

Clark County, 2007 County Adult Health Survey

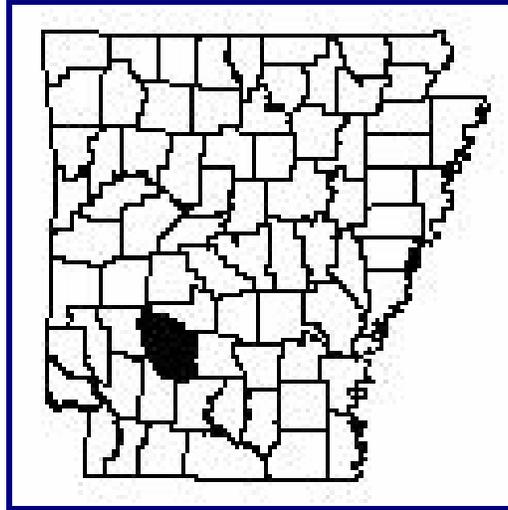


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Clark County, 2007



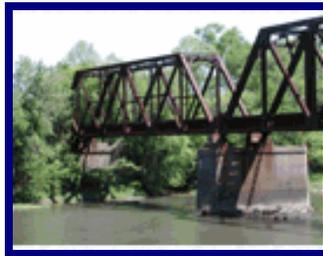
County Adult Health Survey
Behavioral Risk Factor Surveillance System

September 2007

For more information about the Clark County
2007 County Adult Health Survey

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Clark County 2007 County Adult Health Survey

Introduction

What is the County Adult Health Survey?

The national focus on improving the health of American citizens has also become a major focus for local communities.¹ As a result, health related data are needed by state, county, and local agencies for developing health-promotion programs and to efficiently target health dollars. The **County Adult Health Survey** is an instrument used by **Hometown Health Improvement** to collect, evaluate, and monitor personal risk behaviors that affect the health of adults in Arkansas communities. The survey uses questions from the **Behavioral Risk Factor Surveillance System** survey (BRFSS), developed by the Centers for Disease Control.²

What is Hometown Health Improvement?

Hometown Health Improvement is a grassroots initiative that stresses cooperative action and creative solutions at the local level to identify community health problems and to develop and implement ways to solve them.

This goal is accomplished through cooperation, coalition building, community health assessment, prioritization of health issues, and the development and implementation of health-improving strategies designed and sustained locally.

As part of this initiative, Clark County conducted the County Adult Health Survey using questions from the Behavioral Risk Factor Surveillance System (BRFSS).

¹ Centers for Disease Control and Prevention. Healthy People 2010. Atlanta, Georgia. <http://www.healthypeople.gov>

² Centers for Disease Control and Prevention. About BRFSS. Atlanta, Georgia. <http://www.cdc.gov/nccdphp/brfss/about.htm>

What is the BRFSS?

The BRFSS is a survey developed to help states collect and monitor state level information on health conditions and the major risk behaviors that can affect the health of their adults. It was developed in the 1980s by the Centers for Disease Control and Prevention after research indicated that personal health behaviors play an important role in premature death and illness. Primarily, the survey focuses on behaviors that are linked to the leading causes of death (heart disease, cancer, stroke, diabetes and injury) and other important health issues. Some of the specific behaviors included in the survey are:

- Not getting enough physical activity
- Being overweight
- Not using seatbelts
- Using tobacco and alcohol
- Not getting preventive medical care (e.g. flu shots, mammograms, Pap smears, colorectal exams) that can save lives.

How is the BRFSS used?

State and local health departments in all 50 states rely heavily on BRFSS data to do the following:

- Determine priority health issues and identify populations at highest risk.
- Develop strategic plans and target prevention programs.
- Monitor the effectiveness of intervention strategies and progress toward prevention goals.
- Educate the public, the health community, and policymakers about disease prevention.
- Support community policies that promote health and prevent disease.

BRFSS information is also used by researchers, voluntary, organizations and professional managed care organizations to target prevention efforts. Recognizing the value of such a system in addressing priority health issues in the coming century; China, Canada, and other countries have looked to CDC for assistance in establishing BRFSS-like systems for their own populations.

The ability to determine which population groups have the greatest health risk factors is essential in effectively targeting scarce prevention resources. BRFSS data can be analyzed by a variety of demographic and economic variables such as age, education, income, and racial and ethnic background, to determine which populations are at highest risk in a community.

How did Clark County conduct the County Adult Health Survey?

During January and February 2007, a telephone survey of 886 randomly selected adults in Clark County was conducted. Telephone interviews were carried out and supervised by trained telephone research interviewers at the University of Arkansas at Little Rock's Institute of Government.



Who participated in the Clark County 2007 County Adult Health Survey?

Of the 886 people who were interviewed, 308 were men and 578 were women. The following chart summarizes the demographics of the survey participants as both raw numbers and as weighted data. The raw data is the data collected from the sample of persons interviewed. The weighted data is the collected survey data (raw data) that has been adjusted to represent the population from which the sample was drawn.

All other data presented in the report is based on the **weighted** data. All percentages presented in this report are rounded to the nearest whole percent.

Table 1: Survey demographics

| Variables | Categories | Raw Data (%) | Weighted Data (%) |
|------------------|-------------------|---------------------|--------------------------|
| Age | 18-39 | 19 | 46 |
| | 40-64 | 46 | 35 |
| | 65+ | 34 | 19 |
| Education | < HS Education | 12 | 8 |
| | HS Graduate | 56 | 63 |
| | College Graduate | 32 | 28 |
| Income | < \$20,000 | 24 | 21 |
| | \$20,000-\$50,000 | 43 | 44 |
| | > \$50,000 | 33 | 35 |
| Gender | Male | 35 | 47 |
| | Female | 65 | 53 |

Who participated in the Clark County 2007 County Adult Health Survey? (continued)

Figure 1: Survey demographics, by age

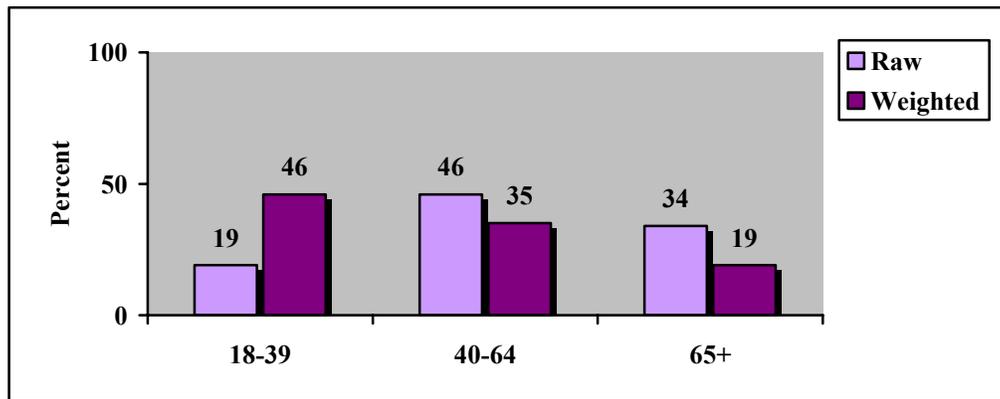
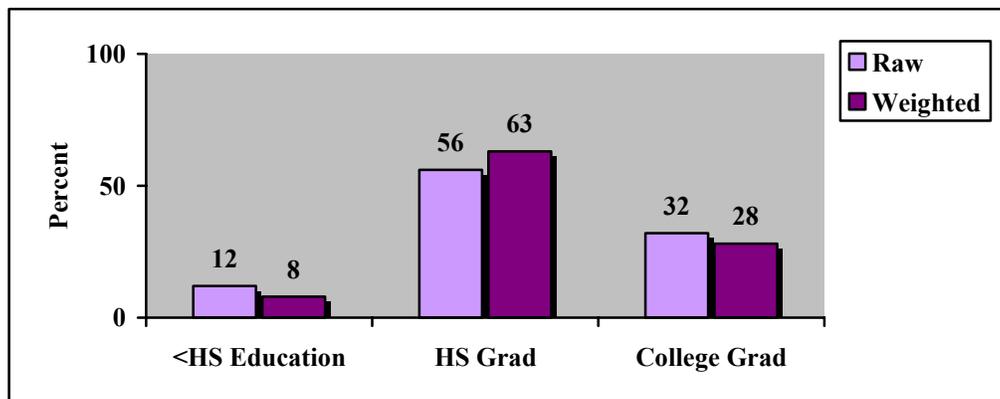


Figure 2: Survey demographics, by education



Who participated in the Clark County 2007 County Adult Health Survey? (continued)

Figure 3: Survey demographics, by income

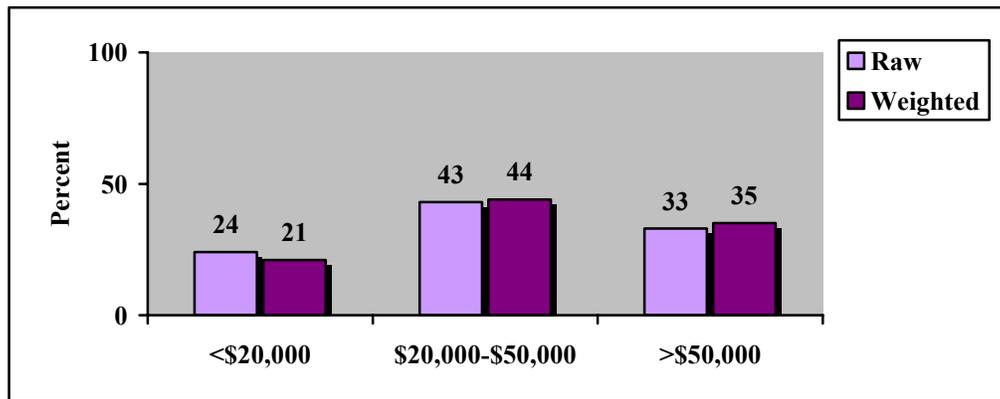
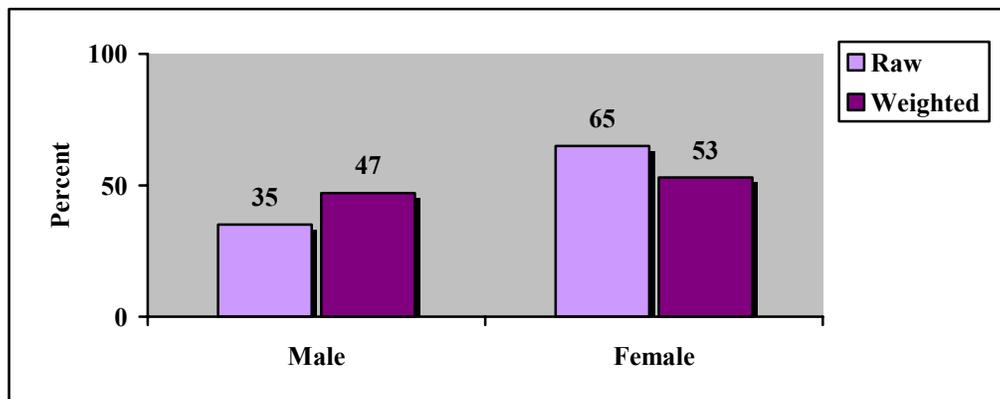


Figure 4: Survey demographics, by gender



Risk Factors

Health Status

The survey asked respondents to rate their general, physical, and mental health status. Perceived health status is an important indicator of functionality and health-related quality of life. It assesses health issues that are not measured by standard morbidity and mortality data.

General Health

Risk Factor Definition: General Health

Question: Would you say that your general health is “excellent,” “very good,” “good,” “fair,” or “poor?”

At risk: Those who answered “fair” or “poor” are considered at risk.

Who is at risk in Clark County?

- Twenty percent (20%) of adults in Clark County reported their general health as fair or poor.
- The prevalence of reported fair or poor general health was lower among respondents aged 18-39 years (6%) than among respondents aged 40-64 years (27%), and respondents 65 years and older (37%) (Table 1 and Figure 1).
- The prevalence of reported fair or poor general health was higher among those respondents with less than a high school education (48%) than among those respondents with a high school education (19%), and college education (10%) (Table 1 and Figure 1).
- The prevalence of reported fair or poor general health was higher among respondents with an annual household income of less than \$20,000 (33%) than among those respondents with an annual household income of \$20,000-\$50,000 (19%), and annual household income of over \$50,000 (9%) (Table 1 and Figure 1).

Health Status (continued)

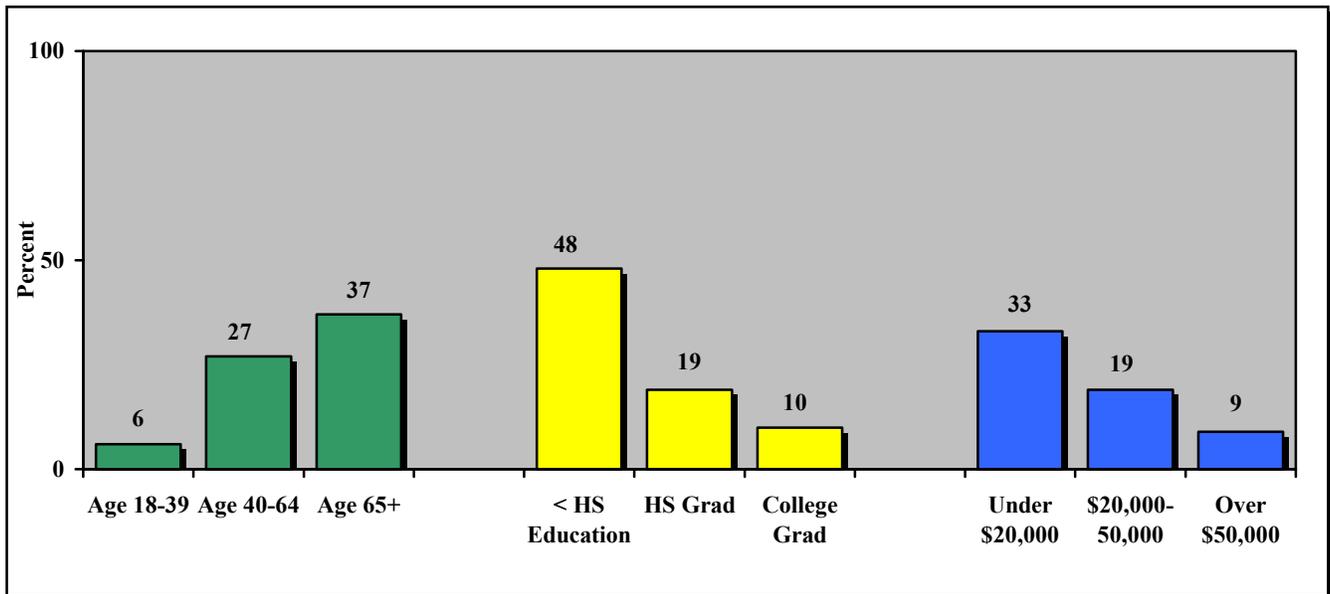
Risk Factor Definition: General Health

Respondents who reported “fair” or “poor” general health.

Table 1: General health

| Age | (%) | Education | (%) | Income | (%) |
|------------|------------|------------------|------------|-------------------|------------|
| 18-39 | 6 | <HS Education | 48 | <\$20,000 | 33 |
| 40-64 | 27 | HS Grad. | 19 | \$20,000-\$50,000 | 19 |
| 65+ | 37 | College Grad. | 10 | >\$50,000 | 9 |

Figure 1: General health



Health Status (continued)

Physical Health

Risk Factor Definition: Physical Health

Question: Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

At risk: Having one or more self-reported days of “not good” physical health.

Who is at risk in Clark County?

- Thirty-five percent (35%) of Clark County adults had at least one day when physical health was not good during the month preceding the survey.
- According to the survey, the average Clark County adult had 4.06 days of bad health and 4.14 days each month when health problems interfered with usual activities.
- The prevalence of reported physical health not good on one or more of the thirty days preceding the survey was lower among respondents aged 18-39 years (26%) than among respondents aged 40-64 years (45%), and respondents 65 years and older (40%) (Table 2 and Figure 2).
- The prevalence of reported physical health not good on one or more of the thirty days preceding the survey was higher among those respondents with less than a high school education (48%) than among those respondents with a high school education (33%), and college education (36%) (Table 2 and Figure 2).
- The prevalence of reported physical health not good on one or more of the thirty days preceding the survey was higher among respondents with an annual household income of less than \$20,000 (46%) than among those respondents with an annual household income of \$20,000-\$50,000 (38%), and annual household income of over \$50,000 (26%) (Table 2 and Figure 2).

Health Status (continued)

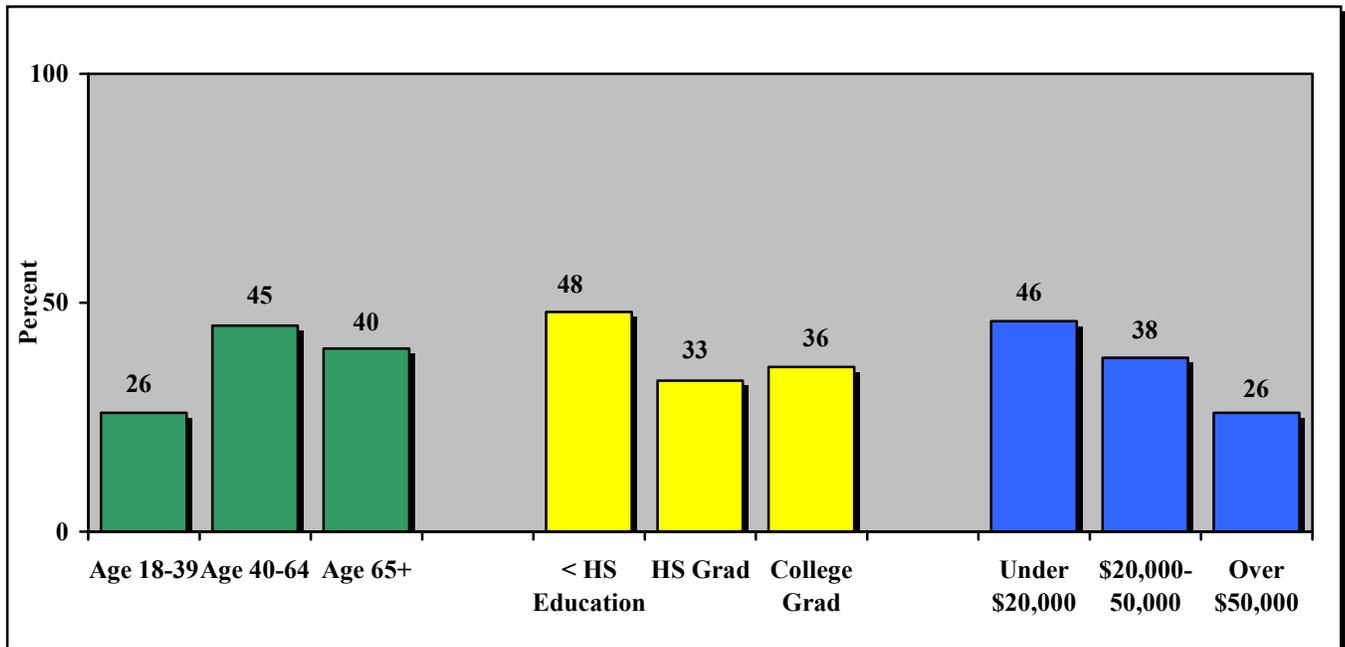
Risk Factor Definition: Physical Health

Respondents who reported physical health “not good” on one or more of the thirty days preceding the survey.

Table 2: Physical health

| Age | (%) | Education | (%) | Income | (%) |
|------------|------------|------------------|------------|-------------------|------------|
| 18-39 | 26 | <HS Education | 48 | <\$20,000 | 46 |
| 40-64 | 45 | HS Grad. | 33 | \$20,000-\$50,000 | 38 |
| 65+ | 40 | College Grad. | 36 | >\$50,000 | 26 |

Figure 2: Physical health



Health Status (continued)

Mental Health

Mental health includes stress, depression, and problems with emotions.

Risk Factor Definition: Mental Health

Question: How many days during the past 30 days was your mental health not good?

At Risk: Having one or more self-reported days of “not good” mental health.

Who is at risk in Clark County?

- Thirty-three percent (33%) of adults in Clark County had at least one day of poor mental health in the past month.
- The average Clark County adult had 3.49 days each month of poor mental health.
- The prevalence of reported mental health not good on one or more of the thirty days preceding the survey was higher among respondents aged 18-39 years (39%) than among respondents aged 40-64 years (34%), and respondents 65 years and older (17%) (Table 3 and Figure 3).
- The prevalence of reported mental health not good on one or more of the thirty days preceding the survey was lower among those respondents with less than a high school education (28%) than among those respondents with a high school education (35%), and college education (30%) (Table 3 and Figure 3).
- The prevalence of reported mental health not good on one or more of the thirty days preceding the survey was higher among those respondents with an annual household income of less than \$20,000 (50%) than among those with an annual household income of \$20,000-\$50,000 (39%), and annual household income of more than \$50,000 (21%) (Table 3 and Figure 3).

Health Status (continued)

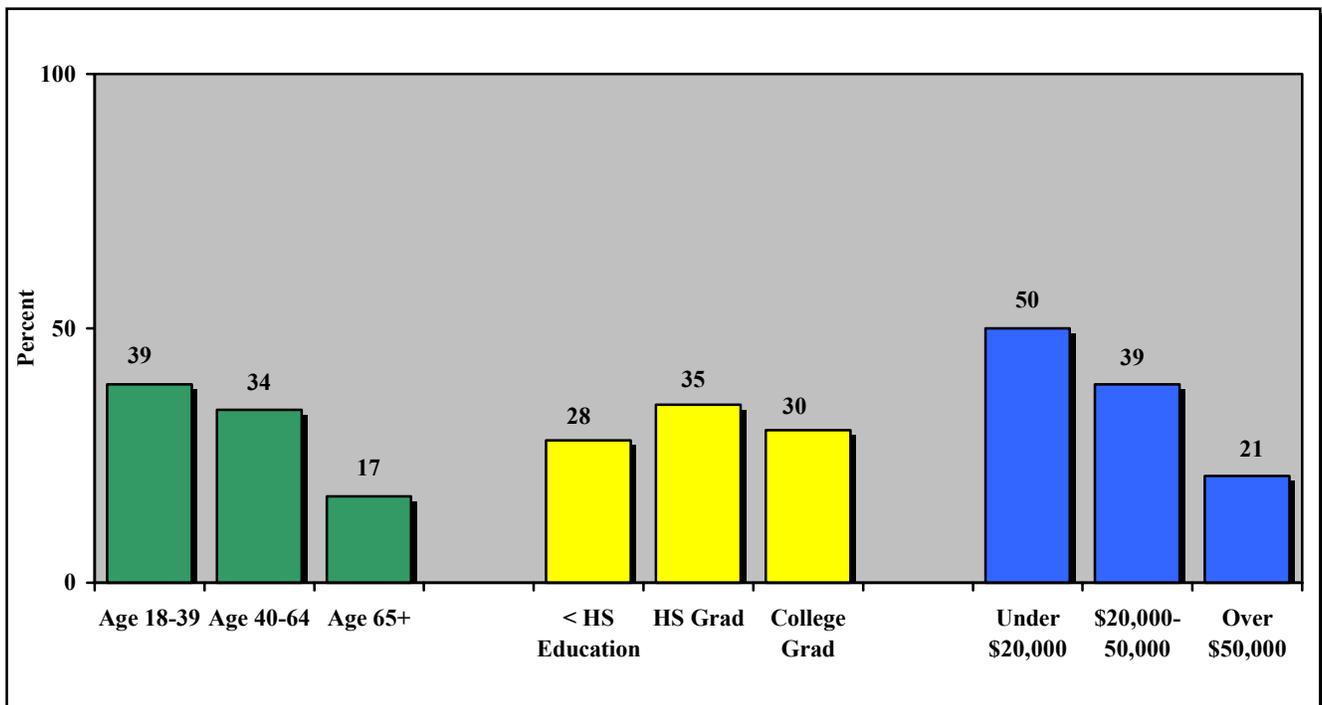
Risk Factor Definition: Mental Health

Respondents who reported mental health “not good” on one or more of the thirty days preceding the survey.

Table 3: Mental health

| Age | | Education | | Income | |
|-------|-----|---------------|-----|-------------------|-----|
| | (%) | | (%) | | (%) |
| 18-39 | 39 | <HS Education | 28 | <\$20,000 | 50 |
| 40-64 | 34 | HS Grad. | 35 | \$20,000-\$50,000 | 39 |
| 65+ | 17 | College Grad. | 30 | >\$50,000 | 21 |

Figure 3: Mental health

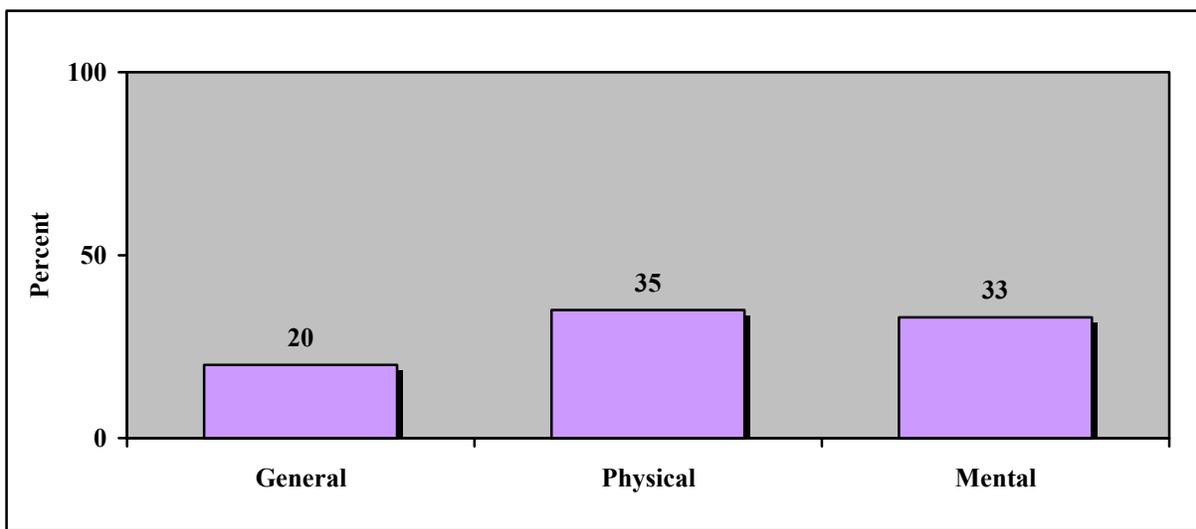


Health Status (continued)

Summary of data on health status

- The prevalence of reported fair or poor general health (20%) was lower among adults in Clark County than the prevalence of reported physical health not good on one or more of the thirty days preceding the survey (35%) (Figure 4).
- The prevalence of reported mental health not good on one or more of the thirty days preceding the survey (33%) was lower among adults in Clark County than the prevalence of physical health not good on one or more of the thirty days preceding survey (35%) (Figure 4).

Figure 4: Summary of reported findings on health status



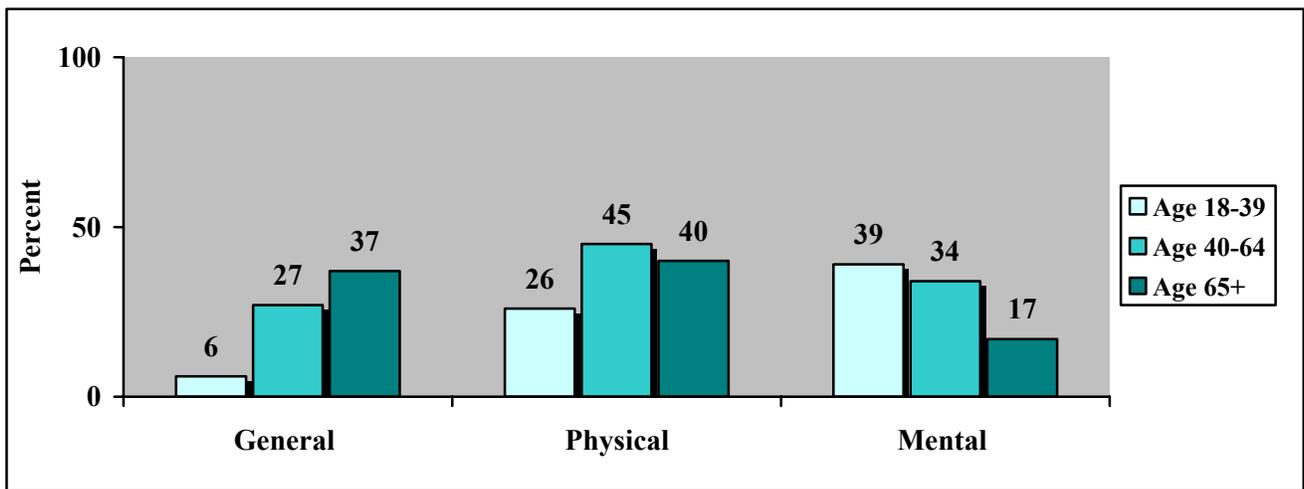
Health Status (continued)

Comparing the reported impact of age on general, physical and mental health status.

Summary of reported findings on health status, by age

- Respondents aged 18-39 years were:
 - Less likely (6%) than respondents aged 40-64 years (27%) and respondents 65 years and older (37%) to report fair or poor general health (Figure 5);
 - Less likely (26%) than respondents aged 40-64 years (45%) and respondents 65 years and older (40%) to report physical health not good on one or more of the thirty days preceding the survey (Figure 5);
 - More likely (39%) than respondents aged 40-64 years (34%), and respondents 65 years and older (17%) to report mental health not good on one or more of the thirty days preceding the survey (Figure 5).
- Respondents 65 years and older were:
 - More likely (37%) than respondents aged 40-64 years (27%) and respondents aged 18-39 years (6%) to report fair or poor general health (Figure 5);
 - Less likely (40%) than respondents aged 40-64 years (45%), and more likely than respondents aged 18-39 years (26%) to report physical health not good on one or more the thirty days preceding the survey (Figure 5);
 - Less likely (17%) than respondents aged 40-64 years (34%) and respondents aged 18-39 years (39%) to report mental health not good on one or more of the thirty days preceding the survey (Figure 5).

Figure 5: Summary of reported findings on health status, by age



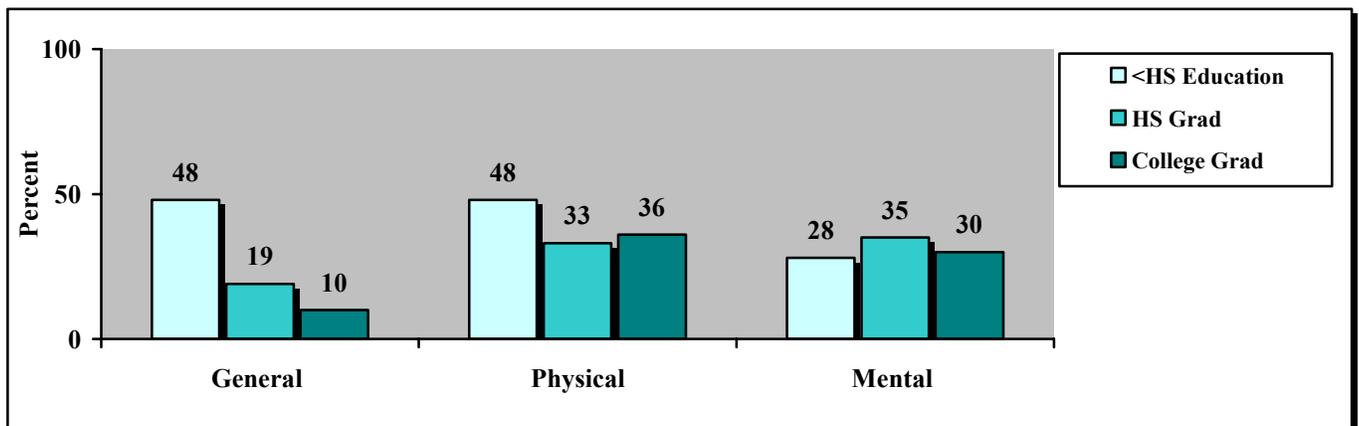
Health Status (continued)

Comparing the reported impact of education on general, physical and mental health status.

Summary of reported findings on health status, by education

- Respondents with less than a high school education were:
 - More likely (48%) than respondents with a high school education (19%) and college education (10%) to report fair or poor general health (Figure 6);
 - More likely (48%) than respondents with a high school education (33%) and college education (36%) to report physical health not good on one or more of the thirty days preceding the survey (Figure 6);
 - Less likely (28%) than respondents with a high school education (35%) and college education (30%) to report mental health not good on one or more of the thirty days preceding the survey (Figure 6).
- Respondents with a college education were:
 - Less likely (10%) than respondents with a high school education (19%) and those with less than a high school education (48%) to report fair or poor general health (Figure 6);
 - More likely (36%) than respondents with a high school education (33%); and less likely than those with less than a high school education (48%) to report physical health not good on one or more the thirty days preceding the survey (Figure 6);
 - Less likely (30%) than respondents with a high school education (35%); and more likely than those with less than a high school education (28%) to report mental health not good on one or more of the thirty days preceding the survey (Figure 6).

Figure 6: Summary of reported findings on health status, by education



Health Status (continued)

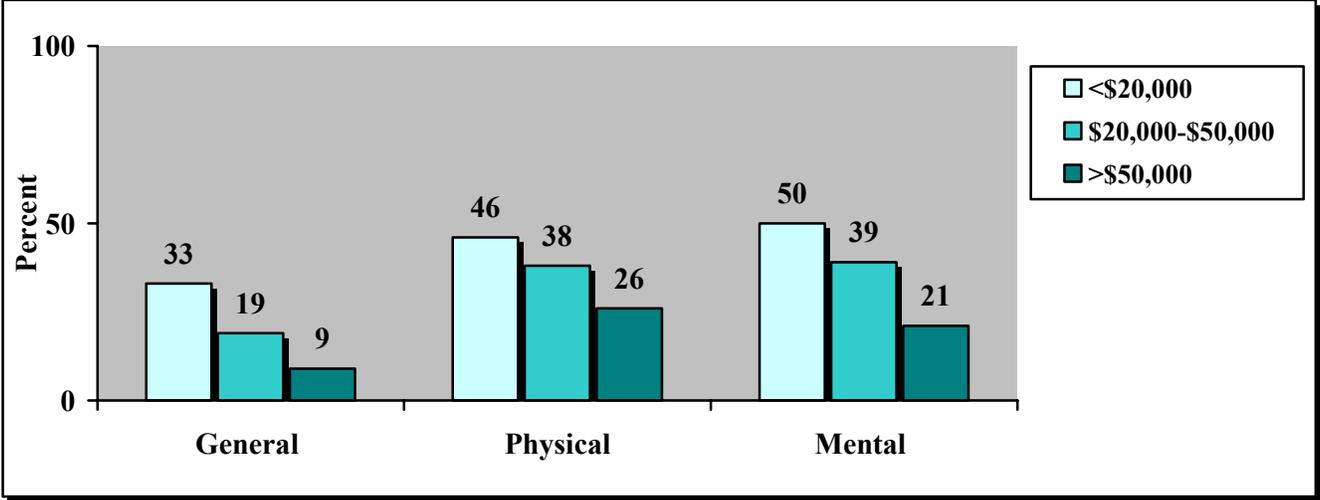
Comparing the reported impact of annual household income on general, physical and mental health status.

Summary of reported findings on health status, by income

- Respondents with an annual household income of less than \$20,000 were:
 - More likely (33%) than respondents with an annual household income of \$20,000-\$50,000 (19%) and those with an annual household income over \$50,000 (9%) to report fair or poor general health (Figure 7);
 - More likely (46%) than respondents with an annual household income of \$20,000-\$50,000 (38%) and those with an annual household income over \$50,000 (26%) to report physical health not good on one or more of the thirty days preceding the survey (Figure 7);
 - More likely (50%) than respondents with annual household income of \$20,000-\$50,000 (39%) and those with an annual household income over \$50,000 (21%) to report mental health not good on one or more of the thirty days preceding the survey (Figure 7).
- Respondents with an annual household income over \$50,000 were:
 - Less likely (9%) than respondents with an annual household income of \$20,000-\$50,000 (19%) and respondents with annual household income of less than \$20,000 (33%) to report fair or poor general health (Figure 7).
 - Less likely (26%) than respondents with an annual household income of \$20,000-\$50,000 (38%) and respondents with an annual household income of less than \$20,000 (46%) to report physical health not good on one or more the thirty days preceding the survey (Figure 7).
 - Less likely (21%) than respondents with an annual household income of \$20,000-\$50,000 (39%) and respondents with an annual household income of less than \$20,000 (50%) to report mental health not good on one or more of the thirty days preceding the survey (Figure 7).

Health Status (continued)

Figure 7: Summary of reported findings on health status, by income



Health Status (continued)

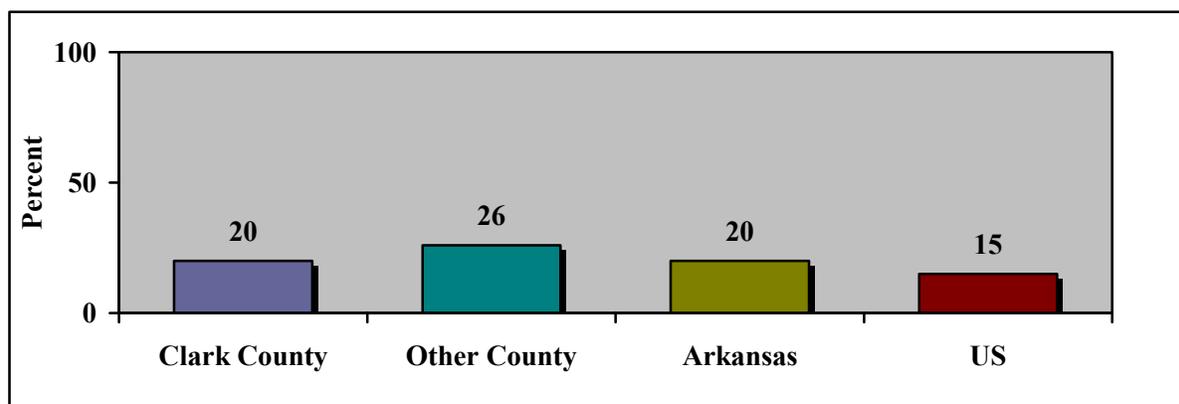
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2006 state and nationwide BRFSS data.

Comparing reported findings on general health

- The prevalence of reported fair or poor general health was lower among adults in Clark County (20%) than among adults in a neighboring county (26%) (Figure 8).
- However, the prevalence of reported fair or poor general health was equal among adults in Clark County (20%) and adults in the state (20%); and higher than among adults in the nation (15%) (Figure 8).

Figure 8: Comparing reported findings on general health



Health Status (continued)

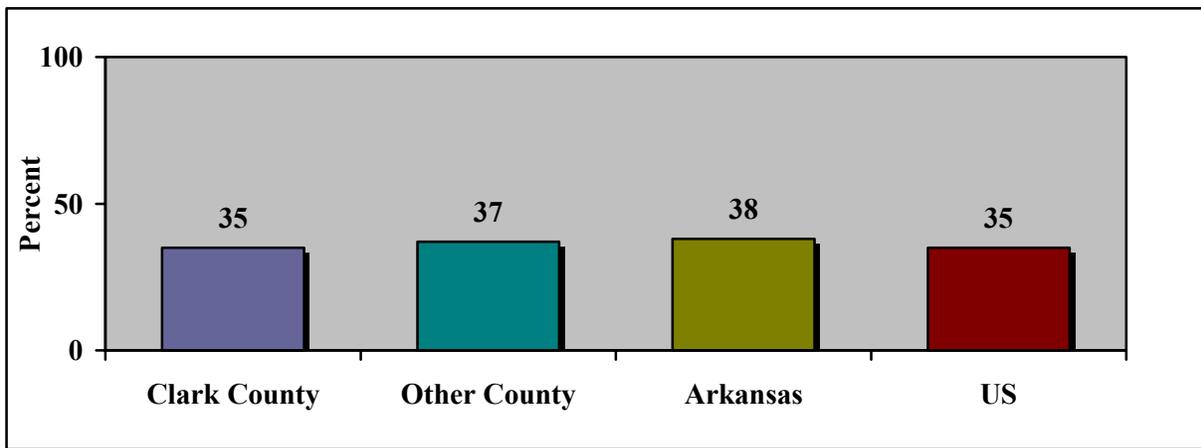
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2006 state and nationwide BRFSS data.

Comparing reported findings on physical health

- The prevalence of reported physical health not good on one or more days in the thirty days preceding the survey was lower among adults in Clark County (35%) than among adults in a neighboring county (37%) (Figure 9).
- The prevalence of reported physical health not good on one or more days in the thirty days preceding the survey was lower among adults in Clark County (35%) than among adults in the state (38%); and equal to adults in the nation (35%) (Figure 9).

Figure 9: Comparing reported findings on physical health



Health Status (continued)

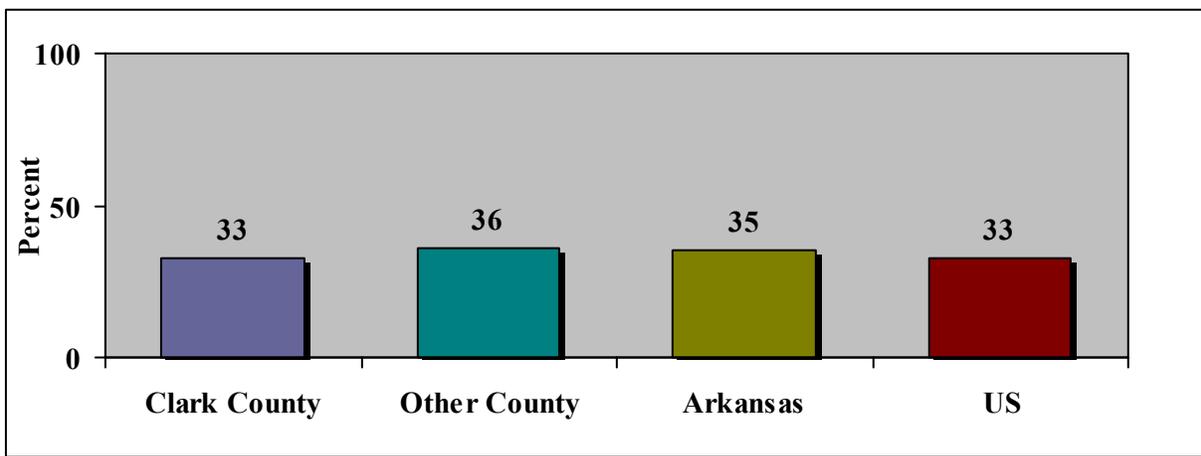
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2006 state and nationwide BRFSS data.

Comparing reported findings on mental health

- The prevalence of reported mental health not good on one or more the thirty days preceding the survey was lower among adults in Clark County (33%) than among adults in a neighboring county (36%) (Figure 10).
- The prevalence of reported mental health not good on one or more the thirty days preceding the survey was lower among adults in Clark County (33%) than among adults in the state (35%); and equal to adults in the nation (33%) (Figure 10).

Figure 10: Comparing reported findings on mental health



Health Status (continued)

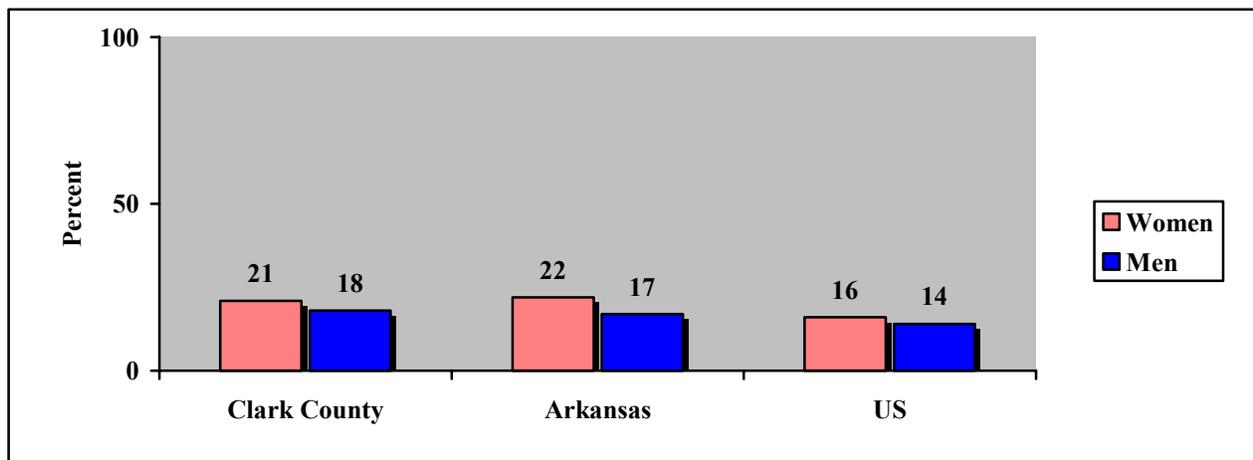
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 state and nationwide BRFSS data.

Comparing reported findings on general health, by gender

- The prevalence of reported fair or poor general health was lower among adult women in Clark County (21%) than among adult women in the state (22%); and higher than among adult women in the nation (16%) (Figure 11).
- The prevalence of reported fair or poor general health was higher among adult men in Clark County (18%) than among adult men in the state (17%) and in the nation (14%) (Figure 11).

Figure 11: Comparing reported findings on general health, by gender



Health Status (continued)

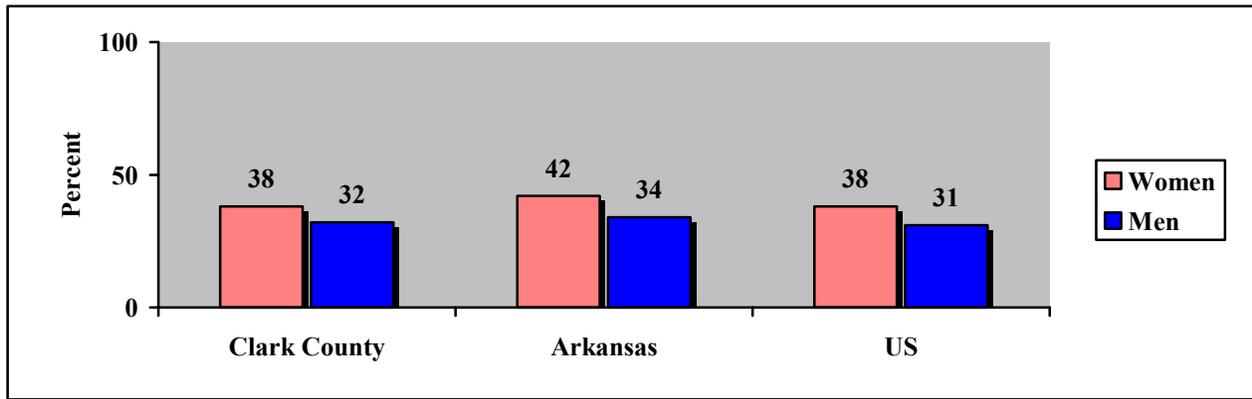
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 state and nationwide BRFSS data.

Comparing reported findings on physical health, by gender

- The prevalence of reported physical health not good on one or more the thirty days preceding the survey was lower among adult women in Clark County (38%) than among adult women in the state (42%); and equal to adult women in the nation (38%) (Figure 12).
- The prevalence of reported physical health not good on one or more the thirty days preceding the survey was lower among adult men in Clark County (32%) than among adult men in the state (34%); and higher than among adult men in the nation (31%) (Figure 12).

Figure 12: Comparing reported findings on physical health, by gender.



Health Status (continued)

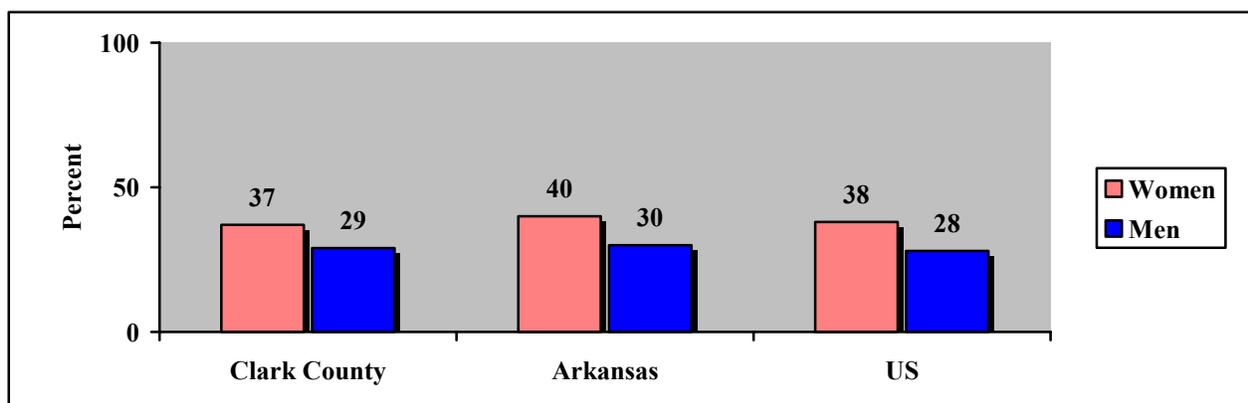
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 state and nationwide BRFSS data.

Comparing reported findings on mental health, by gender

- The prevalence of reported mental health not good on one or more of the thirty days preceding the survey was lower among adult women in Clark County (37%) than among adult women in the state (40%), and nation (38%) (Figure 13).
- The prevalence of reported mental health not good on one or more of the thirty days preceding the survey was lower among adult men in Clark County (29%) than among adult men in the state (30%); and higher than among adult men in the nation (28%) (Figure 13).

Figure 13: Comparing reported findings on mental health, by gender



Health Care Access

The survey asked if respondents had health insurance. Health insurance provides better access to health care. Those with health insurance are more likely to have a primary care physician to receive appropriate preventative care.

Risk Factor Definition: No health insurance

Question: Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

At Risk: Those who answered “no” are considered at risk.

Who is at risk in Clark County?

- Twenty-two percent (22%) of adults in Clark County reported that they did not have health insurance.



- The prevalence of reported lack of health care coverage was higher among respondents aged 18-39 years (34%) than among respondents aged 40-64 years (16%), and respondents 65 years and older (3%) (Table 1 and Figure 1).
- The prevalence of reported lack of health care coverage was lower among those respondents with less than a high school education (19%) than among those with a high school education (27%); and higher than among those with a college education (10%) (Table 1 and Figure 1).
- The prevalence of reported lack of health care coverage was lower among those respondents with an annual household income of less than \$20,000 (27%) than among those respondents with an annual household income between \$20,000 and \$50,000 (28%); and higher than among those respondents with an annual household income of more than \$50,000 (15%) (Table 1 and Figure 1).

Health Care Access (continued)

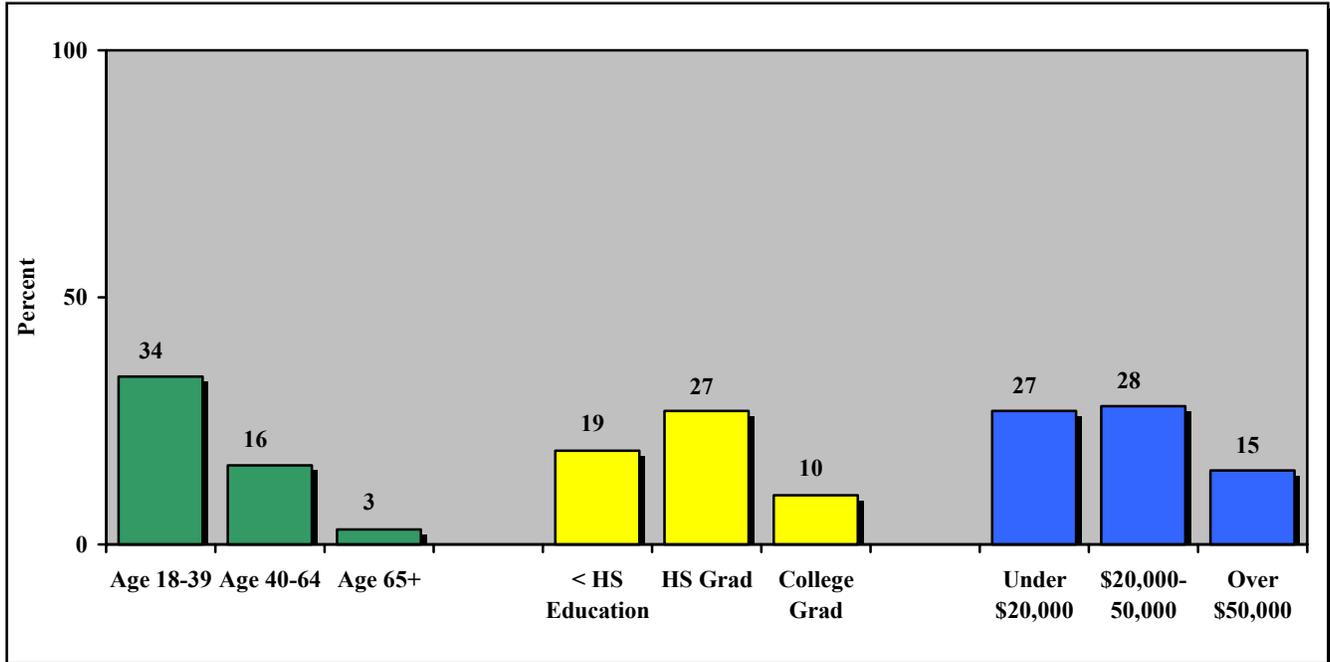
Risk Factor Definition: No health insurance

Respondents who reported no health care coverage.

Table 1: No health care coverage

| Age (%) | | Education (%) | | Income (%) | |
|---------|----|---------------|----|-------------------|----|
| 18-39 | 34 | <HS Education | 19 | <\$20,000 | 27 |
| 40-64 | 16 | HS Grad. | 27 | \$20,000-\$50,000 | 28 |
| 65+ | 3 | College Grad. | 10 | >\$50,000 | 15 |

Figure 1: No health care coverage



Health Care Access (continued)

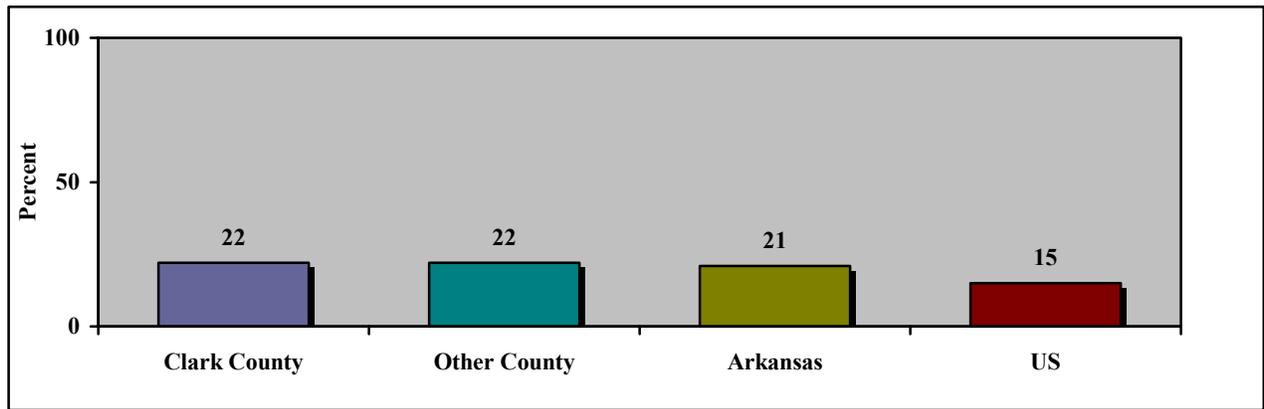
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2006 state and nationwide BRFSS data.

Comparing reported findings on health care coverage

- The prevalence of reported no health care coverage was equal among adults in Clark County (22%) and adults in a neighboring county (22%) (Figure 2).
- The prevalence of reported no health care coverage was higher among adults in Clark County (22%) than among adults in the state (21%), and nation (15%) (Figure 2).

Figure 2: Comparing reported findings on health care coverage



Health Care Access (continued)

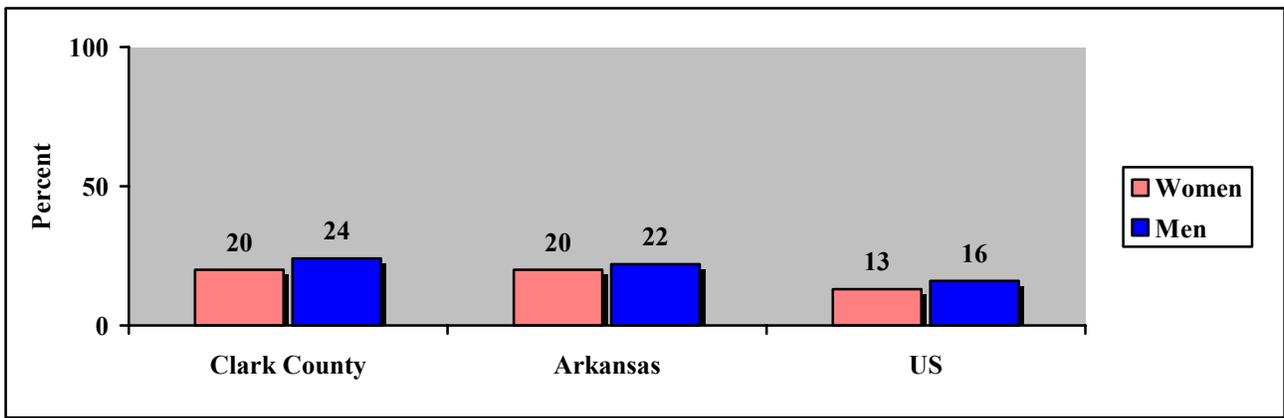
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 state and nationwide BRFSS data.

Comparing reported findings on health care coverage, by gender

- The prevalence of reported no health care coverage was equal among adult women in Clark County (20%) and adult women in the state (20%); and higher than among adult women in the nation (13%) (Figure 3).
- The prevalence of reported no health care coverage was higher among adult men in Clark County (24%) than among adult men in the state (22%), and nation (16%) (Figure 3).

Figure 3: Comparing reported findings on health care coverage, by gender



Hypertension

Uncontrolled high blood pressure can lead to stroke, heart attack, heart failure, or kidney failure.

Risk Factor Definition: Have high blood pressure

- Questions:
1. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?
 2. Are you currently taking medicine for your high blood pressure?

At Risk: Those who answered “yes” are considered at risk.

Who is at risk in Clark County?

- Thirty-one percent (31%) of adults in Clark County reported that they had been given a hypertension diagnosis by a doctor.
- The prevalence of reported hypertension diagnosis by a doctor was lower among respondents aged 18-39 years (16%) than among respondents aged 40-64 years (39%), and respondents 65 years and older (52%) (Table 1 and Figure 1).
- The prevalence of reported hypertension diagnosis by a doctor was higher among those respondents with less than a high school education (51%) than among those respondents with a high school education (32%), and college education (23%) (Table 1 and Figure 1).
- The prevalence of reported hypertension diagnosis by a doctor was lower among those respondents with an annual household income of less than \$20,000 (34%) than among those respondents with an annual household income of \$20,000-\$50,000 (35%); and higher than among those with an annual household income of more than \$50,000 (22%) (Table 1 and Figure 1).



Hypertension (continued)

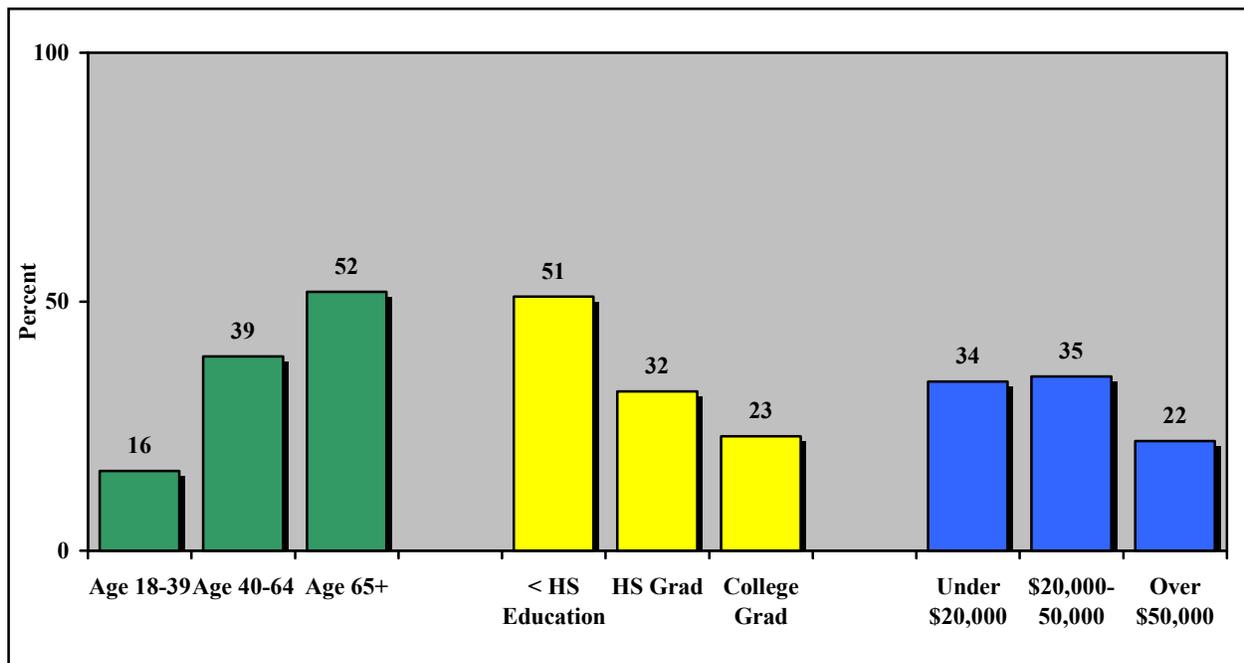
Risk Factor Definition: Have high blood pressure

Respondents who reported that they had been given a hypertension diagnosis by a doctor.

Table 1: Hypertension

| Age (%) | | Education (%) | | Income (%) | |
|---------|----|---------------|----|-------------------|----|
| 18-39 | 16 | <HS Education | 51 | <\$20,000 | 34 |
| 40-64 | 39 | HS Grad. | 32 | \$20,000-\$50,000 | 35 |
| 65+ | 52 | College Grad. | 23 | >\$50,000 | 22 |

Figure 1: Hypertension



Hypertension (continued)

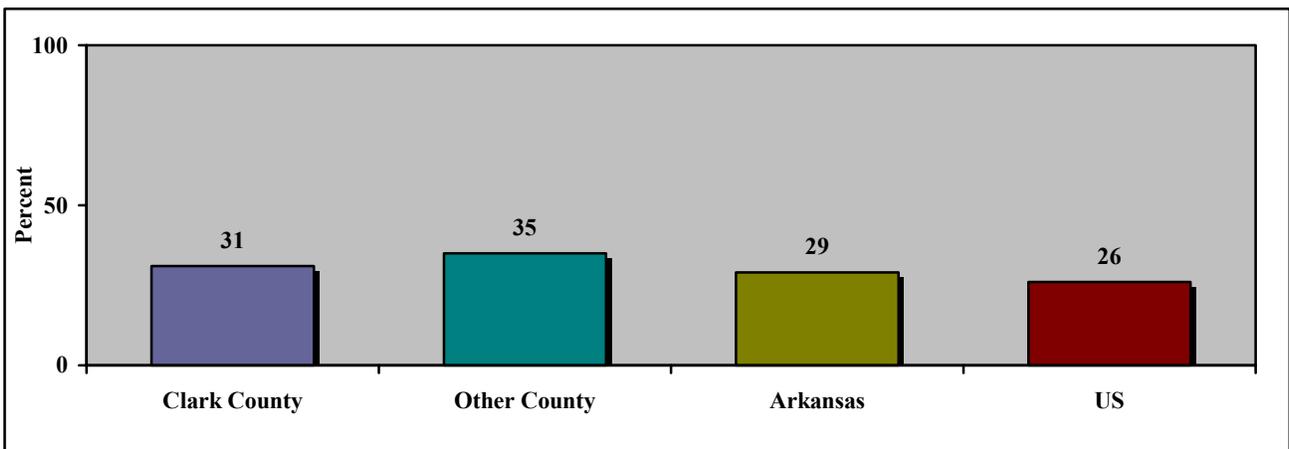
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2005 state and nationwide BRFSS data.

Comparing reported findings on hypertension

- The prevalence of reported hypertension diagnosis by a doctor was lower among adults in Clark County (31%) than among adults in a neighboring county (35%) (Figure 2).
- The prevalence of reported hypertension diagnosis by a doctor was higher among adults in Clark County (31%) than among adults in the state (29%), and nation (26%) (Figure 2).

Figure 2: Comparing reported findings on hypertension



Hypertension (continued)

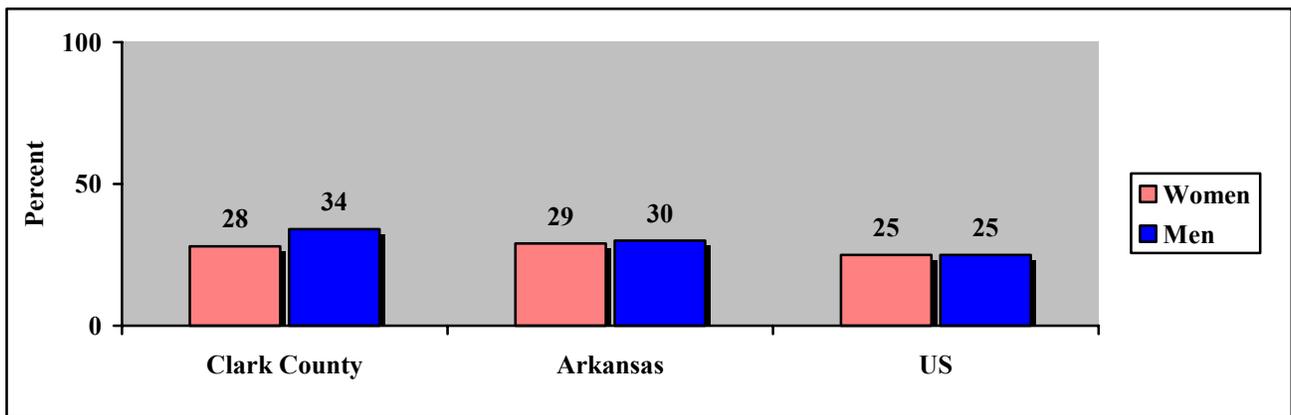
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2005 state and nationwide BRFSS data.

Comparing reported findings on hypertension, by gender

- The prevalence of reported hypertension diagnosis by a doctor was lower among adult women in Clark County (28%) than among adult women in the state (29%); and higher than among adult women in the nation (25%) (Figure 3).
- The prevalence of reported hypertension diagnosis by a doctor was higher among adult men in Clark County (34%) than among adult men in the state (30%), and nation (25%) (Figure 3).

Figure 3: Comparing reported findings on hypertension, by gender



Cholesterol

People with high cholesterol are at a higher risk for heart attack and stroke.

Testing for Cholesterol

Risk Factor Definition: Have not had blood cholesterol checked in past two years

Blood cholesterol is a fatty substance found in the blood.

Questions: 1. Have you ever had your blood cholesterol checked?
 2. Approximately how long has it been since you had your blood cholesterol checked?

At Risk: Those who have not had their blood cholesterol checked within the past 2 years are considered at risk.

Who is at risk in Clark County?

- Forty-six percent (46%) of Clark County adults reported that they had not checked blood cholesterol levels in the two years preceding the survey.
- The prevalence of not having checked blood cholesterol in the two years preceding the survey was higher among respondents aged 18-39 years (70%) than among respondents aged 40-64 years (31%), and respondents 65 years and older (14%) (Table 1 and Figure 1).
- The prevalence of not having checked blood cholesterol in the two years preceding the survey was lower among respondents with less than a high school education (26%) than among respondents with a high school education (51%), and respondents with a college education (39%) (Table 1 and Figure 1).
- The prevalence of not having checked blood cholesterol in the two years preceding the survey was lower among those with an annual household income of under \$20,000 (37%) than among those respondents with an annual household income of \$20,000-\$50,000 (57%), and respondents with an annual household income of over \$50,000 (42%) (Table 1 and Figure 1).

Cholesterol (continued)

Risk Factor Definition: Have not had blood cholesterol checked in past two years

Respondents who reported that they had not checked blood cholesterol levels in the two years preceding the survey.

Table 1: Testing for cholesterol

| Age | (%) | Education | (%) | Income | (%) |
|-------|-----|---------------|-----|-------------------|-----|
| 18-39 | 70 | <HS Education | 26 | <\$20,000 | 37 |
| 40-64 | 31 | HS Grad. | 51 | \$20,000-\$50,000 | 57 |
| 65+ | 14 | College Grad. | 39 | >\$50,000 | 42 |

Figure 1: Testing for cholesterol

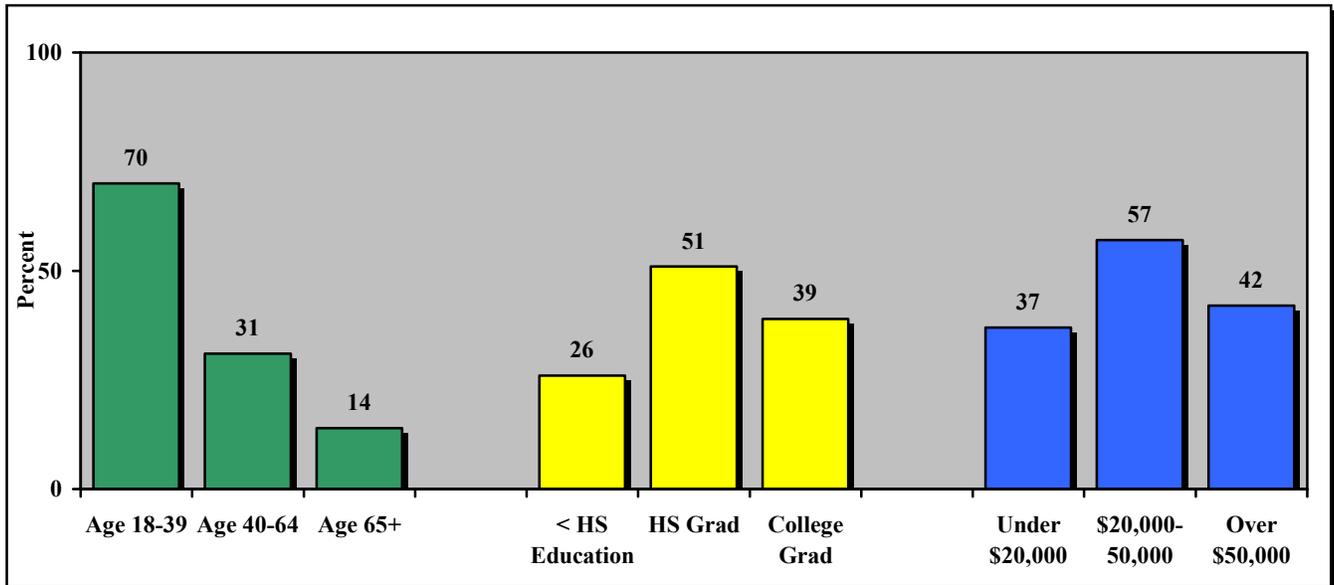
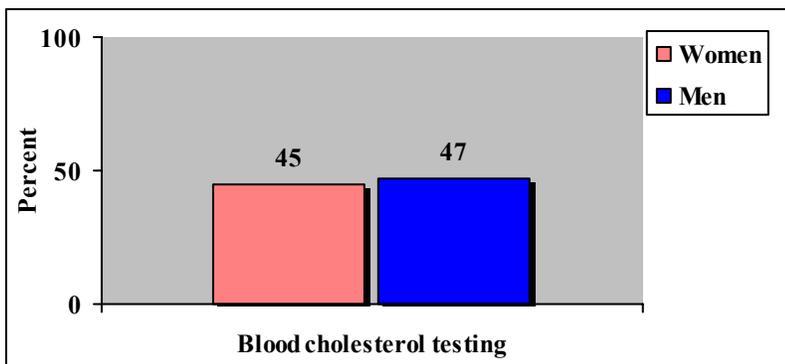


Figure 2: Testing for cholesterol, by gender



The prevalence of reported blood cholesterol not checked in the two years preceding the survey was **lower** among **adult women (45%)** than among **adult men (47%)** in Clark County (Figure 2).

Cholesterol (continued)

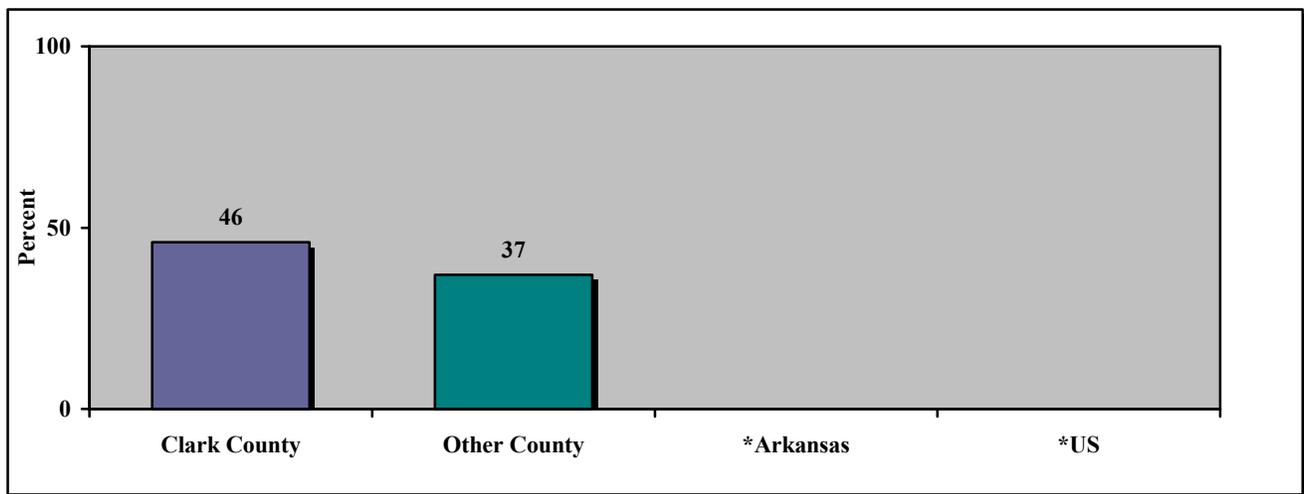
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2005 state and nationwide BRFSS data.

Comparing reported findings on testing for blood cholesterol

- The prevalence of reported blood cholesterol not checked in the two years preceding the survey was higher among adults in Clark County (46%) than among adults in a neighboring county (37%) (Figure 3).

Figure 3: Comparing reported findings on testing for blood cholesterol



*No comparison data available

Cholesterol (continued)

Blood Cholesterol Level

Risk Factor Definition: Blood cholesterol level

Question: Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

At Risk: **Of those who reported that they had had a blood cholesterol test done**, those respondents who answered “yes” are considered at risk.

Who is at risk in Clark County?

- Of those Clark County adults who reported that they had had a blood cholesterol test done, **thirty-four percent (34%)** reported a high cholesterol diagnosis by a doctor, nurse or other health professional.
- Of those Clark County adults who reported that they had had a blood cholesterol test done, the prevalence of reported high blood cholesterol diagnosis by a doctor, nurse or other health professional was **twelve percent (12%)** among respondents aged 18-39 years, **forty percent (40%)** among respondents aged 40-64 years, and **forty-six percent (46%)** among respondents 65 years and older (Table 2 and Figure 4).
- Of those Clark County adults who reported that they had had a blood cholesterol test done, the prevalence of reported high blood cholesterol diagnosis by a doctor, nurse or other health professional was **forty-one percent (41%)** among respondents with less than a high school education, **thirty-two percent (32%)** among those respondents with a high school education, and **thirty-four percent (34%)** among those with a college education (Table 2 and Figure 4).
- Of those Clark County adults who reported that they had had a blood cholesterol test done, the prevalence of reported high blood cholesterol diagnosis by a doctor, nurse or other health professional was **thirty-one percent (31%)** among those respondents with an annual household income of under \$20,000, **thirty-five percent (35%)** among those respondents with an annual household income of \$20,000- \$50,000, and **thirty-four percent (34%)** among those with an annual household income of over \$50,000 (Table 2 and Figure 4).

Cholesterol (continued)

Risk Factor Definition: Blood cholesterol level

Of those Clark County adults who reported that they had had a blood cholesterol test done, Respondents who reported a high blood cholesterol diagnosis by a doctor, nurse or other health professional.

Table 2: Blood cholesterol level

| Age | (%) | Education | (%) | Income | (%) |
|-------|-----|---------------|-----|-------------------|-----|
| 18-39 | 12 | <HS Education | 41 | <\$20,000 | 31 |
| 40-64 | 40 | HS Grad. | 32 | \$20,000-\$50,000 | 35 |
| 65+ | 46 | College Grad. | 34 | >\$50,000 | 34 |

Figure 4: Blood cholesterol level

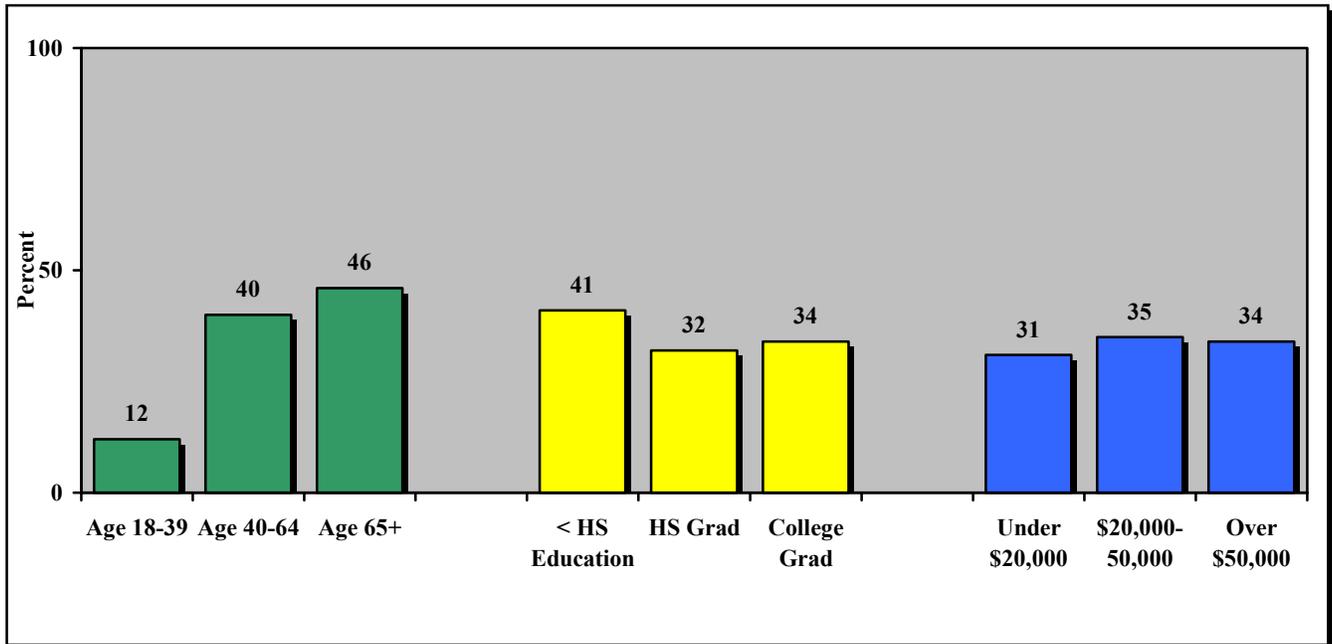
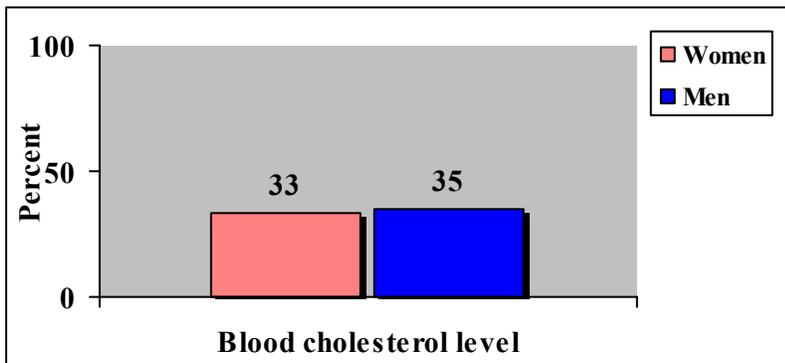


Figure 5: Blood cholesterol level, by gender

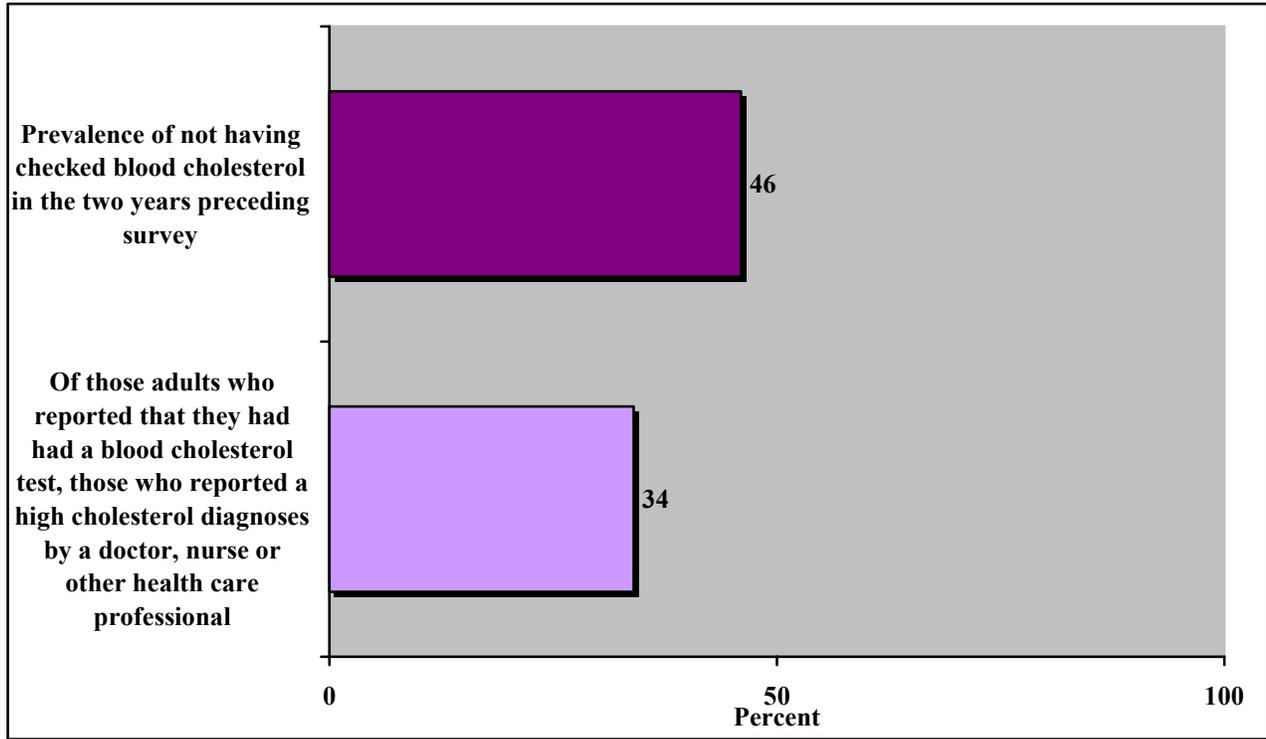


Of those adult women and men in Clark County who reported that they had had a blood cholesterol test done, the prevalence of reported high blood cholesterol diagnosis by a doctor, nurse or other health professional was **thirty-three percent (33%)** among **adult women**, and **thirty-five percent (35%)** among **adult men** in Clark County (Figure 5).

Cholesterol (continued)

Summary

Figure 6: Summary – Blood cholesterol testing and level



Asthma

Asthma is a chronic inflammatory disease of the airways that is characterized by wheezing, breathlessness, chest tightness, and coughing. Asthma is a serious and growing health problem. Severe asthma attacks often result in hospitalizations or emergency department visits.

Risk Factor Definition: Have asthma

Question: Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

At Risk: Those who said “yes” are considered at risk.

Who is at risk in Clark County?

- Twelve percent (12%) reported an asthma diagnosis by a doctor, nurse or other health professional.
- The prevalence of reported asthma diagnosis by a doctor, nurse or other health professional was higher among respondents aged 18-39 years (15%) than among respondents aged 40-64 years (12%), and respondents 65 years and older (8%) (Table 1 and Figure 1).
- The prevalence of reported asthma diagnosis by a doctor, nurse or other health professional was equal among respondents with less than a high school education (14%) and those respondents with a high school education (14%); and higher than among those with a college education (7%) (Table 1 and Figure 1).
- The prevalence of reported asthma diagnosis by a doctor, nurse or other health professional was higher among those respondents with an annual household income of less than \$20,000 (21%) than among those respondents with respondents with an annual household income of \$20,000-\$50,000 (10%), and respondents with an annual household income of over \$50,000 (12%) (Table 1 and Figure 1).



Asthma (continued)

Risk Factor Definition: Have asthma

Respondents who reported an asthma diagnosis by a doctor, nurse or other health professional.

Table 1: Asthma

| Age | (%) | Education | (%) | Income | (%) |
|-------|-----|---------------|-----|-------------------|-----|
| 18-39 | 15 | <HS Education | 14 | <\$20,000 | 21 |
| 40-64 | 12 | HS Grad. | 14 | \$20,000-\$50,000 | 10 |
| 65+ | 8 | College Grad. | 7 | >\$50,000 | 12 |

Figure 1: Asthma

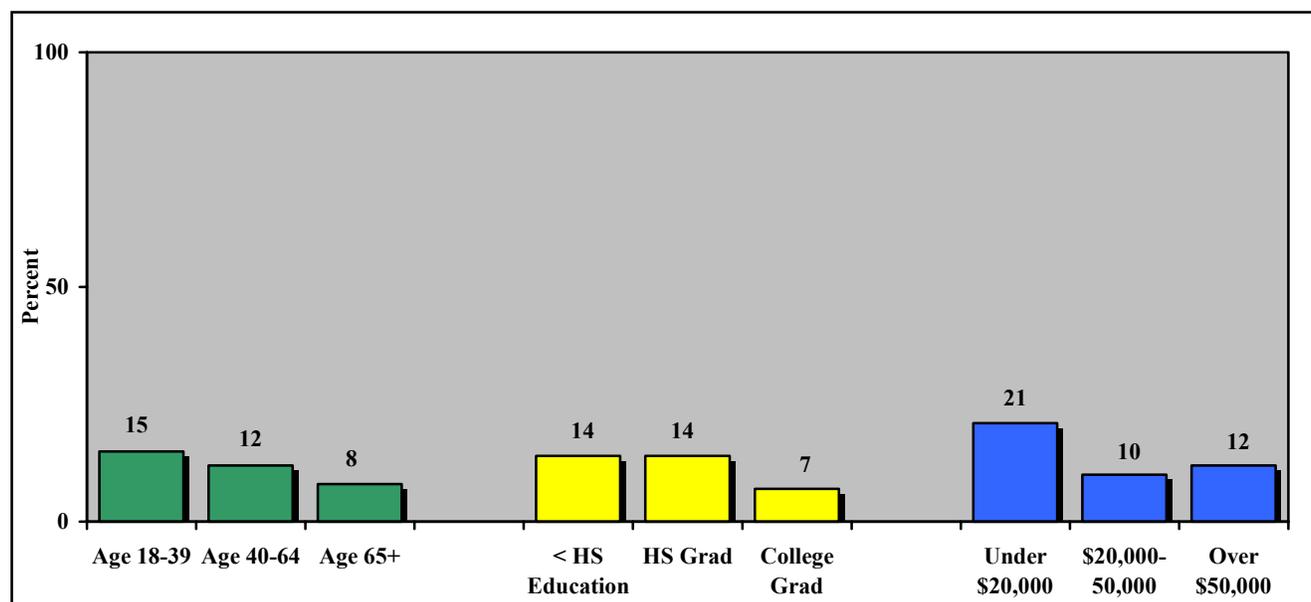
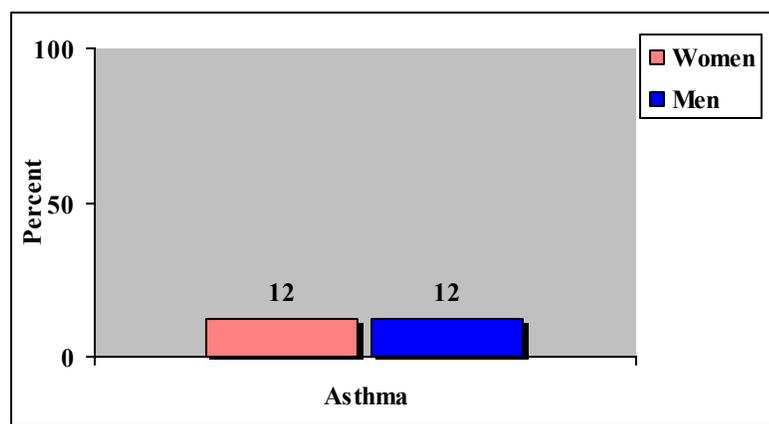


Figure 2: Asthma, by gender



The prevalence of reported asthma diagnosis by a doctor, nurse or other health professional was **equal** among **adult women (12%)** and **adult men (12%)** in Clark County (Figure 2).

Asthma (continued)

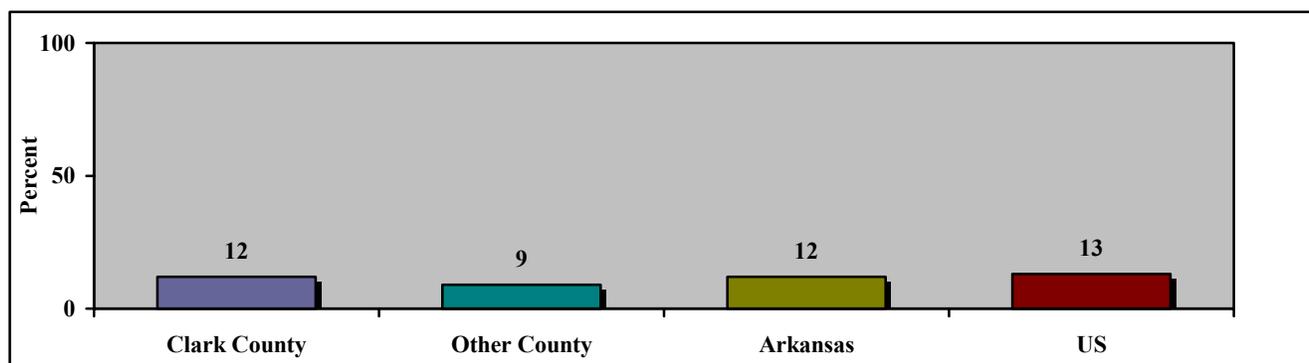
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2006 state and nationwide BRFSS data.

Comparing reported findings on asthma

- The prevalence of reported asthma diagnosis by a doctor, nurse, or other health professional was higher among adults in Clark County (12%) than among adults in a neighboring county (9%) (Figure 3).
- The prevalence of reported asthma diagnosis by a doctor, nurse, or other health professional was equal among adults in Clark County (12%) and among adults in the state (12%); and lower than among adults in the nation (13%) (Figure 3).

Figure 3: Comparing reported findings on asthma



Asthma (continued)

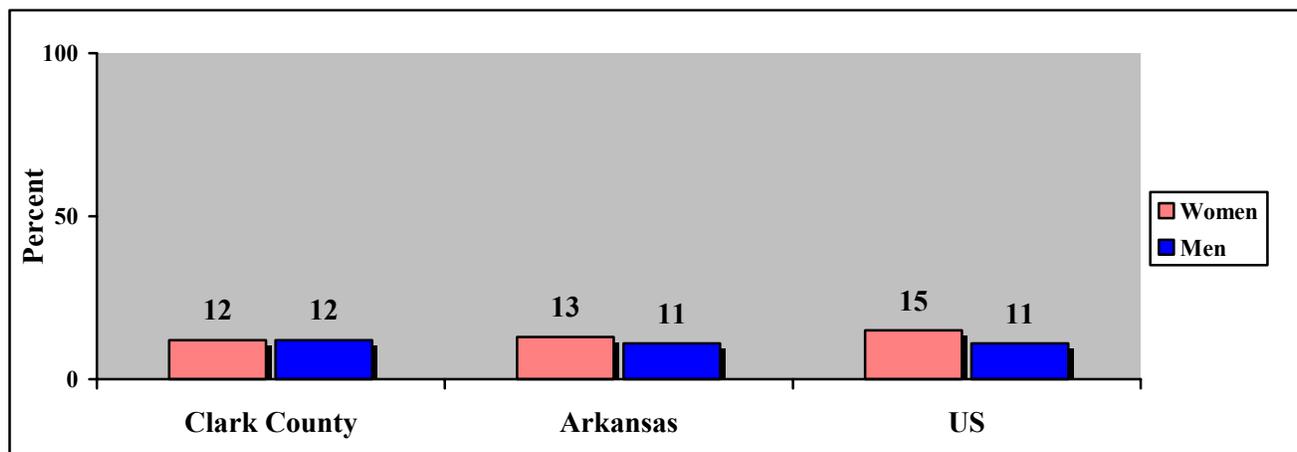
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 state and nationwide BRFSS data.

Comparing reported findings on asthma, by gender

- The prevalence of reported asthma diagnosis by a doctor, nurse or other health professional was lower among adult women in Clark County (12%) than among adult women in the state (13%), and nation (15%) (Figure 4).
- The prevalence of reported asthma diagnosis by a doctor, nurse or other health profession was higher among adult men in Clark County (12%) than among adult men in the state (11%), and nation (11%) (Figure 4).

Figure 4: Comparing data on asthma, by gender



Diabetes

Diabetes is a disease in which blood glucose levels are above normal. Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputation.

Risk Factor Definition: Have diabetes

Question: Have you ever been told by a doctor that you have diabetes?

At Risk: Those who answered “yes” are considered at risk.

Who is at risk in Clark County?

- Eight percent (8%) of Clark County adults reported a diabetes diagnosis by a doctor.



- The prevalence of reported diabetes diagnosis by a doctor was lower among respondents aged 18-39 years (3%) than among respondents aged 40-64 years (12%), and respondents 65 years and older (13%) (Table 1 and Figure 1).
- The prevalence of reported diabetes diagnosis by a doctor was higher among respondents with less than a high school education (13%) than among those respondents with a high school education (8%), and college education (7%) (Table 1 and Figure 1).
- The prevalence of reported diabetes diagnosis by a doctor was higher among those respondents with an annual household income of less than \$20,000 (13%) than among those respondents with an annual household income of \$20,000-\$50,000 (6%), and annual household income of over \$50,000 (8%) (Table 1 and Figure 1).

Diabetes (continued)

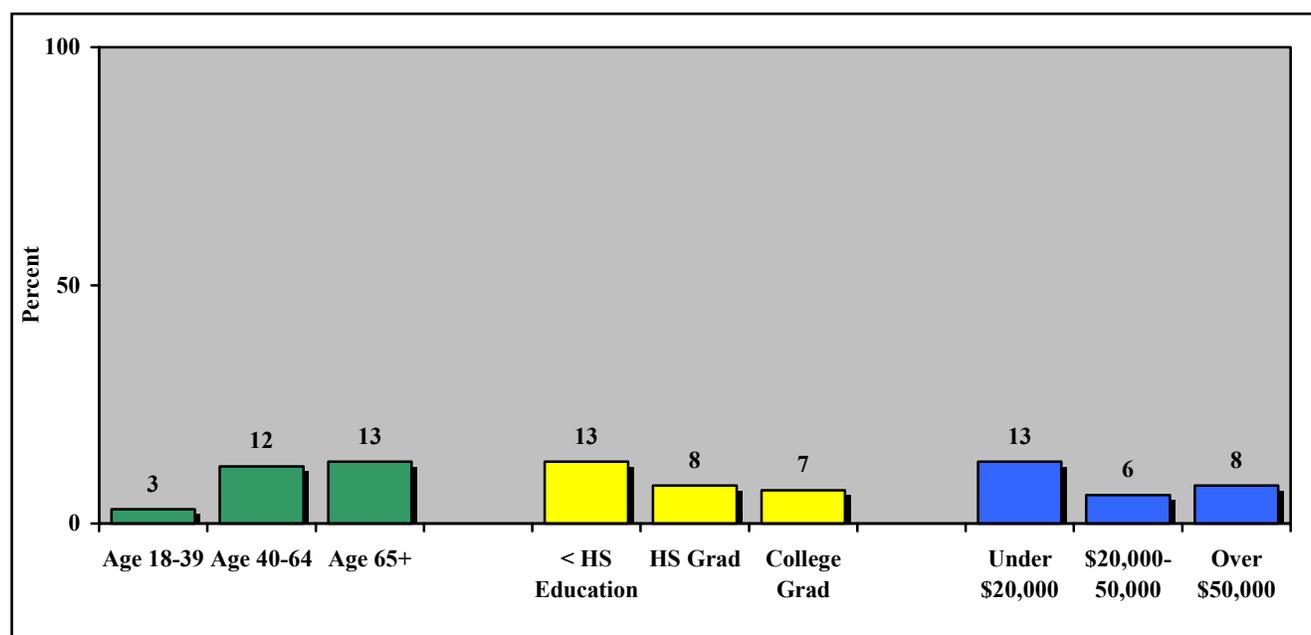
Risk Factor Definition: Have diabetes

Respondents who reported a diabetes diagnosis by a doctor.

Table 1: Diabetes

| Age | | Education | | Income | |
|-------|-----|---------------|-----|-------------------|-----|
| | (%) | | (%) | | (%) |
| 18-39 | 3 | <HS Education | 13 | <\$20,000 | 13 |
| 40-64 | 12 | HS Grad. | 8 | \$20,000-\$50,000 | 6 |
| 65+ | 13 | College Grad. | 7 | >\$50,000 | 8 |

Figure 1: Diabetes



Diabetes (continued)

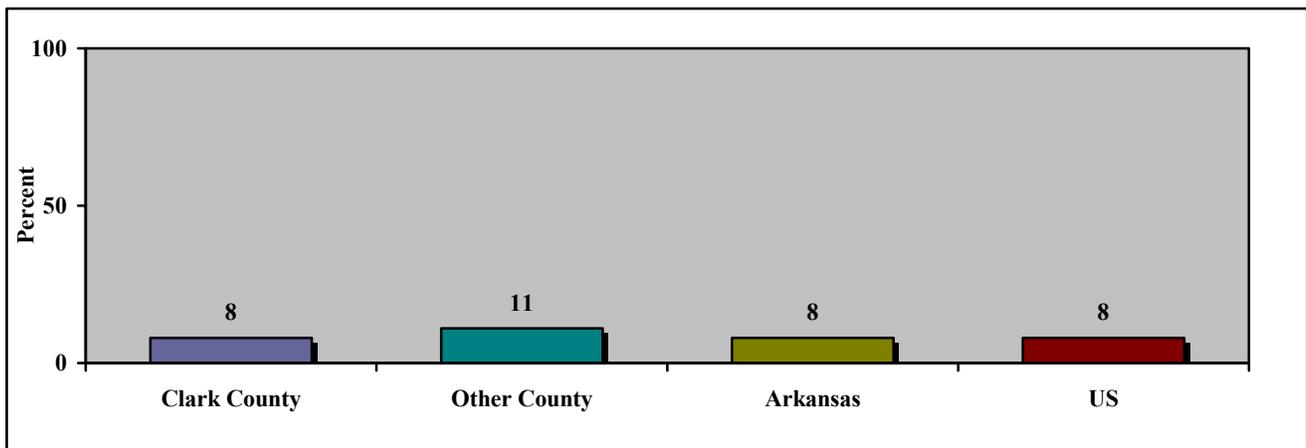
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2006 state and nationwide BRFSS data.

Comparing reported findings on diabetes

- The prevalence of reported diabetes diagnosis by a doctor was lower among adults in Clark County (8%) than among adults in a neighboring county (11%).
- The prevalence of reported diabetes diagnosis by a doctor was equal among adults in Clark County (8%) and adults in the state (8%), and nation (8%) (Figure 2).

Figure 2: Comparing reported findings on diabetes



Diabetes (continued)

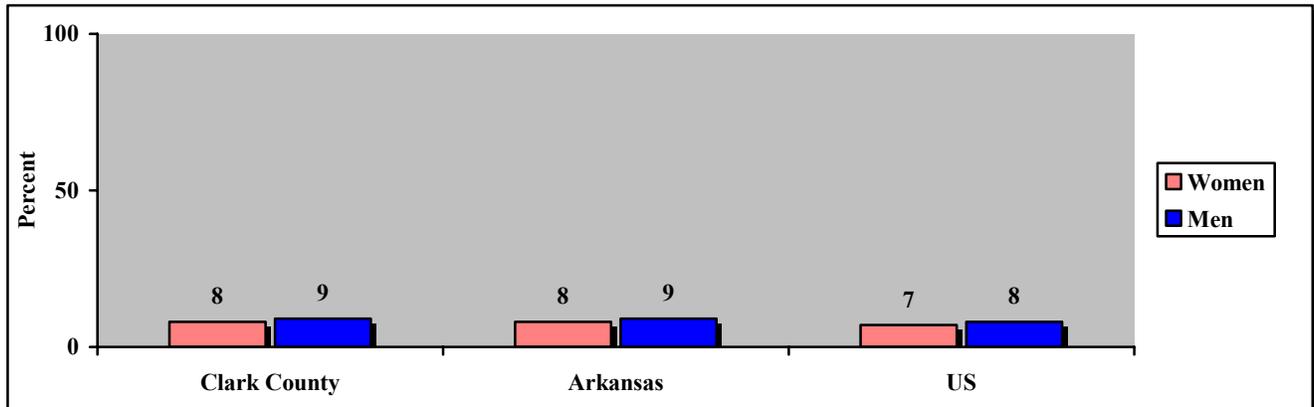
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 state and nationwide BRFSS data.

Comparing data on diabetes, by gender

- The prevalence of reported diabetes diagnosis by a doctor was equal among adult women in Clark County (8%) and adult women in the state (8%); and higher than among adult women in the nation (7%) (Figure 3).
- The prevalence of reported diabetes diagnosis by a doctor was equal among adult men in Clark County (9%) and adult men in the state (9%); and higher than among adult men in the nation (8%) (Figure 3).

Figure 3: Comparing reported findings on diabetes, by gender



Arthritis

Arthritis is the leading cause of disability in the nation. Arthritis limits everyday activities and adversely affects physical and mental health. The term arthritis encompasses over 100 different conditions affecting the joints and muscles.

Diagnosed with Arthritis

Risk Factor Definition: Have arthritis

Question: Have you ever been told by a doctor that you have arthritis?

At Risk: Those who answered “yes” are considered at risk.

Who is at risk in Clark County?

- Twenty-two percent (22%) of Clark County adults reported an arthritis diagnosis by a doctor.



- The prevalence of reported arthritis diagnosis by a doctor was lower among respondents aged 18-39 years (4%) than among respondents aged 40-64 years (31%), and respondents 65 years and older (51%) than (Table 1 and Figure 1).
- The prevalence of reported arthritis diagnosis by a doctor was higher among respondents with less than a high school education (51%) than among those respondents with a high school education (21%), and college education (17%) (Table 1 and Figure 1).
- The prevalence of reported arthritis diagnosis by a doctor was higher among those respondents with an annual household income of less than \$20,000 (28%) than among those respondents with an annual household income of \$20,000-\$50,000 (21%), and annual household income of over \$50,000 (18%) (Table 1 and Figure 1).

Arthritis (continued)

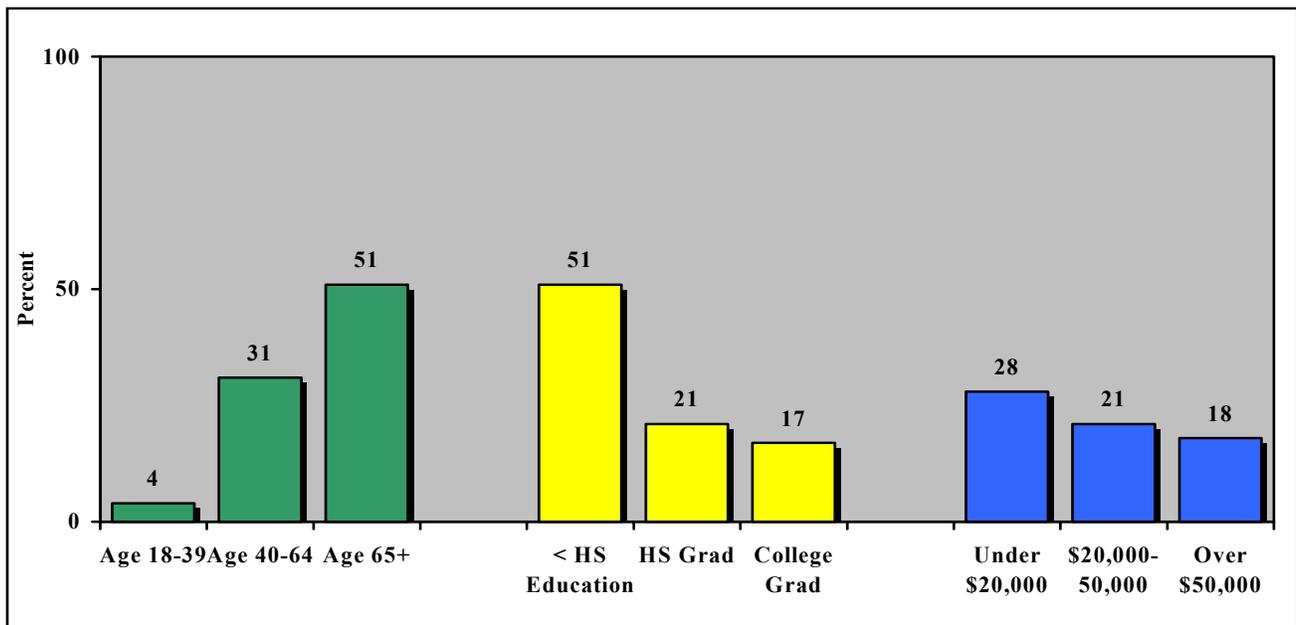
Risk Factor Definition: Have arthritis

Respondents who reported an arthritis diagnosis by a doctor.

Table 1: Arthritis

| Age (%) | | Education (%) | | Income (%) | |
|---------|----|---------------|----|-------------------|----|
| 18-39 | 4 | <HS Education | 51 | <\$20,000 | 28 |
| 40-64 | 31 | HS Grad. | 21 | \$20,000-\$50,000 | 21 |
| 65+ | 51 | College Grad. | 17 | \$50,000 | 18 |

Figure 1: Arthritis



Arthritis (continued)

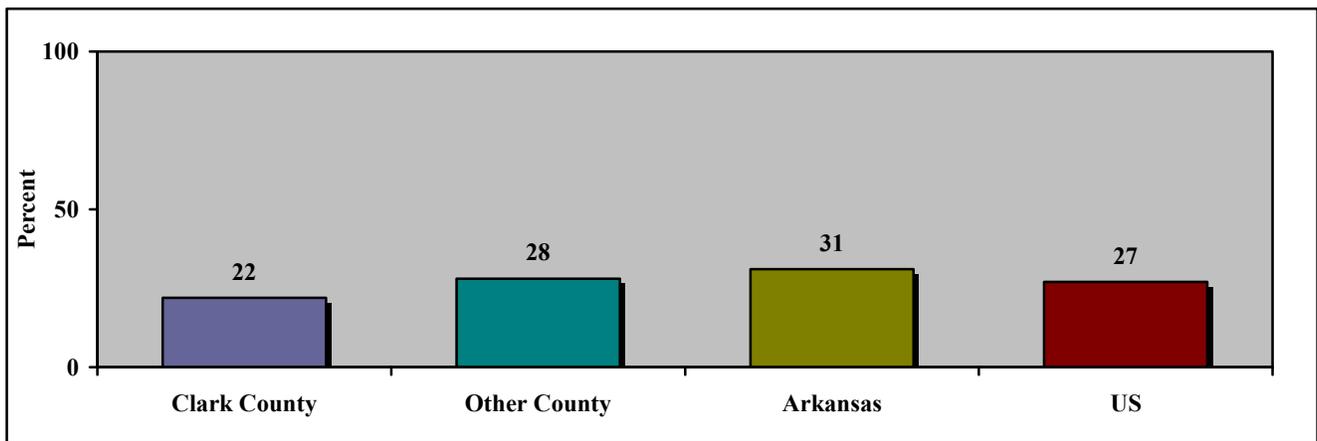
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2005 state and nationwide BRFSS data.

Comparing reported findings on arthritis

- The prevalence of reported arthritis diagnosis by a doctor was lower among adults in Clark County (22%) than among adults in a neighboring county (28%) (Figure 2).
- The prevalence of reported arthritis diagnosis by a doctor was also lower among adults in Clark County (22%) than among adults in the state (31%) and nation (27%) (Figure 2).

Figure 2: Comparing reported findings on arthritis



Arthritis (continued)

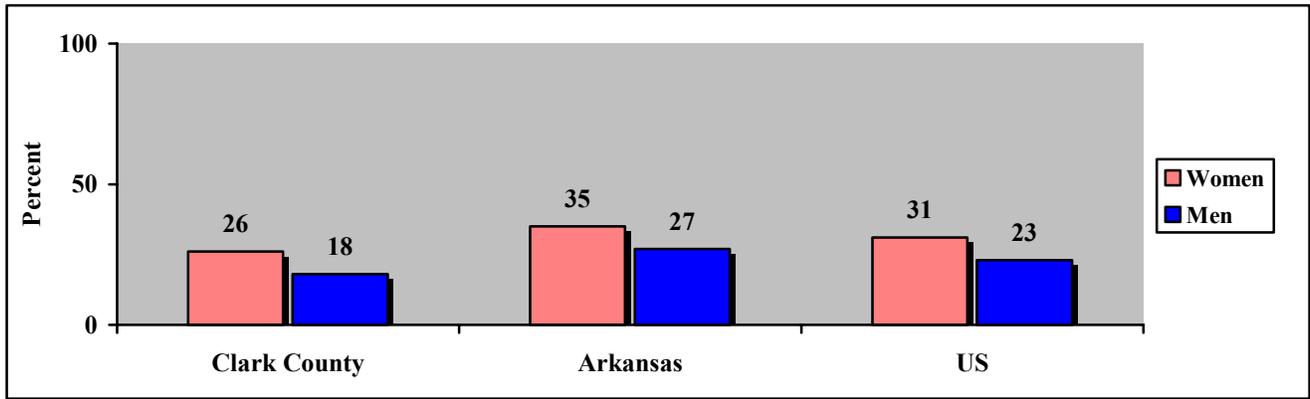
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2005 state and nationwide BRFSS data.

Comparing reported findings on arthritis, by gender

- The prevalence of reported arthritis diagnosis by a doctor was lower among adult women in Clark County (26%) than among adult women in the state (35%), and adult women in the nation (31%) (Figure 3).
- The prevalence of reported arthritis diagnosis by a doctor was lower among adult men in Clark County (18%) than among adult men in the state (27%), and adult men in the nation (23%) (Figure 3).

Figure 3: Comparing reported findings on arthritis, by gender



Arthritis (continued)

Activity Limitations

Risk Factor Definition: Have activity limitations due to joint symptoms

Question: Are you now limited in any way in any activities because of joint symptoms?

At Risk: Those who answered “yes” are considered at risk.

Who is at risk in Clark County?

- Thirty-six percent (36%) of Clark County adults reported a limitation in activities due to joint symptoms.
- The prevalence of reported limitation in activities due to joint symptoms was higher among respondents aged 18-39 years (35%) than among respondents aged 40-64 years (34%); and lower than among respondents 65 years and older (43%) (Table 2 and Figure 4).
- The prevalence of reported limitation in activities due to joint symptoms was higher among respondents with less than a high school education (49%) than among those respondents with a high school education (36%), and college education (33%) (Table 2 and Figure 4).
- The prevalence of reported limitation due to joint symptoms was higher among those respondents with an annual household income of less than \$20,000 (49%) than among those respondents with an annual household income of \$20,000-\$50,000 (34%), and annual household income of over \$50,000 (28%) (Table 2 and Figure 4).

Arthritis (continued)

Risk Factor Definition: Have activity limitations due to joint symptoms

Respondents who reported a limitation in activities due to joint symptoms.

Table 2: Activity limitations

| Age | (%) | Education | (%) | Income | (%) |
|-------|-----|---------------|-----|-------------------|-----|
| 18-39 | 35 | <HS Education | 49 | <\$20,000 | 49 |
| 40-64 | 34 | HS Grad. | 36 | \$20,000-\$50,000 | 34 |
| 65+ | 43 | College Grad. | 33 | >\$50,000 | 28 |

Figure 4: Activity limitations

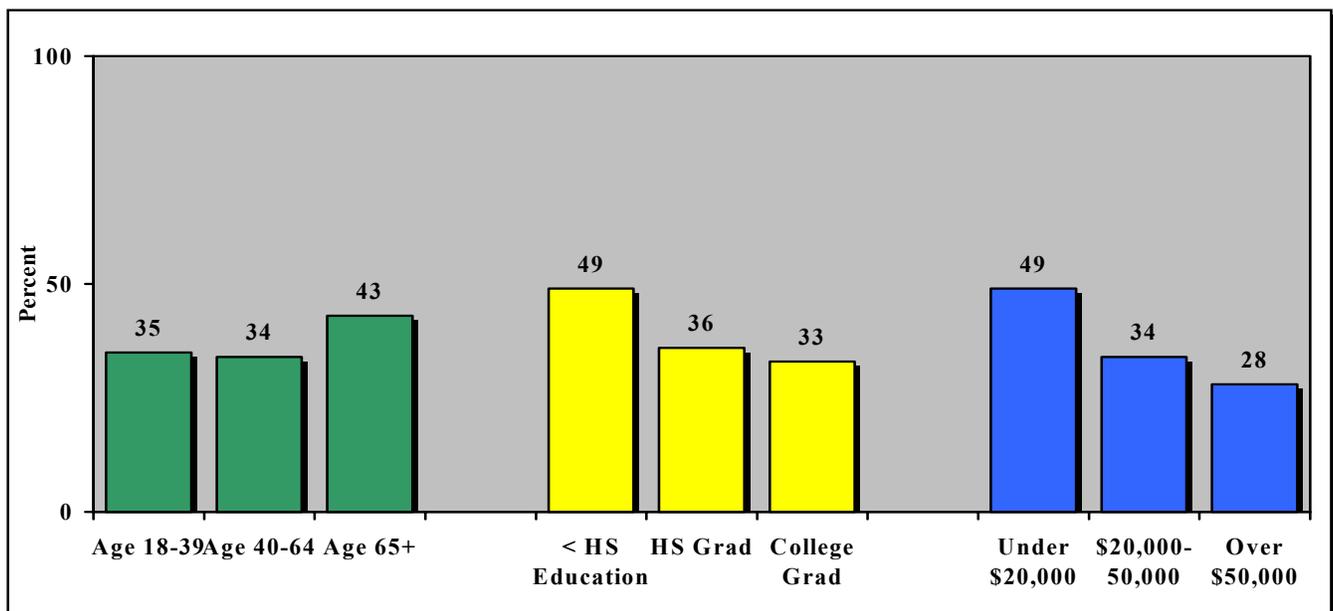
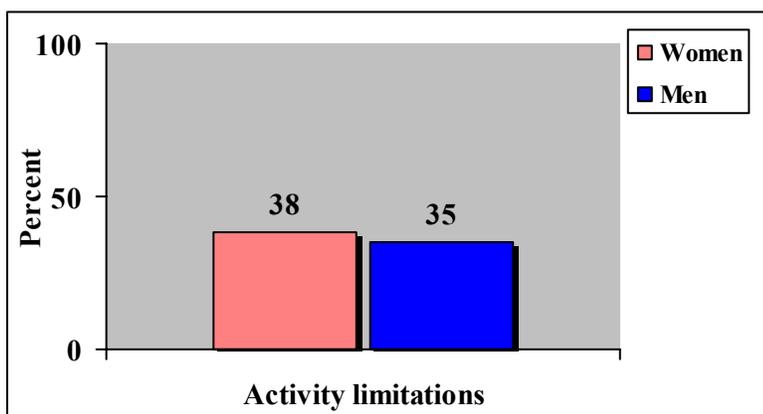


Figure 5: Activity limitations, by gender



The prevalence of reported activity limitations due to joint symptoms was **higher** among **adult women (38%)** than among **adult men (35%)** in Clark County (Figure 5).

Arthritis (continued)

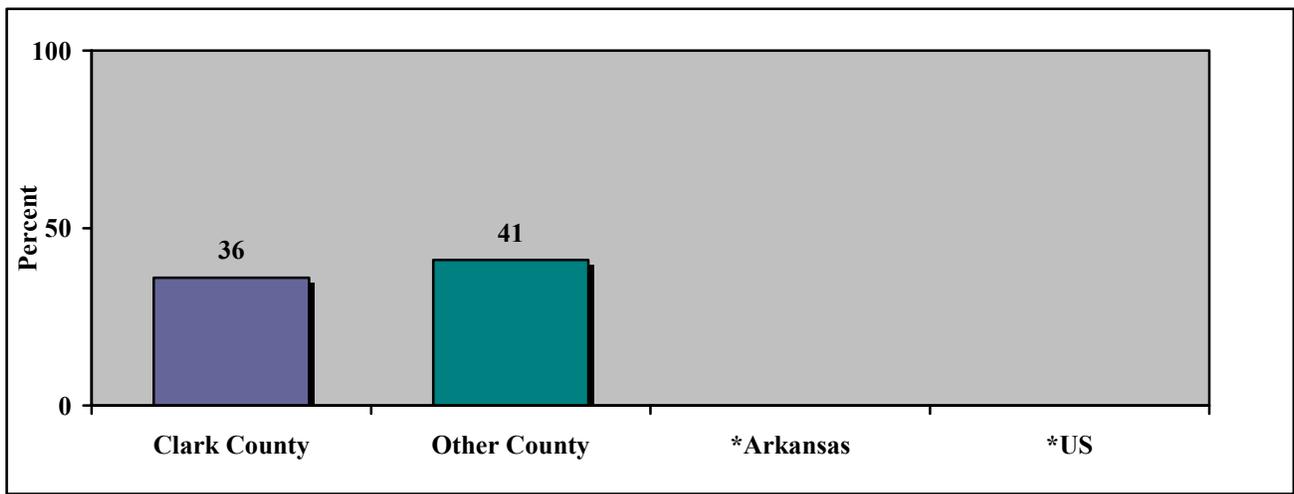
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2005 state and nationwide BRFSS data.

Comparing reported findings on activity limitations due to joint symptoms

- The prevalence of reported activity limitations due to joint symptoms was lower among adults in Clark County (36%) than among adults in a neighboring county (41%) (Figure 6).

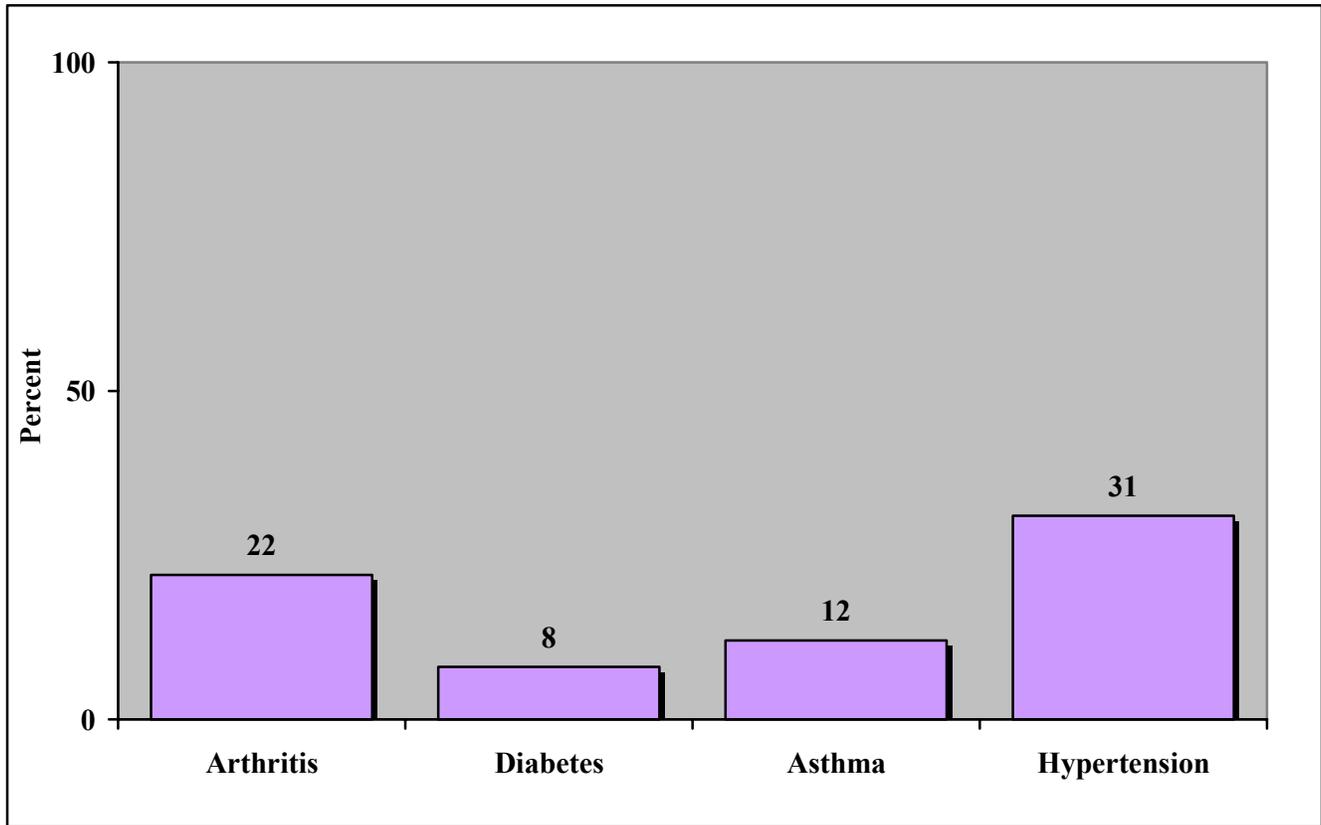
Figure 6: Comparing reported findings on activity limitations due to joint symptoms



*No comparison data available

Clark County - Summary of chronic conditions

Figure 1: Chronic conditions



Colorectal Cancer Screening

Colorectal cancer is the second leading cause of all cancer deaths in Arkansas according to the Arkansas Cancer Coalition. Some of the risk factors include age, family, history, physical inactivity, obesity and cigarette smoking.

Sigmoidoscopy and colonoscopy are exams in which a tube is inserted into the rectum to view the bowel for signs of cancer or other health problems.

Risk Factor Definition: Over age 50 and never been screened

Question: Have you ever had these exams?

At Risk: Those aged 50 and older who answered “no” are considered at risk.

Who is at risk in Clark County?

- Forty-eight percent (48%) of Clark County adults over the age of 50 reported they had never been screened for colorectal cancer.
- The prevalence of reported never been screened for colorectal cancer was higher among the respondents aged 50-64 years (60%) than among respondents 65 years and older (38%) (Table 1 and Figure 1).
- The prevalence of reported never been screened for colorectal cancer was lower among respondents with less than a high school education (50%) than among those respondents with a high school education (51%); and higher than among those with a college education (42%) (Table 1 and Figure 1).
- The prevalence of reported never been screen for colorectal cancer was higher among those respondents with an annual household income of less than \$20,000 (52%) than among those respondents with an annual household income of \$20,000-\$50,000 (50%), and annual household income of over \$50,000 (47%) (Table 1 and Figure 1).

Colorectal Cancer Screening (continued)

Risk Factor Definition: Over age 50 and never been screened

Respondents over the age of 50 who reported they had never been screened for colorectal cancer.

Table 1: Colorectal cancer screening

| Age | (%) | Education | (%) | Income | (%) |
|-------|-----|---------------|-----|-------------------|-----|
| 18-49 | N/A | <HS Education | 50 | <\$20,000 | 52 |
| 50-64 | 60 | HS Grad. | 51 | \$20,000-\$50,000 | 50 |
| 65+ | 38 | College Grad. | 42 | \$50,000 | 47 |

Figure 1: Colorectal cancer screening

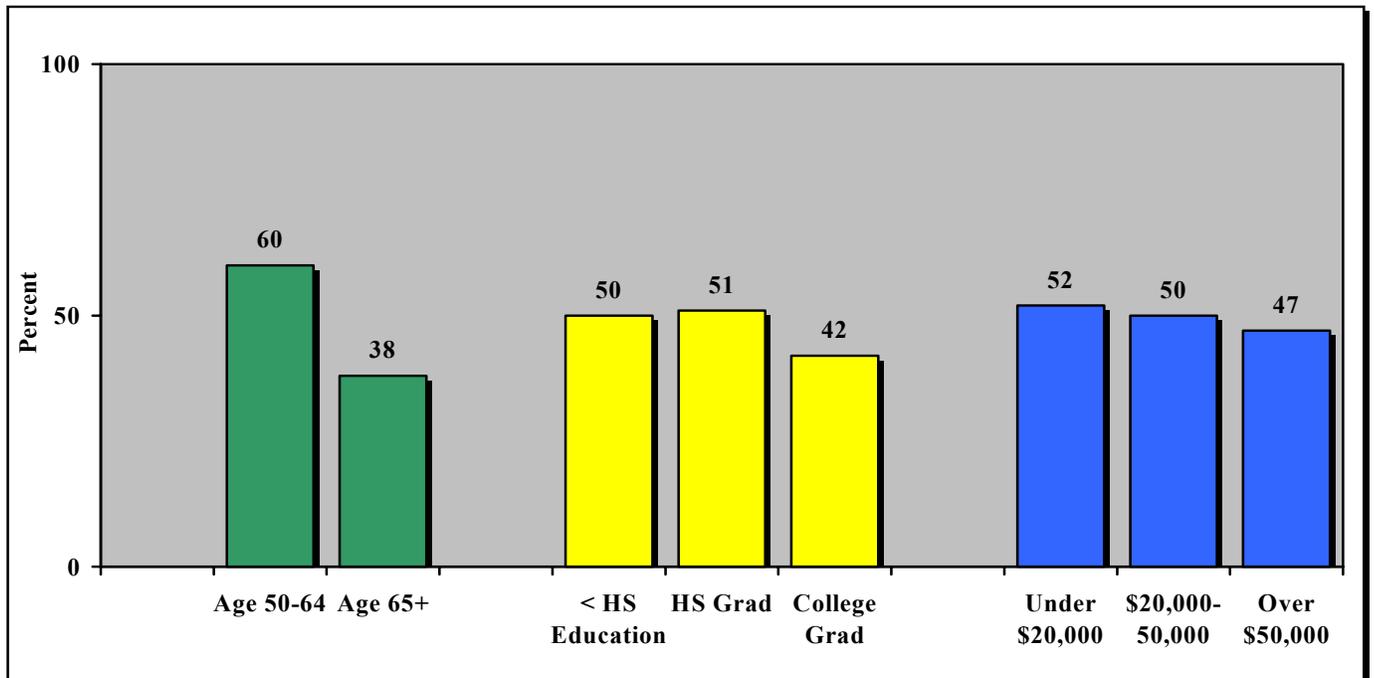
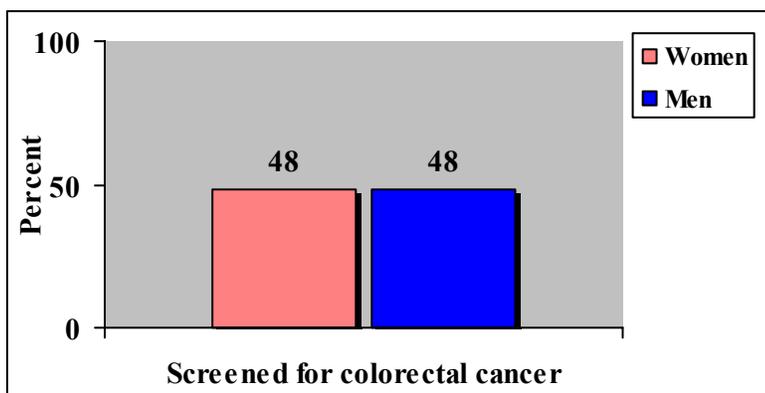


Figure 2: Colorectal cancer screening, by gender



The prevalence of reported never been screened for colorectal cancer among respondents over 50 years of age was equal among **adult women (48%)** and **adult men (48%)** in Clark County (Figure 2).

Colorectal Cancer Screening (continued)

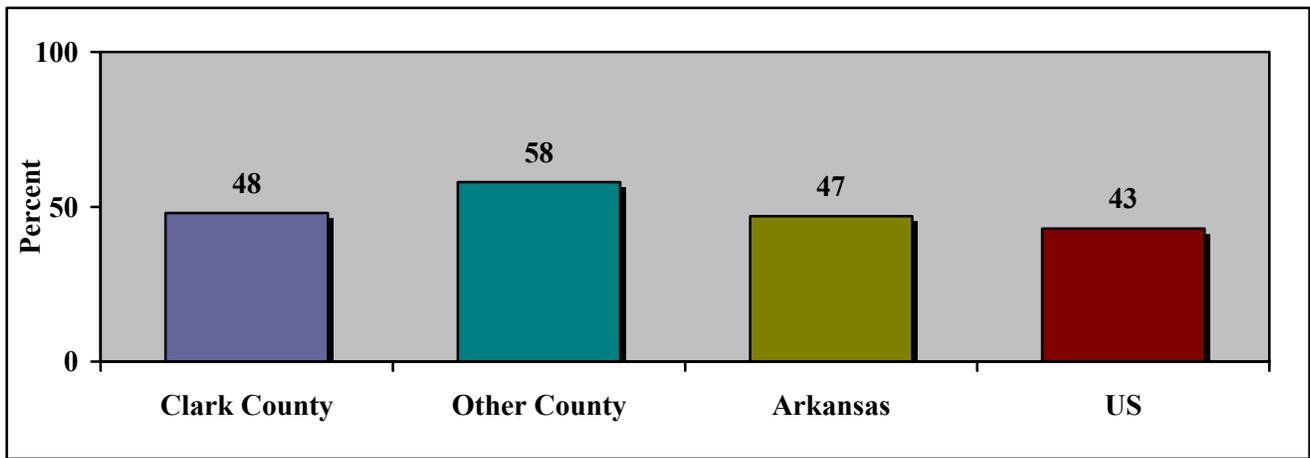
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2006 state and nationwide BRFSS data.

Comparing reported findings on colorectal cancer screening

- The prevalence of reported never been screened for colorectal cancer among respondents over 50 years of age was lower among adults in Clark County (48%) than among adults in a neighboring county (58%) (Figure 3).
- The prevalence of reported never been screened for colorectal cancer among respondents over 50 years of age was higher among adults in Clark County (48%) than among adults in the state (47%), and adults in the nation (43%) (Figure 3).

Figure 3: Comparing reported findings on colorectal cancer screening



Colorectal Cancer Screening (continued)

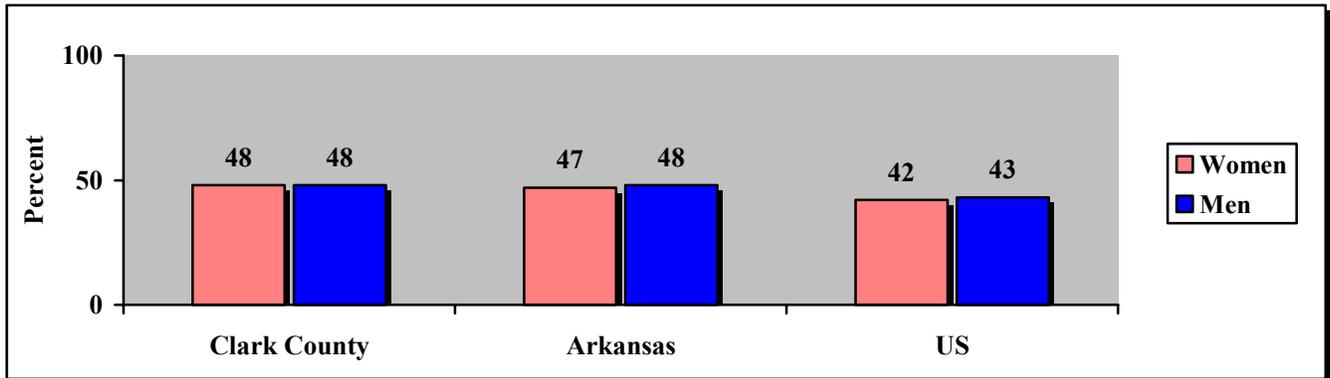
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 state and nationwide BRFSS data.

Comparing reported findings on colorectal cancer screening, by gender

- The prevalence of reported never been screened for colorectal cancer among respondents over 50 years of age was higher among adult women in Clark County (48%) than among adult women in the state (47%), and adult women in the nation (42%) (Figure 4).
- The prevalence of reported never been screened for colorectal cancer among respondents over 50 years of age was equal among adult men in Clark County (48%) and adult men in the state (48%); and higher than among adult men in the nation (43%) (Figure 4).

Figure 4: Comparing reported findings on colorectal cancer screening, by gender



Prostate Cancer Screening

Prostate cancer is the most common form of cancer for men in Arkansas, aside from skin cancer. Age, race, family history, and diet may be risk factors for prostate cancer. Older men and African-American men are most at risk.

A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland.

Risk Factor Definition: Male, over age 40, and not screened within the past year

Question: Have you ever had these exams?

At Risk: Those aged 40 and older who answered “no” are considered at risk.

Who is at risk in Clark County?

- Fifty percent (50%) of Clark County males over age 40 reported they had not been screened for prostate cancer in the year preceding the survey.
- The prevalence of reported not screened for prostate cancer in the year preceding the survey was higher among respondents aged 40-64 years (57%) than among respondents 65 years and older (34%) (Table 1 and Figure 1).
- The prevalence of reported not screened for prostate cancer in the year preceding the survey was higher among respondents with less than a high school education (55%) than among respondents with a high school education (52%), and those with a college education (44%) (Table 1 and Figure 1).
- The prevalence of reported not screened for prostate cancer in the year preceding the survey was higher among those respondents with an annual household income of less than \$20,000 (57%) than among those respondents with an annual household income of \$20,000-\$50,000 (53%), and respondents with an annual household income of over \$50,000 (51%) (Table 1 and Figure 1).

Prostate Cancer Screening (continued)

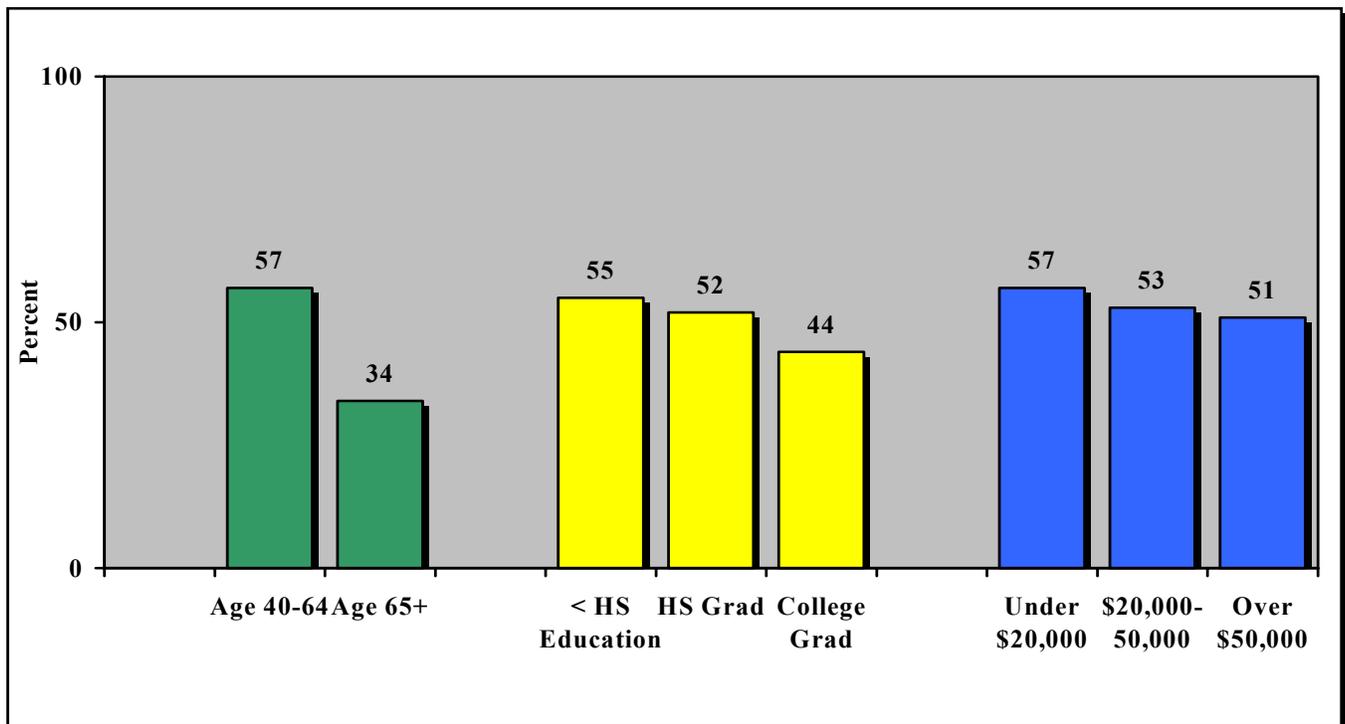
Risk Factor Definition: Male, over age 40, and not screened within the past year

Male respondents over 40 years of age who reported they had not been screened for prostate cancer in the past year preceding the survey.

Table 1: Prostate cancer screening

| Age | (%) | Education | (%) | Income | (%) |
|-------|-----|---------------|-----|-------------------|-----|
| 18-39 | N/A | <HS Education | 55 | <\$20,000 | 57 |
| 40-64 | 57 | HS Grad. | 52 | \$20,000-\$50,000 | 53 |
| 65+ | 34 | College Grad. | 44 | >\$50,000 | 51 |

Figure 1: Prostate cancer screening



Prostate Cancer Screening (continued)

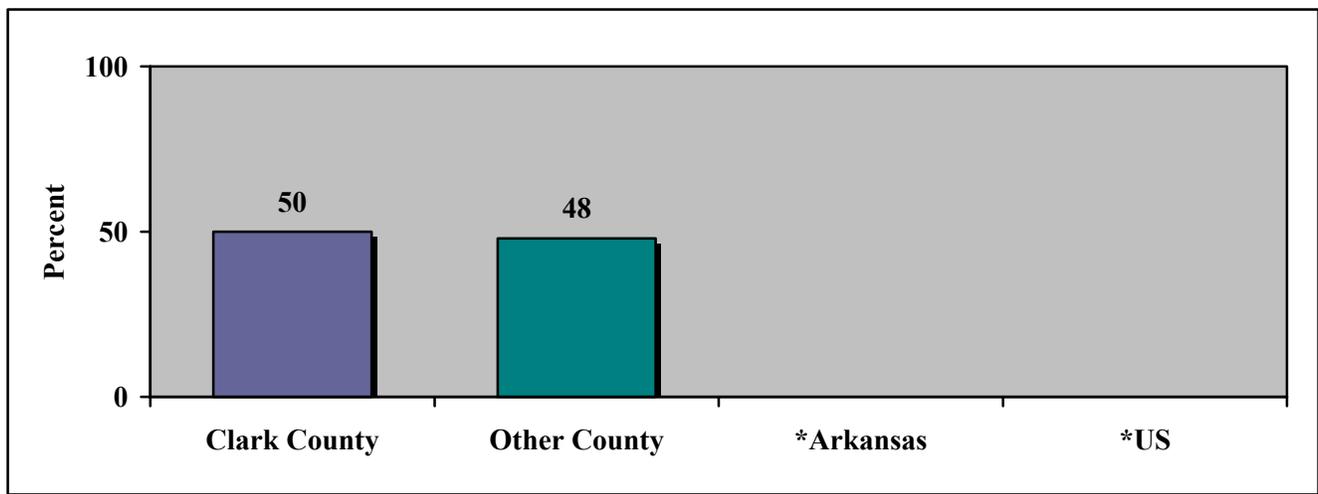
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2005 state and nationwide BRFSS data.

Comparing reported findings on prostate cancer screening

- The prevalence of reported not screened for prostate cancer in the year preceding the survey among male respondents over 40 years of age was higher among men in Clark County (50%) than among men in a neighboring county (48%) (Figure 2).

Figure 2: Comparing reported findings on prostate cancer screening



*No comparison data available

Immunization – Influenza Shot

Immunization against influenza can prevent serious illness and death. Getting the flu shot not only helps you but it lessens the chance that you will spread the illness to someone else.

Risk Factor Definition: No influenza shot within past 12 months

Question: During the past 12 months, have you had a flu shot?

At Risk: Those who answered “No” are considered at risk.

Who is at risk in Clark County?

- Sixty-three percent (63%) of Clark County adults reported that they had not had an influenza shot in the twelve months preceding the survey.



- The prevalence of reported no influenza shot in the twelve months preceding the survey was higher among respondents aged 18-39 years (76%) than among respondents aged 40-64 years (66%), and respondents 65 years and older (28%) (Table 1 and Figure 1).
- The prevalence of reported no influenza shot in the twelve months preceding the survey was lower among respondents with less than a high school education (51%) than among those respondents with a high school education (65%), and respondents with a college education (63%) (Table 1 and Figure 1).
- The prevalence of reported no influenza shot in the twelve months preceding the survey was higher among those respondents with an annual household income of less than \$20,000 (63%) than among those respondents with an annual household income of \$20,000-\$50,000 (69%); and lower than among those with an annual household income of over \$50,000 (58%) (Table 1 and Figure 1).

Immunization – Influenza Shot (continued)

Risk Factor Definition: No influenza shot within past 12 months

Respondents who reported that they had not had an influenza shot in the twelve months preceding the survey.

Table 1: Immunization (influenza shot)

| Age | (%) | Education | (%) | Income | (%) |
|-------|-----|---------------|-----|-------------------|-----|
| 18-39 | 76 | <HS Education | 51 | <\$20,000 | 63 |
| 40-64 | 66 | HS Grad. | 65 | \$20,000-\$50,000 | 69 |
| 65+ | 28 | College Grad. | 63 | >\$50,000 | 58 |

Figure 1: Immunization (influenza shot)

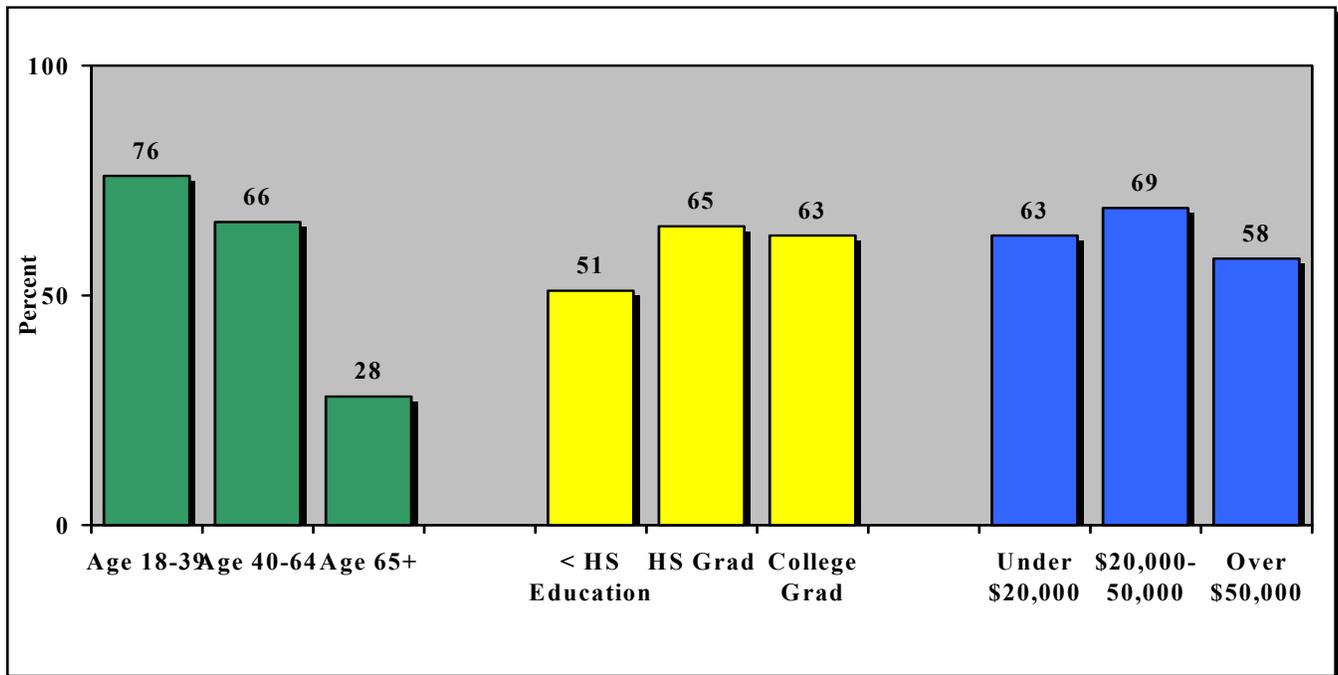
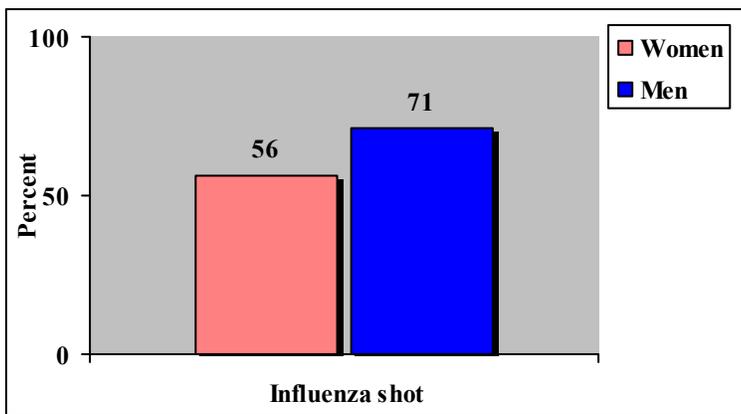


Figure 2: Influenza shot, by gender



The prevalence of reported no influenza shot in the twelve months preceding the survey was **lower** among **adult women (56%)** than among **adult men (71%)** in Clark County (Figure 2).

Immunization – Influenza Shot (continued)

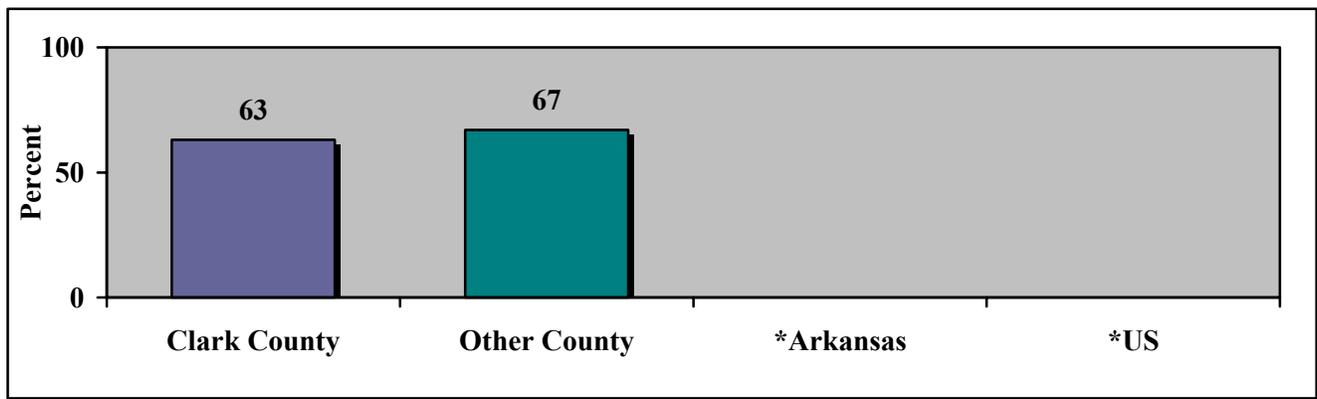
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2006 state and nationwide BRFSS data.

Comparing reported findings on immunization (influenza shot)

- The prevalence of reported no influenza shot in the twelve months preceding the survey was lower among adults in Clark County (63%) than among adults in a neighboring county (67%) (Figure 3).

Figure 3: Comparing reported findings on immunization (influenza shot)

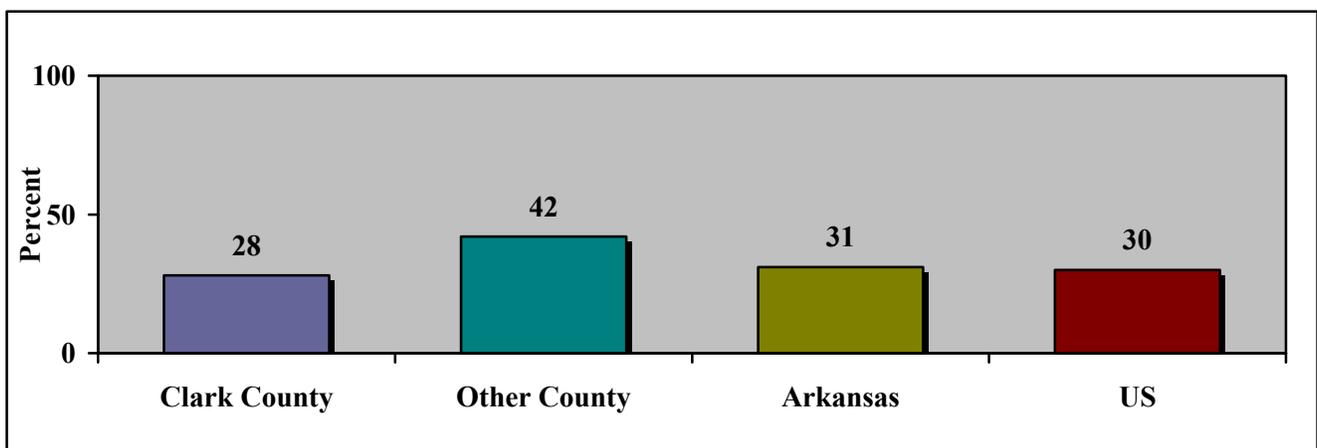


*No comparison data available

Comparing reported findings on immunization (influenza shot), 65+ year olds

- The prevalence of reported no influenza shot in the twelve months preceding the survey among respondents age 65 years and older was lower among respondents in Clark County (28%) than among respondents in a neighboring county (42%), in the state (31%) and nation (30%) (Figure 4).

Figure 4: Comparing reported findings on immunization (influenza shot), 65+ year olds



Oral Health

Permanent Teeth Extraction

Risk Factor Definition: Permanent teeth extraction

Question: How many of your permanent teeth have been removed because of tooth decay or gum disease?

At Risk: Those who answered “1 or more” are considered at risk.

Who is at risk in Clark County?

- Forty-six percent (46%) of the adults in Clark County reported permanent teeth extraction.
- The prevalence of reported permanent teeth extraction was lower among those respondents aged 18-39 years (19%) than among respondents aged 40-64 years (62%), and respondents 65 years and older (84%) (Table 1 and Figure 1)



- The prevalence of reported permanent teeth extraction was higher among respondents with less than a high school education (94%) than among respondents with a high school education (46%), and respondents with a college education (31%) (Table 1 and Figure 1).
- The prevalence of reported permanent teeth extraction was higher among respondents with an annual household income of less than \$20,000 (62%) than among respondents with an annual household income of \$20,000-\$50,000 (48%), and those with an annual household income of over \$50,000 (31%) (Table 1 and Figure 1).

Oral Health (continued)

Risk Factor Definition: Permanent teeth extraction

Respondents who reported any permanent teeth extraction.

Table 1: Permanent teeth extraction

| Age | (%) | Education | (%) | Income | (%) |
|-------|-----|---------------|-----|-------------------|-----|
| 18-39 | 19 | <HS Education | 94 | <\$20,000 | 62 |
| 40-64 | 62 | HS Grad. | 46 | \$20,000-\$50,000 | 48 |
| 65+ | 84 | College Grad. | 31 | >\$50,000 | 31 |

Figure 1: Permanent teeth extraction

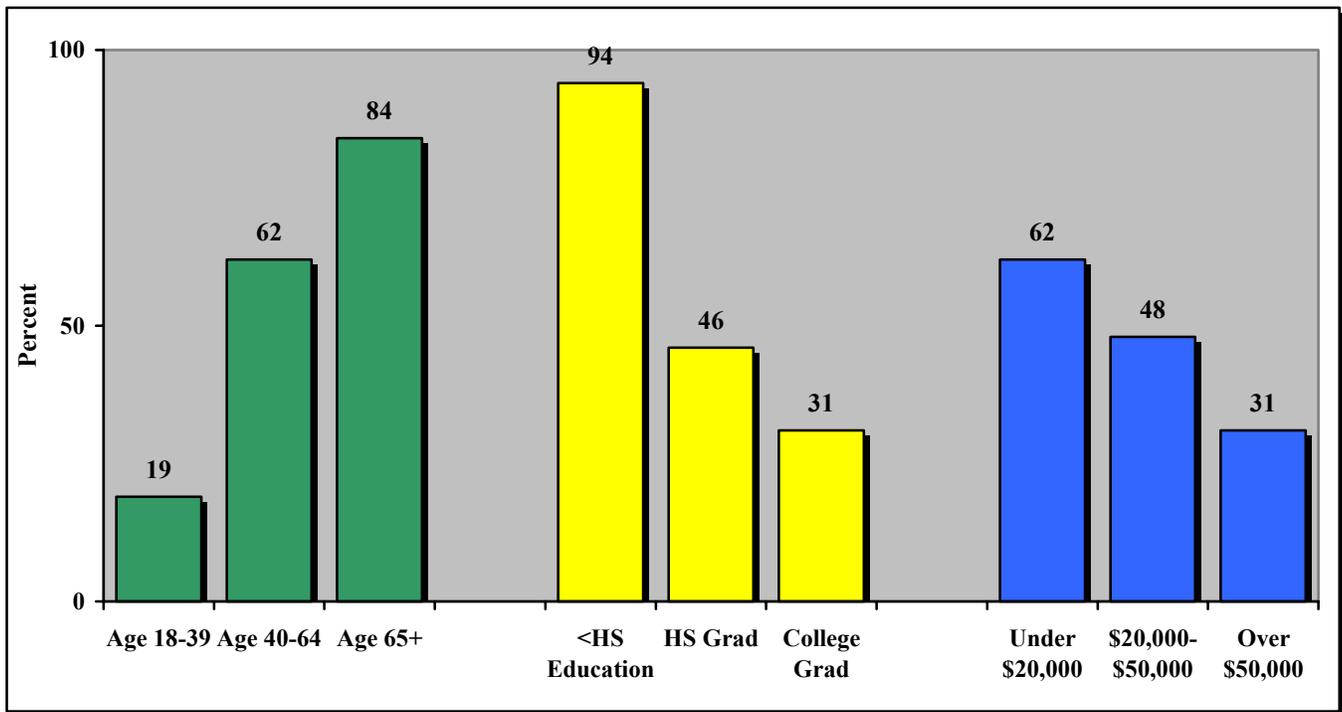
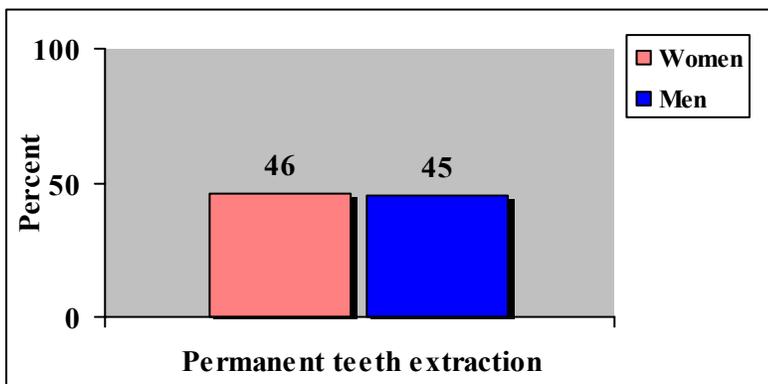


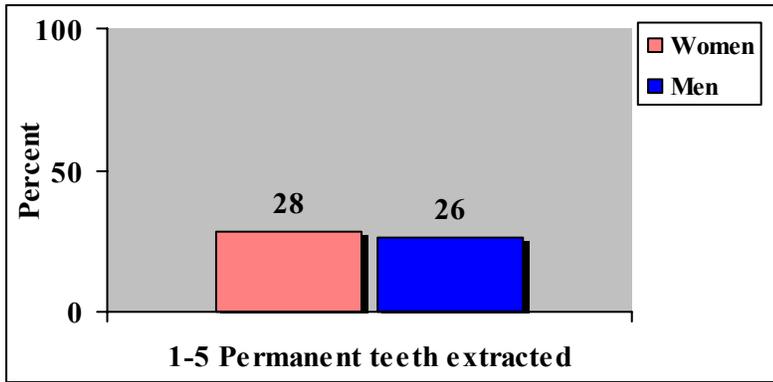
Figure 2: Permanent teeth extraction, by gender



The reported prevalence of permanent teeth extraction was **higher** among **adult women (46%)** than among **adult men (45%)** in Clark County (Figure 2).

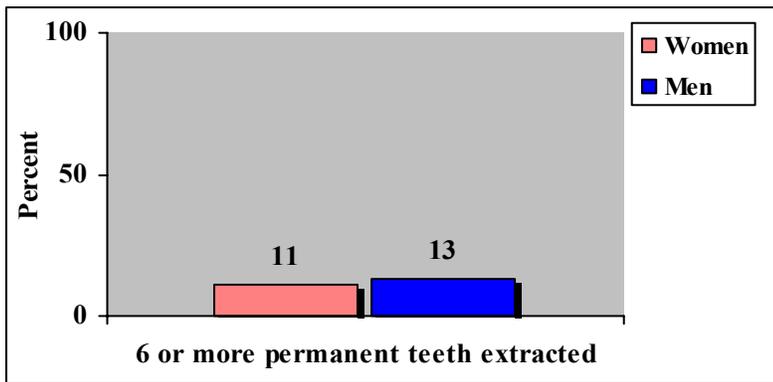
Oral Health (continued)

Figure 3: 1-5 permanent teeth extracted, by gender



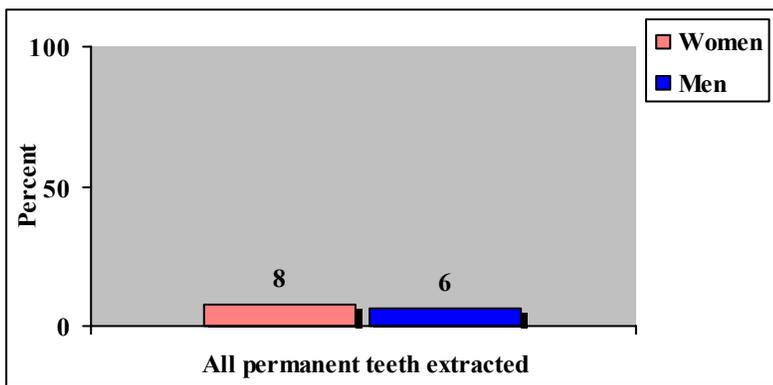
The reported prevalence of one to five permanent teeth extraction was **higher** among **adult women (28%)** than among **adult men (26%)** in Clark County (Figure 3).

Figure 4: 6 or more permanent teeth extracted, by gender



The reported prevalence of six or more permanent teeth extraction was **lower** among **adult women (11%)** than among **adult men (13%)** in Clark County (Figure 4).

Figure 5: All permanent teeth extracted, by gender



The reported prevalence of all permanent teeth extraction was **higher** among **adult women (8%)** than among **adult men (6%)** in Clark County (Figure 5).

Oral Health (continued)

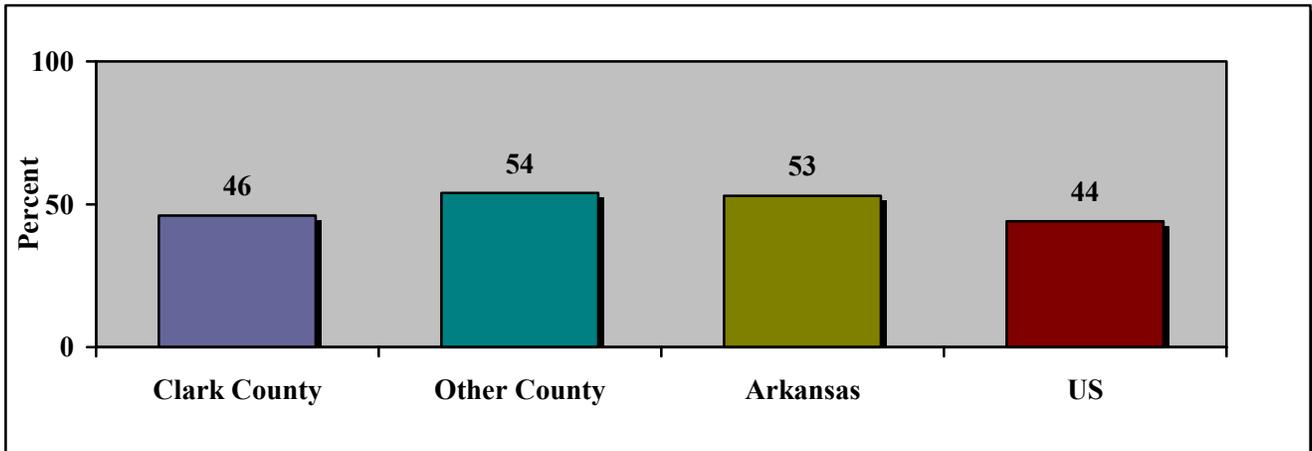
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2006 state and nationwide BRFSS data.

Comparing reported findings on permanent teeth extraction

- The prevalence of reported permanent teeth extraction was lower among adults in Clark County (46%) than among adults in a neighboring county (54%) (Figure 6).
- The prevalence of reported permanent teeth extraction was lower among adults in Clark County (46%) than among adults in the state (53%); and higher than among adults in the nation (44%) (Figure 6).

Figure 6: Comparing reported findings on permanent teeth extraction



Oral Health (continued)

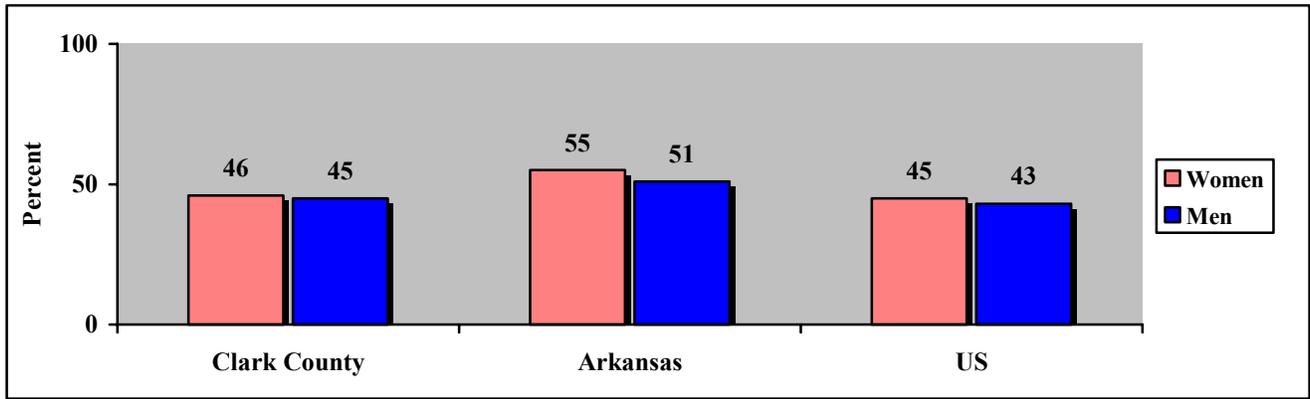
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 state and nationwide BRFSS data.

Comparing reported findings on permanent teeth extraction, by gender

- The prevalence of reported permanent teeth extraction was lower among adult women in Clark County (46%) than among adult women in the state (55%); and higher than among adult women in the nation (45%) (Figure 7).
- The prevalence of reported permanent teeth extraction was lower among adult men in Clark County (45%) than among adult men in the state (51%); and higher than among adult men in the nation (43%) (Figure 7).

Figure 7: Comparing reported findings on permanent teeth extraction, by gender



Oral Health (continued)

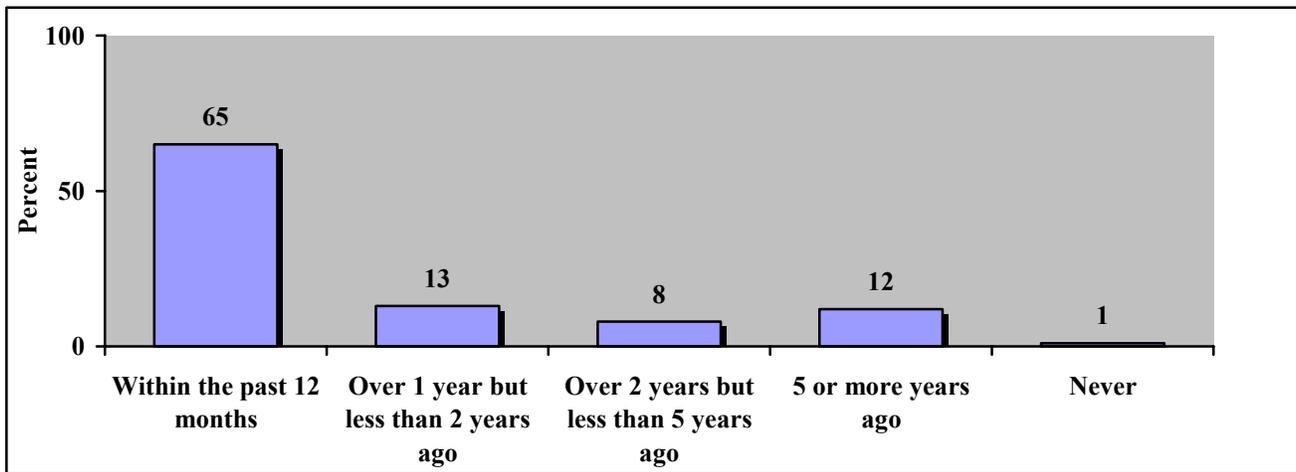
Last visit to dentist or dental clinic visit

Question: How long has it been since you last visited a dentist or dental clinic for any reason?

Reported last visit to a dentist or dental clinic

- **Sixty-five percent (65%)** of respondents reported a dental visit within the **past 12 months** (Figure 8).
- **Thirteen percent (13%)** of respondents reported a dental visit **over 1 year** but less than 2 years ago (Figure 8).
- **Eight percent (8%)** of respondents reported a dental visit **over 2 years** but less than 5 years ago (Figure 8).
- **Twelve percent (12%)** of respondents reported a dental visit **5 or more years** ago (Figure 8).
- **One percent (1%)** of respondents reported **no history** of dental visits (Figure 8).

Figure 8: Reported last visit to a dentist or dental clinic



Oral Health (continued)

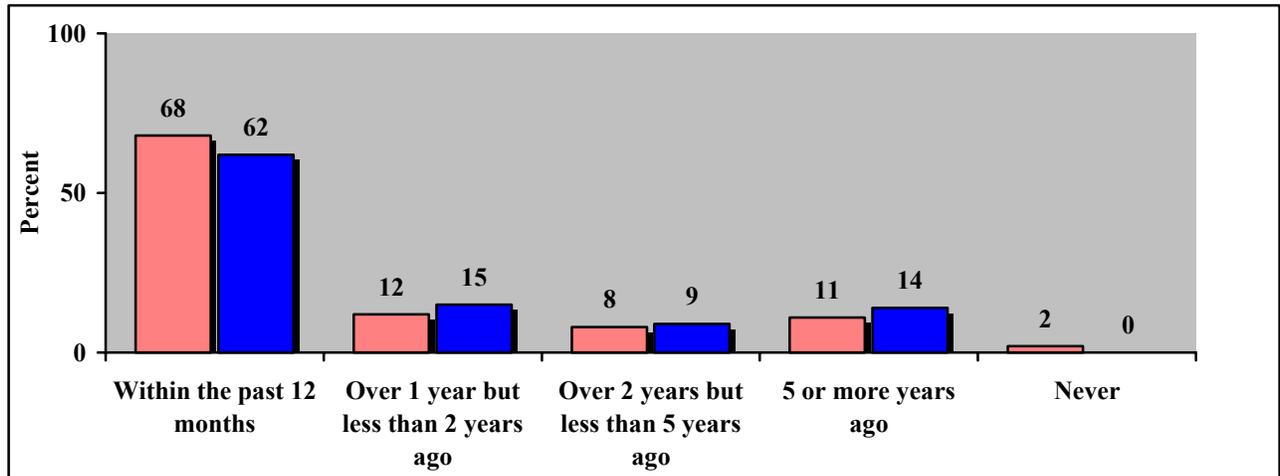
Last visit to dentist or dental clinic visit

Question: How long has it been since you last visited a dentist or dental clinic for any reason?

Reported last visit to a dentist or dental clinic, by gender

- Female adult residents (68%) in Clark County are more likely than male adult residents (62%) to report a dental visit within the past 12 months (Figure 9).
- Female adult residents (2%) in Clark County are more likely than male adult residents (0%) to report no history of dental visits (Figure 9).

Figure 9: Reported last visit to a dentist or dental clinic, by gender



Physical Activity

Regular physical activity is important for people of all ages. It is important for maintaining a healthy body, enhancing quality of life, and preventing death.

Risk Factor Definition: Do not participate in regular physical activity

Questions: During the past 30 days, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

At Risk: Those who do not participate in physical activity on a regular basis are at risk.

Who is at risk in Clark County?

- Thirty-two percent (32%) of Clark County's adult residents reported they did not participate in regular physical activity during the month preceding the survey.
- The prevalence of reported no regular physical activity in the month preceding the survey was lower among respondents aged 18-39 years (27%) than among those respondents aged 40-64 years (37%), and respondents age 65 years and older (37%) (Table 1 and Figure 1).
- The prevalence of reported no regular physical activity in the month preceding the survey was higher among respondents with less than a high school education (48%) than among those respondents with a high school education (37%), and college education (16%) (Table 1 and Figure 1).
- The prevalence of reported no regular physical activity in the month preceding the survey was higher among those respondents with an annual household income of less than \$20,000 (39%) than among those respondents with an annual household income of \$20,000-\$50,000 (35%), and those with an annual household income of over \$50,000 (20%) (Table 1 and Figure 1).



Physical Activity (continued)

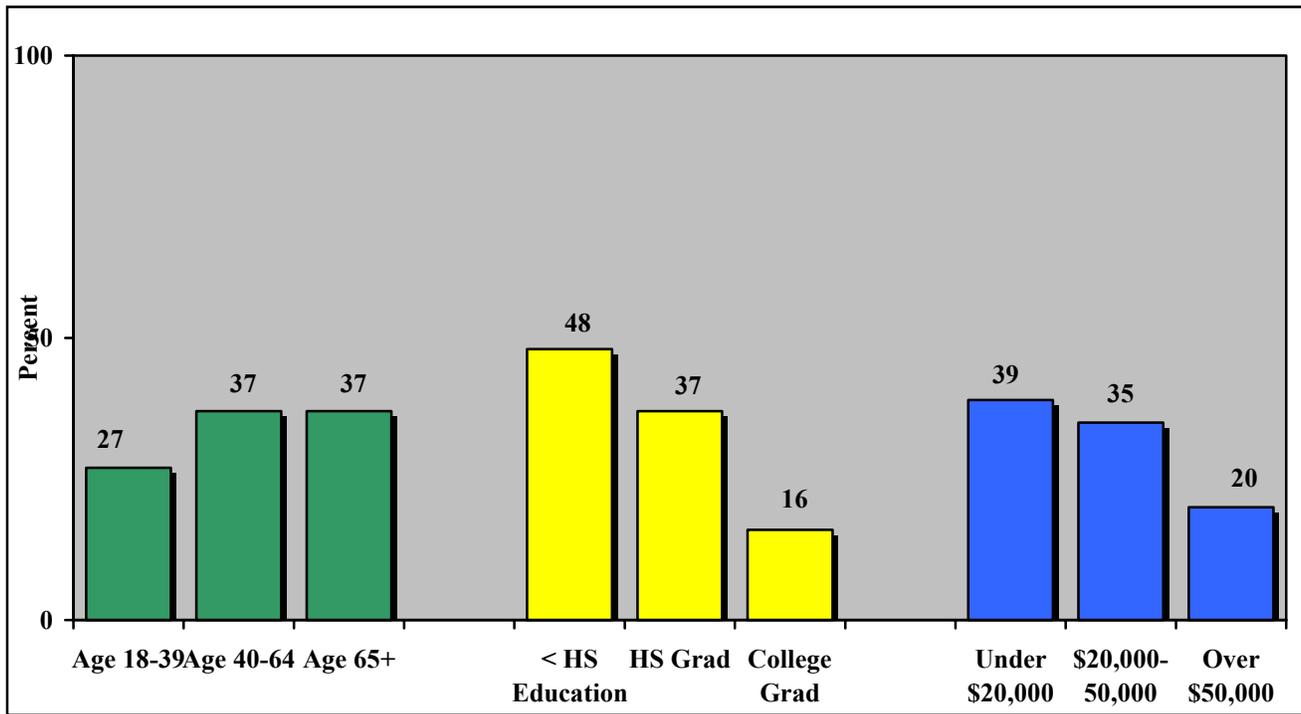
Risk Factor Definition: Do not participate in regular physical activity

Respondents who reported they had not participated regular physical activity during the month preceding the survey.

Table 1: Physical activity

| Age | | Education | | Income | |
|-------|-----|---------------|-----|-------------------|-----|
| | (%) | | (%) | | (%) |
| 18-39 | 27 | <HS Education | 48 | <\$20,000 | 39 |
| 40-64 | 37 | HS Grad. | 37 | \$20,000-\$50,000 | 35 |
| 65+ | 37 | College Grad. | 16 | >\$50,000 | 20 |

Figure 1: Physical activity



Physical Activity (continued)

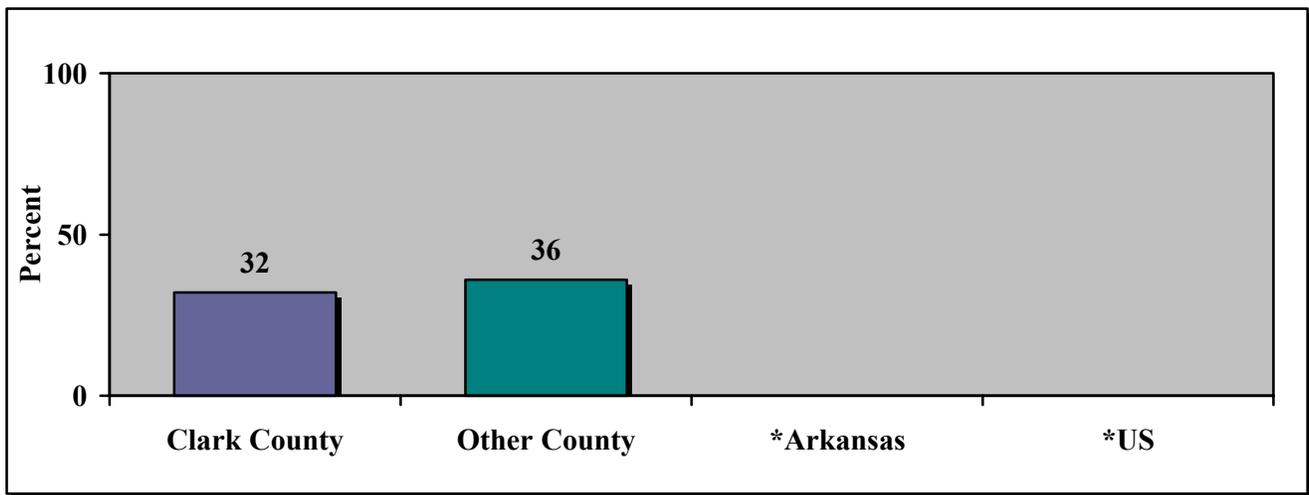
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2005 state and nationwide BRFSS data.

Comparing reported findings on physical activity

- The prevalence of reported no regular physical activity in the month preceding the survey was lower among adults in Clark County (32%) than among adults in a neighboring county (36%) (Figure 2).

Figure 2: Comparing reported findings on physical activity



*No comparison data available

Overweight

Overweight and obesity have risen considerably over the past several years and are major contributors to preventable causes of death. They raise the risk of social stigmatization, discrimination, and low-self esteem along with raising the risk of certain illnesses. Some of these illnesses include high blood pressure, high cholesterol, diabetes, heart disease, stroke, gall bladder disease, arthritis, sleep disturbance, breathing problems, and certain types of cancer.

Risk Factor Definition: Overweight as measured by Body Mass Index (BMI)

Questions: 1. How much do you weigh without shoes?
2. How tall are you without shoes?

At Risk: Those with a Body Mass Index (BMI) of greater than 25.0 are overweight. BMI is a ratio of weight to height.

Who is at risk in Clark County?

- Sixty-three percent (63%) of Clark County's adults reported that they were overweight.
- The prevalence of reported overweight status was lower among respondents aged 18-39 years (59%) than among respondents aged 40-64 years (68%), and respondents 65 years and older (63%) (Table 1 and Figure 1).
- The prevalence of reported overweight status was higher among respondents with less than a high school education (68%) than among those respondents with a high school education (62%), and respondents with a college education (63%) (Table 1 and Figure 1).
- The prevalence of reported overweight status was lower among those respondents with an annual household income of less than \$20,000 (57%) than among those respondents with an annual household income of \$20,000-\$50,000 (64%), and annual household income of over \$50,000 (65%) (Table 1 and Figure 1).



Overweight (continued)

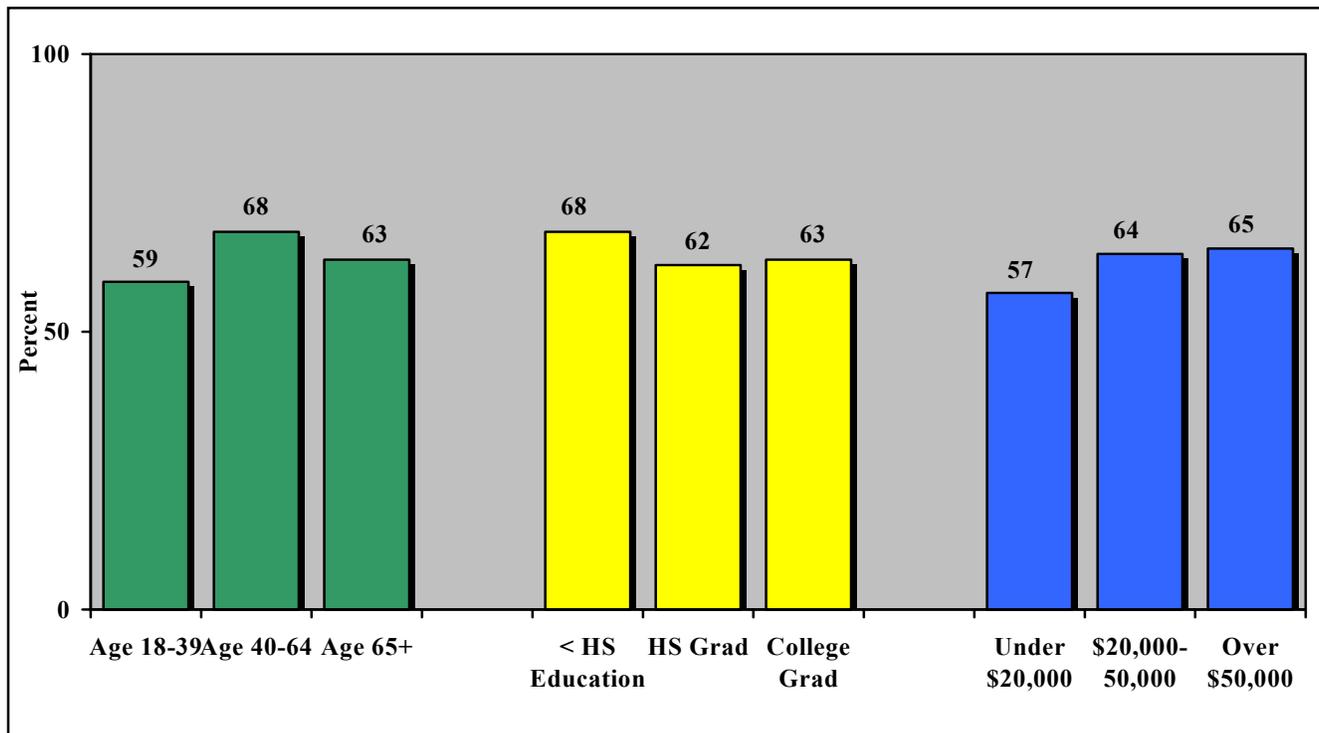
Risk Factor Definition: Overweight as measured by Body Mass Index (BMI)

Respondents who reported that were overweight.

Table 1: Overweight

| Age | (%) | Education | (%) | Income | (%) |
|-------|-----|---------------|-----|-------------------|-----|
| 18-39 | 59 | <HS Education | 68 | <\$20,000 | 57 |
| 40-64 | 68 | HS Grad. | 62 | \$20,000-\$50,000 | 64 |
| 65+ | 63 | College Grad. | 63 | \$50,000 | 65 |

Figure 1: Overweight



Overweight (continued)

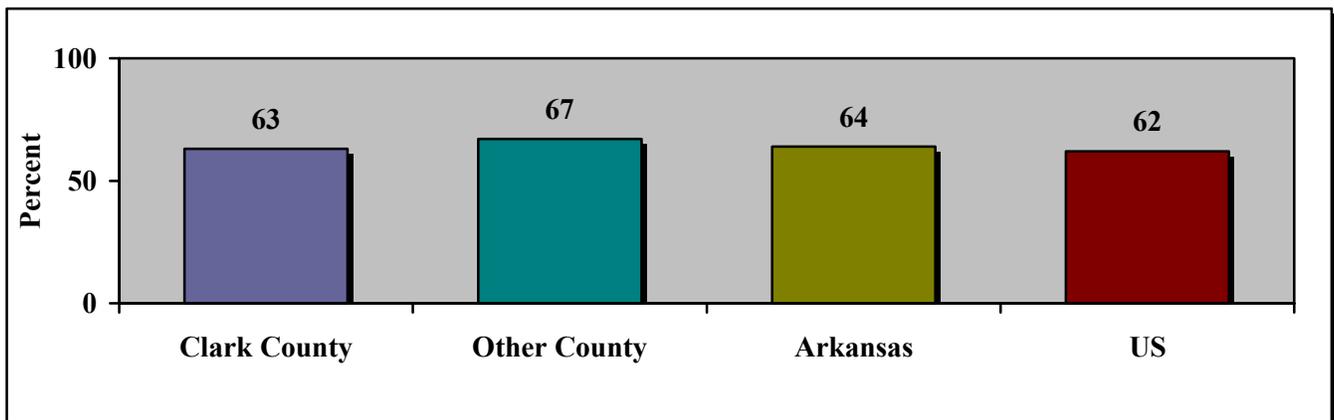
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2006 state and nationwide BRFSS data.

Comparing reported findings on overweight status

- The prevalence of reported overweight status was lower among adults in Clark County (63%) than among adults in a neighboring county (67%) (Figure 2).
- The prevalence of reported overweight status was lower among adults in Clark County (63%) than among adults in the state (64%); and higher than among adults in the nation (62%) (Figure 2).

Figure 2: Comparing reported findings on overweight status



Overweight (continued)

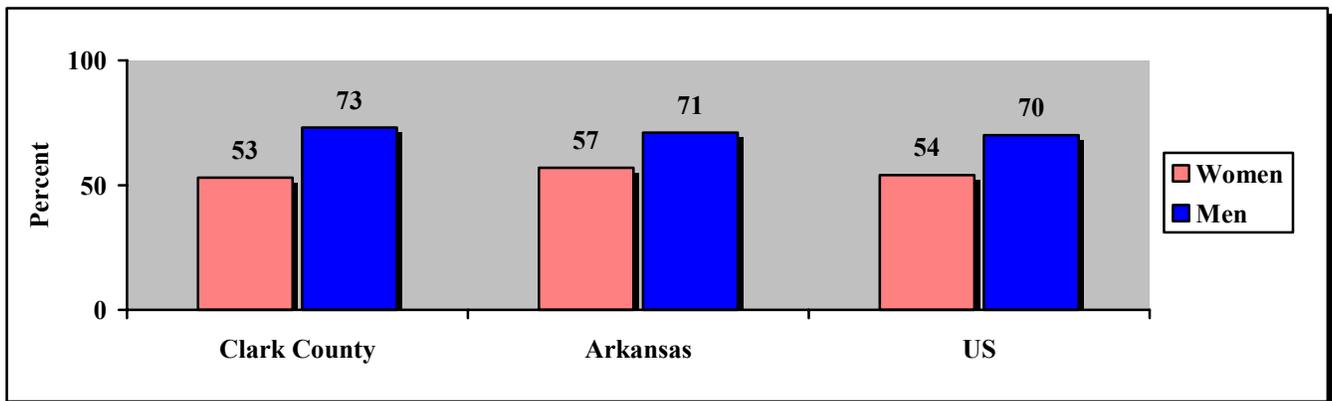
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 state and nationwide BRFSS data.

Comparing reported findings on overweight status, by gender

- The prevalence of reported overweight status was lower among adult women in Clark County (53%) than among adult women in the state (57%), and adult women in the nation (54%) (Figure 3).
- The prevalence of reported overweight status was higher among adult men in Clark County (73%) than among adult men in the state (71%), and among adult men in the nation (70%) (Figure 3).

Figure 3: Comparing reported findings on overweight status, by gender



Disability

Survey respondents were asked about health problems or impairments they had. These include impairments that are either present at birth or acquired from illness or injury. People with disabilities face special challenges related to health, productivity, independence, and quality of life.

Risk Factor Definition: Disability

Questions: Are you limited in any way in any activities because of physical, mental, or emotional problems?

At Risk: Those who answered “yes” are considered at risk.

Who is at risk in Clark County?

- Twenty-two percent (22%) of adults in Clark County reported that they had some activity limitations due to physical, mental, or emotional problems.
- The prevalence of reported activity limitations due to physical, mental, or emotional problems was lower among respondents aged 18-39 years (17%) than among those aged 40-64 years (25%), and respondents 65 years and older (29%) (Table 1 and Figure 1).
- The prevalence of reported activity limitations due to physical, mental, or emotional problems was higher among respondents with less than a high school education (31%) than among those respondents with a high school education (25%), and college education (14%) (Table 1 and Figure 1).
- The prevalence of reported activity limitations due to physical, mental, or emotional problems was higher among those respondents with an annual household income of less than \$20,000 (31%) than among those respondents with an annual household income of \$20,000-\$50,000 (20%), and annual household income of over \$50,000 (18%) (Table 1 and Figure 1).

Disability (continued)

Risk Factor Definition: Disability

Respondents who reported that they had some activity limitations due to physical, mental, or emotional problems.

Table 1: Disability

| Age | (%) | Education | (%) | Income | (%) |
|-------|-----|---------------|-----|-------------------|-----|
| 18-39 | 17 | <HS Education | 31 | <\$20,000 | 31 |
| 40-64 | 25 | HS Grad. | 25 | \$20,000-\$50,000 | 20 |
| 65+ | 29 | College Grad. | 14 | >\$50,000 | 18 |

Figure 1: Disability

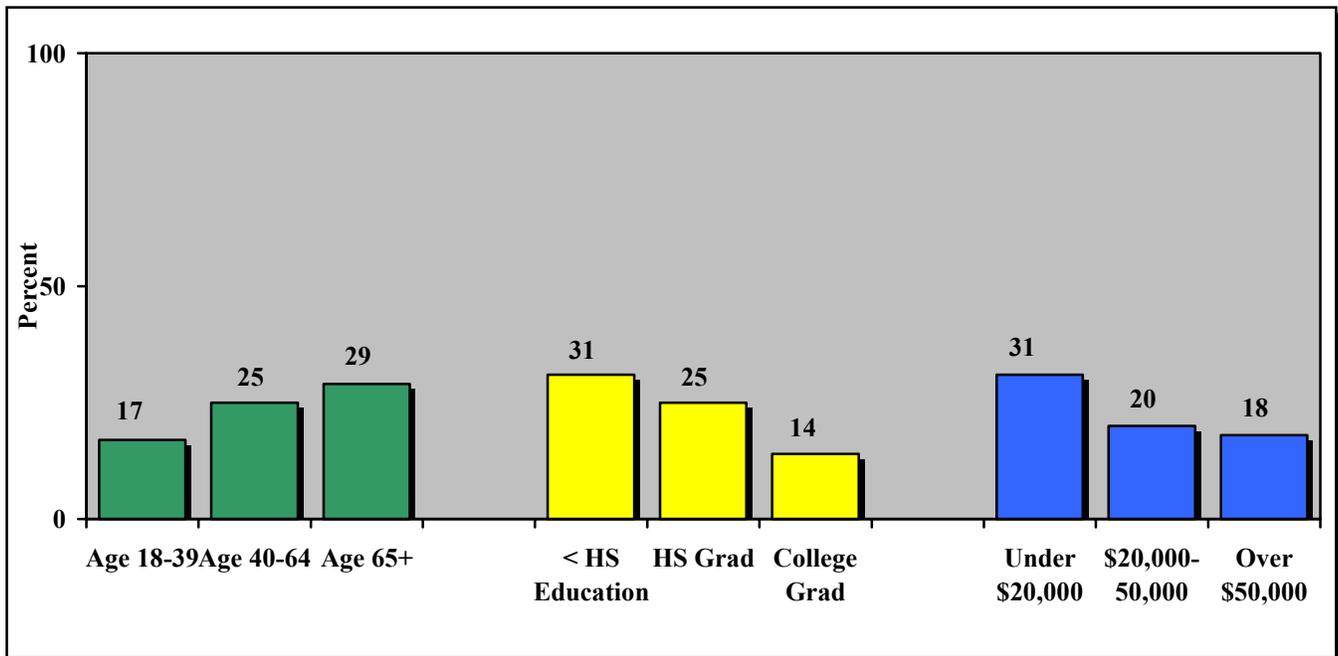
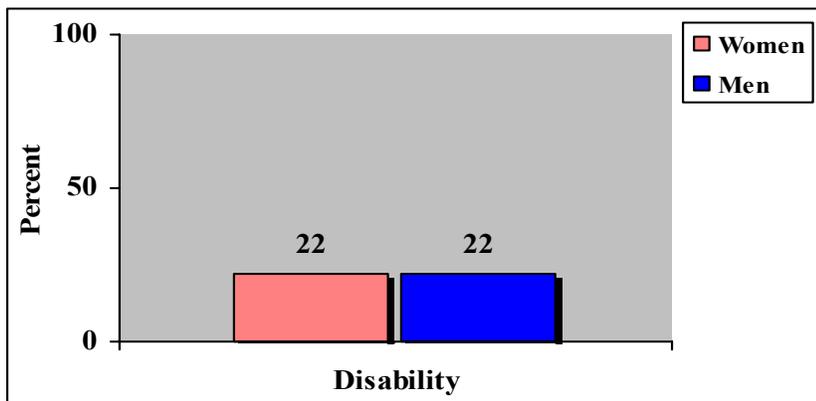


Figure 2: Disability, by gender



The prevalence of reported activity limitations due to physical, mental, or emotional problems was **equal** among **adult women (22%)** and **adult men (22%)** in Clark County (Figure 2).

Disability (continued)

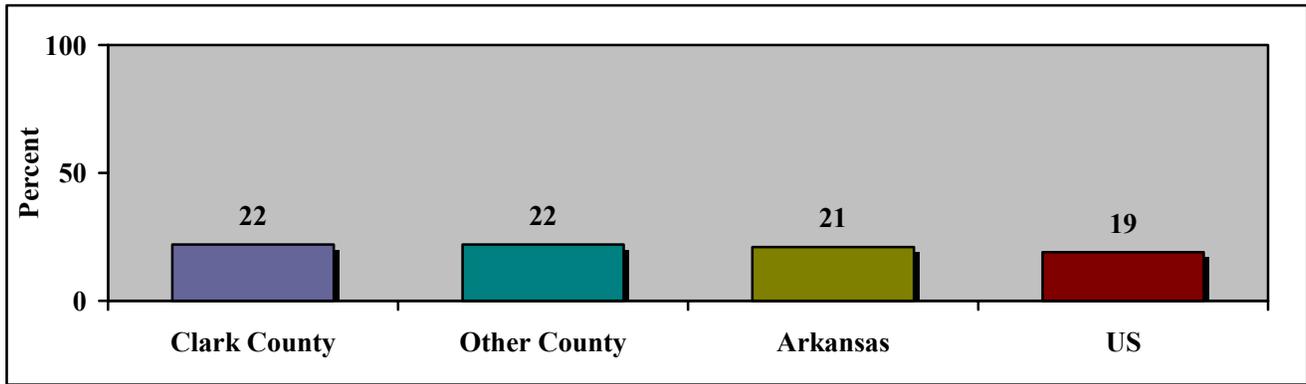
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2005 state and nationwide BRFSS data.

Comparing reported findings on disability

- The prevalence of reported activity limitations due to physical, mental, or emotional problems was equal among adults in Clark County (22%) and adults in the neighboring county (22%) (Figure 3).
- The prevalence of reported activity limitations due to physical, mental, or emotional problem was higher among adults in Clark County (22%) than among adults in the state (21%), and nation (19%) (Figure 3).

Figure 3: Comparing data on disability



Disability (continued)

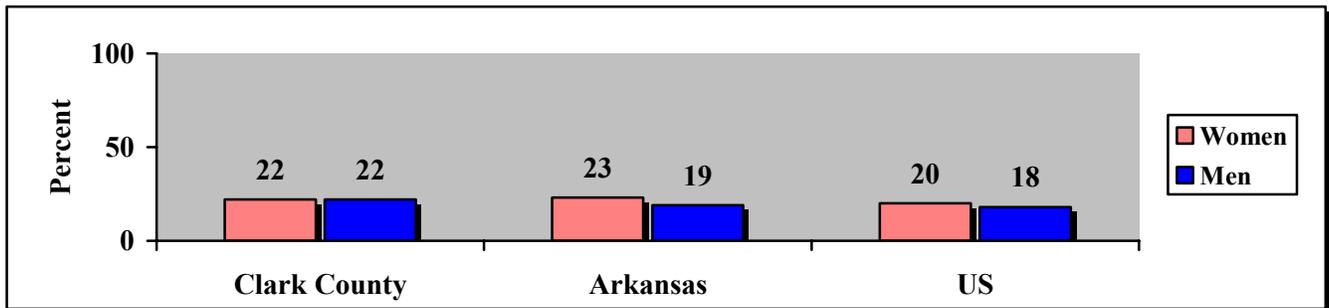
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2005 state and nationwide BRFSS data.

Comparing reported findings on disability, by gender.

- The prevalence of reported activity limitations due to physical, mental, or emotional problems was lower among adult women in Clark County (22%) than among adult women in the state (23%); and higher than among adult women in the nation (20%) (Figure 4).
- The prevalence of reported activity limitations due to physical, mental, or emotional problems was higher among adult men in Clark County (22%) than among adult men in the state (19%), and in the nation (18%) (Figure 4).

Figure 4: Comparing data on disability, by gender



Alcohol Consumption

Many serious problems are associated with alcohol use. These include violence and injury.

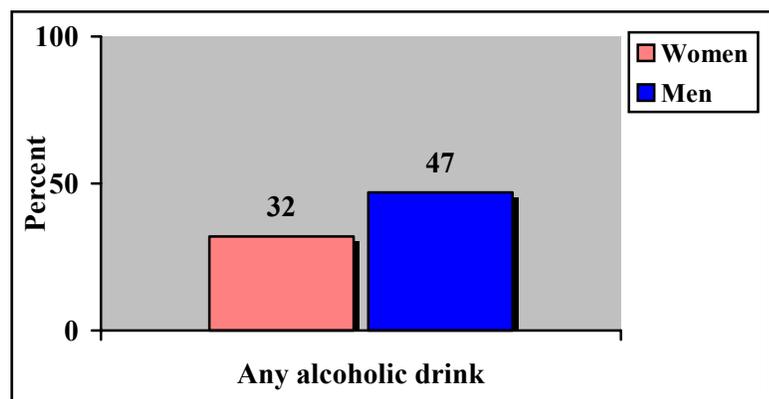
Any Alcoholic Drink

Question: During the thirty days preceding the survey, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- **Thirty-nine percent (39%)** of the **adults** in Clark County reported that they had had at least one drink of an alcoholic beverage in the thirty days preceding the survey.
- **Thirty-two percent (32%)** of the adult **female** residents in Clark County reported that they had had at least one drink of an alcoholic beverage in the thirty days preceding the survey (Figure 1).
- **Forty-seven percent (47%)** of the adult **male** residents in Clark County reported that they had had at least one drink of an alcoholic beverage in the thirty days preceding the survey (Figure 1).



Figure 1: Any alcoholic drink, by gender



Alcohol Consumption (continued)

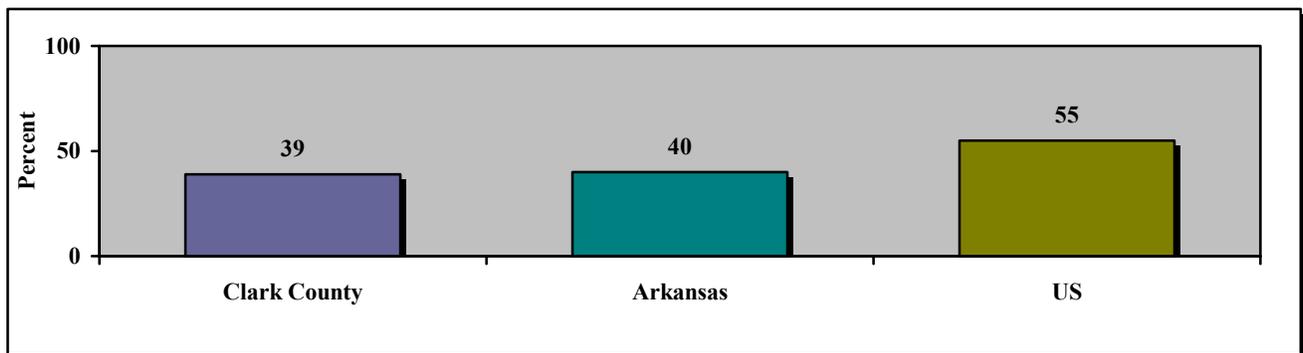
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 state and nationwide BRFSS data.

Comparing reported findings on consumption of any alcoholic drink

- The prevalence of reported consumption of any alcoholic drink in the thirty days preceding the survey was lower among adults in Clark County (39%) than among adults in the state (40%), and among adults in the nation (55%) (Figure 2).

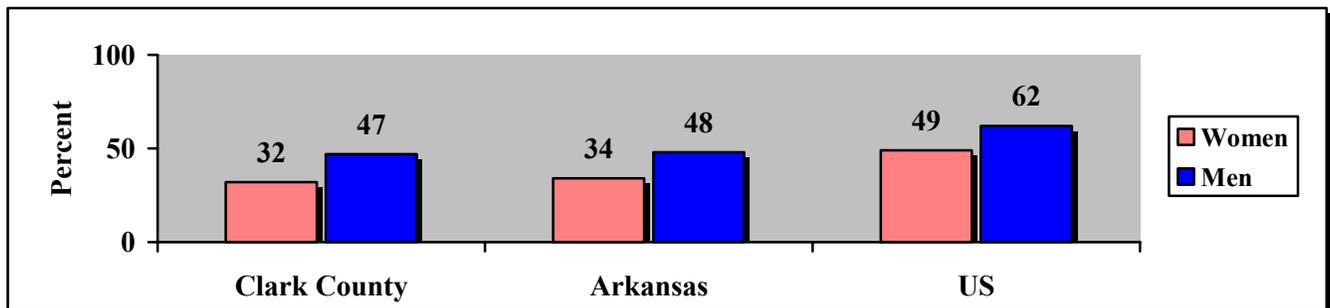
Figure 2: Comparing data on consumption of any alcoholic drink



Comparing reported findings on consumption of any alcoholic drink, by gender

- The prevalence of reported consumption of any alcoholic drink in the thirty days preceding the survey was lower among adult women in Clark County (32%) than among adult women in the state (34%), and nation (49%) (Figure 3).
- The prevalence of reported consumption of any alcoholic drink in the thirty days preceding the survey was lower among adult men in Clark County (47%) than among adult men in the state (48%), and nation (62%) (Figure 3).

Figure 3: Comparing data on consumption of any alcoholic beverage, by gender



Alcohol Consumption (continued)

Many serious problems are associated with alcohol use. These include violence and injury.

Risk Factor Definition: Binge drinking

Question: Considering all types of alcoholic beverages, how many times during the past month did you have five or more drinks on one occasion?

At Risk: **Of those respondents who reported that they had at least one alcoholic drink in the thirty days preceding the survey**, those who reported that they had had five or more drinks in a row on one or more occasion during the past month are considered at risk.

Who is at risk in Clark County?

- Of those who reported drinking at least once in the thirty days preceding the survey, **thirty-two percent (32%)** said they had consumed five or more drinks on at least one occasion in the past month.
- Of those who reported drinking at least once in the thirty days preceding the survey, the prevalence of reported binge drinking was **forty percent (40%)** among respondents aged 18-39 years, **twenty-five percent (25%)** among respondents aged 40-64 years, and **fourteen percent (14%)** among respondents 65 years and older (Table 1 and Figure 4).
- Of those who reported drinking at least once in the thirty days preceding the survey, the prevalence of reported binge drinking was **fifty percent (50%)** among respondents with less than a high school education, **thirty-eight percent (38%)** among those respondents with a high school education, and **sixteen percent (16%)** among those with a college education (Table 1 and Figure 4).
- Of those who reported drinking at least once in the thirty days preceding the survey, the prevalence of reported binge drinking was **thirty-eight percent (38%)** among those respondents with an annual household income of less than \$20,000, **forty percent (40%)** among those respondents with an annual household income of \$20,000-\$50,000, and **twenty-six percent (26%)** among those respondents with an annual household income of over \$50,000 (Table 1 and Figure 4).



Alcohol Consumption (continued)

Risk Factor Definition: Binge drinking

Respondents who reported binge drinking.

Table 1: Binge drinking

| Age | (%) | Education | (%) | Income | (%) |
|-------|-----|---------------|-----|-------------------|-----|
| 18-39 | 40 | <HS Education | 50 | <\$20,000 | 38 |
| 40-64 | 25 | HS Grad. | 38 | \$20,000-\$50,000 | 40 |
| 65+ | 14 | College Grad. | 16 | >\$50,000 | 26 |

Figure 4: Binge drinking

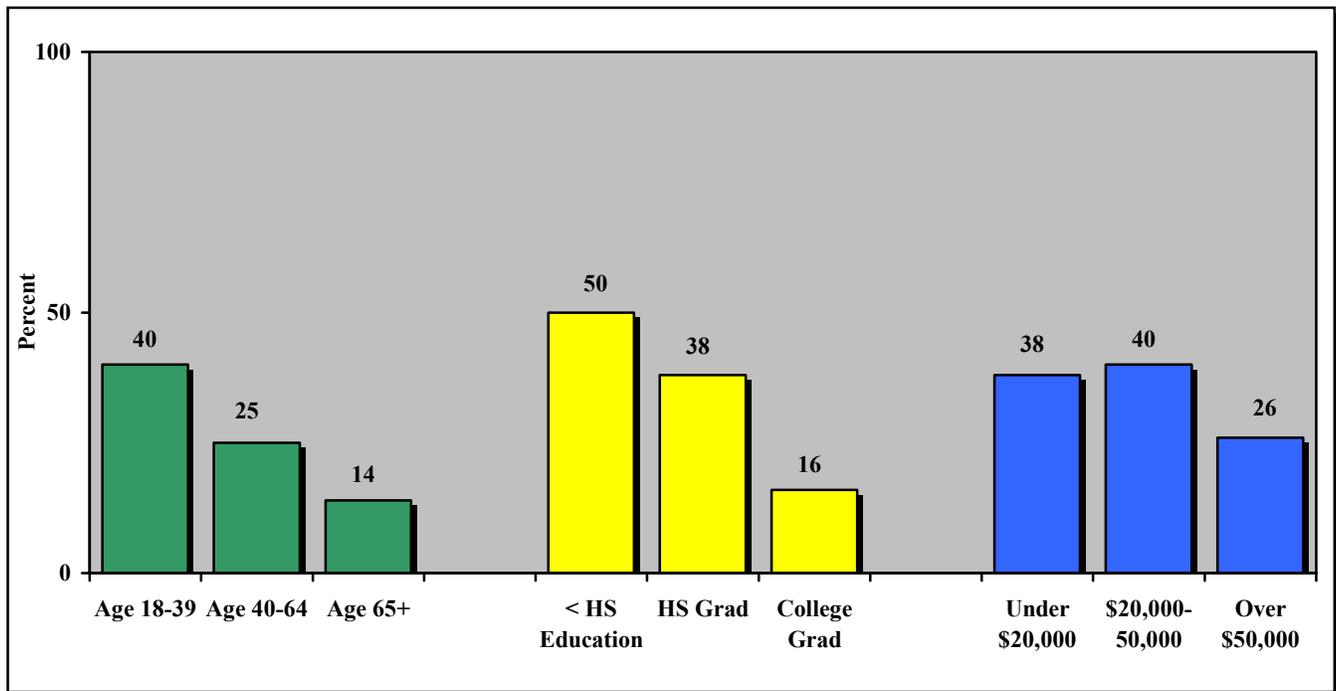
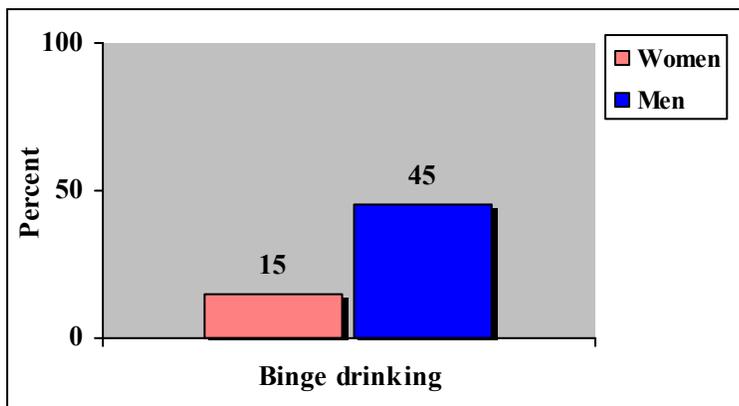


Figure 5: Binge drinking, by gender



Of those adults in Clark County who reported drinking at least once in the thirty days preceding the survey, the prevalence of reported binge drinking was **fifteen percent (15%)** among **adult women**, and **forty-five percent (45%)** among **adult men** in Clark County (Figure 5).

Tobacco Use

Questions regarding cigarette smoking, attempts to quit smoking, smoking in the household, and other uses of tobacco were asked as part of the Clark County Adult Health Survey. Cigarette smoking is the single most preventable cause of disease and death. Smoking is a major risk factor for heart disease, stroke, lung cancer, and chronic lung disease.

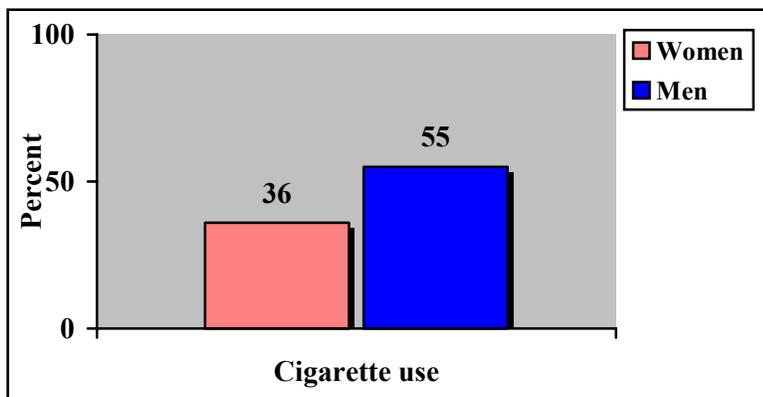
Cigarette Use

Question: Have you smoked at least 100 cigarettes in your entire life?



- **Forty-five percent (45%)** of the **adults** in Clark County reported that they had smoked at least 100 cigarettes in their entire lifetime.
- **Thirty-six percent (36%)** of the adult **female** residents in Clark County reported that they had smoked at least 100 cigarettes in their entire lifetime (Figure 1).
- **Fifty-five percent (55%)** of the adult **male** residents in Clark County reported that they had smoked at least 100 cigarettes in their entire lifetime (Figure 1).

Figure 1: Cigarette use, by gender



Tobacco Use (continued)

Current Cigarette Use

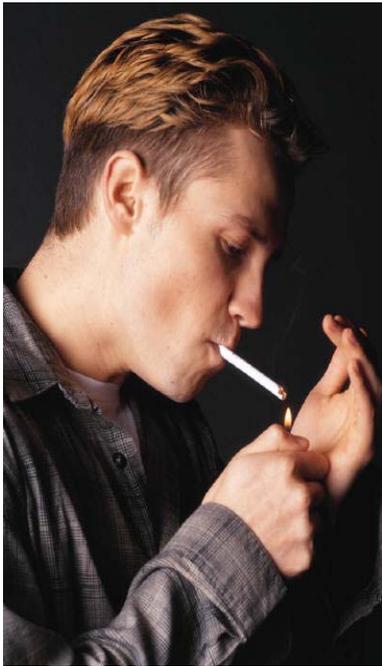
Risk Factor Definition: Currently smoke cigarettes

Question: Do you smoke cigarettes every day, some days, or not at all?

At Risk: Those respondents who reported that they now smoke cigarettes “every day” or “some days” (i.e. current cigarette use) are considered at risk.

Who is at risk in Clark County?

- Twenty-three percent (23%) reported current cigarette use.
- The prevalence of reported current cigarette use was higher among respondents aged 18-39 years (28%) than among respondents aged 40-64 years (24%), and respondents 65 years and older (7%) (Table 1 and Figure 2).
- The prevalence of reported current cigarette use was lower among respondents with less than a high school education (21%) than among those respondents with a high school education (27%); and higher than among those respondents with a college education (13%) (Table 1 and Figure 2).
- The prevalence of reported current cigarette use was lower among those respondents with an annual household income of less than \$20,000 (21%) than among those respondents with an annual household income of \$20,000-\$50,000 (28%); and higher than among those respondents with an annual household income of over \$50,000 (15%) (Table 1 and Figure 2).



Tobacco Use (continued)

Risk Factor Definition: Currently smoke cigarettes

Respondents who reported current cigarette use.

Table 1: Current cigarette use

| Age | (%) | Education | (%) | Income | (%) |
|-------|-----|---------------|-----|-------------------|-----|
| 18-39 | 28 | <HS Education | 21 | <\$20,000 | 21 |
| 40-64 | 24 | HS Grad. | 27 | \$20,000-\$50,000 | 28 |
| 65+ | 7 | College Grad. | 13 | >\$50,000 | 15 |

Figure 2: Current cigarette use

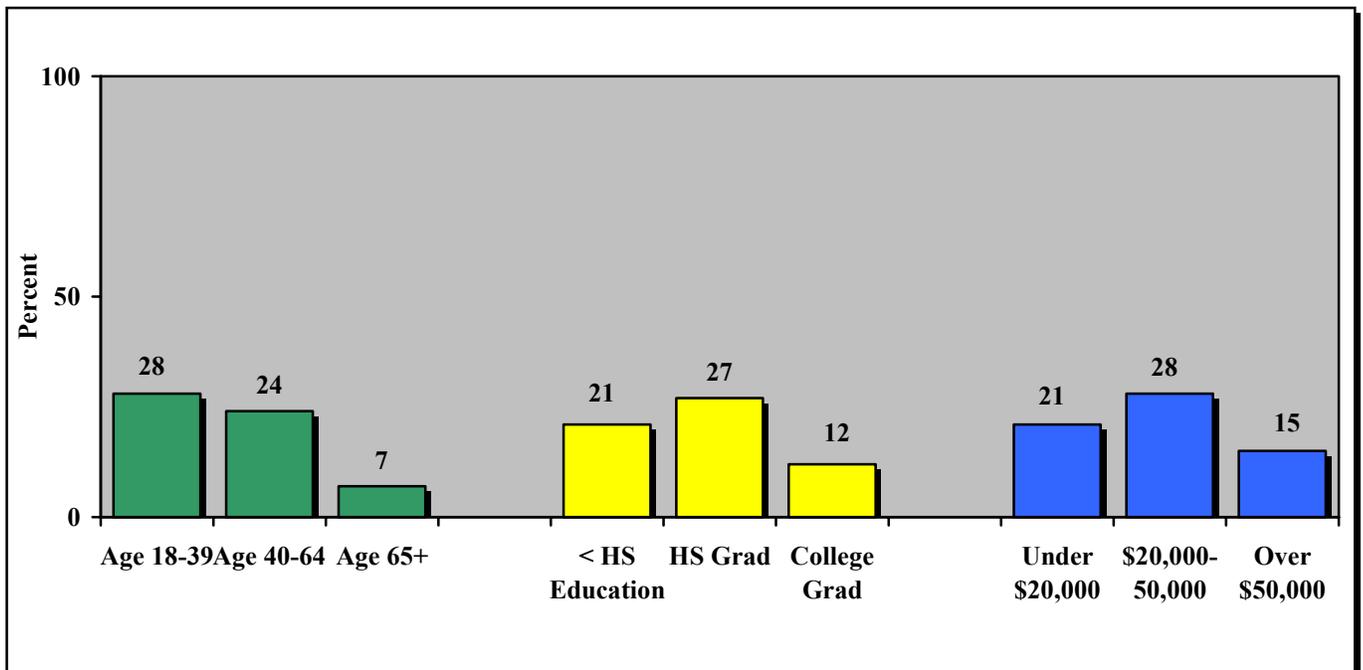
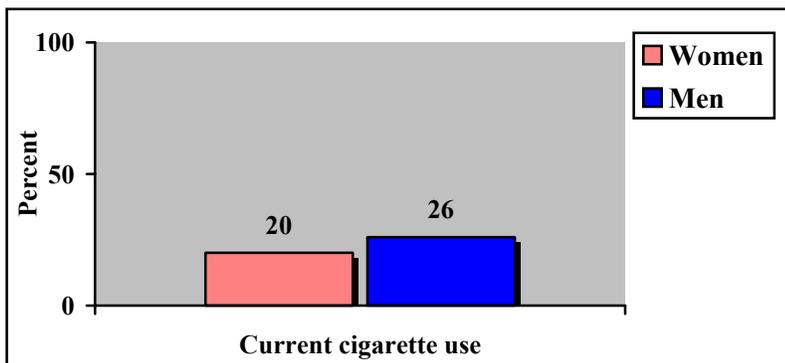


Figure 3: Current cigarette use, by gender



The prevalence of reported current cigarette smoking was lower among adult women (20%) than among adult men (26%) in Clark County (Figure 3).

Tobacco Use (continued)

Cigarette Smoking Cessation

Risk Factor Definition: Smoking cessation

Question: During the past 12 months, have you quit smoking for one day or longer?

At Risk: **Of those adults who reported current cigarette smoking**, those respondents who reported that they had made “no” attempt to stop smoking for one day or longer during the twelve months preceding the survey are considered at risk for continued cigarette smoking.

Who is at risk in Clark County?

- Of those adults in Clark County who reported current cigarette smoking, **thirty-six percent (36%)** had not quit for at least one day in the past year.
- Of those adults in Clark County who reported current cigarette smoking, the prevalence of reported made no quit smoking attempts in the twelve months preceding survey was **thirty percent (30%)** among respondents aged 18-39, **forty percent (40%)** among the respondents aged 40-64 years, and **sixty percent (60%)** among respondents 65 years and older (Table 2 and Figure 4).
- Of those adults in Clark County who reported current cigarette smoking, the prevalence of reported made no quit smoking attempts in the twelve months preceding survey was **thirty-nine percent (39%)** among respondents with less than a high school education, **thirty-nine percent (39%)** among those respondents with a high school education, **seventeen percent (17%)** among those with a college education (Table 2 and Figure 4).
- Of those adults in Clark County who reported current cigarette smoking, the prevalence of reported made no quit smoking attempts in the twelve months preceding survey was **forty-nine percent (49%)** among those respondents with an annual household income of less than \$20,000, **twenty-three percent (23%)** among those respondents with an annual household income of \$20,000-\$50,000, and **twenty-six percent (26%)** among respondents with an annual household income of over \$50,000 (Table 2 and Figure 4).



Tobacco Use (continued)

Risk Factor Definition: Smoking cessation

Of those adults who reported current cigarette smoking, respondents who reported that they had made no quit smoking attempts in the twelve months preceding survey.

Table 2: No smoking cessation attempt

| Age | (%) | Education | (%) | Income | (%) |
|-------|-----|---------------|-----|-------------------|-----|
| 18-39 | 30 | <HS Education | 39 | <\$20,000 | 49 |
| 40-64 | 40 | HS Grad. | 39 | \$20,000-\$50,000 | 23 |
| 65+ | 60 | College Grad. | 17 | >\$50,000 | 26 |

Figure 4: No smoking cessation attempt

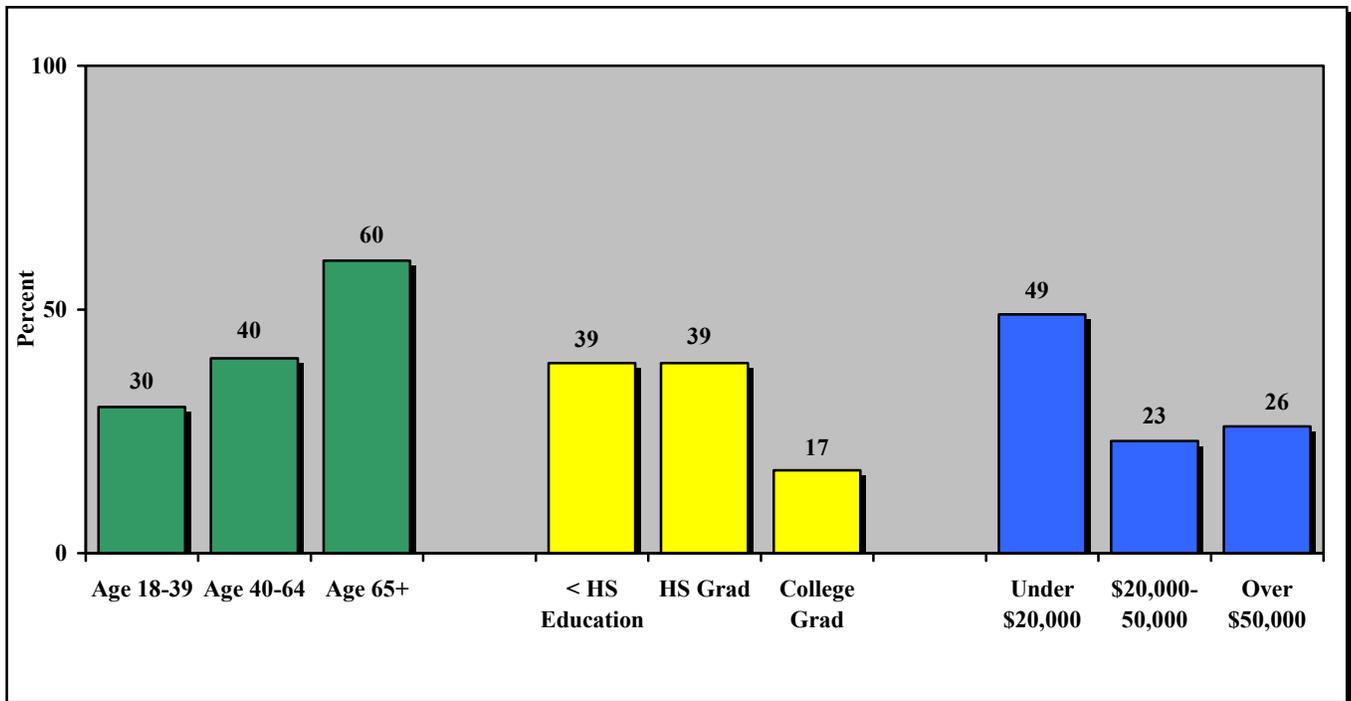
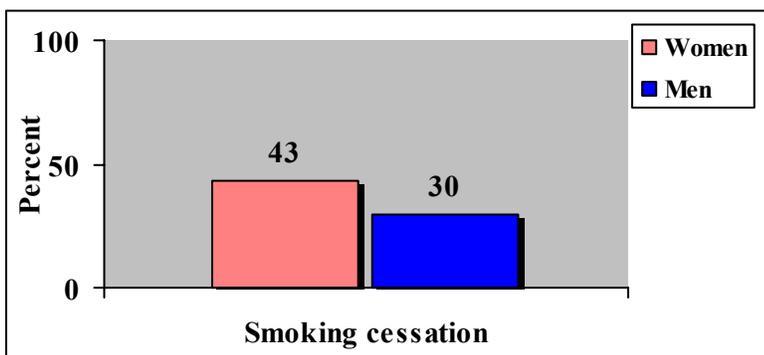


Figure 5: No smoking cessation attempt, by gender



Of those adults who reported current cigarette smoking, the prevalence of reported made no quit smoking attempts in the twelve months preceding survey was **forty-three percent (43%) among adult women** and **thirty percent (30%) among adult men** in Clark County (Figure 5).

Tobacco Use (continued)

Smokeless Tobacco

Question: Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

- **Twenty-nine percent (29%)** of the **adults** in Clark County reported that they had used or tried chewing tobacco or snuff.
- **Six percent (6%)** of the adult **female** residents in Clark County reported that they had used or tried chewing tobacco or snuff (Figure 6).
- **Fifty-two percent (52%)** of the adult **male** residents in Clark County reported that they had used or tried chewing tobacco or snuff (Figure 6).

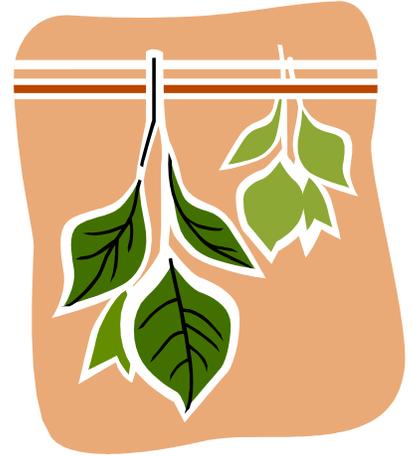
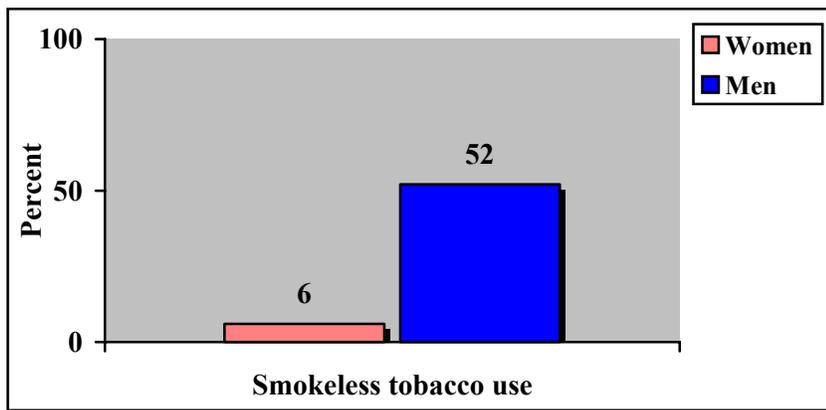


Figure 6: Smokeless tobacco use, by gender



Tobacco Use (continued)

Current Smokeless Tobacco Use

Risk Factor Definition: Current use of smokeless tobacco

Question: Do you smoke currently use chewing tobacco or snuff every day, some days, or not at all?

At Risk: **Of those respondents who reported that they had ever tried chewing tobacco or snuff**, those who answered “every day” or “some days” (i.e. current chewing tobacco or snuff users) are considered at risk.

Who is at risk in Clark County?

- Of those who responded that they had used or tried chewing tobacco or snuff, **thirty-one percent (31%)** reported current chewing tobacco or snuff use.
- Of those who reported that they had used or tried chewing tobacco or snuff, the prevalence of reported current chewing tobacco or snuff use was **forty-three percent (43%)** among those respondents aged 18-39 years, **eighteen percent (18%)** among respondents aged 40-64 years, and **sixteen percent (16%)** among respondents 65 years and older (Table 3 and Figure 7)
- Of those who reported that they had used or tried chewing tobacco or snuff, the prevalence of reported current chewing tobacco or snuff use was **fifteen percent (15%)** among those respondents with less than a high school education, **thirty-one percent (31%)** among respondents with a high school education, **thirty-seven percent (37%)** among those with a college education (Table 3 and Figure 7).
- Of those who reported that they had used or tried chewing tobacco or snuff, the prevalence of reported current chewing tobacco or snuff use was **nineteen percent (19%)** among respondents with an annual household income of less than \$20,000, **thirty-four percent (34%)** among respondents with an annual household income of \$20,000-\$50,000, **thirty-seven percent (37%)** among those with an annual household income of over \$50,000 (Table 3 and Figure 7).



Tobacco Use (continued)

Risk Factor Definition: Current smokeless tobacco use

Of those who responded that they had used or tried chewing tobacco or snuff, those adults who reported current chewing tobacco or snuff use.

Table 3: Current smokeless tobacco use

| Age | | Education | | Income | |
|-------|-----|---------------|-----|-------------------|-----|
| | (%) | | (%) | | (%) |
| 18-39 | 43 | <HS Education | 15 | <\$20,000 | 19 |
| 40-64 | 18 | HS Grad. | 31 | \$20,000-\$50,000 | 34 |
| 65+ | 16 | College Grad. | 37 | >\$50,000 | 37 |

Figure 7: Current smokeless tobacco use

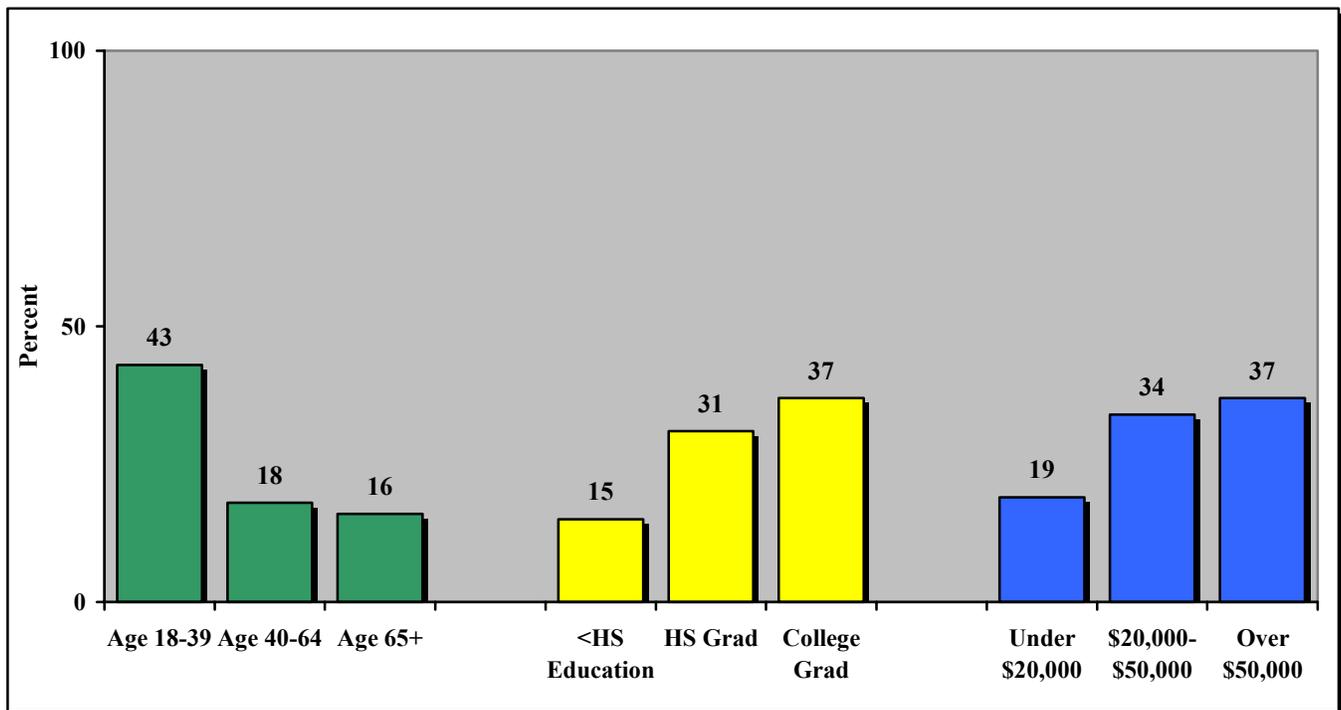
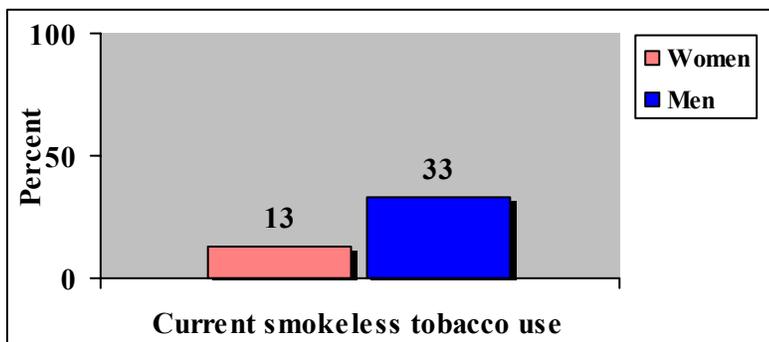


Figure 8: Current smokeless tobacco, by gender



Of those adult residents in Clark County who reported that they had used or tried chewing tobacco or snuff, the reported prevalence of current smokeless tobacco use was **thirteen percent (13%)** among **adult women**, and **thirty-three percent (33%)** among **adult men** in Clark County (Figure 8).

Tobacco Use (continued)

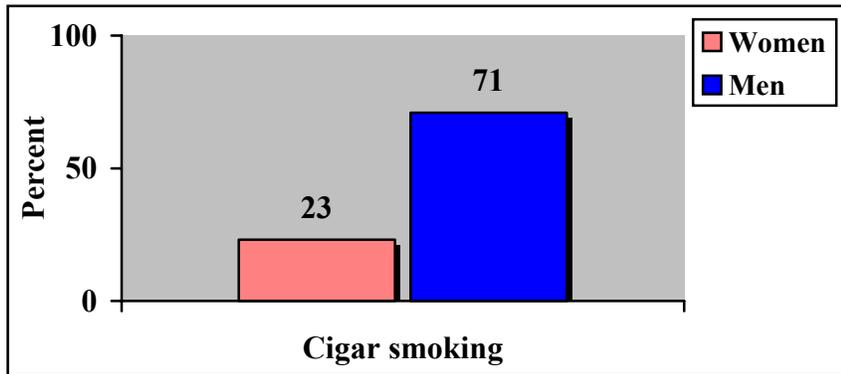
Cigar Smoking

Question: Have you ever smoked a cigar, even one or two puffs?

- **Forty-seven percent (47%)** of the **adults** in Clark County reported that they had smoked a cigar, even one or two puffs.
- **Twenty-three percent (23%)** of the **adult female** residents in Clark County reported that they had smoked a cigar, even one or two puffs (Figure 9).
- **Seventy-one percent (71%)** of the **adult male** residents in Clark County reported that they had smoked a cigar, even one or two puffs (Figure 9).



Figure 9: Cigar smoking, by gender



Tobacco Use (continued)

Current Cigar Smoking

Risk Factor Definition: Current cigar smoking

Question: Do you smoke cigars every day, some days, or not at all?

At Risk: **Of those respondents who reported that they had ever smoked a cigar**, those who answered “every day” or “some days” (i.e. current cigar smokers) are considered at risk.

Who is at risk in Clark County?

- Of those who reported that they had smoked cigars, **fifteen percent (15%)** of the adults in Clark County reported current cigar use.



- Of those who responded that they had smoked cigars, the prevalence of reported current cigar use was **twenty-six percent (26%)** among those respondents aged 18-39 years, **six percent (6%)** among respondents aged 40-64 years, and **four percent (4%)** among respondents 65 years and older (Table 4 and Figure 10)
- Of those who responded that they had smoked cigars, the prevalence of reported current cigar use was **seven percent (7%)** among respondents with less than a high school education, **nineteen percent (19%)** among those respondents with a high school education, and **eight percent (8%)** among respondents with a college education (Table 4 and Figure 10).
- Of those who responded that they had smoked cigars, the prevalence of reported current cigar use was **eight percent (8%)** among respondents with an annual household income of less than \$20,000, **eleven percent (11%)** among respondents with an annual household income of \$20,000-\$50,000, and **seventeen percent (17%)** among those with an annual household income of over \$50,000 (Table 4 and Figure 10).

Tobacco Use (continued)

Risk Factor Definition: Current cigar smoking

Of those respondents who reported that they had smoked cigars, those who reported current cigar use.

Table 4: Current cigar smoking

| Age | (%) | Education | (%) | Income | (%) |
|-------|-----|---------------|-----|-------------------|-----|
| 18-39 | 26 | <HS Education | 7 | <\$20,000 | 8 |
| 40-64 | 6 | HS Grad. | 19 | \$20,000-\$50,000 | 11 |
| 65+ | 4 | College Grad. | 8 | >\$50,000 | 17 |

Figure 10: Current cigar smoking

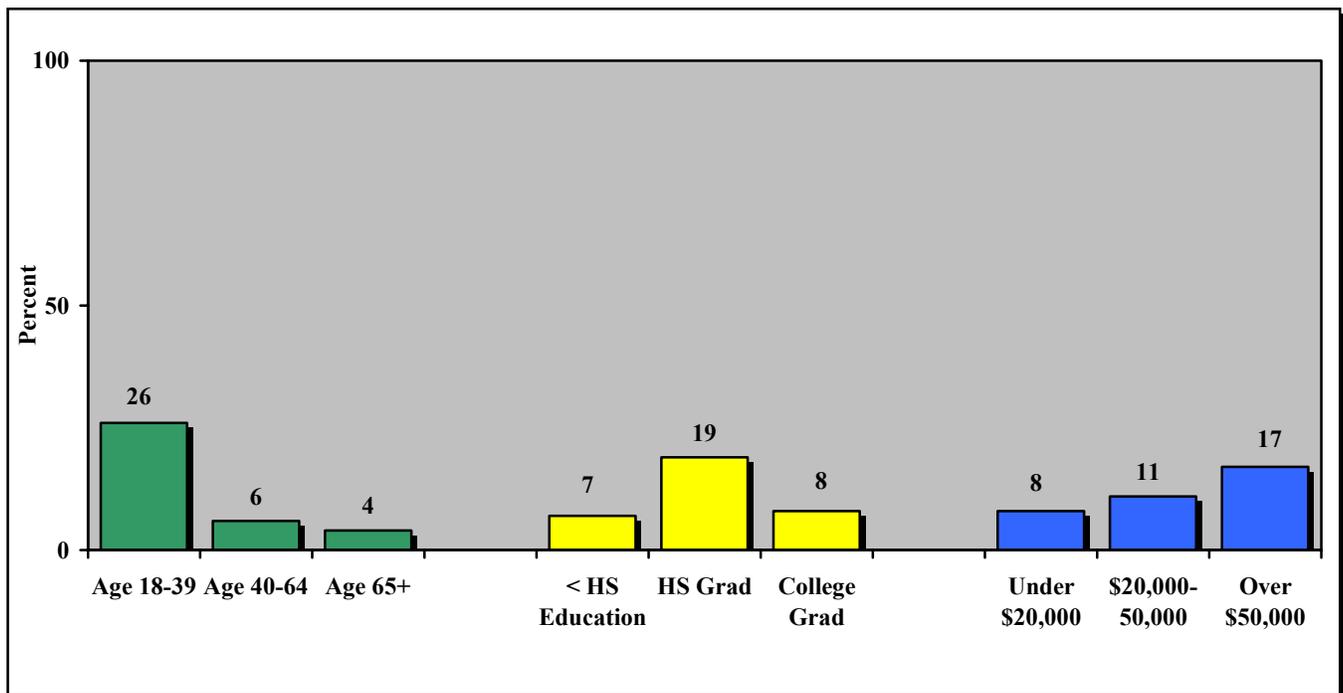
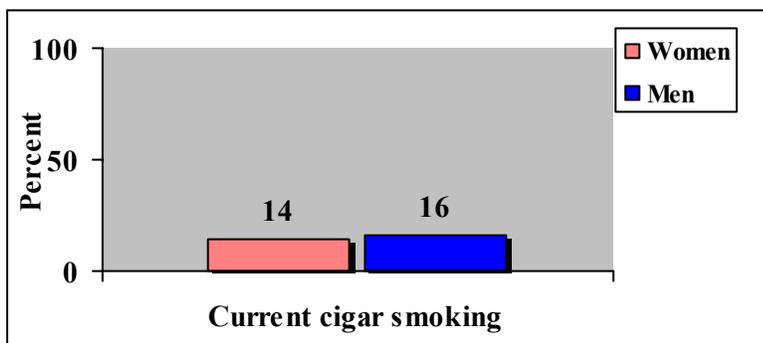


Figure 11: Current cigar smoking, by gender



Of those adult women in Clark County who reported that they had smoked cigars, the reported prevalence of current cigar use was **fourteen percent (14%)**. Of those adult men in Clark County who reported that they had smoked cigars, the reported prevalence of current cigar use was **sixteen percent (16%)** (Figure 11).

Tobacco Use (continued)

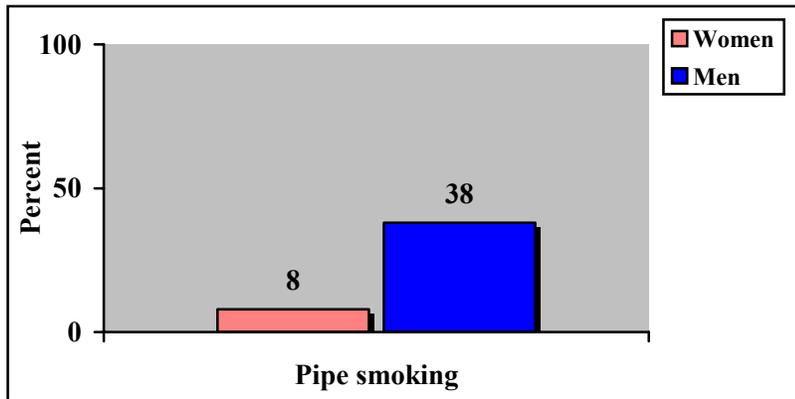
Pipe Smoking

Question: Have you ever smoked tobacco in a pipe, even one or two puffs?



- **Twenty-three percent (23%)** of the **adults** in Clark County reported that they had smoked tobacco in a pipe, even one or two puffs.
- **Eight percent (8%)** of the adult **female** residents in Clark County reported that they had smoked tobacco in a pipe, even one or two puffs (Figure 12).
- **Thirty-nine percent (38%)** of the adult **male** residents in Clark County reported that they had smoked tobacco in a pipe, even one or two puffs (Figure 12).

Figure 12: Pipe smoking, by gender



Tobacco Use (continued)

Current Pipe Smoking

Risk Factor Definition: Current pipe smoking

Question: Do you now smoke a pipe every day, some days, or not at all?

At Risk: **Of those respondents who reported that they had ever smoked a pipe**, those adults who answered “every day” or “some days” (i.e. current pipe smokers) are considered at risk.

Who is at risk in Clark County?

- Of those who responded that they had smoked tobacco in a pipe, **four percent (4%)** of the adults in Clark County reported current pipe smoking.
- Of those who responded that they had smoked tobacco in a pipe, there was **no (0%)** prevalence of reported current pipe smoking among respondents 65 years and older (Table 5 and Figure 13).
 - Of those who responded that they had smoked tobacco in a pipe, the prevalence of reported current pipe smoking was **seven percent (7%)** among respondents aged 18-39 years, and **five percent (5%)** among respondents aged 40-64 years (Table 5 and Figure 13).
- Of those who responded that they had smoked tobacco in a pipe, there was **no (0%)** prevalence of reported current pipe smoking among those respondents with less than a high school education, and among those with a college education (**0%**) (Table 5 and Figure 13).
 - Of those who responded that they had smoked tobacco in a pipe, the prevalence of reported current pipe smoking was **seven percent (7%)** among those respondents with a high school education (Table 5 and Figure 13).
- Of those who responded that they had smoked tobacco in a pipe, there was **no (0%)** prevalence of reported current pipe among those respondents with annual household income of over \$50,000 (Table 5 and Figure 13).
 - Of those who responded that they had smoked tobacco in a pipe, the prevalence of reported current pipe smoking **ten percent (10%)** among respondents with an annual household income of less than \$20,000, and **three percent (3%)** among those with an annual household income of \$20,000-\$50,000 (Table 5 and Figure 13).



Tobacco Use (continued)

Risk Factor Definition: Current pipe smoking

Of those who responded that they had smoked tobacco in a pipe, those adults who reported current pipe smoking.

Table 5: Current pipe smoking

| Age | (%) | Education | (%) | Income | (%) |
|-------|-----|---------------|-----|-------------------|-----|
| 18-39 | 7 | <HS Education | 0 | <\$20,000 | 10 |
| 40-64 | 5 | HS Grad. | 7 | \$20,000-\$50,000 | 3 |
| 65+ | 0 | College Grad. | 0 | >\$50,000 | 0 |

Figure 13: Current pipe smoking

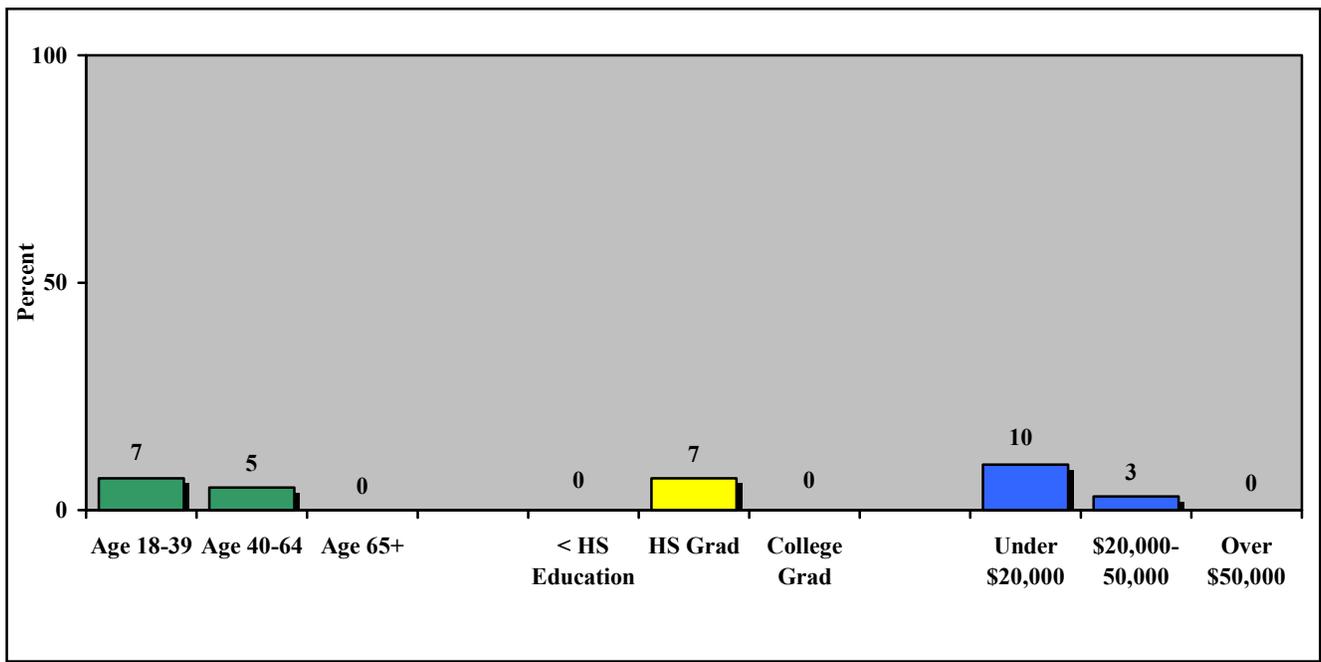
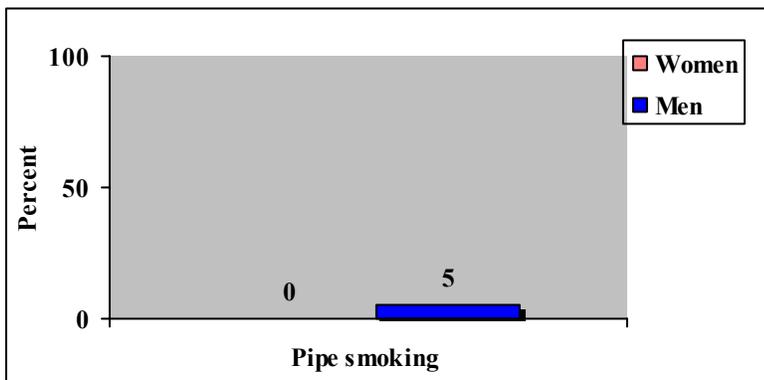


Figure 14: Current pipe smoking, by gender



Of those adult women in Clark County who reported that they had smoked tobacco in a pipe, there was no prevalence of reported current pipe smoking among adult women (0%). Of those adult men in Clark County who reported that they had smoked tobacco in a pipe, the prevalence of reported current pipe smoking was five percent (5%) (Figure 14).

Tobacco Use (continued)

Smoking in Home

Risk Factor Definition: Smoking is allowed in the home

Question: Which statement best describes the rules of smoking inside your home?

At Risk: Those who did not indicate that smoking is not allowed anywhere inside the homes are considered at risk.

Who is at risk in Clark County?



- Twenty-three percent (23%) of the adults in Clark County reported that smoking is allowed inside their home.
- The prevalence of reported smoking allowed in the home was lower among respondents aged 18-39 years (20%) than among respondents aged 40-64 years (27%), and respondents 65 years and older (26%) (Table 6 and Figure 15).
- The prevalence of reported smoking allowed in the home was higher among respondents with less than a high school education (38%) than among those respondents with a high school education (27%), and college education (11%) (Table 6 and Figure 15).
- The prevalence of reported smoking allowed in the home was higher among those respondents with an annual household income of less than \$20,000 (40%) than among those respondents with an annual household income of \$20,000-\$50,000 (24%), and annual household income of over \$50,000 (15%) (Table 6 and Figure 15).

Tobacco Use (continued)

Risk Factor Definition: Smoking is allowed in the home

Respondents who reported that smoking is allowed inside the home.

Table 6: Smoking is allowed in the home

| Age | | Education | | Income | |
|-------|-----|---------------|-----|-------------------|-----|
| | (%) | | (%) | | (%) |
| 18-39 | 20 | <HS Education | 38 | <\$20,000 | 40 |
| 40-64 | 27 | HS Grad. | 27 | \$20,000-\$50,000 | 24 |
| 65+ | 26 | College Grad. | 11 | >\$50,000 | 15 |

Figure 15: Smoking allowed in the home

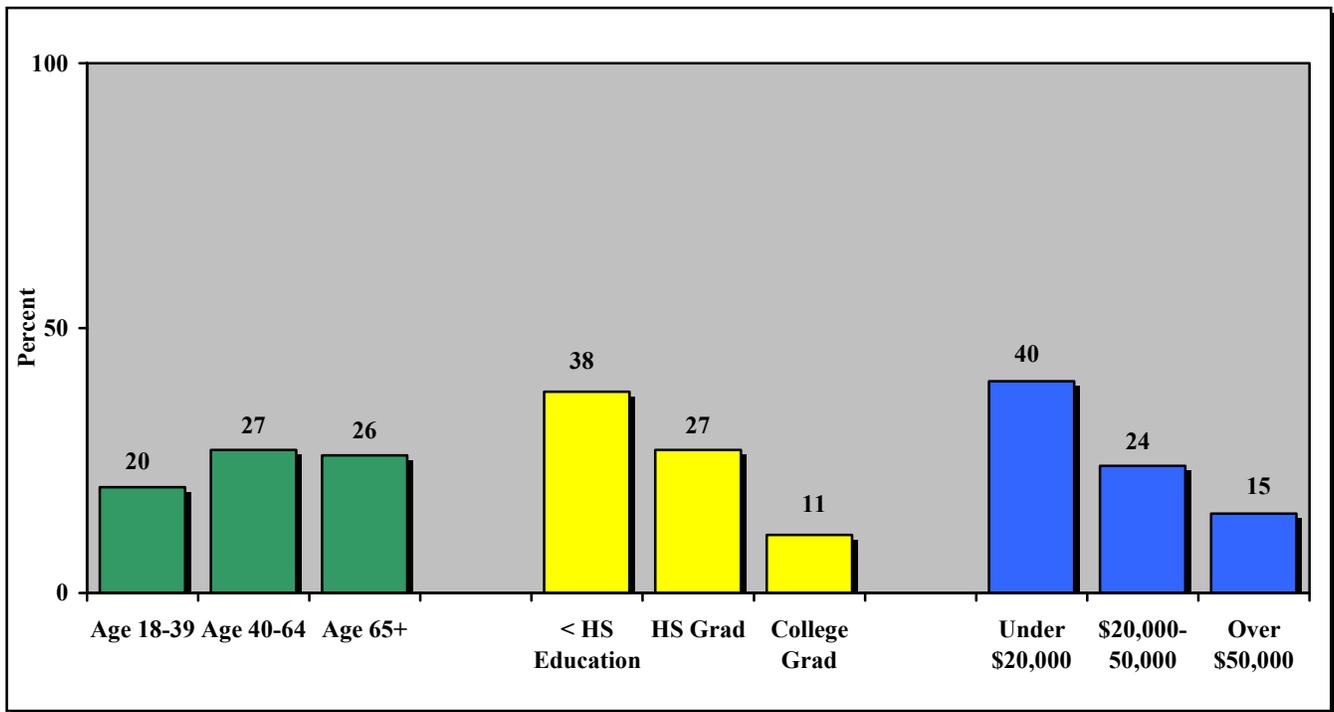
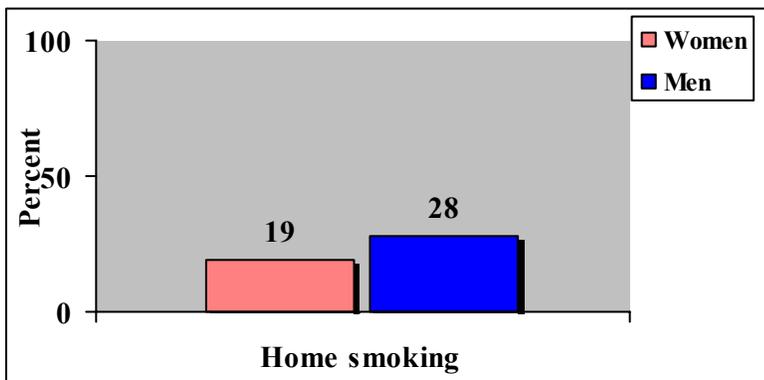


Figure 16: Smoking allowed in the home, by gender



The prevalence of reported smoking allowed in the home was **lower** among **adult women (19%)** than among **adult men (28%)** in Clark County (Figure 16).

Tobacco Use (continued)

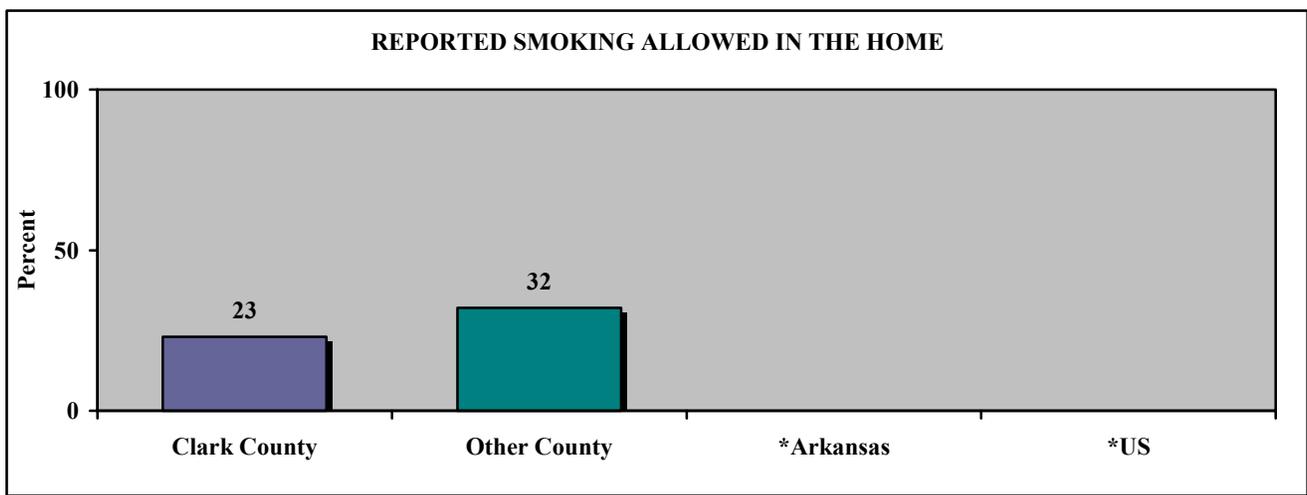
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2005 state and nationwide BRFSS data.

Comparing reported findings on smoking allowed in the home

- The prevalence of reported smoking allowed in the home was lower among adults in Clark County (23%) than among adults in a neighboring county (32%) (Figure 17).

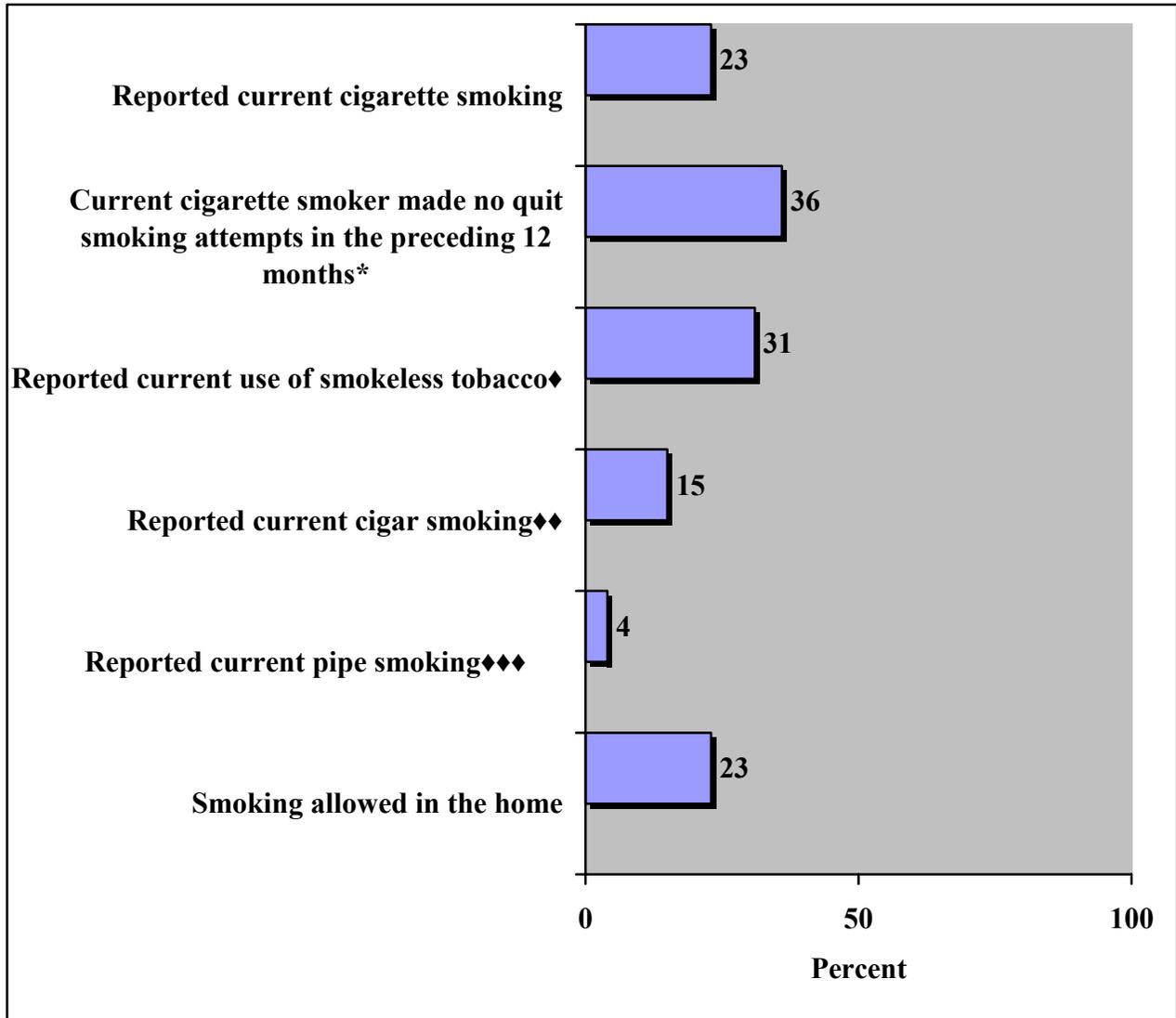
Figure 17: Comparing reported findings on smoking allowed in the home



*No comparison data available

Tobacco Use (continued)

Figure 18: Tobacco use summary



* Of those reported current cigarette smoking

♦ Of those who have ever tried smokeless tobacco

♦♦ Of those who have ever tried smoking a cigar, even one or two puffs

♦♦♦ Of those have ever tried smoking tobacco in a pipe, even one or two puffs

Women's Health & Risk Factors

Women's Health

Demographics

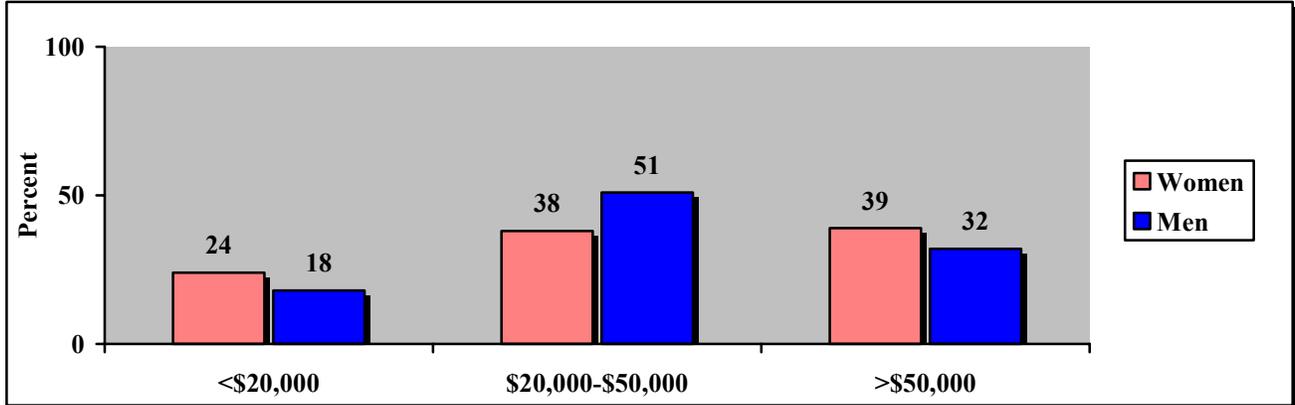
Table 1: Number of people surveyed

| TOTAL NUMBER OF PEOPLE IN SURVEY | | |
|----------------------------------|--------|----------------|
| Male | Female | Total Surveyed |
| 308 | 578 | 886 |

Annual household income

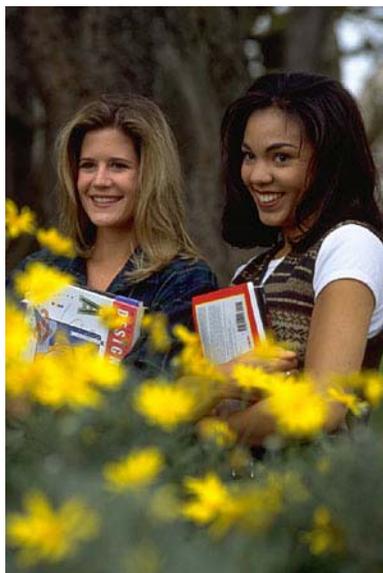
- Adult women in Clark County (24%) were more likely than adult men in Clark County (18%) to report an annual household income of under \$20,000 (Figure 1).
- Adult women in Clark County (38%) were less likely than adult men in Clark County (51%) to report an annual household income between \$20,000 and \$50,000 (Figure 1).
- Adult women in Clark County (39%) were more likely than adult men in Clark County (32%) to report an annual household income of over \$50,000 (Figure 1).

Figure 1: Reported annual household income, by gender



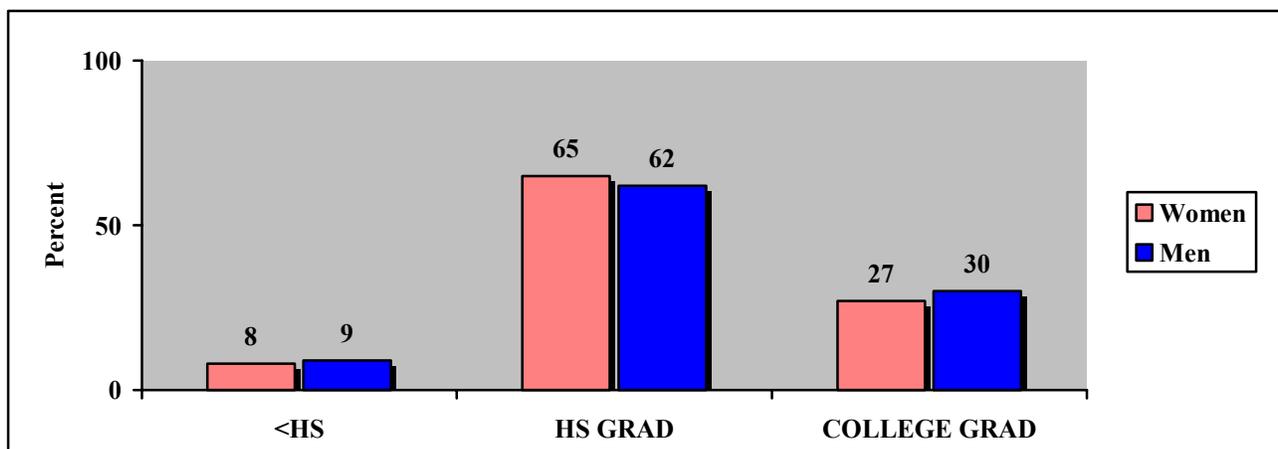
Women's Health (continued)

Level of education attained



- Adult women in Clark County (8%) were less likely than adult men in Clark County (9%) to report that the highest level of education attained was less than a high school diploma (Figure 2).
- Adult women in Clark County (65%) were more likely as adult men in Clark County (62%) to report that they were high school graduates (Figure 2).
- Adult women in Clark County (27%) were less likely than adult men in Clark County (30%) to report that they were college graduates (Figure 2).

Figure 2: Reported highest level of education attained, by gender



Women & Behavioral Risk Factors

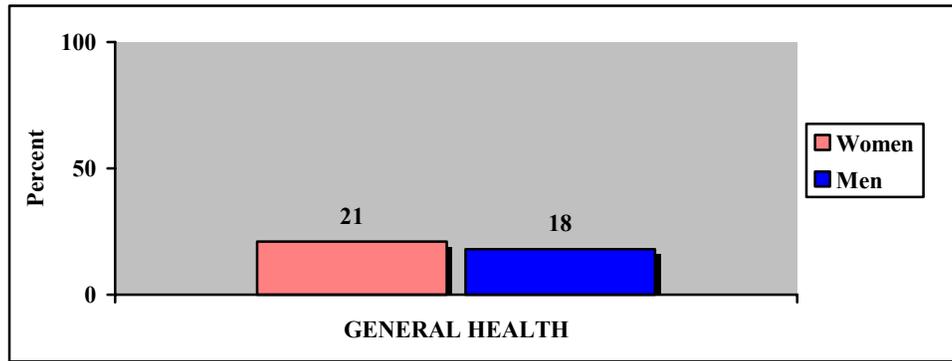
In addition to the standard BRFSS questions, the Clark County survey included special questions about women's health issues. Women's health concerns more than just breast care and reproductive health. Disparities between women's and men's health exist for various risk factors. Specific health issues that were investigated in conjunction with women's health concerns in Clark County include self-reported perceptions of health, utilization of preventative health care and health screenings, and personal risk behaviors for men and women in Clark County were compared.

PERCEPTIONS OF HEALTH

General health

- The prevalence of reported fair or poor general health was higher among adult women (21%) than among adult men (18%) in Clark County (Figure 3).

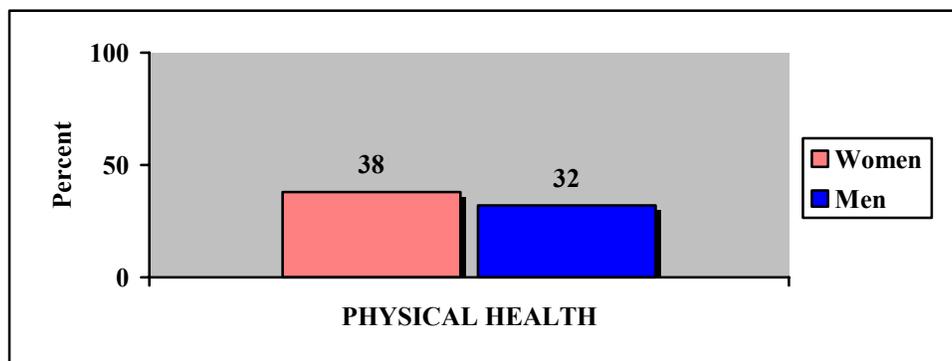
Figure 3: Reported fair or poor general health, by gender



Physical health

- The prevalence of reported physical health not good on one or more of the thirty days preceding the survey was higher among adult women (38%) than among adult men (32%) in Clark County (Figure 4).

Figure 4: Reported physical health not good on one or more days, by gender



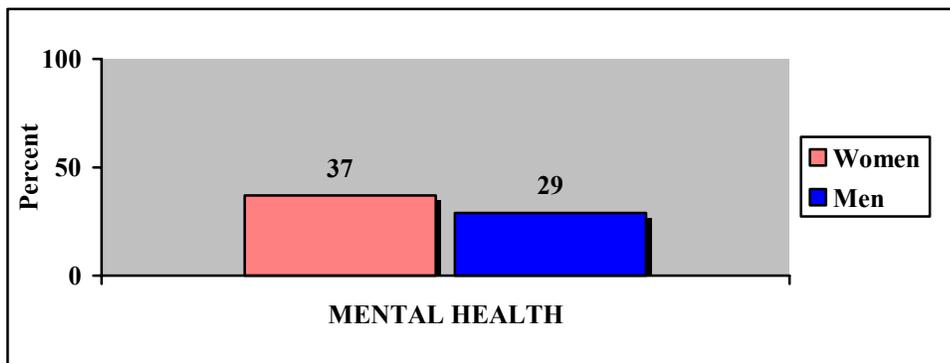
Women & Behavioral Risk Factors (continued)

Mental health



- The prevalence of reported mental health not good on one or more of the thirty days preceding the survey was higher among adult women (37%) than among adult men (29%) in Clark County (Figure 5).

Figure 5: Reported mental health not good on one or more days, by gender



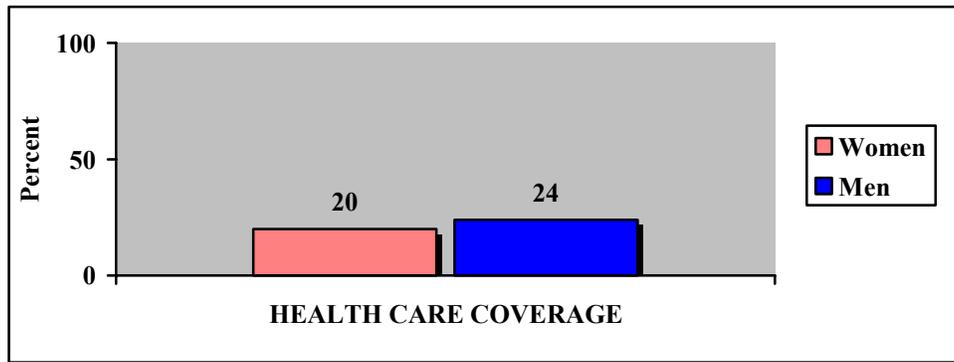
Women & Behavioral Risk Factors (continued)

RISK FACTORS

Health care coverage

- The prevalence of reported no health care coverage was lower among adult women (20%) than among adult men (24%) in Clark County (Figure 6).

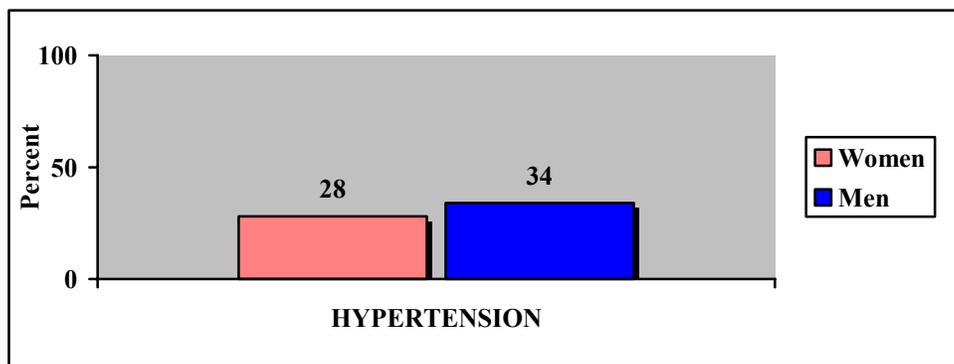
Figure 6: Reported no health care coverage, by gender



Hypertension

- The prevalence of reported hypertension diagnosis by doctor was lower among adult women (28%) than among adult men (34%) in Clark County (Figure 7).

Figure 7: Reported hypertension diagnosis by doctor, by gender



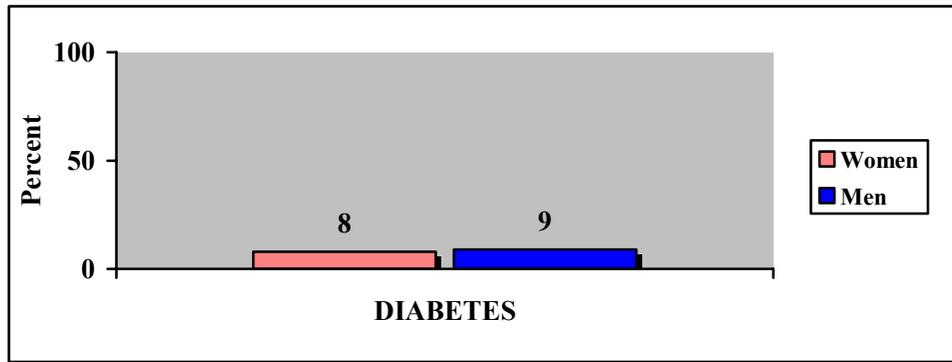
Women & Behavioral Risk Factors (continued)

RISK FACTORS

Diabetes

- The prevalence of reported diabetes diagnosis by doctor was lower among adult women (8%) than among adult men (9%) in Clark County (Figure 8).

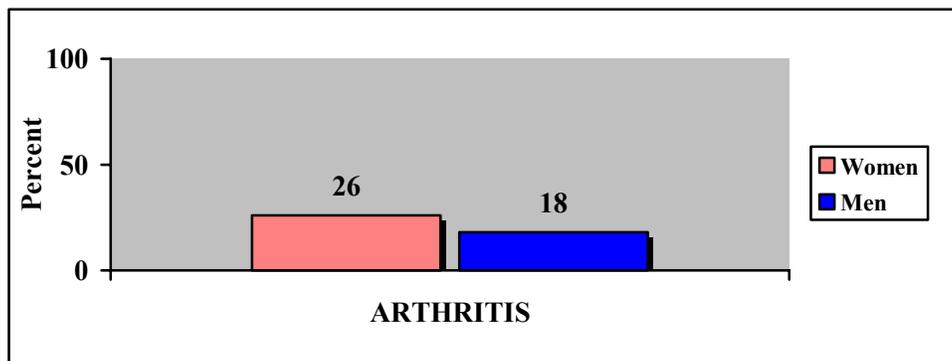
Figure 8: Reported diabetes diagnosis by doctor, by gender



Arthritis

- The prevalence of reported arthritis diagnosis by doctor was higher among adult women (26%) than among adult men (18%) in Clark County (Figure 9).

Figure 9: Reported arthritis diagnosis by doctor, by gender



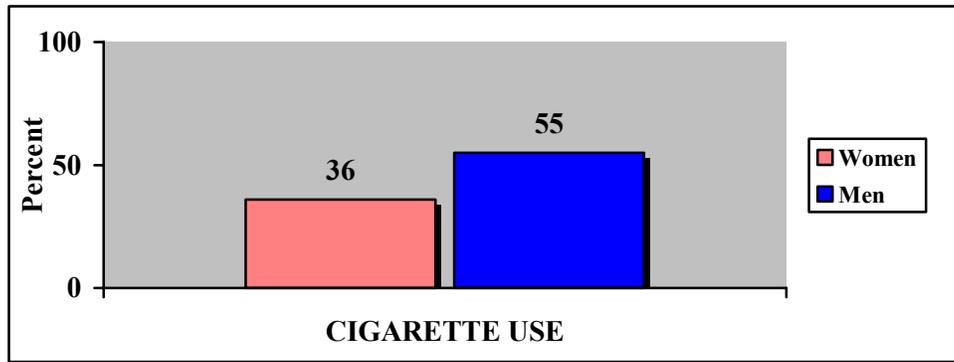
Women & Behavioral Risk Factors (continued)

HEALTH HABITS

Cigarette use

- The prevalence of reported cigarette use in a lifetime was lower among adult women (36%) than among adult men (55%) in Clark County (Figure 10).

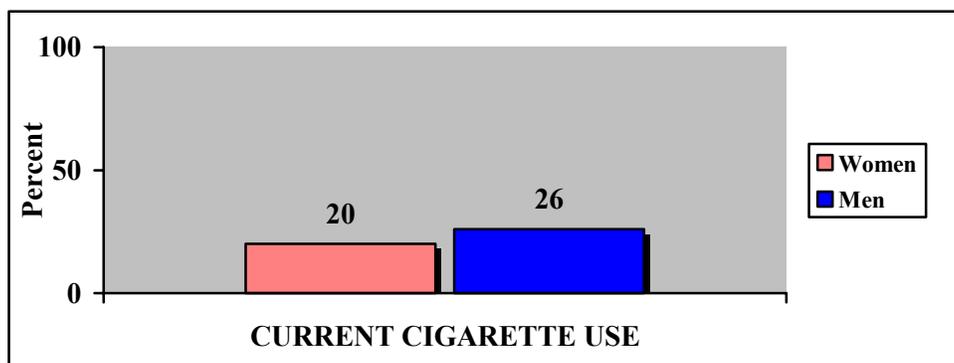
Figure 10: Cigarette use, by gender



Current cigarette use

- The prevalence of reported current cigarette use was lower among adult women (20%) than among adult men (26%) (Figure 11).

Figure 11: Current cigarette use, by gender



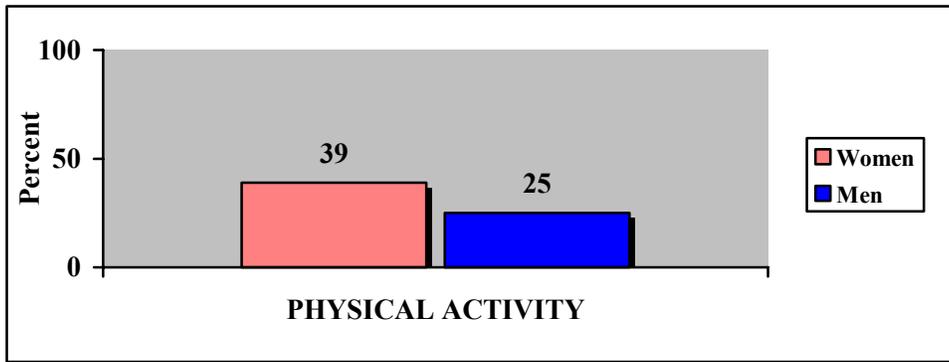
Women & Behavioral Risk Factors (continued)

HEALTH HABITS

Physical activity

- The prevalence of reported no regular physical activity in the month preceding the survey was higher among adult women (39%) than among adult men (25%) in Clark County (Figure 12).

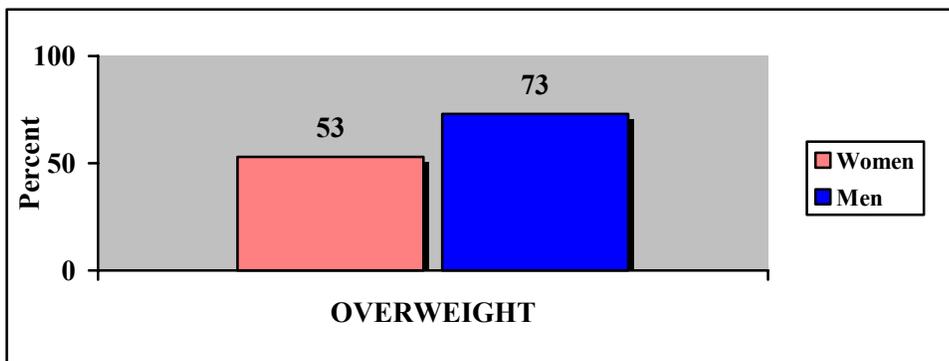
Figure 12: Reported no physical activity, by gender



Overweight status

- The prevalence of reported overweight status was lower among adult women (53%) than among adult men (73%) in Clark County (Figure 13).

Figure 13: Reported overweight status, by gender



Breast Cancer Screening and Knowledge

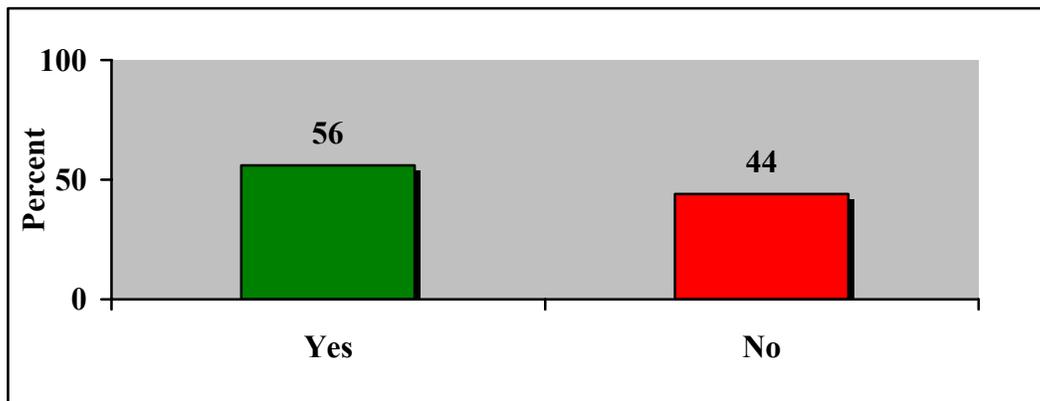
Breast cancer is the most frequently diagnosed cancer among Arkansas women, aside from skin cancer. According to the American Cancer Society, mammography is very valuable as an early detection tool, often identifying cancer before any physical symptoms develop. Early detection saves lives and increases treatment options.

Advertisements for mammogram tests

Question: In the past month, have you noticed any posters, billboards, commercials, or advertisements with a message about having a mammogram test?

- Fifty-six percent (56%) of female respondents reported that they had noticed posters, billboards, commercials, or advertisements for mammogram tests during the month preceding the survey (Figure 14).
- Forty-four percent (44%) of female respondents reported that they had not noticed posters, billboards, commercials, or advertisements for mammogram tests during the month preceding the survey (Figure 14).

Figure 14: Reported sightings of advertisements for mammogram tests



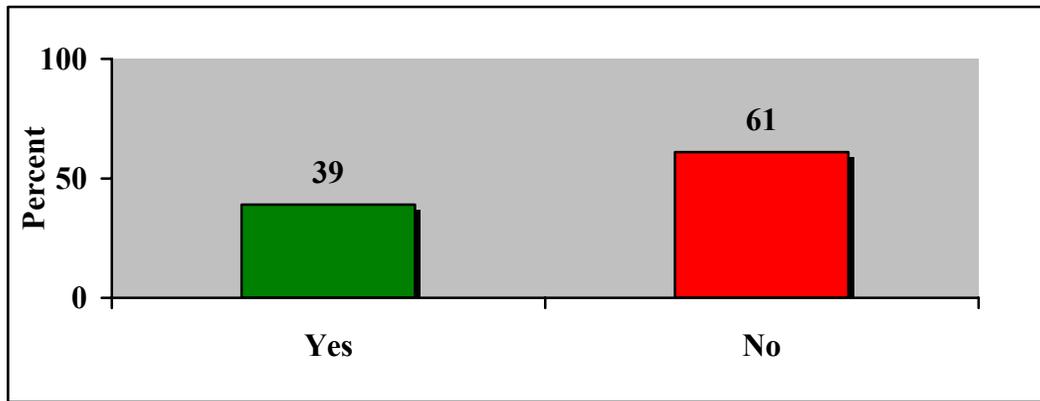
Breast Cancer Screening and Knowledge (continued)

Free breast exams and mammograms

Question: Are you aware that BreastCare, a program of the local health department, offers free breast exams and mammograms to women age 40 and older?

- Thirty-nine percent (39%) of female respondents reported that they know the local health department offers free breast exams and mammograms to women age 40 and older (Figure 15).
- Sixty-one percent (61%) of female respondents reported that they did not know the local health department offers free breast exams and mammograms to women age 40 and older (Figure 15).

Figure 15: Reported knowledge of free breast exams



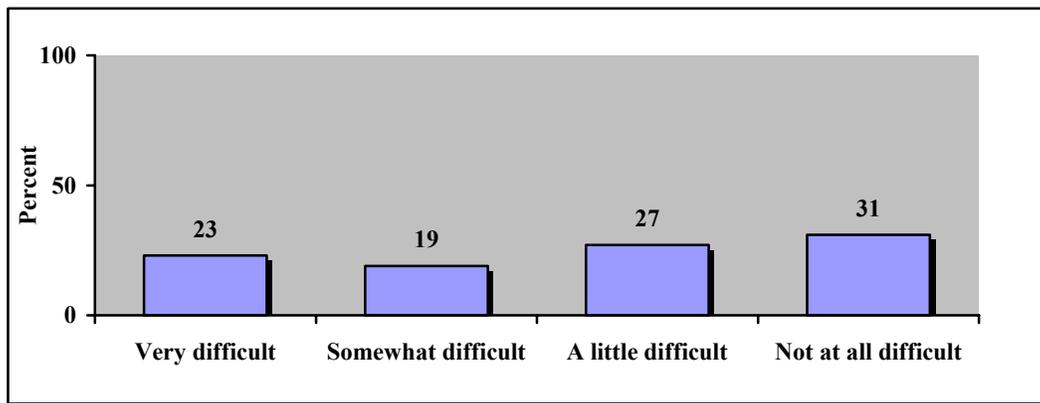
Breast Cancer Screening and Knowledge (continued)

Cost of mammogram test

Question: How difficult would it be for you to pay for the cost of a mammogram test? Would you say difficult, somewhat difficult, a little difficult, or not at all difficult?

- Twenty-three percent (23%) of female respondents reported that it will be very difficult to pay for the cost of a mammogram test (Figure 16).
- Nineteen percent (19%) of female respondents reported that it will be somewhat difficult to pay for the cost of a mammogram test (Figure 16).
- Twenty-seven percent (27%) of female respondents reported that it will be a little difficult to pay for the cost of a mammogram test (Figure 16).
- Thirty-one percent (31%) of female respondents reported that it will be not at all difficult to pay for the cost of a mammogram test (Figure 16).

Figure 16: Reported ability to pay for a mammogram test



Breast Cancer Screening and Knowledge (continued)

A mammogram is an x-ray of each breast to look for breast cancer.

Risk Factor Definition: Women aged 40 and older, no mammograms within the past two years

Question: Have you ever had a mammogram?
How long has it been since your last mammogram?

At Risk: Women 40 and older who haven't had a mammogram in the past two years are considered at risk.

Who is at risk in Clark County?

- Twenty-seven percent (27%) of women over age 40 had not had a mammogram within the two years preceding the survey.
- The prevalence of reported not screened for breast cancer in the past two years preceding the survey was lower among the respondents aged 40-64 years (27%) than among respondents 65 years and older (28%) (Table 2 and Figure 17).
- The prevalence of reported not screened for breast cancer in the past two years preceding was higher among respondents with less than a high school education (44%) than among those respondents with a high school education (29%), and college education (18%) (Table 2 and Figure 17).
- The prevalence of reported not screened for breast cancer in the past two years preceding was higher among those respondents with an annual household income of less than \$20,000 (43%) than among those respondents with an annual household income of \$20,000-\$50,000 (31%), and respondents with annual household income of over \$50,000 (16%) (Table 2 and Figure 17).

Breast Cancer Screening and Knowledge (continued)

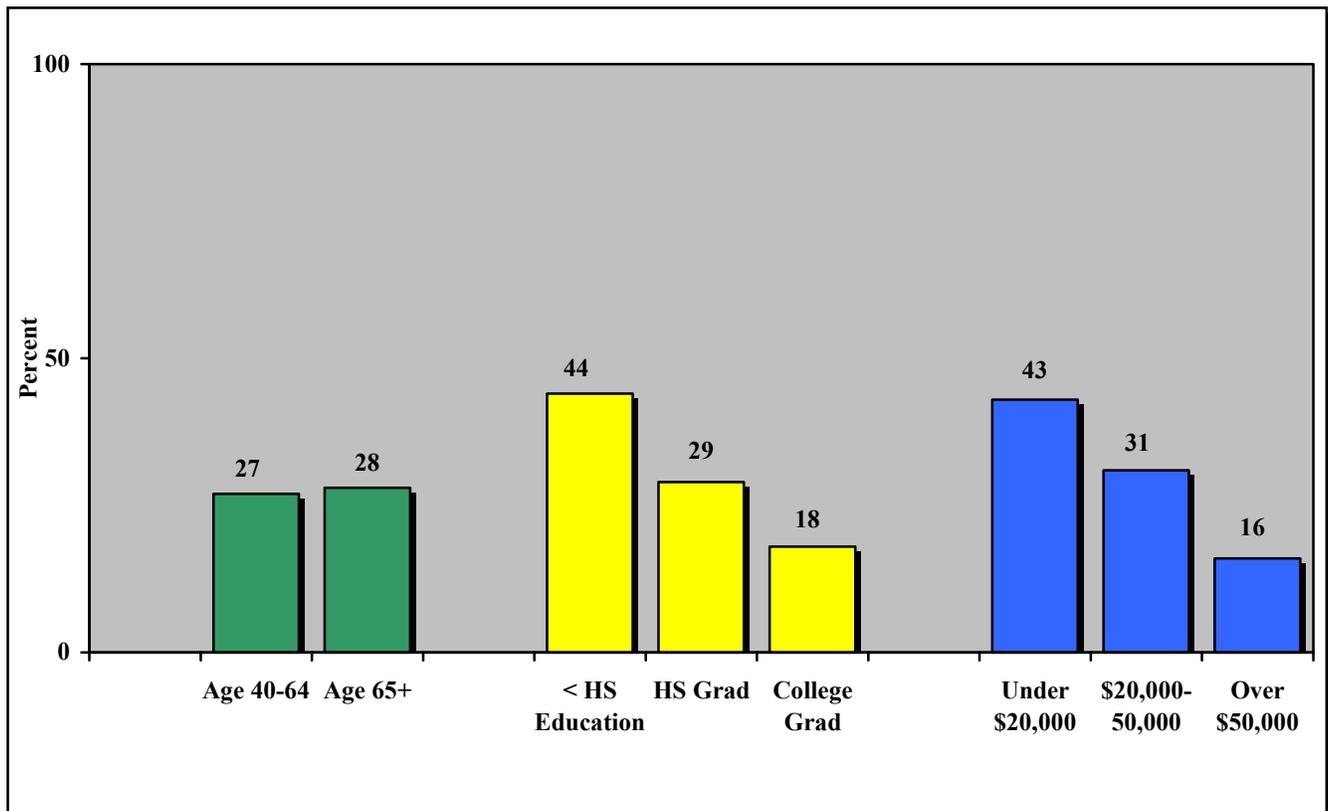
Risk Factor Definition: Women aged 40 and older, no mammograms within the past two years

Female respondents over age 40 who reported that they had not had a mammogram within those two years preceding the survey.

Table 2: Breast cancer screening

| Age | (%) | Education | (%) | Income | (%) |
|-------|-----|---------------|-----|-------------------|-----|
| 18-39 | N/A | <HS Education | 44 | <\$20,000 | 43 |
| 40-64 | 27 | HS Grad. | 29 | \$20,000-\$50,000 | 31 |
| 65+ | 28 | College Grad. | 18 | >\$50,000 | 16 |

Figure 17: Breast cancer screening



Breast Cancer Screening and Knowledge (continued)

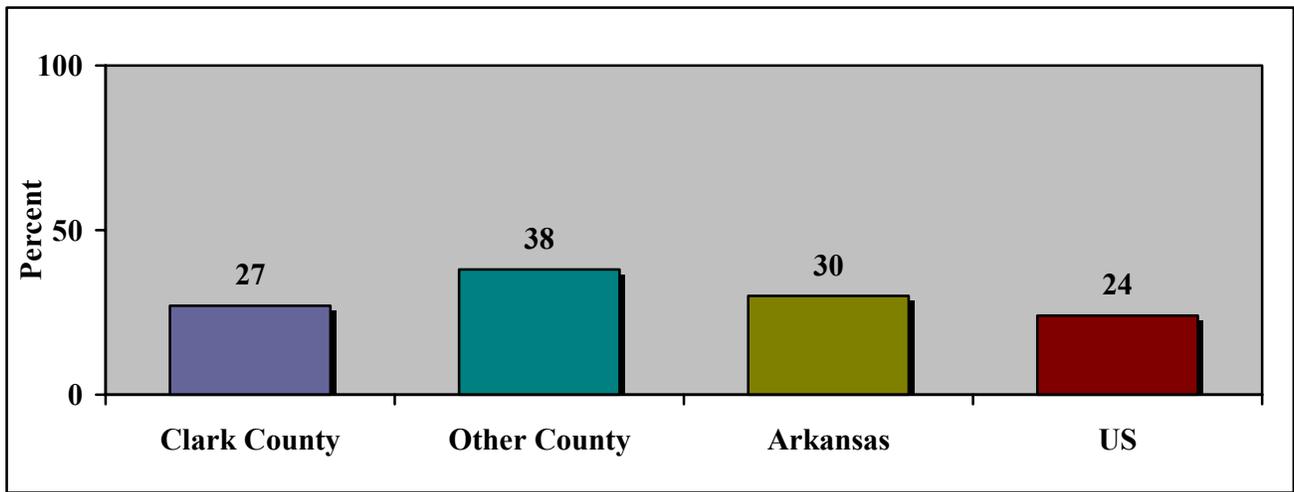
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2006 state and nationwide BRFSS data.

Comparing reported findings on breast cancer screening behavior

- The prevalence of reported no mammogram in the two years preceding the survey was lower among adult women in Clark County (27%) than among adult women in a neighboring county (38%) (Figure 18).
- The prevalence of reported no mammogram in the two years preceding the survey was lower among adult women in Clark County (27%) than among adult women in the state (30%), and nation (24%) (Figure 18).

Figure 18: Comparing reported findings on breast cancer screening behavior



Other Women's Health Screening

Pap smear

Pap tests are used to detect cervical cancer in women. Early stages of cervical cancer often have no signs or symptoms. This makes it important for women to have regular Pap smear tests.

Risk Factor Definition: No Pap smear within the past three years

Question: Have you ever had a Pap smear?
How long has it been since your last Pap smear?

At Risk: Women 18 or older with an intact uterus who have not had a Pap smear within the past three years are considered at risk.

Who is at risk in Clark County?

- Eighteen percent (18%) of Clark County adult women reported that they had not had a Pap smear within the three years preceding the survey.
- The prevalence of reported no Pap smear in the past three years was lower among respondents aged 18-39 years (6%) than among respondents aged 40-64 years (18%), and respondents 65 years and older (43%) (Table 3 and Figure 19).
- The prevalence of reported no Pap smear in the past three years was higher among respondents with less than a high school education (46%) than among those respondents with a high school education (17%), and college education (11%) (Table 3 and Figure 19).
- The prevalence of reported no Pap smear in the past three years was higher among those respondents with an annual household income of less than \$20,000 (26%) than among those respondents with an annual household income of \$20,000-\$50,000 (25%), and respondents with an annual household income of over \$50,000 (5%) (Table 3 and Figure 19).

Other Women's Health Screening (continued)

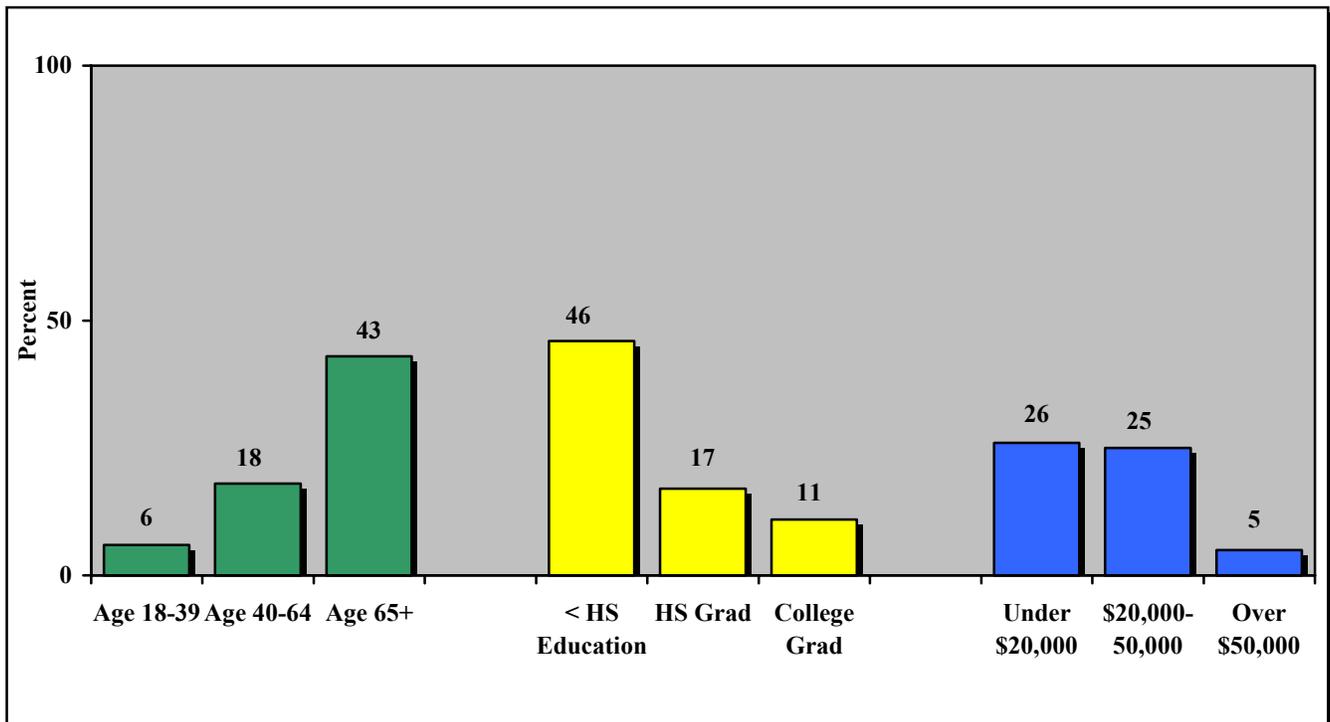
Risk Factor Definition: No Pap smear within the past three years

Female respondents who reported that they had not had a Pap smear within the three years preceding the survey.

Table 3: No pap smear

| Age | (%) | Education | (%) | Income | (%) |
|-------|-----|---------------|-----|-------------------|-----|
| 18-39 | 6 | <HS Education | 46 | <\$20,000 | 26 |
| 40-64 | 18 | HS Grad. | 17 | \$20,000-\$50,000 | 25 |
| 65+ | 43 | College Grad. | 11 | >\$50,000 | 5 |

Figure 19: No pap smear



Other Women's Health Screening (continued)

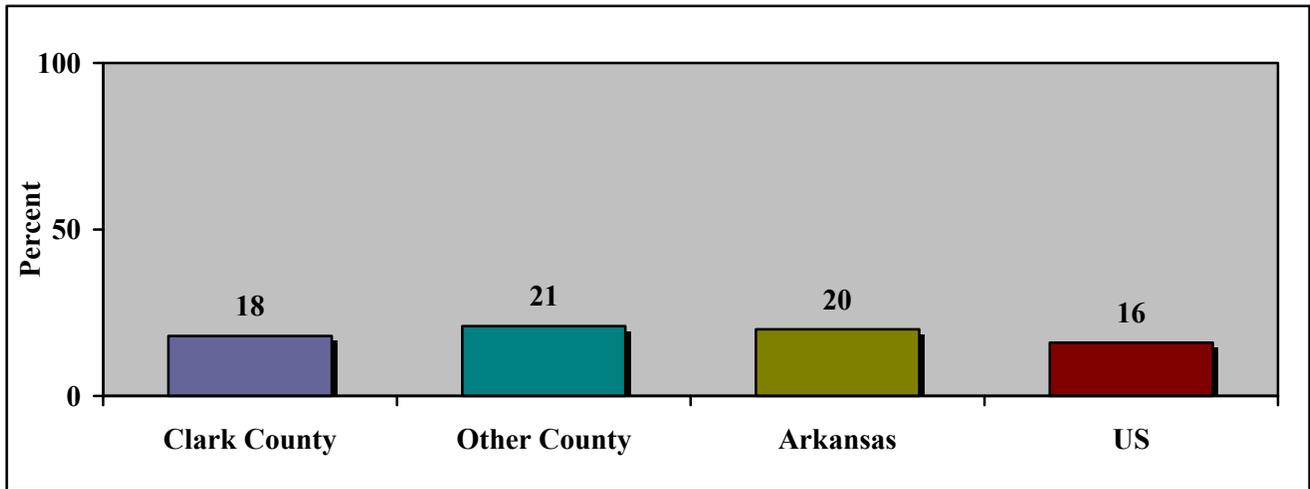
How does Clark County compare?

In order to determine Clark County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2006 state and nationwide BRFSS data.

Comparing reported findings on cervical cancer screening

- The prevalence of reported no Pap smear within the past three years was lower among adult women Clark County (18%) than among adult women a neighboring county (21%) (Figure 20).
- The prevalence of reported no Pap smear within the past three years was also lower among adult women Clark County (18%) than among adult women in the state (20%); and higher than among adult women in the nation (16%) (Figure 20).

Figure 20: Comparing reported findings on cervical cancer screening



Trend Charts

Trend Charts

Figure 1: General Health Status (Clark CAHS 2007, Arkansas and national 1998-2006 BRFSS)

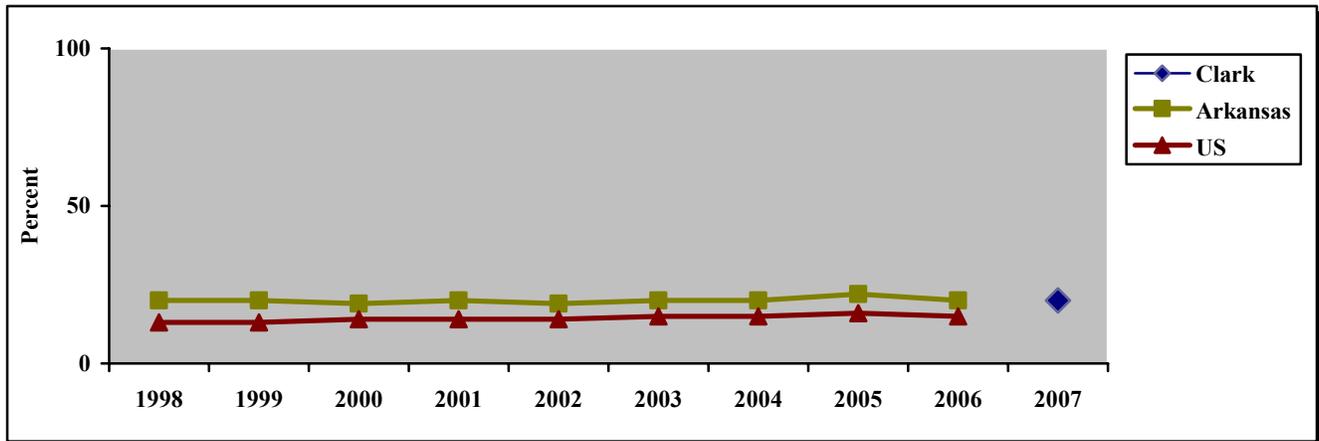
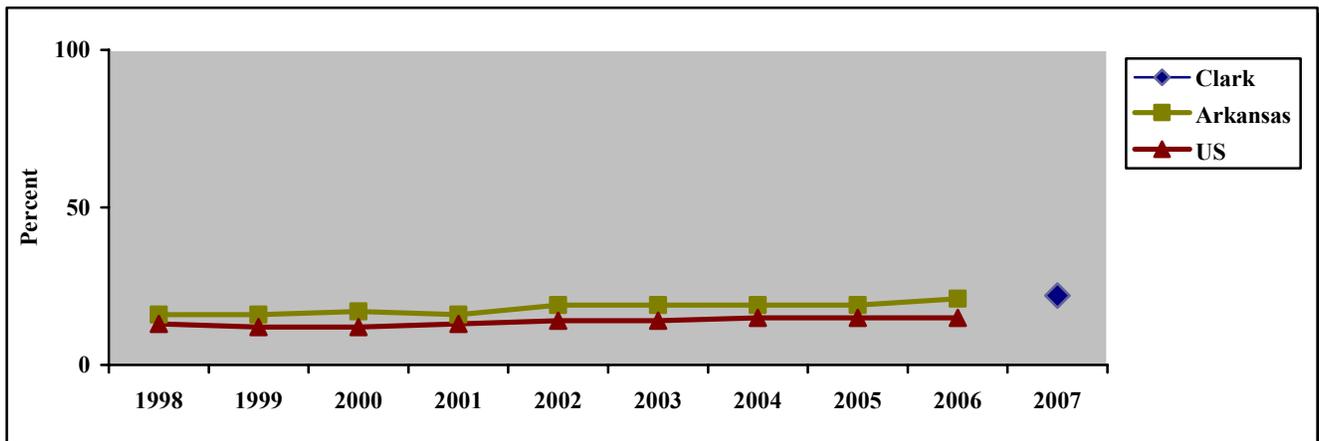
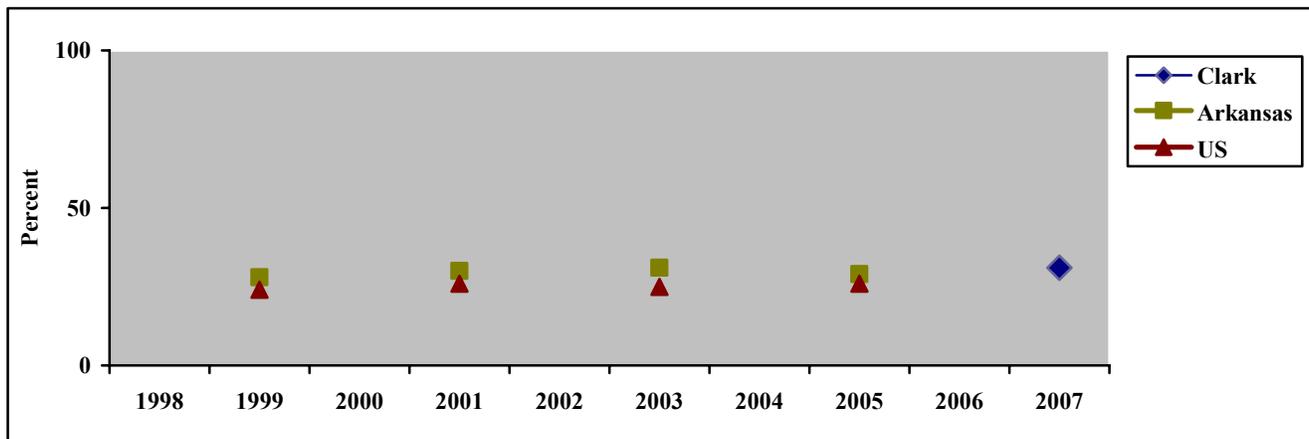


Figure 2: Health Care Access (Clark CAHS 2007, Arkansas and national 1998-2006 BRFSS)



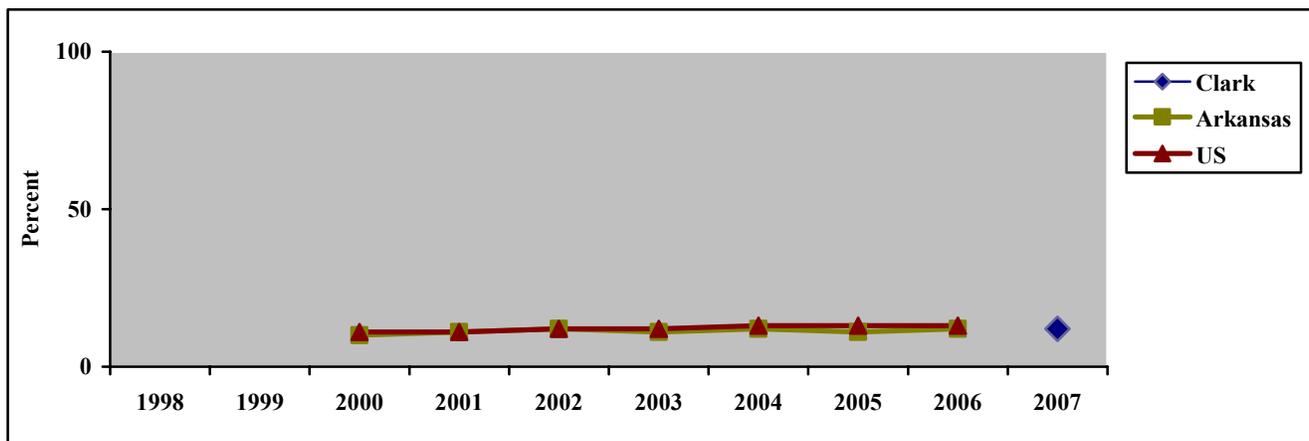
Trend Charts (continued)

Figure 3: Hypertension (Clark CAHS 2007, Arkansas and national 1998-2006 BRFSS)



* No data for Arkansas – 1998, 2000, 2002, 2004, 2006
 ** No data for US (States and DC) – 1998, 2000, 2002, 2004, 2006

Figure 4: Asthma (Clark CAHS 2007, Arkansas and national 1998-2006 BRFSS)



* No data for Arkansas – 1998, 1999
 ** No data for US (States and DC) – 1998, 1999

Trend Charts (continued)

Figure 5: Have diabetes (Clark CAHS 2007, Arkansas and national 1998-2006 BRFSS)

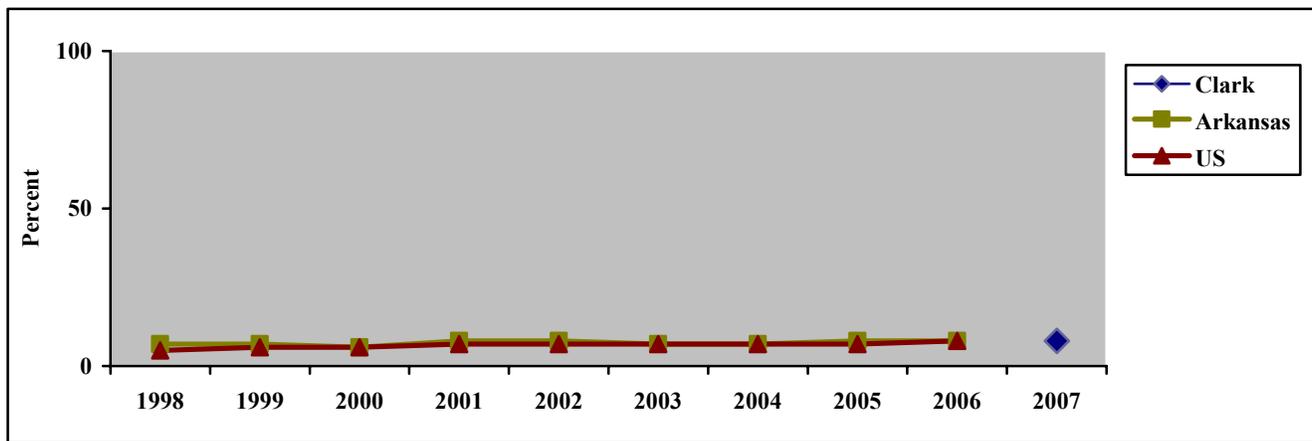
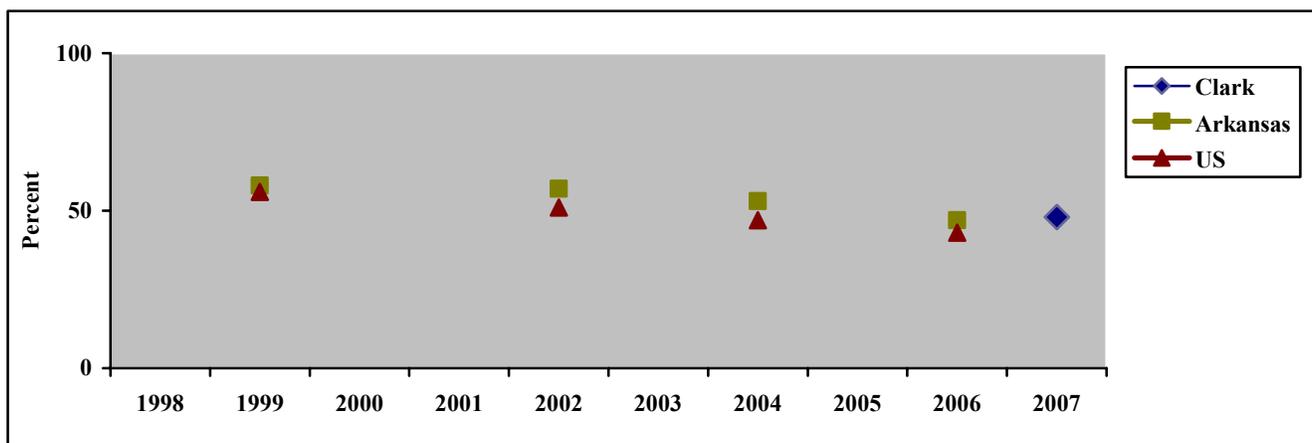


Figure 6: Colorectal cancer screening (Clark CAHS 2007, Arkansas and national 1998-2006 BRFSS)



* No data for Arkansas – 1998, 2000, 2001, 2003, 2005
 ** No data for US (States and DC) – 1998, 2000, 2001, 2003, 2005

Trend Charts (continued)

Figure 7: Overweight (Clark CAHS 2007, Arkansas and national 1998-2006 BRFSS)

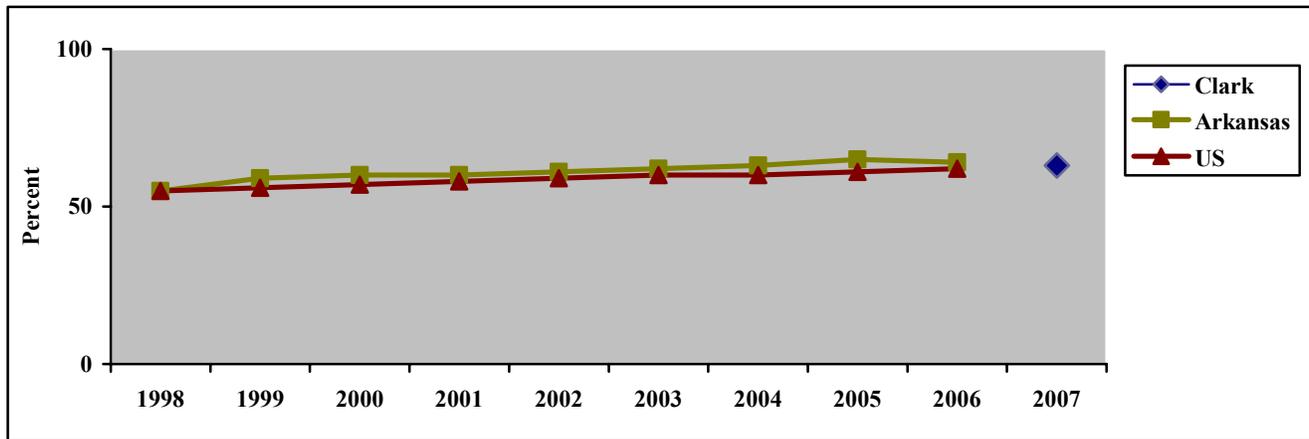
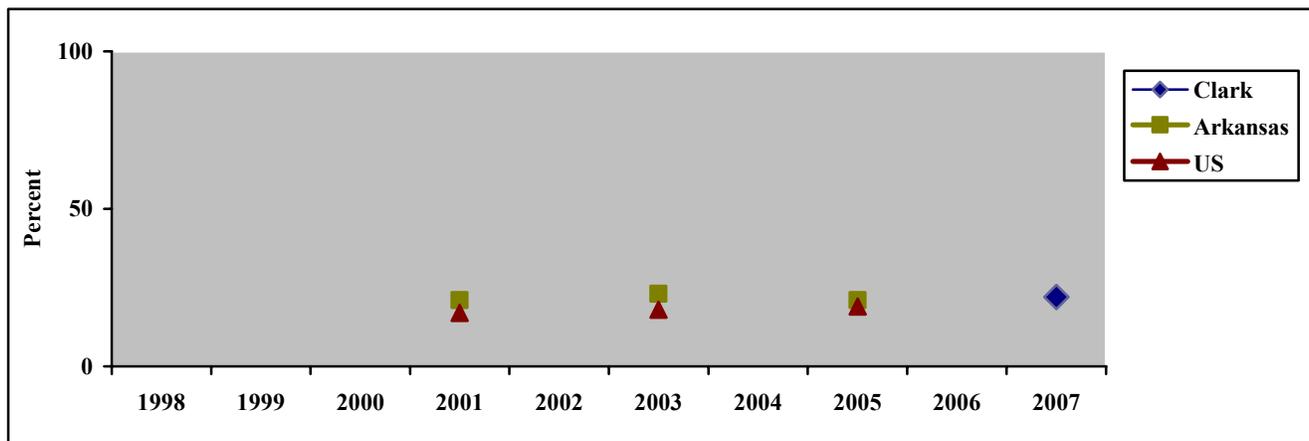


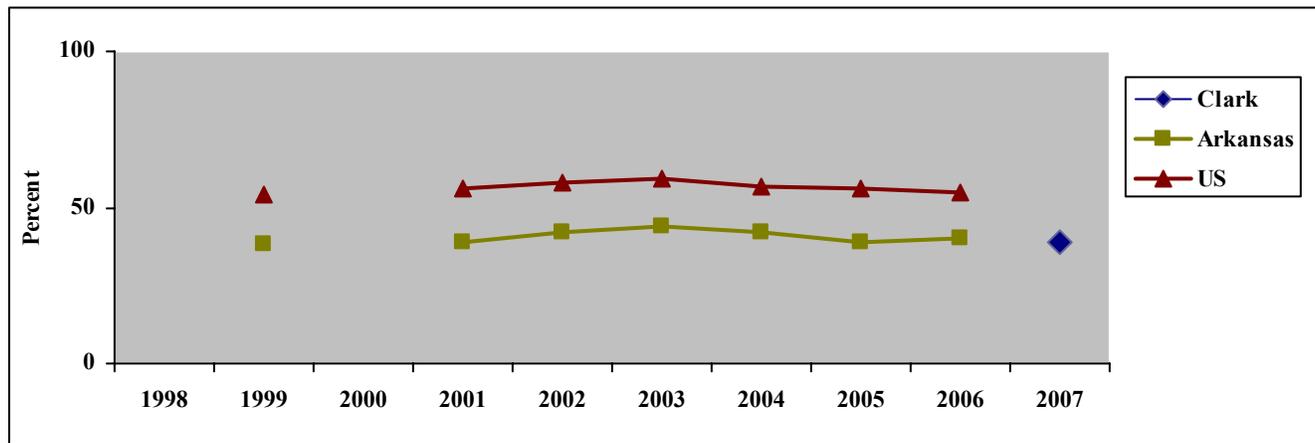
Figure 8: Disability (Clark CAHS 2007, Arkansas and national 1998-2006 BRFSS)



* No data for Arkansas – 1998, 1999, 2000, 2002, 2004, 2006
 ** No data for US (States and DC) – 1998, 1999, 2000, 2002, 2004, 2006

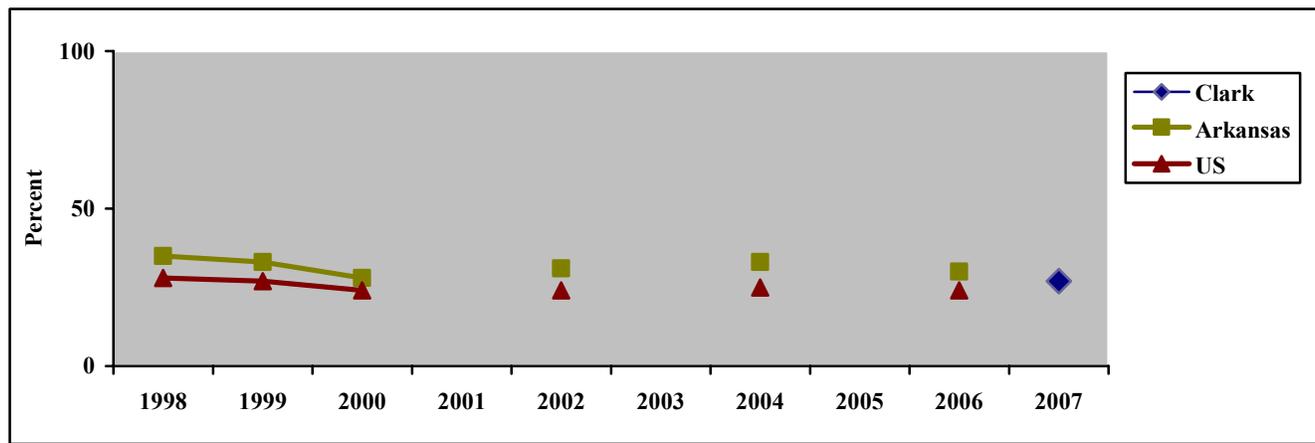
Trend Charts (continued)

Figure 9: Any alcoholic beverage (Clark CAHS 2007, Arkansas and national 1998-2006 BRFSS)



* No data for Arkansas – 1998, 2000
 ** No data for US (States and DC) – 1998, 2000

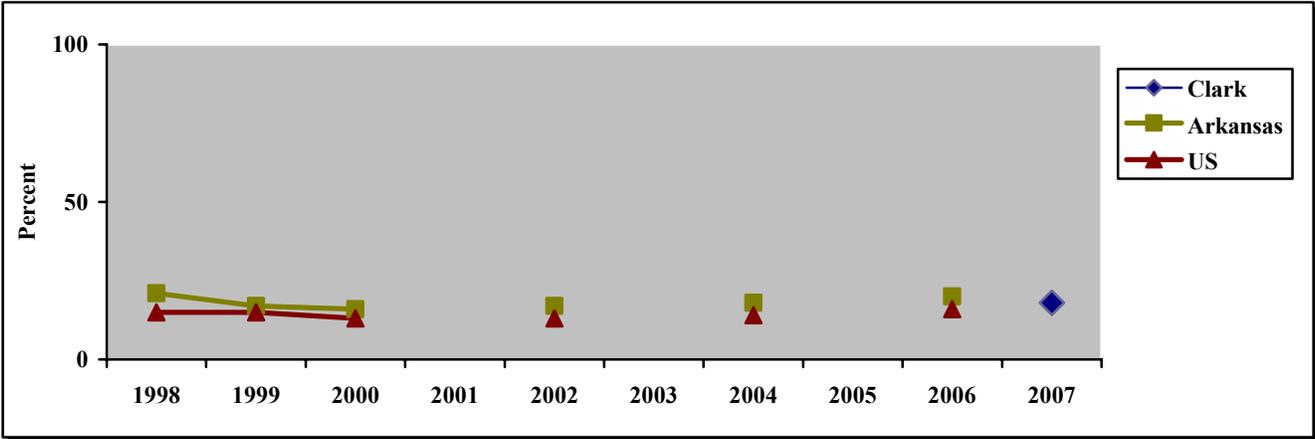
Figure 10: Breast cancer screening (Clark CAHS 2007, Arkansas and national 1998-2006 BRFSS)



* No data for Arkansas – 2001, 2003, 2005
 ** No data for US (States and DC) – 2001, 2003, 2005

Trend Charts (continued)

Figure 11: Cervical cancer screening (Clark CAHS 2007, Arkansas and national 1998-2006 BRFSS)



* No data for Arkansas – 2001, 2003, 2005
** No data for US (States and DC) – 2001, 2003, 2005

Appendix

Clark County Adult Health Survey Questions

The following questions were administered as part of the Hometown Health County Adult Health Survey. The interviews were conducted by telephone. Interested parties can obtain a complete copy of the script used to conduct the interview from their local Hometown Health leaders.

Core 1: Health Status

1. Would you say that in general your health is excellent, very good, good, fair, or poor?
2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Core 2: Healthcare Access

1. Do you have any kind of health care coverage, including health insurance, pre-paid plans such as HMO's, or government plans such as Medicare?
2. During the past 12 months, was there any time that you did not have any health insurance or coverage?
3. Do you have one person you think of as your personal doctor or health care provider?

Core 3: Exercise

1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics (cal i STEN iks), golf, gardening, or walking for exercise?

Core 4: Hypertension Awareness

1. Have you ever been told by a doctor that you have high blood pressure?
2. Are you currently taking medicine for your high blood pressure?

Core 5: Cholesterol Awareness

1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?
2. About how long has it been since you last had your blood cholesterol checked?
3. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

Core 6: Asthma

1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?
2. Do you still have asthma?

Core 7: Diabetes

1. Have you ever been told by a doctor that you have diabetes?

Core 8: Arthritis

1. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint?
2. Were these symptoms present on most days for at least one month?
3. Are you now limited in any way in any activities because of joint symptoms?
4. Have you ever seen a doctor, nurse or other health professional for these joint symptoms?
5. Have you ever been told by a doctor that you have arthritis?
6. Are you currently being treated by a doctor for arthritis?

Core 9: Immunization

1. During the past 12 months, have you had a flu shot?
2. Have you ever had a pneumonia shot? This shot is given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal (new mo COCK kle) vaccine.

Core 10: Tobacco Use

1. Have you smoked at least 100 cigarettes in your entire life?
2. Do you now smoke cigarettes every day, some days, or not at all?
3. During the past 12 months have you stopped smoking for one day or longer because you were trying to quit smoking?

Core 11: Alcohol Use

1. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?
2. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?
3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

Core 13: Demographics

1. What is your age?
2. Are you Hispanic or Latino?
3. Which one or more of the following would you say is your race?
4. Which one of these groups would you say best represents your race?
5. Marital status?
6. How many children less than 18 years of age live in your household?
7. What is the highest grade or year of school you completed?
8. Are you currently?
9. Is your annual household income from all sources?
10. About how much do you weigh without shoes?
11. About how tall are you without shoes?
12. What is your ZIP Code?
13. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.
14. How many of these are residential numbers?
15. How many adult members of your household currently use a cell phone for any purpose?
16. Not counting interruptions in service because of the weather, has your regular home telephone service been disconnected in the last 12 months?
17. In the past 12 months, about how many months in total were you without a working home telephone? (Do not count cell phones)

18. And I need to verify that you are (male/female).
19. The next question relates to military service. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

Arkansas CAHS Module 1: Women's Health

1. The next questions concern women's health. What types of things can women do to help in the early detection of breast cancer?
2. Is there anything else women can do to help in the early detection of breast cancer?
3. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?
4. What is the most important reason why you haven't had a mammogram?
5. Are there any other reasons why you haven't had a mammogram?
6. How long has it been since you had your last mammogram?
7. What is the most important reason why you haven't had a mammogram in the past two years?
8. Are there any other reasons why you haven't had a mammogram in the past two years?
9. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?
10. In the past month, have you noticed any posters, billboards, commercials, or advertisements with a message about having a mammogram test?
11. Are you aware that "BreastCare" is a program of the local health department, offers free breast exams and mammograms to women age 40 and older?
12. How often do you believe women your age should get a mammogram?
13. Did a doctor suggest that you have your most recent mammogram?
14. Have you ever had breast cancer?
15. Do you think your risk of getting breast cancer is high, medium, low, or none?
16. If you wanted to have a mammogram, would you have to pay for all, part, or none of the cost?
17. How difficult would it be for you to pay for the cost of the mammogram test? Would you say very difficult, somewhat difficult, a little difficult, or not at all difficult?
18. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?

19. How long has it been since your last breast exam?
20. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you have already had breast cancer?
21. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?
22. How long has it been since you had your last Pap smear?
23. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem?
24. Have you had a hysterectomy?

Core 14: Disability & Quality of Life

1. Are you limited in any way in any activities because of physical, mental, or emotional problems?
2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?
3. How often do you get the social and emotional support you need?
4. In general, how satisfied are you with your life?

Core 15: Physical Activity

1. When you are at work, which of the following best describes what you do? Would you say:
2. Now, thinking about the moderate physical activities you do when you are not working, in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate?
3. How many days per week do you do these moderate activities for at least 10 minutes at a time?
4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?
5. Now thinking about the vigorous physical activities you do when you are not working, in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?
6. How many days per week do you do these vigorous activities for at least 10 minutes at a time?
7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

Core 16: Prostate Cancer Screening

1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?
2. How long has it been since you had your last PSA test?
3. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?
4. How long has it been since your last digital rectal exam?
5. Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?
6. Has your father, brother, son, or grandfather ever been told by a doctor, nurse, or health professional that he had prostate cancer?

Core 17: Colorectal Cancer Screening

1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?
2. How long has it been since you had your last blood stool test using a home kit?
3. Sigmoidoscopy (sig-moyd-OS-kopee) or colonoscopy (kolon-OS-kopee) are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had either of these exams?
4. How long has it been since you had your last sigmoidoscopy or colonoscopy?

Core 18: HIV/AIDS

1. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.
2. Not including blood donations, in what month and year was your last HIV test?
3. Where did you have your last HIV test, at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else?
4. I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

ARKANSAS CAHS Module 2: Oral Health

1. How long has it been since you last visited a dentist or a dental clinic for any reason?
2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.
3. How long has it been since you had your teeth “cleaned” by a dentist or dental hygienist?

ARKANSAS CAHS Module 3: Cardiovascular Disease Prevalence

1. Has a doctor ever told you that you had a heart attack, also called a myocardial infraction?
2. Has a doctor ever told you that you had angina or coronary heart disease?
3. Has a doctor ever told you that you had a stroke?

ARKANSAS CAHS Module 4: Fruits and Vegetables

1. How often do you drink fruit juices such as orange, grapefruit, or tomato?
2. Not counting juice, how often do you eat fruit?
3. How often do you eat green salad?
4. How often do you eat potatoes not including French fries, fried potatoes, or potato chips?
5. How often do you eat carrots?
6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

ARKANSAS CAHS Module 5: Tobacco Indicators

1. How old were you the first time you smoked a cigarette, even one or two puffs?
2. How old were you when you first started smoking cigarettes regularly?
3. About how long has it been since you last smoked cigarettes regularly?
4. In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?
5. In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?
6. Which statement best describes the rules about smoking inside your home?

7. Have you ever been told by a doctor or other health care professional that you have chronic bronchitis?
8. Have you ever been told by a doctor or other health care professional that you have emphysema?
9. Have you ever been told by a doctor or other health care professional that you have Chronic Obstructive Pulmonary Disease (COPD)?
10. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?
11. Do you currently use chewing tobacco or snuff every day, some days, or not at all?
12. Have you ever smoked a cigar, even one or two puffs?
13. Do you now smoke cigars every day, some days, or not at all?
14. Have you ever smoked tobacco in a pipe, even one or two puffs?
15. Do you now smoke a pipe every day, some days, or not at all?
16. A bidi (BEE-dee) is a flavored cigarette from India. Have you ever smoked a bidi, even one or two puffs?
17. Do you now smoke bidis (BEE-dees) every day, some days, or not at all?