

Exploring the Association between Poverty and Heart Disease Mortality at the County Level in the United States

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Introduction

The objective of our project is to explore the relationship between poverty and heart disease mortality at the county level in the United States. Heart disease is a leading cause of death in the United States and may be strongly influenced by socioeconomic factors such as poverty. Heart disease and stroke costs the United States healthcare system \$216 billion per year. Understanding the relationship between poverty and heart disease mortality is important for identifying potential areas for intervention and policy action.

Since heart disease is a leading cause of death in the United States, there is a need to understand the relationship between those causes and potential socioeconomic factors such as poverty, ethnicity, and geographic location. In order to identify potential areas for intervention and policy action, there is a need to understand the relationship between poverty and heart disease mortality at the local county level. By developing a better understanding of the patterns and trends in poverty and heart disease mortality at the county level, we hope to contribute to efforts to reduce the burden of heart disease in the United States. The findings from our analysis could inform efforts to address poverty levels in specific counties and highlight the need for improved strategies for education, job training, financial assistance, economic development, or providing access to healthcare and social services.

If we are able to demonstrate a relationship between socioeconomic factors and cardiovascular disease mortality, it could have significant implications for public policy makers. Based on our analysis, public policy makers will be able to make informed decisions on where to allocate resources and invest in more job training and more job opportunities in areas with higher levels of poverty. By addressing poverty proactively, public policy makers could potentially avoid larger public health issues in the future, reducing healthcare costs and improving overall health outcomes. Our initial hypothesis is that we expect there to be a significant association between poverty rates and heart disease mortality at the county level in the United States.

Literature Review

Coronary heart disease (CHD) remains the leading cause of mortality in low-income US counties. In a paper by O'Connor and Wellenius, the authors found that the prevalence rates of diabetes and coronary heart disease were higher among people living in rural areas compared to urban areas. As annual household income decreased, the prevalence rates of the two diseases increased. Those in the lowest income bracket were almost three times more likely to report coronary heart disease compared with those in the highest bracket. Even after controlling for many of the common risk factors such as income, age, gender, ethnicity, BMI, and tobacco use, people in rural environments are still more likely to be diagnosed with CHD than people in urban locations.

For those under the age of 70, developing heart disease is associated with an increased risk of falling into both income poverty and multidimensional poverty. Callander and Schofield

found that 31% of those who developed heart disease fell into income poverty and by comparison only 15% of people who did not develop heart disease did. For individuals over 70, those who developed heart disease had a reduced risk of poverty.

Finally a paper by Hamad *et al.* found that individuals with low socioeconomic status (SES) are disproportionately affected by CHD. Low SES was defined by income below 150% of the federal poverty level or an educational level less than a high school diploma. Approximately 31.2 million US adults aged 35 to 64 years had low SES, of whom approximately 16 million (51.3%) were women. Adults with low SES have double the rate of myocardial infarctions than individuals with higher SES.

Methods

Our approach to analyzing the relationship between poverty and heart disease mortality at the county level in the United States involved several steps. First, we obtained data from the American Community Survey (ACS) on poverty rates at the county level as published by the US Census Bureau. We also obtained data from the Rates and Trends in Heart Disease Mortality dataset from the Centers for Disease Control and Prevention (CDC) regarding data on heart disease mortality rates by county, race/ethnicity, and sex.

Before conducting our analysis, we used the DPLYR package in R Studio to clean and organize the two datasets. The ACS data had several rows that were not necessary for our analysis, so those were removed. The removal of these rows did not affect the overall analysis of the data because these rows only served as descriptors of the dataset.

The dataset column headers were also too wordy and descriptive. The dataset initially contained over 500 columns, so columns were filtered down to only the relevant variables. To make referencing the column names easier, titles of the columns were renamed. Finally, the county names and states were initially combined within the same column, so these were separated into two individual columns. This made it easier for the team to filter through different states.

After cleaning the ACS dataset, the team prepared and cleaned the Heart Disease Mortality dataset. This process involved removing observations that contained any missing data or null values. Again, the team removed irrelevant columns and unwanted rows. Dummy variables for different demographics such as genders, regions of the country, and ethnicities were created. Region of the country was determined per Figure B.1. Lastly, the state names were changed from an abbreviation to the full state name.

Both the ACS and CDC datasets had their county and state name combined into one new column. From there, the datasets were merged based on that new county plus state name column. During the merge process, Alaska in particular was difficult to merge, as it used different nomenclature ('Borough', 'Municipality', 'City') than the rest of the states ('County'). This merging error was resolved by dropping the Alaskan nomenclatures and replacing it with the same verbiage that was utilized by the rest of the states.

After the full datasets were merged together, some exploratory plots were formed. In addition, a new dataset was formed with solely the overall data. The combined dataset was divided into training and test groupings. The model was trained with 70% of the data, keeping all variables that are statistically significant and removing variables that exhibited multicollinearity. During this process, any outliers using Cook's Distance were noted and adjustments were made

to the model as necessary. An initial linear regression model was generated from this overall dataset. Each team member then worked on crafting a more well-tailored linear regression model. To compare the performance of the different models, adjusted R-squared and root mean squared error were used as deciding metrics. Three separate linear regression models were created for the different variables in each of the following 3 factors: gender, ethnicity and region. In addition, separate models were developed for each ethnicity and gender.

The top model was identified via a backwards elimination regression technique and was selected due to its relatively high adjusted R-square and low root mean squared error values. First, a linear regression model was fitted with all broad predictor variables included. All the variables with p-values above the threshold of 0.05 were then removed. Finally, the linear model was refitted using only the remaining variables. After this was done, the model was checked for variables which exhibited multicollinearity and subsequently removed all variables with a VIF greater than 5. This model then attempted to predict the results of the test data, which comprised the final 30% of the overall data. The models' accuracy was then observed using adjusted R-squared and root mean squared error.

Exploratory Data Analysis

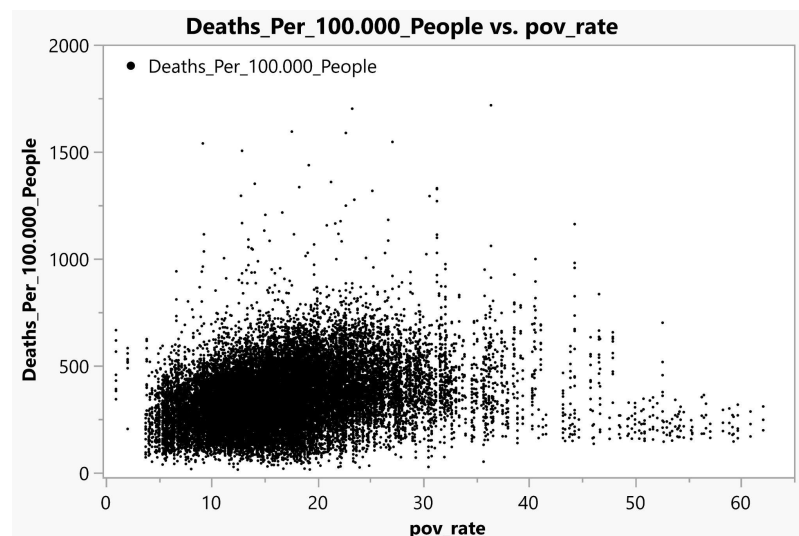


Figure 1 - Deaths per 100,000 people vs Poverty Rate

Figure 1 above displays a scatter plot of Deaths per 100,000 People vs poverty rate, with each point representing a county of the United States. The x-axis represents the poverty rate in percentage, and the y-axis represents the number of deaths per 100,000 people due to heart disease. There appears to be a fairly positive linear relationship between the two variables, up to a poverty rate of approximately 30%. However, beyond this point, the distribution of the data becomes more skewed. There are still observations of low deaths per 100,000 people at very high poverty rates.

This suggests that while poverty rates may be an important factor in heart disease mortality, other factors may be at play in determining the death rate for individuals living in areas with higher poverty rates. Further investigation outside of this project may be necessary to

identify additional factors and how to understand their interaction with poverty rates to impact the risk of heart disease.

To understand why there is a skew in the data, a deeper dive was required. From some cursory investigation, the team was able to identify that the vast majority of these skewed data points at a high poverty rate and low mortality rate were from counties in Puerto Rico. The U.S. Census Bureau reports that in 2021 the poverty rate in Puerto Rico was 40.5%. The population is also not that large, just over 3 million citizens. This low population density coupled with the territory's high average poverty rate would explain the skewed data points.

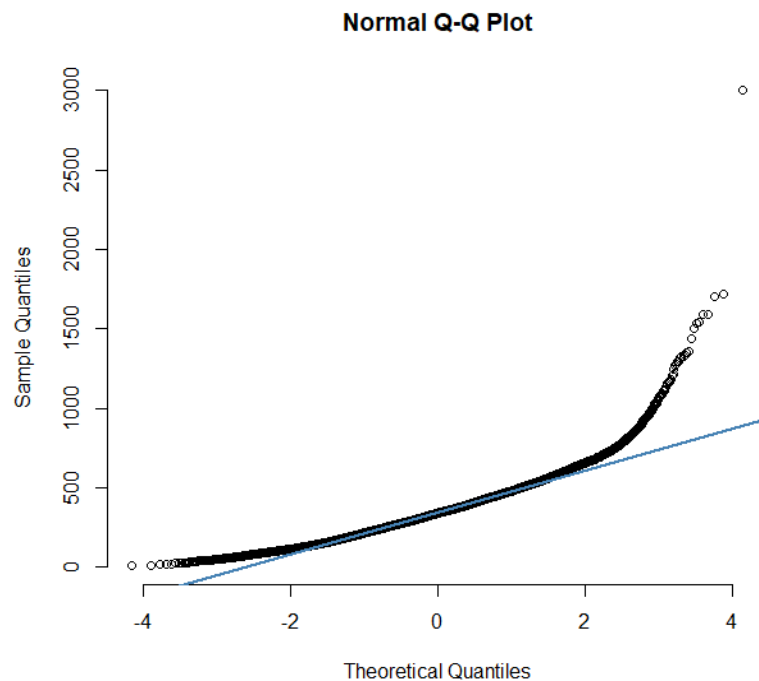


Figure 2 - Q-Q Plot

Figure 2 shows that the data is skewed towards the lower end of the distribution curve. There seems to be a concentration of having higher mortality rates, which is causing our dataset to not adhere to a normal distribution.

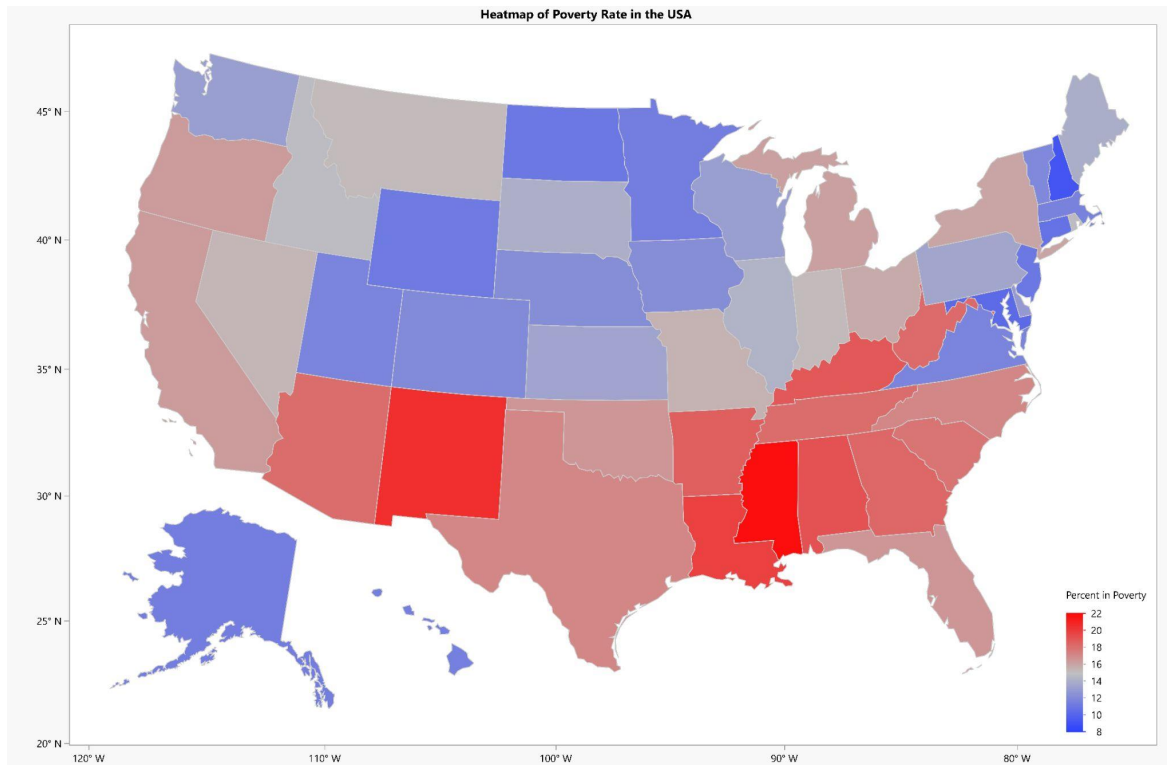


Figure 3 - Heat Map of Poverty Rates in the US

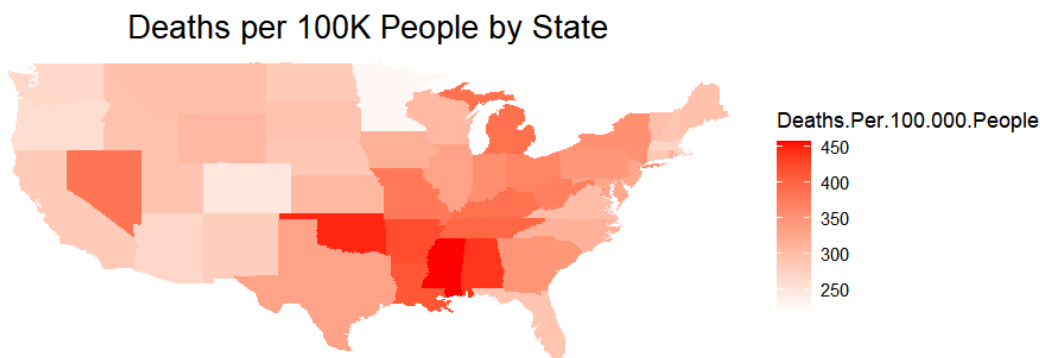


Figure 4 - Heat Map of Heart Disease Mortality in the US

Figures 3 and 4 represent the poverty rate in each state and the heart disease mortality rate in each state, respectively. Some states in the West-South Central region and East-South Central region exhibit a positive relationship between poverty rates and heart disease mortality. These regions simultaneously have high levels of poverty and high levels of mortality. These regions tend to be more rural and have lower wages. Additionally, the populations in more rural regions may not have access to the same quality healthcare as more urban regions, resulting in higher mortality rates. Conversely, many states in the West Mountain region exhibit lower levels of poverty and also illustrate lower levels of heart disease mortality.

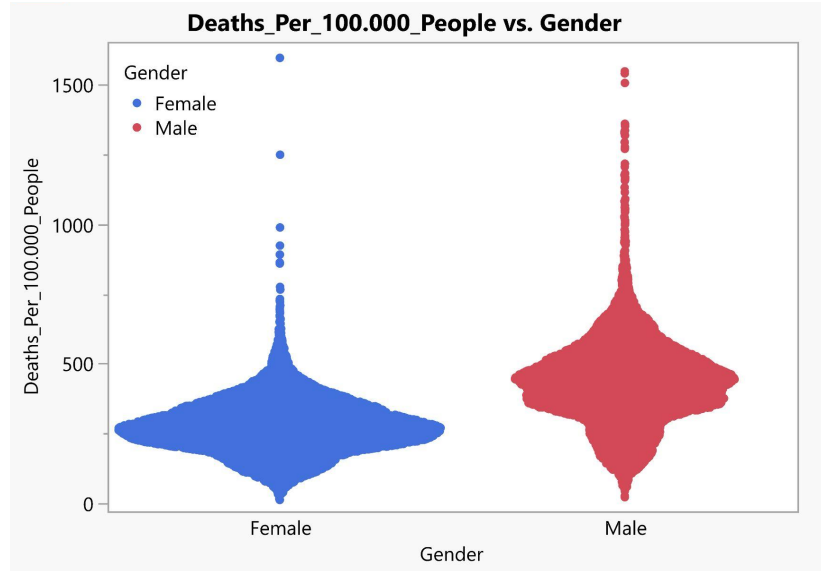


Figure 5 - Deaths per 100,000 people by Gender

Figure 5 illustrates the effects of gender on death rates. Males have an average death rate of 427.8 per 100,000 while females have an average death rate of 277.2 per 100,000. Males have a higher death rate overall when compared to females. This effect is confirmed by the linear regression on gender (Appendix A.1). Being female is associated with a lower death rate of 150.5 less deaths per 100,000 people.

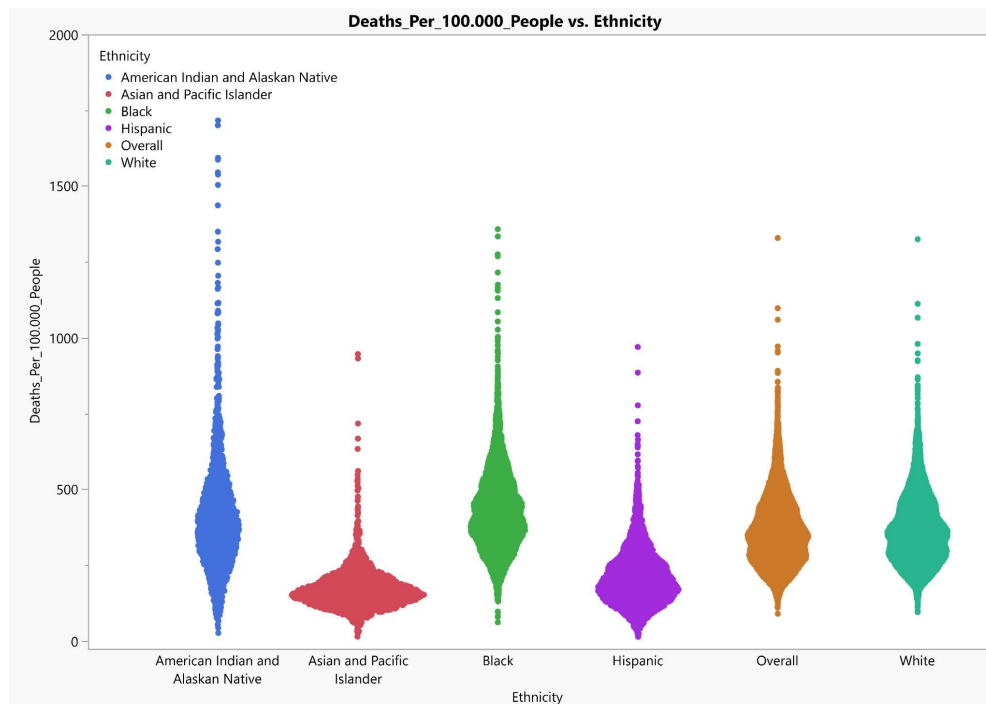


Figure 6 - Deaths per 100,000 people by Ethnicity

Figure 6 shows the mortality (based on deaths per 100,000) of selected ethnic groups. The following average death rates (per 100,00) were observed: American Indian and Alaskan

Native at 454.0, Asian and Pacific Islander (AAPI) at 174.8, Black at 439.7, Hispanic at 218.2, Overall at 354.5, and White at 370.0. Compared to white Americans, Black and Native Americans were more likely to have a higher death rate at 69.6 and 84.1 deaths per 100,000 respectively. Hispanic and AAPI groups had a death rate of 151.0 and 195.2 deaths per 100,000 lower than white Americans.

The American Indian and Alaskan Native groups were found to have a much larger spread of mortality. This could be due to there being a much smaller population of this group within each county, so this data could be skewed. Additionally, the team observed some outliers within this group. Cowley County in Kansas had a mortality rate of over 3,000 per hundred thousand. The AAPI group has mortality rates concentrating at much lower rates than other ethnic groups. This suggests that the AAPI group are dying from cardiovascular disease at much lower rates than the general population. The black population mortality rates, on average, appear to be slightly higher than the mortality rates of the other ethnic groups.

Modeling Results

Model	Adj. R-Squared	R-Squared Rating	Gender? (Y/N)	Ethnicity? (Y/N)	Region? (Y/N)	Poverty Rate? (Y/N)
Gender Only	0.2256	Weak	Y	N	N	N
Ethnicity Only	0.3119	Weak	N	Y	N	N
Region Only	0.1065	Weak	N	N	Y	N
Poverty Only	0.0739	Weak	N	N	N	Y
Overall Model	0.6345	Moderate	Y	Y	Y	Y
Females	0.5762	Moderate	Y	Y	Y	Y
Males	0.5411	Moderate	Y	Y	Y	Y
White	0.6748	Moderate	Y	Y	Y	Y
Black	0.478	Moderate	Y	Y	Y	Y
Hispanic	0.3585	Moderate	Y	Y	Y	Y
Asian	0.3286	Moderate	Y	Y	Y	Y
Native American	0.3959	Moderate	Y	Y	Y	Y

Table 1 - Summary of Multiple Linear Regression Models

Multiple models were produced based on the exploratory data analysis. Table 1 shows the performance of the different models. Models generated from lone demographic descriptors were not good models based on their adjusted R² values. The overall linear regression model showed the highest adjusted R² value, with the exception of a model that was developed for the White demographic only.

```

Call:
lm(formula = Deaths_Per_100.000_People ~ pov_rate + Male + Black +
    Hispanic + Asian_and_Pacific_Islander + Native_American +
    Middle_Atlantic + East_North_Central + West_North_Central +
    South_Atlantic + East_South_Central + West_South_Central +
    Mountain, data = train)

Residuals:
    Min       1Q   Median       3Q      Max
-442.98  -50.67   -4.45   44.95 1113.02

Coefficients:
              Estimate Std. Error t value Pr(>|t|)
(Intercept)    174.5987     4.4122   39.572 < 2e-16 ***
pov_rate         4.2514     0.1672   25.424 < 2e-16 ***
Male           152.0228     1.9760   76.933 < 2e-16 ***
Black           57.3025     2.4834   23.074 < 2e-16 ***
Hispanic       -147.5586     3.0396  -48.545 < 2e-16 ***
Asian_and_Pacific_Islander -178.4688     3.8746  -46.061 < 2e-16 ***
Native_American  85.1938     4.6483   18.328 < 2e-16 ***
Middle_Atlantic  50.2634     4.9765   10.100 < 2e-16 ***
East_North_Central  54.6031     4.1518   13.152 < 2e-16 ***
West_North_Central  36.5137     4.2434    8.605 < 2e-16 ***
South_Atlantic   21.0269     3.9084    5.380 7.63e-08 ***
East_South_Central 104.7618     4.5459   23.045 < 2e-16 ***
West_South_Central  97.5222     3.9458   24.715 < 2e-16 ***
Mountain         7.3660     4.5264    1.627  0.104
---
Signif. codes:  0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1

Residual standard error: 95.66 on 9387 degrees of freedom
Multiple R-squared:  0.6351,    Adjusted R-squared:  0.6345

```

Figure 7 - Regression Model

Figure 7 shows the top linear regression model that was extracted from the analysis of the dataset. The base case for this model was a White female from New England. This model showed that the most important predictors are poverty rate, male, Black, Hispanic, Asian and Pacific Islander, Native American, Middle Atlantic, East and West North Central, South Atlantic, East and West South Central. The R-squared value was 0.6351 and the adjusted R-squared value is 0.6345. This indicates that the model explains 63.51% of the variance in our dependent variable, the heart disease mortality rate, which is a moderate to strong level of predictive power. The results of training and testing our data gave a mean square error of 9379.48 and a root mean square error of 96.85. This indicates that the difference between our predicted and actual values averages 96.85 deaths per 100,000.

Discussion

Our analysis indicated that poverty rates alone were not as significantly predictive as we initially hypothesized when compared to other factors, such as gender, ethnicity, and region, in determining death rates for most population groups. Although there is evidence of an overall positive correlation between high poverty rates and high death rates, other factors weighed heavier in our model. This could be due to the fact that there are other factors that contribute to heart disease mortality specifically to each group which were not accounted for in this study. A possible area for future research could be to expand on the factors that are measured per population group in the United States.

The fact that the white population is the majority in the US may partially explain why the model for this group had a higher R^2 value than other ethnic groups. The larger sample size of white citizens may have allowed for a more precise estimate of their relationship between heart disease mortality and our other independent variables. By the same notion, it is possible that the

relatively low population for Native Americans would influence the model's ability to predict this ethnic group's heart disease mortality rate.

Additionally, the fact that Hispanic and Asian populations had the lowest heart disease mortality rate could have led to mixed results from the model. Since heart disease mortality rate is relatively low for these groups compared to others, it may be more difficult to accurately predict mortality rates using the same model as for other ethnic groups with higher rates.

Alternative models were created during the result-seeking phase of this project. A specific model which focused on only one of either gender, ethnicity, or region was created. These models ignored all other factors including poverty. The goal of this was to try to establish some one to one differences between each value within each grouping.

Another group of alternative models focused on generating a model for each demographic group (gender & ethnicity). These models removed all competing demographic values (i.e. the male model would remove the female values) and compared the isolated demographic value against all other variables covered in the broad linear regression model (Figure 8). All alternative linear regression models can be found in Appendix A with a description of what the model is showcasing.

Lastly, there were some models that were worked on, but never came to be used. For example, a Random Forest Model with the critical variables was created. While a random forest can give accurate predictions, it is very difficult to interpret the results. A "black box" model would be difficult to pitch to insurance companies or public health officials if the designers of the model themselves couldn't interpret the model. In addition, a model with a high R-squared value was generated, but due to the multicollinearity of the variables in the model, some variables had to be removed. After the variables had been removed, the model no longer was as reliable and our final linear regression model was used.

Conclusion

The best broad model for this project incorporated the general poverty rate of a resident's county, the region they were in (excluding this factor if a resident lived in the Pacific Region), and the resident's ethnicity and gender. The model had a moderate to strong level of predictive power, explaining 63.51% of the variance in heart disease mortality rates. This report also found some interesting data which suggested that while poverty is a critical factor in predicting heart disease mortality for most ethnicities, Asian and Hispanic residents do not exhibit a correlation between their specific demographic's poverty rate and heart disease mortality.

A benefit of this analysis is that the government/healthcare industry can use our model as a predictive tool. One could look at the results and focus resources on areas that have similar attributes to "at-risk" areas before the mortality rate begins to climb. The government could view this information as an argument to increase social safety net measures in an attempt to address higher mortality rates. This report's analysis could have implications for other stakeholders such as health insurance companies. They may choose to use the analysis to predict if the population of an area will have an increased likelihood for heart disease, and thus decide if they will raise insurance costs accordingly. Insurers can charge higher premiums to groups with higher levels of predicted heart failure based on the model. Lastly, hospitals/clinics could look at this data and see if they serve in or near an area that is clustered with high

mortality rates. These healthcare organizations could take the initiative to perform outreach on the more at-risk counties in an attempt to lessen the most severe mortality rates. Overall, the potential benefits of our analysis could impact the healthcare sector and beyond.

References

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Hamad, R., Penko, J., Kazi, D. S., Coxson, P., Guzman, D., Wei, P. C., Mason, A., Wang, E. A., Goldman, L., Fiscella, K., & Bibbins-Domingo, K. (2020). Association of Low Socioeconomic Status With Premature Coronary Heart Disease in US Adults. *JAMA Cardiology*, 5(8), 899.

<https://doi.org/10.1001/jamacardio.2020.1458>

O'Connor, A., & Wellenius, G. (2012). Rural–urban disparities in the prevalence of diabetes and coronary heart disease. *Public Health*, 126(10), 813–820.

<https://doi.org/10.1016/j.puhe.2012.05.029>

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<https://www.cdc.gov/chronicdisease/about/costs/index.htm#:~:text=Heart%20Disease%20and%20Stroke&text=These%20diseases%20take%20an%20economic,lost%20productivity%20on%20the%20job.&text=See%20the%20health%20and%20economic%20benefits%20of%20high%20blood%20pressure%20interventions>

Appendix

A. Linear regression models

```
Call:
lm(formula = Deaths_Per_100.000_People ~ Female, data = sub_data)

Residuals:
    Min       1Q   Median       3Q      Max
-404.76  -82.16   -0.86   79.05 1315.55

Coefficients:
              Estimate Std. Error t value Pr(>|t|)
(Intercept)  427.758      1.678   254.88  <2e-16 ***
Female       -150.512      2.406   -62.56  <2e-16 ***
---
Signif. codes:  0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1

Residual standard error: 139.4 on 13428 degrees of freedom
Multiple R-squared:  0.2257,    Adjusted R-squared:  0.2256
```

Figure A.1 - Linear Regression Based on Gender. “Male” was used as the base case.

```

Call:
lm(formula = Deaths_Per_100.000_People ~ Black + Hispanic + Asian_and_Pacific_Islander +
    Native_American, data = sub_data)

Residuals:
    Min       1Q   Median       3Q      Max
-388.92  -89.74  -17.26   72.24 1262.08

Coefficients:
              Estimate Std. Error t value Pr(>|t|)
(Intercept)    369.955     1.674   221.06 <2e-16 ***
Black           69.608     2.788    24.97 <2e-16 ***
Hispanic       -151.001     3.387   -44.58 <2e-16 ***
Asian_and_Pacific_Islander -195.173     4.342   -44.95 <2e-16 ***
Native_American  84.068     5.136    16.37 <2e-16 ***
---
Signif. codes:  0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1

Residual standard error: 131.4 on 13425 degrees of freedom
Multiple R-squared:  0.3121,    Adjusted R-squared:  0.3119

```

Figure A.2 - Linear Regression Based on Ethnicity. “White” was used as the base case.

```

Call:
lm(formula = Deaths_Per_100.000_People ~ Middle_Atlantic + East_North_Central +
    West_North_Central + South_Atlantic + Pacific + East_South_Central +
    West_South_Central + Mountain, data = sub_data)

Residuals:
    Min       1Q   Median       3Q      Max
-448.27 -103.00  -14.57   92.12 1371.36

Coefficients:
              Estimate Std. Error t value Pr(>|t|)
(Intercept)    256.201     8.760   29.245 < 2e-16 ***
Middle_Atlantic  61.675    10.090    6.112 1.01e-09 ***
East_North_Central  95.560     9.446   10.116 < 2e-16 ***
West_North_Central  88.536     9.480    9.339 < 2e-16 ***
South_Atlantic    83.211     9.227    9.018 < 2e-16 ***
Pacific          31.323     9.858    3.178  0.00149 **
East_South_Central 205.269     9.634   21.307 < 2e-16 ***
West_South_Central 148.846     9.284   16.033 < 2e-16 ***
Mountain         38.576     9.764    3.951 7.82e-05 ***
---
Signif. codes:  0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1

Residual standard error: 149.7 on 13421 degrees of freedom
Multiple R-squared:  0.107,    Adjusted R-squared:  0.1065

```

Figure A.3 - Linear Regression Based on Region. “New England” was used as the base case.

```
Call:
lm(formula = Deaths_Per_100.000_People ~ Male + White + Black +
    Hispanic + Asian_and_Pacific_Islander + allpop + pov_rate +
    Pop18_64_pov + Pov_rate_18_64 + Pop65 + Pop65_pov + male_pop +
    Pov_rate_male + Pov_rate_white + Pov_rate_white_alone + Middle_Atlantic +
    East_North_Central + West_North_Central + South_Atlantic +
    East_South_Central + West_South_Central, data = sub_data)
```

```
Residuals:
    Min       1Q   Median       3Q      Max
-496.67  -50.71   -5.46   44.33 1232.40
```

Coefficients:

	Estimate	Std. Error	t value	Pr(> t)
(Intercept)	2.607e+02	4.886e+00	53.362	< 2e-16 ***
Male	1.518e+02	1.633e+00	92.967	< 2e-16 ***
White	-8.467e+01	3.800e+00	-22.282	< 2e-16 ***
Black	-2.494e+01	3.992e+00	-6.246	4.35e-10 ***
Hispanic	-2.252e+02	4.174e+00	-53.953	< 2e-16 ***
Asian_and_Pacific_Islander	-2.483e+02	4.636e+00	-53.555	< 2e-16 ***
allpop	-9.582e-04	1.681e-04	-5.700	1.22e-08 ***
pov_rate	1.276e+01	8.276e-01	15.414	< 2e-16 ***
Pop18_64_pov	-9.446e-05	1.243e-04	-0.760	0.4475
Pov_rate_18_64	-5.283e+00	6.242e-01	-8.464	< 2e-16 ***
Pop65	2.002e-04	1.036e-04	1.931	0.0535 .
Pop65_pov	3.182e-03	5.957e-04	5.342	9.35e-08 ***
male_pop	1.817e-03	3.284e-04	5.533	3.21e-08 ***
Pov_rate_male	-4.554e+00	7.380e-01	-6.171	6.98e-10 ***
Pov_rate_white	-4.474e+00	4.427e-01	-10.106	< 2e-16 ***
Pov_rate_white_alone	6.458e+00	4.457e-01	14.492	< 2e-16 ***
Middle_Atlantic	4.233e+01	3.877e+00	10.919	< 2e-16 ***
East_North_Central	3.946e+01	3.072e+00	12.846	< 2e-16 ***
West_North_Central	2.039e+01	3.146e+00	6.483	9.31e-11 ***
South_Atlantic	9.139e+00	2.821e+00	3.240	0.0012 **
East_South_Central	8.336e+01	3.517e+00	23.701	< 2e-16 ***
West_South_Central	8.962e+01	2.877e+00	31.148	< 2e-16 ***

Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1

Residual standard error: 94.48 on 13408 degrees of freedom
Multiple R-squared: 0.6447, Adjusted R-squared: 0.6441

Figure A.4-Highest Adjusted R² model which was not used due to multicollinearity issues

Call:

```
lm(formula = Deaths_Per_100.000_People ~ pov_rate + Male + Black +  
  Hispanic + Asian_and_Pacific_Islander + Native_American +  
  Middle_Atlantic + East_North_Central + West_North_Central +  
  South_Atlantic + East_South_Central + West_South_Central +  
  Mountain, data = train)
```

Residuals:

Min	1Q	Median	3Q	Max
-442.98	-50.67	-4.45	44.95	1113.02

Coefficients:

	Estimate	Std. Error	t value	Pr(> t)	
(Intercept)	174.5987	4.4122	39.572	< 2e-16	***
pov_rate	4.2514	0.1672	25.424	< 2e-16	***
Male	152.0228	1.9760	76.933	< 2e-16	***
Black	57.3025	2.4834	23.074	< 2e-16	***
Hispanic	-147.5586	3.0396	-48.545	< 2e-16	***
Asian_and_Pacific_Islander	-178.4688	3.8746	-46.061	< 2e-16	***
Native_American	85.1938	4.6483	18.328	< 2e-16	***
Middle_Atlantic	50.2634	4.9765	10.100	< 2e-16	***
East_North_Central	54.6031	4.1518	13.152	< 2e-16	***
West_North_Central	36.5137	4.2434	8.605	< 2e-16	***
South_Atlantic	21.0269	3.9084	5.380	7.63e-08	***
East_South_Central	104.7618	4.5459	23.045	< 2e-16	***
West_South_Central	97.5222	3.9458	24.715	< 2e-16	***
Mountain	7.3660	4.5264	1.627	0.104	

Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1

Residual standard error: 95.66 on 9387 degrees of freedom

Multiple R-squared: 0.6351, Adjusted R-squared: 0.6345

Figure A.5 - The overall model (removed high P value: Pacific Region)

```
Call:
lm(formula = Deaths_Per_100.000_People ~ Pov_rate_female + Black +
    Hispanic + Asian_and_Pacific_Islander + Native_American +
    Middle_Atlantic + East_North_Central + West_North_Central +
    South_Atlantic + East_South_Central + West_South_Central +
    Mountain + Pacific, data = female_combined)
```

```
Residuals:
    Min       1Q   Median       3Q      Max
-287.17  -39.46   -4.97   33.75  847.45
```

```
Coefficients:
                Estimate Std. Error t value Pr(>|t|)
(Intercept)      186.3594     7.2107  25.845 < 2e-16 ***
Pov_rate_female     3.0620     0.1633  18.747 < 2e-16 ***
Black              57.4421     2.5498  22.528 < 2e-16 ***
Hispanic          -106.7951     3.1762 -33.624 < 2e-16 ***
Asian_and_Pacific_Islander -136.9617     3.9778 -34.432 < 2e-16 ***
Native_American    45.7635     5.0790   9.010 < 2e-16 ***
Middle_Atlantic    44.5137     7.8851   5.645 1.75e-08 ***
East_North_Central  53.4584     7.3591   7.264 4.39e-13 ***
West_North_Central  26.9412     7.4289   3.627 0.00029 ***
South_Atlantic     20.7183     7.2512   2.857 0.00429 **
East_South_Central  90.1715     7.6867  11.731 < 2e-16 ***
West_South_Central  89.9082     7.3092  12.301 < 2e-16 ***
Mountain          13.8268     7.6394   1.810 0.07037 .
Pacific             8.1284     7.7768   1.045 0.29598
---
```

```
Signif. codes:  0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1
```

```
Residual standard error: 68.51 on 4566 degrees of freedom
Multiple R-squared:  0.5774,    Adjusted R-squared:  0.5762
```

Figure A.6-Female LM

```
lm(formula = Deaths_Per_100.000_People ~ Pov_rate_male + Black +
    Hispanic + Asian_and_Pacific_Islander + Native_American +
    Middle_Atlantic + East_North_Central + West_North_Central +
    South_Atlantic + East_South_Central + West_South_Central +
    Mountain + Pacific, data = male_combined)
```

Residuals:

Min	1Q	Median	3Q	Max
-484.75	-59.65	-3.77	51.44	1061.57

Coefficients:

	Estimate	Std. Error	t value	Pr(> t)	
(Intercept)	315.2813	11.3922	27.675	< 2e-16	***
Pov_rate_male	5.0434	0.2818	17.900	< 2e-16	***
Black	56.1463	4.0606	13.827	< 2e-16	***
Hispanic	-184.7804	4.8967	-37.736	< 2e-16	***
Asian_and_Pacific_Islander	-219.6663	6.3428	-34.632	< 2e-16	***
Native_American	113.4502	7.2978	15.546	< 2e-16	***
Middle_Atlantic	66.1721	12.5115	5.289	1.29e-07	***
East_North_Central	65.3598	11.7033	5.585	2.47e-08	***
West_North_Central	52.8064	11.7806	4.482	7.55e-06	***
South_Atlantic	31.9072	11.5803	2.755	0.00589	**
East_South_Central	132.2776	12.2066	10.837	< 2e-16	***
West_South_Central	115.8065	11.6529	9.938	< 2e-16	***
Mountain	9.0082	12.2314	0.736	0.46148	
Pacific	3.7710	12.3502	0.305	0.76012	

Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1

Residual standard error: 112 on 4807 degrees of freedom

Multiple R-squared: 0.5423. Adjusted R-squared: 0.5411

Figure A.7-Male LM


```
Call:
lm(formula = Deaths_Per_100.000_People ~ Pov_rate_white + Male +
    Middle_Atlantic + East_North_Central + West_North_Central +
    South_Atlantic + East_South_Central + West_South_Central +
    Mountain + Pacific, data = white_combined)
```

```
Residuals:
    Min       1Q   Median       3Q      Max
-323.10  -40.13   -4.56   34.27  790.18
```

```
Coefficients:
                Estimate Std. Error t value Pr(>|t|)
(Intercept)      167.327      7.558  22.139 < 2e-16 ***
Pov_rate_white      5.061      0.218  23.219 < 2e-16 ***
Male             168.338      2.116  79.571 < 2e-16 ***
Middle_Atlantic    55.633      8.579   6.485 9.90e-11 ***
East_North_Central 50.086      7.615   6.577 5.36e-11 ***
West_North_Central 21.143      7.457   2.835  0.0046 **
South_Atlantic     39.870      7.528   5.296 1.24e-07 ***
East_South_Central 120.537      7.815  15.423 < 2e-16 ***
West_South_Central 97.549      7.647  12.756 < 2e-16 ***
Mountain          -19.564      7.917  -2.471  0.0135 *
Pacific           -16.860      8.476  -1.989  0.0467 *
```

```
---
Signif. codes:  0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1
```

```
Residual standard error: 69.55 on 4315 degrees of freedom
Multiple R-squared:  0.6755,    Adjusted R-squared:  0.6748
```

Figure A.8-White LM

```
lm(formula = Deaths_Per_100.000_People ~ Pov_rate_black + Male +
    Middle_Atlantic + East_North_Central + West_North_Central +
    South_Atlantic + East_South_Central + West_South_Central +
    Mountain + Pacific, data = black_combined)
```

Residuals:

Min	1Q	Median	3Q	Max
-457.73	-57.62	-3.36	50.30	829.33

Coefficients:

	Estimate	Std. Error	t value	Pr(> t)	
(Intercept)	183.7605	15.9701	11.507	< 2e-16	***
Pov_rate_black	1.2932	0.1472	8.784	< 2e-16	***
Male	168.2761	4.2813	39.305	< 2e-16	***
Middle_Atlantic	96.3734	17.6719	5.453	5.44e-08	***
East_North_Central	112.8791	16.6710	6.771	1.60e-11	***
West_North_Central	109.9851	18.1225	6.069	1.49e-09	***
South_Atlantic	101.0985	16.1052	6.277	4.07e-10	***
East_South_Central	186.1551	16.5329	11.260	< 2e-16	***
West_South_Central	197.3497	16.3974	12.035	< 2e-16	***
Mountain	54.6798	19.6193	2.787	0.00536	**
Pacific	43.3539	18.6492	2.325	0.02017	*

Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1

Residual standard error: 105.5 on 2427 degrees of freedom
(12 observations deleted due to missingness)

Multiple R-squared: 0.4801, Adjusted R-squared: 0.478

Figure A.9-Black LM

```
Call:
lm(formula = Deaths_Per_100.000_People ~ Pov_rate_hispanic_or_latino +
    Male + Middle_Atlantic + East_North_Central + West_North_Central +
    South_Atlantic + East_South_Central + West_South_Central +
    Mountain + Pacific, data = hispanic_combined)
```

```
Residuals:
    Min       1Q   Median       3Q      Max
-271.89  -50.34   -9.48   42.81  691.57
```

```
Coefficients:
                Estimate Std. Error t value Pr(>|t|)
(Intercept)      115.0969    15.2163   7.564 7.14e-14 ***
Pov_rate_hispanic_or_latino  0.1079     0.2336   0.462 0.644115
Male              87.2973     4.4534  19.603 < 2e-16 ***
Middle_Atlantic   59.1359    15.6151   3.787 0.000159 ***
East_North_Central 50.3238    15.2901   3.291 0.001023 **
West_North_Central 12.2577    16.4736   0.744 0.456953
South_Atlantic   -11.6861    15.0250  -0.778 0.436836
East_South_Central -13.0620    19.2798  -0.677 0.498205
West_South_Central 116.6543    14.5668   8.008 2.47e-15 ***
Mountain          73.0670    15.0238   4.863 1.29e-06 ***
Pacific           42.2192    15.3780   2.745 0.006122 **
```

```
---
Signif. codes:  0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1
```

```
Residual standard error: 82.16 on 1366 degrees of freedom
Multiple R-squared:  0.3631,    Adjusted R-squared:  0.3585
```

Figure A.10 Hispanic LM

```
lm(formula = Deaths_Per_100.000_People ~ Pov_rate_asian + Male +
    Middle_Atlantic + East_North_Central + West_North_Central +
    South_Atlantic + East_South_Central + West_South_Central +
    Mountain + Pacific, data = asian_combined)
```

Residuals:

Min	1Q	Median	3Q	Max
-144.25	-33.76	-6.80	23.34	495.20

Coefficients:

	Estimate	Std. Error	t value	Pr(> t)	
(Intercept)	111.1765	11.2308	9.899	< 2e-16	***
Pov_rate_asian	0.2898	0.1837	1.578	0.115037	
Male	75.5669	4.3363	17.426	< 2e-16	***
Middle_Atlantic	24.7799	12.2117	2.029	0.042797	*
East_North_Central	13.3600	12.2388	1.092	0.275359	
West_North_Central	-2.5548	15.2614	-0.167	0.867098	
South_Atlantic	-0.5717	11.8269	-0.048	0.961462	
East_South_Central	-19.2928	15.8423	-1.218	0.223687	
West_South_Central	34.8048	12.2627	2.838	0.004661	**
Mountain	24.0955	12.9833	1.856	0.063869	.
Pacific	43.3228	11.9786	3.617	0.000319	***

Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1

Residual standard error: 59.1 on 738 degrees of freedom

(5 observations deleted due to missingness)

Multiple R-squared: 0.3376, Adjusted R-squared: 0.3286

Figure A.11-Asian LM

```
lm(formula = Deaths_Per_100.000_People ~ Pov_rate_indian_or_alaskan +
    Male + Middle_Atlantic + East_North_Central + West_North_Central +
    South_Atlantic + East_South_Central + West_South_Central +
    Mountain + Pacific, data = native_american_combined)
```

Residuals:

Min	1Q	Median	3Q	Max
-578.93	-108.31	-16.35	70.88	1047.77

Coefficients:

	Estimate	Std. Error	t value	Pr(> t)
(Intercept)	178.805	182.196	0.981	0.32689
Pov_rate_indian_or_alaskan	1.065	0.588	1.812	0.07064 .
Male	215.139	16.694	12.887	< 2e-16 ***
Middle_Atlantic	7.088	190.845	0.037	0.97039
East_North_Central	178.057	185.457	0.960	0.33749
West_North_Central	231.663	183.343	1.264	0.20700
South_Atlantic	105.983	186.387	0.569	0.56988
East_South_Central	526.330	188.670	2.790	0.00548 **
West_South_Central	139.506	183.005	0.762	0.44625
Mountain	70.083	183.151	0.383	0.70215
Pacific	51.552	182.707	0.282	0.77795

Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1

Residual standard error: 181.8 on 482 degrees of freedom
(1 observation deleted due to missingness)

Multiple R-squared: 0.4082, Adjusted R-squared: 0.3959

Native American LM

Call:

```
lm(formula = Deaths_Per_100.000_People ~ pov_rate, data = overall_combined)
```

Residuals:

Min	1Q	Median	3Q	Max
-306.41	-52.00	-7.11	46.06	695.64

Coefficients:

	Estimate	Std. Error	t value	Pr(> t)
(Intercept)	305.7844	3.6577	83.60	<2e-16 ***
pov_rate	3.0375	0.1912	15.89	<2e-16 ***

Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1

Residual standard error: 84.81 on 3150 degrees of freedom

Multiple R-squared: 0.07419, Adjusted R-squared: 0.0739

Figure A.12-Poverty only LM

B. Regional Grouping of States

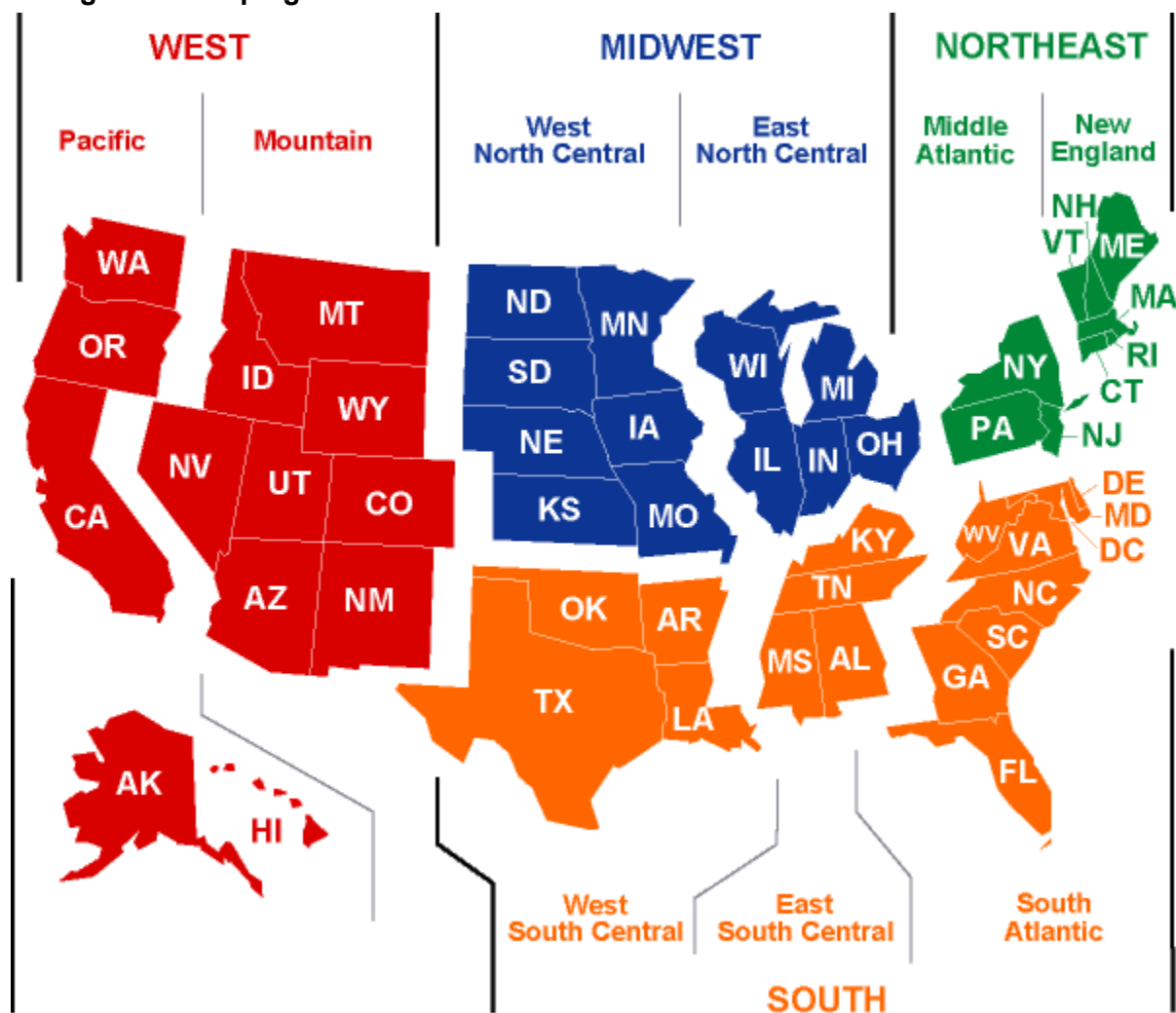


Figure B.1-Grouping of states into regions
Source: [U.S. Energy Information Administration](#) and [CDC](#)