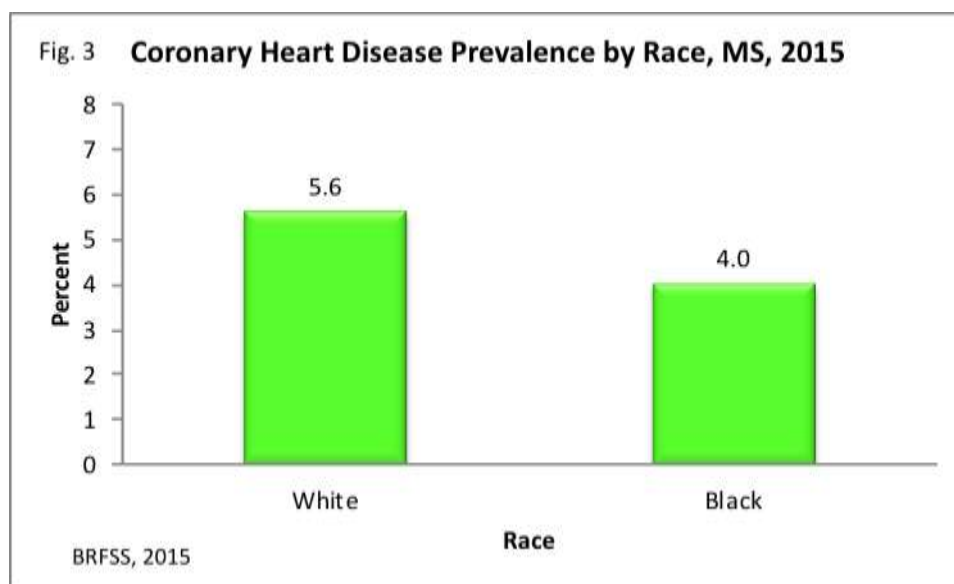


Figure 3: Coronary heart disease affects 5.6% of white and 4.0% of black adult Mississippians. It cannot be concluded there is a statistically significant difference between the proportion of races with coronary heart disease.

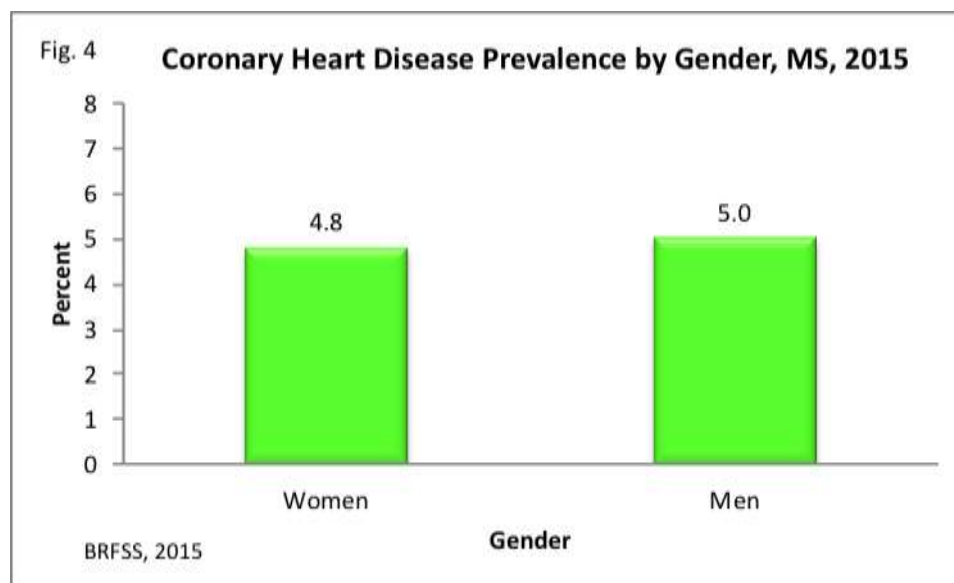


Figure 4: Coronary heart disease affects 5.0% of men and 4.8% of women. It cannot be concluded there is a statistically significant difference between the proportion of women and the proportion of men with coronary heart disease.

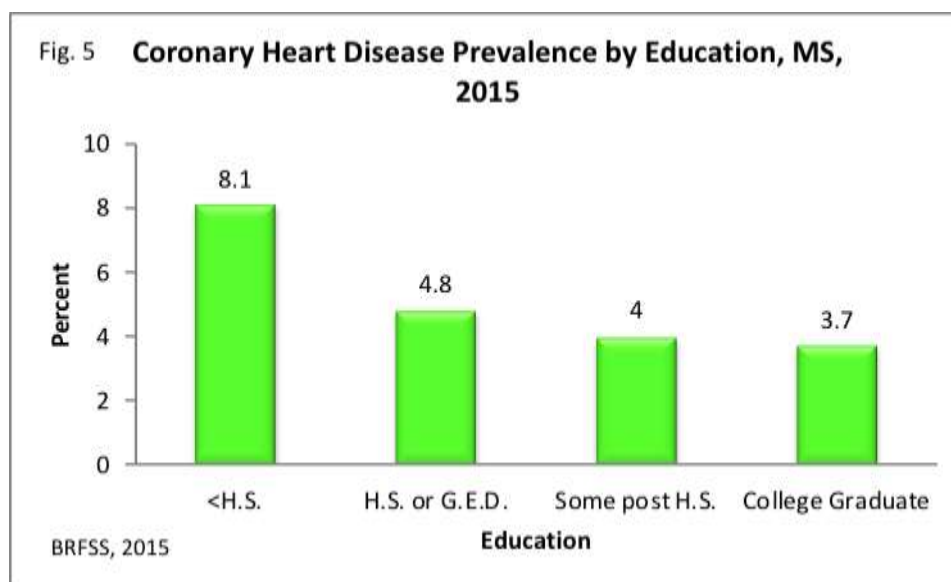


Figure 5: There is a significantly lower prevalence of coronary heart disease prevalence among college graduates versus those with no high school education. Coronary heart disease affects 8.1% of Mississippian adults with no high school education. This rate steadily decreases as level of attained education increases. 3.7% of Mississippians with a college degree report coronary heart disease.

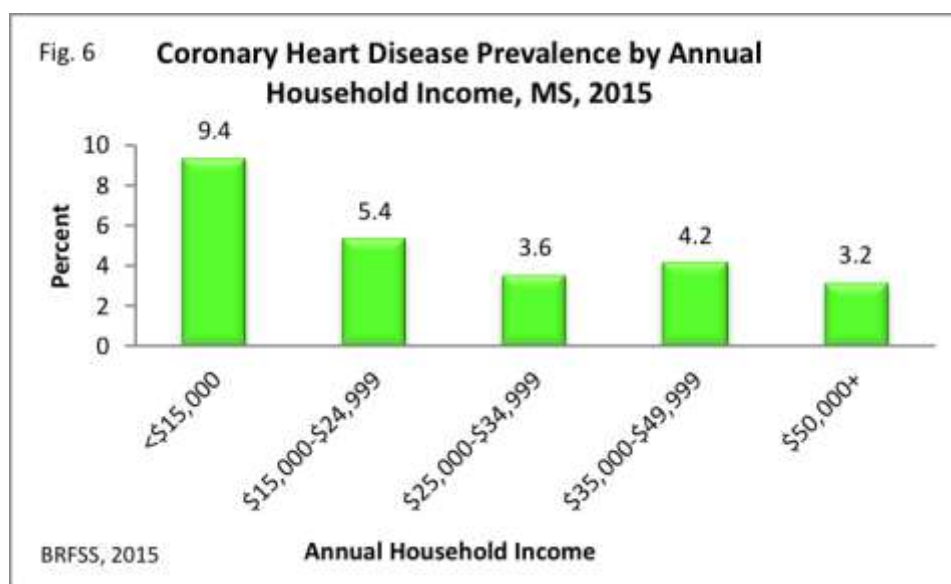


Figure 6: There is a significantly lower prevalence of coronary heart disease prevalence (3.2%) among annual household incomes earning \$50,000 or more in comparison to those earning less than \$15,000. Coronary heart disease prevalence (9.4%), by annual household income, is highest among Mississippian adults earning less than \$15,000.

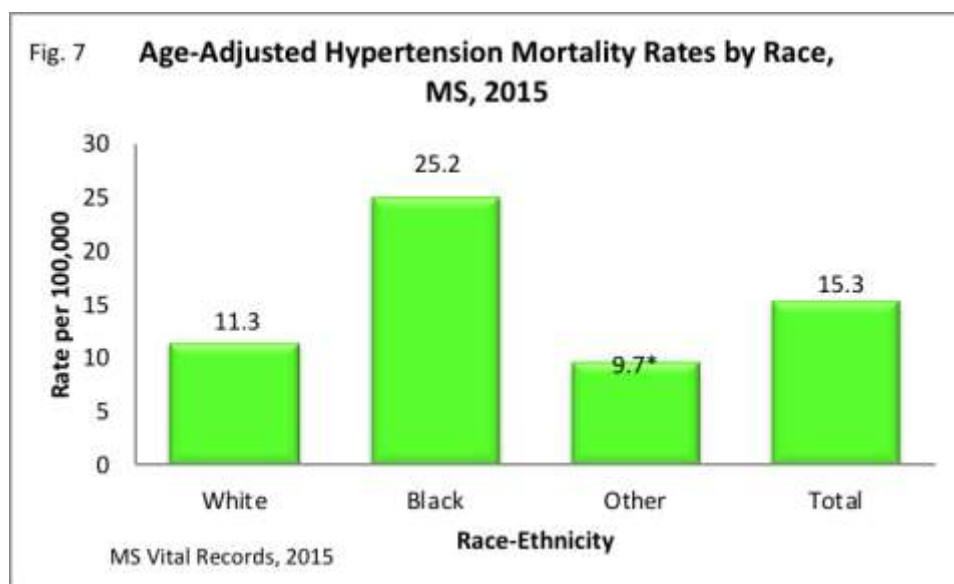


Figure 7: Hypertension mortality, by race-ethnicity, is highest among black Mississippians at 25.2 deaths per 100,000 population.

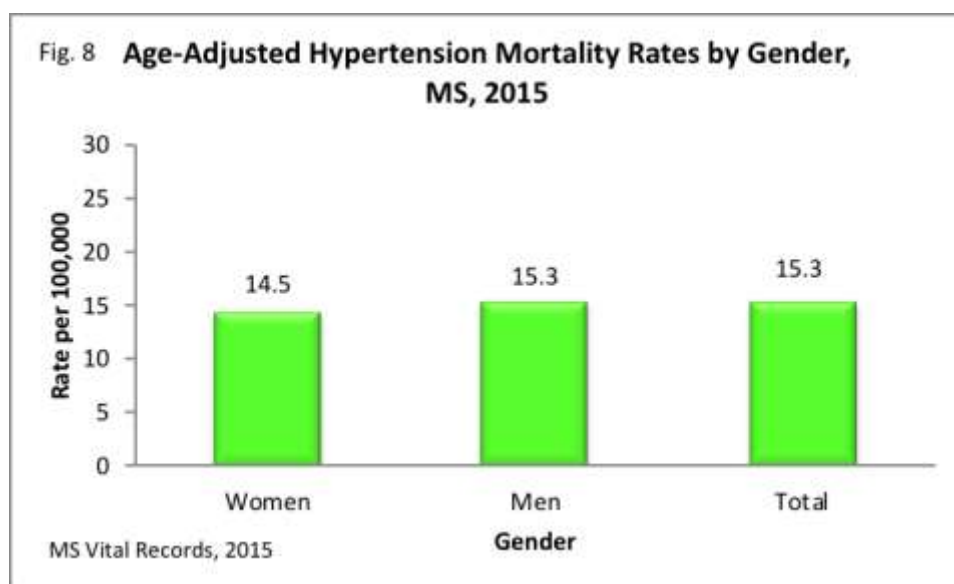


Figure 8: Hypertension mortality, by gender, is highest among Mississippi men at 15.3 deaths per 100,000 population.

*Denotes < 20 events. Due to a small number of events, these rates are unstable and should be interpreted with caution.

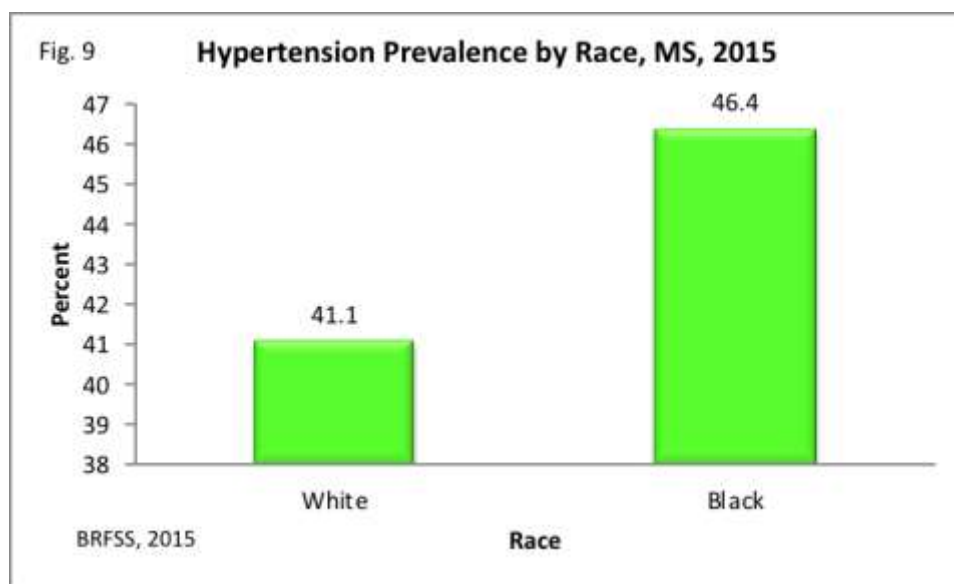


Figure 9: 46.4% of black and 41.1% of white adult Mississippians have hypertension. It cannot be concluded there is a significantly different prevalence between the proportion of blacks and whites who have hypertension.

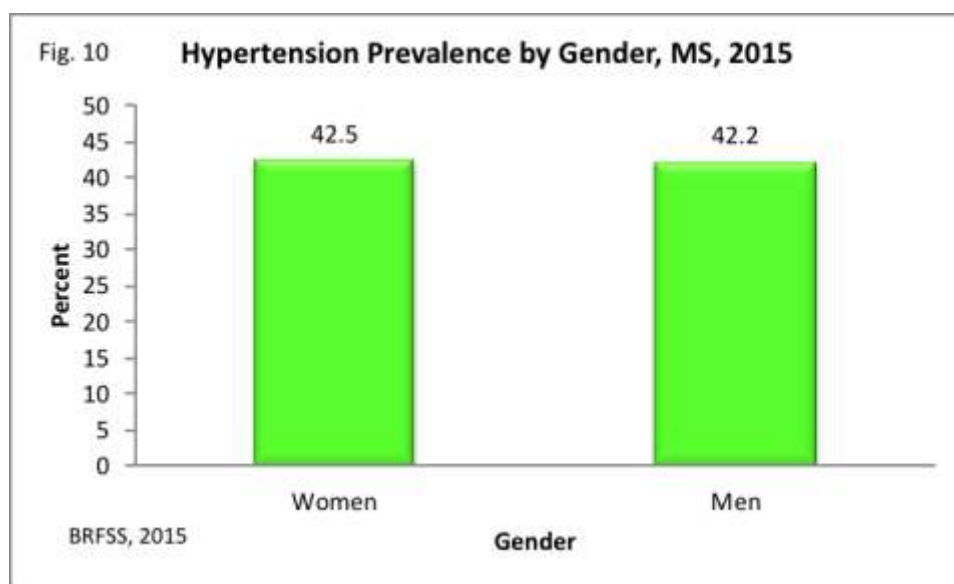


Figure 10: 42.5% of Mississippi's adult women and 42.2% of adult men have been diagnosed with hypertension. It cannot be concluded there is a significantly different prevalence between the proportion of women and the proportion of men with hypertension.

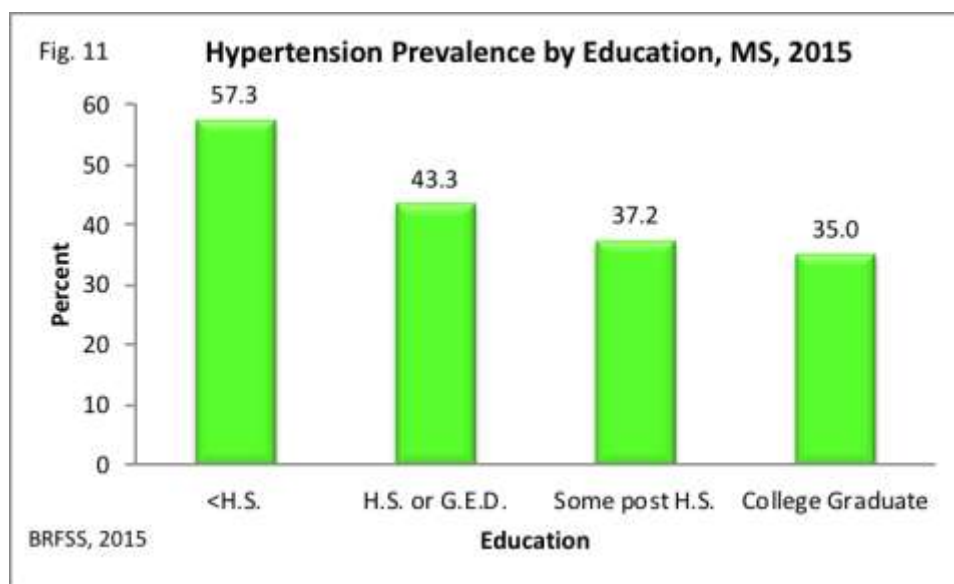


Figure 11: Hypertension prevalence, by education level, is significantly higher (57.3%) among adult Mississippians with no high school education versus among college graduates (35.0). Hypertension prevalence decreases as level of attained education increases.

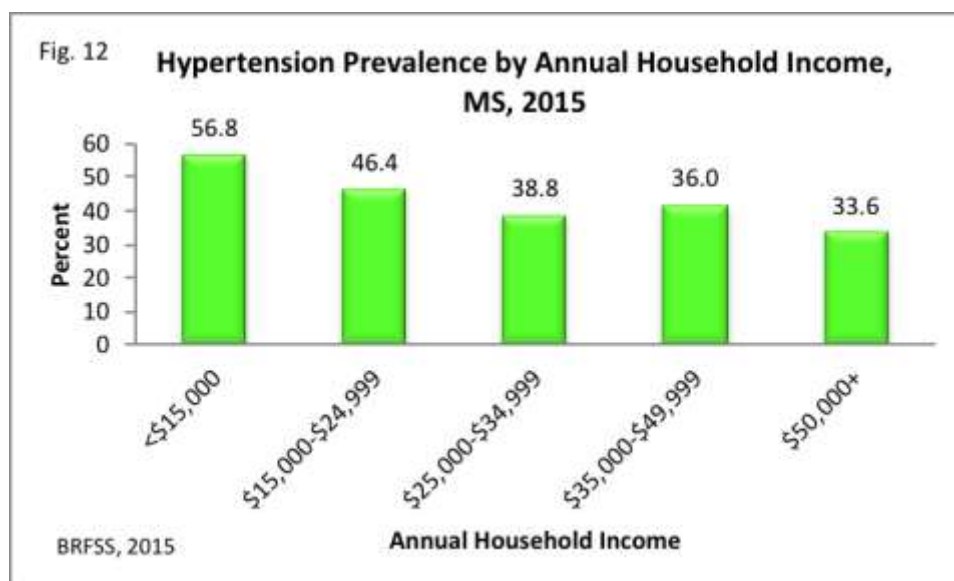


Figure 12: Hypertension prevalence, by annual household income, is significantly higher (56.8%) among Mississippians earning an annual household income less than \$15,000 versus those earning \$50,000 or more (30.8%).

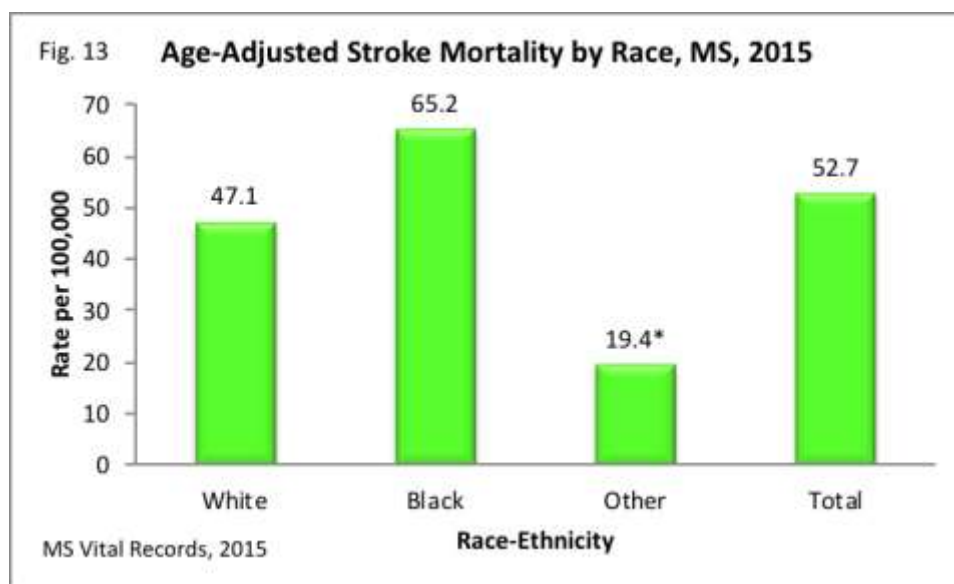


Figure 13: The stroke mortality rate, by race-ethnicity, is highest among black Mississippians at 65.2 deaths per 100,000 population.

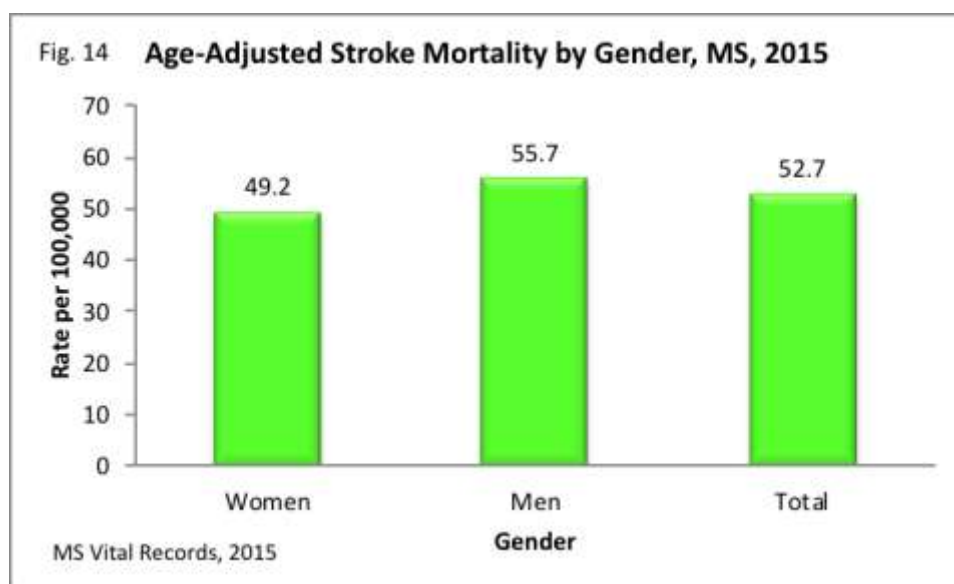


Figure 14: The stroke mortality rate among Mississippi men is 55.7 deaths per 100,000 population.

*Denotes < 20 events. Due to a small number of events, these rates are unstable and should be interpreted with caution.

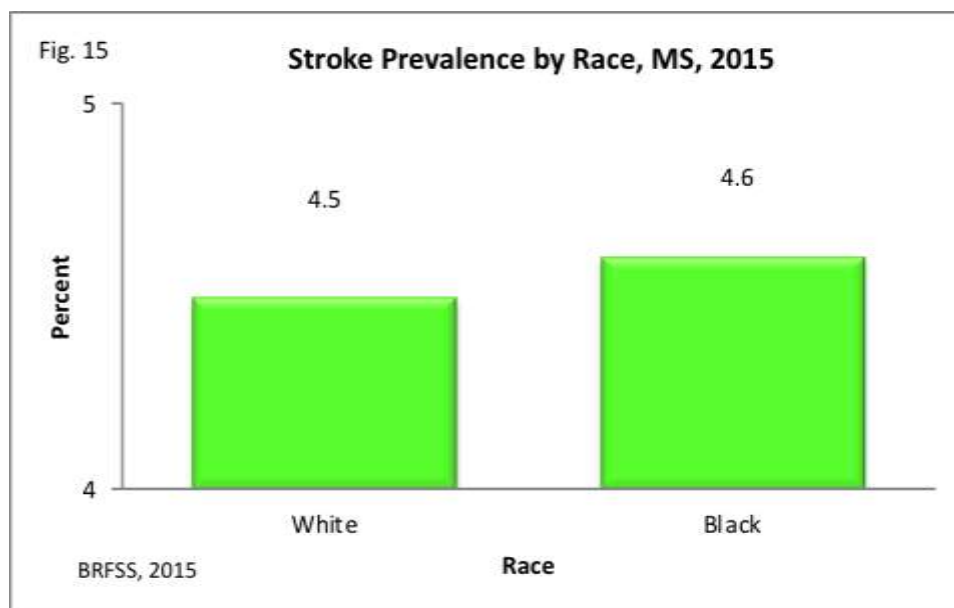


Figure 15: 4.5% of white and 4.6% of black adult Mississippians have had a stroke at some point in their lifetime. It cannot be concluded there is a significantly different prevalence between the proportion of whites versus the proportion of blacks who have ever had a stroke.

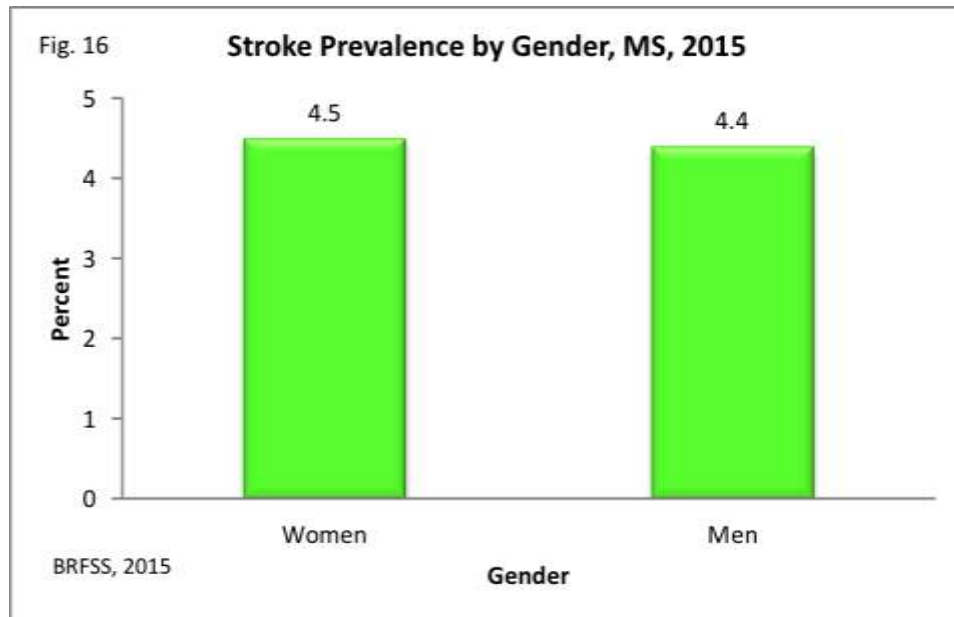


Figure 16: 4.5% of adult Mississippi women and 4.5% of men have had a stroke at some point in their lifetime. It cannot be concluded there is a significant difference between the proportion of women and the proportion of men who have ever had a stroke.

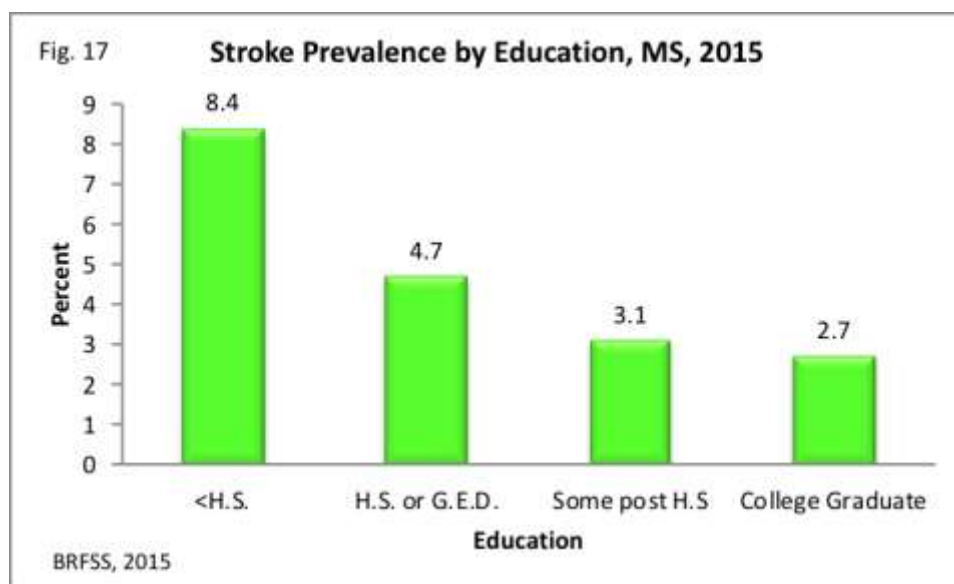


Figure 17: Stroke prevalence, by education level, is significantly higher among Mississippi adults with no high school education (8.4%) versus college graduates (2.7%).

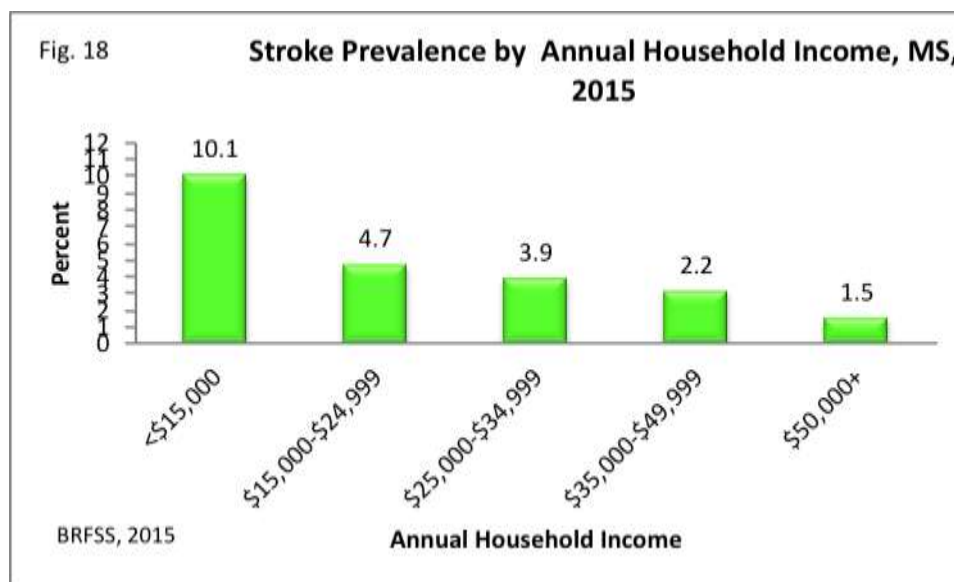


Figure 18: Stroke prevalence, by annual household income, is significantly higher among Mississippi adults who earn less than \$15,000 (10.1%) versus those who earn \$50,000 or more in annual household income (1.5%).

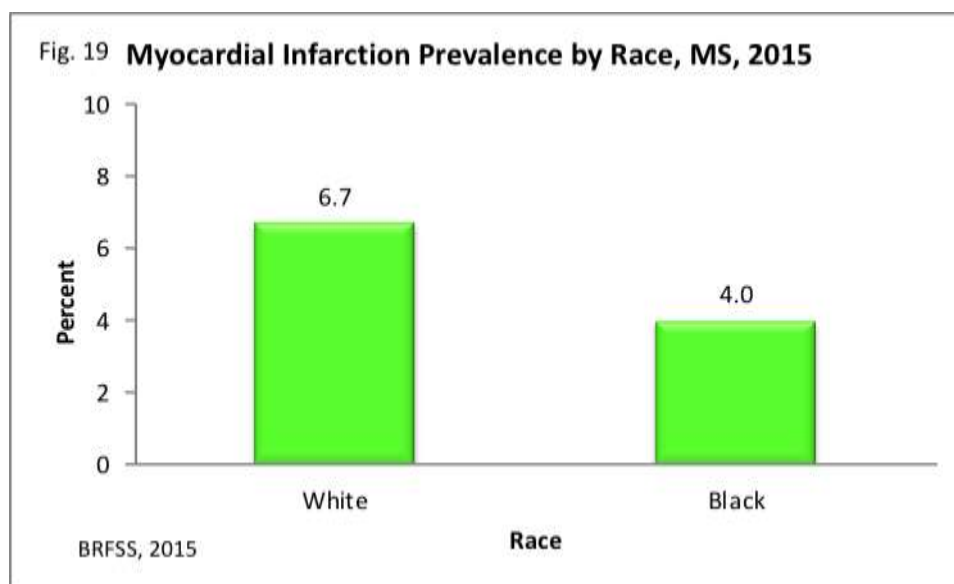


Figure 19: White adult Mississippians have a significantly higher prevalence (6.7%) of ever having a myocardial infarction in comparison to 4.0% of black adult Mississippians.

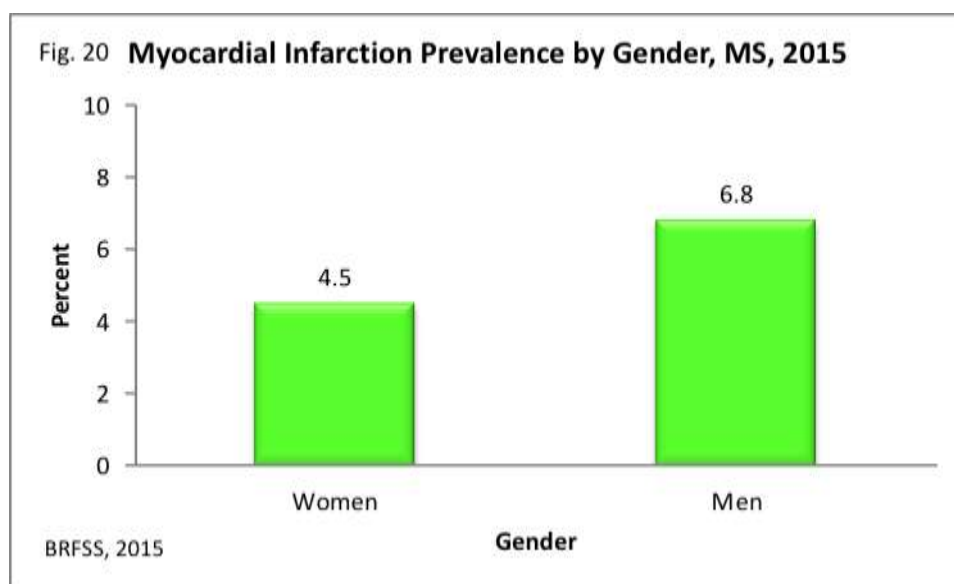


Figure 20: Mississippi men have a significantly higher prevalence (6.8%) of myocardial infarctions in comparison to women (4.5%).

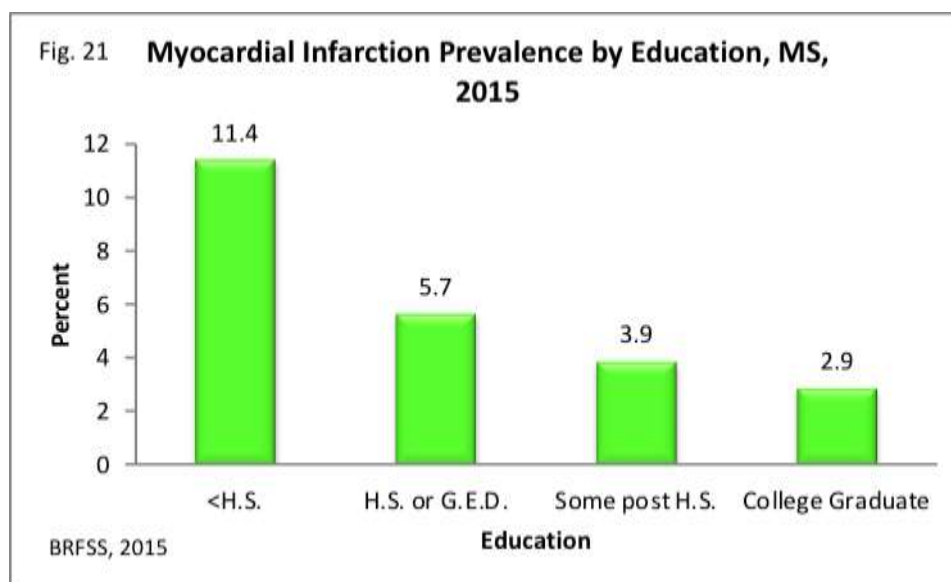


Figure 21: Among adult Mississippians, there is a significantly higher prevalence of myocardial infarctions among those with no high school education (11.4%) versus among college graduates (2.9%). This prevalence steadily decreases as attained level of education increases.

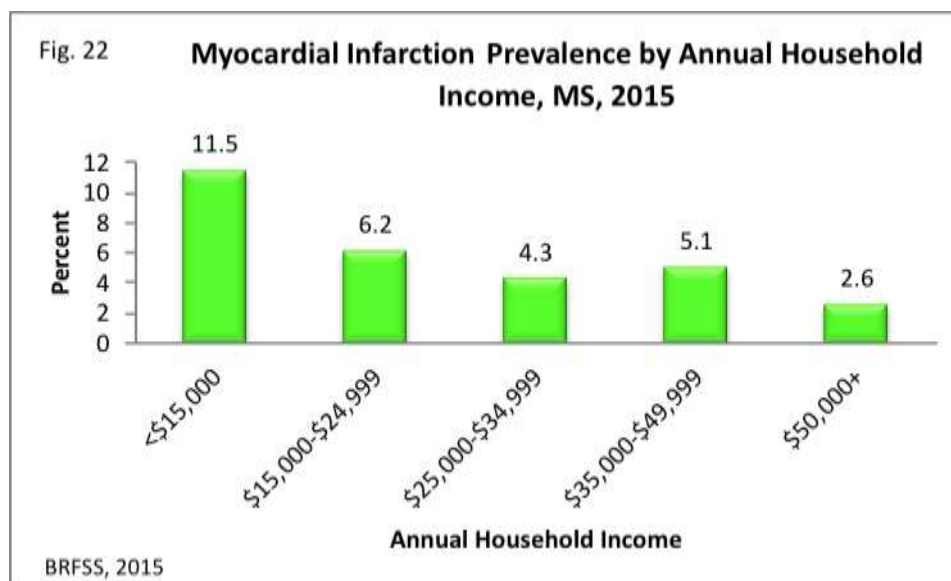


Figure 22: Among adult Mississippians, there is a significantly higher prevalence of myocardial infarctions among those earning less than \$15,000 (11.5%) versus those earning \$50,000 or more (2.6%).

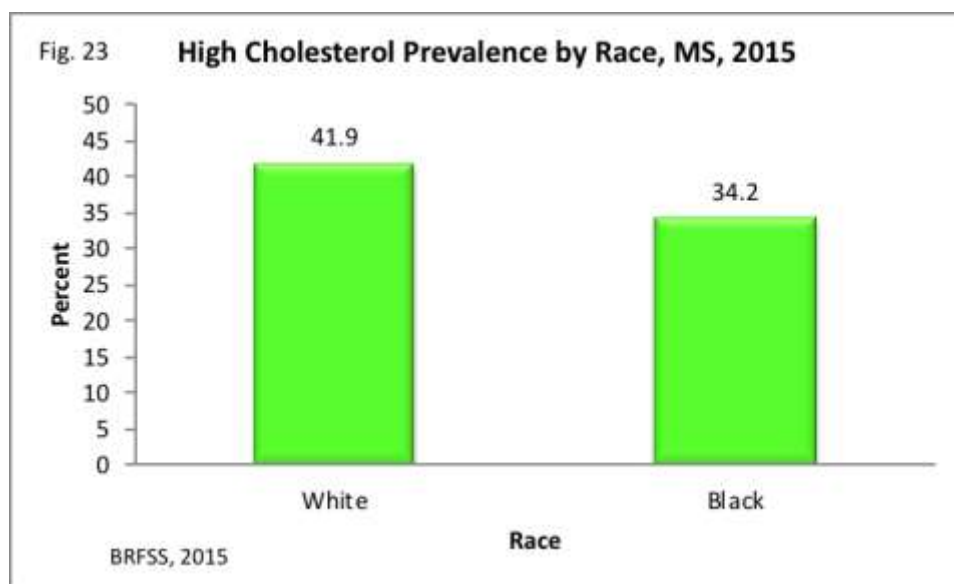


Figure 23: By race, white adult Mississippians have a significantly higher prevalence (41.9%) of high cholesterol in comparison to the black population (34.2%).

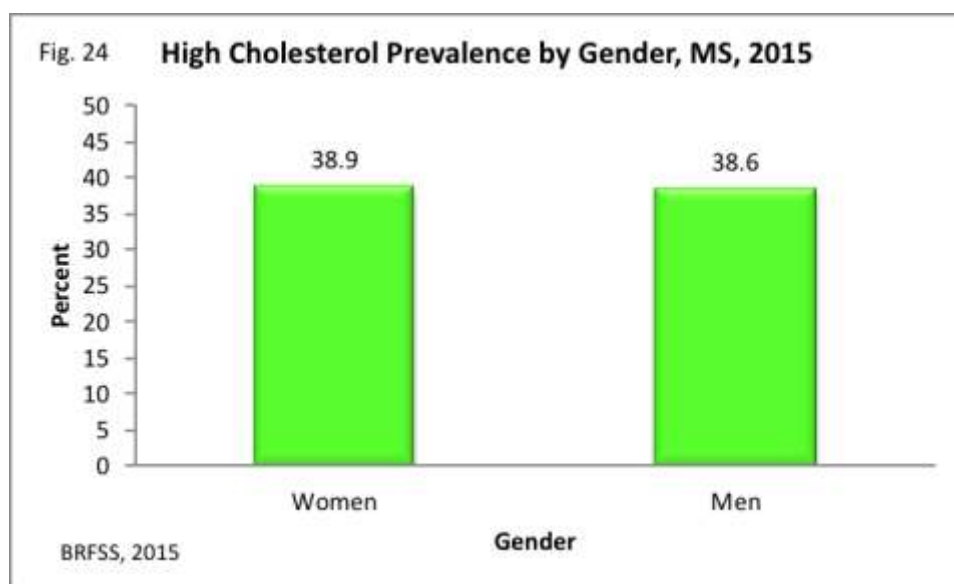


Figure 24: By gender, adult women Mississippians have the higher prevalence (38.9%) of high cholesterol. It cannot be concluded there is a significant difference between the proportion of women and the proportion of men who have high cholesterol.

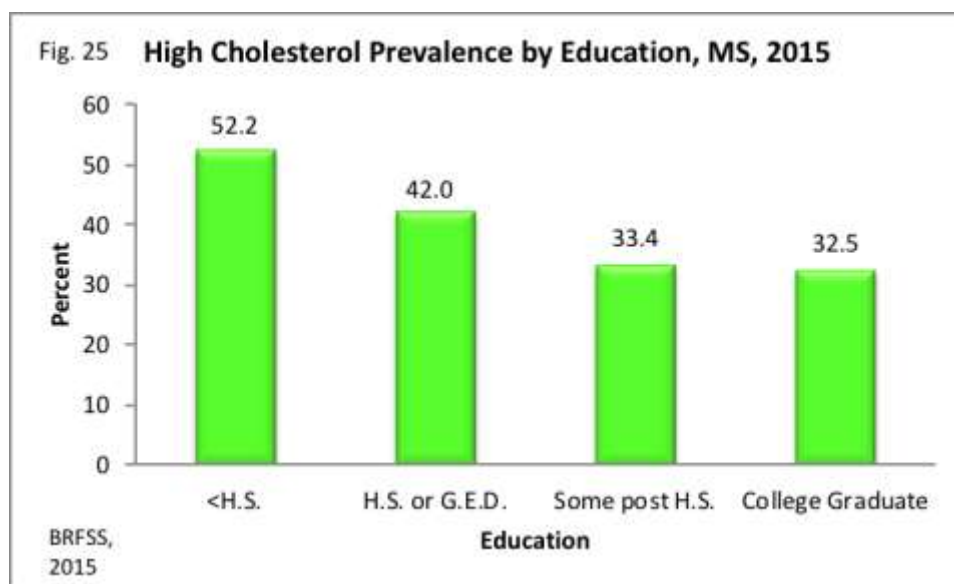


Figure 25: By education level, adult Mississippians with no high school education have a significantly higher prevalence (52.2%) of high cholesterol to college graduates, who have the lowest prevalence (32.5%).

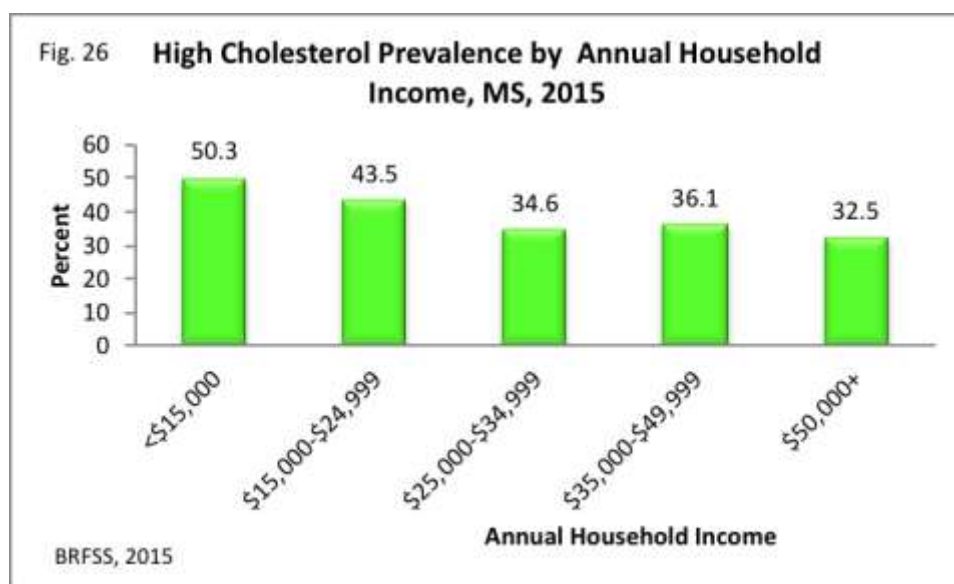


Figure 26: High cholesterol prevalence, by annual household income, is significantly higher among adult Mississippians earning less than \$15,000 (50.3%) in comparison to those earning \$50,000 or more (32.5%).

I. Overweight/Obesity Epidemic

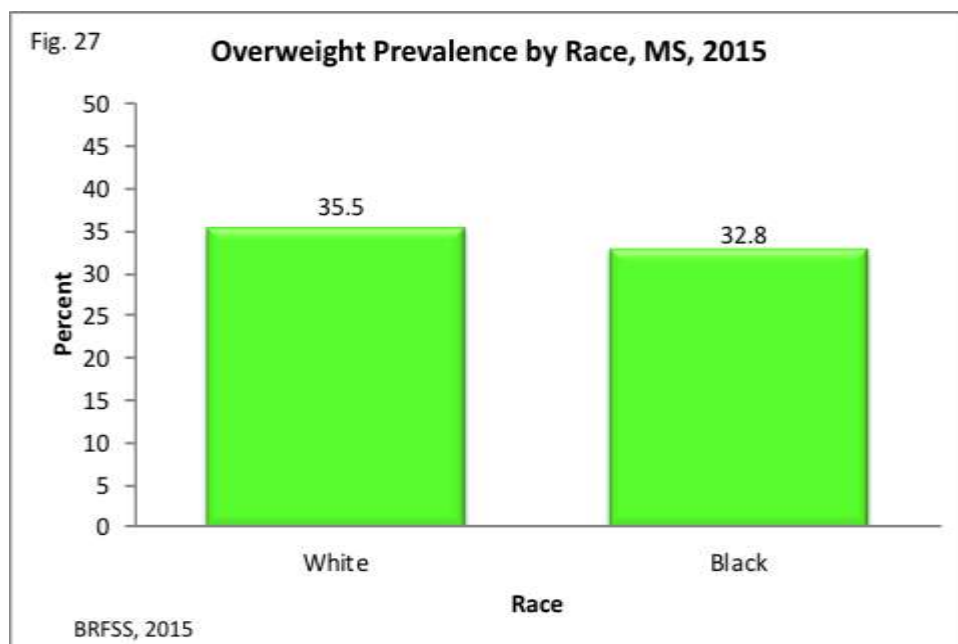


Figure 27: Among adult Mississippians, 35.5% of whites and 32.8% of blacks are overweight. It cannot be concluded there is a significantly higher overweight prevalence between either racial group.

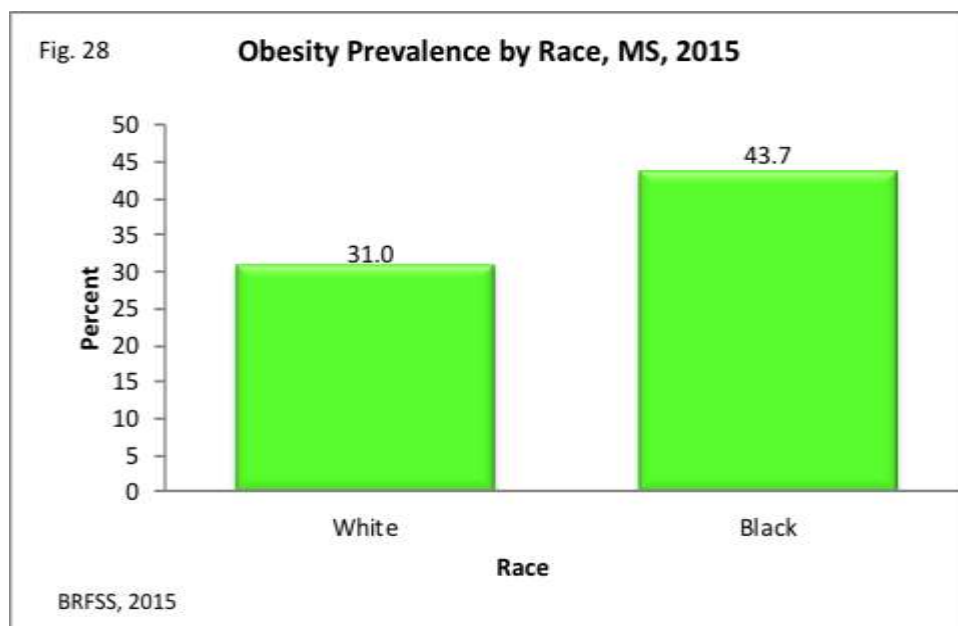


Figure 28: The obesity prevalence among blacks (43.7) is significantly higher than the obesity prevalence among whites (31.0%).

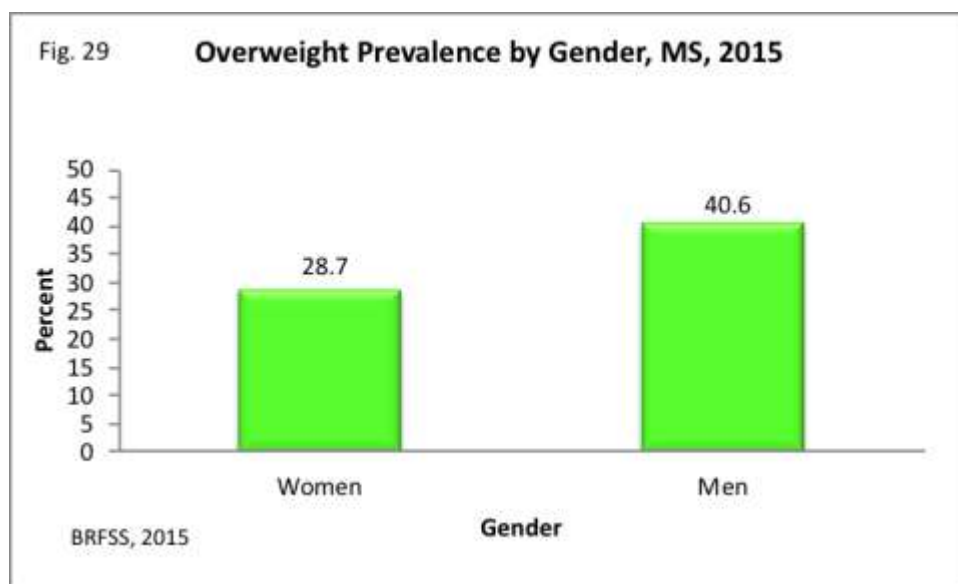


Figure 29: Among adult Mississippians, men have a significantly higher overweight prevalence (40.6%) to women (28.7%).

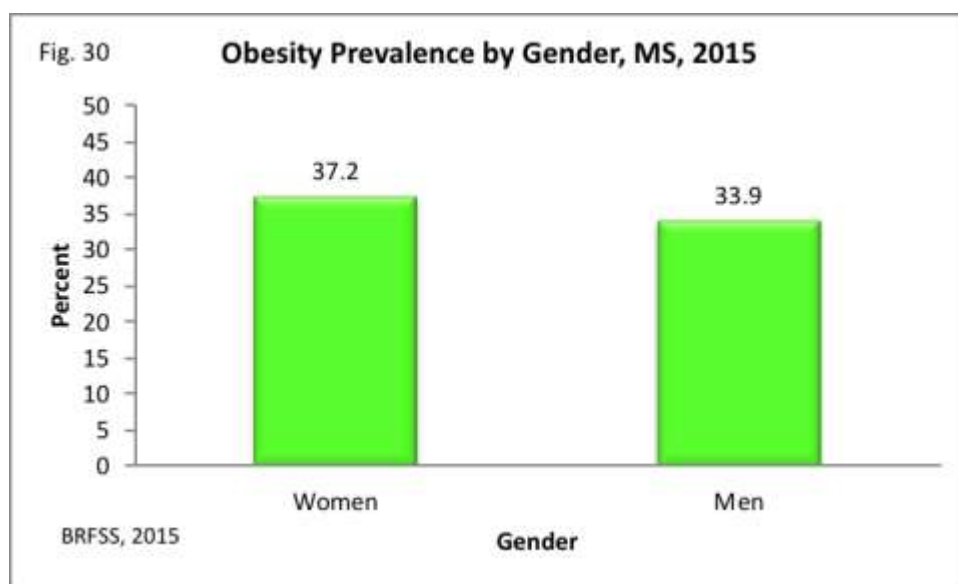


Figure 30: Among adult Mississippians, 37.2% of women and 33.9% of men are obese. It cannot be concluded there is significant difference in the proportion of those obese between the two genders.

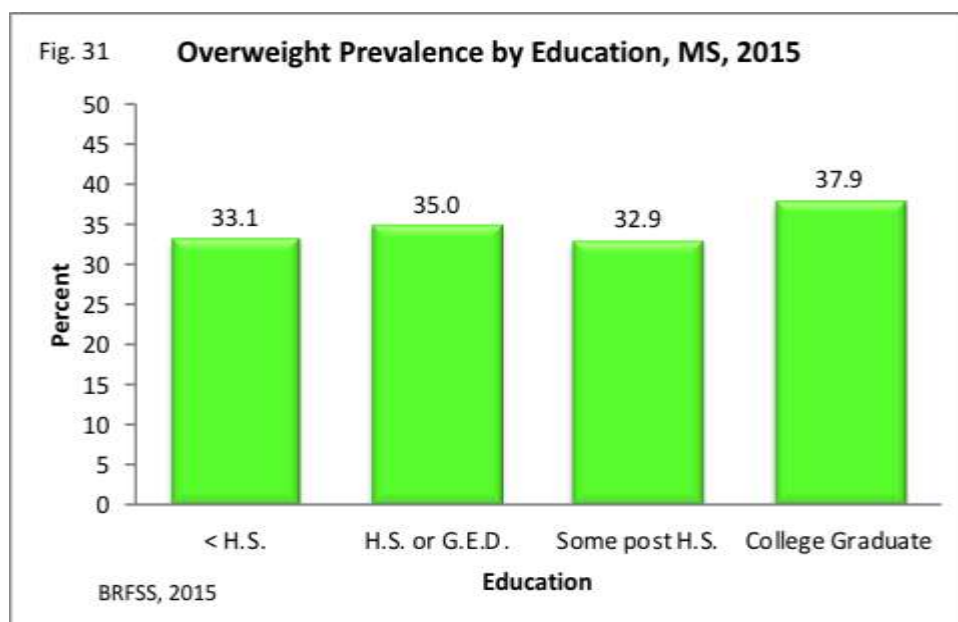


Figure 31: The highest overweight prevalence (37.9%), by education level, is among Mississippi adults with a college degree. The lowest overweight prevalence (32.9%) is among Mississippi adults with some post high school education. It cannot be concluded that any education group has a significantly different overweight prevalence.

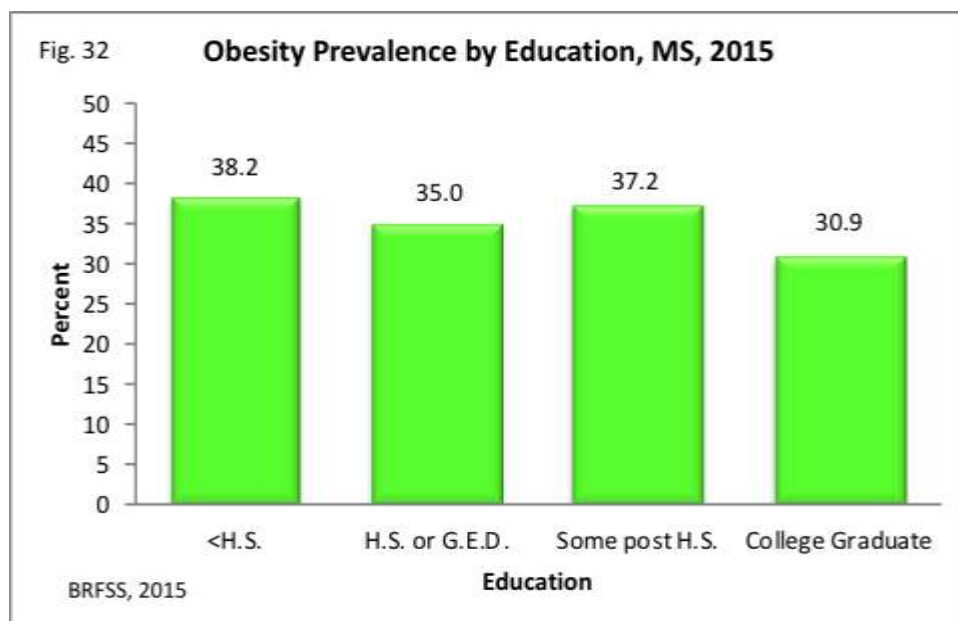


Figure 32: By education level, obesity prevalence is highest (38.2%) among Mississippi adults with no high school education, and it is lowest (30.9%) among those with a college degree. It cannot be concluded that any education group has a significantly different obesity prevalence.

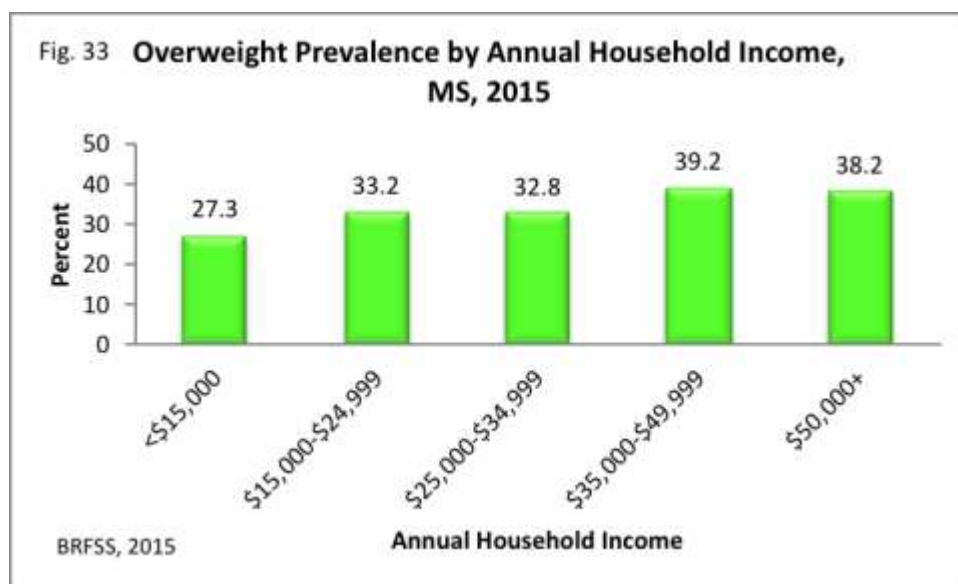


Figure 33: Among all household income brackets, homes that earn \$35,000 or more are significantly more overweight than those in the lowest annual household income group (27.3%).

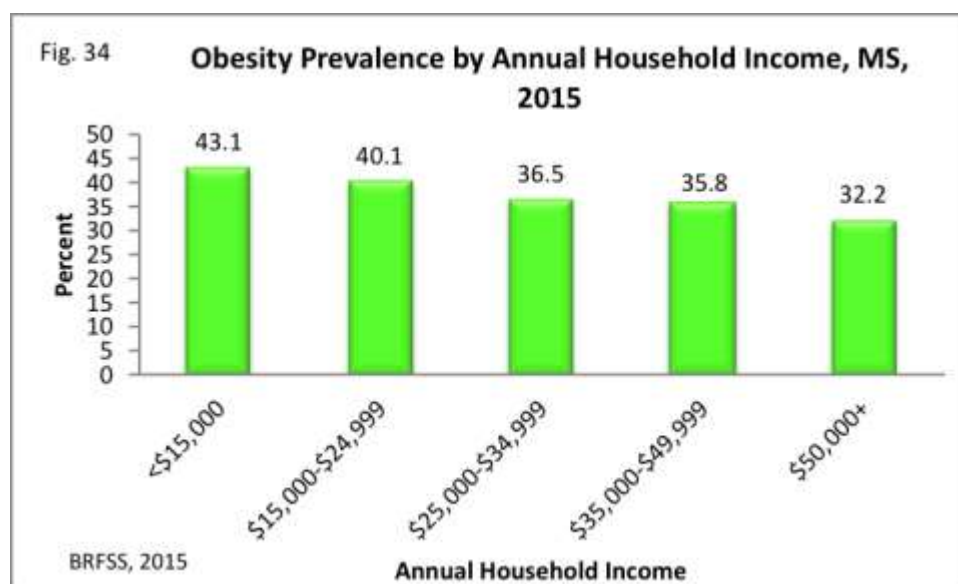


Figure 34: Mississippians earning less than \$15,000 in annual household income are significantly more obese (43.1%) than Mississippians earning \$50,000 or more (32.2%).

Diabetes

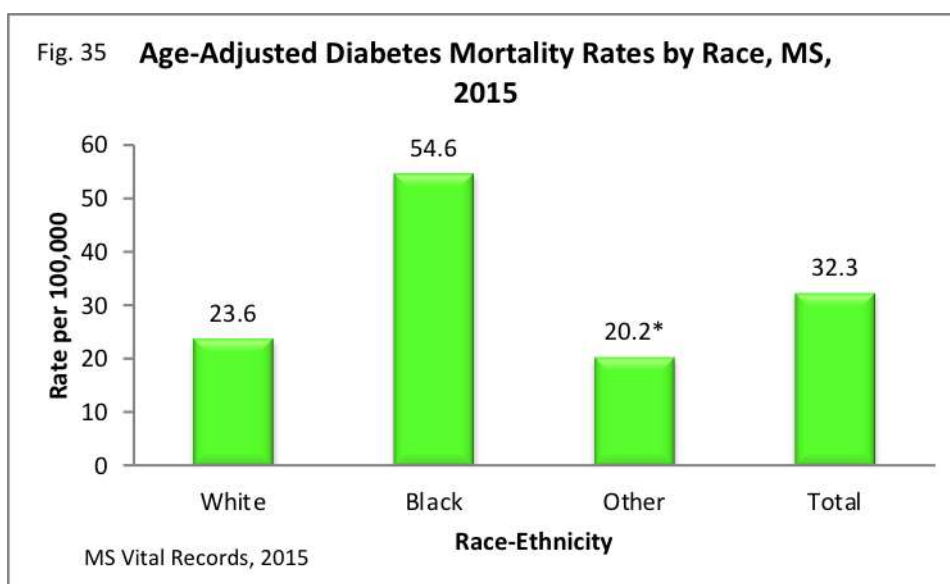


Figure 35: Among adult Mississippians, diabetes mortality by race-ethnicity is highest among blacks at 54.6 deaths per 100,000 population. The diabetes mortality rate is lowest for white Mississippians at 23.6 deaths per 100,000 population.

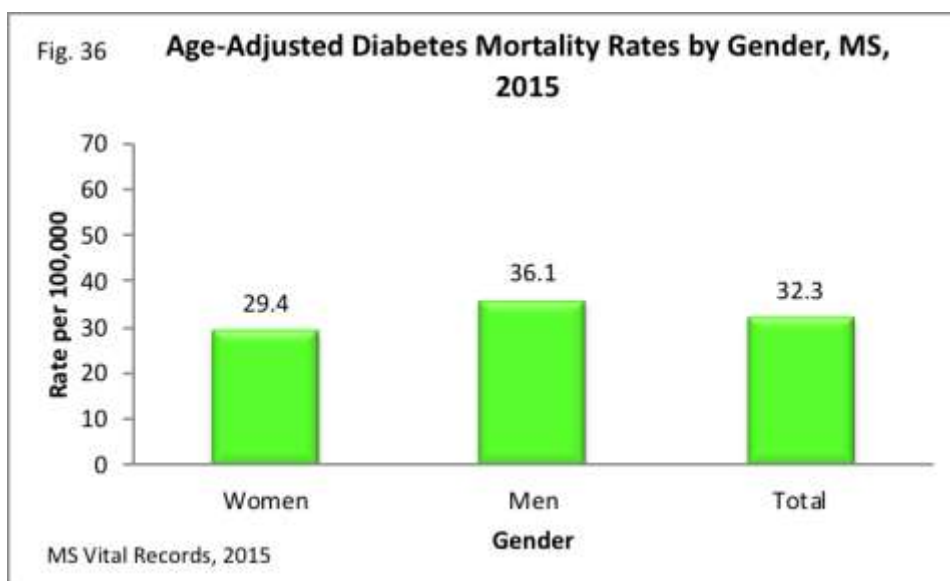


Figure 36: Among Mississippians, diabetes mortality by gender is highest among men at 36.1 deaths per 100,000 population. The diabetes mortality rate is lowest for women at 29.4 deaths per 100,000 population.

*Denotes < 20 events. Due to a small number of events, these rates are unstable and should be interpreted with caution.

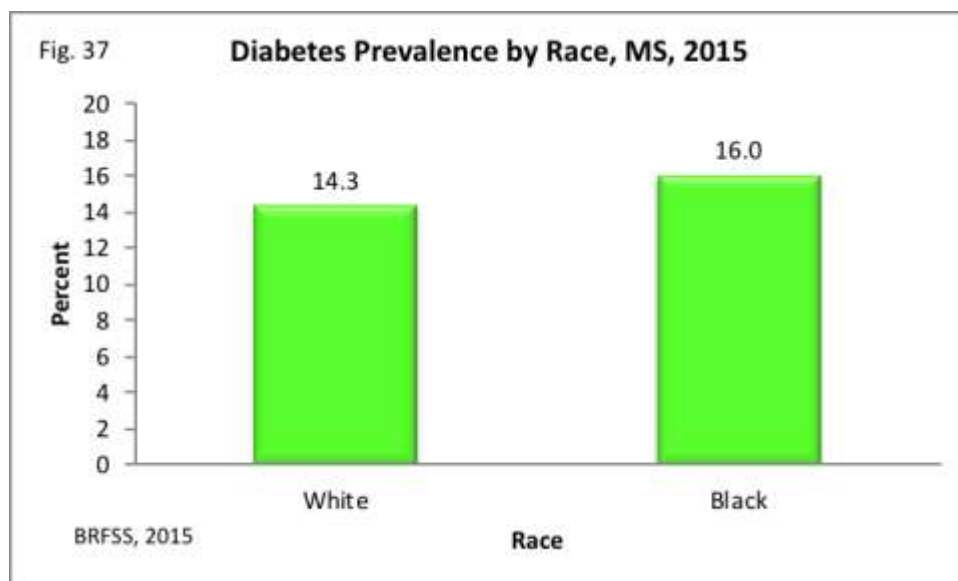


Figure 37: Among adult Mississippians, 16.0% of blacks and 14.3% of whites have diabetes. It cannot be concluded there is a significant difference between the proportion of whites and the proportion of blacks that has diabetes.

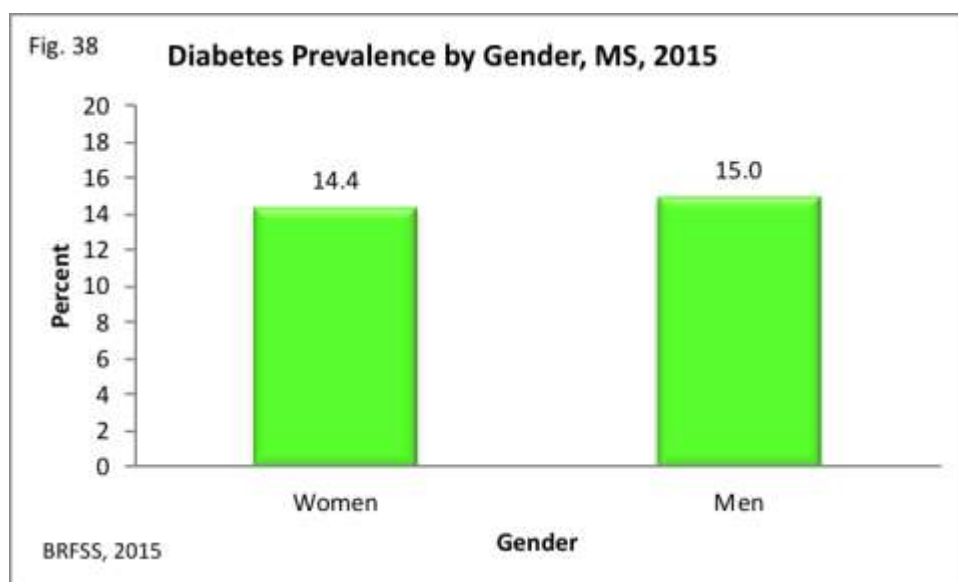


Figure 38: Among adult Mississippians, 14.4% of women and 15.0% of men have been diagnosed with diabetes. It cannot be concluded there is a significant diabetes prevalence difference between the two genders.

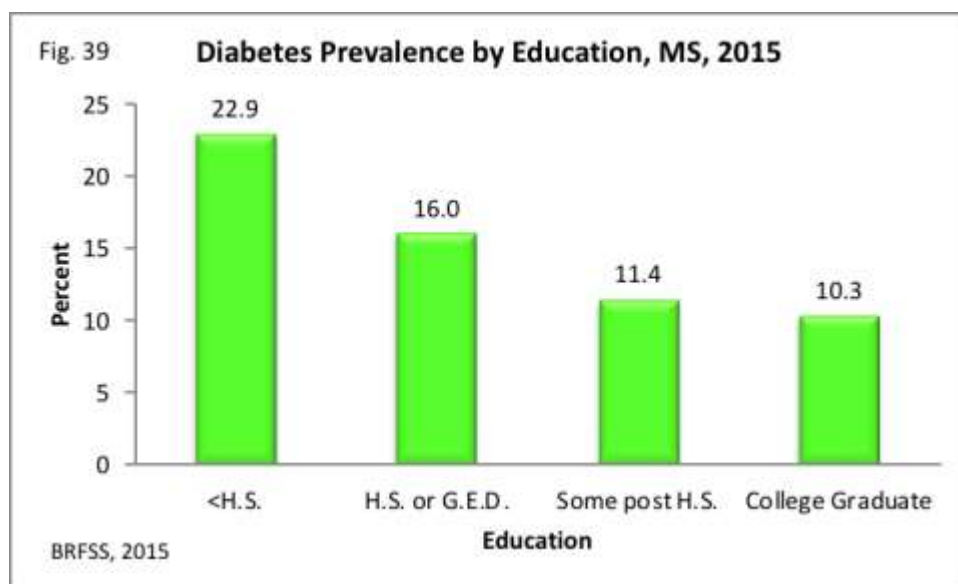


Figure 39: Among adult Mississippians, those with no high school education have a significantly higher diabetes prevalence (22.9%) than college graduates (10.3%). In general, diabetes prevalence decreases as education level attained increases.

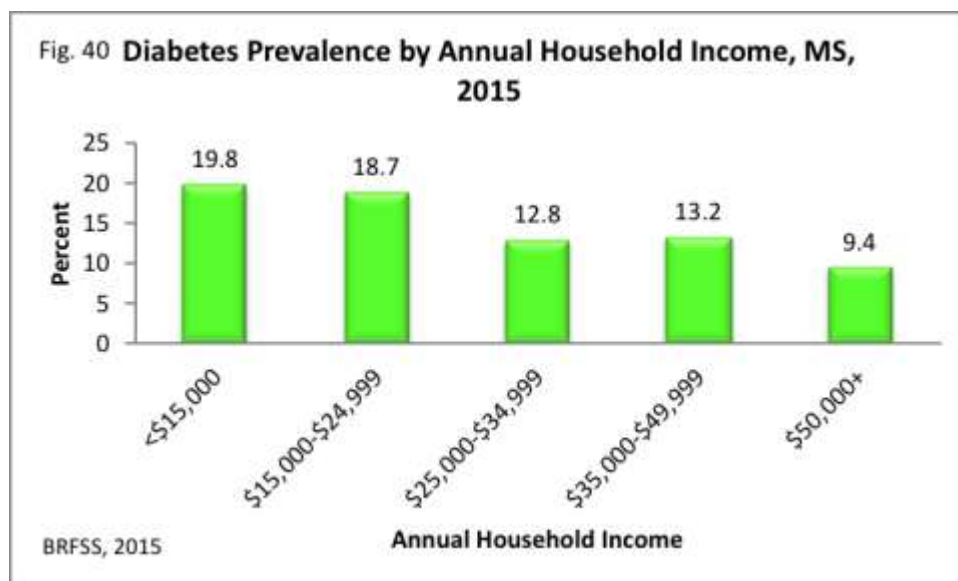


Figure 40: Among adult Mississippians, by income, those earning less than \$15,000 in annual household income have a significantly higher diabetes prevalence (19.8%) than those earning \$50,000 or more in annual household income (9.4%). In general, diabetes prevalence decreases as annual household income increases.

Renal Disease

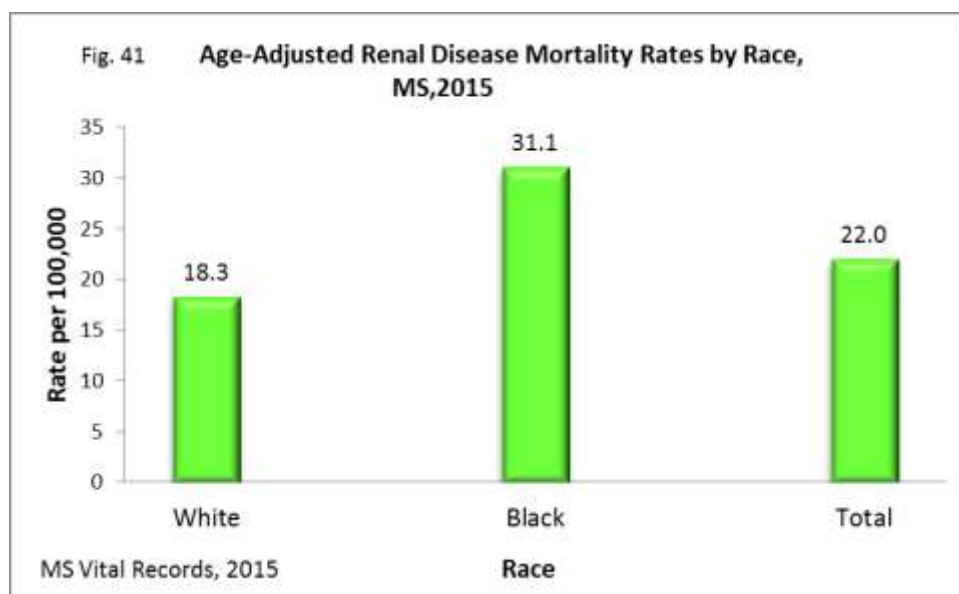


Figure 41: Among Mississippians, renal disease mortality by race-ethnicity is highest among blacks at 31.1 deaths per 100,000 population, and renal disease mortality is lowest among whites at 18.3 deaths per 100,000 population.

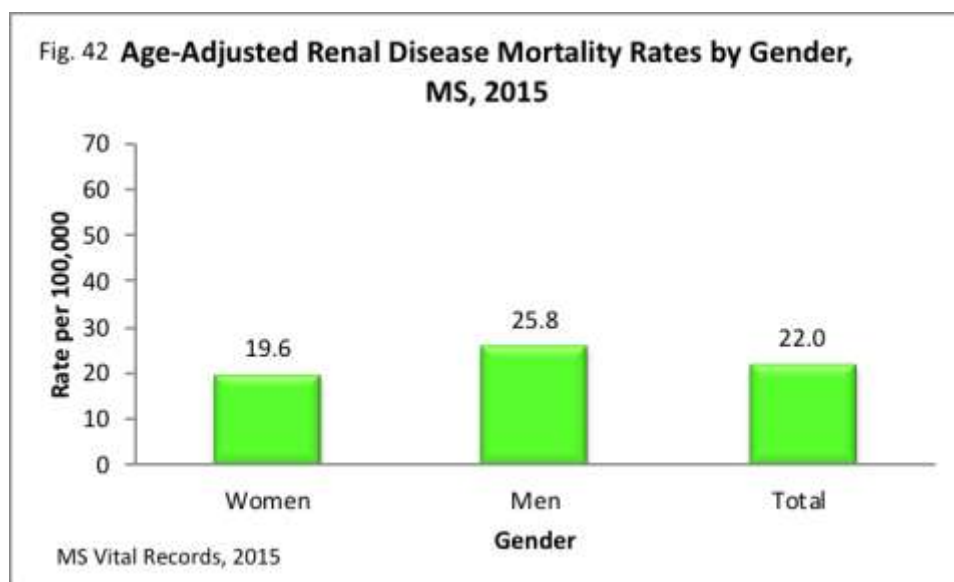


Figure 42: Among Mississippians, 25.8 men and 19.6 women deaths per 100,000 population are attributed to renal disease.

*Denotes < 20 events. Due to a small number of events, these rates are unstable and should be interpreted with caution.

II. Asthma

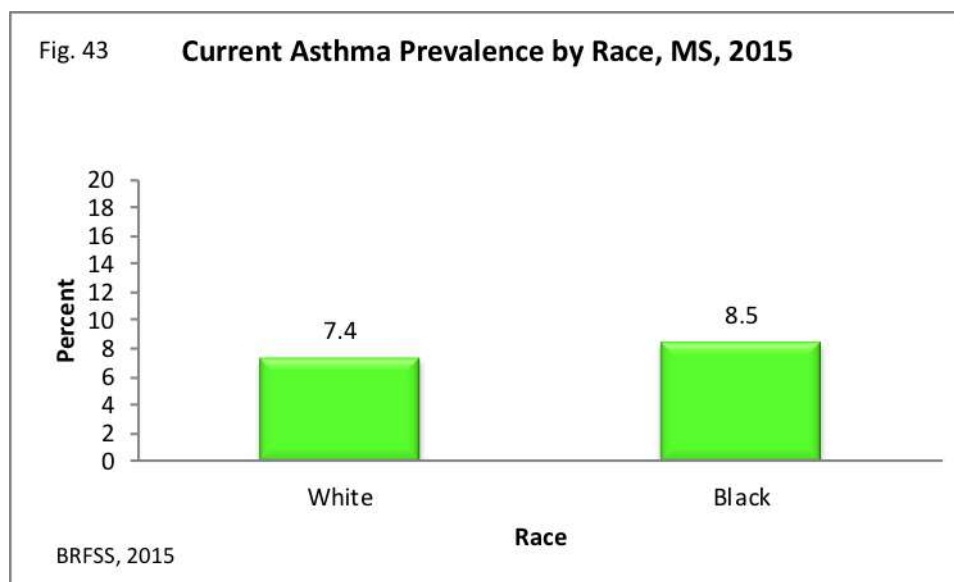


Figure 43: Among adult Mississippians, 8.5% of blacks and 7.4% of whites currently have asthma. It cannot be concluded there is a significantly different prevalence between the proportion of whites and the proportion of blacks who currently have asthma.

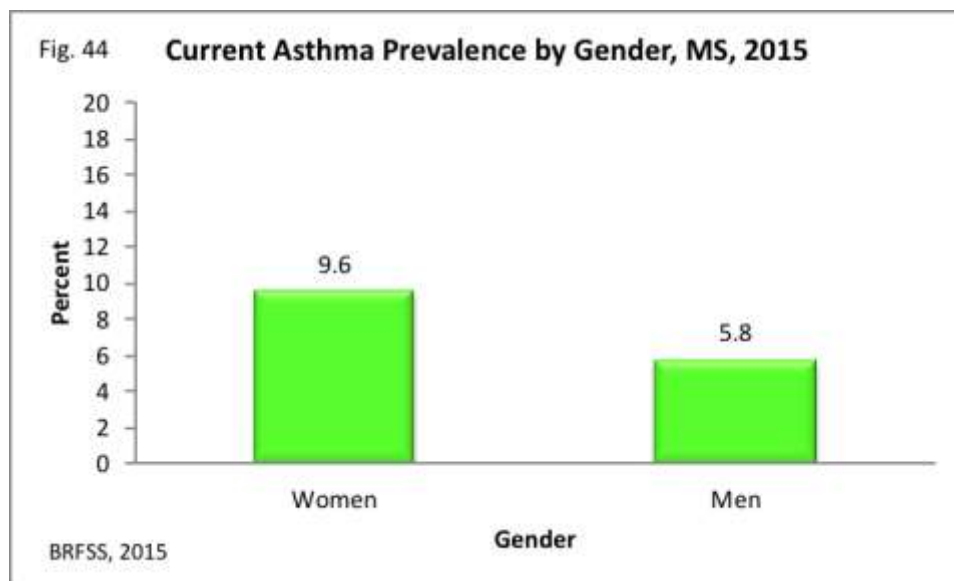


Figure 44: Among adult Mississippians, women currently have a significantly higher asthma prevalence (9.6%) than men (5.8%).

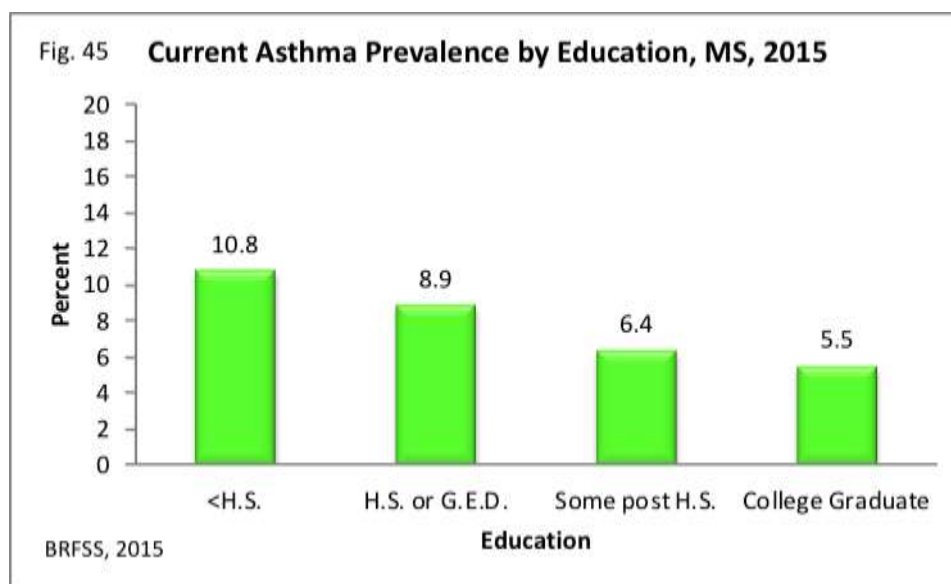


Figure 45: Among adult Mississippians, by education, those with no high school education have significantly higher current asthma prevalence (10.8%) in comparison to college graduates (5.5%). This prevalence decreases as the level of education attained increases.

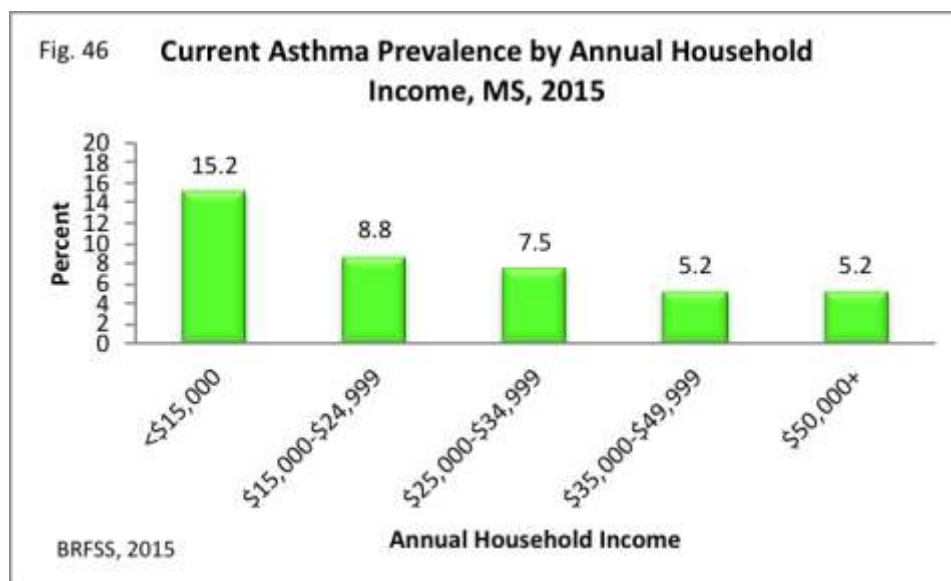


Figure 46: Among adult Mississippians, by income, those who earn less than \$15,000 in annual household income have a significantly higher current asthma prevalence (15.2%) in comparison to those who earn \$50,000 or more in annual household income (5.2%).

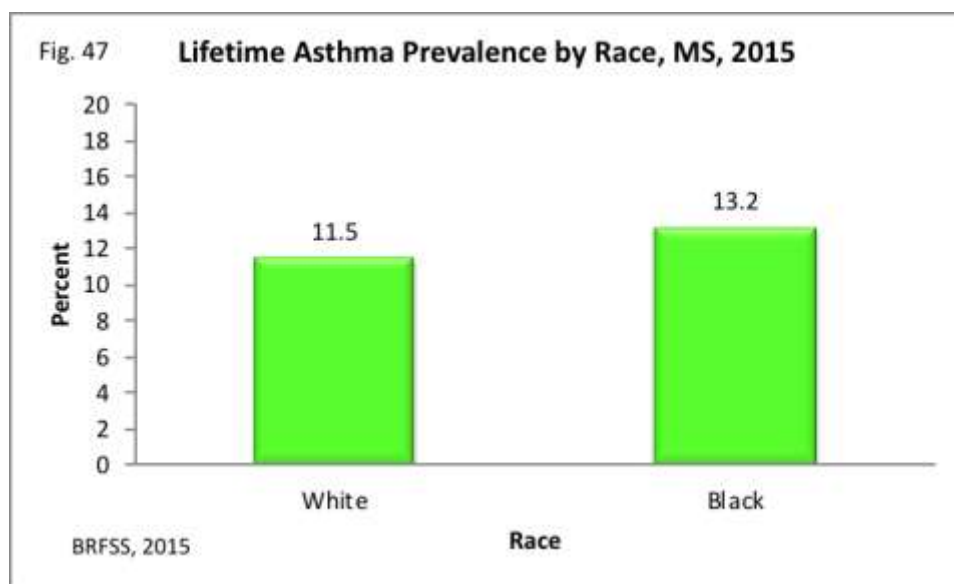


Figure 47: Among adult Mississippians, 13.2% of blacks and 11.5% of whites have had asthma at some point in their lifetime. It cannot be concluded there is a significant difference between the proportion of whites and the proportion of blacks who have ever had asthma.

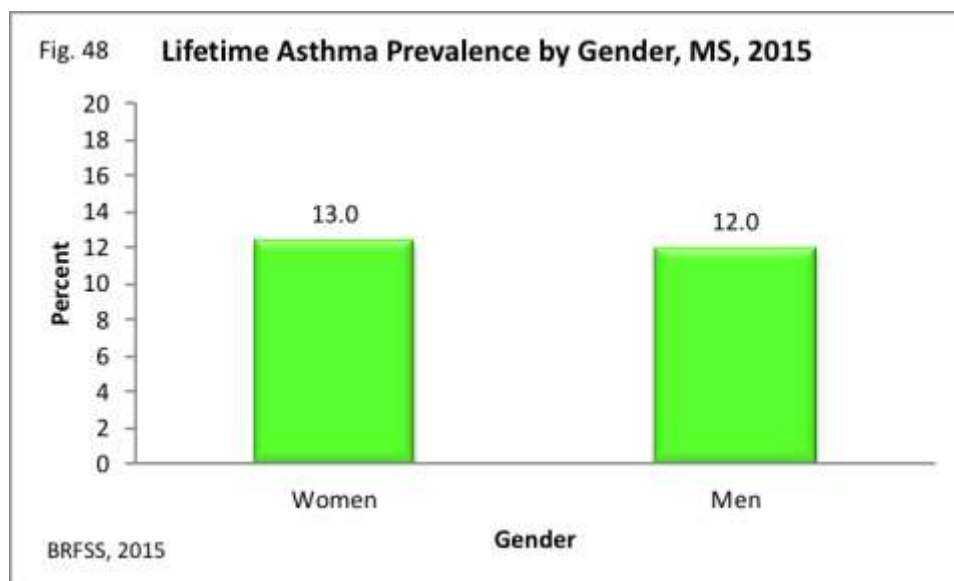


Figure 48: Among adult Mississippians, 13.0% of women and 12.0% of men have had asthma at some point in their lifetime. It cannot be concluded there is a significant difference between the proportion of women and the proportion of men who have ever had asthma.

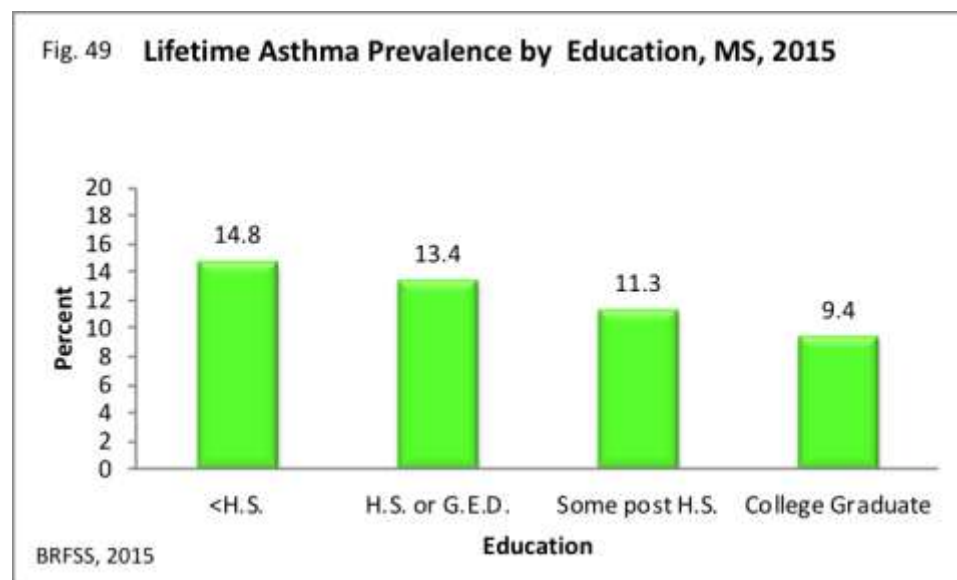


Figure 49: Among adult Mississippians, by education level, the prevalence of those who have had asthma at some point in their lifetime is 14.8% (95% CI [8.7, 22.9]) among those with no high school education versus 9.4% (95% CI [5.2, 12.3]) among college graduates. Lifetime asthma prevalence steadily decreases as level of attained education increases. It cannot be concluded there is a significant difference in lifetime asthma prevalence by education.

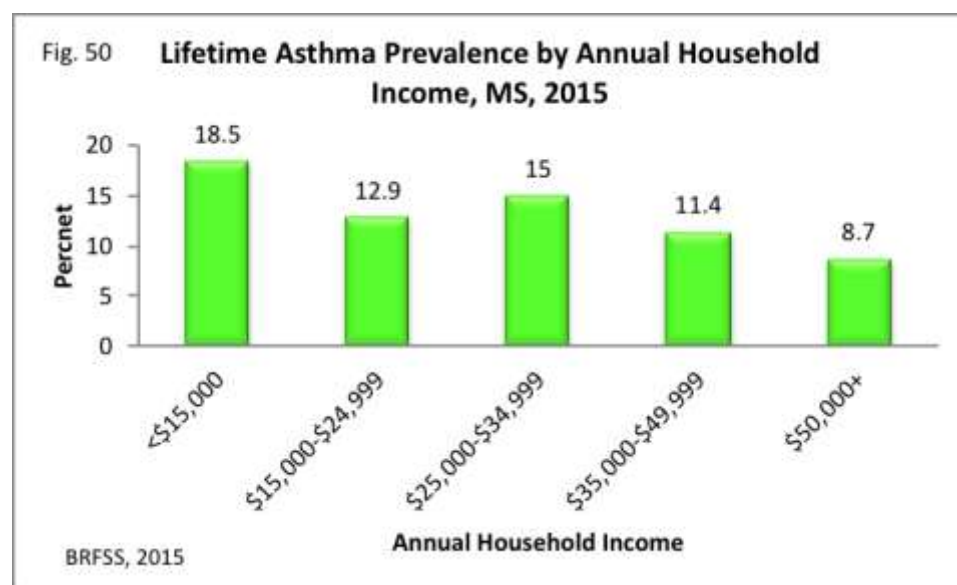


Figure 50: Among adult Mississippians, those earning less than \$15,000 in annual household income have a significantly higher prevalence (18.5%) of ever having asthma at some point in their lifetime in comparison to those earning \$50,000 or more (8.7%).

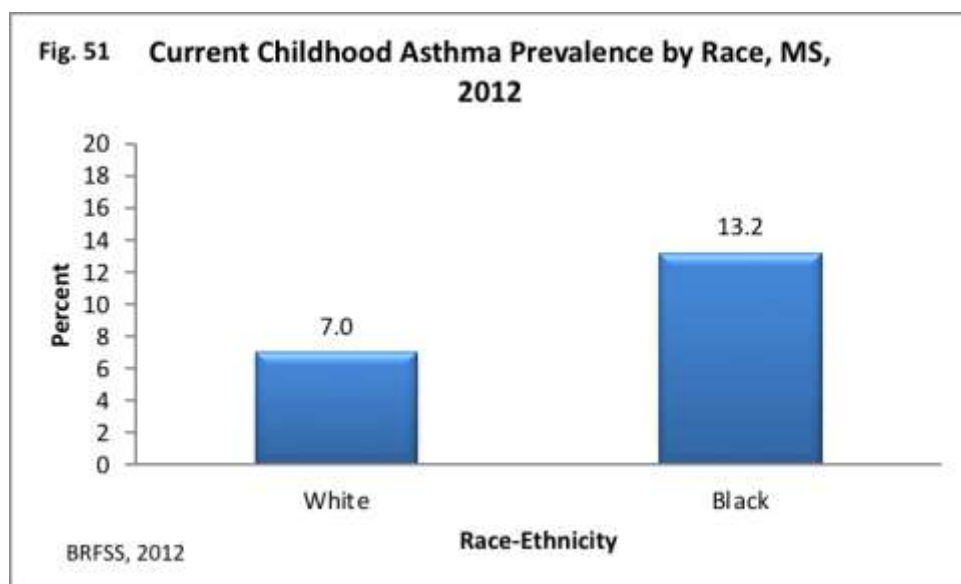


Figure 51: Among Mississippians, ages 17 and below, by race-ethnicity, 13.2% of black children currently have asthma. This is a significantly higher proportion to the 7.0% of white children who currently have asthma.

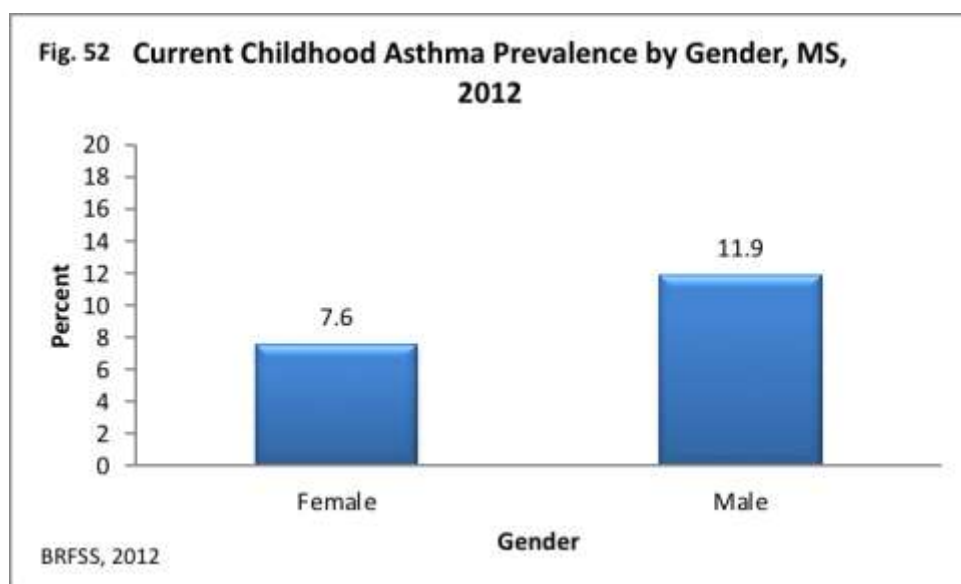


Figure 52: Among Mississippians, ages 17 and below, by gender, 11.9% (95% CI [9.5, 14.4]) of male children and 7.6% (95% CI [5.6, 9.7]) of female children currently have asthma. It cannot be concluded there is a significant difference between the proportion of girls and the proportion of boys who currently have asthma.

III. HIV/AIDS

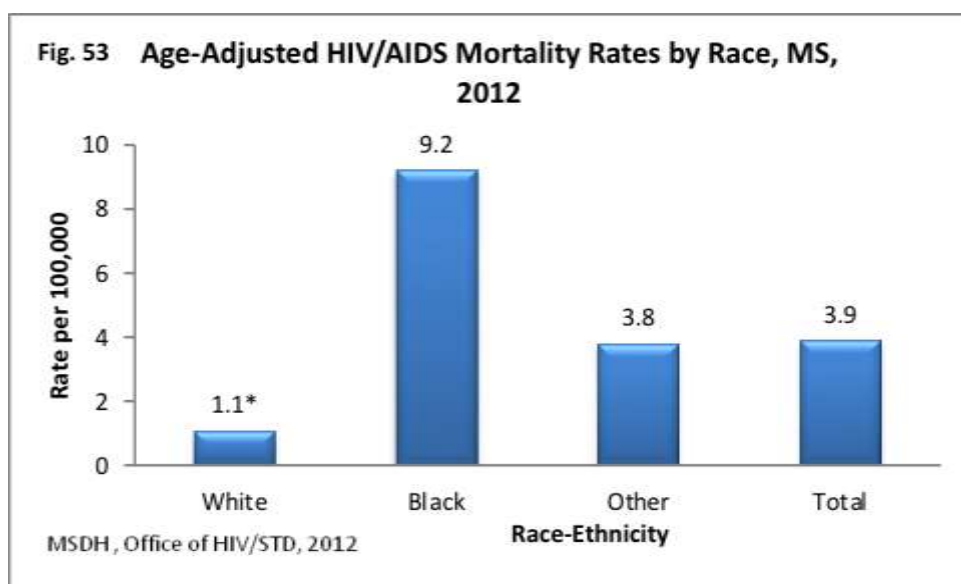


Figure 53: The age-adjusted HIV/AIDS mortality rate, by race-ethnicity, is 9.2 deaths per 100,000 blacks compared to 1.1* deaths per 100,000 whites.

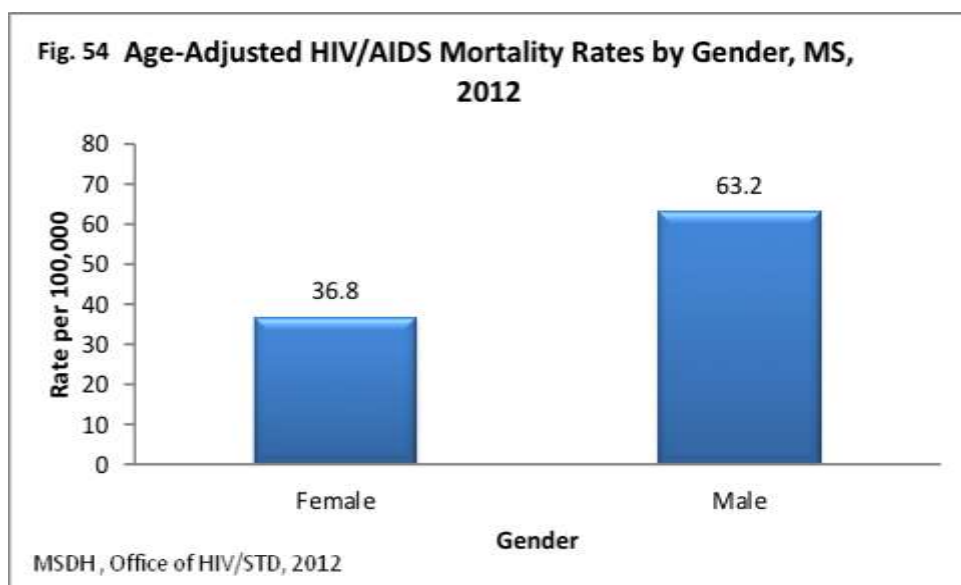


Figure 54: The age-adjusted HIV/AIDS mortality rate, by gender, is 63.2 deaths per 100,000 males compared to 36.8 deaths per 100,000 females.

*Denotes < 20 events. Due to a small number of events, these rates are unstable and should be interpreted with caution.

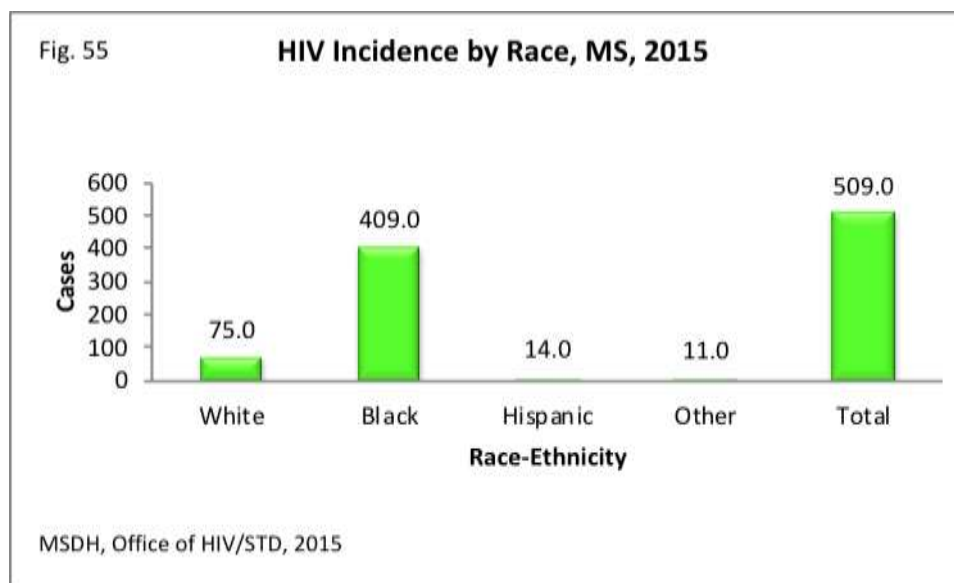


Figure 55: Among Mississippians in year 2015, there were 409.0 new HIV cases among blacks and 75.0 new HIV cases among whites.

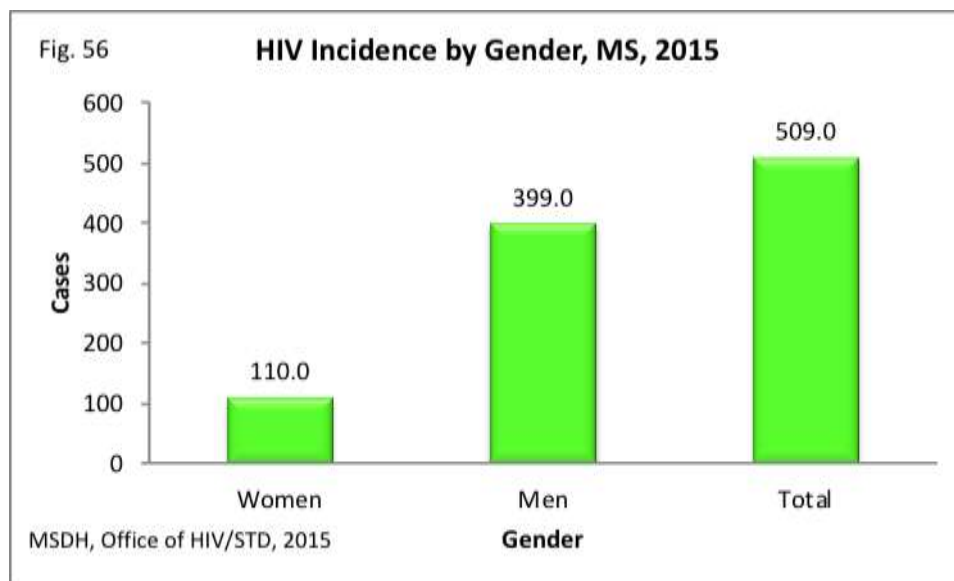


Figure 56: Among Mississippians, in year 2015, there were 399.0 new HIV cases among men compared to 110.0 new HIV cases among women.

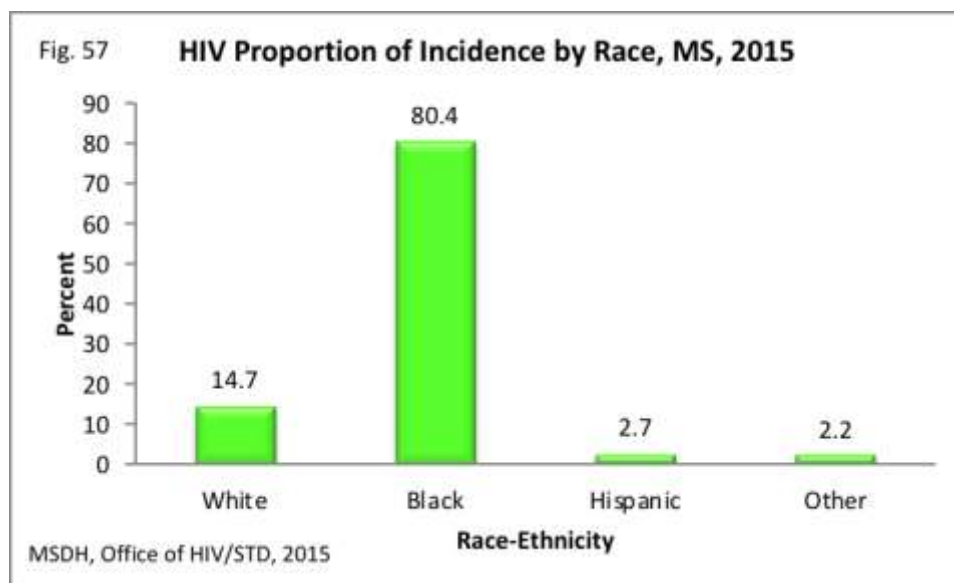


Figure 55: Among Mississippians in year 2015, blacks accounted for 80.4% of all new HIV cases, while whites accounted for 14.7% of all new cases.

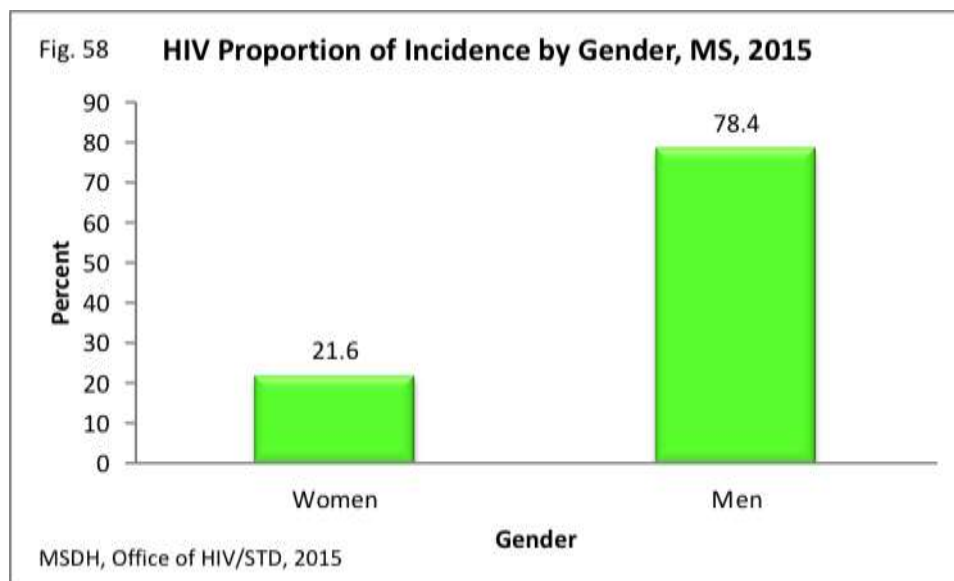


Figure 56: Among Mississippians, in year 2015, men accounted for 78.4% of all Mississippi's new HIV cases, while women accounted for 21.6% of all new cases.

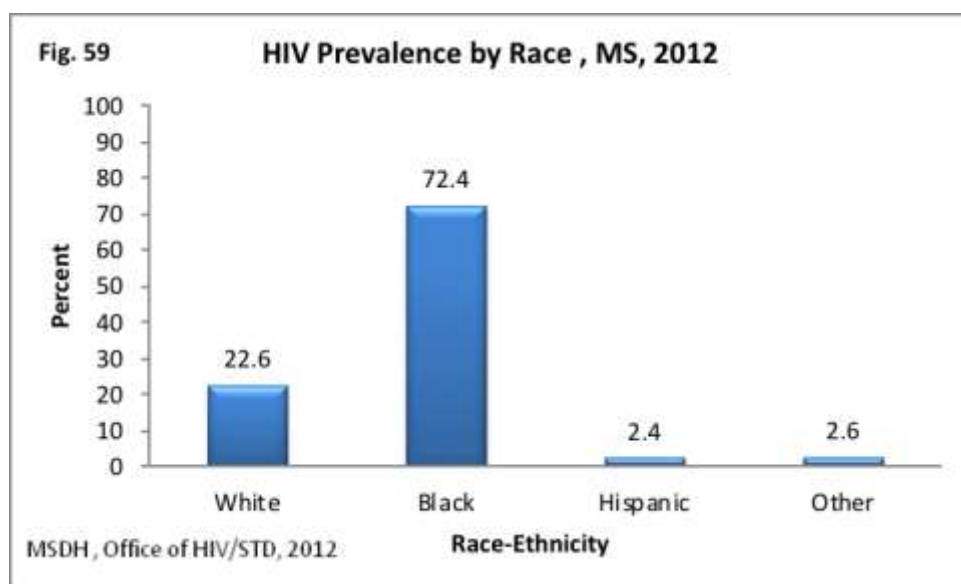


Figure 59: Of Mississippians living with HIV, 72.4% are black, 22.6% are white, 2.4% are Hispanic and 2.6% are “other.”

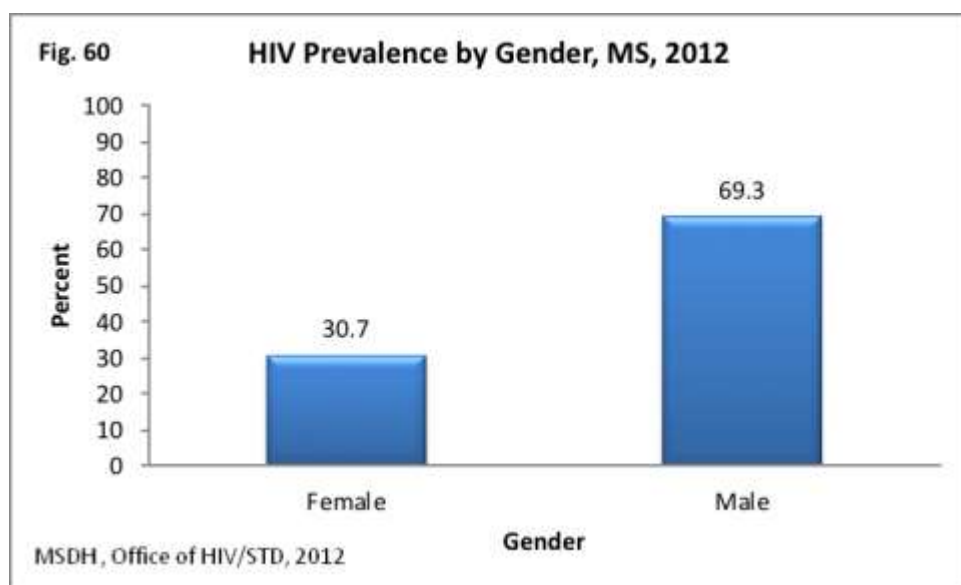


Figure 60: Of Mississippians living with HIV, 69.3% are male and 30.7% are female.

IV. Cancer

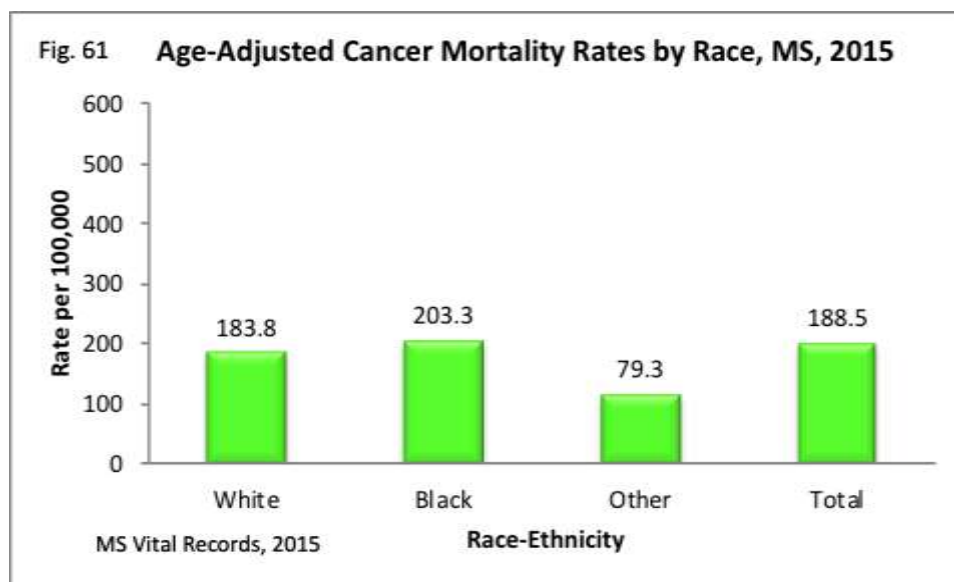


Figure 61: By race-ethnicity, the age-adjusted cancer mortality rate is 203.0 deaths among black Mississippians and 183.9 deaths among white Mississippians, per 100,000 population.

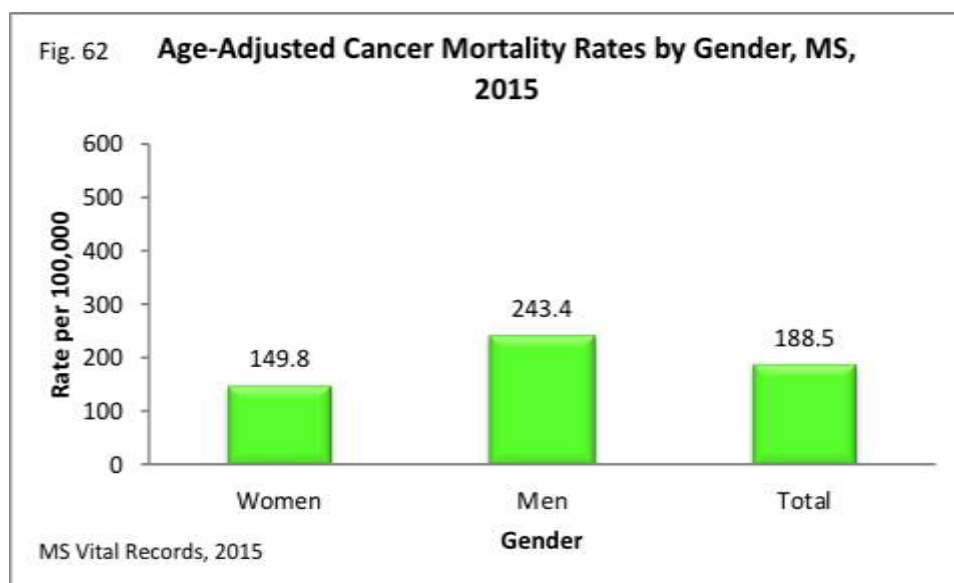


Figure 62: By gender, the age-adjusted cancer mortality rate among Mississippi men is 243.4 deaths and 149.8 women deaths per 100,000 population.

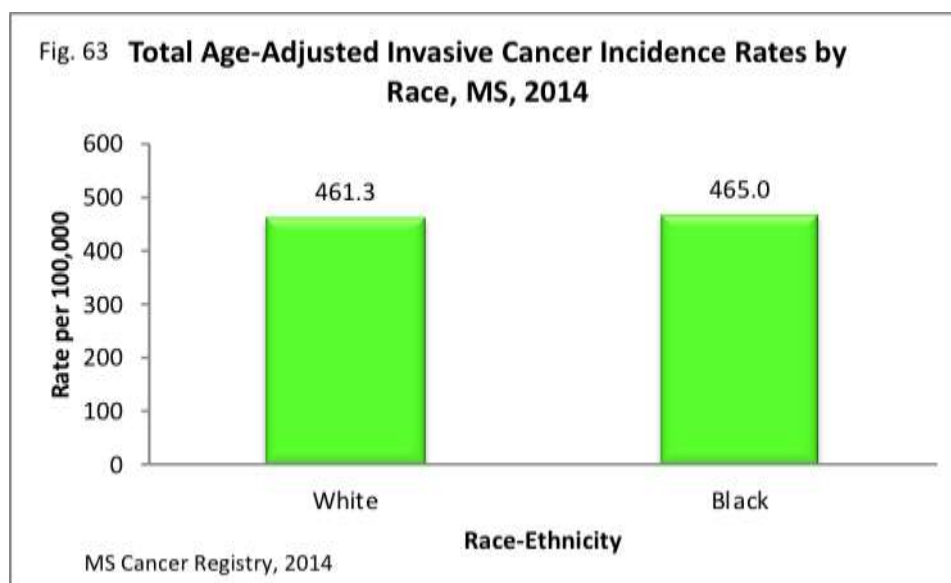


Figure 63: By race-ethnicity, in 2014, among all Mississippians, total invasive cancers affected 465.0 black and 461.3 white individuals per 100,000 population.

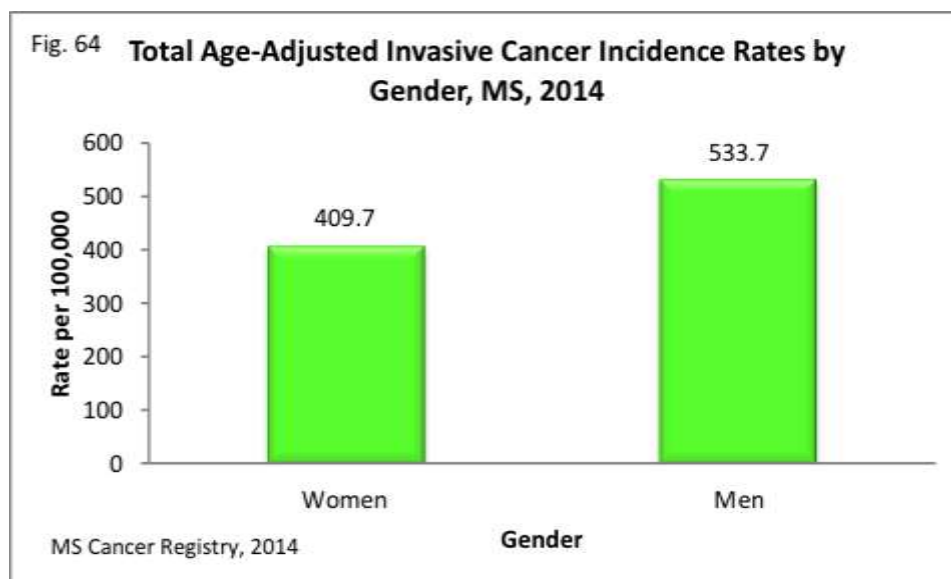


Figure 64: By gender, in 2014, among all Mississippians, total invasive cancers affected 533.7 men and 409.7 women per 100,000 population.

V. Infant Mortality

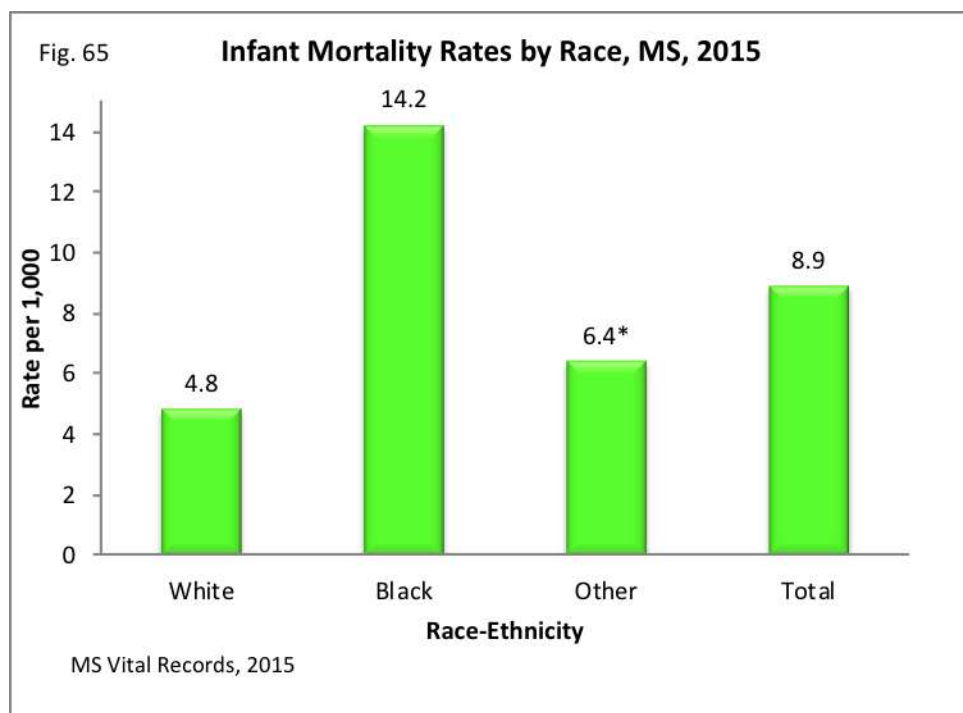


Figure 65: Among Mississippi infants 0-1 year of age, there were 8.9 infant deaths per 1,000 live births. The mortality rate for black infants was nearly triple the rate of white infants.

*Denotes < 20 events. Due to a small number of events, these rates are unstable and should be interpreted with caution.

VI. Teenage Pregnancy

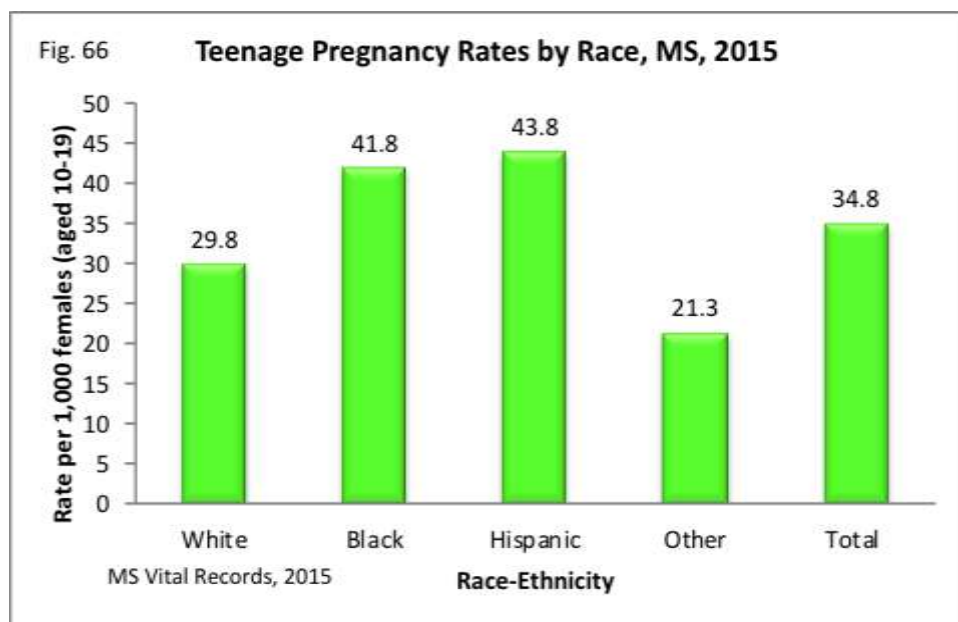


Figure 66: Per 1,000 Mississippi women, ages 15 to 19, Hispanics had 43.8 live births, blacks had 41.8 live births, and whites had 39.8 live births.

Injury and Violence

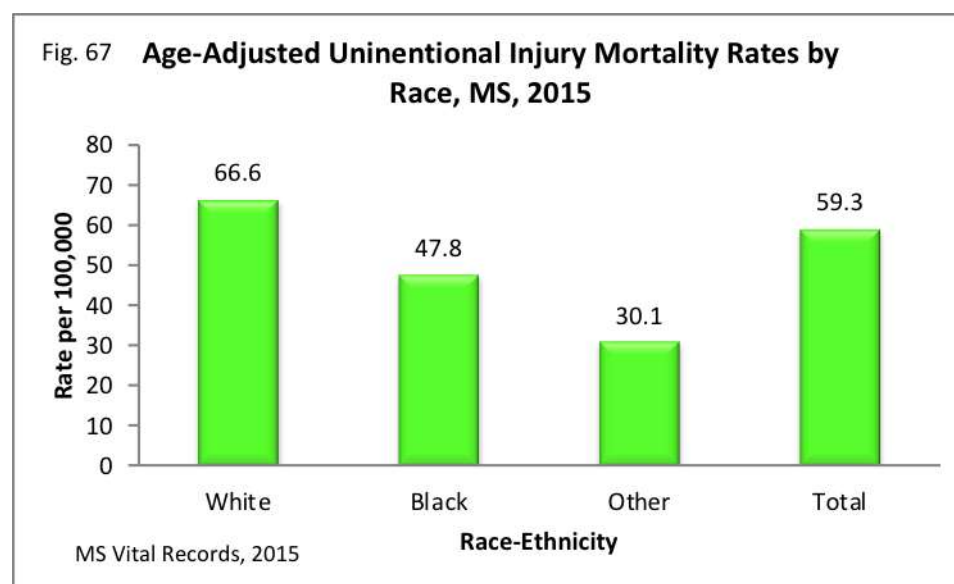


Figure 67: The age-adjusted unintentional injury mortality rate, by race-ethnicity, for whites is 66.6 deaths per 100,000 population. This is compared to blacks, who have an age-adjusted unintentional injury mortality rate of 47.8 deaths per 100,000 population.

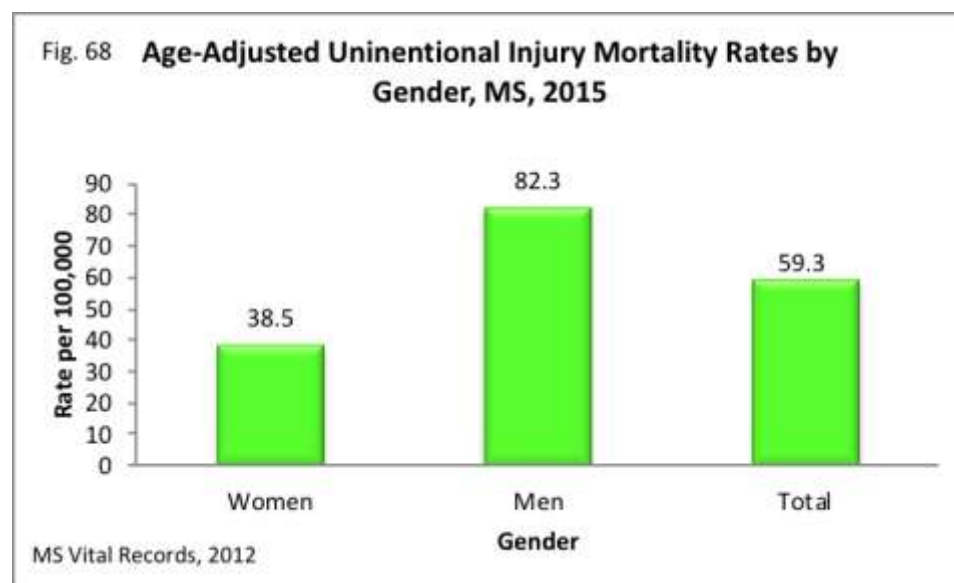


Figure 68: The age-adjusted unintentional injury mortality rate, by gender, is highest for Mississippi men at 82.3 deaths per 100,000 population. For women, the mortality rate is 38.5 deaths per 100,000 population.

*Denotes < 20 events. Due to a small number of events, these rates are unstable and should be interpreted with caution.

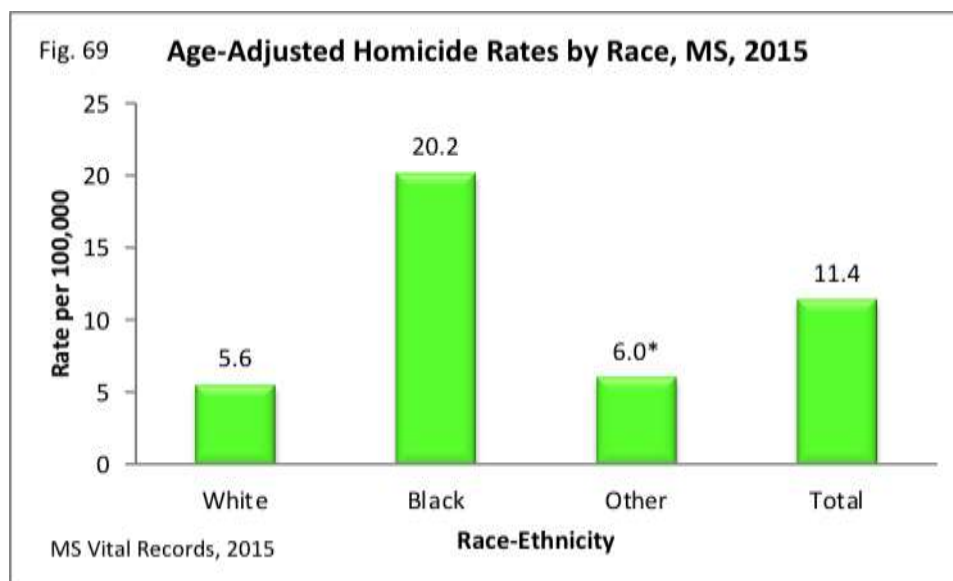


Figure 69: The age-adjusted homicide rate, by race-ethnicity, is highest for black Mississippians at 20.2 deaths per 100,000 population, as compared to 5.6 white deaths per 100,000 population.

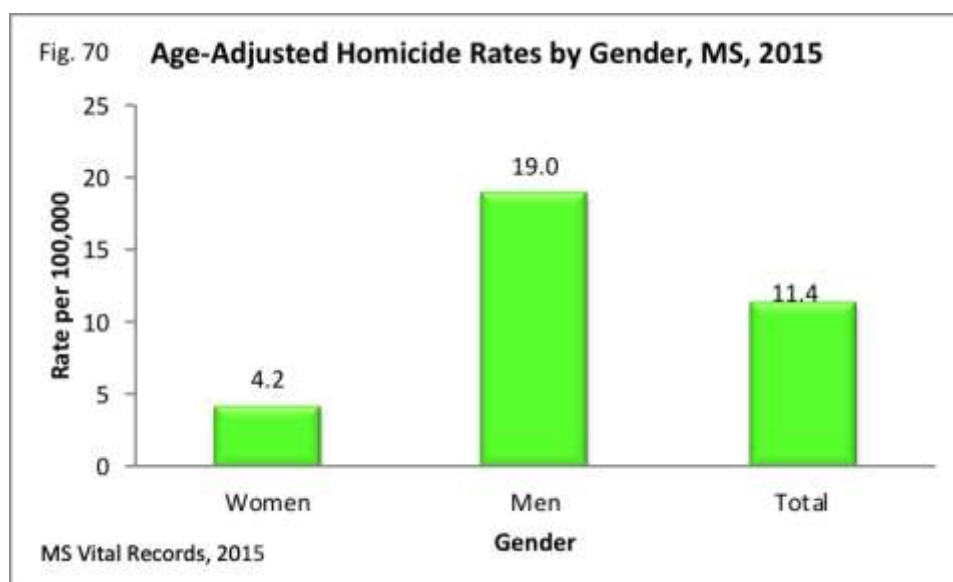


Figure 70: The age-adjusted homicide rate, by gender, is highest for Mississippi men at 19.0 deaths per 100,000 population, as compared to 4.2 women deaths per 100,000 population.

*Denotes < 20 events. Due to a small number of events, these rates are unstable and should be interpreted with caution.

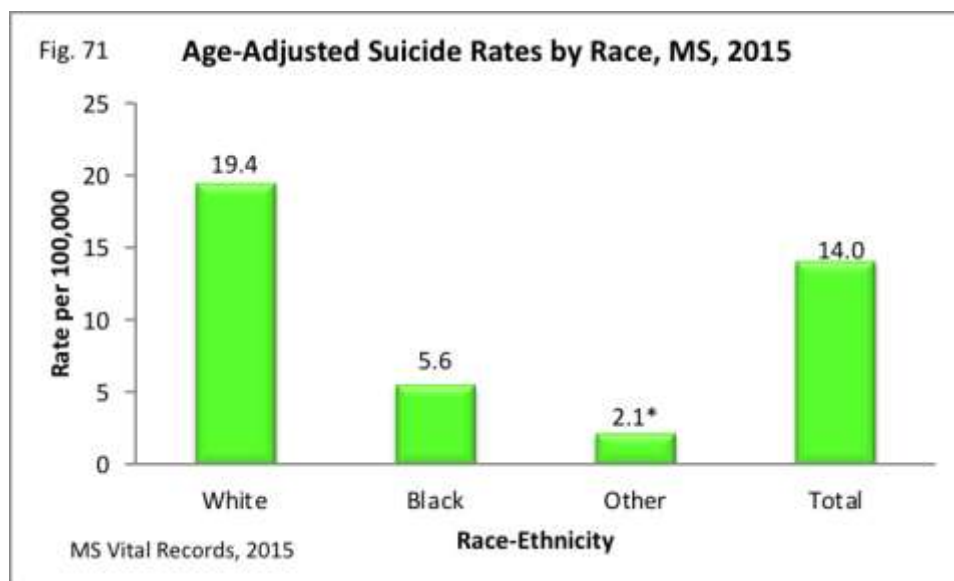


Figure 71: The age-adjusted suicide rate, by race-ethnicity, is highest among white Mississippians at 19.4 deaths per 100,000 population compared to 5.6 black deaths per 100,000 population.

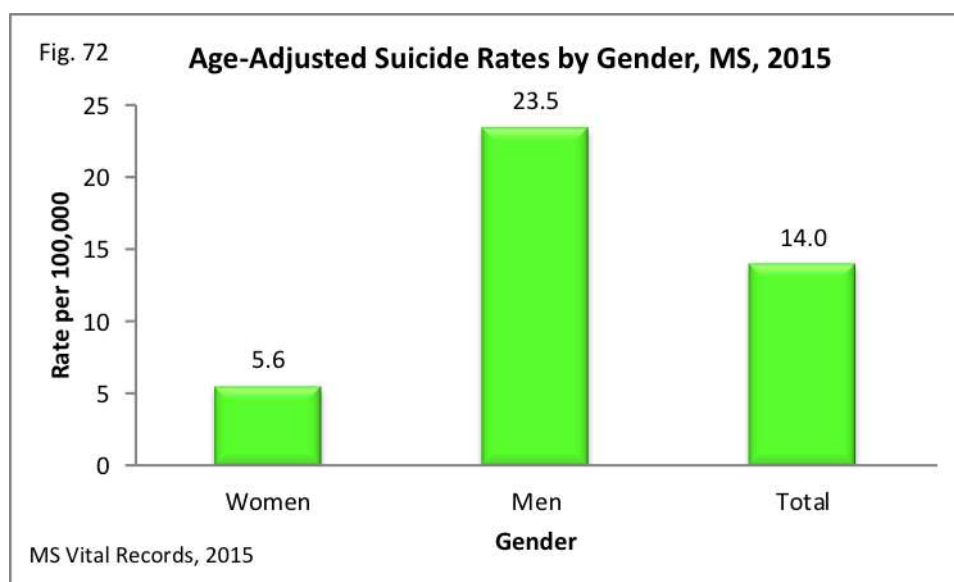


Figure 72: The age-adjusted suicide rate, by gender, is highest among Mississippi men at 23.5 deaths per 100,000 population compared to 5.6 women deaths per 100,000 population.

*Denotes < 20 events. Due to a small number of events, these rates are unstable and should be interpreted with caution.

B. Risk Factors of Illness

I. Exercise

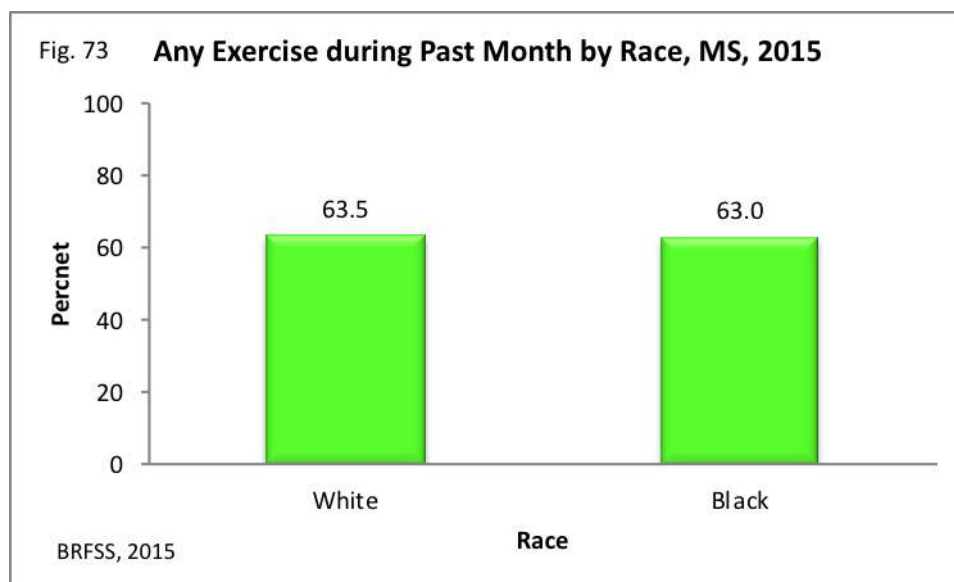


Figure 73: Of adult Mississippians, by race, 63.5% of whites and 63.0% of blacks self-reported any amount of exercise during the past month.

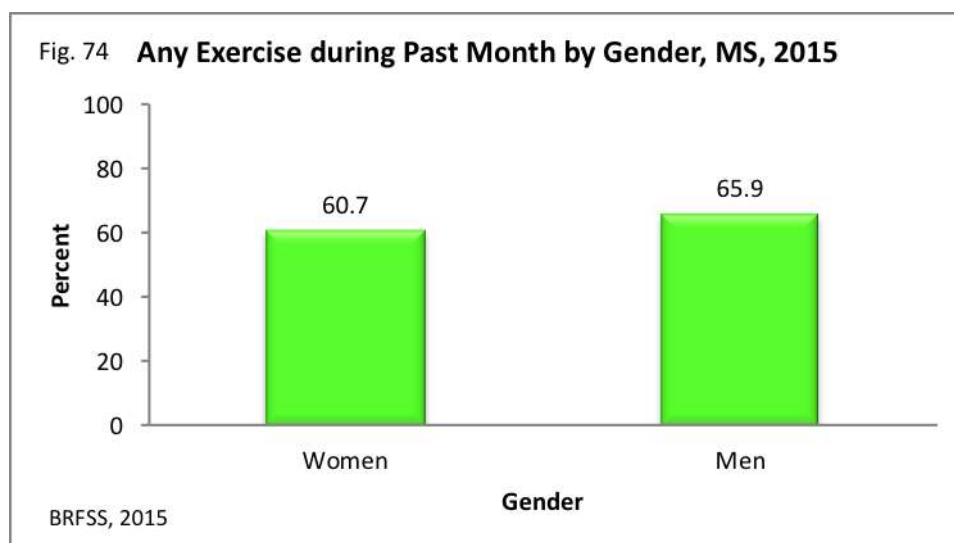


Figure 74: Of adult Mississippians, by gender, 65.9% of men and 60.7% of women self-reported any level of exercise during the past month.

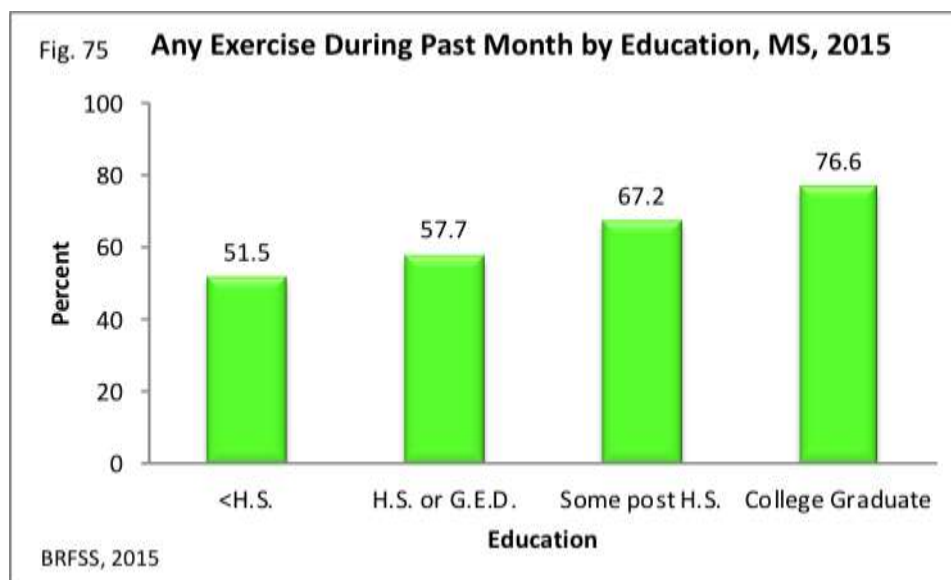


Figure 75: Of adult Mississippians, by education level, 51.5% of those with no high school education self-reported any exercise over the past month, significantly lower than the 76.6% prevalence of college graduates who self-reported exercising during the past month. Self-reported prevalence of exercise steadily increases with level of attained education.

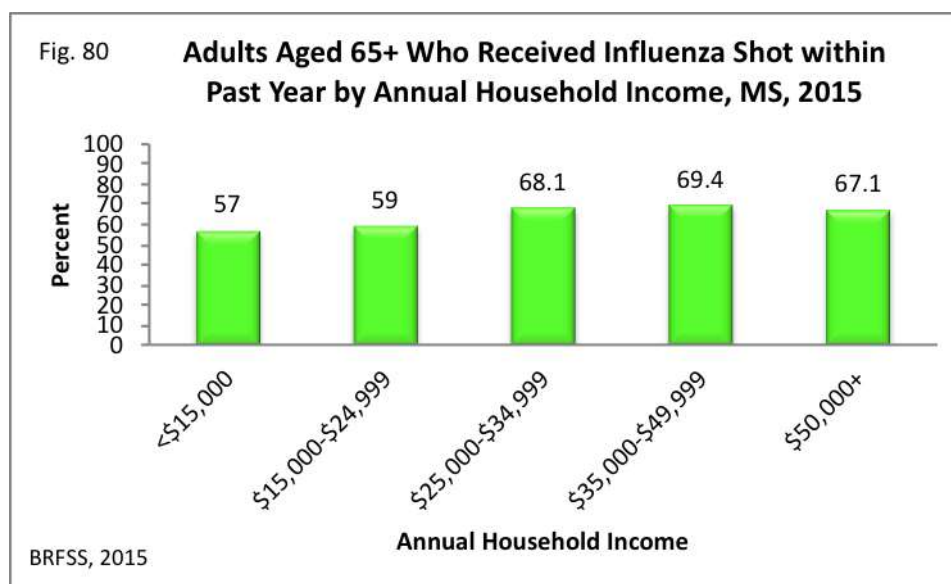


Figure 76: Of adult Mississippians, by income, 54.1% of those earning less than \$15,000 in annual household income self-reported any exercise over the past month, significantly lower than the 72.9% prevalence of those earning \$50,00 or more reporting to have engaged in exercise during the past month.

II. Immunizations

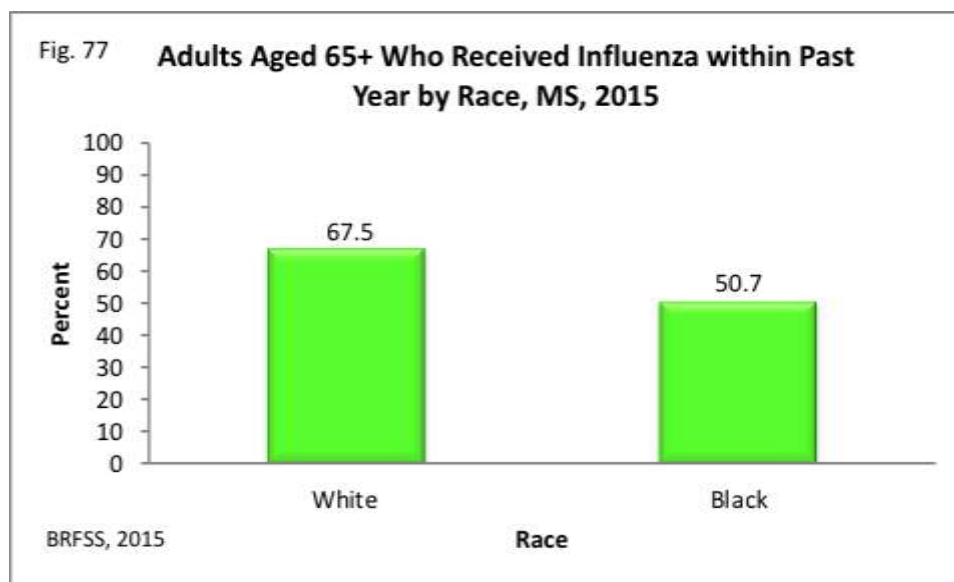


Figure 77: Of Mississippians, ages 65 and above, the 67.5% prevalence of whites who reported receiving an influenza shot within the past year was significantly higher than among blacks (50.7%).

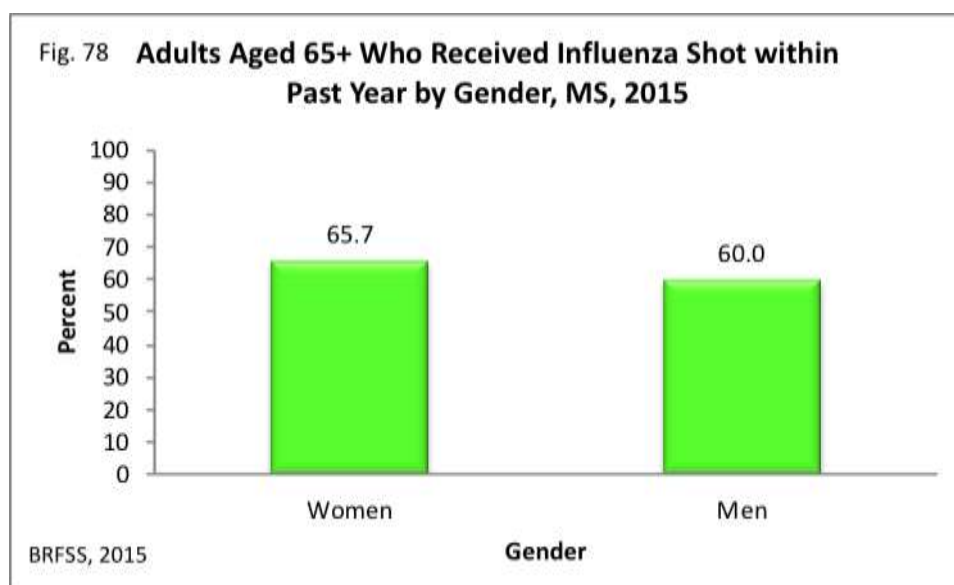


Figure 78: Of Mississippians, ages 65 and above, 65.7% of women and 60.0% of men reported receiving an influenza shot within the past year. It cannot be concluded there is a significant difference between the proportion of women and men receiving an influenza shot.

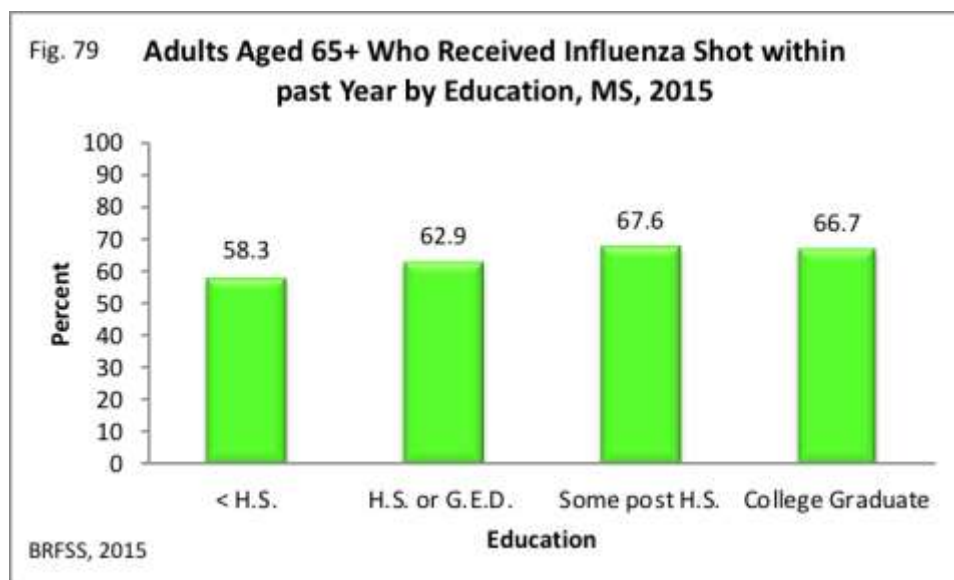


Figure 79: Of Mississippians, ages 65 and above, 58.3% of non-high school graduates and 66.7% of college graduates reported receiving an influenza shot within the past year. It cannot be concluded there is a significant difference between education groups and receipt of an influenza shot.

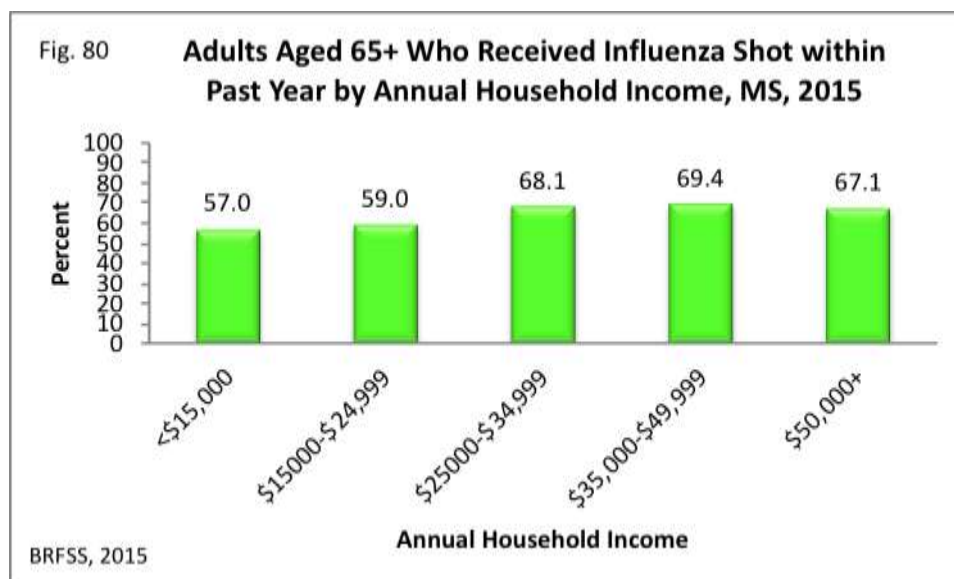


Figure 80: Of Mississippians, ages 65 and above, 67.1% of those earning \$50,000+ versus 57.0% of those in the income group earning less than \$15,000 in annual household income reported receiving an influenza shot within the past year. It cannot be concluded there is a significant difference between annual household income and receipt of an influenza shot.

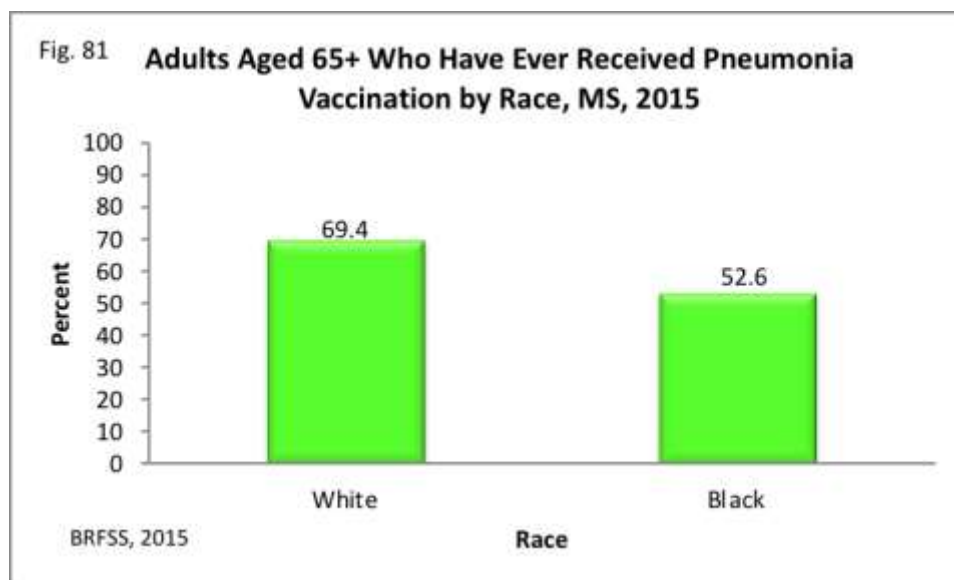


Figure 81: Of Mississippians, ages 65 and above, a significantly higher prevalence of whites (69.4%) receive the pneumonia vaccination in comparison to blacks (52.6%).

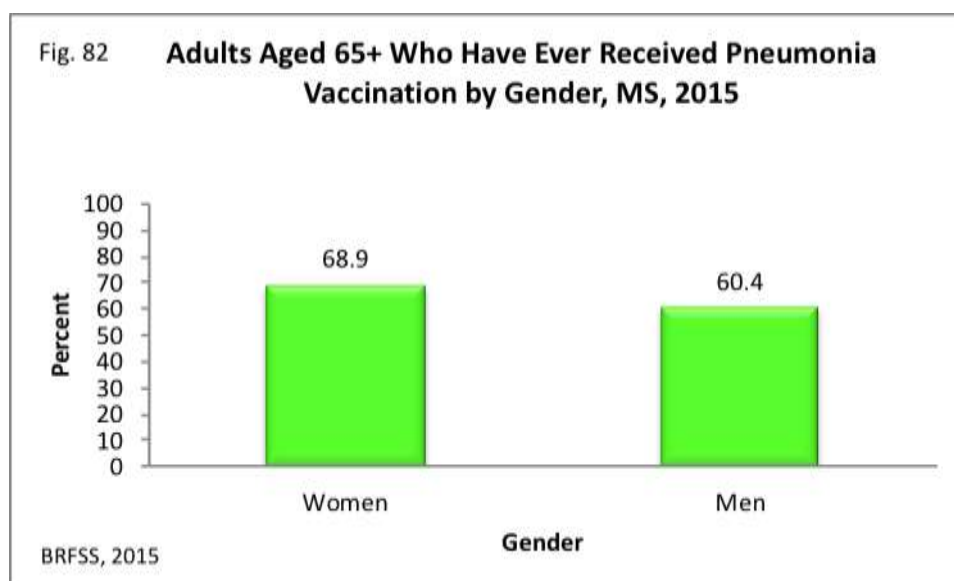


Figure 82: Of Mississippians, ages 65 and above, a significantly higher prevalence of women (68.9%) receive the pneumonia vaccination in comparison to men (60.4%).

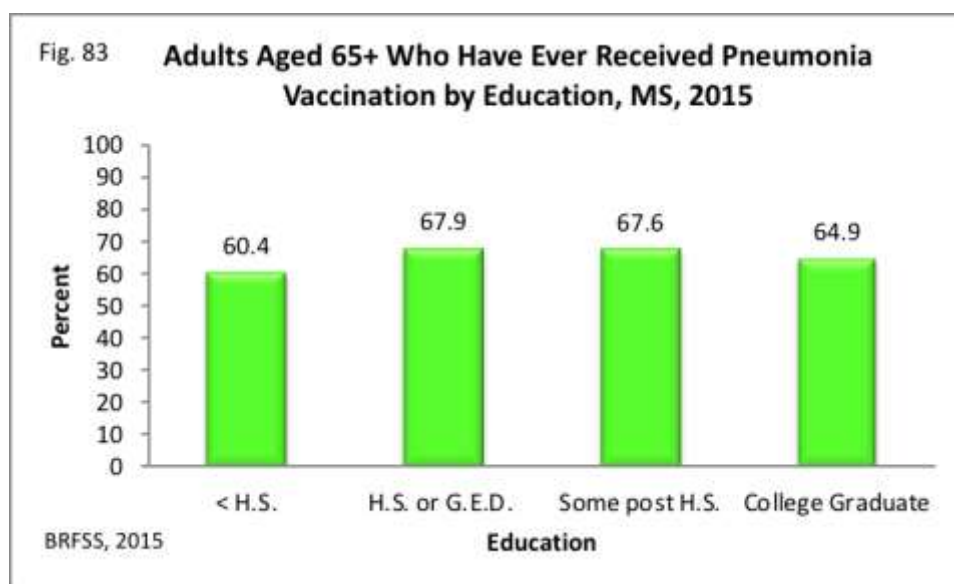


Figure 83: Of Mississippians, ages 65 and above, 60.4% of those with no high school education reported ever receiving a Pneumonia vaccination. It cannot be concluded there is a significant difference between the proportions of groups receiving the pneumonia vaccination according to education level.

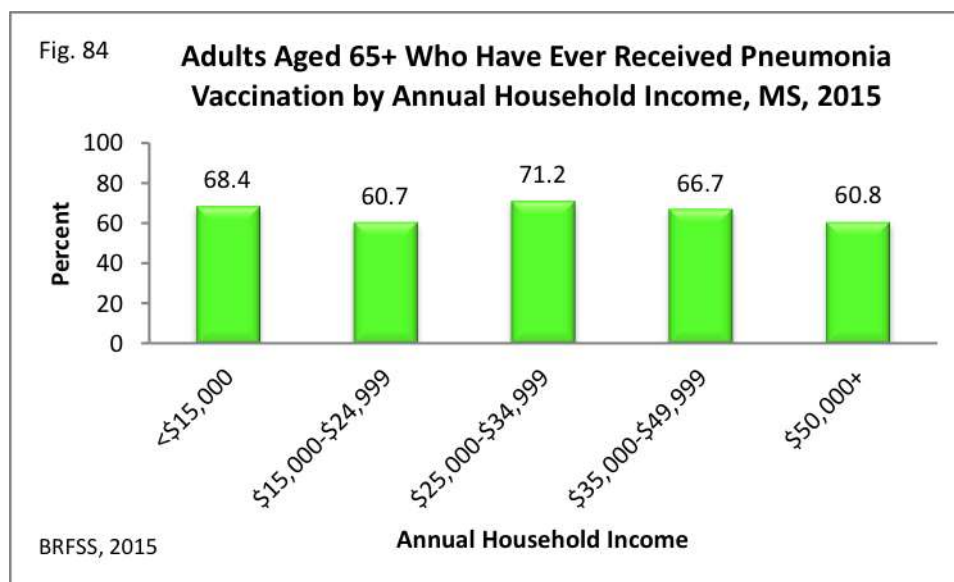


Figure 84: Of Mississippians, ages 65 and above, 60.7% of those earning an annual household income between \$15,000-\$24,999 reported ever receiving the Pneumonia vaccination. It cannot be concluded there is a significantly different prevalence between the proportions of groups receiving the pneumonia vaccination according to annual household income.

III. Oral Health

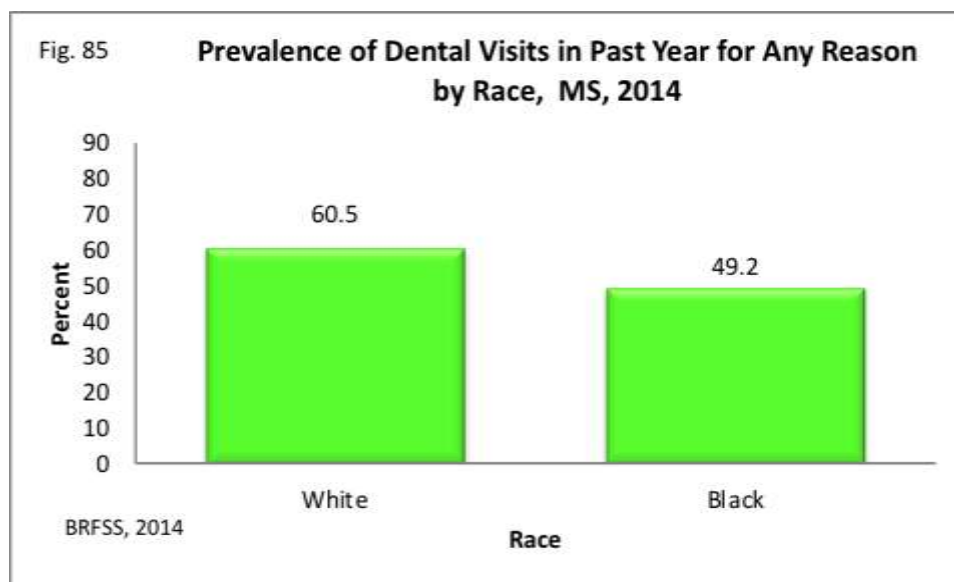


Figure 85: Of adult Mississippians, a significantly higher proportion of whites (60.5%) had a dental visit in the past year for any reason in comparison to blacks (49.2%).

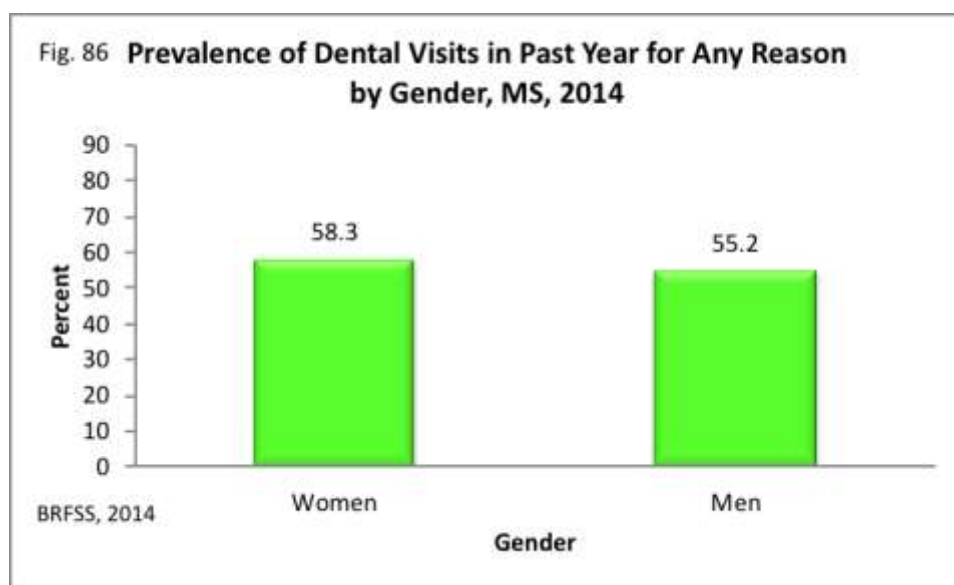


Figure 86: Of adult Mississippians, 58.3% of women and 55.2% of men had a dental visit in the past year for any reason.

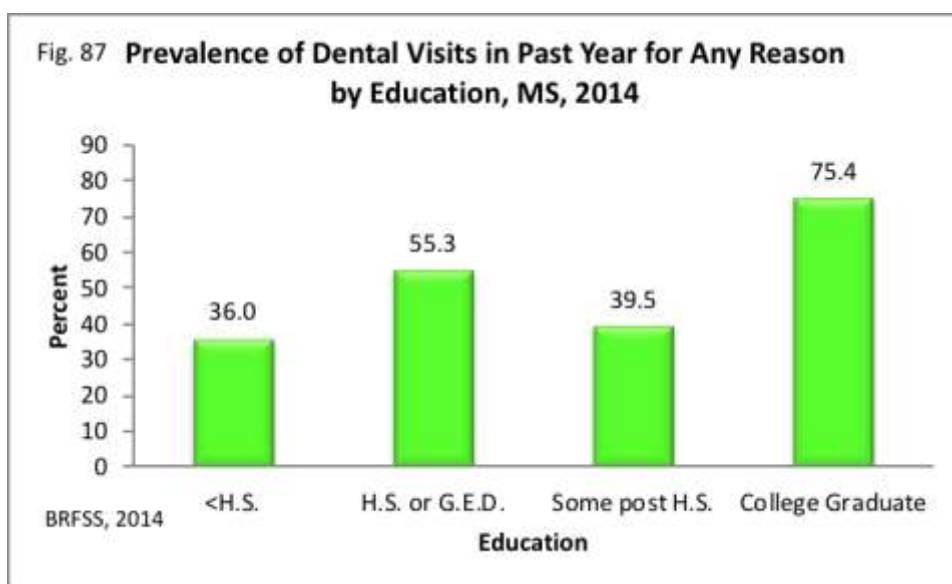


Figure 87: Of adult Mississippians, a significantly lower prevalence of those with no high school education (36.0 %) visited the dentist within the past year for any reason in comparison to college graduates (75.4%).

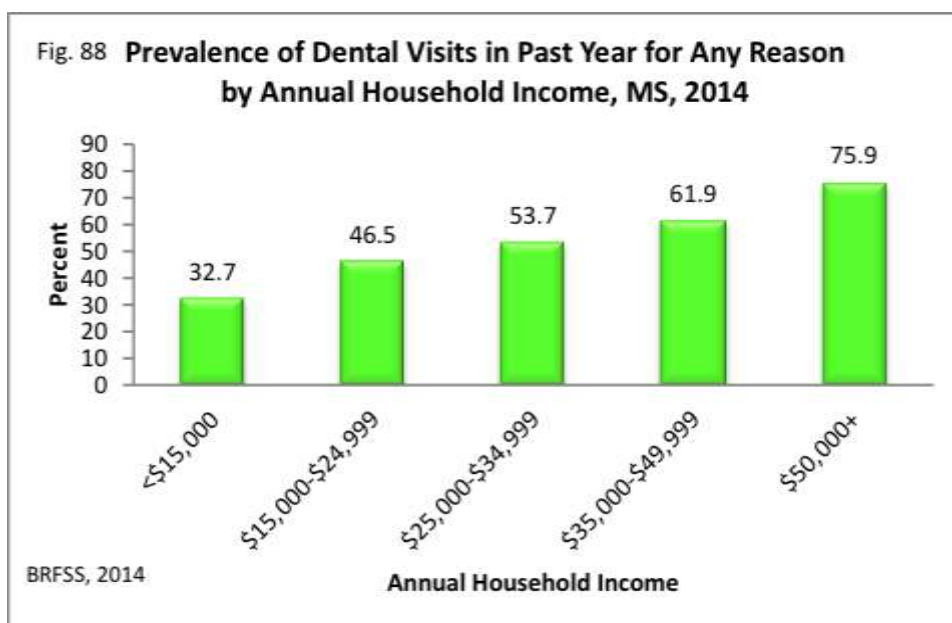


Figure 88: Of adult Mississippians, a significantly lower prevalence of those earning less than \$15,000 in annual household income (32.7%) visited the dentist within the past year for any reason in comparison to those earning \$50,000 or more (75.0%). The prevalence of individuals who reported visiting a dentist over the past year steadily increases with increased annual household income.

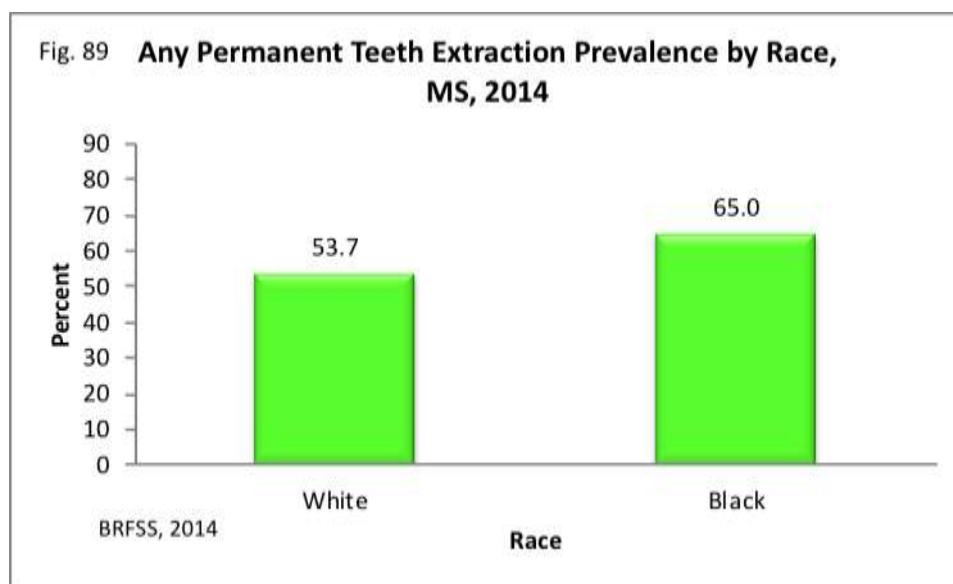


Figure 89: Of adult Mississippians, a significantly higher prevalence (65.0%) of blacks reported ever having any permanent teeth extracted in comparison to whites (53.7%).

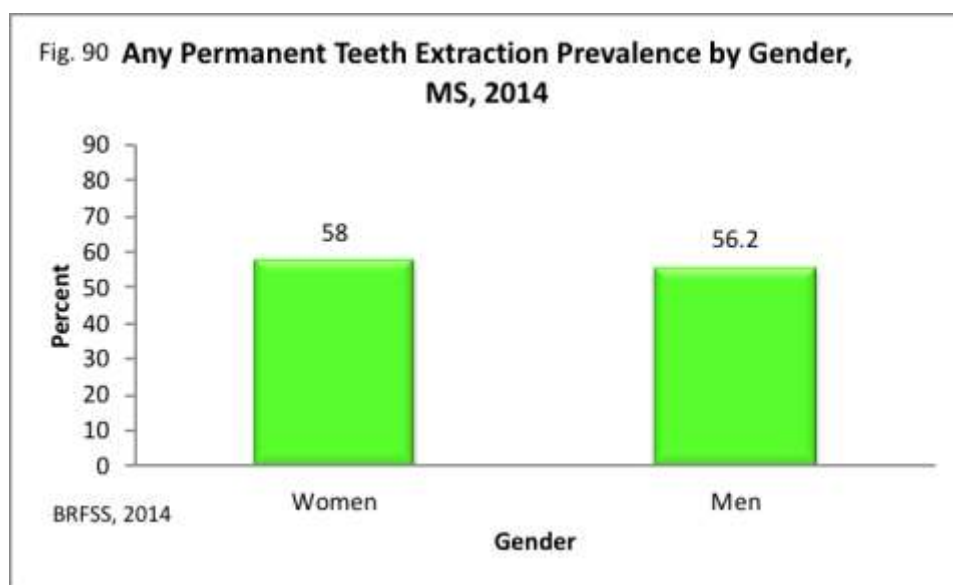


Figure 90: Of adult Mississippians, 58% of women and 56.2% of men reported ever having any permanent teeth extracted. It cannot be concluded there is a significantly different prevalence in permanent teeth extractions according to gender.

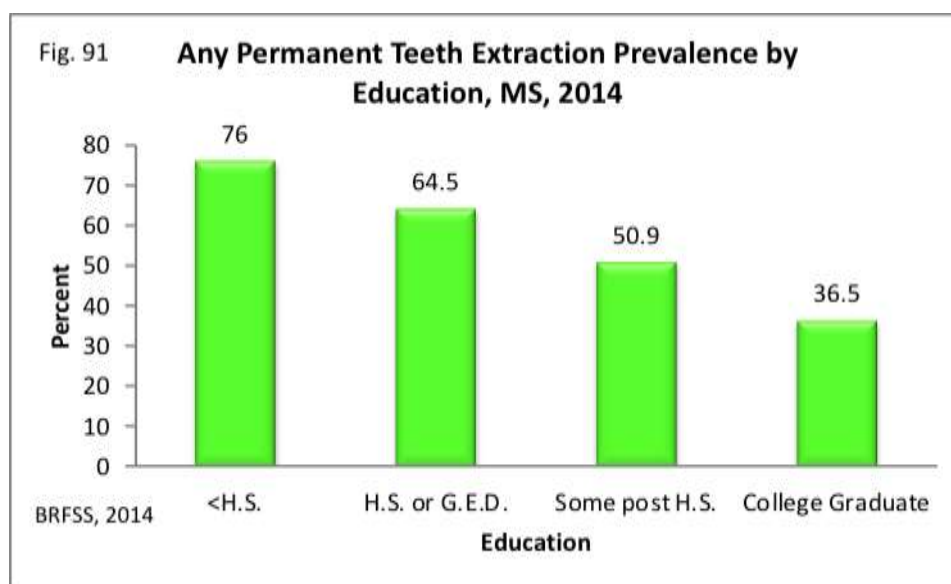


Figure 91: Of adult Mississippians, a significantly higher prevalence of those with no high school education (76.0%) has had any permanent teeth extractions in comparison to college graduates (36.5%).

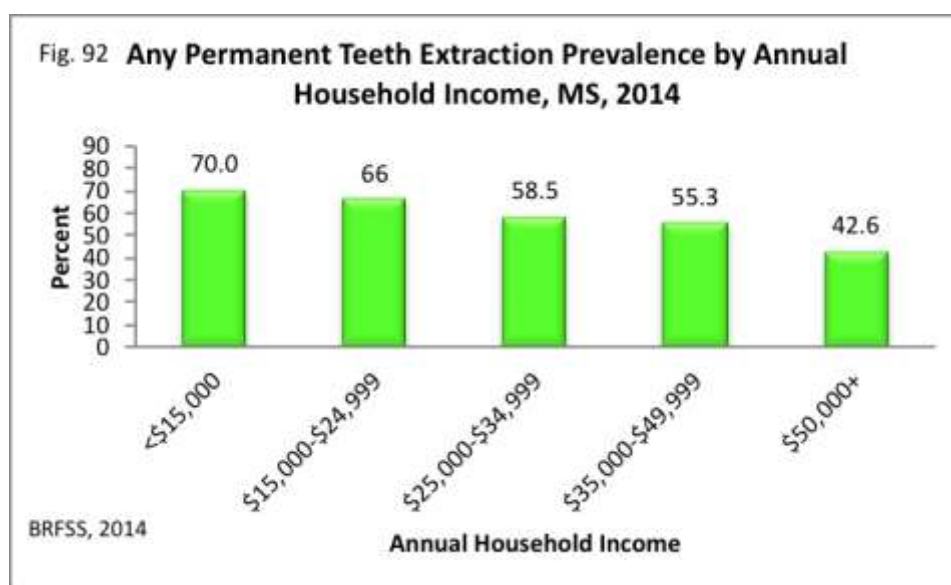


Figure 92: Of adult Mississippians, a significantly higher prevalence of those earning less than \$15,000 in annual household income (70.0%) have had any permanent teeth extractions in comparison to those earning \$50,000 or more (42.6%). The prevalence of individuals who report ever having permanent teeth extractions steadily decreases with increased annual household income.

IV. Tobacco

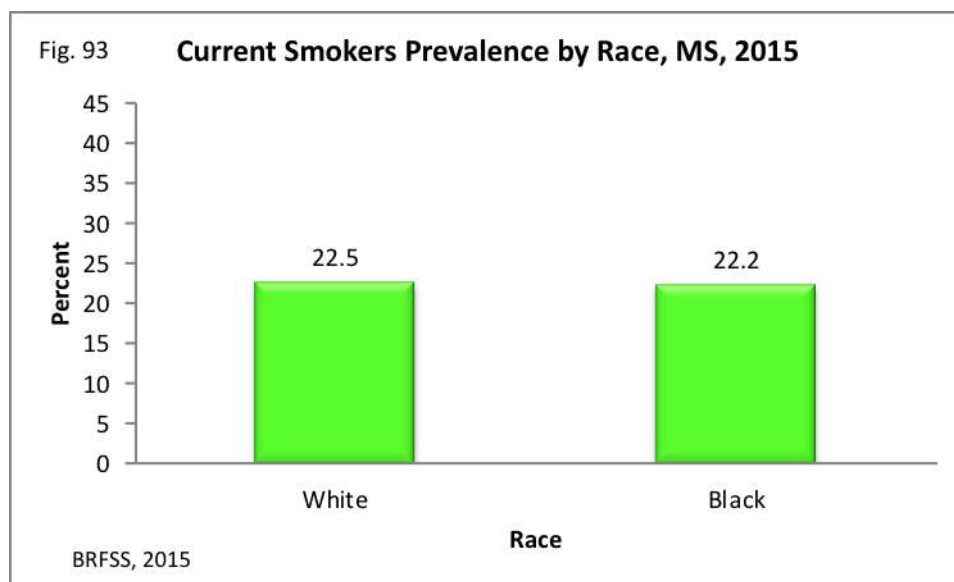


Figure 93: Of adult Mississippians, 22.2% of blacks are current smokers, while 22.5% of whites report currently smoking. It cannot be concluded there is a significantly different prevalence of current smokers according to race.

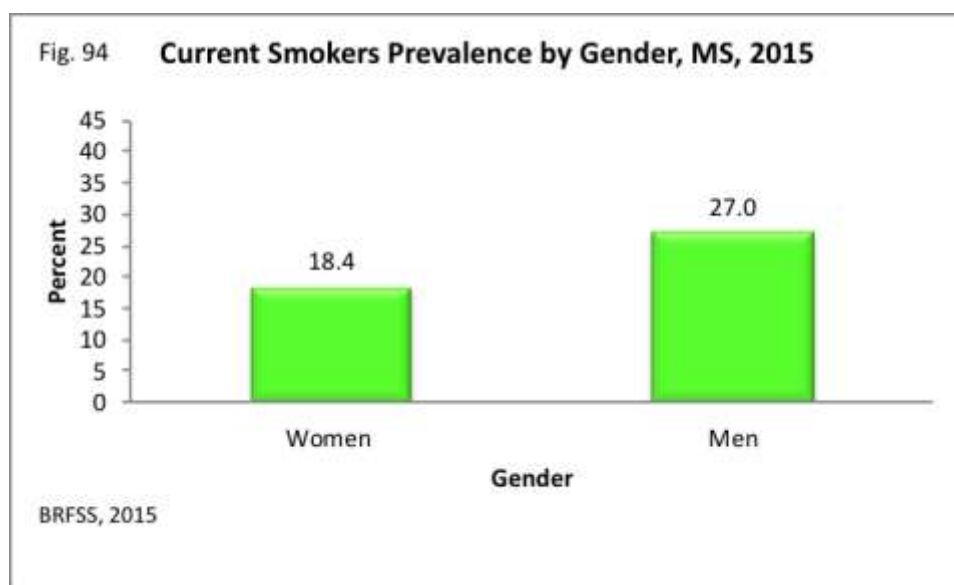


Figure 94: Of adult Mississippians, a significantly higher proportion of men (27.0%) are current smokers in comparison to women (18.4%).

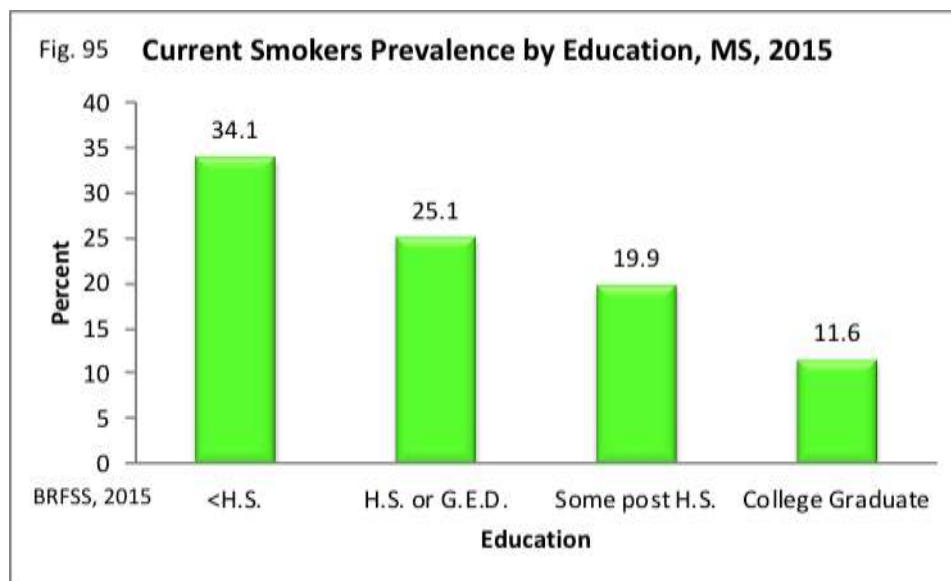


Figure 95: Of adult Mississippians, a significantly higher prevalence of those with no high school education (34.1%) in comparison to college graduates (11.6%) are current smokers. The prevalence of current smokers steadily decreases as education level increases.

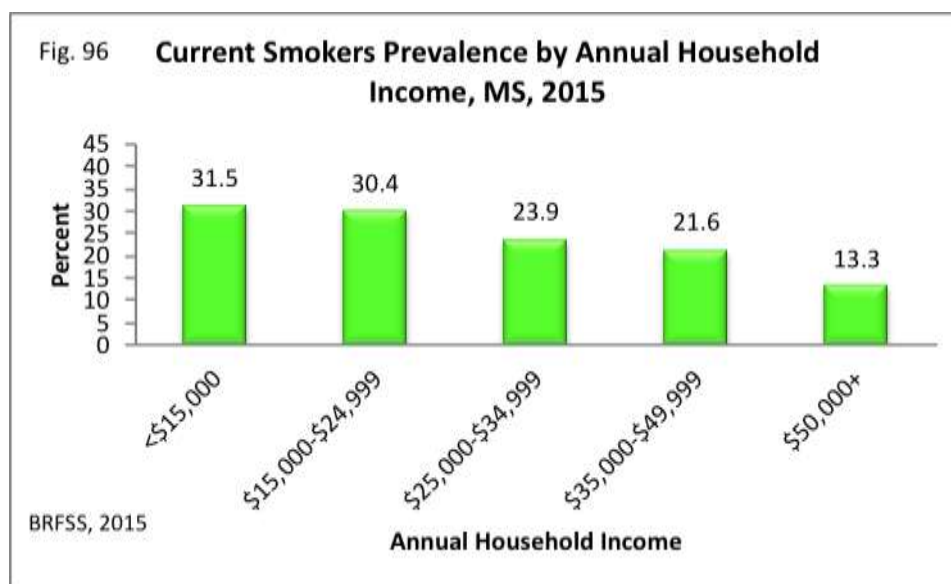


Figure 96: Of adult Mississippians, a significantly higher prevalence of those earning less than \$15,000 in annual household income (31.5 %) are current smokers in comparison to those earning \$50,000 or more (13.3%).

C. Access to Care

I. Health Insurance Coverage

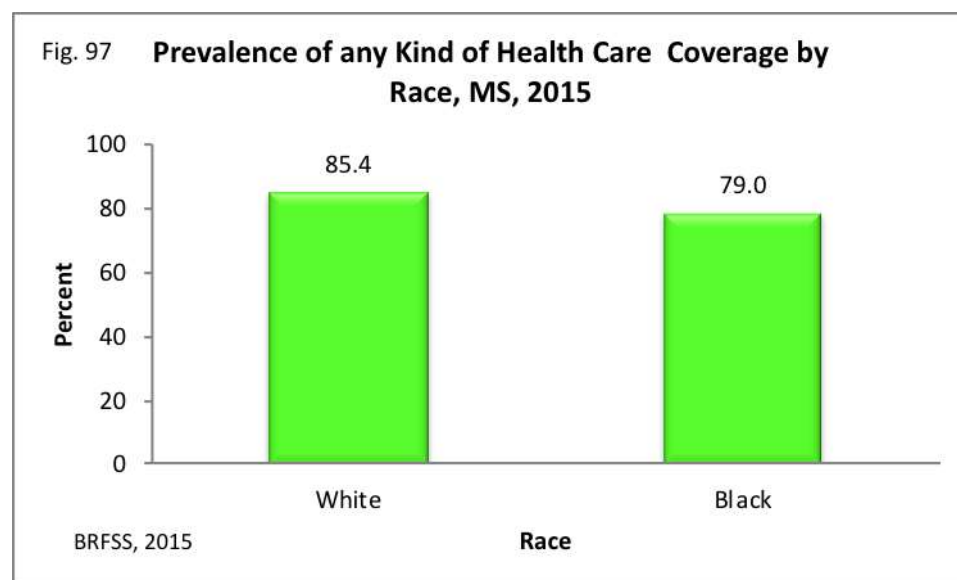


Figure 97: Of adult Mississippians, a significantly higher prevalence of whites (85.4%) is covered by any health care in comparison to blacks (79.0%).

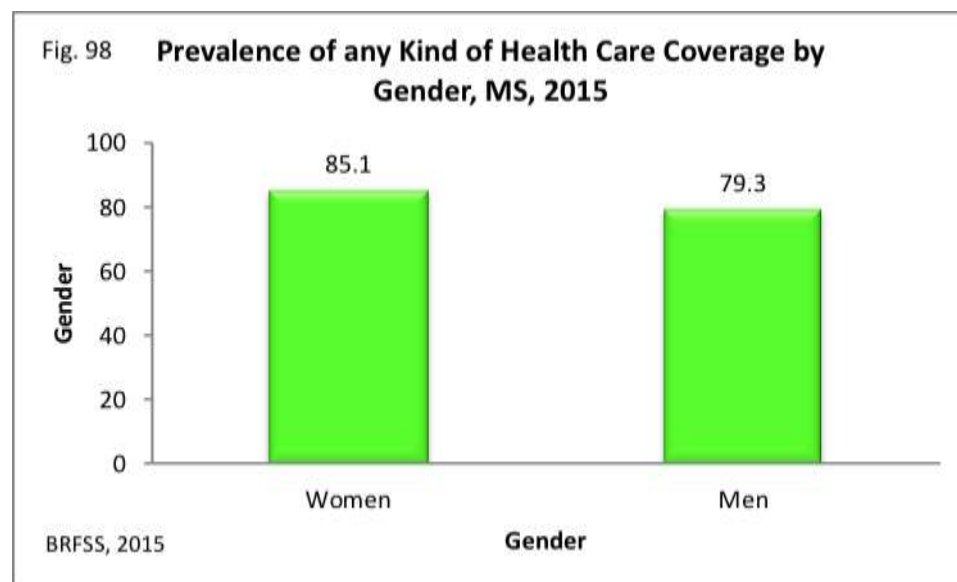


Figure 98: Of adult Mississippians, a significantly higher proportion of women are covered by health care (85.1%) in comparison to men (79.3%).

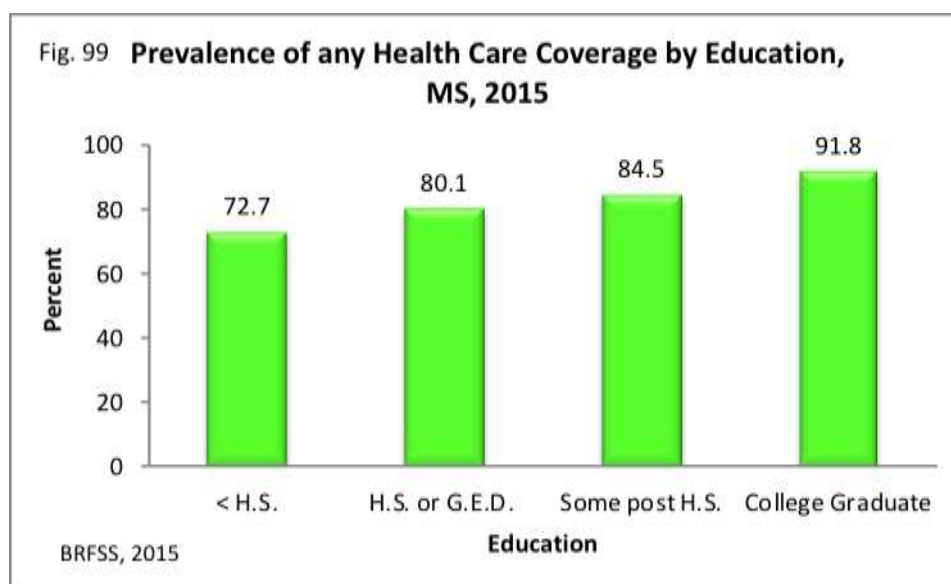


Figure 99: Of adult Mississippians, a significantly higher prevalence of college graduates (91.8%) is covered by health insurance in comparison to those with no high school education (72.7%). The prevalence of insured steadily increases as education level increases.

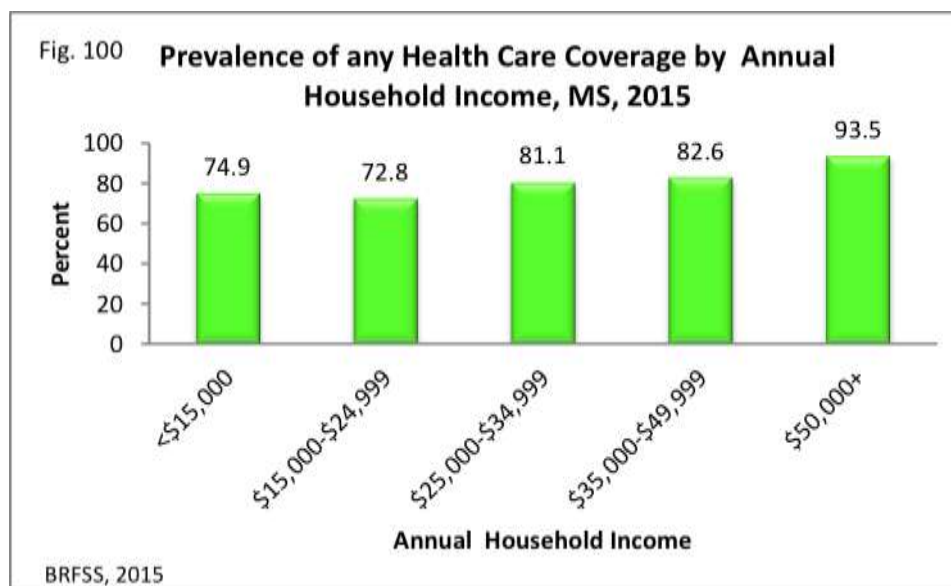


Figure 100: Of adult Mississippians, a significantly lower prevalence of those earning less than \$15,000 in annual household income (74.9%) are covered by health care in comparison to those earning \$50,000 or more (93.5%).

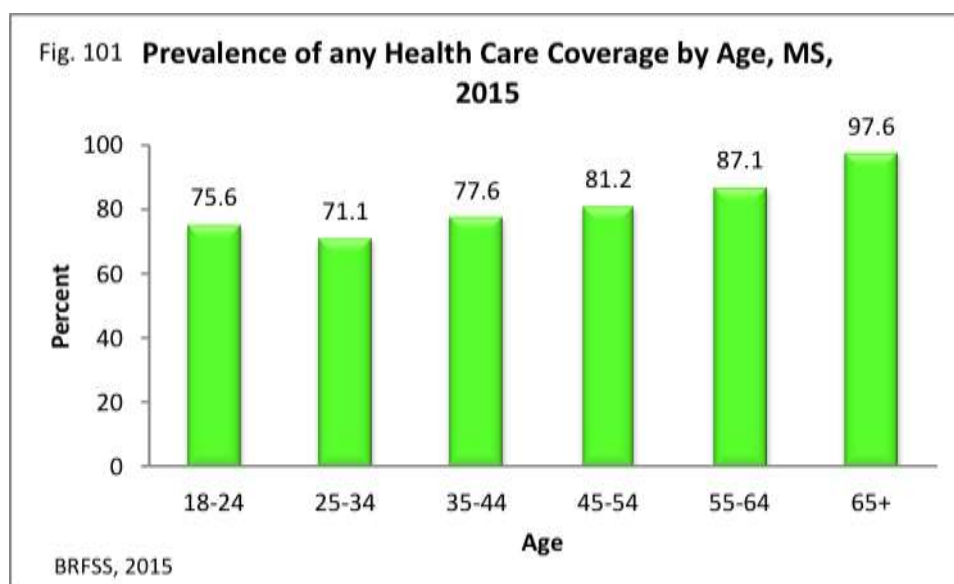


Figure 101: Of adult Mississippians, those who are 65 years of age or older have a significantly higher health care coverage (97.6%) in comparison to the 25-34 age group (71.1%).

Bi-Annual Health Disparities and Inequities Report

| Mississippi Disparities by Condition 2015 BRFSS | | | | |
|--|------|--------|--------|-------|
| Condition | (%) | 95% CI | | |
| | | lower | | upper |
| Coronary Heart Disease | | | | |
| <i>Race-ethnicity</i> | | | | |
| Black | 4.0 | 2.8 | | 5.2 |
| White | 5.6 | 4.7 | | 6.5 |
| <i>Gender</i> | | | | |
| Women | 4.8 | 3.9 | | 5.8 |
| Men | 5.0 | 4.0 | | 6.0 |
| <i>Education</i> | | | | |
| <High School | 8.1 | 5.4 | | 10.7 |
| HS or GED | 4.8 | 3.8 | | 5.8 |
| Some High School | 4.0 | 2.9 | | 5.1 |
| College Graduate | 3.7 | 2.5 | | 4.8 |
| <i>Annual Household Income</i> | | | | |
| <\$15,000 | 9.4 | 6.4 | | 12.5 |
| \$15,000-\$24,999 | 5.4 | 3.9 | | 6.8 |
| \$25,000-\$34,999 | 3.6 | 2.1 | | 5.0 |
| \$35,000-\$49,999 | 4.2 | 2.7 | | 5.8 |
| \$50,000+ | 3.2 | 2.0 | | 4.4 |
| Hypertension | | | | |
| <i>Race-ethnicity</i> | | | | |
| Black | 46.4 | 43.2 | | 49.6 |
| White | 41.1 | 38.9 | | 43.3 |
| <i>Gender</i> | | | | |
| Women | 42.5 | 40.3 | | 44.8 |
| Men | 42.2 | 39.4 | | 45.0 |
| Condition | % | lower | 95% CI | upper |

Bi-Annual Health Disparities and Inequities Report

| | | | |
|--------------------------------|----------|--------------|-------------------------|
| Education | | | |
| <High School | 57.3 | 52.1 | 62.5 |
| HS or GED | 43.3 | 40.2 | 46.4 |
| Some High School | 37.2 | 34.1 | 40.4 |
| College Graduate | 35.0 | 31.9 | 38.1 |
| Annual Household Income | | | |
| <\$15,000 | 56.8 | 51.8 | 61.7 |
| \$15,000-\$24,999 | 46.4 | 42.3 | 50.5 |
| \$25,000-\$34,999 | 38.8 | 33.3 | 44.3 |
| \$35,000-\$49,999 | 41.8 | 36.1 | 47.5 |
| \$50,000+ | 33.6 | 30.4 | 36.7 |
| Ever Had a Stroke | | | |
| Race-ethnicity | | | |
| Black | 4.6 | 3.4 | 5.8 |
| White | 4.5 | 3.7 | 5.3 |
| Gender | | | |
| Women | 4.5 | 3.6 | 5.4 |
| Men | 4.4 | 3.5 | 5.3 |
| Education | | | |
| <High School | 8.4 | 5.9 | 10.9 |
| HS or GED | 4.7 | 3.7 | 5.7 |
| Some High School | 3.1 | 2.2 | 3.9 |
| College Graduate | 2.7 | 1.7 | 3.7 |
| Annual Household Income | | | |
| <\$15,000 | 10.1 | 7.1 | 13.2 |
| \$15,000-\$24,999 | 4.7 | 3.4 | 6.0 |
| \$25,000-\$34,999 | 3.9 | 2.3 | 3.5 |
| \$35,000-\$49,999 | 3.1 | 1.5 | 4.8 |
| \$50,000+ | 1.5 | 0.9 | 2.1 |
| Myocardial Infarctions | | | |
| Race-ethnicity | | | |
| Black | 4.0 | 2.6 | 5.3 |
| White | 6.7 | 5.7 | 7.8 |
| Condition | % | lower | 95% CI upper |

Bi-Annual Health Disparities and Inequities Report

| | | | | |
|--------------------------------|-------------------|-------|--------|-------|
| Gender | | | | |
| | Women | 4.5 | 3.6 | 5.5 |
| | Men | 6.8 | 5.5 | 8.1 |
| Education | | | | |
| | <High School | 11.4 | 8.3 | 14.5 |
| | HS or GED | 5.7 | 4.5 | 6.9 |
| | Some High School | 3.9 | 2.8 | 5.0 |
| | College Graduate | 2.9 | 1.9 | 3.8 |
| Annual Household Income | | | | |
| | <\$15,000 | 11.5 | 8.3 | 14.6 |
| | \$15,000-\$24,999 | 6.2 | 4.5 | 7.9 |
| | \$25,000-\$34,999 | 4.3 | 2.6 | 6.0 |
| | \$35,000-\$49,999 | 5.1 | 3.0 | 7.1 |
| | \$50,000+ | 2.6 | 1.6 | 3.7 |
| High Cholesterol | | | | |
| Race-ethnicity | | | | |
| | Black | 34.2 | 31.0 | 37.4 |
| | White | 41.9 | 39.6 | 44.2 |
| Gender | | | | |
| | Women | 38.9 | 36.6 | 41.2 |
| | Men | 38.6 | 35.6 | 41.6 |
| Education | | | | |
| | <High School | 52.2 | 46.7 | 57.8 |
| | HS or GED | 42.0 | 38.7 | 45.4 |
| | Some High School | 33.4 | 30.1 | 36.6 |
| | College Graduate | 33.5 | 29.3 | 35.6 |
| Annual Household Income | | | | |
| | <\$15,000 | 50.3 | 45.0 | 55.6 |
| | \$15,000-\$24,999 | 43.5 | 39.1 | 47.9 |
| | \$25,000-\$34,999 | 34.6 | 28.9 | 40.2 |
| | \$35,000-\$49,999 | 36.1 | 30.6 | 41.6 |
| | \$50,000+ | 32.5 | 29.3 | 35.7 |
| Condition | | | | |
| | % | lower | 95% CI | upper |
| Overweight Prevalence | | | | |

Bi-Annual Health Disparities and Inequities Report

| | | | |
|--------------------------------|----------|--------------|---------------------|
| Race-ethnicity | | | |
| Black | 32.8 | 29.7 | 35.9 |
| White | 35.5 | 33.3 | 37.7 |
| Gender | | | |
| Women | 28.7 | 26.5 | 30.8 |
| Men | 40.6 | 37.7 | 43.5 |
| Education | | | |
| <High School | 33.1 | 28.2 | 38.0 |
| HS or GED | 35.0 | 31.8 | 38.2 |
| Some High School | 32.9 | 29.6 | 36.1 |
| College Graduate | 37.9 | 34.5 | 41.2 |
| Annual Household Income | | | |
| <\$15,000 | 27.3 | 23.0 | 31.6 |
| \$15,000-\$24,999 | 33.2 | 29.1 | 37.3 |
| \$25,000-\$34,999 | 32.8 | 27.4 | 38.2 |
| \$35,000-\$49,999 | 39.2 | 33.4 | 44.9 |
| \$50,000+ | 38.2 | 34.8 | 41.5 |
| Obesity Prevalence | | | |
| Race-ethnicity | | | |
| Black | 43.7 | 40.3 | 47.0 |
| White | 31.0 | 28.8 | 33.2 |
| Gender | | | |
| Women | 37.2 | 34.9 | 39.6 |
| Men | 33.9 | 31.0 | 36.8 |
| Education | | | |
| <High School | 38.2 | 33.1 | 43.2 |
| HS or GED | 35.0 | 31.8 | 38.2 |
| Some High School | 37.2 | 33.8 | 40.7 |
| College Graduate | 30.9 | 27.7 | 34.1 |
| Condition | | | |
| | % | lower | 95% CI upper |
| Annual Household Income | | | |
| <\$15,000 | 43.1 | 38.1 | 48.0 |
| \$15,000-\$24,999 | 40.1 | 35.9 | 44.3 |
| \$25,000-\$34,999 | 36.5 | 30.5 | 42.5 |

Bi-Annual Health Disparities and Inequities Report

| | | | | |
|--------------------------------|-------------------|--------------|---------------|--------------|
| | \$35,000-\$49,999 | 35.8 | 30.0 | 41.6 |
| | +50,000+ | 32.2 | 28.9 | 35.6 |
| Diabetes | | | | |
| <i>Race-ethnicity</i> | | | | |
| | Black | 16.0 | 13.9 | 18.0 |
| | White | 14.3 | 12.8 | 15.7 |
| <i>Gender</i> | | | | |
| | Women | 14.4 | 13.0 | 15.9 |
| | Men | 15.0 | 13.2 | 16.9 |
| <i>Education</i> | | | | |
| | <High School | 22.9 | 19.1 | 26.6 |
| | HS or GED | 16.0 | 13.9 | 18.1 |
| | Some High School | 11.4 | 9.6 | 13.3 |
| | College Graduate | 10.3 | 8.6 | 12.1 |
| <i>Annual Household Income</i> | | | | |
| | <\$15,000 | 19.8 | 16.4 | 23.2 |
| | \$15,000-\$24,999 | 18.7 | 15.8 | 21.6 |
| | \$25,000-\$34,999 | 12.8 | 9.5 | 16.1 |
| | \$35,000-\$49,999 | 13.2 | 9.7 | 16.7 |
| | \$50,000+ | 9.4 | 7.7 | 11.1 |
| Currently Have Asthma | | | | |
| <i>Race-ethnicity</i> | | | | |
| | Black | 8.5 | 6.6 | 10.5 |
| | White | 7.4 | 6.2 | 8.6 |
| <i>Gender</i> | | | | |
| | Women | 9.6 | 8.1 | 11.0 |
| | Men | 5.8 | 4.4 | 7.2 |
| | | | | |
| Condition | % | lower | 95% CI | upper |
| <i>Education</i> | | | | |
| | <High School | 10.8 | 7.6 | 13.9 |
| | HS or GED | 8.9 | 7.0 | 10.9 |
| | Some High School | 6.4 | 4.8 | 8.0 |
| | College Graduate | 5.5 | 4.0 | 7.1 |
| <i>Annual Household</i> | | | | |

Bi-Annual Health Disparities and Inequities Report

| | | | | |
|---------------------------------|-------------------|--------------|---------------|--------------|
| Income | | | | |
| | <\$15,000 | 15.2 | 11.5 | 18.8 |
| | \$15,000-\$24,999 | 8.8 | 6.4 | 11.2 |
| | \$25,000-\$34,999 | 7.5 | 4.5 | 10.6 |
| | \$35,000-\$49,999 | 5.2 | 2.9 | 7.4 |
| | \$50,000+ | 5.2 | 3.7 | 6.7 |
| | | | | |
| Ever Had Asthma | | | | |
| Race-ethnicity | | | | |
| | Black | 13.2 | 10.8 | 15.6 |
| | White | 11.5 | 9.9 | 13.1 |
| | | | | |
| Gender | | | | |
| | Women | 12.4 | 10.8 | 14.0 |
| | Men | 12.0 | 9.8 | 14.2 |
| | | | | |
| Education | | | | |
| | <High School | 14.8 | 10.5 | 19.1 |
| | HS or GED | 13.4 | 11.0 | 15.8 |
| | Some High School | 11.3 | 9.1 | 13.4 |
| | College Graduate | 9.4 | 7.4 | 11.5 |
| | | | | |
| Annual Household Income | | | | |
| | <\$15,000 | 18.5 | 14.6 | 22.4 |
| | \$15,000-\$24,999 | 12.9 | 9.9 | 16.0 |
| | \$25,000-\$34,999 | 15.0 | 9.8 | 20.1 |
| | \$35,000-\$49,999 | 11.4 | 6.9 | 15.8 |
| | \$50,000+ | 8.7 | 6.7 | 10.8 |
| | | | | |
| Current Childhood Asthma | | | | |
| Race-ethnicity | | | | |
| | Black | 13.2 | 10.5 | 16.0 |
| | White | 7.0 | 5.1 | 8.8 |
| | | | | |
| Condition | % | lower | 95% CI | upper |
| | | | | |
| Gender | | | | |
| | Girls | 7.6 | 5.6 | 9.7 |
| | Boys | 11.9 | 9.5 | 14.4 |

Bi-Annual Health Disparities and Inequities Report

| Exercised During Past Month | | | | |
|--------------------------------------|--------------------------|-------------|--------|-------|
| <i>Race-ethnicity</i> | | | | |
| | <i>Black</i> | 63.0 | 59.8 | 66.1 |
| | <i>White</i> | 63.5 | 61.2 | 65.7 |
| <i>Gender</i> | | | | |
| | <i>Women</i> | 60.7 | 58.4 | 63.1 |
| | <i>Men</i> | 65.9 | 63.0 | 68.7 |
| <i>Education</i> | | | | |
| | <i><High School</i> | 51.5 | 46.3 | 56.7 |
| | <i>HS or GED</i> | 57.7 | 54.3 | 61.0 |
| | <i>Some High School</i> | 67.2 | 64.0 | 70.4 |
| | <i>College Graduate</i> | 76.6 | 73.8 | 79.3 |
| <i>Annual Household Income</i> | | | | |
| | <i><\$15,000</i> | 54.1 | 49.2 | 59.0 |
| | <i>\$15,000-\$24,999</i> | 61.0 | 56.8 | 65.1 |
| | <i>\$25,000-\$34,999</i> | 57.4 | 51.3 | 63.5 |
| | <i>\$35,000-\$49,999</i> | 65.4 | 59.9 | 70.8 |
| | <i>\$50,000+</i> | 72.9 | 69.8 | 76.0 |
| Adults 65+ Receiving Influenza Shots | | | | |
| <i>Race-ethnicity</i> | | | | |
| | <i>Black</i> | 50.7 | 45.0 | 56.5 |
| | <i>White</i> | 67.5 | 64.4 | 70.5 |
| <i>Gender</i> | | | | |
| | <i>Women</i> | 65.7 | 62.5 | 68.9 |
| | <i>Men</i> | 60.0 | 55.3 | 64.6 |
| Condition | % | lower | 95% CI | upper |
| <i>Education</i> | | | | |
| | <i><High School</i> | 58.3 | 51.9 | 64.6 |
| | <i>HS or GED</i> | 62.9 | 58.5 | 67.3 |
| | <i>Some High School</i> | 67.6 | 62.5 | 72.8 |
| | <i>College Graduate</i> | 66.7 | 61.6 | 71.9 |
| <i>Annual Household Income</i> | | | | |

Bi-Annual Health Disparities and Inequities Report

| | | | | |
|--|-------------------|-------|--------|-------|
| | <\$15,000 | 57.0 | 49.5 | 64.6 |
| | \$15,000-\$24,999 | 59.0 | 53.0 | 65.0 |
| | \$25,000-\$34,999 | 68.1 | 60.1 | 76.0 |
| | \$35,000-\$49,999 | 69.4 | 62.3 | 76.5 |
| | \$50,000+ | 67.1 | 61.1 | 73.1 |
| Adults 65+ Receiving Pneumonia Vaccination | | | | |
| Race-ethnicity | | | | |
| | Black | 52.6 | 46.7 | 58.5 |
| | White | 69.4 | 66.4 | 72.5 |
| Gender | | | | |
| | Women | 68.9 | 65.8 | 72.1 |
| | Men | 60.4 | 55.6 | 65.2 |
| Education | | | | |
| | <High School | 60.4 | 54.0 | 66.8 |
| | HS or GED | 67.9 | 63.6 | 72.3 |
| | Some High School | 67.6 | 62.2 | 73.0 |
| | College Graduate | 64.9 | 59.6 | 70.1 |
| Annual Household Income | | | | |
| | <\$15,000 | 68.4 | 61.6 | 75.2 |
| | \$15,000-\$24,999 | 60.7 | 54.6 | 66.8 |
| | \$25,000-\$34,999 | 71.2 | 62.9 | 79.4 |
| | \$35,000-\$49,999 | 66.7 | 59.1 | 74.3 |
| | \$50,000+ | 60.8 | 54.3 | 67.2 |
| | | | | |
| Condition | % | lower | 95% CI | upper |
| Visits to Dentist for Any Reason | | | | |
| Race-ethnicity | | | | |
| | Black | 49.2 | 45.6 | 52.8 |
| | White | 60.5 | 57.8 | 63.2 |

Bi-Annual Health Disparities and Inequities Report

| | | | | |
|------------------------------------|-------------------|------|---------------|--------------|
| Gender | | | | |
| | Women | 58.3 | 55.6 | 60.9 |
| | Men | 55.2 | 51.8 | 58.6 |
| Education | | | | |
| | <High School | 36.0 | 30.1 | 42.0 |
| | HS or GED | 55.3 | 51.6 | 59.0 |
| | Some High School | 59.5 | 55.6 | 63.4 |
| | College Graduate | 75.4 | 72.1 | 78.8 |
| Annual Household Income | | | | |
| | <\$15,000 | 32.7 | 27.5 | 38.0 |
| | \$15,000-\$24,999 | 46.5 | 41.5 | 51.4 |
| | \$25,000-\$34,999 | 53.7 | 47.3 | 60.1 |
| | \$35,000-\$49,999 | 61.9 | 55.7 | 68.1 |
| | \$50,000+ | 75.9 | 72.3 | 79.4 |
| Permanent Teeth Extractions | | | | |
| Race-ethnicity | | | | |
| | Black | 65.0 | 61.4 | 68.5 |
| | White | 53.7 | 50.9 | 56.4 |
| Gender | | | | |
| | Women | 58.0 | 55.2 | 60.7 |
| | Men | 56.2 | 52.8 | 59.6 |
| Education | | | | |
| | <High School | 76.0 | 70.3 | 81.7 |
| | HS or GED | 64.5 | 60.6 | 68.4 |
| | Some High School | 50.9 | 47.0 | 54.9 |
| | College Graduate | 36.5 | 33.1 | 39.9 |
| Condition | % | | 95% CI | |
| | | | lower | upper |
| Annual Household Income | | | | |
| | <\$15,000 | 70.4 | 64.8 | 76.0 |
| | \$15,000-\$24,999 | 66.0 | 61.1 | 71.0 |
| | \$25,000-\$34,999 | 58.5 | 51.8 | 65.2 |
| | \$35,000-\$49,999 | 55.3 | 48.9 | 61.6 |
| | \$50,000+ | 42.6 | 38.7 | 46.5 |
| Current Smokers | | | | |
| Race-ethnicity | | | | |
| | Black | 22.2 | 19.3 | 25.0 |

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| | | | | |
|--------------------------------|--------------------------|-------------|---------------|--------------|
| | <i>White</i> | 22.5 | 20.4 | 24.5 |
| Gender | | | | |
| | <i>Women</i> | 18.4 | 16.5 | 20.3 |
| | <i>Men</i> | 27.0 | 24.3 | 29.8 |
| Education | | | | |
| | <i><High School</i> | 34.1 | 29.1 | 39.1 |
| | <i>HS or GED</i> | 25.1 | 22.0 | 28.2 |
| | <i>Some High School</i> | 19.9 | 17.3 | 22.6 |
| | <i>College Graduate</i> | 11.6 | 9.3 | 13.8 |
| Annual Household Income | | | | |
| | <i><\$15,000</i> | 31.5 | 26.8 | 36.3 |
| | <i>\$15,000-\$24,999</i> | 30.4 | 26.2 | 34.5 |
| | <i>\$25,000-\$34,999</i> | 23.9 | 18.8 | 29.0 |
| | <i>\$35,000-\$49,999</i> | 21.6 | 16.7 | 26.5 |
| | <i>\$50,000+</i> | 13.3 | 10.9 | 15.7 |
| Health Care Coverage | | | | |
| Race-ethnicity | | | | |
| | <i>Black</i> | 79.0 | 76.1 | 81.8 |
| | <i>White</i> | 85.4 | 83.5 | 87.2 |
| Gender | | | | |
| | <i>Women</i> | 85.1 | 83.2 | 86.9 |
| | <i>Men</i> | 79.3 | 76.7 | 82.0 |
| | | | | |
| | | | <u>95% CI</u> | |
| | | | lower | upper |
| Education | % | | | |
| | <i><High School</i> | 72.7 | 67.6 | 77.8 |
| | <i>HS or GED</i> | 80.1 | 77.3 | 82.8 |
| | <i>Some High School</i> | 84.5 | 81.8 | 87.1 |
| | <i>College Graduate</i> | 91.8 | 89.8 | 93.8 |
| | | | | |
| Annual Household Income | | | | |
| | <i><\$15,000</i> | 74.9 | 70.4 | 79.4 |
| | <i>\$15,000-\$24,999</i> | 72.8 | 68.8 | 76.8 |
| | <i>\$25,000-\$34,999</i> | 81.1 | 75.7 | 86.5 |
| | <i>\$35,000-\$49,999</i> | 82.6 | 77.2 | 88.0 |

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| | | | | |
|------------|------------------|-------------|------|------|
| | <i>\$50,000+</i> | 93.5 | 91.5 | 95.5 |
| <i>Age</i> | <i>18-24</i> | 75.6 | 69.2 | 82.1 |
| | <i>25-34</i> | 71.1 | 66.1 | 76.0 |
| | <i>35-44</i> | 77.6 | 73.5 | 81.8 |
| | <i>45-54</i> | 81.2 | 77.8 | 84.5 |
| | <i>55-64</i> | 87.1 | 84.6 | 89.5 |
| | <i>65+</i> | 97.6 | 96.6 | 98.6 |

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