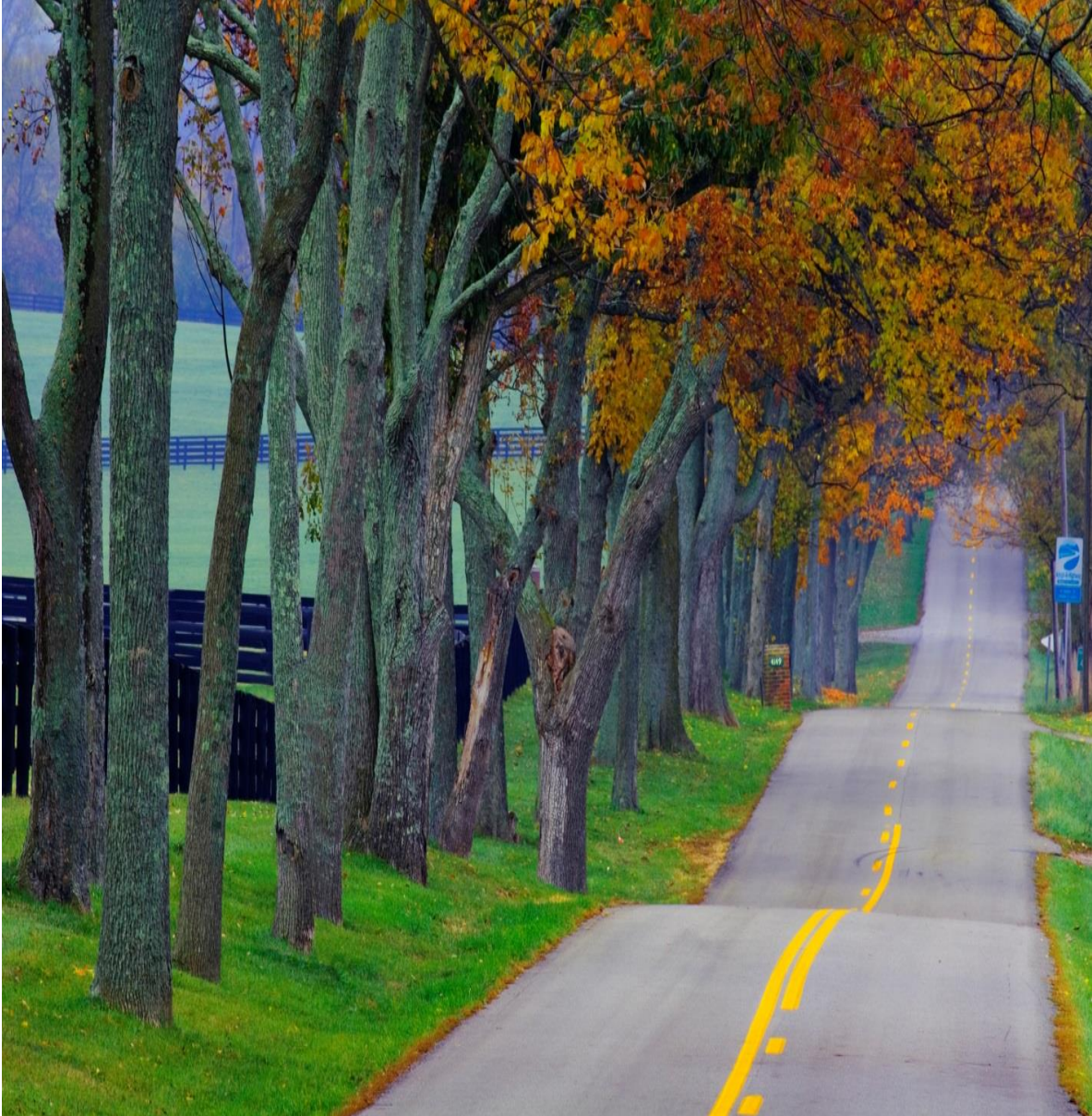


# **2015**

## **Kentucky Minority Health Status Report**



**Kentucky Department for Public Health**  
Office of Health Equity  
Prevent. Promote. Protect.

November 23, 2015

Revised 02/15/2016

<b>Historical Context</b>	ii
<b>Key Findings</b>	iv
<b>Recommendations</b>	v
 <b>Full Report</b>	 1
<b>Demographics</b>	
Race	1
Age	1
Race by County	3
Education	4
Income and Poverty	4
Health Insurance Status	5
Home Ownership	5
 <b>Health Risk Factors</b>	
Clinical Preventive Screening	6
Mental Health	7
Oral Health	8
Overweight and Obesity	9
Alcohol Use	10
Tobacco Use	10
Smoking During Pregnancy	11
 <b>Health Outcomes</b>	
Life Expectancy	12
Infant Mortality	12
Adult Mortality	13
Cancer	13
Cardiovascular Diseases	14
Asthma	15
Diabetes	16
Teen pregnancy	16
Sexually Transmitted Infections	17
Human Immunodeficiency Virus (HIV)	18
Hepatitis C	19
Drug Overdose	19
<b>Conclusion</b>	20
<b>Strengths and Limitations</b>	20
<b>References</b>	23

## Introduction

### Historical Context

The Office of Health Equity (OHE) addresses health disparities among racial and ethnic minorities, low-income, and geographically isolated populations in the Commonwealth. OHE was established in September 2008 through funding from the United States Department of Health and Human Services (DHHS), Office of Minority Health.

The goals of OHE are to:

- Increase awareness of the significance and impact of health disparities in Kentucky
- Educate stakeholders on the actions necessary to improve the health outcomes for racial and ethnic minorities, rural, and low-income populations in Kentucky
- Improve the health and healthcare outcomes for racial and ethnic minorities and underserved communities through evidence-based tailored approaches that account for differences in culture and language
- Improve the coordination and utilization of research and evaluation outcomes to advance health equity for racial and ethnic minorities and underserved communities
- Strengthen partnerships by increasing the capacity of leadership in Kentucky to address health disparities at all levels.

Former Secretary of Health and Human Services, Kathleen G. Sebelius, stated, “It is time to refocus, reinforce and repeat the message that health disparities exist and that health equity benefits everyone”.<sup>1</sup> While OHE focuses on the disparate health outcomes within minority groups, this work can promote health equity for all vulnerable populations. The primary function of OHE is to advance the understanding of the root causes of health disparities and how these root causes perpetuate health inequities at the community level. The Kentucky Department for Public Health is working to understand the relationship between health services, socioeconomic status, the physical environment, discrimination, racism, literacy levels, and legislative policies, and their impact on health outcomes. These factors, known as the social determinants of health, can influence health at the population and individual level. (Figure1).

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”.<sup>2</sup> The 2015 Minority Health Status Report highlights those disparities affecting persons living in the Commonwealth. It is known that the societal burden of healthcare disparities affects life expectancy, with a 33-year difference between the shortest and longest living groups in the U.S.<sup>3</sup>

In addition, Healthy People 2020 defines *health equity* as the “attainment of the highest level of health for all people. In working to achieve health equity, it requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities”.<sup>4</sup> The United States spends approximately \$2.2 trillion annually on healthcare; it is estimated that the economy loses \$309 billion annually due to the direct and indirect costs of health inequities.<sup>5</sup> As the U.S. population becomes older and increasingly diverse, and as household income inequality increases, the time to take action is now.<sup>6</sup>



**Figure 1: Social Determinants of Health**

Source: Adapted from Social Determinants of Health: The Canadian Facts

OHE develops the Minority Health Status Report (MHSR) biennially in odd-numbered years in compliance with the (KRS 216.2929, Section 6.

The MHSR provides the most current data and data sets that describe disparities that exist in the Commonwealth and uses multiple data sources, including the Behavioral Risk Factor Surveillance System (BRFSS), the U.S. Census, the American Community Survey (ACS), and other sentinel surveillance systems. The MHSR serves as a document that can be used to engage communities in understanding the social determinants of health and their relationship to health inequities. This document provides support to the Healthy People 2020 goal of ending health disparities and the *kyhealthnow* goals of advancing the wellbeing of the citizens of Kentucky.

## **Executive Summary**

### **Key Findings from the 2015 Kentucky Minority Health Status Report**

#### *Demographics*

- Racial and ethnic minority groups in Kentucky are younger than their White counterparts.
- The majority of Kentucky's Black population resides in just two counties: Jefferson and Christian.
- Attainment of a bachelor's degree is highest among Asians, while Blacks and Hispanics have the lowest rates of graduation from college.
- Asian and White households in Kentucky have higher incomes than American Indians, Blacks, and Hispanics.
- For all age groups, the highest rates of poverty are seen in Black and Hispanic populations.
- The highest rates of individuals living in poverty are among minority children and the elderly in Kentucky.
- Black and Hispanic residents are more likely to be renters in the state, while their White counterparts are more likely to own a home.

#### *Health Risk Factors*

- White Kentuckians report a higher number of mentally unhealthy days than Black and Hispanic residents.
- Black women have higher mammogram screening rates than their White counterparts.
- Black and Hispanic women in the state are less likely to receive a Pap test than White women, a downward trend from 2012.
- Hispanics have higher colonoscopy screening rates than Blacks or Whites in Kentucky.
- Black Kentuckians visit the dentist or dental clinic consistently less often than their Hispanic and White counterparts.
- Black Kentuckians have the highest rate of obesity when compared to Hispanics and Whites.
- Hispanics in Kentucky report the highest rate of binge drinking.
- White high school adolescents in the state are much more likely to smoke cigarettes than their Black counterparts.
- Black Kentuckians have the highest rate of cigarette smoking among adults.

#### *Health Outcomes in Kentucky*

- Black men have the shortest life expectancy when compared to Whites and among both genders.
- The infant mortality rate for Black infants is almost twice that of White infants.
- Blacks have higher cancer rates and cancer deaths compared to their White counterparts.
- Blacks have a higher prevalence of asthma than Whites.
- Blacks have a higher prevalence of diabetes than Whites.
- The teen pregnancy rate in Kentucky remains above the national average; among racial and ethnic groups in Kentucky, the highest rate is among Hispanics.
- Blacks have higher rates of gonorrhea and syphilis when compared to Hispanics and Whites.
- Blacks have higher rates of HIV when compared to Hispanics and Whites.

#### *Limitations*

- Overall limitations exist on the amount and type of data collected on the health status of minorities in Kentucky.
- This report is limited by the lack of race/ethnicity data across public health programming, making it difficult to compare minority disparities to the population at large.

## **Recommendations**

This report highlights the need to close the gaps in health outcomes between racial/ethnic minorities and Whites to improve the health of all Kentuckians. As this report demonstrates, significant disparities can be seen among racial and ethnic groups in health outcomes. Dramatic changes have already been made to advance the well-being of Kentucky citizens. Healthcare insurance is now available to more low-income men, non-pregnant women, children, single individuals, and families.<sup>7</sup> Additionally, *kyhealthnow* outlines seven goals directed at improving the health status of the citizens of the Commonwealth.<sup>8</sup> Those seven goals are:

- Reduce Kentucky's rate of uninsured individuals to less than 5%
- Reduce Kentucky's smoking rate by 10%.
- Reduce the rate of obesity among Kentuckians by 10%.
- Reduce Kentucky cancer deaths by 10%.
- Reduce cardiovascular deaths by 10%.
- Reduce the percentage of children with untreated dental decay by 25% and increase adult dental visits by 10%.
- Reduce deaths from drug overdose by 25% and reduce by 25% the average number of poor mental health days of Kentuckians.

The strategies to achieve those goals include policy and system changes, public-private partnerships and collaborations, and enrolling Kentuckians in healthcare coverage.

Based on the MHSR, the Office of Health Equity recommends that the Commonwealth increase efforts to address the social determinants (where we live, learn, work, and play) that negatively impact health. To eliminate racial and ethnic disparities in Kentucky, OHE has adopted the federal Office of Minority Health's strategies for the elimination of racial and ethnic disparities. The following recommendations are proposed to continue the work towards eliminating health disparities and inequities among racial/ethnic groups in Kentucky:

- Prioritize the commitment of eliminating health inequities by continued dialogue between legislators, cabinets, the Kentucky Department for Public Health (KDPH), and OHE, allowing for allocation of resources, staff, and funds to continue state, regional and national programming.
- Complement demographic and statistical data analysis with research targeting the cultural, sociological, and generational implications of health disparities.
- Collect data on the health of each racial and ethnic group in Kentucky, allowing for a more complete picture of the health issues affecting all Kentuckians.
- Improve collection methods on all population health surveys and surveillance by incorporating a consistent set of data standards for race, ethnicity, sex, primary language, and disability status.
- Establish a multidisciplinary task force of policymakers, researchers, executive leadership, healthcare workers and community leaders working together to address the link between the social determinants of health and health outcomes.
- Increase capacity within local communities by establishing collaboratives and partnerships to address health inequities.
- Assist in developing initiatives that increase social capital and resource availability within communities and reduce physical and social barriers to healthy lifestyles; e.g., increase pedestrian friendly design of neighborhoods, increase access to and subsidization of healthy food options, etc.



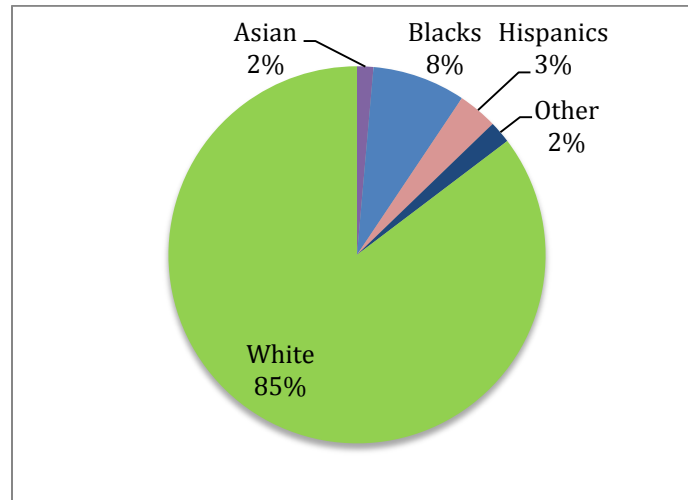
# Full Report

## Demographics

### Race and Ethnicity

In 2014 the U.S. Census estimated the population in Kentucky to be 4,413,457 people. The majority of Kentuckians are White, but 15% of the population is comprised of minority races and ethnicities.

**Chart 1: Kentucky Population by Race and Ethnicity, 2014**

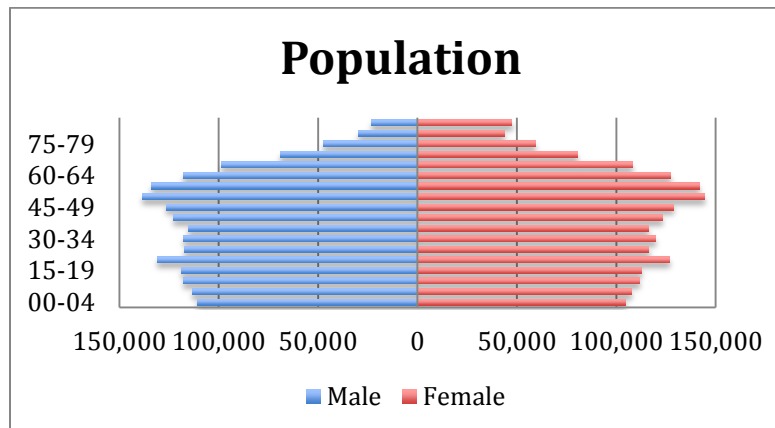


Source: Kentucky State Data Center, US Census Bureau, Population Estimates, 2010-2014.

### Age by Race and Ethnicity

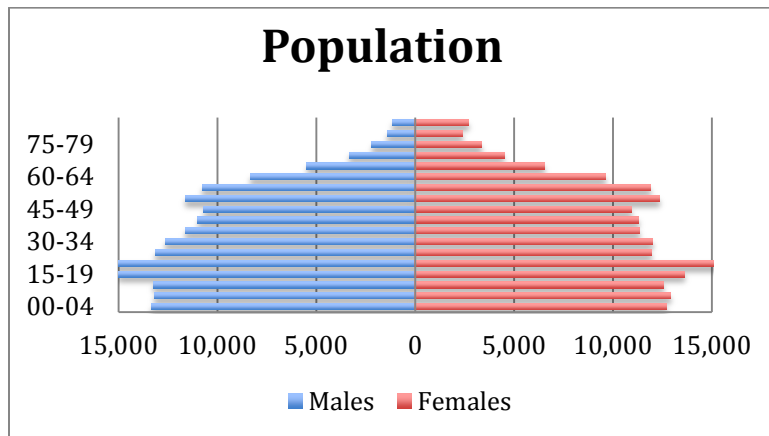
The White majority population in Kentucky is 3,767,608 with a median age of 39.8 years of age. Of the total population in Kentucky, only 8% of the population, an estimated 354,134 people, are Black with a median age of 32.4 years of age. Hispanics comprise just 3.4% of the Kentucky population at an estimated 149,006 people with a median age of 24.5 years. Both Blacks and Hispanics have younger median ages and smaller elderly populations compared to the White population. Among all racial and ethnic groups, there are fewer elderly males compared to females. According to the 2010 U.S. Census, it is estimated that the state's population has grown by 1.7% with a slight decrease in Whites, while Blacks have increased by over 5%, and both Latinos and Asians have increased by 1%.

**Chart 2: Kentucky Population by Age and Gender: Whites, 2014**



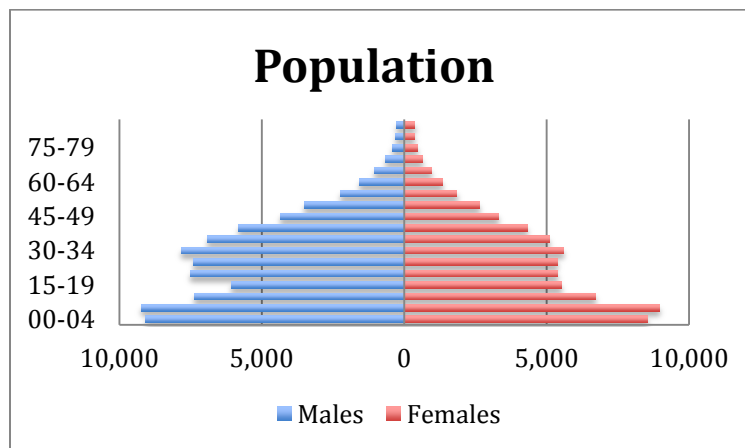
Source: Kentucky State Data Center, US Census Bureau, Population Estimates, 2010-2014.

**Chart 3: Kentucky Population by Age and Gender: Blacks, 2014**



Source: Kentucky State Data Center, US Census Bureau, Population Estimates, 2010-2014.

**Chart 4: Kentucky Population by Age and Gender: Hispanics, 2014**



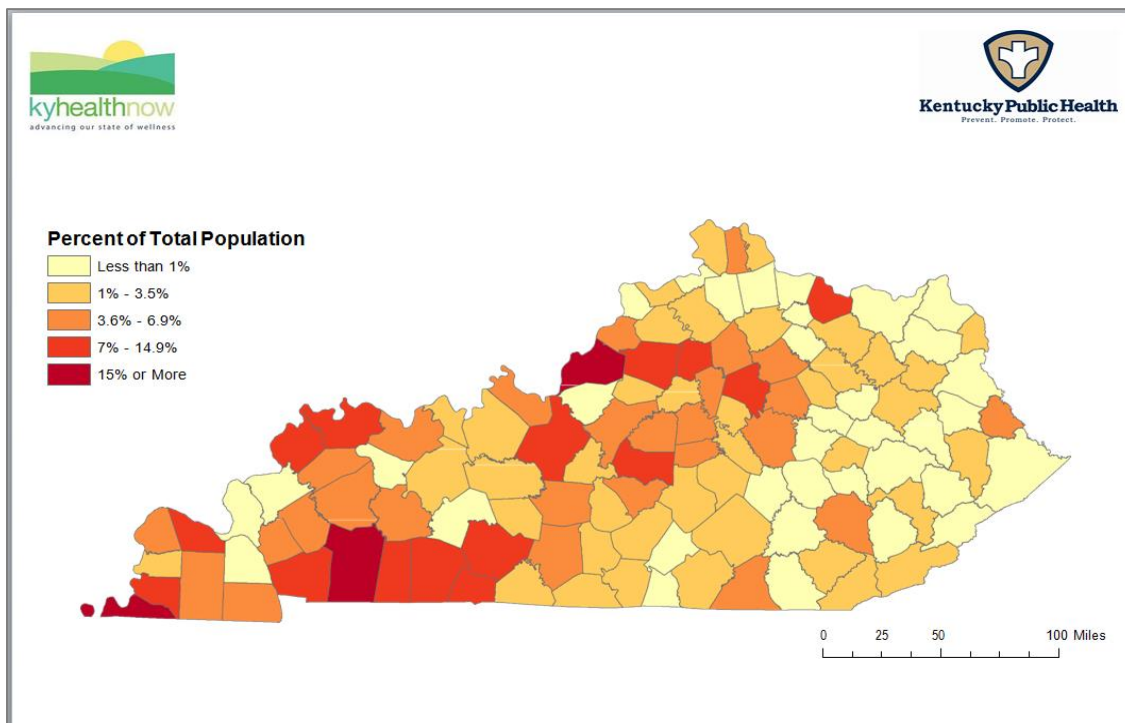
Source: Kentucky State Data Center, US Census Bureau, Population Estimates, 2010-2014.

### Race by Counties

The 2009-2013 American Community Survey data indicate the majority of the Black population in Kentucky resides in the Louisville area and the western and southern regions of the state. Blacks make up more than 15% of the populations of Fulton, Christian, and Jefferson counties. The same survey data noted that the Hispanic population of Kentucky is concentrated in the central and western regions of the state. Counties with the highest percentage of Hispanics are: Fayette, Bourbon, Christian, Woodford, Shelby, and Carroll counties. The data in this report highlight disparities of certain acute and chronic diseases and conditions. The following maps are a valuable resource in targeting culturally sensitive programs and projects for specific minority populations.

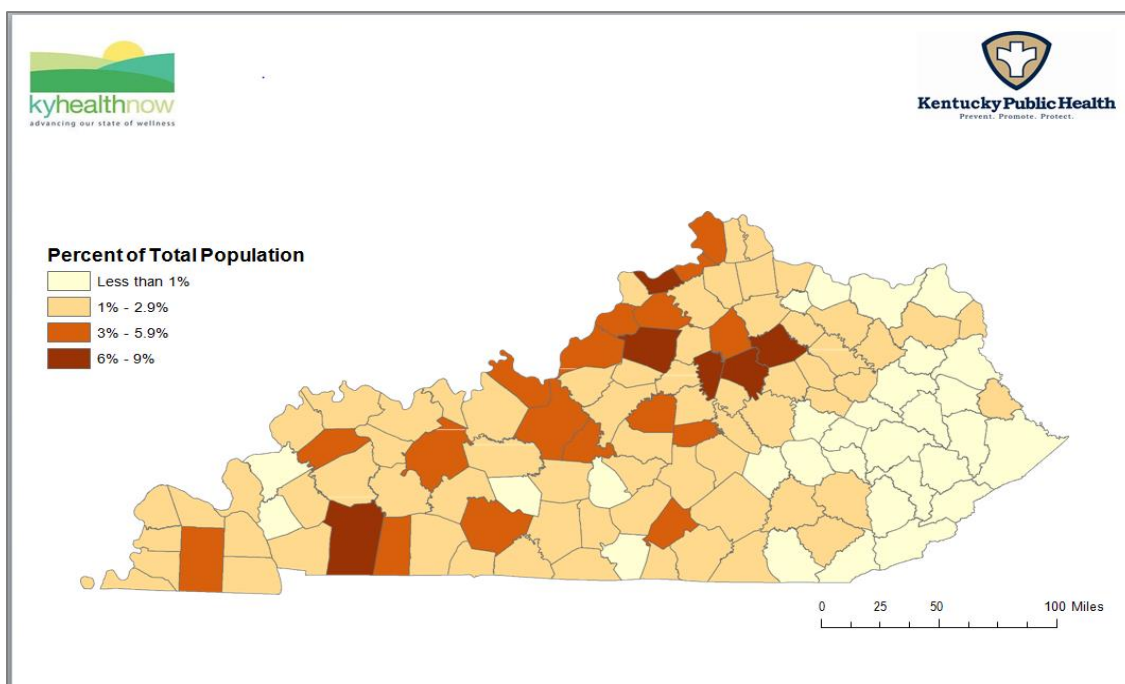


**Figure 2: Percentage of non-Hispanic Black Population by County  
2009 - 2013, 5-year Estimates**



Source: 2009-2013 American Community Survey (U.S. Census Bureau)

**Figure 3: Percentage of Hispanic Population by County  
2009 - 2013, 5-year Estimates**

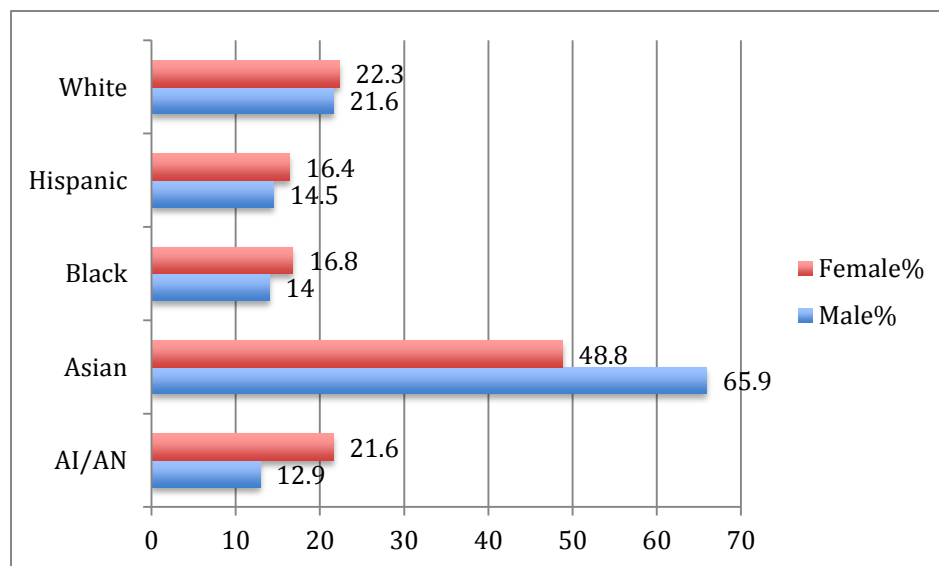


Source: 2009-2013 American Community Survey (U.S. Census Bureau)

## Education

Studies from the National Institutes of Health (NIH) have established that education yields the strongest influence over health of any socioeconomic status indicator.<sup>9</sup> Educational attainment, a social determinant of health, has been shown to influence health decisions and further affect health outcomes. When looking at the percentage of Kentuckians with a bachelor's degree or higher, a significant difference is seen among racial/ethnic groups. Data show the highest percentage of college graduation rates among Asians when compared to all other racial/ethnic groups. A less marked difference is seen among Whites, who have the second highest percentage of college graduates among all other racial and ethnic minorities in the state.

**Chart 5: Percentage of Kentuckians over 24 Years Old who have a Bachelor's Degree or Higher, by Race, Ethnicity and Gender 2011 - 2013**



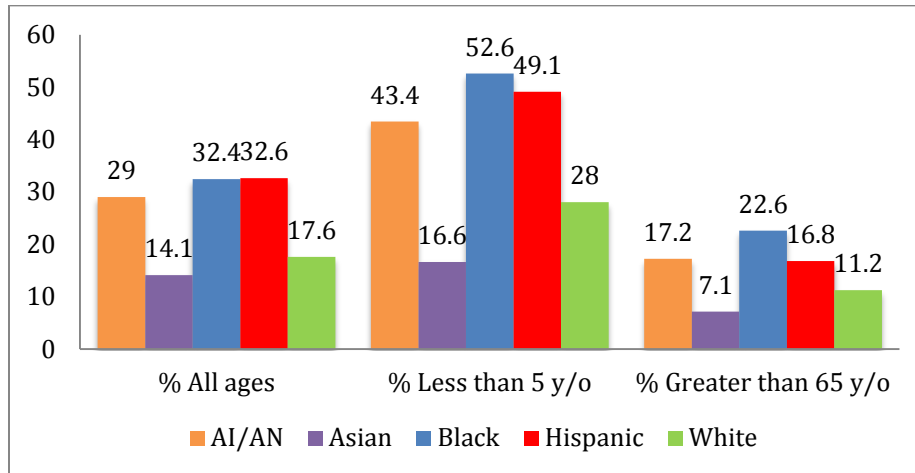
Source: U.S. Census Bureau, American Community Survey, 2011-2013, 3-year estimates.

Notes: AI/AN: American Indian/Alaska Native, Hispanic includes Latino

## Income and Poverty

Research has linked income and other socioeconomic indicators to health outcomes.<sup>9</sup> In Kentucky, Asians have the highest median household income at \$62,071, while Blacks have the lowest at \$28,535. Greater than 50% of Black children and greater than 40% of American Indian and Hispanic children are living in poverty in the state. The highest rates of poverty are seen in Blacks and Hispanics for all ages. Moreover, greater than 15% of American Indian, Black and Hispanic elderly reside in poverty. The effects of poverty impact all age groups, but children and the elderly are the most vulnerable. Poor children are more than twice as likely to experience three or more of the following: abuse, neglect, witnessing domestic violence, or living with someone who has a mental illness or a substance abuse problem. Research now shows that these adverse childhood events or (ACE's) can impact a child's development and health.<sup>10</sup>

**Chart 6: Poverty Rates in Kentucky by Age Group, Race and Ethnicity, 2011-2013**



Source: U.S. Census Bureau, American Community Survey, 2011-2013, 3-year estimates.

Notes: AI/AN: American Indian/Alaska Native, Hispanic includes Latino

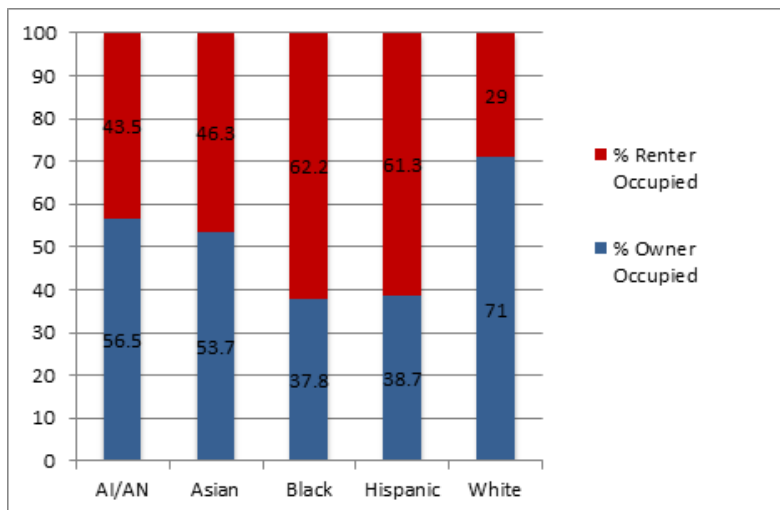
### Insurance Status

Uninsured rates in the U.S. decreased from 18% in 2013 to 11.9% in 2015.<sup>11</sup> Significant progress has been achieved toward the *kyhealthnow* goal of reducing Kentucky's rate of uninsured individuals to less than 5%.<sup>8</sup> According to the 2014 U.S. Census Bureau's Health Insurance Coverage report, Kentucky is ranked first in the country for a decrease in the rate of uninsured. In 2014, the uninsured rate for Kentucky decreased from 14.3 to 8.5 percent.

### Home Ownership

Research has shown that homeownership, when compared to renting, has a positive impact on life satisfaction as well as the cognitive and behavioral outcomes of children.<sup>12,13</sup> In Kentucky, all minority groups are less likely to own homes compared to Whites. For example, over 60% of Blacks and Hispanics in Kentucky rent their homes.

**Chart 7: Home Ownership and Renter-Occupied Homes in Kentucky, by Race and Ethnicity, 2011-2013**



Source: U.S. Census Bureau, American Community Survey, 2011-2013, 3-year estimates.

Notes: AI/AN: American Indian/Alaska Native, Hispanic includes Latino.

## **Health Risk Factors**

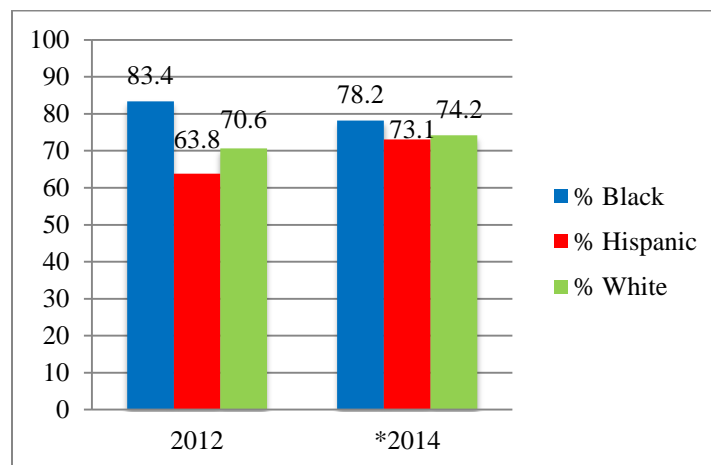
### **Clinical Preventive Screening**

Preventive healthcare lowers costs and improves health outcomes.<sup>14</sup> According to the CDC's National Center for Health Statistics (NCHS), as of 2013 only 66.8% of women in the U.S. who were 40 years and older had a mammogram within the previous two years.<sup>15</sup> In Kentucky, the percentage of all women who had a mammogram in the past two years increased from 72.6% in 2012 to 75% in 2014. Black women have the highest screening rates and Hispanics the lowest.<sup>9</sup> However, in 2014 screening rates for Black women declined from 83.4% to 78.2%. One possible explanation for this shift is due to women previously eligible for screening programs for the uninsured such as the Kentucky Women's Cancer Screening Program (KWCSPP), are now eligible for other programs including Medicaid and qualified health plans. These benefits present a unique opportunity for communities to be even more vigilant in assuring newly eligible individuals know how to access care. In addition, Black women between 40-64 years of age may not have been targeted with culturally relevant messaging and materials to ensure continued screening.

In Kentucky, the rate of Pap tests for adult women has decreased from 81% in 2012 to 70% in 2014 with little difference between racial/ethnic groups. Nationally, 69.4% of women in the U.S. have had a Pap test in the past three years.<sup>15</sup> New guidelines now recommend that screenings be started at a later age and that they be done less often. The decrease in the percentage of women receiving Pap tests within the last five years may be a reflection of the institution of new standards of care in medical practices throughout the state. The impact of these revised pap test screening and follow up guidelines has resulted in an overall decline or decrease in the number of pap tests performed in Kentucky women.

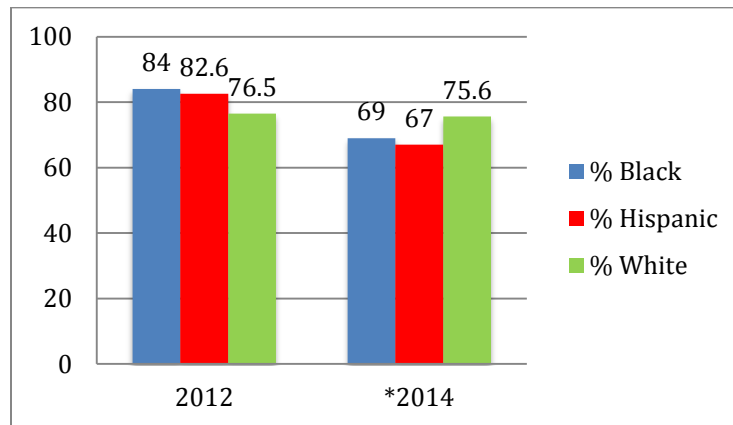
BRFSS data indicate that in 2012, 67% of age appropriate adults had a sigmoidoscopy or colonoscopy. The percentage increased to 71% in 2014. The rates of colon cancer screening by sigmoidoscopy or colonoscopy in Kentucky were highest among Hispanics and lowest among Blacks.

**Chart 8: Percentage of Kentucky Women over 40 Years Old, Who Have Had a Mammogram in the Past Two Years, by Race and Ethnicity, 2012 and 2014**



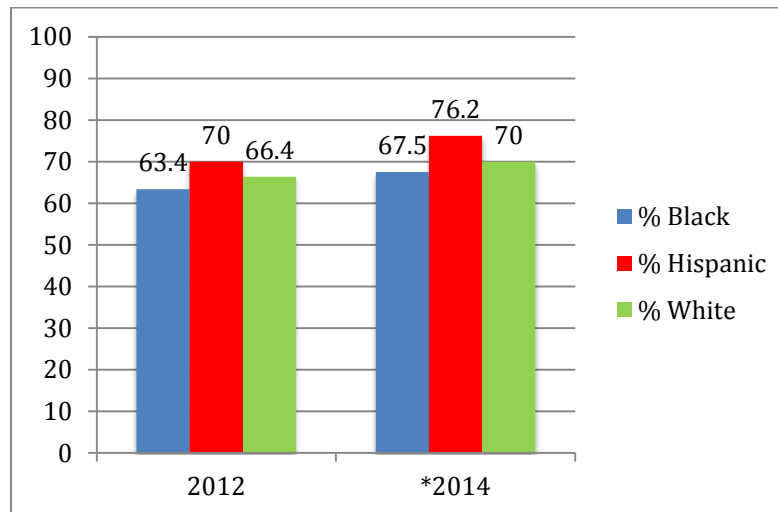
Source: Kentucky Behavioral Risk Factor Surveillance System, 2012-2014

**Chart 9: Percentage of Kentucky Women over 18 Years Old, Who Have Had a Pap Test in the Past Three Years, by Race and Ethnicity, 2012 and 2014**



Source: Kentucky Behavioral Risk Factor Surveillance System, 2012-2014

**Chart 10: Percentage of Kentuckians over 50 Years Old, Who Have Ever Had a Sigmoidoscopy or Colonoscopy, by Race and Ethnicity, 2012 and 2014**

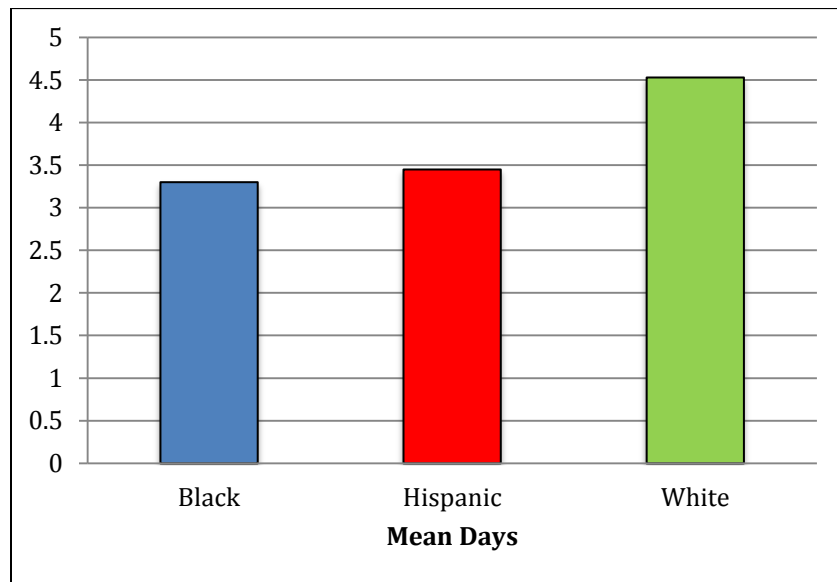


Source: Kentucky Behavioral Risk Factor Surveillance System, 2012-2014

## Mental Health

In the United States, 18.9% of the population has a mental, behavioral, or emotional disorder according to the National Institutes of Health.<sup>16</sup> Research has shown that mental health conditions exacerbate the ability to cope with chronic illness which makes the illness and mental health condition worse.<sup>17</sup> When Kentuckians were asked to self-report the number of mental health days effected by stress, depression or problems with emotion during the past thirty days, Whites had the highest rate at 4.5 days per month. A *kyhealthnow* goal is to reduce by 25% the average number of poor mental health days of Kentuckians by 2019.<sup>8</sup>

**Chart 11: Number of Mental Health Days Reported as “not Good” (Stress, Depression, Problems with Emotions) by Adult Kentuckians in the Past 30 Days, by Race and Ethnicity, 2014\***

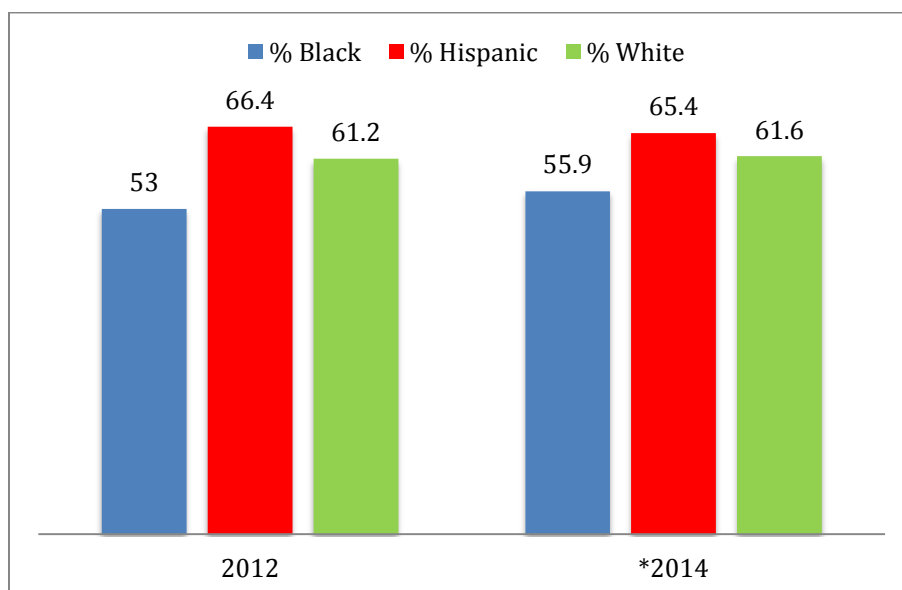


Source: Kentucky Behavioral Risk Factor Surveillance System, 2014

## Oral Health

Poor oral health can be a major risk factor for cardiovascular disease and stroke.<sup>18</sup> A *kyhealthnow* goal is to increase adult dental visits by 10%.<sup>8</sup> In 2012 and 2014, more than 30% of Kentucky adults did not see a dentist during the past year. This finding is comparable to national data which show that 61.7% of Americans between 18 and 64 and 60.6% of Americans 65 and older saw a dentist in the past year.<sup>15</sup> The Behavioral Risk Factor Surveillance System (BRFSS) data indicates that Blacks visit the dentist or dental clinic consistently less than their Hispanic and White counterparts.

**Chart 12: Percentage of Adult Kentuckians Who Visited the Dentist or Dental Clinic within the Past Year for Any Reason, by Race and Ethnicity, 2012 and 2014**

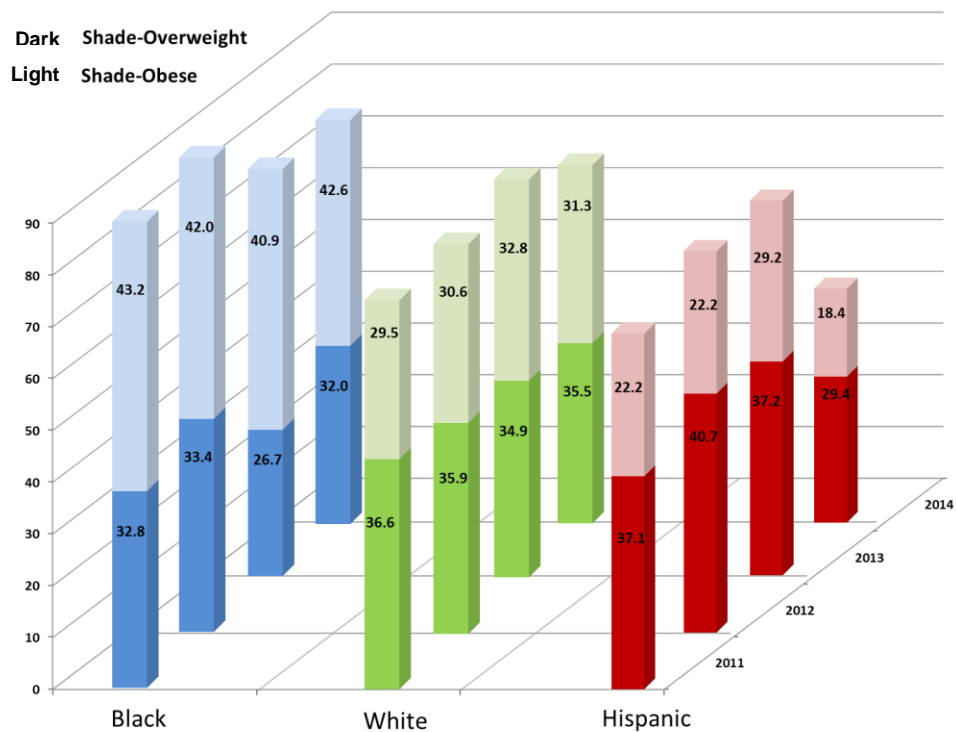


Source: Kentucky Behavioral Risk Factor Surveillance System, 2012-2013.

## Overweight and Obesity

Overweight and obesity are not just risk factors, but are chronic diseases as well.<sup>19</sup> The *kyhealthnow* initiative recognizes that addressing obesity is a priority for improving the health of Kentuckians and has set a goal to decrease obesity among Kentuckians by 10%.<sup>8</sup> Middle-aged adults and minorities are at highest risk. Overweight and obesity are defined by a person's body mass index (BMI). The BMI is a person's weight in kilograms divided by the square of height in meters. A BMI of 25.0 – 25.9 is considered overweight and a BMI greater than 30 is considered obese. BRFSS calculates a person's BMI based upon self-reported height and weight. According to the CDC, over one-third of U.S. adults are obese, which increases the risk of heart disease, stroke, Type II Diabetes and cancer.<sup>20</sup> It is estimated that in 2014 obesity will add between \$147 and \$210 billion to the nation's healthcare costs.<sup>21</sup> About a third of adult Kentuckians are considered overweight and another third are obese, percentages which did not change much from 2011 to 2014. Hispanics are less likely to be obese whereas Blacks have the highest rates of combined overweight and obesity.

**Chart 13: Combined Overweight and Obesity Prevalence among Adults in Kentucky, by Race and Ethnicity, 2011-2014**



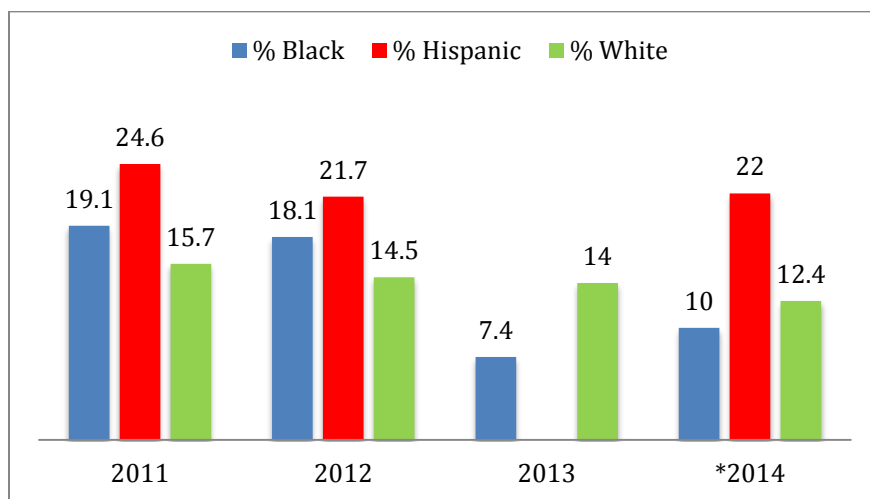
Source: Kentucky Behavioral Risk Factor Surveillance System, 2011-2014

## Alcohol Use

Binge drinking, defined as four or more drinks for women and five or more drinks for men on any occasion during the past 30 days, is related to health and social problems including motor-vehicle accidents, violence, suicide, hypertension, sexual transmitted infections, and unintended pregnancy.<sup>22</sup> The CDC reports that one in six Americans binge drink. The Kentucky rate is below the national average but is increasing.<sup>22</sup> Hispanics consistently report the highest rate of binge drinking with Whites reporting the lowest rates in Kentucky.



**Chart 14: Percentage of Adult Kentuckians who Binge Drink, by Race and Ethnicity, 2011-2014**

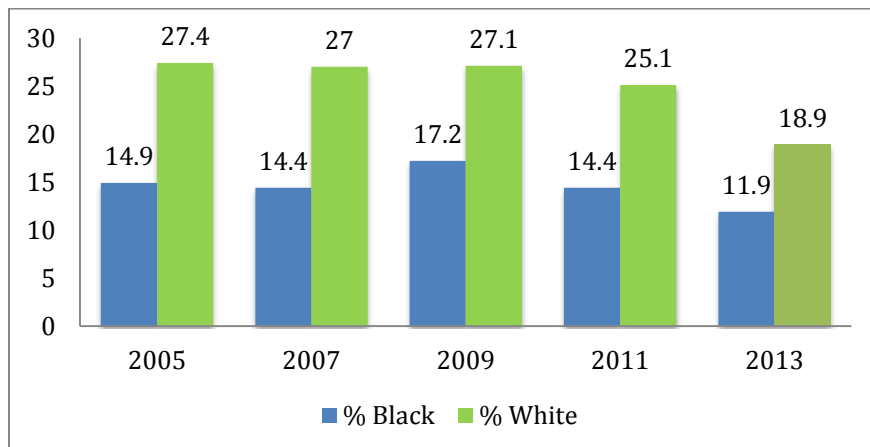


Source: Kentucky Behavioral Risk Factor Surveillance System, 2011-2014  
 \*\*2013 Hispanic data suppressed due to small sample size

### Tobacco Use

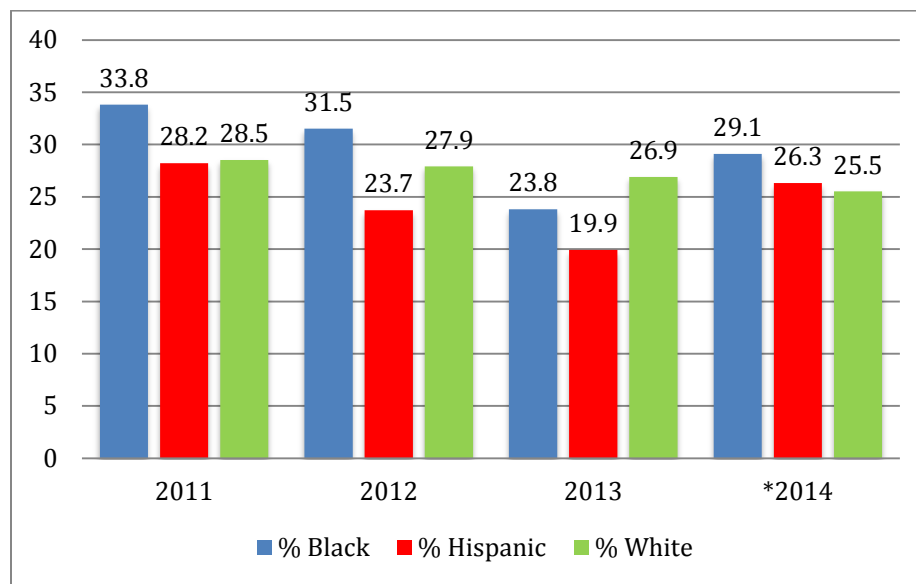
Smoking is the leading cause of preventable deaths in the United States, leading to lung cancer and other cancers, heart disease, stroke and lung diseases.<sup>23</sup> In 2014, Kentucky had the highest rates of tobacco use at 25.5%, while the U.S. average was 17.8%.<sup>24</sup> A *kyhealthnow* goal is to reduce smoking rates in Kentucky by 10%.<sup>8</sup> In Kentucky, smoking rates in high school adolescents have shown a downward trend from 21% in 2005 to 15% in 2013. White high school adolescents are much more likely to smoke cigarettes than their Black counterparts, but the inverse is seen when Blacks reach adulthood. Blacks have the highest rate of cigarette smoking among adults. Tobacco use among racial/ethnic minority groups is influenced by multiple factors, such as socioeconomic status, cultural characteristics, stress, biological elements, targeted advertising, and the capacity of communities to mount effective tobacco control initiatives.<sup>25</sup>

**Chart 15: Percentage of High School Adolescents in Kentucky who Smoke Cigarettes, by Race and Ethnicity, 2005-2013**



Source: Youth Risk Behavioral Surveillance System, 2005-2013 Note: Data not available on Hispanics

**Chart 16: Percentage of Adult Current Smokers in Kentucky, by Race and Ethnicity, 2011-2014**

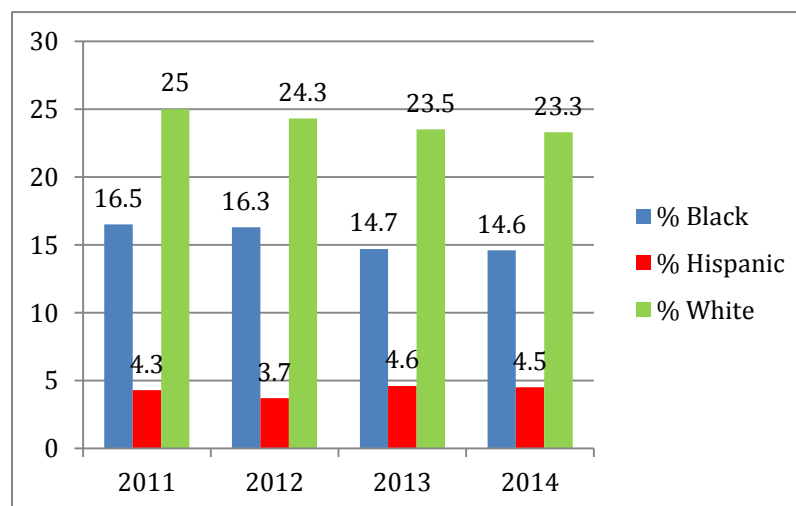


Source: Kentucky Behavioral Risk Factor Surveillance System, 2011-2014

### Smoking During Pregnancy

According to 2011 Pregnancy Risk Assessment Monitoring System (PRAMS) data in the United States, 12.3% of women smoke during pregnancy; however, this national data source of 24 states does not currently include Kentucky.<sup>26</sup> Minorities in Kentucky self-report smoking less during pregnancy than White populations. Smoking during pregnancy can result in tissue damage in unborn babies low birth weight, miscarriage, and stillbirth.<sup>27</sup> Smoking can also cause difficulty in becoming pregnant.<sup>27</sup>

**Chart 17: Percentage of Resident Live Births to Mothers Smoking During Pregnancy, by Race and Ethnicity in Kentucky 2011-2014\***



Source: Kentucky Vital Statistics, Kentucky Live Birth Certificate Files 2011-2014

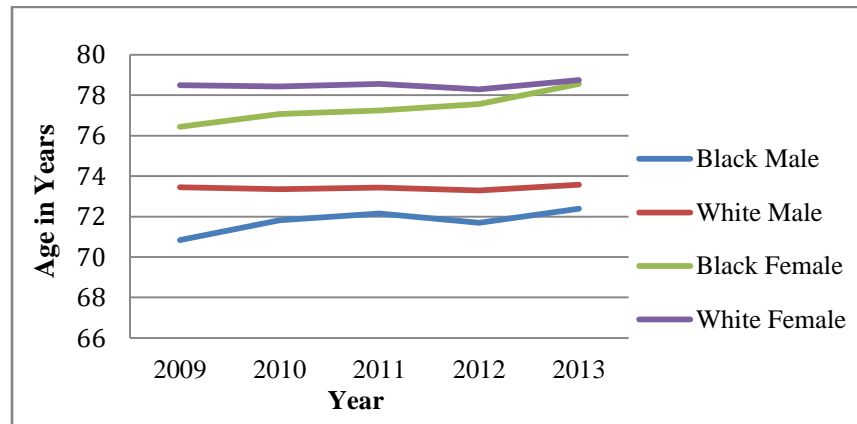
\*Birth data from 2011-2014 are preliminary. The percentage was calculated based on live births to mothers smoking during any trimester of pregnancy. Hispanic origin and race not mutually exclusive. People of Hispanic origin may fall into any of the race categories. Resident data includes events which occurred to the residents of the specified geographic area, regardless of place of occurrence.

## Health Outcomes

### Life Expectancy

White females in Kentucky have historically had the highest life expectancy but in 2013 Black women also reached a life expectancy of 78 years. Black men have shown a steady upward trend but still have the lowest life expectancy at 72 years. The disparities that exist among minority groups correlate with life expectancy. Social indicators such as housing, education, income, discrimination, racism, stress, etc. all contribute to premature death.<sup>28</sup>

**Chart 18: Life Expectancy in Kentucky by Race and Gender, 2009-2013**

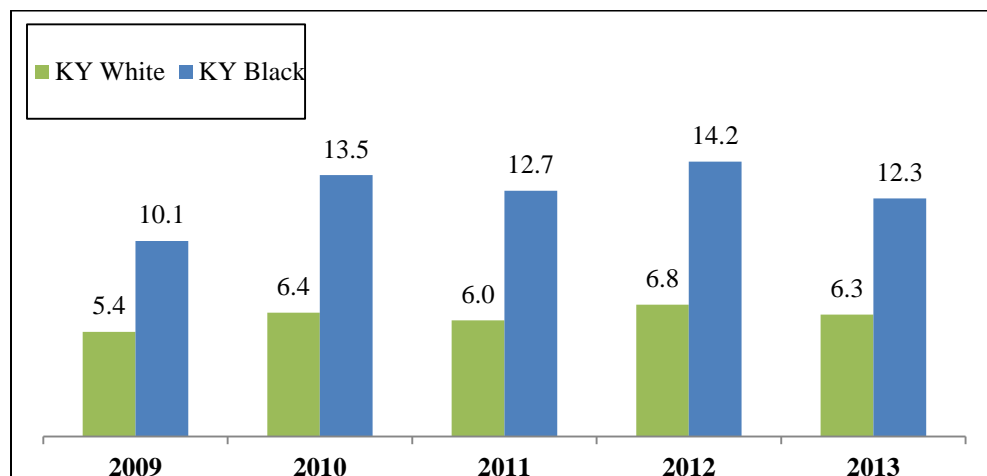


Source: National Center for Health Statistics, CDC Wonder, 2009-2013

### Infant Mortality

According to the National Center for Health Statistics (NCHS), the rate of infant mortality has steadily decreased since 2007. However, Kentucky's infant mortality rate for both Whites and Blacks continues to be above the national rate of 5.96 per 1,000 live births.<sup>29</sup> Furthermore, Black infants continue to be twice as likely to die as White infants. The primary component of racial disparities in Kentucky childhood deaths is infant mortality.<sup>30</sup> This disproportionate burden reveals the need for prevention efforts to be targeted towards Kentucky's Black infant population.<sup>30</sup>

**Chart 19: Infant Mortality Rates per 1,000 Live Births by Year and by Race in Kentucky, 2009-2013\***



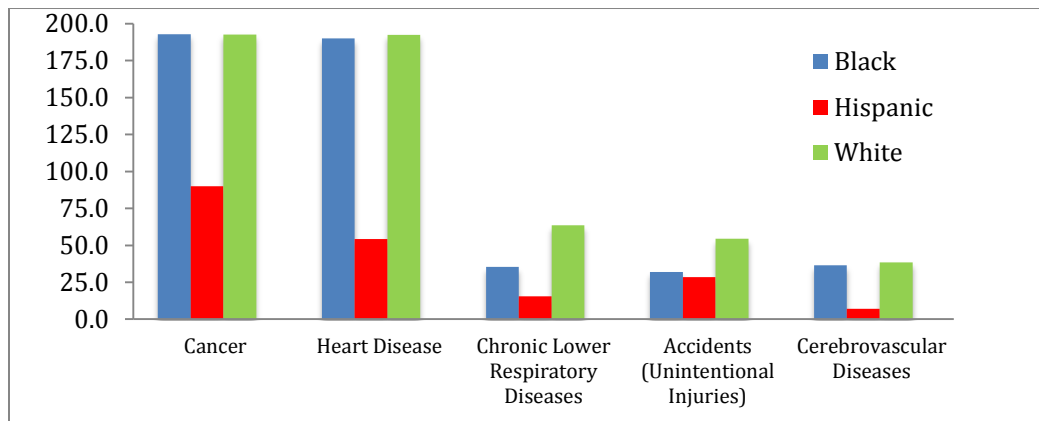
Source: Kentucky Vital Statistics, Death Certificate and Birth Certificate Files 2009-2013

\*Note: 2009-2013 data are preliminary and may change. Note: Only Black and White infant mortality rates are presented. Other races and ethnicities are not included so rates presented do NOT equal Kentucky's overall infant mortality rates.

## Adult Mortality

The CDC Health Disparities and Inequities Report for 2013 (CHDIR) details rates of premature death (death before the age of 75 years) for stroke and coronary heart disease that are higher for non-Hispanic Blacks than White Americans. The leading causes of death in Kentucky for African Americans are cancer, heart disease, chronic respiratory diseases, injuries, and strokes. Many of these deaths could be prevented or postponed by addressing not only behavioral risk factors such as obesity and tobacco use, but also the root causes of poor health outcomes: the built environment; healthcare access; unemployment; education; and access to healthy, affordable foods.<sup>31</sup>

**Chart 20: Leading Causes of Death in Kentucky, Age-Adjusted Rates per 100,000 by Race and Ethnicity, 2014\***



\*Mortality data from 2014 are preliminary AAR: Age-adjusted rates are per 100,000 U.S. standard 2000 population. Resident data include events which occurred to the residents of the specified geographic area, regardless of place of occurrence. Hispanic Origin and Race are not mutually exclusive. People of Hispanic Origin may fall into any of the race categories.

## Cancer

One of the *kyhealthnow* goals is to reduce cancer deaths by 10%.<sup>8</sup> Overall in Kentucky, cancer is trending downward; however, Blacks have both higher incidence and death rates for almost all of the most common types of cancer when compared to Whites and Hispanics. For some cancers, the mortality rate is much higher for Blacks. For example, Black men are two times more likely to die of prostate cancer than White men.

**Table 1: Cancer Incidence Rates in Kentucky, by Race, 2008-2012**

Cancer Sites	KY	Black	White
All sites	520.4	527.5	517.2
Prostate	122.6	169.4	113.4
Breast	65.3	74.2	64.9
Lung & Bronchus	97.5	102.8	97.8
Colorectal	51.4	58.2	51
Cervix	8.7	7.3	8.8

Source: KY Cancer Registry <http://cancer-rates.info/ky/index.php>

Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Million Population

**Table 2: Cancer Mortality Rates in Kentucky, by Race, 2008-2012**

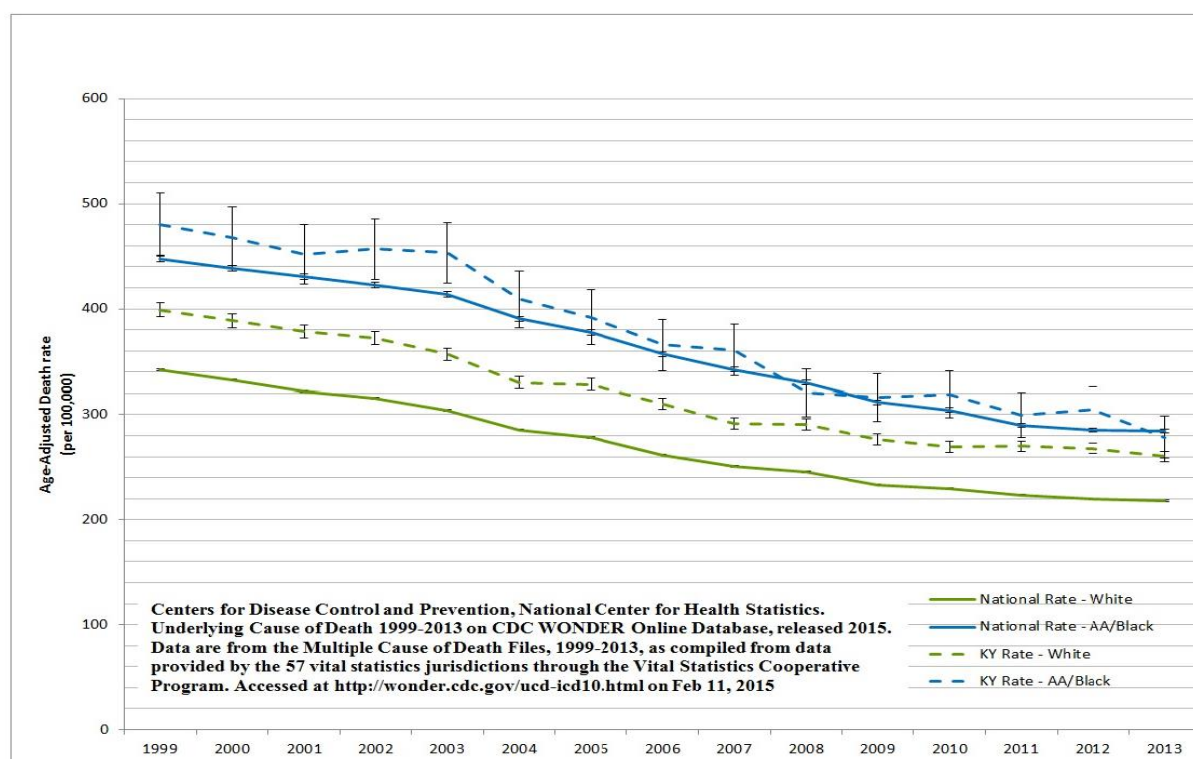
Cancer Sites	KY	<i>Black</i>	<i>White</i>
All sites	144.3	162.9	143.1
Prostate	10.5	21.8	9.9
Breast	8.9	13.5	8.6
Lung & Bronchus	53	56.1	52.9
Colorectal	12.1	15.5	11.9
Cervix	2.4	2.5	2.4

Source: KY Cancer Registry <http://cancer-rates.info/ky/index.php?datasource=mort>  
 Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Million Population

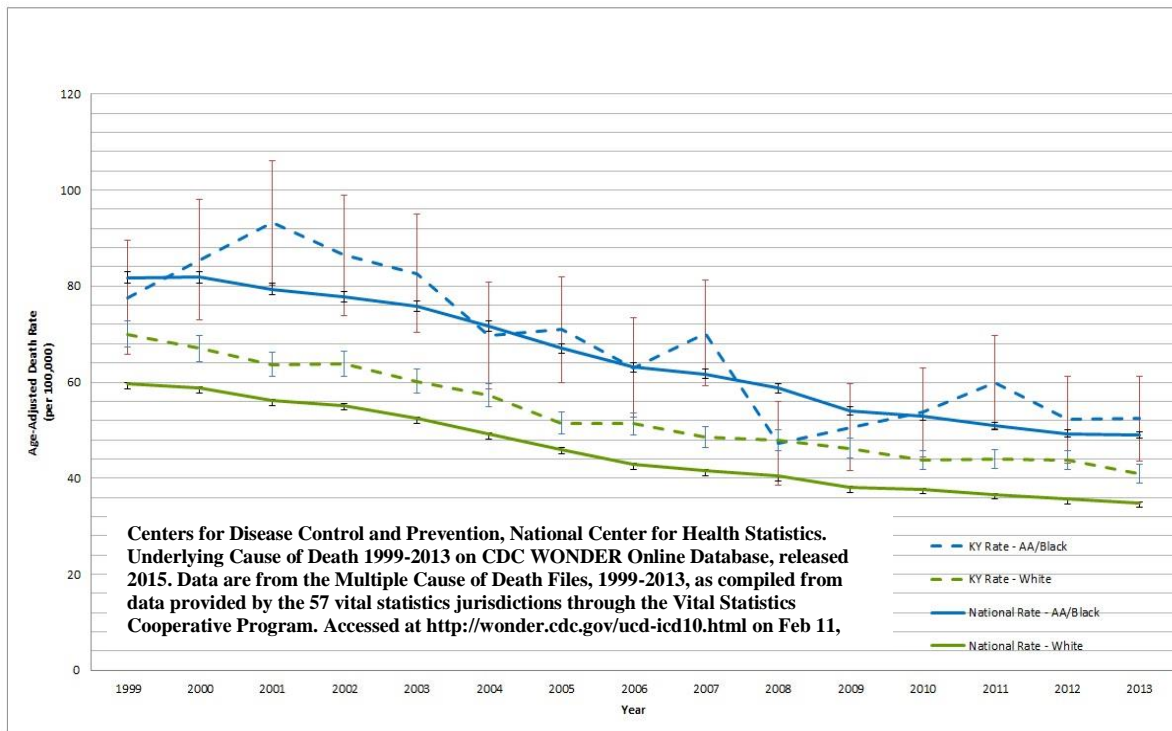
## Cardiovascular Diseases

Heart disease and stroke were listed among the top five causes of death for Blacks in Kentucky for 2014. Blacks in Kentucky have higher mortality rates for stroke and cardiovascular disease than their White counterparts in the Commonwealth. Risks factors such as health conditions, lifestyle, age, and family history can increase the risk for cardiovascular disease. NCHS reports that half of Americans (47%) have at least one of the key risk factors for heart disease: high blood pressure, high cholesterol, or smoking.<sup>32</sup> The prevention of cardiovascular disease continues to be a priority for public health prevention, and has been identified as a *kyhealthnow* goal of reducing cardiovascular deaths by 10%<sup>8</sup>.

**Chart 21: Age-Adjusted Death Rates for Major Cardiovascular Diseases by Race for KY and U.S., 1999 – 2013 with 95% Confidence Intervals**



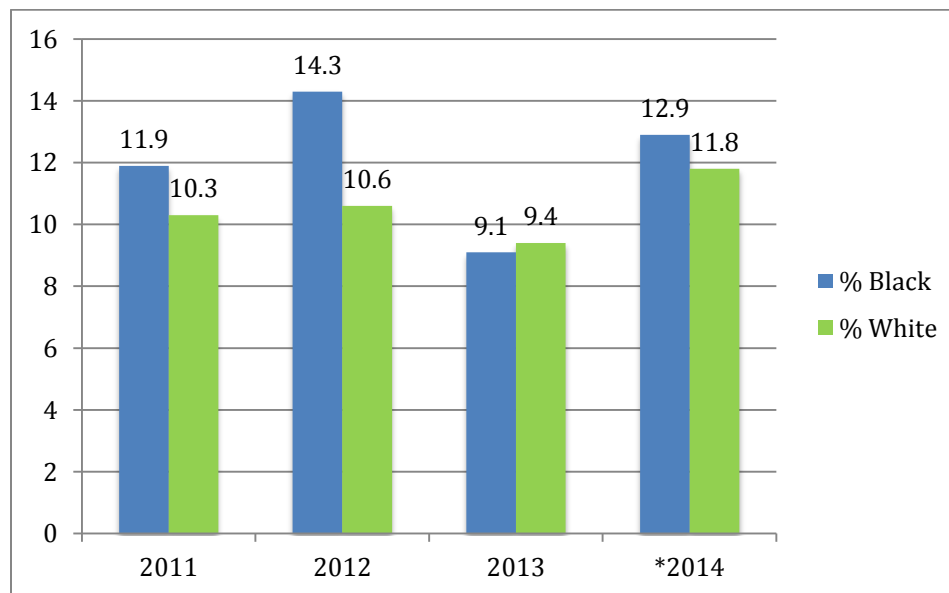
**Chart 22: Age Adjusted Death Rates for Cerebrovascular Diseases by Race for KY and U.S., 1999 – 2013 with 95% Confidence Intervals**



## Asthma

While women die from asthma at a higher rate than men, Black Americans are more likely to die from asthma than any other racial or ethnic group.<sup>33</sup> Kentucky's asthma prevalence rate was 11.9% in 2014 which is higher than the national rate of 7.3%.<sup>34</sup> Blacks generally have similar or slightly higher rates than Whites. A common asthma trigger is tobacco smoke, including secondhand smoke.<sup>35</sup> Therefore reducing smoking is a *kyhealthnow* goal.<sup>8</sup>

**Chart 23: Adult Asthma Prevalence in Kentucky, by Race and Ethnicity, 2011-2014**

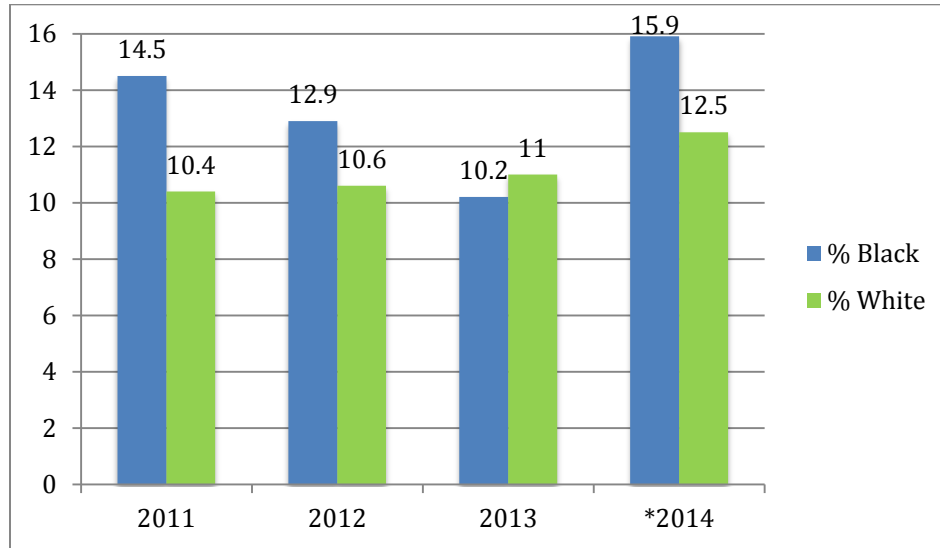


Source: Kentucky Behavioral Risk Factor Surveillance System, 2011-2014

## Diabetes

In Kentucky, the prevalence of adult diabetes increased from 10.4% in 2011 to 12.5% in 2014. For most years surveyed, Blacks have slightly higher rates when compared to Whites. People with Type II Diabetes are more likely to also suffer from oral health diseases, stroke, hypertension, chronic kidney disease, and cancer.<sup>36,37</sup>

**Chart 24: Adult Diabetes Prevalence in Kentucky, by Race and Ethnicity, 2011-2014**

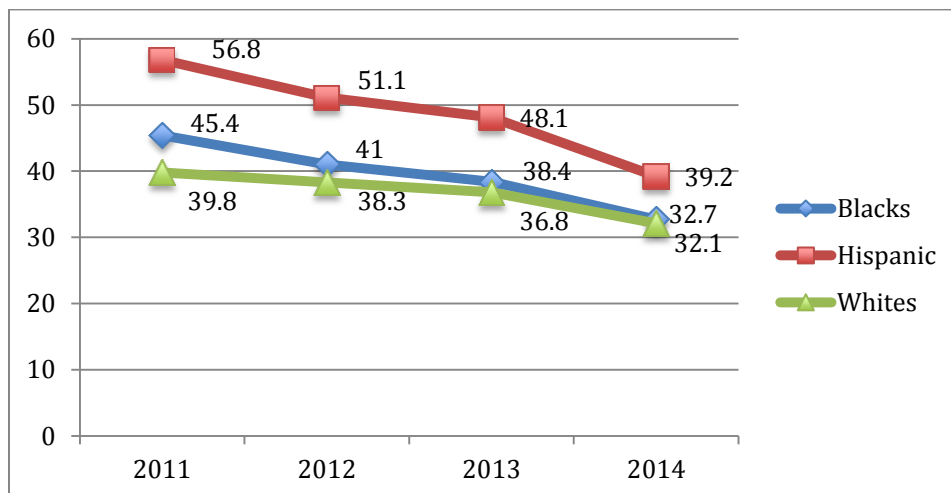


Source: Kentucky Behavioral Risk Factor Surveillance System, 2011-2014

## Teen Pregnancy

According to the CDC, teen birth rates have declined for all races and ethnicities since 2012 with a national rate of 26.5 births for every 1,000 females aged 15-19 years old in 2013.<sup>38</sup> In Kentucky, the teen pregnancy rate is declining but remains above the national average. The highest rate is in the Hispanic population. Despite these declines, substantial disparities persist in teen birth rates, and teen pregnancy and childbearing continue to carry significant social and economic costs.

**Chart 25: Resident Teen Pregnancy Rates (15-19 Years) in Kentucky by Race and Ethnicity, 2011-2014\***



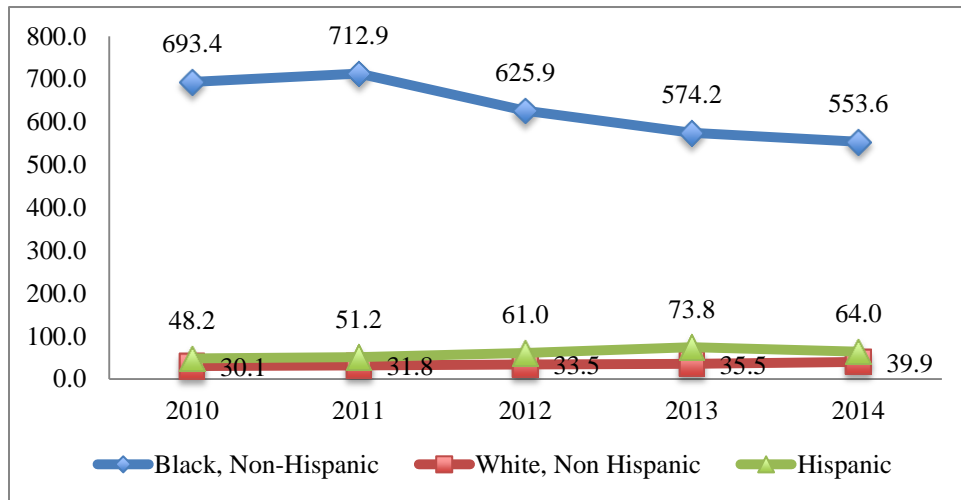
\*Birth data from 2011-2014. Rates are per 1,000 population. Hispanic Origin and Race are not mutually exclusive. People of Hispanic Origin may fall into any of the race categories. Resident data include events which occurred to the residents of the specified geographic area, regardless of place of occurrence.



## Sexually Transmitted Infections

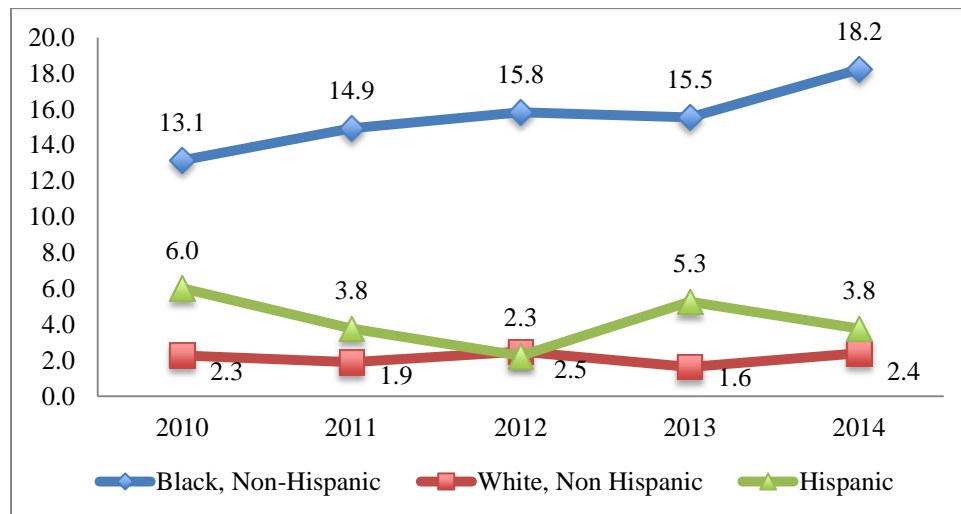
In recent years, surveillance has shown higher rates of some sexually transmitted infections (STIs) among racial or ethnic minority groups compared to Whites.<sup>39</sup> In Kentucky, Blacks have higher rates of primary and secondary syphilis and gonorrhea than Hispanics and Whites. It is important to understand that these higher rates are not influenced by color or heritage, but by social conditions that are more likely to affect minorities.<sup>40</sup>

**Chart 26: Gonorrhea Rates per 100,000 in Kentucky, by Race and Ethnicity, 2010-2014**



Source: STDNIS was used to retrieve morbidity for years 2010-2014. Kentucky State Data Center, US Census 2010, was used to retrieve population to determine rates.

**Chart 27: Primary and Secondary Syphilis Rates per 100,000 in Kentucky, by Race and Ethnicity, 2010-2014**

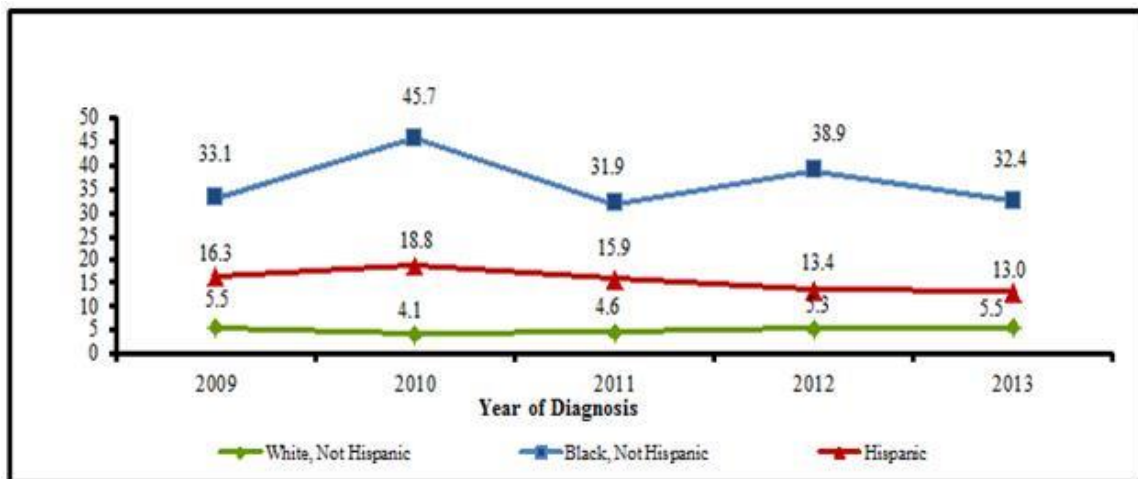


Source: STDNIS was used to retrieve morbidity for years 2010-2014. Kentucky State Data Center, US Census 2010 was used to retrieve population to determine rates.

## HIV

The overall rate of new Human Immunodeficiency Virus (HIV) infections in Kentucky has remained relatively stable over the last decade at approximately eight cases per 100,000. However, between 2009 and 2013, the disparity in HIV diagnosis rate remained consistent. For the time period, the diagnosis rate remained consistently higher in Blacks and Hispanics than Whites.

**Chart 28: HIV Disease Diagnosis Rates in Kentucky by Race/Ethnicity and Year of Diagnosis, 2009-2013\***

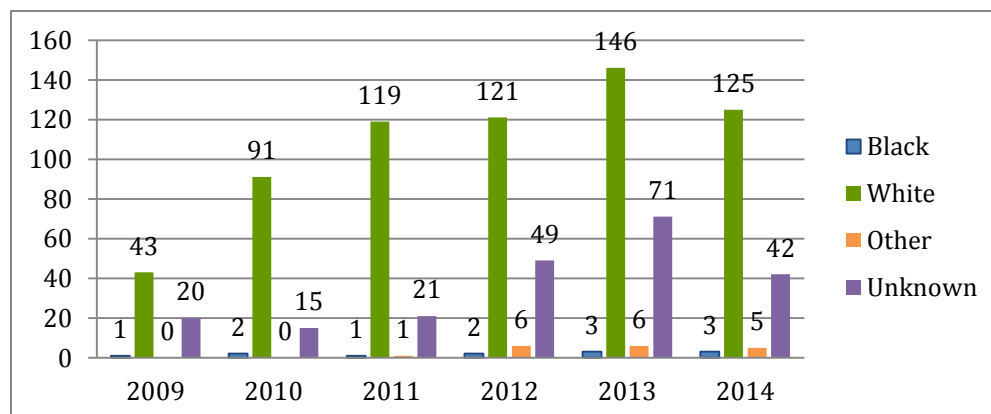


\*Data for 2014 and 2015 are not included in trend analyses since they are considered provisional due to reporting delays.

## Hepatitis C

According to the CDC up to 75% of people with Hepatitis C do not know they are infected. Most acute hepatitis C infections lead to chronic infections which can eventually cause liver damage, including cirrhosis and liver cancer. Hepatitis C is a primarily blood borne pathogen. The primary risk factor for acute hepatitis C infections is sharing needles or other equipment to inject drugs.<sup>41</sup> According to CDC reports, Kentucky has the highest rates of acute hepatitis C infections.<sup>42</sup> Although most new cases of hepatitis C infection are among Whites, the race or ethnicity of many cases is unknown. Legislation supporting substance abuse treatment programs in conjunction with prevention efforts related to substance abuse may lead to a reduction in acute and chronic hepatitis C cases.

**Chart 29: Number of Adult Acute Hepatitis C Cases in Kentucky by Race, 2009-2014**



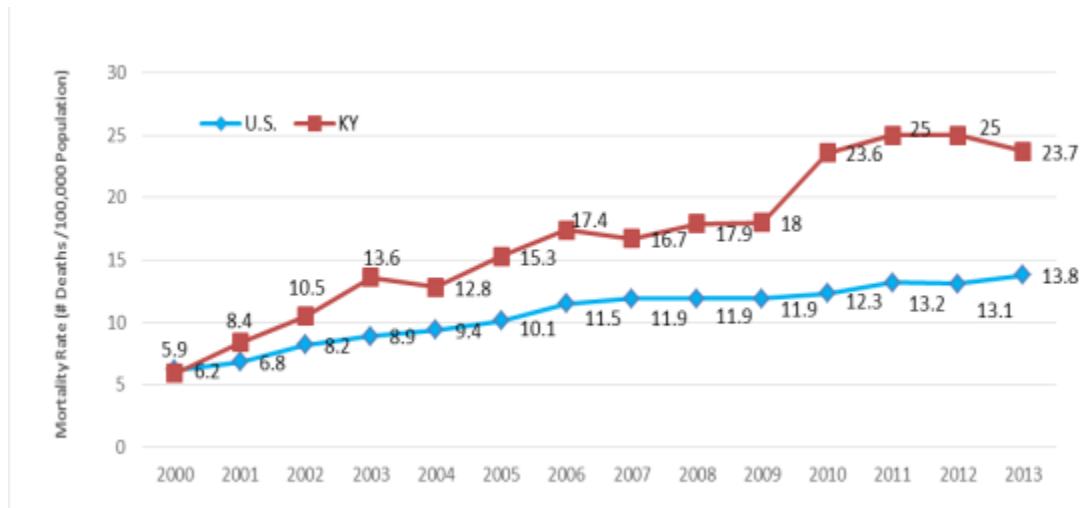
Reported cases of acute hepatitis C, nationally and by state — United States, 2009-2013

<http://www.cdc.gov/hepatitis/statistics/2013surveillance/>

## Drug Overdose

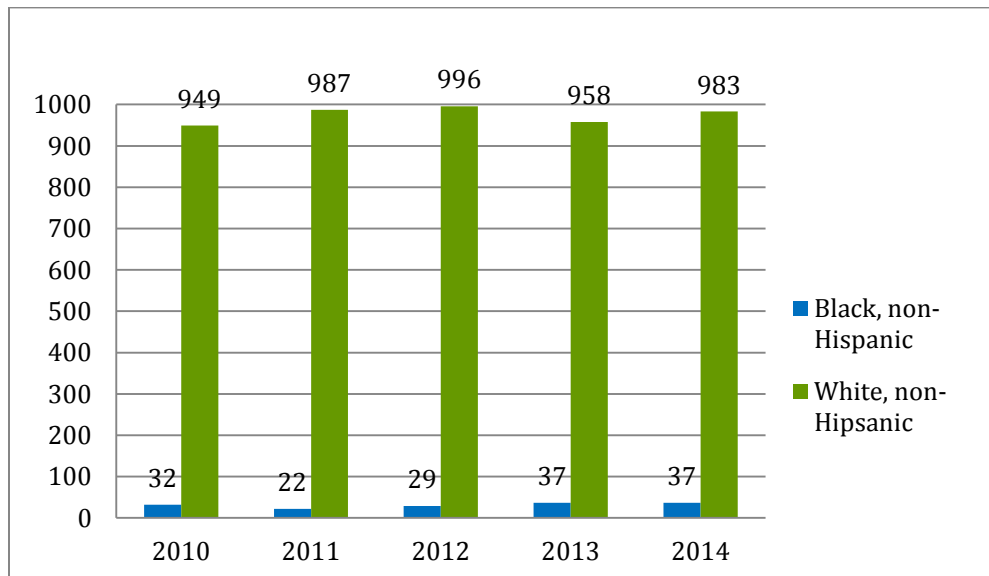
Since 2000, Kentucky's drug overdose rate has shown a general upward trend. Many more Whites die of drug overdose in Kentucky each year compared with deaths among Blacks due to overdose. A *kyhealthnow* goal is to reduce deaths from drug overdose by 25% through multiple initiatives. Those initiatives include promoting naloxone rescue kits, the passage of comprehensive anti-heroin legislation, the option for health departments to establish needle exchange programs if local jurisdictions approve, and increased access to behavioral health and substance abuse treatment through Medicaid.<sup>8</sup>

**Chart 30: Age-Adjusted Drug Overdose Mortality Rate in Kentucky, 2000-2013**



Produced by the Kentucky Injury Prevention and Research Center, February 2015. Data source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015.

**Chart 31: Kentucky Resident Drug Overdose Deaths by Race and Ethnicity, 2010-2014**



Data Source: Kentucky Office of Vital Statistics Death Certificates. Data extracts are as of August 2015. All data are provisional and subject to change

## **Conclusion**

The data presented in this report indicate health disparities among racial and ethnic populations in the Commonwealth of Kentucky. Demographic differences exist between race groups in the state. Minorities are generally younger in age and more likely to live in poverty, and these socioeconomic factors influence health.

Though many health outcomes are worse for minority populations in Kentucky, racial/ethnic groups report receiving certain preventive care services at higher rates than their White counterparts. For example, Hispanics have the highest percentage of colonoscopy or sigmoidoscopy screening rates compared to other racial/ethnic groups in Kentucky, and Black women have higher mammography screening rates compared to White women. Blacks also report fewer mentally unhealthy days than their White counterparts.

Meanwhile, Kentucky remains above the national average for both smoking and obesity rates. Blacks continue to have the highest prevalence of both. Black infants have a higher mortality rate, and Blacks overall have a shorter life expectancy. Cancer is a leading cause of death for all Kentuckians, but when compared to Whites, Blacks have higher morbidity and mortality rates. Blacks are also more likely to be obese and have a higher prevalence of asthma, diabetes, sexually transmitted infections, and HIV than their White counterparts. The data illustrate the need for comprehensive approaches to health disparities that include addressing the social determinants of health through a health equity lens.

These findings are not unique to Kentucky but follow the national trend that has been recognized by the Centers of Disease Control (CDC) and the Department of Health and Human Services (HHS). Kentucky has taken a huge step towards addressing healthcare access in the state through implementation of the Kentucky Health Benefits Exchange (*kynect*), Medicaid expansion, and development of the *kyhealthnow* 2019 goals.

## **Strengths and Limitations**

The strengths and limitations of the 2015 Minority Health Status Report (MHSR) are inherent in its data sources. This report used data from the U.S. Census, American Community Survey, Kentucky State Data Center, Kentucky Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavioral Surveillance System, Kentucky Vital Statistics, and Kentucky Cancer Registry.

The strengths of this report include sound data from recognized sources. The surveillance data are population based, so information is collected on an ongoing basis and is maintained and comparable by year reported. The self-reported data from BRFSS provide an insight into the behaviors and answers provided by Kentuckians, and are collected yearly in all 50 states using a standard methodology, making Kentucky data comparable to the nation.

Use of data collected as a part of surveillance has both under-reporting and misclassification bias. Surveillance data are collected by county of residence, not county of exposure, which may or may not give an accurate picture of the disease or outcome. Therefore, a marked change in reported cases may not indicate a true change in disease incidence and should not be construed as such without knowledge of the historical surveillance practices.

Self-reported data from the BRFSS have unique limitations in that it captures information via phone of the population at one point in time. A telephone survey is limited by identifying only those adults who live in a household with a telephone. People without telephones or those living in a group setting, such as the military, prison inmates or nursing home residents would not be included in the sample. Despite these restrictions, BRFSS is the leading data source regarding health behaviors in Kentucky and is the premier health survey in the United States. BRFSS began

in 1984 collecting data on health behaviors, mental health, chronic health conditions, and the use of preventive services. In 2011, BRFSS adjusted sampling methodology to include persons with cell phones in addition to land lines. This improvement to the survey methods limits comparisons of current data to data before 2011.

Reporting race and ethnicity data has limitations due to a lack of data collected and/or an inconsistency in collection. Self-reported data is limited because race/ethnicity is subjective, and Kentucky currently does not have a standardized methodology for collecting data on race. As a result, some data are available for all races and other data are not. Additionally, small sample sizes, undercounting, and undocumented residents in some minority populations can make the data unreliable. When the sample sizes are small, these numbers are suppressed and not presented. In the U.S. Census, data on race and ethnicity is self-identified. This report does not take into account those who identify as more than race or ethnicity, due to the small numbers. Despite these limitations, the MHSR provides the most current data on the health of Kentucky minorities.

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