

Cross County, 2006 County Adult Health Survey



STAMP OUT SMOKING

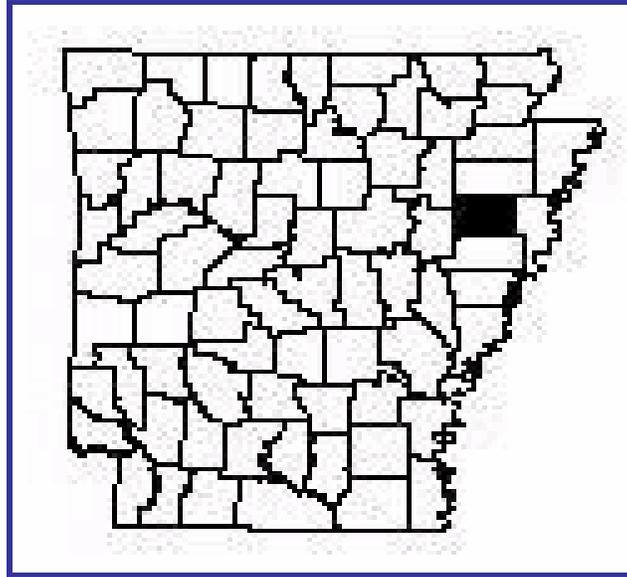
Arkansas Department of Health and Human Services
www.stampoutsmoking.com

YOUR TOBACCO SETTLEMENT DOLLARS AT WORK

Coordinated by:
Cross County
and

Arkansas Department of Health and
Human Services
Center for Health Statistics

Cross County, 2006



County Adult Health Survey *Behavioral Risk Factor Surveillance System*

December 2006

For more information about the Cross County
2006 County Adult Health Survey

Interested parties may request additional information from the following persons:

Cross County
Karen Sagaskey, Hometown Health Leader
Cross County Health Department
704 Canal Street
Wynne, AR 72396
870-238-2101
karen.sagaskey@arkansas.gov



For more information about the Cross County, County Adult Health Survey, the BRFSS, or analysis of the survey data, please contact:

Letitia de Graft-Johnson
Program Support Manager
Arkansas Center for Health Statistics
Division of Health
Arkansas Department of Health and Human Services
P.O. Box 1437, Slot H19
Little Rock, AR 72203
501-661-2232
letitia.degraft-johnson@arkansas.gov



Table of Contents

Introduction to the 2006 Cross County Adult Health Survey.....	1
Risk Factors:	
▪ Health status.....	8
▪ Health care access.....	22
▪ Hypertension.....	25
▪ Cholesterol.....	28
▪ Asthma.....	35
▪ Diabetes.....	38
▪ Arthritis.....	41
▪ Colorectal cancer screening.....	48
▪ Prostate cancer screening.....	52
▪ Immunization – Influenza Shot.....	55
▪ Physical activity.....	58
▪ Overweight.....	61
▪ Disability.....	64
▪ Alcohol consumption.....	67
▪ Tobacco Use.....	70
Women’s health.....	86
Appendix.....	101

List of Figures

Survey Demographics

Figure 1:	Survey demographics, by age	5
Figure 2:	Survey demographics, by education	5
Figure 3:	Survey demographics, by income	6
Figure 4:	Survey demographics, by gender	6

Health Status

Figure 1:	General health	9
Figure 2:	Physical health	11
Figure 3:	Mental health	13
Figure 4:	Summary of data on health status	14
Figure 5:	Summary of data on health status, by age.....	15
Figure 6:	Summary of data on health status, by education.....	16
Figure 7:	Summary of data on health status, by income	18
Figure 8:	Comparing data on general health	19
Figure 9:	Comparing data on physical health.....	19
Figure 10:	Comparing data on mental health	20
Figure 11:	Comparing data on general health, by gender	20
Figure 12:	Comparing data on physical health, by gender.....	21
Figure 13:	Comparing data on mental health, by gender	21

Health Care Access

Figure 1:	Health care coverage.....	23
Figure 2:	Comparing data on health care coverage.....	24
Figure 3:	Comparing data on health care coverage, by gender	24

Hypertension

Figure 1:	Hypertension	26
Figure 2:	Comparing data on hypertension	27
Figure 3:	Comparing data on hypertension, by gender	27

List of Figures (continued)

Cholesterol

Figure 1:	Testing for cholesterol	29
Figure 2:	Testing for cholesterol, by gender	29
Figure 3:	Comparing data on testing for blood cholesterol.....	30
Figure 4:	Blood cholesterol level	32
Figure 5:	Blood cholesterol level, by gender.....	32
Figure 6:	Comparing data on blood cholesterol level	33
Figure 7:	Comparing data on blood cholesterol level, by gender.....	34

Asthma

Figure 1:	Asthma	36
Figure 2:	Asthma, by gender	36
Figure 3:	Comparing data on asthma.....	37
Figure 4:	Comparing data on asthma, by gender.....	37

Diabetes

Figure 1:	Diabetes.....	39
Figure 2:	Comparing data on diabetes.....	40
Figure 3:	Comparing data on diabetes, by gender.....	40

Arthritis

Figure 1:	Arthritis	42
Figure 2:	Comparing data on arthritis	43
Figure 3:	Comparing data on arthritis, by gender.....	43
Figure 4:	Activity limitations	45
Figure 5:	Activity limitations due to joint symptoms, by gender.....	45
Figure 6:	Comparing data on activity limitations due to joint symptoms	46

General

Figure 1:	Summary of chronic conditions	47
-----------	-------------------------------------	----

List of Figures (continued)

Colorectal Cancer Screening

Figure 1:	Colorectal cancer screening	49
Figure 2:	Colorectal cancer screening, by gender	49
Figure 3:	Comparing data on colorectal cancer screening	50
Figure 4:	Comparing data on colorectal cancer screening, by gender	51

Prostate Cancer Screening

Figure 1:	Prostate cancer	53
Figure 2:	Comparing data on prostate cancer	54

Immunization – Influenza Shot

Figure 1:	Immunization (influenza shot)	56
Figure 2:	Immunization (influenza shot), by gender	56
Figure 3:	Comparing data on immunization (influenza shot)	57
Figure 4:	Comparing data on immunization (influenza shot), 65+ year olds	57

Physical Activity

Figure 1:	Physical activity	59
Figure 2:	Comparing data on physical activity	60

Overweight

Figure 1:	Overweight	62
Figure 2:	Comparing data on overweight status	63
Figure 3:	Comparing data on overweight status, by gender	63

Disability

Figure 1:	Activity limitations	65
Figure 2:	Activity limitations, by gender	65
Figure 3:	Comparing data on activity limitations	66
Figure 4:	Comparing data on activity limitations, by gender	66

List of Figures (continued)

Alcohol Consumption

Figure 1:	Binge drinking	68
Figure 2:	Binge drinking, by gender.....	68
Figure 3:	Comparing data on binge drinking	69
Figure 4:	Comparing data on binge drinking, by gender.....	69

Tobacco Use

Figure 1:	Current cigarette use	71
Figure 2:	Comparing data on current cigarette use	72
Figure 3:	Comparing data on current cigarette use, by gender.....	72
Figure 4:	No smoking cessation attempt	74
Figure 5:	No smoking cessation attempt, by gender	74
Figure 6:	Comparing data on no smoking cessation attempt	75
Figure 7:	Current cigar smoking.....	77
Figure 8:	Current cigar smoking, by gender.....	77
Figure 9:	Comparing data on current cigar smoking.....	78
Figure 10:	Current pipe smoking.....	80
Figure 11:	Current pipe smoking, by gender.....	80
Figure 12:	Comparing data on current pipe smoking.....	81
Figure 13:	Smoking allowed in the home.....	83
Figure 14:	Smoking allowed in the home, by gender.....	83
Figure 15:	Comparing data on smoking allowed in the home.....	84
Figure 16:	Tobacco use summary.....	85

Women's Health

Figure 1:	Annual household income, by gender.....	87
Figure 2:	Education, by gender	88
Figure 3:	General health, by gender	89
Figure 4:	Physical health, by gender	89
Figure 5:	Mental health, by gender.....	90
Figure 6:	Health care coverage, by gender.....	91
Figure 7:	Hypertension, by gender	91

List of Figures (continued)

Figure 8:	Diabetes, by gender.....	92
Figure 9:	Arthritis, by gender	92
Figure 10:	Current cigarette use, by gender	93
Figure 11:	Physical activity, by gender	93
Figure 12:	Overweight status, by gender.....	94
Figure 13:	Breast cancer screening.....	96
Figure 14:	Comparing data on breast cancer screening.....	97
Figure 15:	Cervical cancer screening (Pap Smear)	99
Figure 16:	Comparing data on cervical cancer screening	100

List of Tables

Survey Demographics

Table 1: Survey demographics.....	4
-----------------------------------	---

Health Status

Table 1: General health	9
Table 2: Physical health	11
Table 3: Mental health	13

Health Care Access

Table 1: Health care coverage.....	23
------------------------------------	----

Hypertension

Table 1: Hypertension	26
-----------------------------	----

Cholesterol

Table 1: Testing for cholesterol	29
Table 2: Blood cholesterol level	32

Asthma

Table 1: Asthma	36
-----------------------	----

Diabetes

Table 1: Diabetes.....	39
------------------------	----

Arthritis

Table 1: Arthritis	42
Table 2: Activity limitations	45

Colorectal Cancer Screening

Table 1: Colorectal cancer screening.....	49
---	----

Prostate Cancer Screening

Table 1: Prostate cancer	53
--------------------------------	----

List of Tables (continued)

Immunization – Influenza Shot

Table 1: Immunization – Influenza Shot.....	56
---	----

Physical Activity

Table 1: Physical activity.....	59
---------------------------------	----

Overweight

Table 1: Overweight.....	62
--------------------------	----

Disability

Table 1: Activity limitations	65
-------------------------------------	----

Alcohol Consumption

Table 1: Binge drinking	68
-------------------------------	----

Tobacco Use

Table 1: Current cigarette use	71
Table 2: No smoking cessation attempt	74
Table 3: Current cigar smoking.....	77
Table 4: Current pipe smoking.....	80
Table 5: Smoking allowed in the home.....	83

Women’s Health

Table 1: Demographics	87
Table 2: Breast cancer screening.....	96
Table 3: Cervical cancer screening (Pap Smear)	99

Cross County 2006 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 **Behavior 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, Cross 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. The specific behaviors included in the survey are the following:

- 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 Cross County conduct the County Adult Health Survey?

During August and September 2006, a telephone survey of 832 randomly selected adults in Cross 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 Cross County 2006 County Adult Health Survey?

Of the 832 people who were interviewed, 259 were men and 573 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	21	38
	40-64	49	44
	65+	31	18
Education	< HS Education	22	18
	HS Graduate	56	60
	College Graduate	21	22
Income	< \$20,000	30	22
	\$20,000-50,000	42	45
	> \$50,000	28	33
Gender	Male	31	47
	Female	69	53

Who participated in the Cross County 2006 County Adult Health Survey? (continued)

Figure 1: Survey demographics, by age

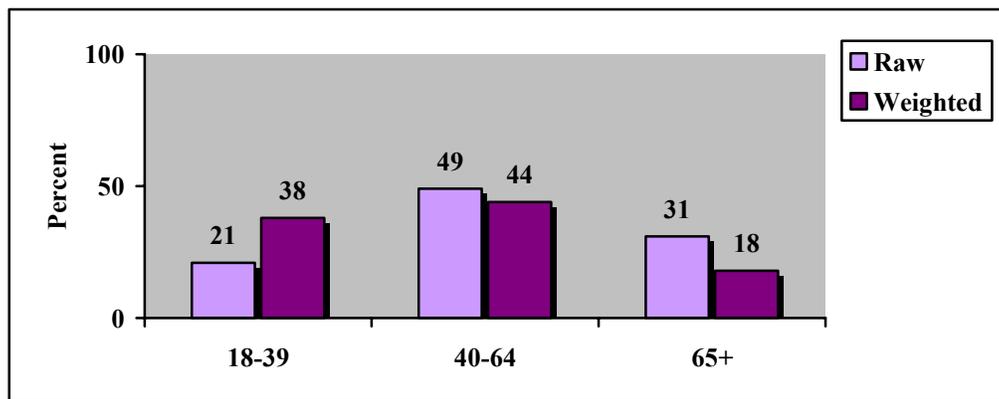
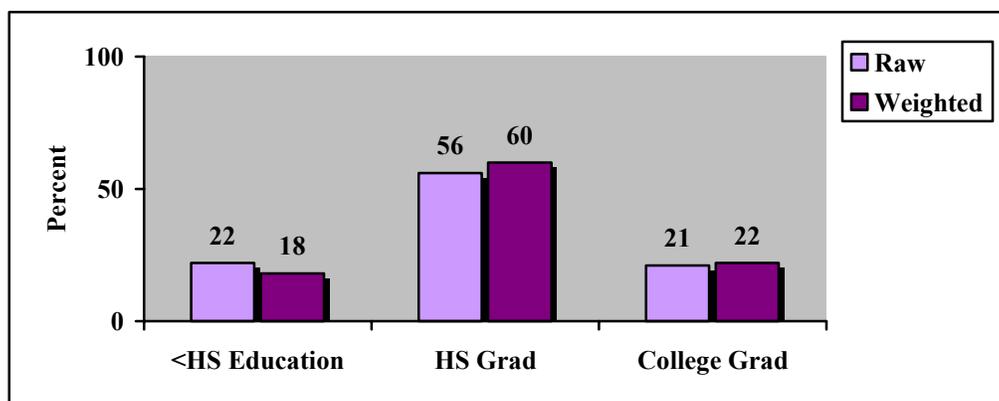


Figure 2: Survey demographics, by education



Who participated in the Cross County 2006 County Adult Health Survey? (continued)

Figure 3: Survey demographics, by income

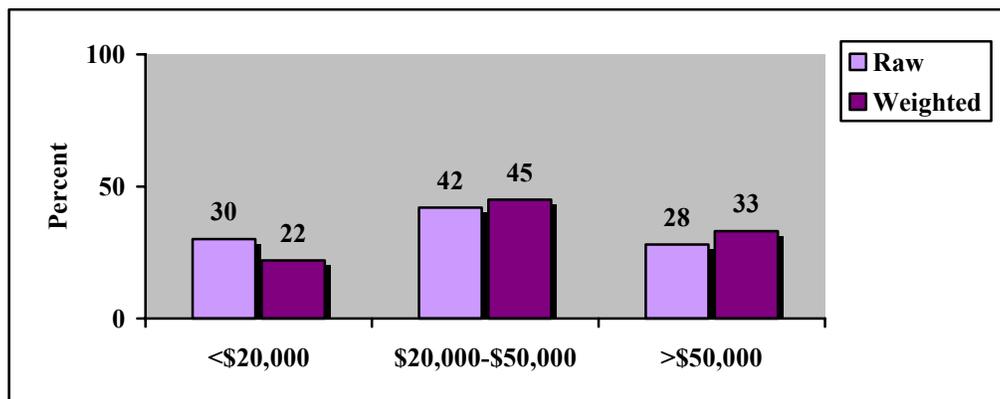
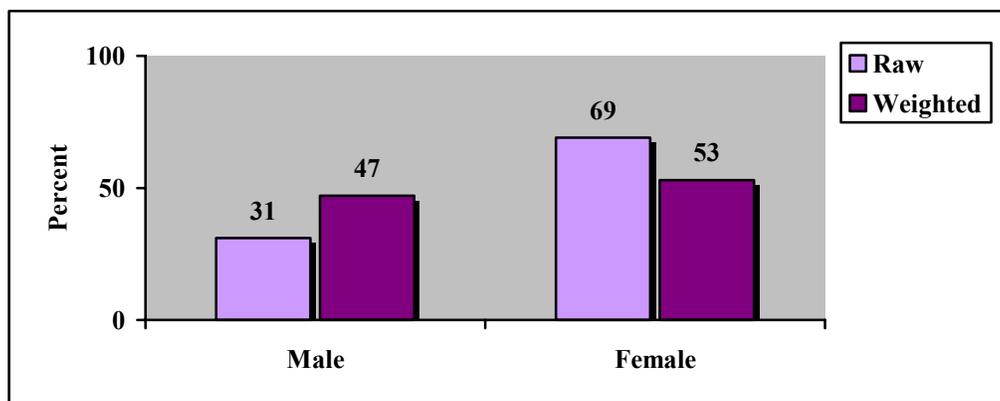


Figure 4: Survey demographics, by gender



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 Cross County?

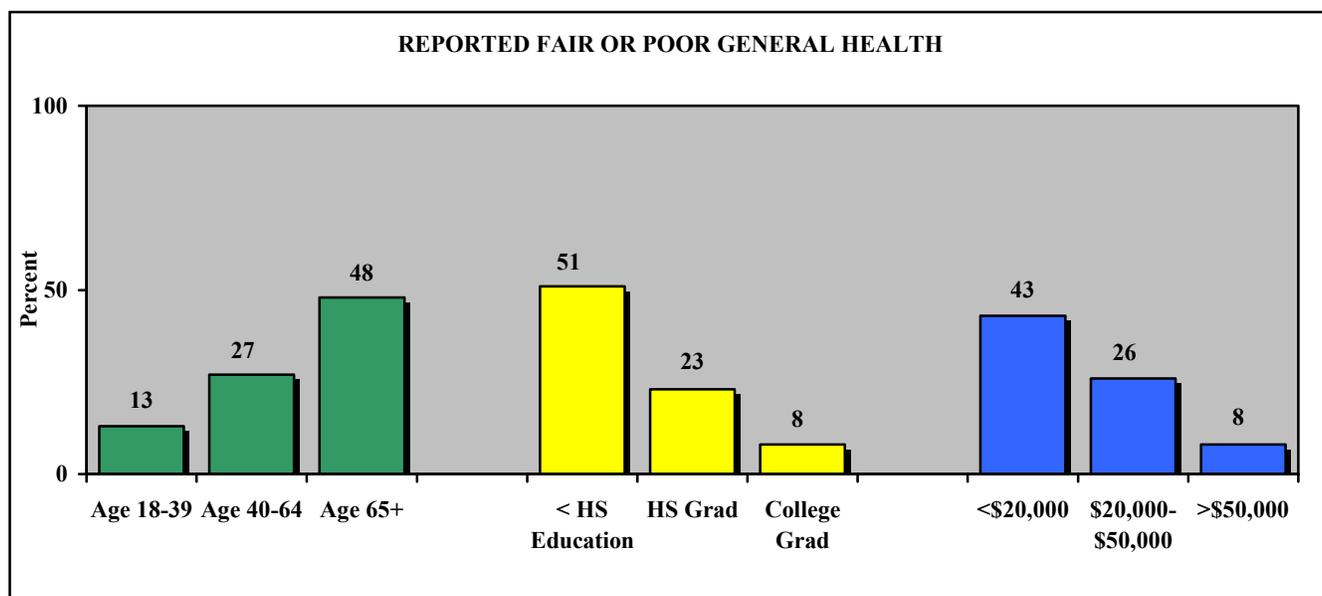
- Twenty-six percent (26%) of adults in Cross County reported their general health as fair or poor (Table 1 and Figure 1).
- The prevalence of reported fair or poor general health was lower among respondents between ages 18-39 years (13%) than among respondents between ages 40-64 years (27%), or among respondents 65 years and older (48%) (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 (51%) than among those respondents with a high school education (23%), or college education (8%) (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 (43%) than among those respondents with an annual household income between \$20,000-\$50,000 (26%), or annual household income of over \$50,000 (8%) (Table 1 and Figure 1).

Health Status (continued)

Table 1: Reported fair or poor general health.

Age	(%)	Education	(%)	Income	(%)
18-39	13	<HS Education	51	<\$20,000	43
40-64	27	HS Grad.	23	\$20,000- \$50,000	26
65+	48	College Grad.	8	>\$50,000	8

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 Cross County?

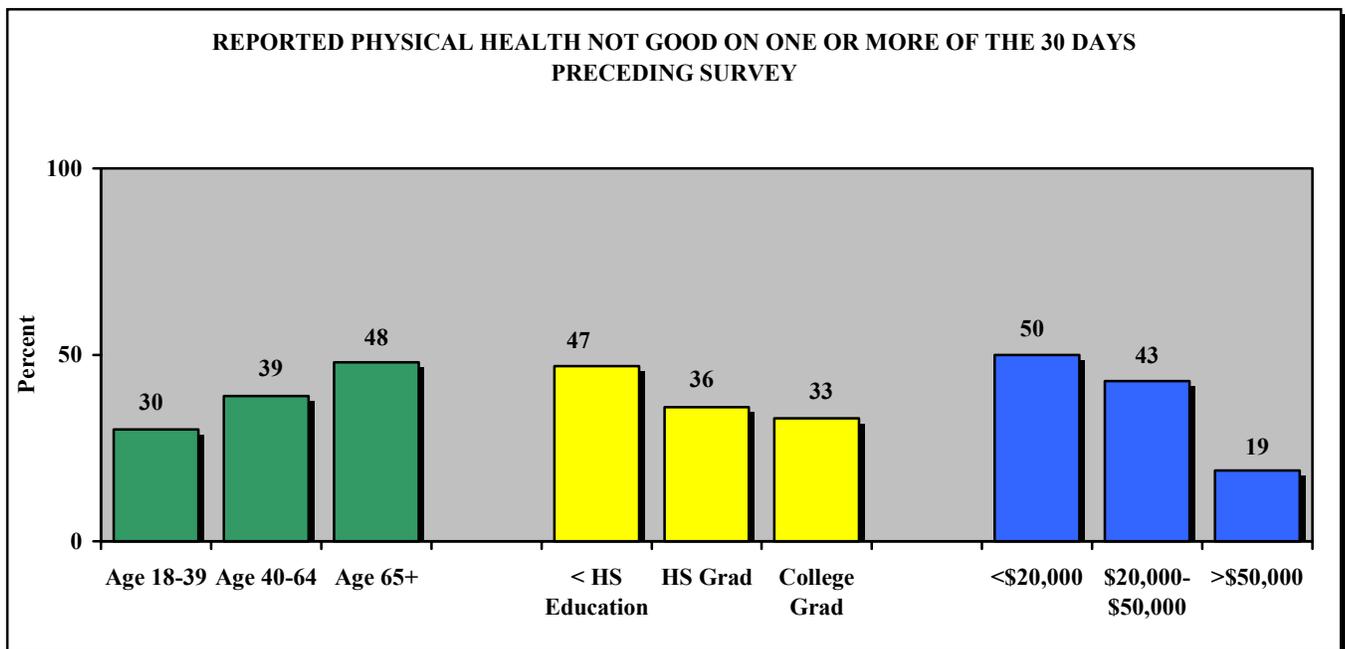
- Thirty-seven percent (37%) of Cross County adults had at least one day of poor physical health in the past month (Table 2 and Figure 2).
- According to the survey, the average Cross County adult had 5.23 days of bad health and 4.15 days each month when health problems interfered with usual activities (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 lower among respondents between ages 18-39 years (30%) than among respondents between ages 40-64 years (39%), or among respondents 65 years and older (48%) (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 (47%) than among those respondents with a high school education (36%), or college education (33%) (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 (50%) than among those respondents with an annual household income between \$20,000-\$50,000 (43%), or annual household income of over \$50,000 (19%) (Table 2 and Figure 2).

Health Status (continued)

Table 2: Reported physical health not good on one or more of the thirty days preceding the survey.

Age	(%)	Education	(%)	Income	(%)
18-39	30	<HS Education	47	<\$20,000	50
40-64	39	HS Grad.	36	\$20,000- \$50,000	43
65+	48	College Grad.	33	>\$50,000	19

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 Cross County?

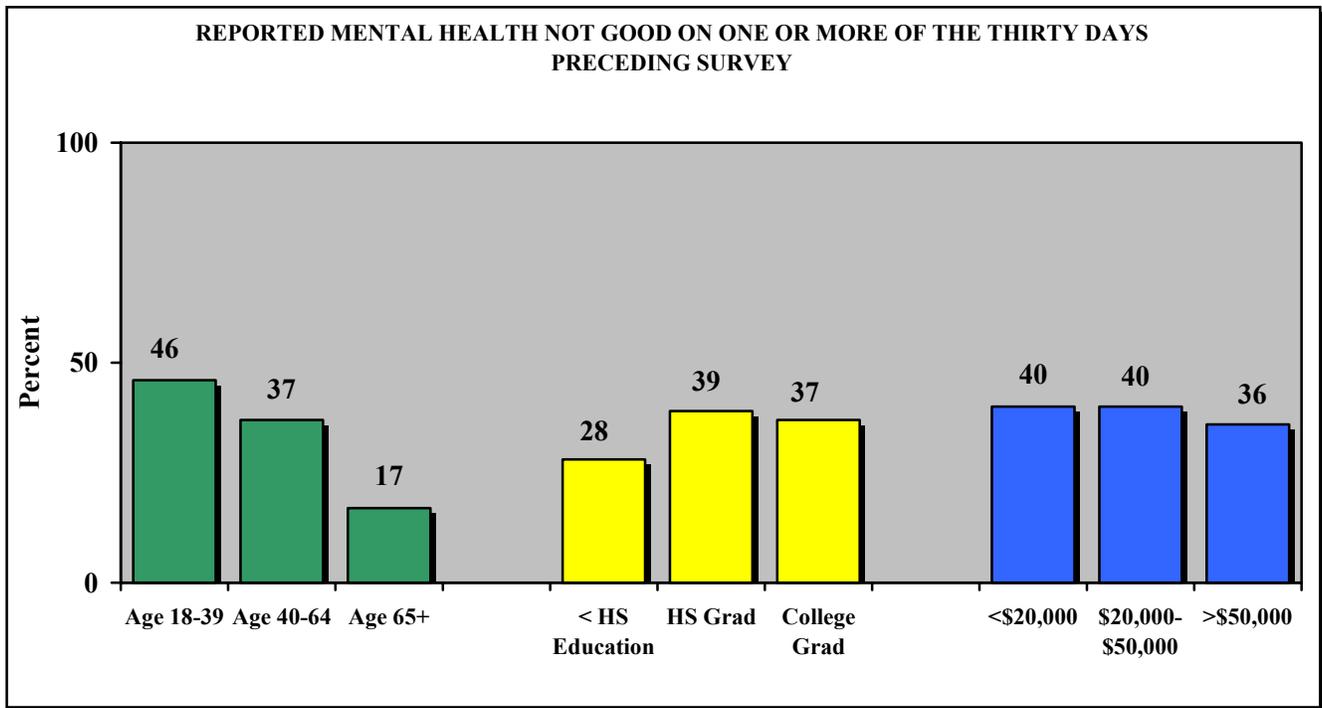
- Thirty-six percent (36%) of adults in Cross County had at least one day of poor mental health in the past month (Table 3 and Figure 3).
- The average Cross County adult had 4.56 days each month of poor mental health (Table 3 and Figure 3).
- The prevalence of reported mental health not good on one or more of the thirty days preceding the survey was higher among respondents between ages 18-39 years (46%) than among respondents between ages 40-64 years (37%), or among 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 (39%), or college education (37%) (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 equal among those respondents with an annual household income of less than \$20,000 (40%) and those with an annual household income between \$20,000 and \$50,000 (40%); and higher than among those respondents with an annual household income of more than \$50,000 (36%) (Table 3 and Figure 3).

Health Status (continued)

Table 3: Reported mental health not good on one or more of the thirty days preceding the survey.

Age	(%)	Education	(%)	Income	(%)
18-39	46	<HS Education	28	<\$20,000	40
40-64	37	HS Grad.	39	\$20,000- \$50,000	40
65+	17	College Grad.	37	>\$50,000	36

Figure 3: Mental health

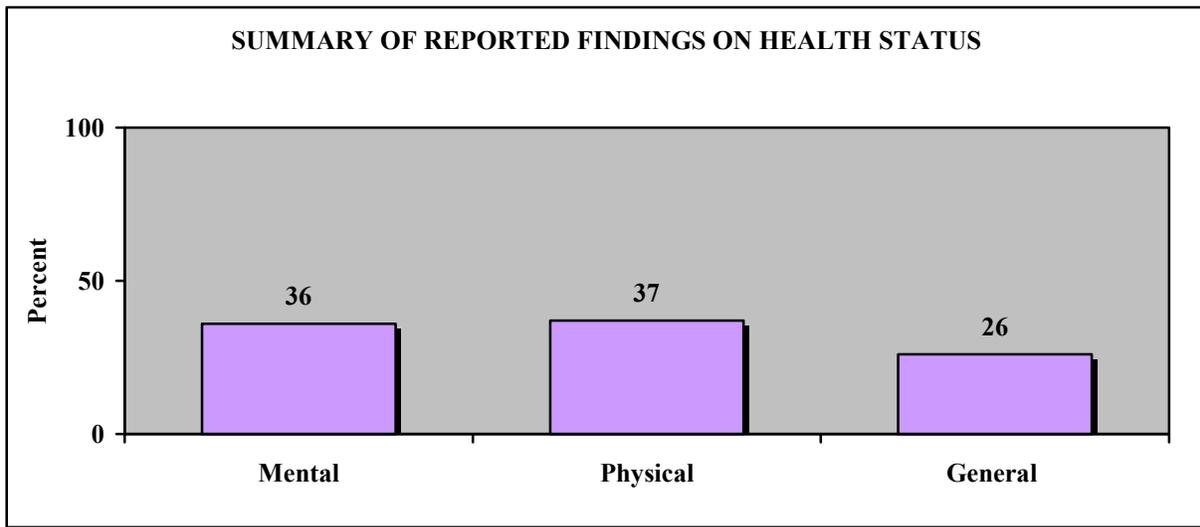


Health Status (continued)

Summary of data on health status

- The prevalence of reported fair or poor general health (26%) was lower among adults in Cross County than the prevalence of reported physical health not good on one or more of the thirty days preceding the survey (37%) (Figure 4).
- The prevalence of reported mental health not good on one or more of the thirty days preceding the survey was lower (36%) among adults in Cross County than the prevalence of physical health not good on one or more of the thirty days preceding survey (37%) (Figure 4).

Figure 4: Summary of data on health status



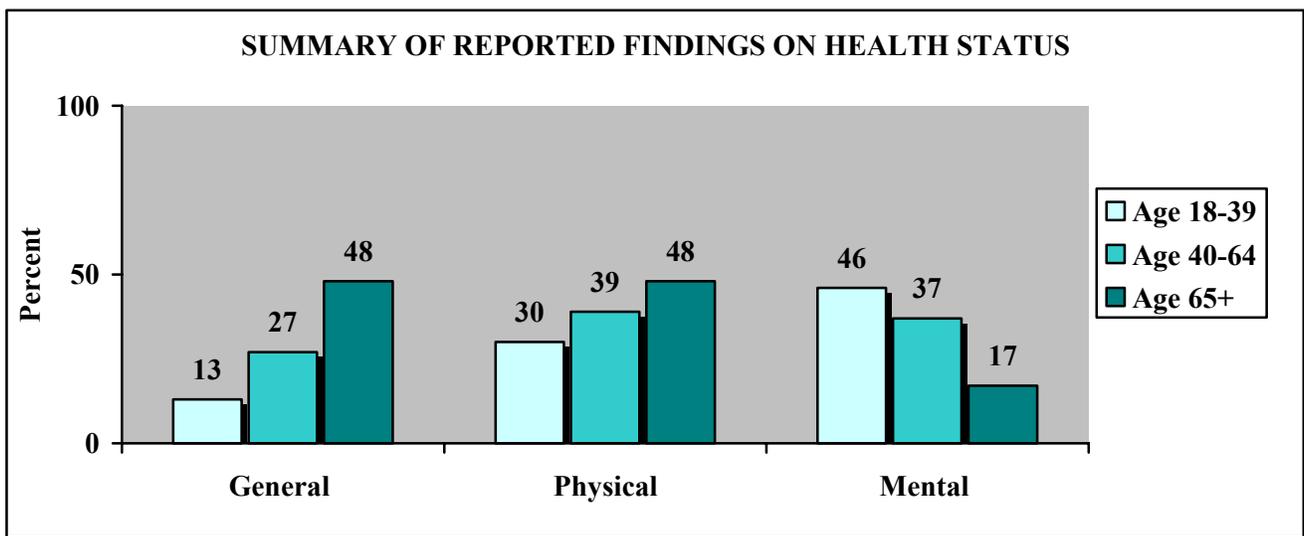
Health Status (continued)

The reported impact of age and education on health status is dramatically different from the impact of income on health status.

Summary of data on health status, by age

- Respondents between ages 18-39 years (13%) were less likely than respondents between ages 40-64 years (27%) and respondents 65 years and older (48%) to report fair or poor general health (Figure 5).
- Respondents between ages 18-39 years (30%) were also less likely than respondents between ages 40-64 years (39%) and respondents 65 years and older (48%) to report physical health not good on one or more of the thirty days preceding the survey (Figure 5).
- However, respondents between ages 18-39 years (46%) were more likely than respondents between ages 40-64 years (37%) 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 (48%) were more likely than respondents between ages 40-64 years (27%) and respondents between ages 18-39 (13%) to report fair or poor general health (Figure 5).
- Respondents 65 years and older (48%) were also more likely than respondents between ages 40-64 years (39%) and respondents between ages 18-39 (30%) to report physical health not good on one or more the thirty days preceding the survey (Figure 5).
- However, respondents 65 years and older (17%) were less likely than respondents between ages 40-64 years (37%) and respondents between ages 18-39 (46%) to report mental health not good on one or more of the thirty days preceding the survey (Figure 5).

Figure 5: Summary of data on health status, by age



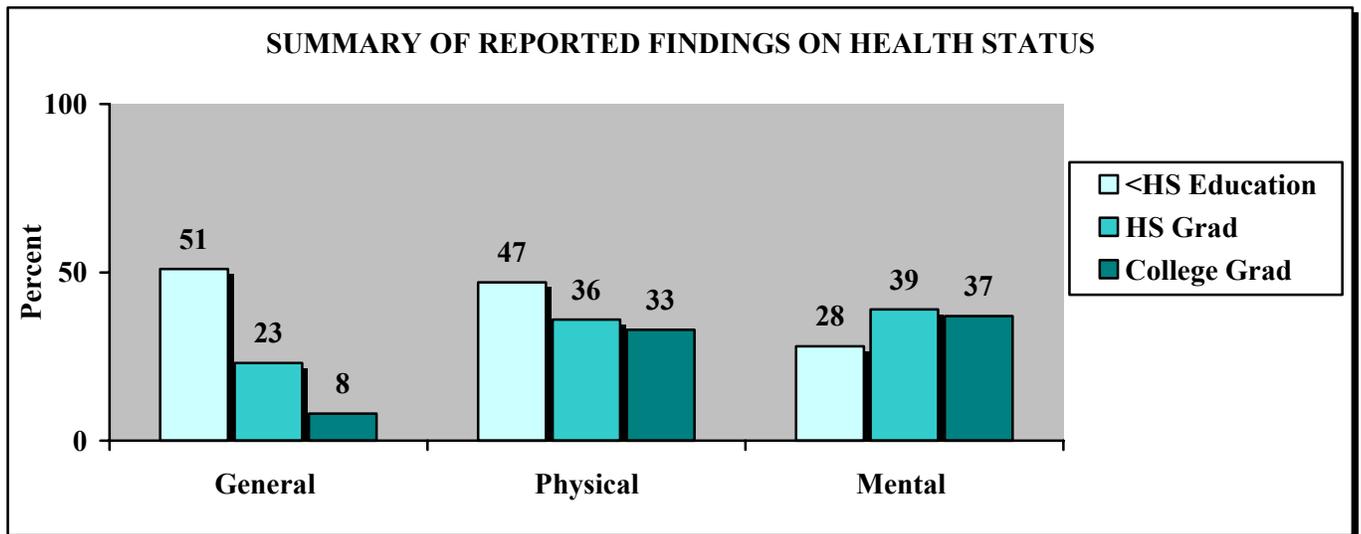
Health Status (continued)

The reported impact of age and education on health status is dramatically different from the impact of income on health status.

Summary of data on health status, by education

- Respondents with less than a high school education (51%) were more likely than respondents with a high school education (23%) and college education (8%) to report fair or poor general health (Figure 6).
- Respondents with less than a high school education (47%) were more likely than respondents with a high school education (36%) and college education (33%) to report physical health not good on one or more of the thirty days preceding the survey (Figure 6).
- However, respondents with less than a high school education (28%) were less likely than respondents with a high school education (39%) and college education (37%) to report mental health not good on one or more of the thirty days preceding the survey (Figure 6).
- Respondents with a college education (8%) were less likely than respondents with a high school education (23%) and respondents with less than a high school education (51%) to report fair or poor general health (Figure 6).
- Respondents with a college education (33%) were less likely than respondents with a high school education (36%) and respondents with less than a high school education (47%) to report physical health not good on one or more the thirty days preceding the survey (Figure 6).
- However, respondents with a college education (37%) were more likely than those with less than a high school education (28%) and less likely than those with a high school education (39%) to report mental health not good on one or more of the thirty days preceding the survey (Figure 6).

Figure 6: Summary of data on health status, by education



Health Status (continued)

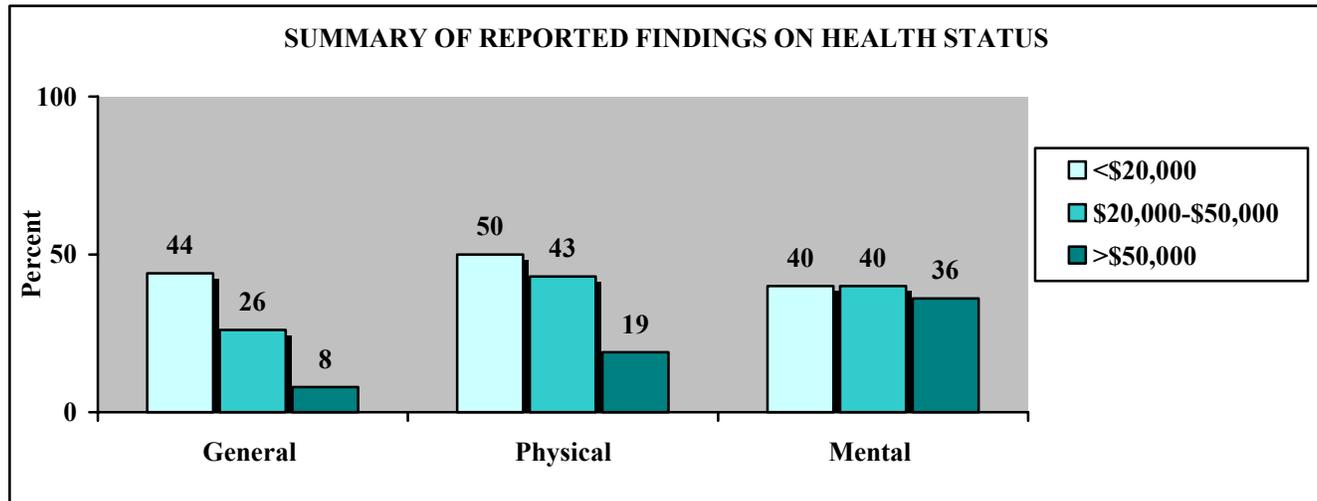
The reported impact of age and education on health status is dramatically different from the impact of income on health status.

Summary of data on health status, by income

- Respondents with an annual household income of less than \$20,000 (44%) were more likely than respondents with an annual household income of between \$20,000-\$50,000 (26%) and respondents with an annual household income over \$50,000 (8%) to report fair or poor general health (Figure 7).
- Respondents with annual household income of less than \$20,000 (50%) were more likely than respondents with an annual household income of between \$20,000-\$50,000 (43%) and annual household income over \$50,000 (19%) to report physical health not good on one or more of the thirty days preceding the survey (Figure 7).
- Respondents with annual household income of less than \$20,000 (40%) were equally likely as respondents with annual household income of between \$20,000-\$50,000 (40%); and less likely than respondents with an annual household income over \$50,000 (36%) 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 (8%) were less likely than respondents with an annual household income of between \$20,000-\$50,000 (26%) and respondents with annual household income of less than \$20,000 (44%) to report fair or poor general health (Figure 7).
- Respondents with annual household income over \$50,000 (19%) were less likely than respondents with an annual household income of between \$20,000-\$50,000 (43%) and respondents with an annual household income of less than \$20,000 (50%) to report physical health not good on one or more the thirty days preceding the survey (Figure 7).
- Respondents with an annual household income over \$50,000 (36%) were less likely than those with less annual household income of between \$20,000-\$50,000 (40%) and those with an annual household income of less than \$20,000 (40%) 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 data on health status, by income



Health Status (continued)

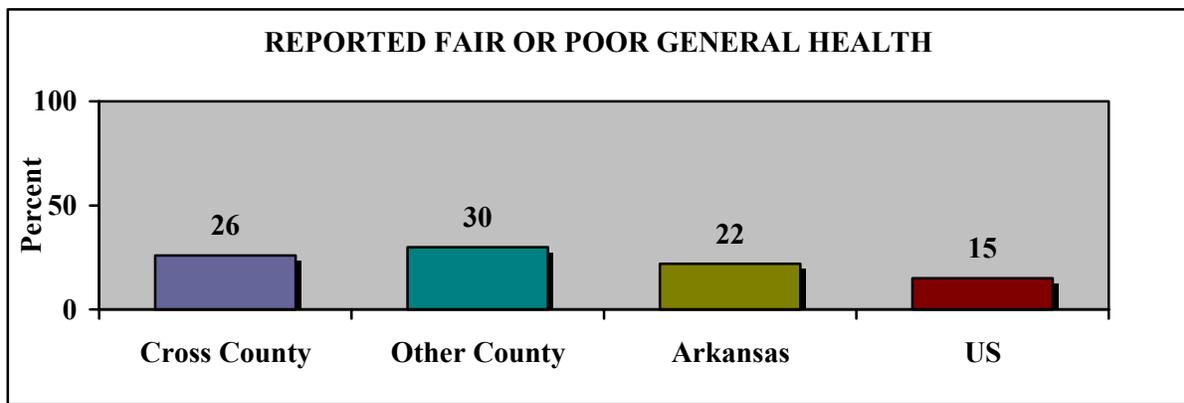
How does Cross County compare?

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

Comparing data on general health

- The prevalence of reported fair or poor general health was lower among adults in Cross County (26%) than among adults in a neighboring county (30%). However, the prevalence of reported fair or poor general health was higher among adults in Cross County (26%) than among adults in the state (22%) and nation (15%) (Figure 8).

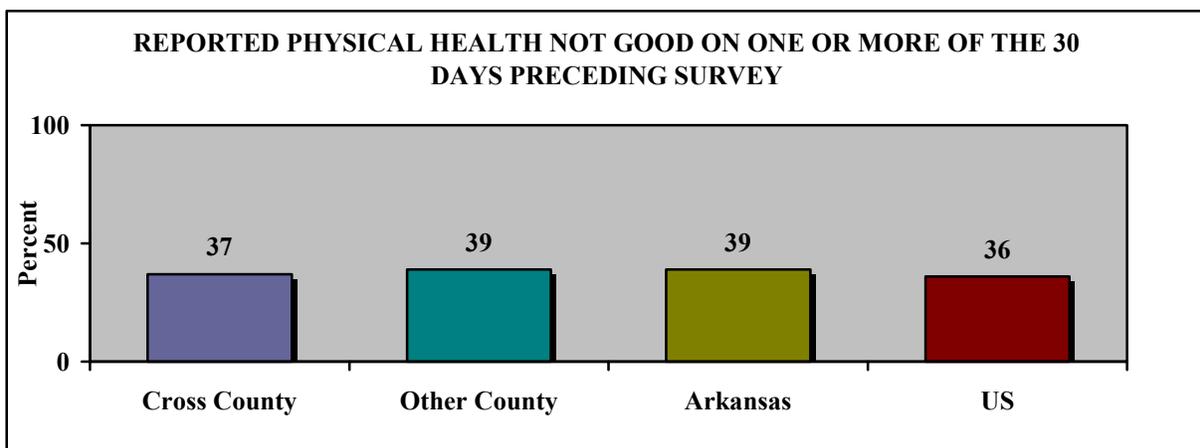
Figure 8: Comparing data on general health



Comparing data 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 Cross County (37%) than among adults in a neighboring county (39%) and in the state (39%); but higher than among adults in the nation (36%) (Figure 9).

Figure 9: Comparing data on physical health

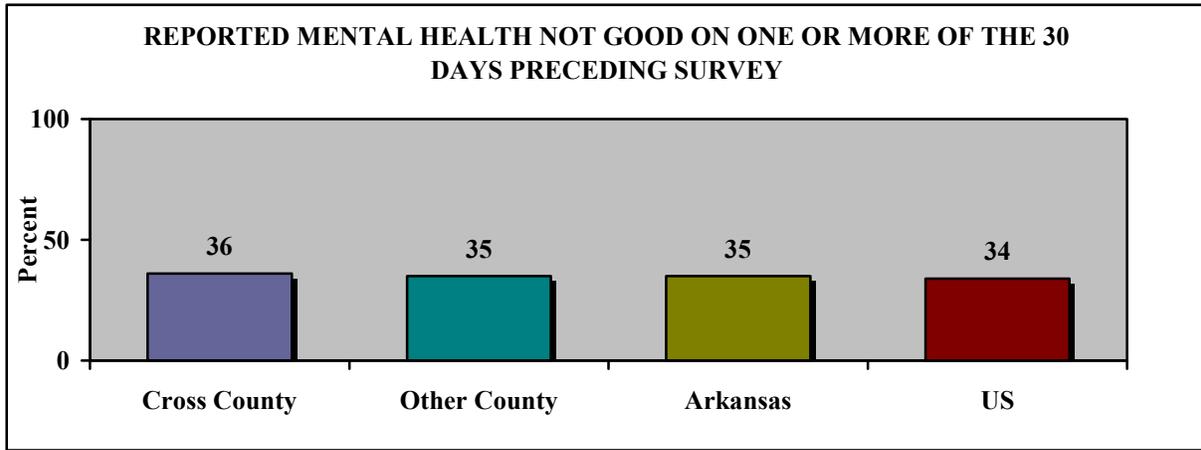


Health Status (continued)

Comparing data on mental health

- The prevalence of reported mental health not good on one or more the thirty days preceding the survey was higher among adults in Cross County (36%) than among adults in a neighboring county (35%), in the state (35%) and nation (34%) (Figure 10).

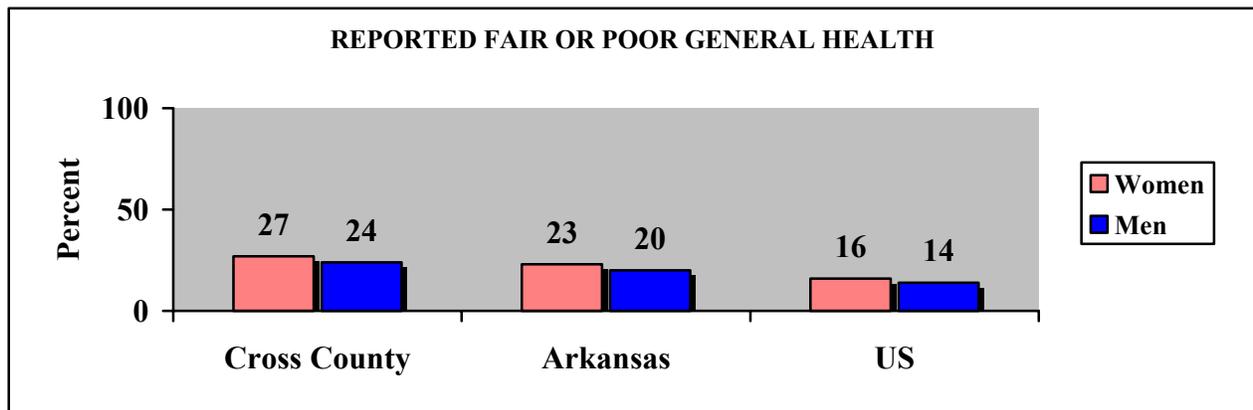
Figure 10: Comparing data on mental health.



Comparing data on general health, by gender

- The prevalence of reported fair or poor general health was higher among adult women in Cross County (27%) than among adult women in the state (23%) and in the nation (16%) (Figure 11).
- The prevalence of reported fair or poor general health was higher among adult men in Cross County (24%) than among adult men in the state (20%) and in the nation (14%) (Figure 11).

Figure 11: Comparing data on general health, by gender

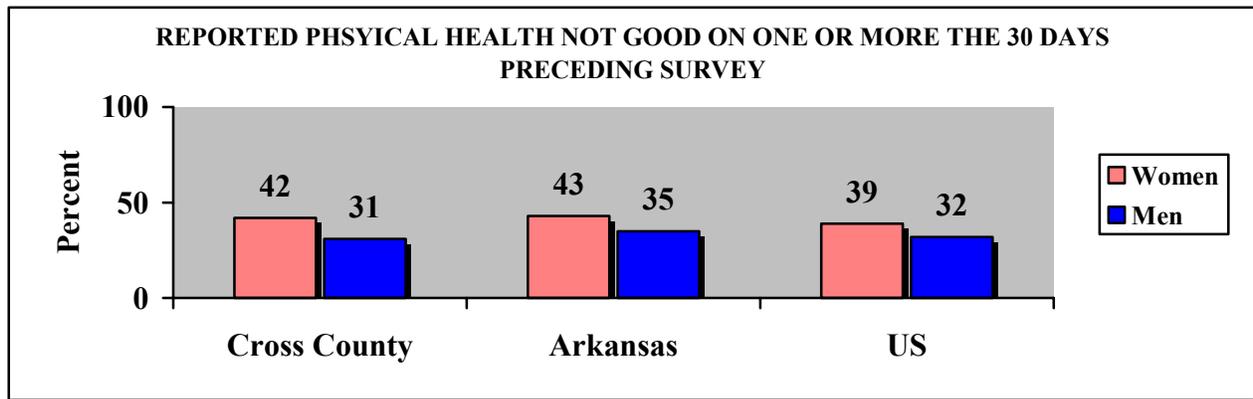


Health Status (continued)

Comparing data 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 Cross County (42%) than among adult women in the state (43%); and higher than among adult women in the nation (39%) (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 Cross County (31%) than among adult men in the state (35%) and in the nation (32%) (Figure 12).

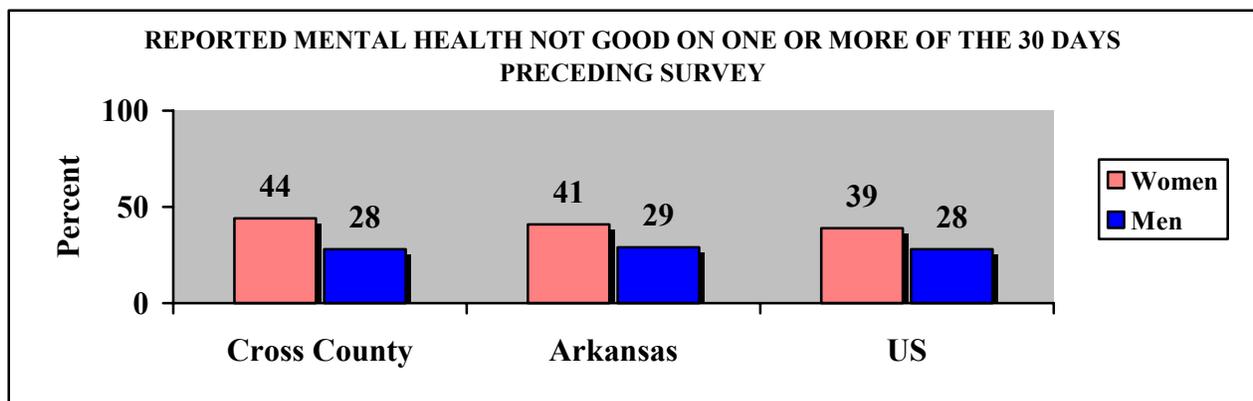
Figure 12: Comparing data on physical health, by gender.



Comparing data 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 higher among adult women in Cross County (44%) than among adult women in the state (41%) and in the nation (39%) (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 Cross County (28%) than among adult men in the state (29%); and equal to the prevalence rate among adult men in the nation (28%) (Figure 13).

Figure 13: Comparing data 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 Cross County?

- Twenty-two percent (22%) of adults in Cross County reported that they did not have health insurance (Table 1 and Figure 1).



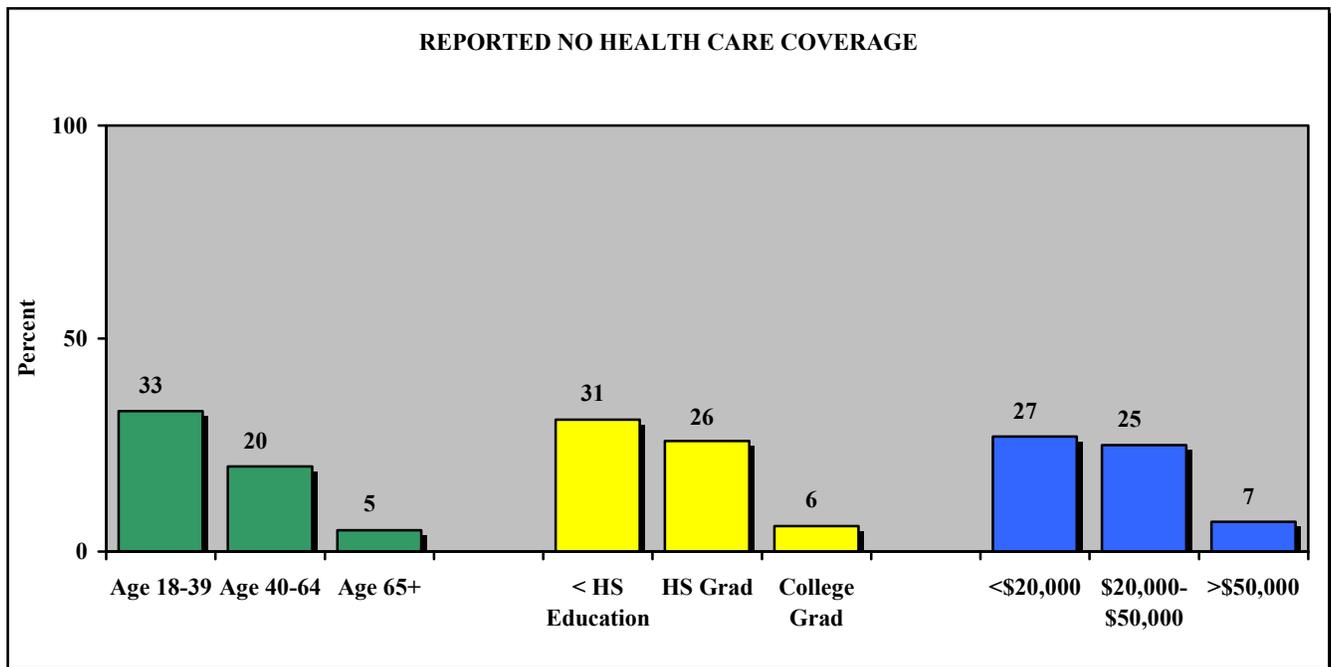
- The prevalence of reported lack of health care coverage was higher among respondents between ages 18-39 years (33%) than among respondents between ages 40-64 (20%), or among respondents 65 years and older (5%) (Table 1 and Figure 1).
- The prevalence of reported lack of health care coverage was higher among those respondents with less than a high School education (31%) than among those with either a high school education (26%), or college education (6%) (Table 1 and Figure 1).
- The prevalence of reported lack of health care coverage was higher 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 (25%), or an annual household income of more than \$50,000 (7%) (Table 1 and Figure 1).

Health Care Access (continued)

Table 1: Reported no health care coverage.

Age	(%)	Education	(%)	Income	(%)
18-39	33	<HS Education	31	<\$20,000	27
40-64	20	HS Grad.	26	\$20,000- \$50,000	25
65+	5	College Grad.	6	>\$50,000	7

Figure 1: Health care coverage



Health Care Access (continued)

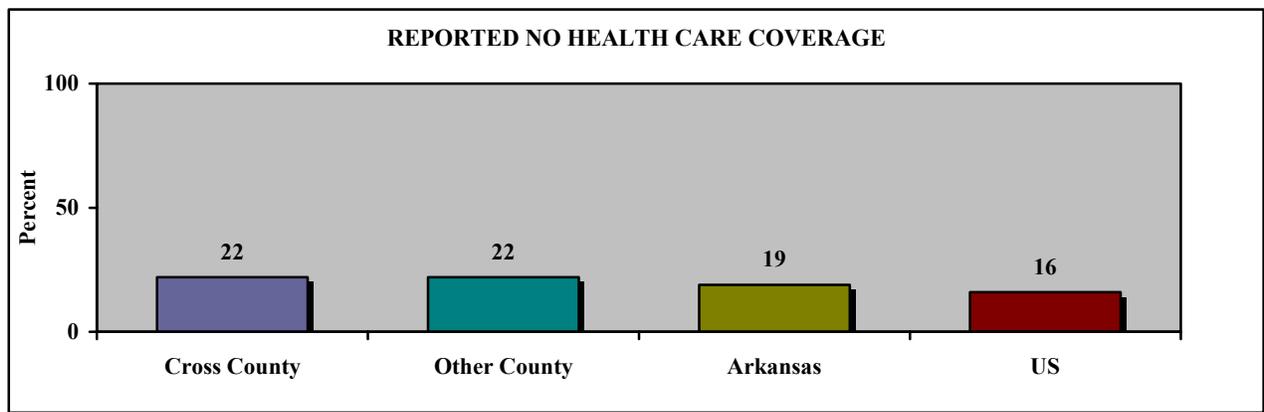
How does Cross County compare?

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

Comparing data on health care coverage

- The prevalence of reported no health care coverage was equal among adults Cross County (22%) and among adults in a neighboring county (22%). However, the prevalence of reported no health care coverage was higher among adults in Cross County (26%) than among adults in the state (19%), or nation (16%) (Figure 2).

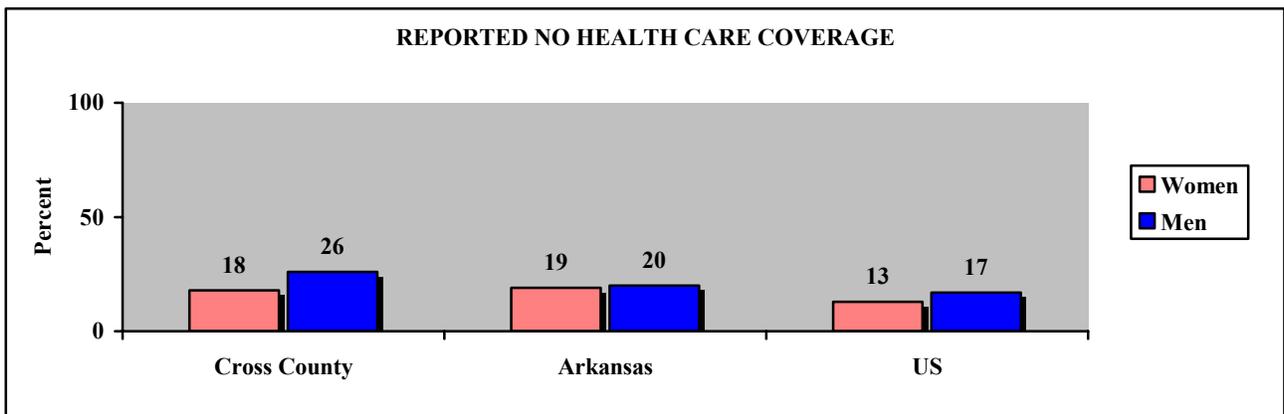
Figure 2: Comparing data on health care coverage



Comparing data on health care coverage, by gender

- The prevalence of reported no health care coverage was lower among adult women in Cross County (18%) than among adult women in the state (19%), 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 Cross County (26%) than among adult men in the state (20%), or nation (17%) (Figure 3).

Figure 3: Comparing data 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: Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?
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 Cross County?

- Thirty-five percent (35%) of adult in Cross County reported that they had been given a hypertension diagnosis by a doctor (Table 1 and Figure 1).
- The prevalence of reported hypertension diagnosis by a doctor was lower among respondents between ages 18-39 years (11%) than among respondents between ages 40-64 years (44%), or among respondents 65 years and older (63%) (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 (52%) than among those respondents with a high school education (31%), or college education (30%) (Table 1 and Figure 1).
- The prevalence of reported hypertension diagnosis by a doctor was higher among those respondents with lower annual household income of less than \$20,000 (54%) than among those respondents with an annual household income between \$20,000 and \$50,000 (34%), or an annual household income of more than \$50,000 (24%) (Table 1 and Figure 1).

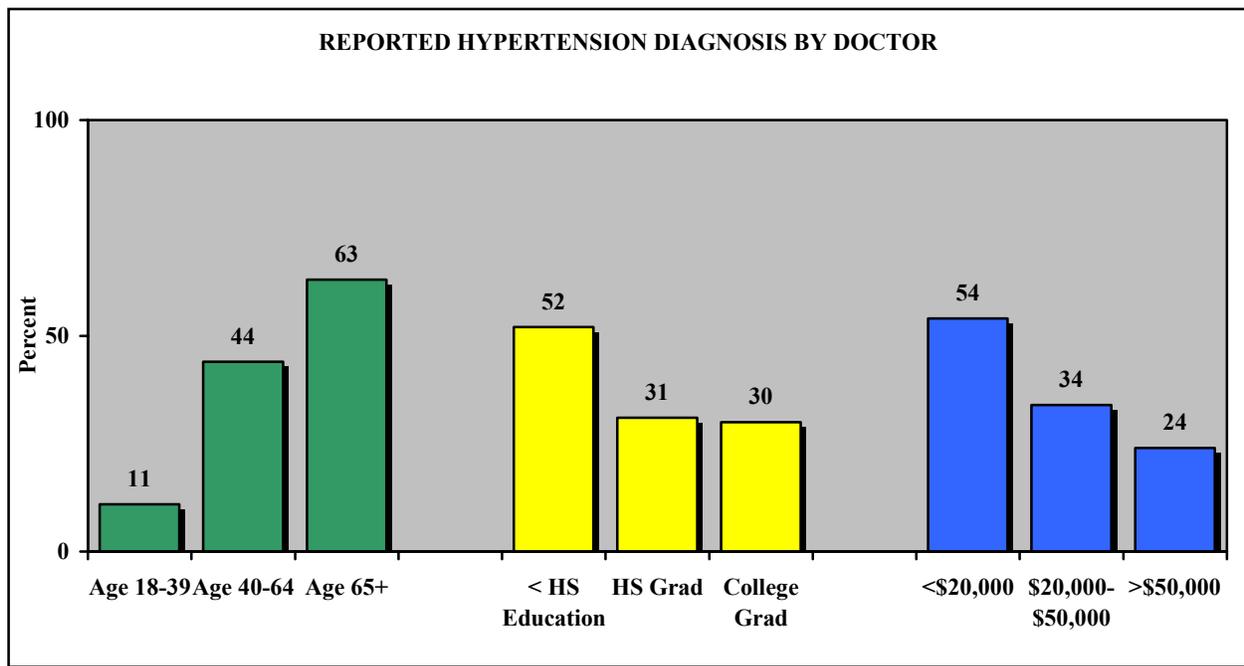


Hypertension (continued)

Table 1: Reported hypertension diagnosis by a doctor.

Age	(%)	Education	(%)	Income	(%)
18-39	11	<HS Education	52	<\$20,000	54
40-64	44	HS Grad.	31	\$20,000- \$50,000	34
65+	63	College Grad.	30	>\$50,000	24

Figure 1: Hypertension



Hypertension (continued)

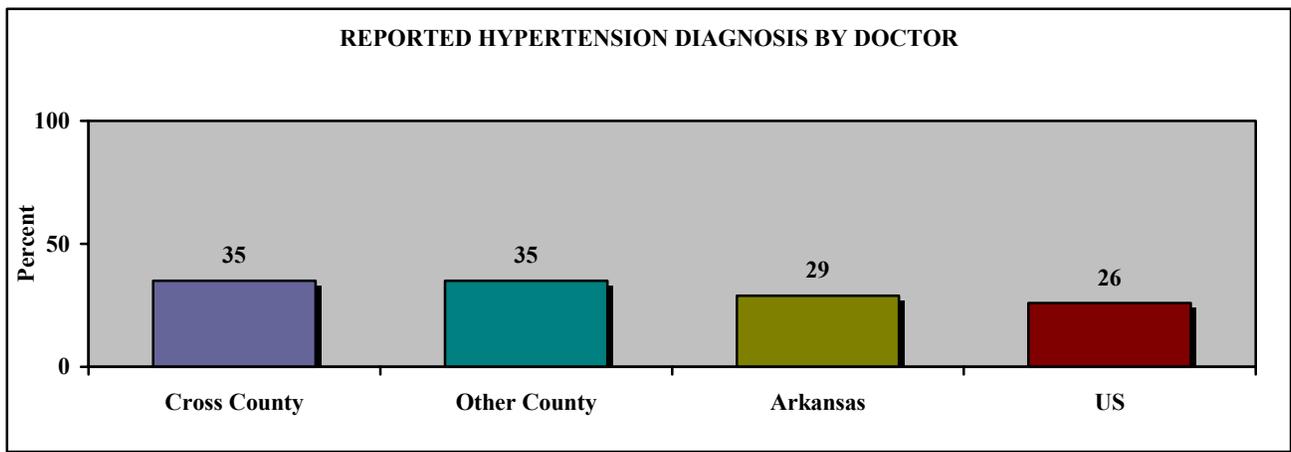
How does Cross County compare?

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

Comparing data on hypertension

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

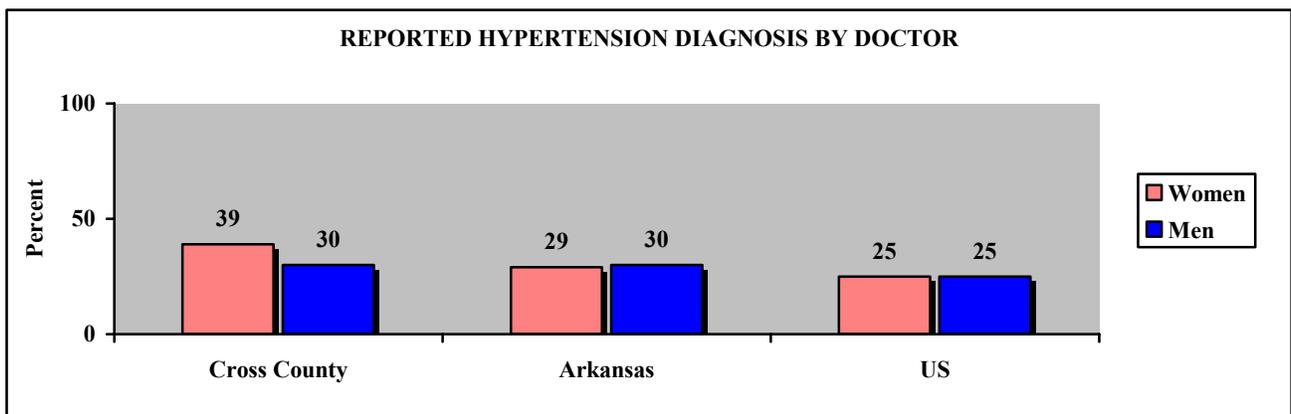
Figure 2: Comparing data on hypertension.



Comparing data on hypertension, by gender

- The prevalence of reported hypertension diagnosis by a doctor was higher among adult women in Cross County (39%) than among adult women in the state (29%), or nation (25%) (Figure 3).
- The prevalence of reported hypertension diagnosis by a doctor was equal among adult men in Cross County (30%) and among adult men in the state (30%); and higher than among adult men in the nation (25%) (Figure 3).

Figure 3: Comparing data 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. About 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 Cross County?

- Thirty-seven percent (37%) of Cross County adults reported that they had not checked blood cholesterol levels in the two years preceding the survey (Table 1 and Figure 1).
- The prevalence of not having checked blood cholesterol in the two years preceding the survey was higher among respondents between ages 18-39 years (59%) than among respondents between ages 40-64 years (28%), or among respondents 65 years and older (15%) (Table 1 and Figure 1).
- The prevalence of not having checked blood cholesterol in the two years preceding the survey was higher among respondents with a high school education (40%) than respondents with less than a high school education (37%), or college education (30%) (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 (29%) than among those respondents with an annual household income between \$20,000 and \$50,000 (34%), or with an annual household income of over \$50,000 (37%) (Table 1 and Figure 1).

Cholesterol (continued)

Table 1: Reported blood cholesterol not checked in the two years preceding survey.

Age	(%)	Education	(%)	Income	(%)
18-39	59	<HS Education	37	<\$20,000	29
40-64	28	HS Grad.	40	\$20,000- \$50,000	34
65+	15	College Grad.	30	>\$50,000	37

Figure 1: Testing for cholesterol

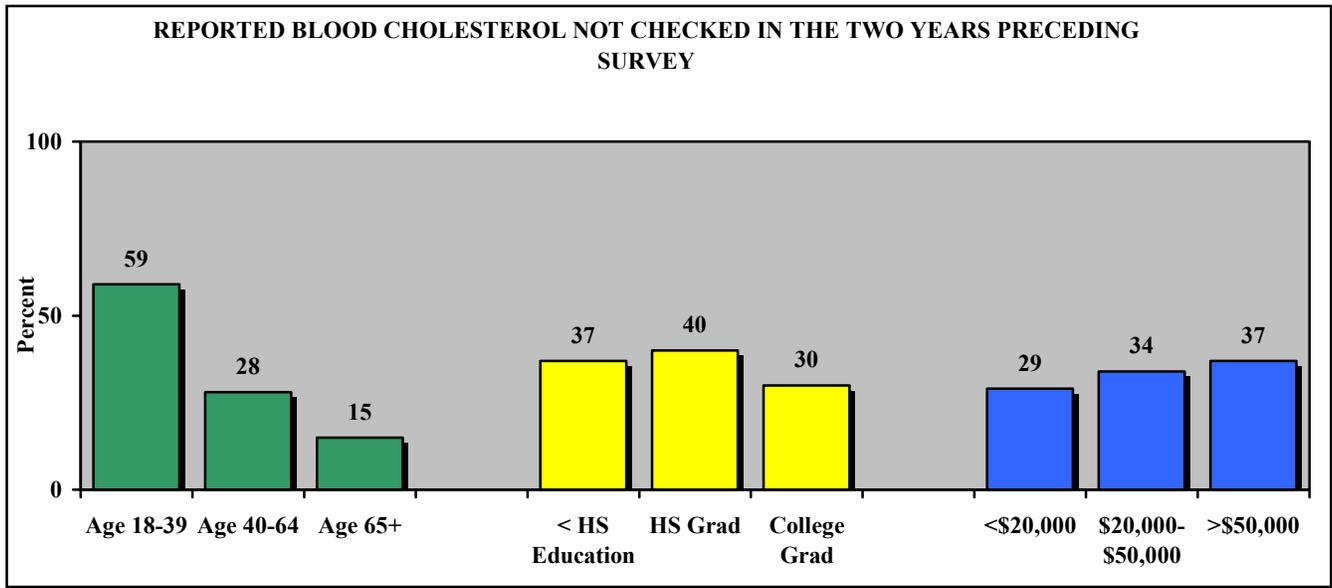
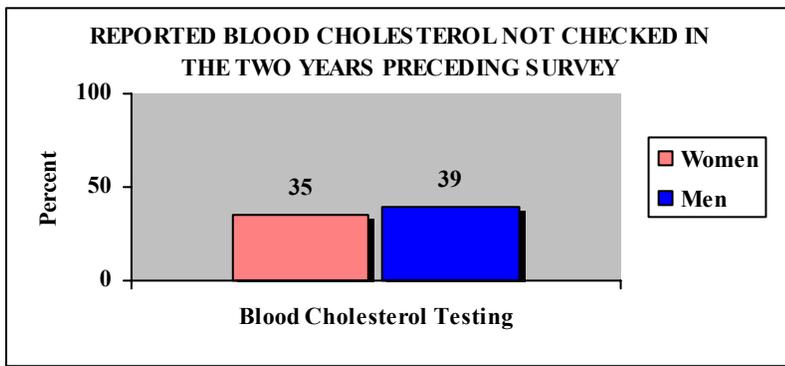


Figure 2: Testing for cholesterol, by gender



The prevalence of reported blood cholesterol not checked in the two years preceding the survey was lower among adult women (35%) than among adult men (39%) in Cross County (Figure 2).

Cholesterol (continued)

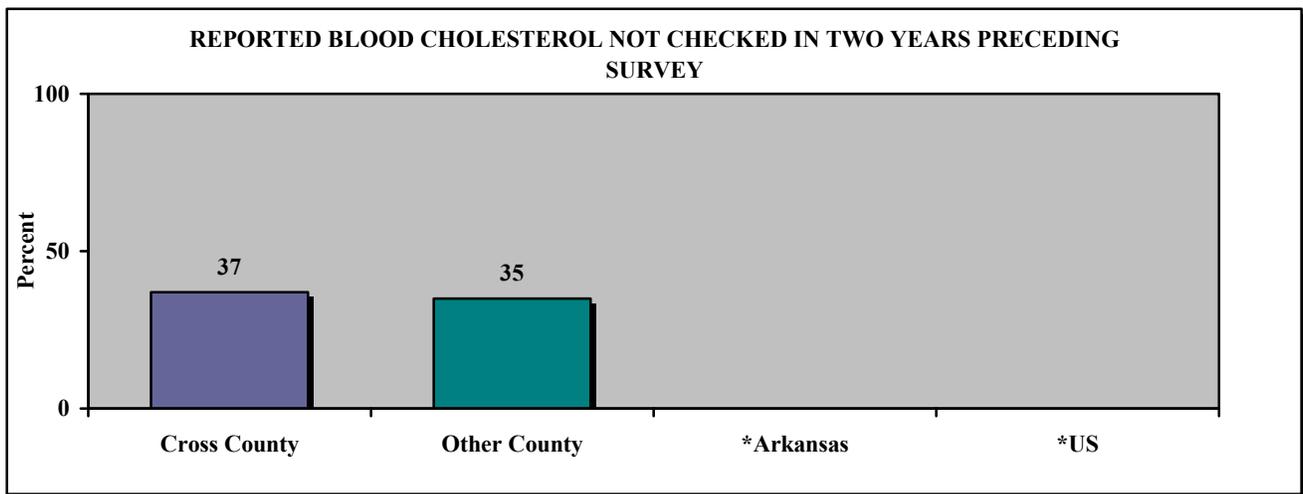
How does Cross County compare?

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

Comparing data 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 Cross County (37%) than among adults in a neighboring county (35%) (Figure 3).

Figure 3: Comparing data 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: Those who answered “yes” are considered at risk.

Who is at risk in Cross County?

- Thirty-nine percent (39%) of Cross County adults reported a high cholesterol diagnosis by a doctor, nurse or other health professional (Table 2 and Figure 4).
- The prevalence of reported high blood cholesterol diagnosis by a doctor, nurse or other health professional was lower among respondents between ages 18-39 years (17%) than among respondents between ages 40-64 (42%), or among respondents 65 years and older (53%) (Table 2 and Figure 4).
- The prevalence of reported high blood cholesterol diagnosis by a doctor, nurse or other health professional was higher among respondents with less than a high school education (58%) than among those respondents with a high school education (34%), or college education (35%) (Table 2 and Figure 4).
- The prevalence of reported high blood cholesterol diagnosis by a doctor, nurse or other health professional was higher among those respondents with an annual household income of under \$20,000 (50%) than among those respondents with an annual household income between \$20,000-\$50,000 (36%), or annual household income of over \$50,000 (33%) (Table 2 and Figure 4).

Cholesterol (continued)

Table 2: Reported high blood cholesterol diagnosis.

Age	(%)	Education	(%)	Income	(%)
18-39	17	<HS Education	58	<\$20,000	50
40-64	42	HS Grad.	34	\$20,000- \$50,000	36
65+	53	College Grad.	35	>\$50,000	33

Figure 4: Blood cholesterol level

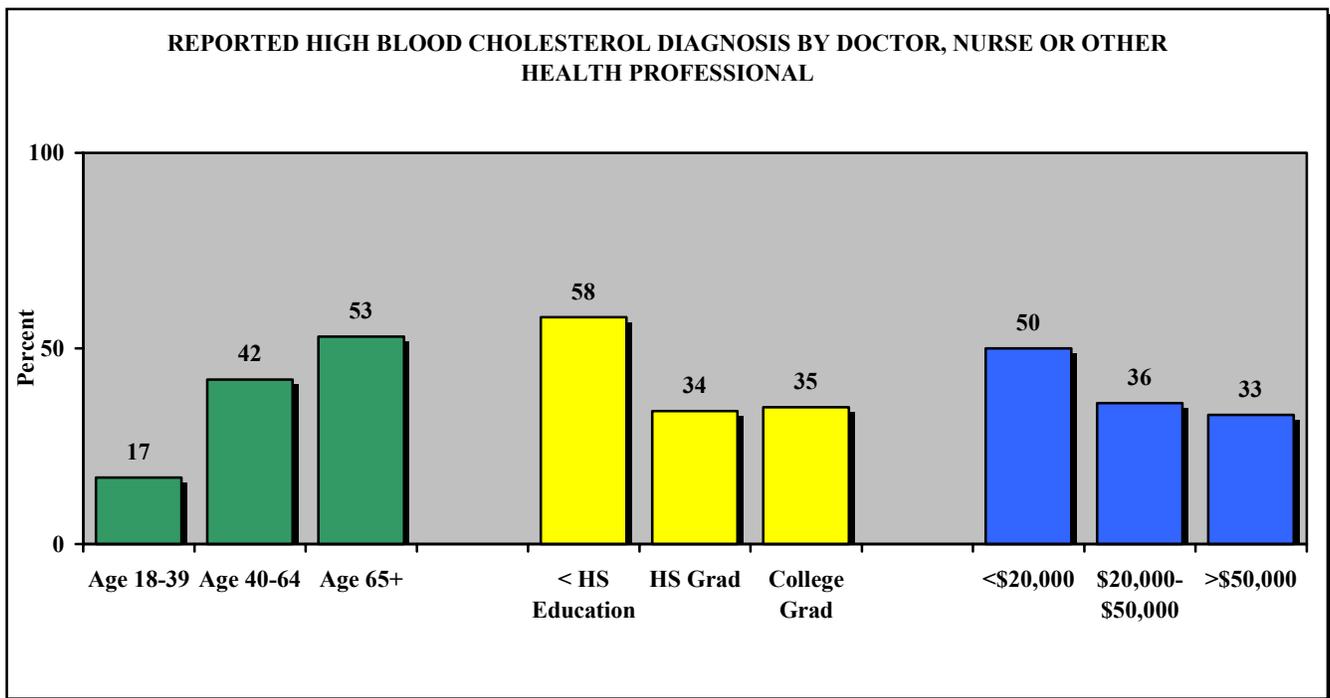
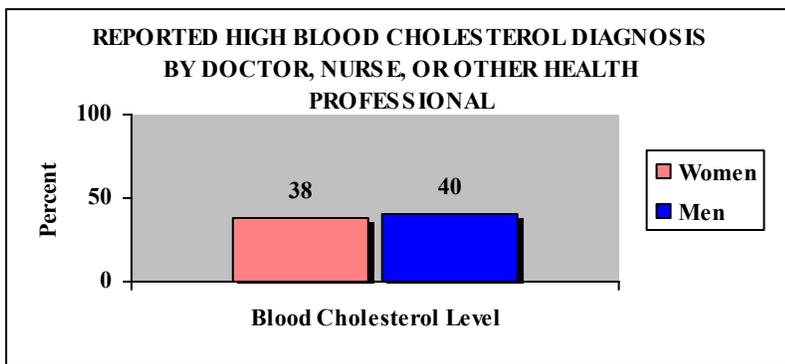


Figure 5: Blood cholesterol level, by gender



The prevalence of reported high blood cholesterol diagnosis by doctor, nurse or other health professional was lower among adult women (38%) than among adult men (40%) in Cross County (Figure 5).

Cholesterol (continued)

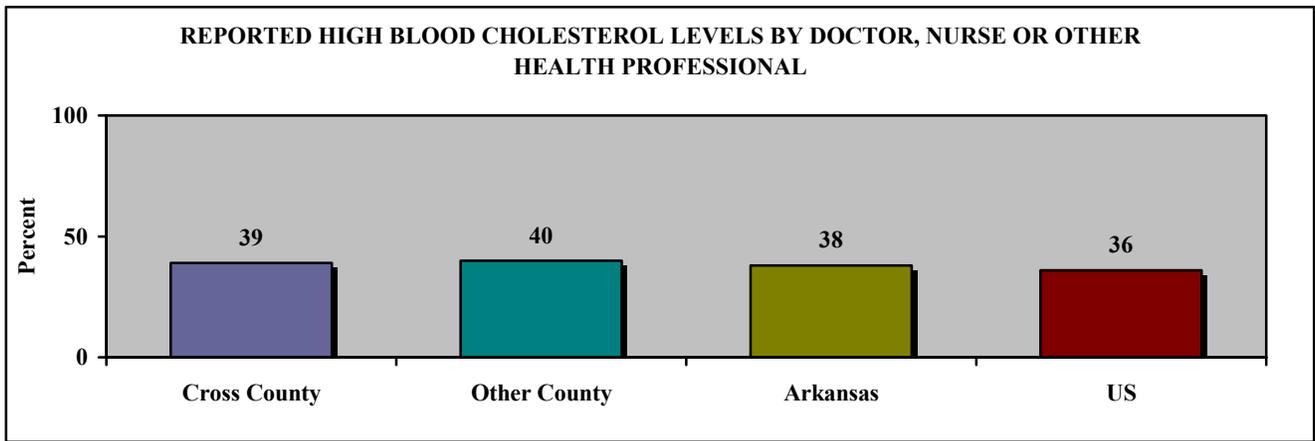
How does Cross County compare?

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

Comparing data on blood cholesterol level

- The prevalence of reported high blood cholesterol diagnosis by a doctor, nurse or other health professional was lower among adults in Cross County (39%) than among adults in a neighboring county. However, the prevalence of reported high blood cholesterol diagnosis by a doctor, nurse or other health professional was higher among adults in Cross County (39%) than among adults in the state (38%), or nation (36%) (Figure 6).

Figure 6: Comparing data on blood cholesterol level

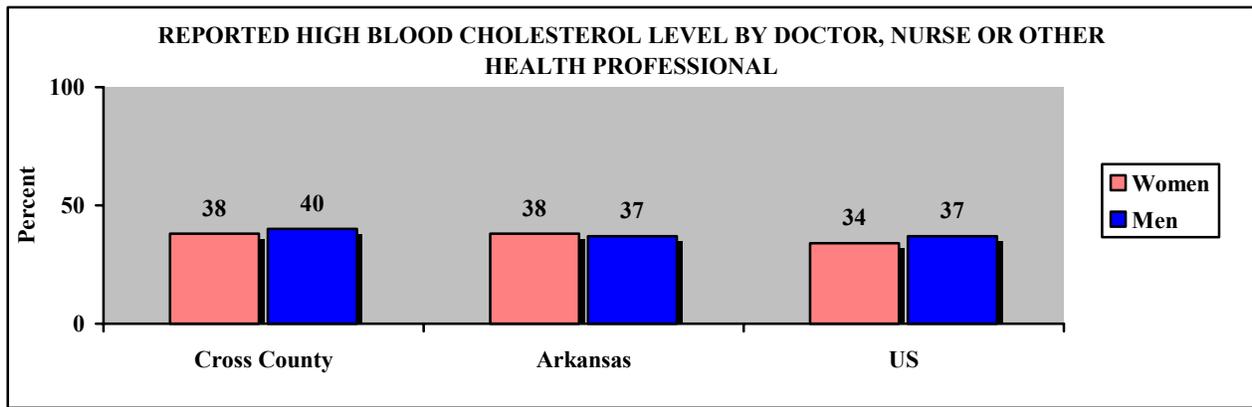


Cholesterol (continued)

Comparing data on blood cholesterol level, by gender

- The prevalence of reported of reported high blood cholesterol diagnosis by a doctor, nurse or other health professional was equal among adult women in Cross County (38%) and in the state (38%); and higher than among adult women in the nation (34%) (Figure 7).
- The prevalence of reported of reported high blood cholesterol diagnosis by a doctor, nurse or other health professional was higher among adult men in Cross County (40%) than adult men in the state (37%) and in the nation (37%) (Figure 7).

Figure 7: Comparing data on blood cholesterol level, by gender



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.

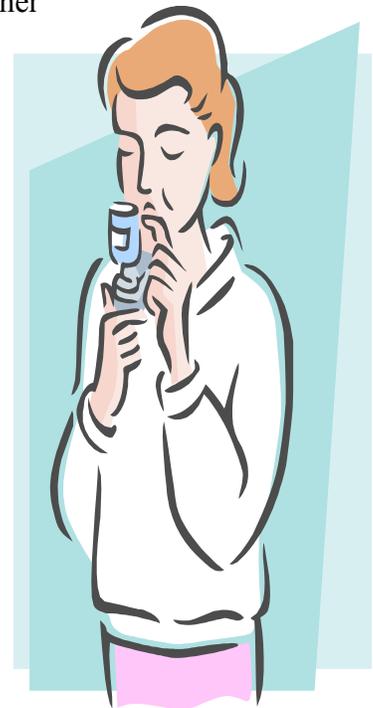
Risk Factor Definition: Have asthma

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 Cross County?

- Nine percent (9%) reported an asthma diagnosis by a doctor, nurse or other health professional (Table 1 and Figure 1).
- The prevalence of reported asthma diagnosis by a doctor, nurse or other health professional was higher among respondents between ages 18-39 years (9%) than among respondents between ages 40-64 years (8%); and lower than among respondents 65 years and older (13%) (Table 1 and Figure 1).
- The prevalence of reported asthma diagnosis by a doctor, nurse or other health professional higher was higher among respondents with less than a high school education (16%) than among those respondents with a high school education (8%), or 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 (13%) than among those respondents with respondents with an annual household income between \$20,000-\$50,000 (5%), or an annual household income of over \$50,000 (10%) (Table 1 and Figure 1).



Asthma (continued)

Table 1: Reported asthma diagnosis.

Age	(%)	Education	(%)	Income	(%)
18-39	9	<HS Education	16	<\$20,000	13
40-64	8	HS Grad.	8	\$20,000- \$50,000	5
65+	13	College Grad.	7	>\$50,000	10

Figure 1: Asthma

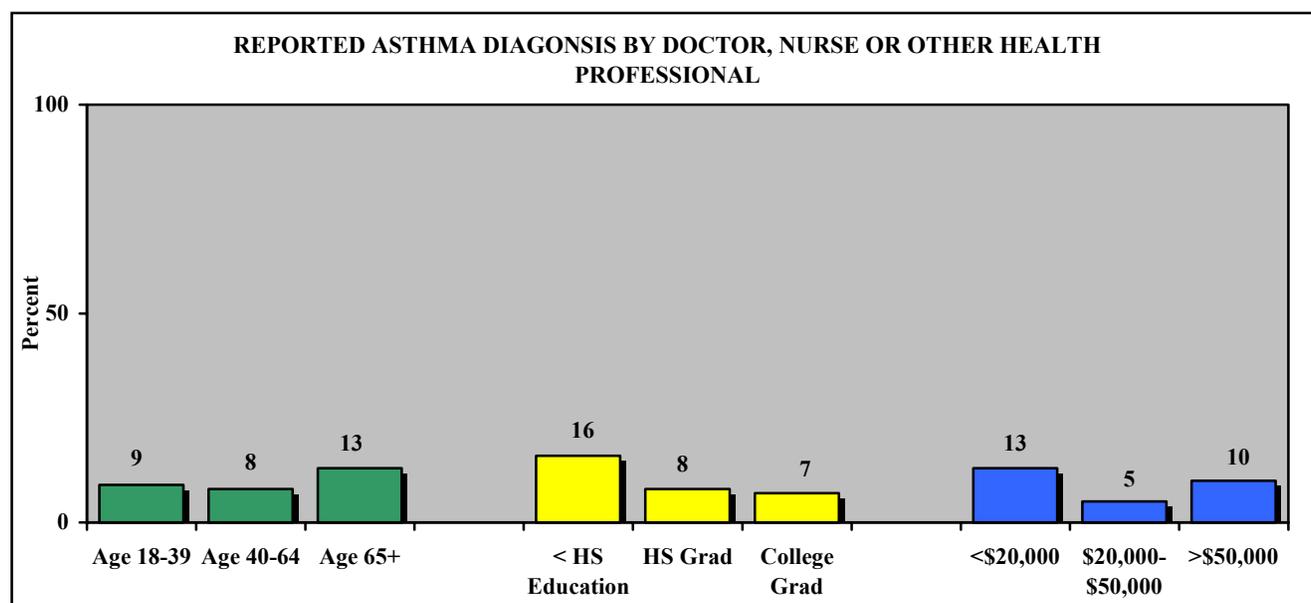
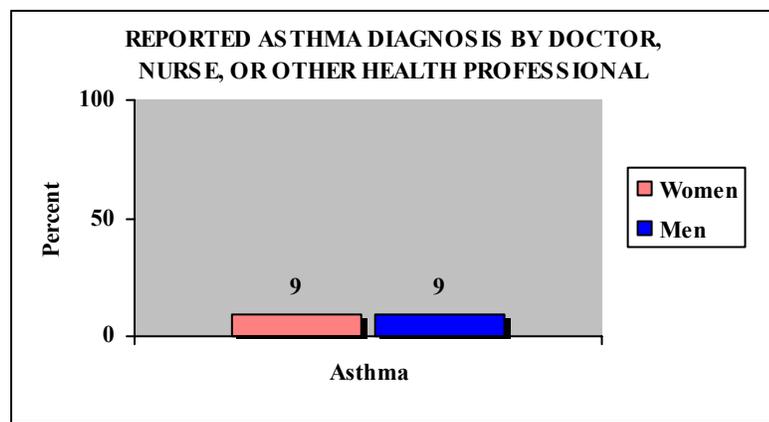


Figure 2: Asthma, by gender



The prevalence of reported asthma diagnosis by doctor, nurse or other health professional was equal among adult women (9%) and adult men (9%) in Cross County (Figure 2).

Asthma (continued)

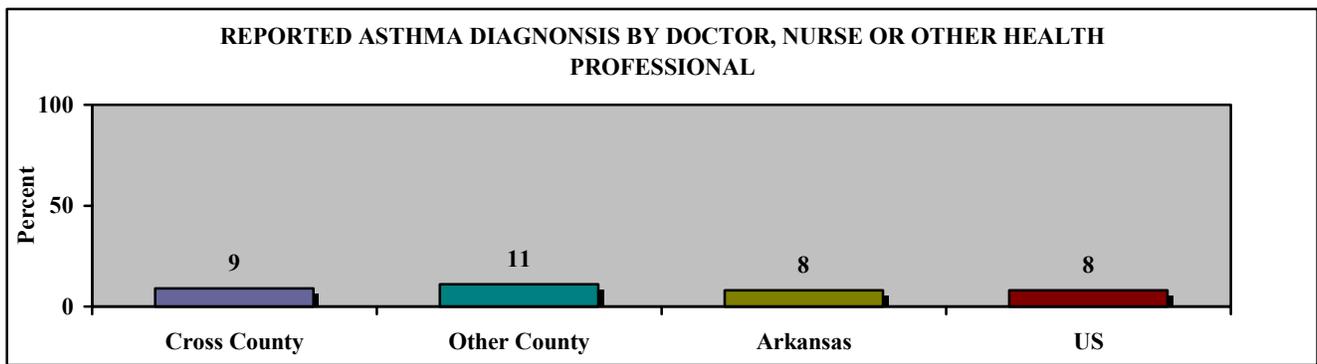
How does Cross County compare?

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

Comparing data on asthma

- The prevalence of reported asthma diagnosis by doctor, nurse, or other health professional was lower among adults in Cross County (9%) than among adults in a neighboring county (11%). However, prevalence of reported asthma diagnosis by doctor, nurse, or other health professional among adults in Cross County (9%) was lower than among adults in the state (8%), or nation (8%) (Figure 3).

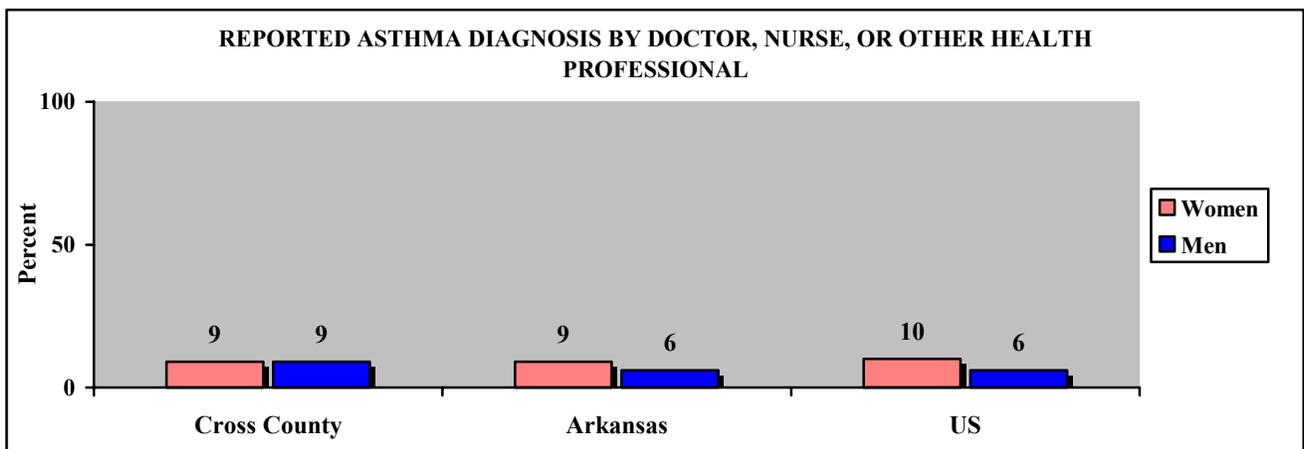
Figure 3: Comparing data on asthma.



Comparing data on asthma, by gender

- The prevalence of reported asthma diagnosis by doctor, nurse or other health professional was equal among adult women (9%) in Cross County and in the state (9%); and lower than among adult women in the nation (10%) (Figure 4).
- The prevalence of reported asthma diagnosis by doctor, nurse or other health profession was higher among adult men (9%) in Cross County than among adult men in the state (6%), or nation (6%) (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 Cross County?

- Eleven percent (11%) of Cross County adults reported a diabetes diagnosis by a doctor (Table 1 and Figure 1).



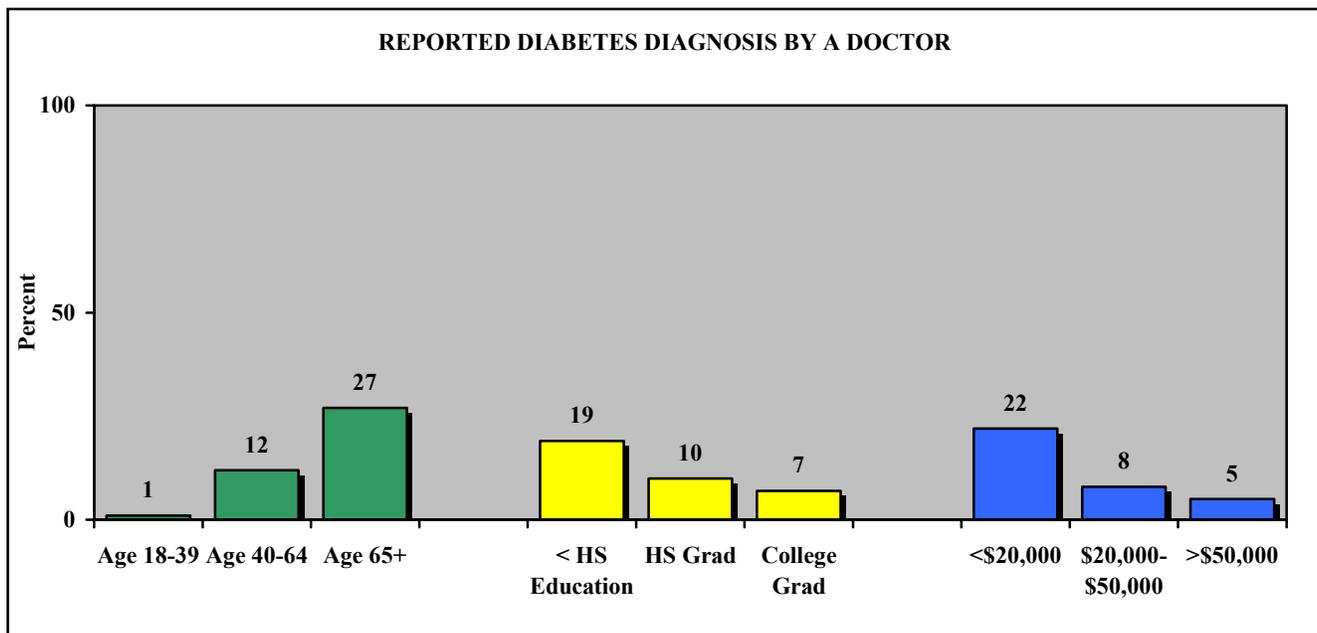
- The prevalence of reported diabetes diagnosis by a doctor was higher among older respondents (27%) than among respondents between ages 18-39 years (1%), or respondents between ages 40-64 years (12%) (Table 1 and Figure 1).
- The prevalence of reported diabetes diagnosis by a doctor was higher among respondents with less than a high school education (19%) than among those respondents with a high school education (10%), or 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 (22%) than among those respondents with an annual household income between \$20,000 - \$50,000 (8%), or annual household income of over \$50,000 (5%) (Table 1 and Figure 1).

Diabetes (continued)

Table 1: Reported diabetes.

Age	(%)	Education	(%)	Income	(%)
18-39	1	<HS Education	19	<\$20,000	22
40-64	12	HS Grad.	10	\$20,000-\$50,000	8
65+	27	College Grad.	7	>\$50,000	5

Figure 1: Diabetes



Diabetes (continued)

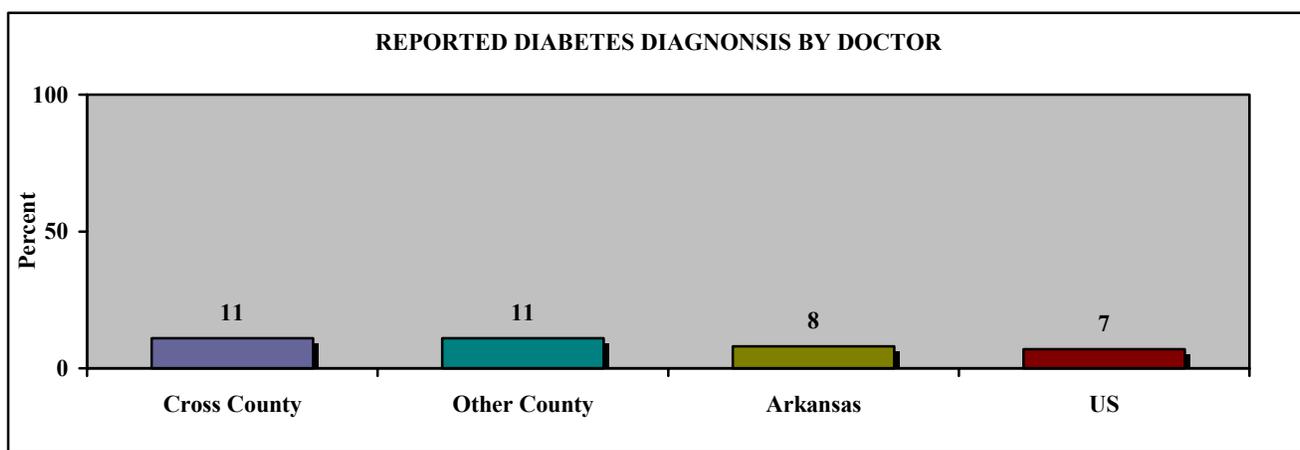
How does Cross County compare?

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

Comparing data on diabetes

- The prevalence of reported diabetes diagnosis by a doctor was equal among adults in Cross County (11%) and among adults in a neighboring county (11%). However, the prevalence of reported diabetes diagnosis by a doctor was higher among adults in Cross County (11%) than among adults in the state (8%), or nation (7%) (Figure 2).

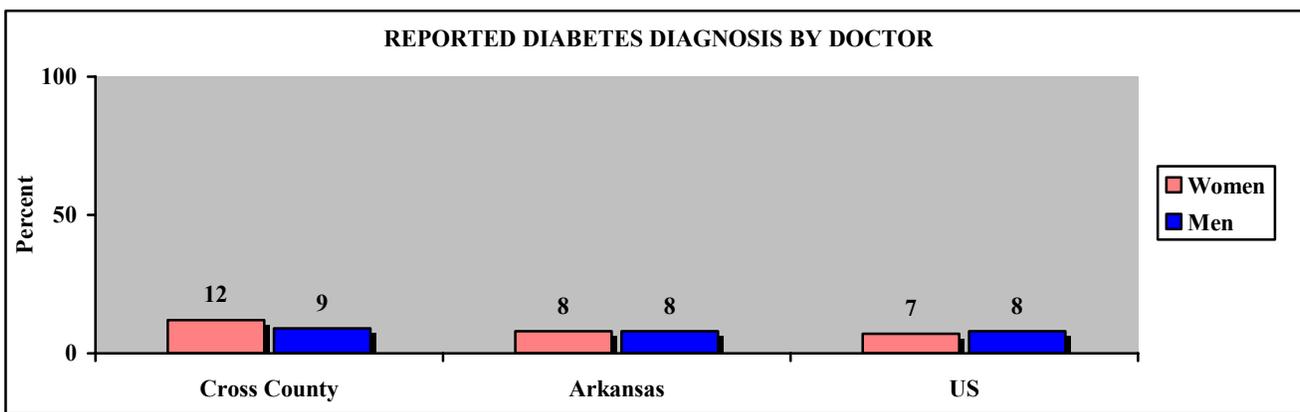
Figure 2: Comparing data on diabetes



Comparing data on diabetes, by gender

- The prevalence of reported diabetes diagnosis by doctor was higher among adult women (12%) in Cross County than adult women in the state (8%), or nation (7%) (Figure 3).
- The prevalence of reported diabetes diagnosis by doctor was higher among adult men (9%) in Cross County than adult men in the state (8%), or nation (8%) (Figure 3).

Figure 3: Comparing data 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 Cross County?

- Twenty-eight percent (28%) of Cross County adults reported an arthritis diagnosis by a doctor (Table 1 and Figure 1).



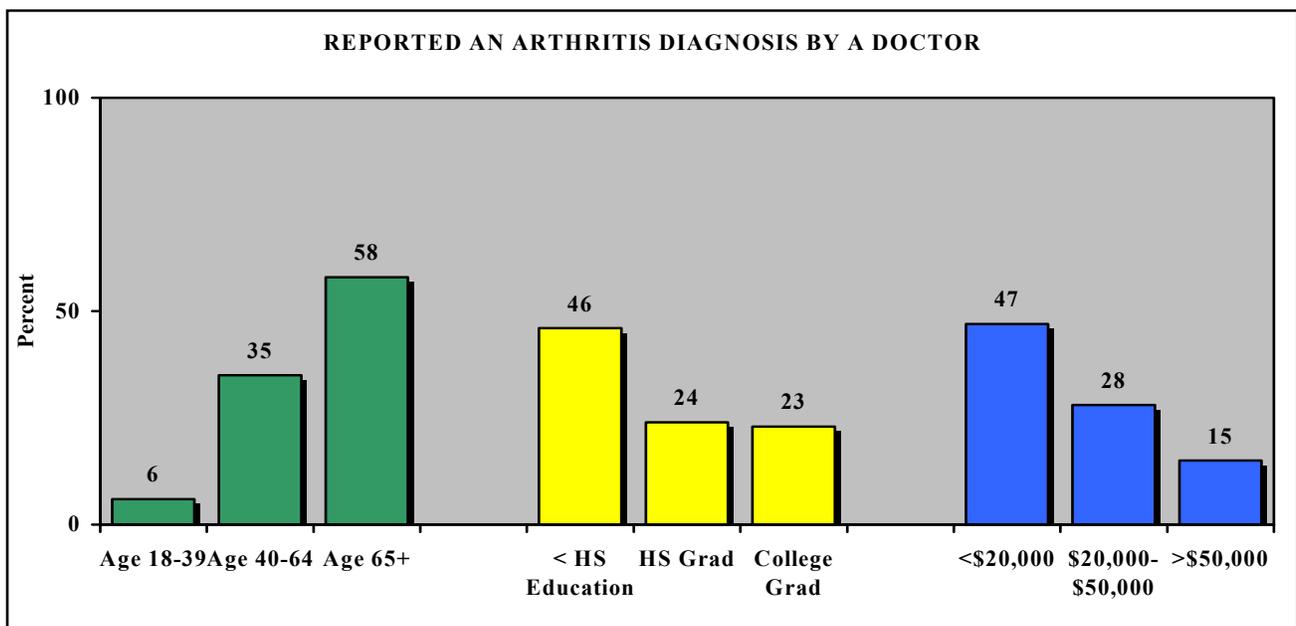
- The prevalence of reported arthritis diagnosis by a doctor was higher among older respondents (58%) than among respondents between ages 18-39 years (6%), or respondents between ages 40-64 years (35%) (Table 1 and Figure 1).
- The prevalence of reported arthritis diagnosis by a doctor was higher among respondents with less than a high school education (46%) than among those respondents with a high school education (24%), or college education (23%) (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 (47%) than among those respondents with an annual household income between \$20,000-\$50,000 (28%), or annual household income of over \$50,000 (15%) (Table 1 and Figure 1).

Arthritis (continued)

Table 1: Reported arthritis.

Age	(%)	Education	(%)	Income	(%)
18-39	6	<HS Education	46	<\$20,000	47
40-64	35	HS Grad.	24	\$20,000- \$50,000	28
65+	58	College Grad.	23	\$50,000	15

Figure 1: Arthritis



Arthritis (continued)

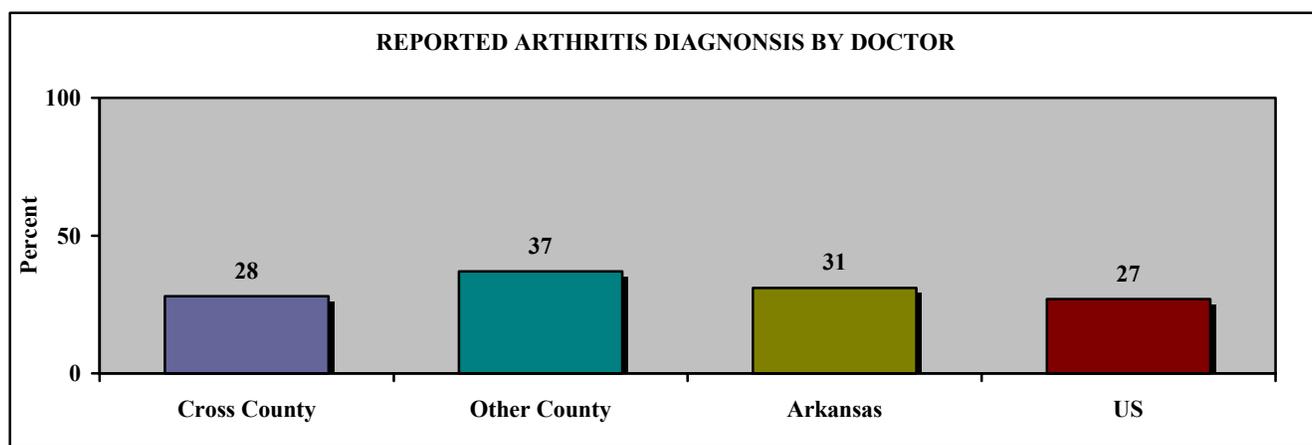
How does Cross County compare?

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

Comparing data on arthritis

- The prevalence of reported arthritis diagnosis among adults in Cross County (28%) was lower than among adults in a neighboring county (37%), or in the state (31%). However, the prevalence of reported arthritis diagnosis among adults in Cross County (28%) was higher than among adults in the nation (27%) (Figure 2).

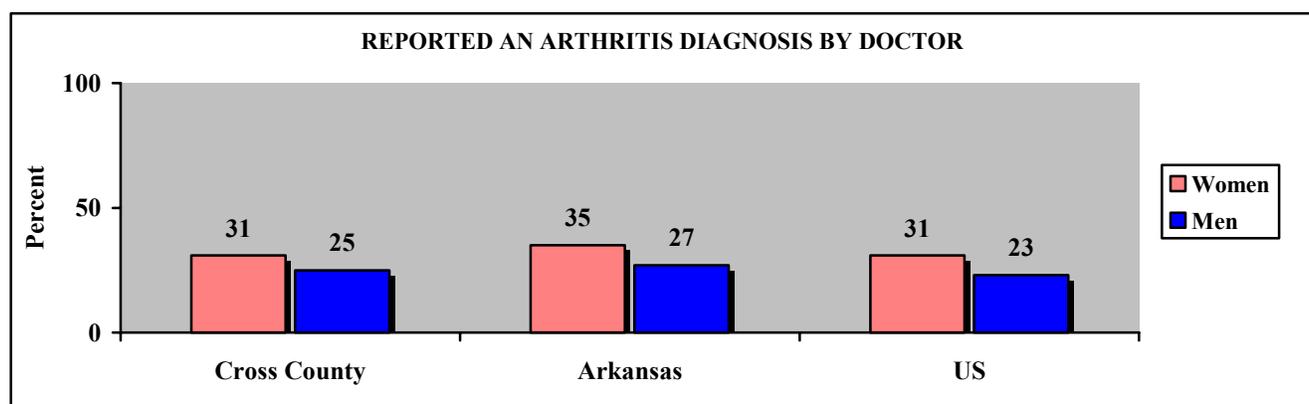
Figure 2: Comparing data on arthritis



Comparing data on arthritis, by gender

- The prevalence of reported arthritis diagnosis by a doctor was lower among adult women in Cross County (31%) than adult women in the state (35%); and equal to adult women in the nation (31%) (Figure 3).
- The prevalence of reported arthritis diagnosis by a doctor was lower among adult men in Cross County (25%) than among adult men in the state (27%); and higher than among adult men in the nation (23%) (Figure 3).

Figure 3: Comparing data 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 Cross County?

- Forty-one percent (41%) of Cross County adults reported a limitation in activities due to joint symptoms (Table 2 and Figure 4).
- The prevalence of reported limitation in activities due to joint symptoms was lower among respondents between ages 18-39 years (36%) than among respondents between ages 40-64 (43%), or among respondents at 65 years and older (42%) (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 (43%) than among those respondents with a high school education (41%), or college education (39%) (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 between \$20,000 - \$50,000 (46%), or annual household income of over \$50,000 (30%) (Table 2 and Figure 4).

Arthritis (continued)

Table 2: Reported activity limitation due to joint symptoms.

Age	(%)	Education	(%)	Income	(%)
18-39	36	<HS Education	43	<\$20,000	49
40-64	43	HS Grad.	41	\$20,000- \$50,000	46
65+	42	College Grad.	39	>\$50,000	30

Figure 4: Activity limitations

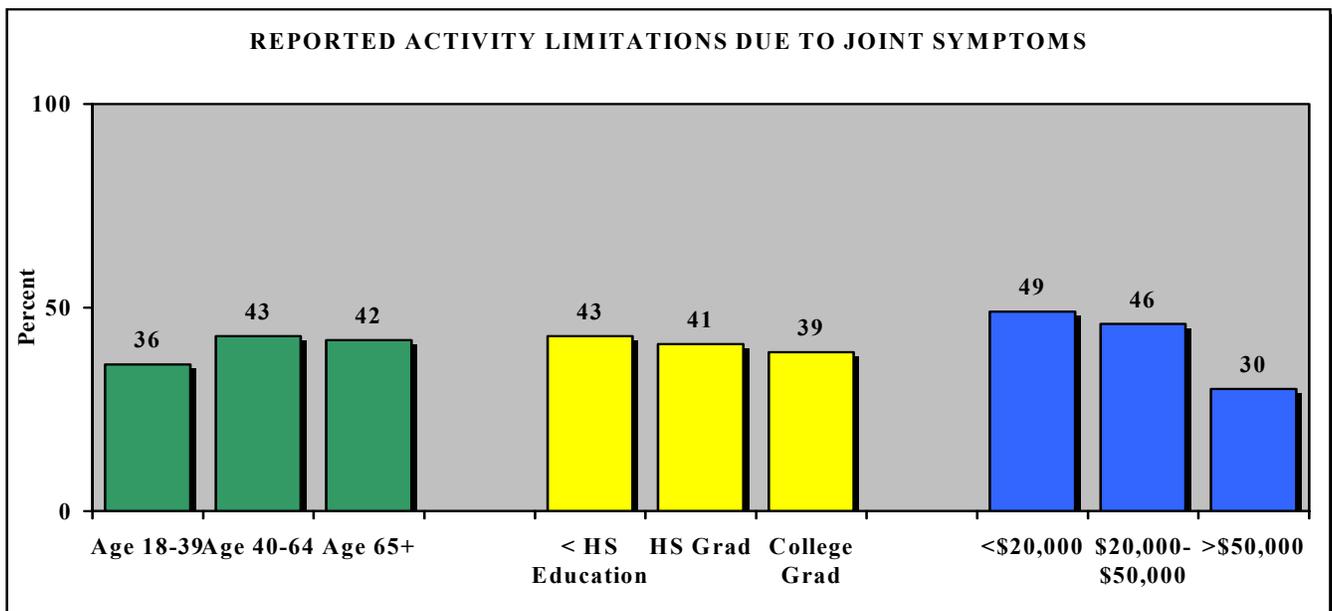
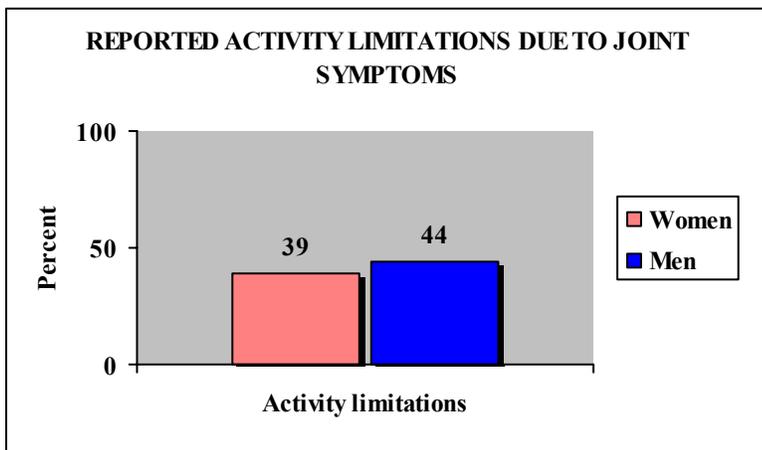


Figure 5: Activity limitations due to joint symptoms, by gender



The prevalence of reported activity limitations due to joint symptoms was lower among adult women (39%) than adult men (44%) in Cross County (Figure 5).

Arthritis (continued)

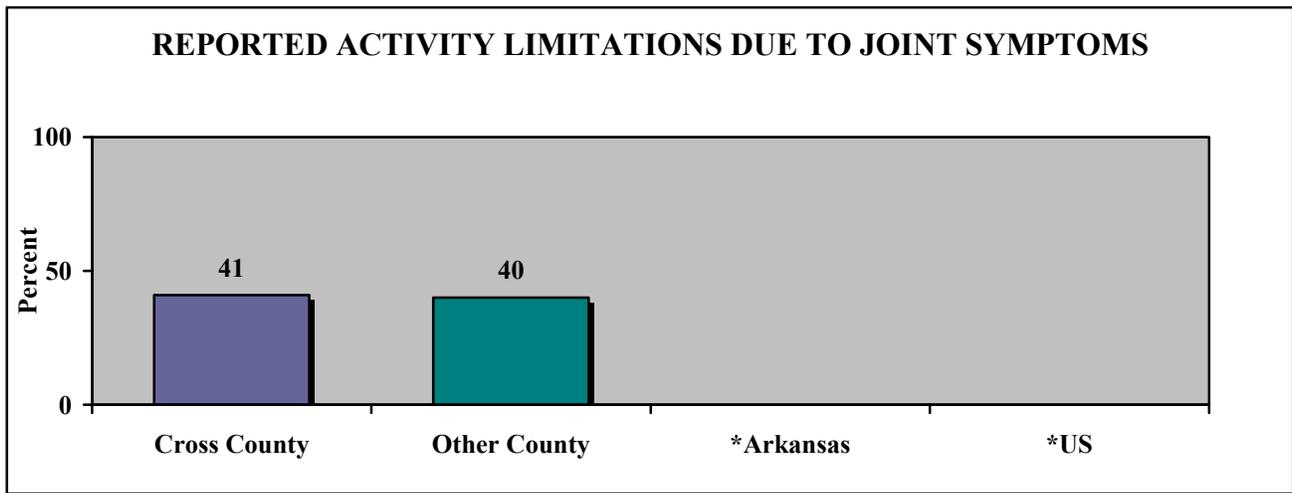
How does Cross County compare?

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

Comparing data on activity limitations due to joint symptoms

- The prevalence of reported activity limitations due to joint symptoms was higher among adults in Cross County (41%) than among adults in a neighboring county (40%) (Figure 6).

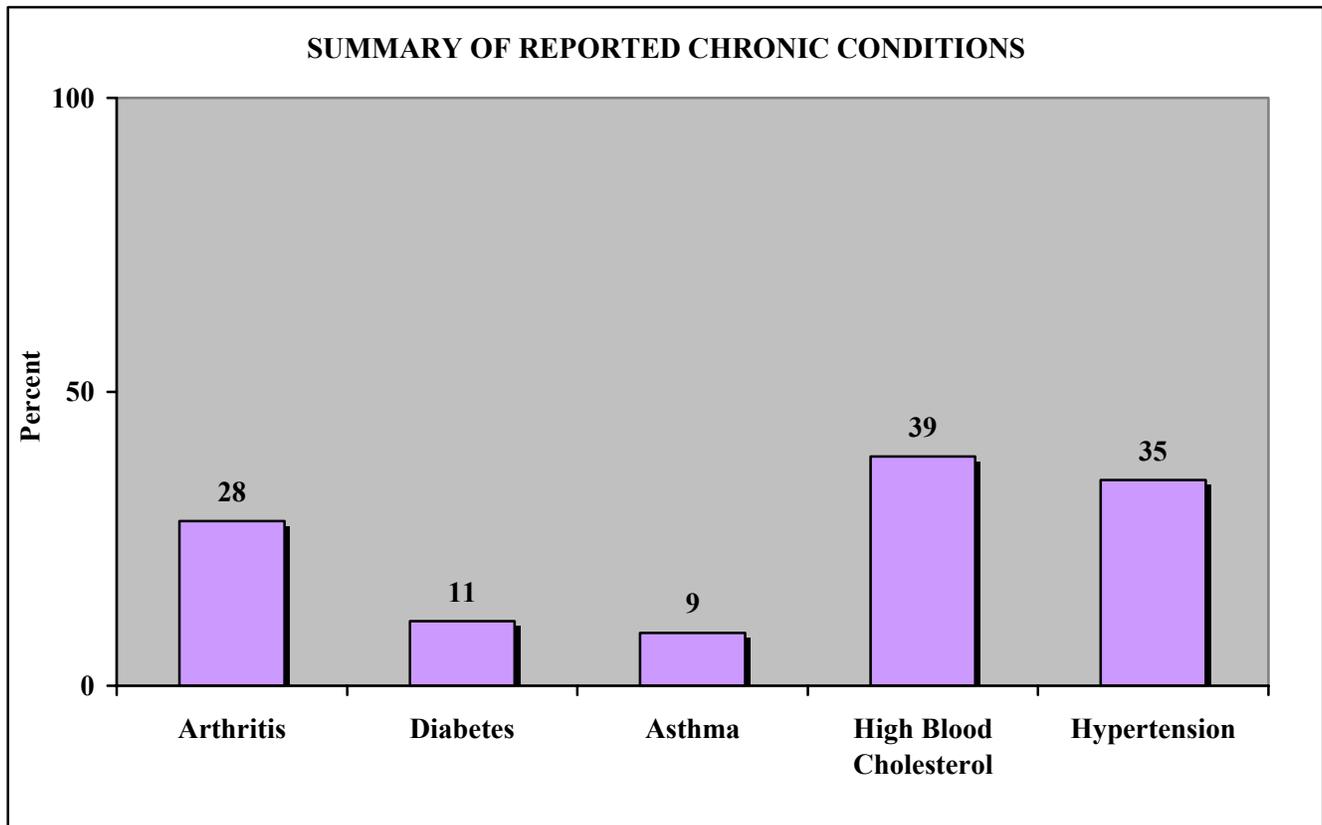
Figure 6: Comparing data on activity limitations due to joint symptoms



*No comparison data available.

Cross 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 Cross County?

- Fifty-eight percent (58%) of Cross County adults over the age of 50 reported they had never been screened for colorectal cancer (Table 1 and Figure 1).
- The prevalence of reported never been screened for colorectal cancer was higher among the respondents between age 40-64 years (64%) than among respondents at 65 years and older (50%) (Table 1 and Figure 1).
- The prevalence of reported never been screened for colorectal cancer was higher among respondents with less than a high school education (68%) than among those respondents with a high school education (52%) or college education (61%) (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 (60%) than among those respondents with an annual household income between \$20,000 - \$50,000 (56%) or annual household income of over \$50,000 (59%) (Table 1 and Figure 1).

Colorectal Cancer Screening (continued)

Table 1: Reported never been screened for colorectal cancer.

Age	(%)	Education	(%)	Income	(%)
18-39	N/A	<HS Education	68	<\$20,000	60
40-64	64	HS Grad.	52	\$20,000- \$50,000	56
65+	50	College Grad.	61	\$50,000	59

Figure 1: Colorectal cancer screening

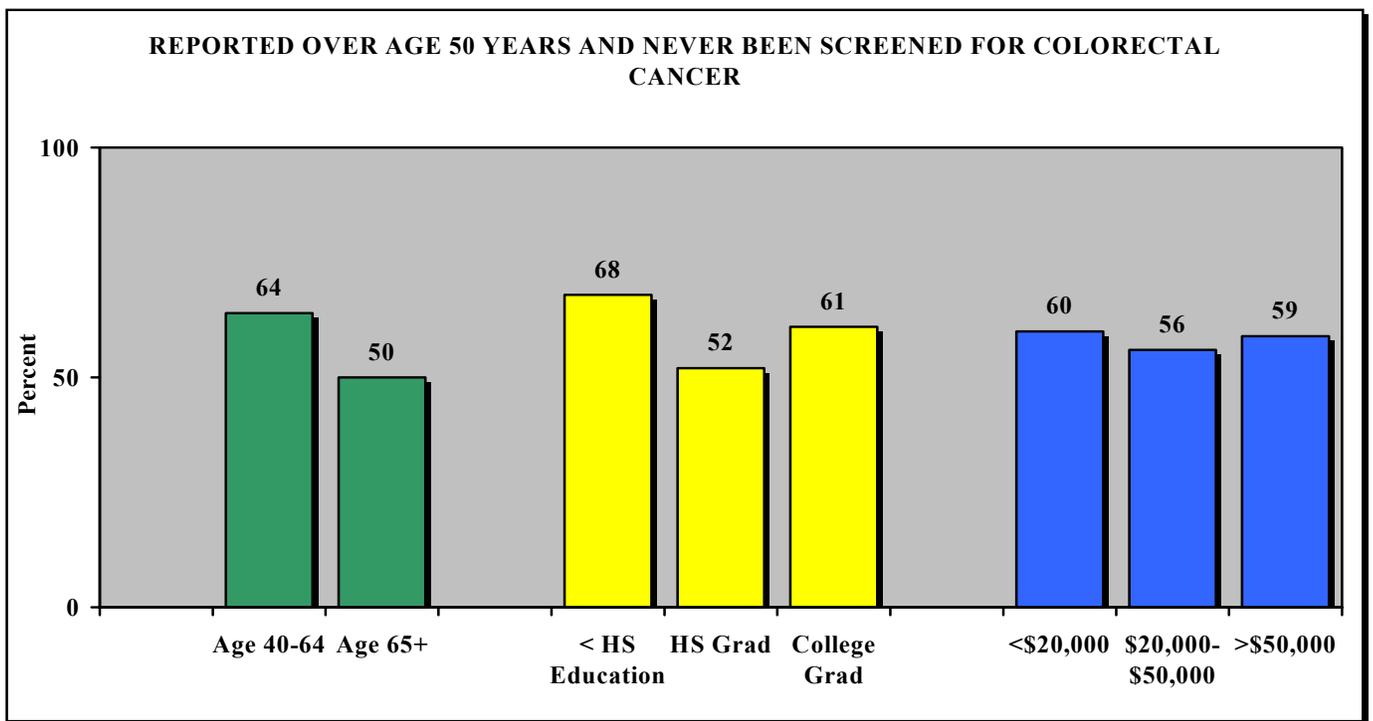
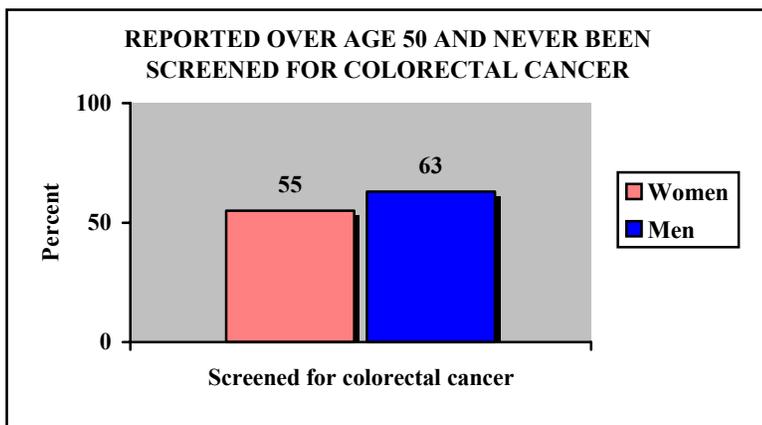


Figure 2: Colorectal cancer screening, by gender



The prevalence of reported never been screened for colorectal cancer was lower among adult women (55%) than adult men (63%) in Cross County (Figure 2).

Colorectal Cancer Screening (continued)

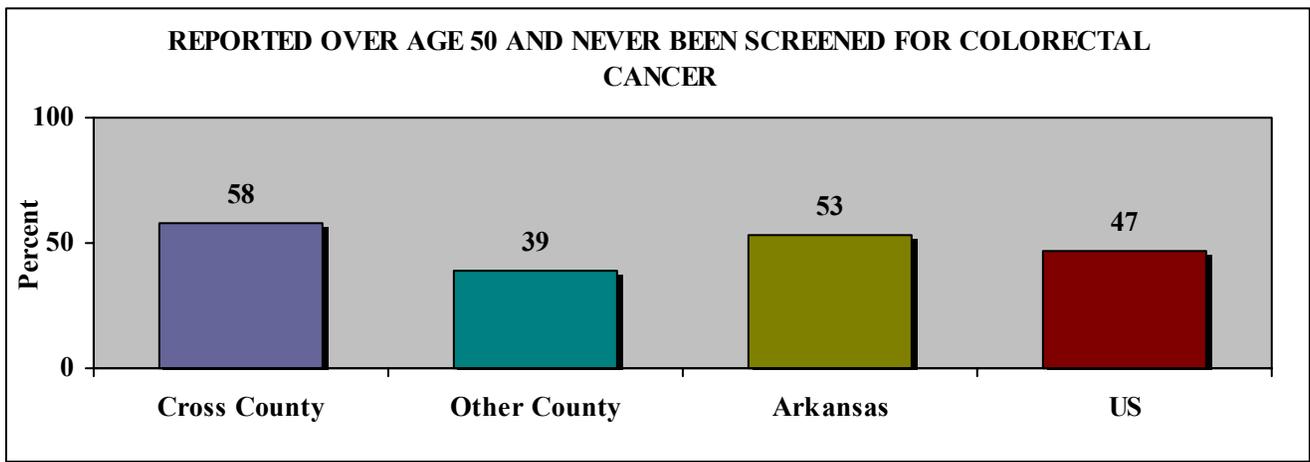
How does Cross County compare?

In order to determine Cross County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2005 Adult Health Survey results of a neighboring county, and 2004 state and nationwide BRFSS data.

Comparing data on colorectal cancer screening

- The prevalence of reported over age 50 years and never been screened for colorectal cancer was higher among adults in Cross County (58%) than among adults in a neighboring county (39%), adults in the state (53%), or nation (47%) (Figure 3).

Figure 3: Comparing data on colorectal cancer screening

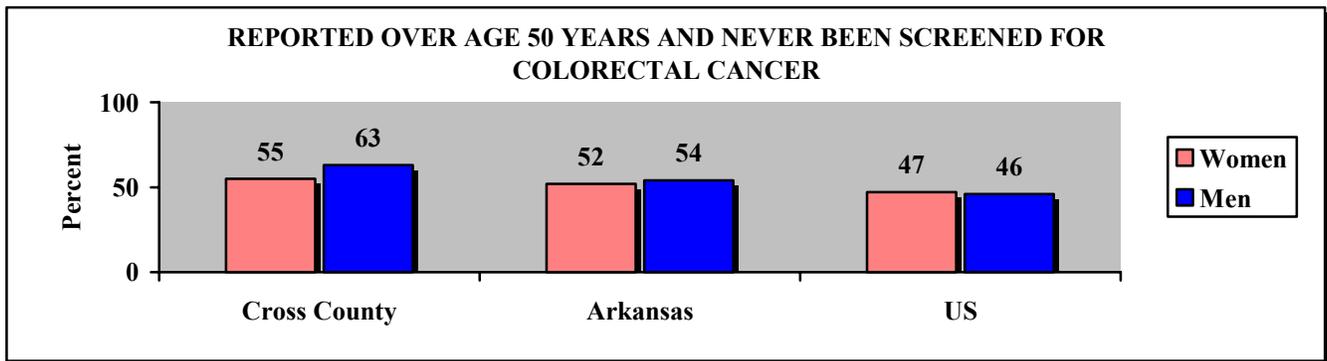


Colorectal Cancer Screening (continued)

Comparing data on colorectal cancer screening, by gender

- The prevalence of reported never been screened for colorectal cancer was higher among adult women in Cross County (55%) than adult women in the state (52%), or adult women in the nation (47%) (Figure 4).
- The prevalence of reported never been screened for colorectal cancer was higher among adult men in Cross County (63%) than among adult men in the state (54%), or adult men in the nation (46%) (Figure 4).

Figure 4: Comparing data 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 Cross County?

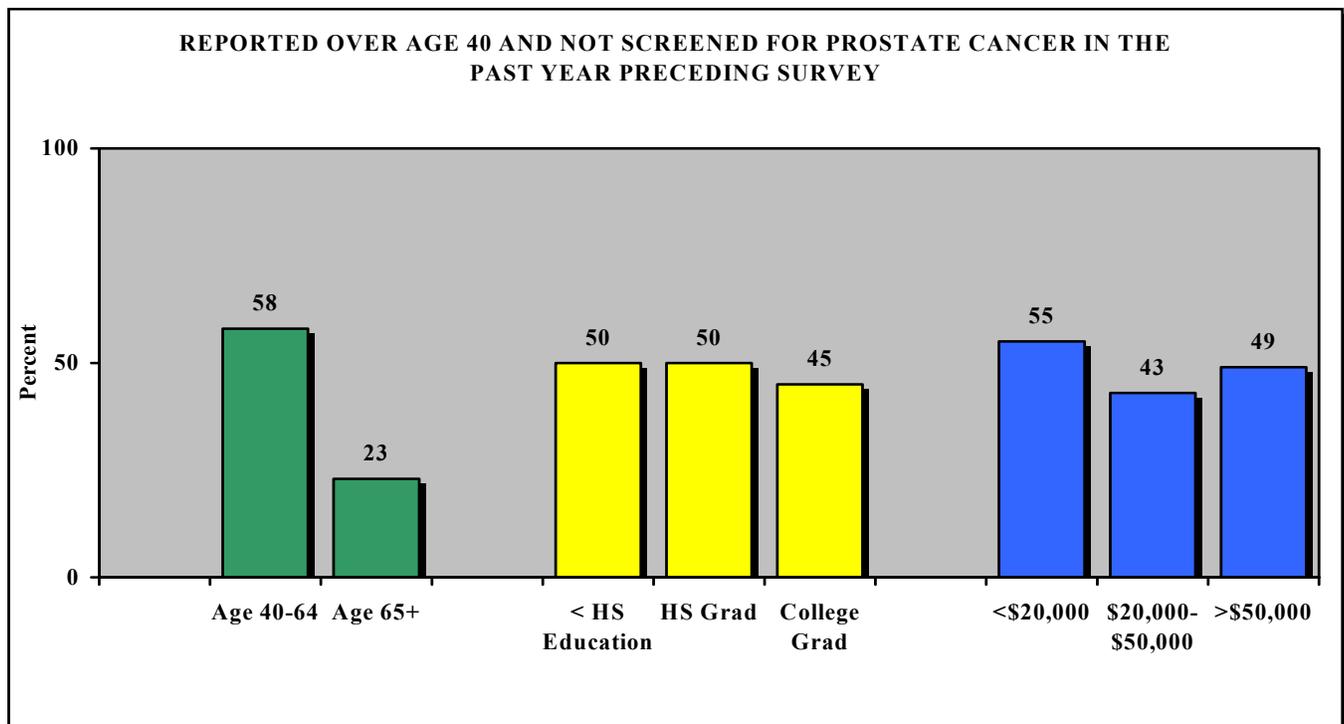
- Forty-eight percent (48%) of Cross County males over age 40 reported they had not been screened for prostate cancer in the past year preceding the survey (Table 1 and Figure 1).
- The prevalence of reported not screened for prostate cancer in the year preceding survey was higher among the respondents between age 40-64 years (58%) than among respondents at 65 years and older (23%) (Table 1 and Figure 1).
- The prevalence of reported not screened for prostate cancer in the year preceding the survey was equal among respondents with less than a high school education (50%) and those respondents with a high school education (50%); and higher than among those with a college education (45%) (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 (55%) than among those respondents with an annual household income between \$20,000 - \$50,000 (43%), or annual household income of over \$50,000 (49%) (Table 1 and Figure 1).

Prostate Cancer Screening (continued)

Table 1: Reported not screened for prostate cancer in the past year preceding the survey.

Age	(%)	Education	(%)	Income	(%)
18-39	N/A	<HS Education	50	<\$20,000	55
40-64	58	HS Grad.	50	\$20,000- \$50,000	43
65+	23	College Grad.	45	>\$50,000	49

Figure 1: Prostate cancer



Prostate Cancer Screening (continued)

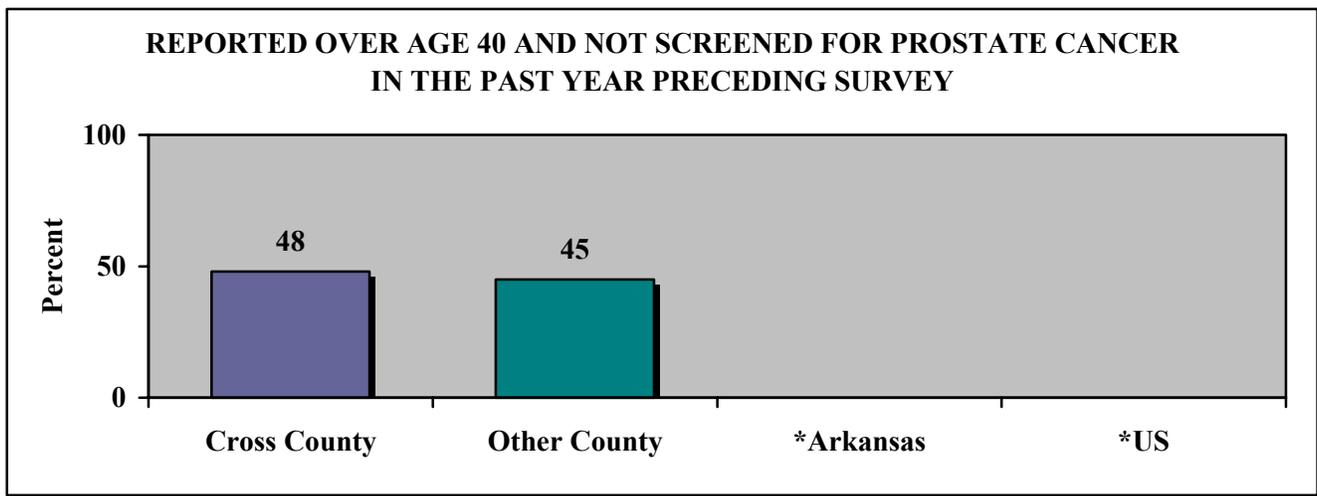
How does Cross County compare?

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

Comparing data on prostate cancer screening

- The prevalence of reported over age 40 years and not screened for prostate cancer in the year preceding the survey was higher among men in Cross County (48%) than among men in a neighboring county (45%) (Figure 2).

Figure 2: Comparing data 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 Cross County?

- Sixty-seven percent (67%) of Cross County adults reported that they had not had an influenza shot in the twelve months preceding the survey (Table 1 and Figure 1).



- The prevalence of reported no influenza shot in the twelve months preceding the survey was higher among respondents between age 18-39 years (78%) than among respondents between age 40-64 years (67%) and respondents at 65 years and older (42%) (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 (62%) than among those respondents with a high school education (71%); and higher than among respondents with a college education (60%) (Table 1 and Figure 1).
- The prevalence of reported no influenza shot in the twelve months preceding the survey was equal among those respondents with an annual household income between \$20,000 - \$50,000 (68%) and those with an annual household income of over \$50,000 (68%); and higher than those respondents with an annual household income of less than \$20,000 (59%) (Table 1 and Figure 1).

Immunization – Influenza Shot (continued)

Table 1: Reported no immunization (influenza shot) in the twelve months preceding the survey.

Age	(%)	Education	(%)	Income	(%)
18-39	78	<HS Education	62	<\$20,000	59
40-64	67	HS Grad.	71	\$20,000- \$50,000	68
65+	42	College Grad.	60	>\$50,000	68

Figure 1: Immunization (influenza shot)

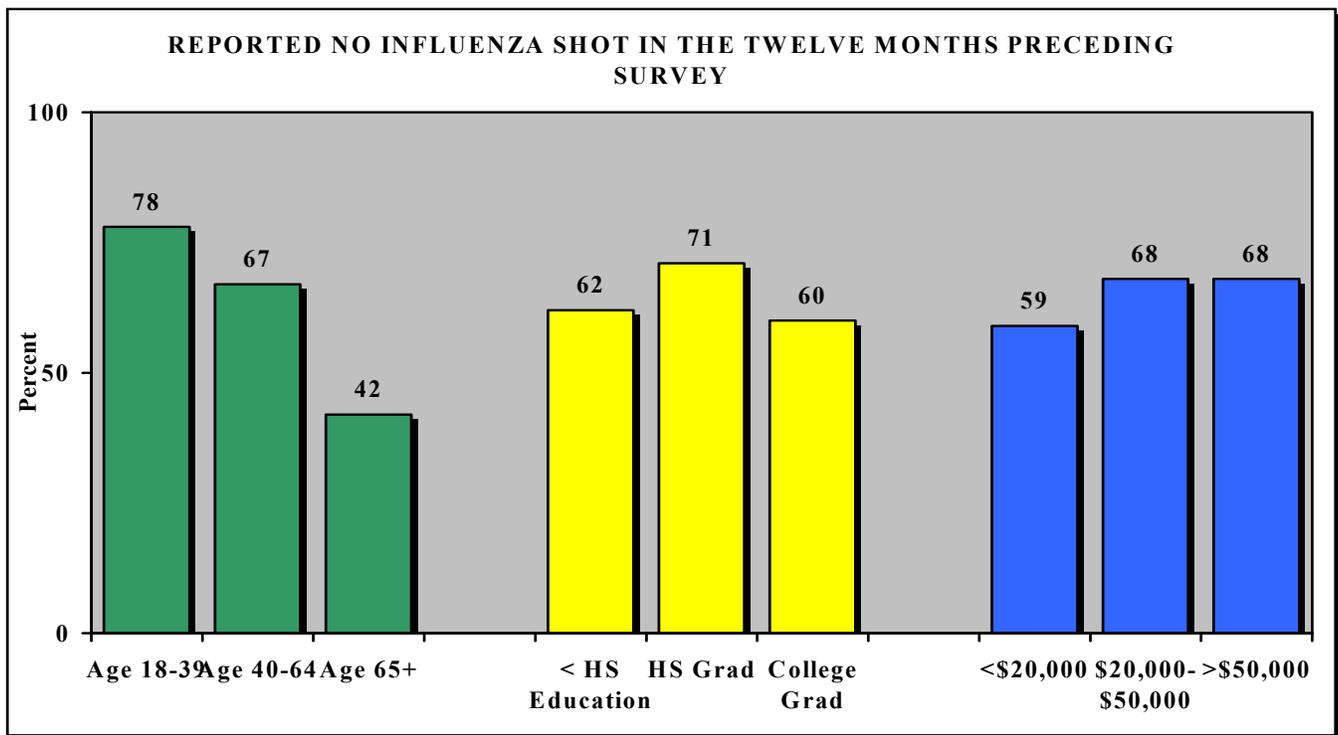
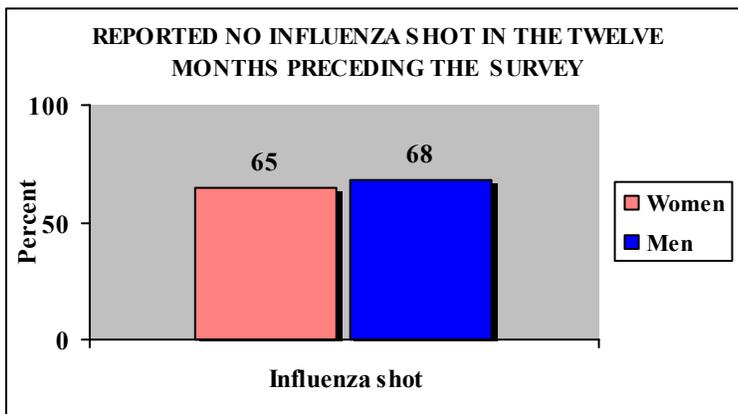


Figure 2: Influenza shot, by gender



The prevalence of reported no influenza shot in the twelve months preceding the survey was lower among adult women (65%) than adult men (68%) in Cross County (Figure 2).

Immunization – Influenza Shot (continued)

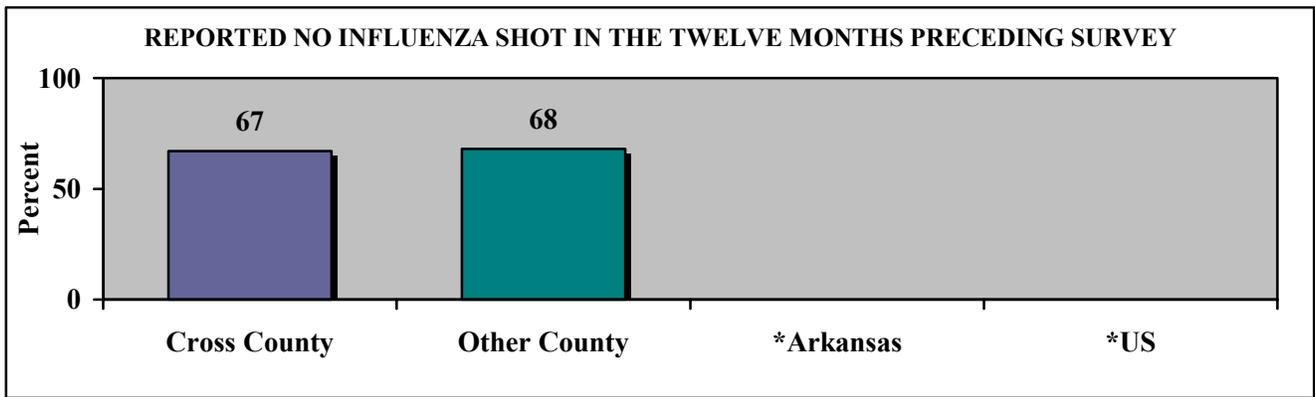
How does Cross County compare?

In order to determine Cross County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2005 Adult Health Survey results of a neighboring county, and 2004 state and nationwide BRFSS data.

Comparing data on immunization (influenza shot)

- The prevalence of reported no influenza shot in the twelve months preceding the survey was lower among adults in Cross County (67%) than among adults in a neighboring county (68%) (Figure 3).

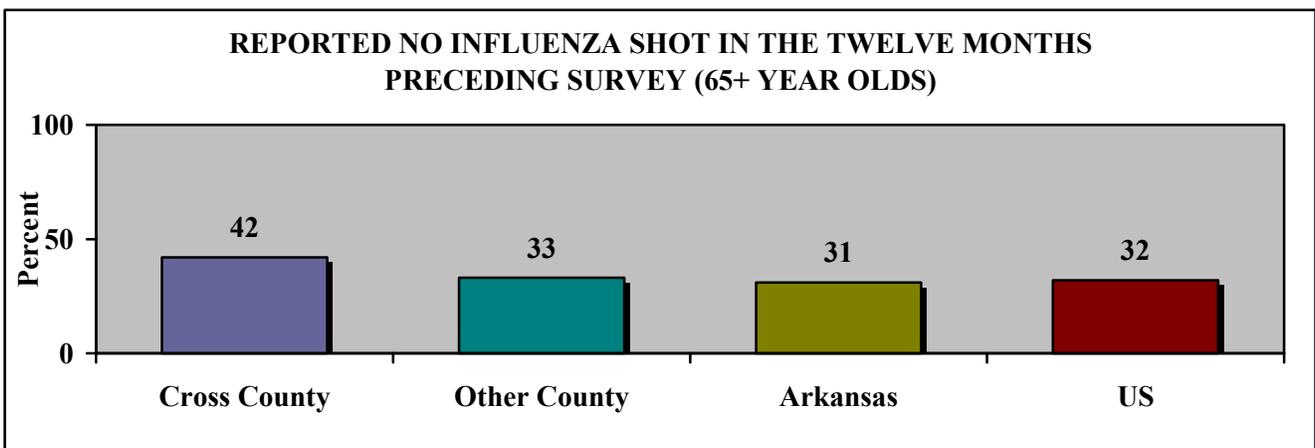
Figure 3: Comparing data on immunization (influenza shot)



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

- The prevalence of reported age 65 years and older and had no influenza shot in the twelve months preceding the survey was higher among respondents in Cross County (42%) than among respondents in a neighboring county (33%), respondents in the state (31%), and in the nation (32%) (Figure 4).

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



* No comparison data available.

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 Cross County?

- Thirty-six percent (36%) of Cross County's adult residents did not participate in regular physical activity during the month preceding the survey (Table 1 and Figure 1).
- The prevalence of reported no regular physical activity in the month preceding the survey was lower among respondents between age 18-39 years (34%) than among those respondents between age 40-64 years (36%) or respondents age 65 years and older (43%) (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 (54%) than among those respondents with a high school education (38%) or college education (15%) (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 (48%) than among those respondents with an annual household income between \$20,000 - \$50,000 (40%) or annual household income of over \$50,000 (13%) (Table 1 and Figure 1).

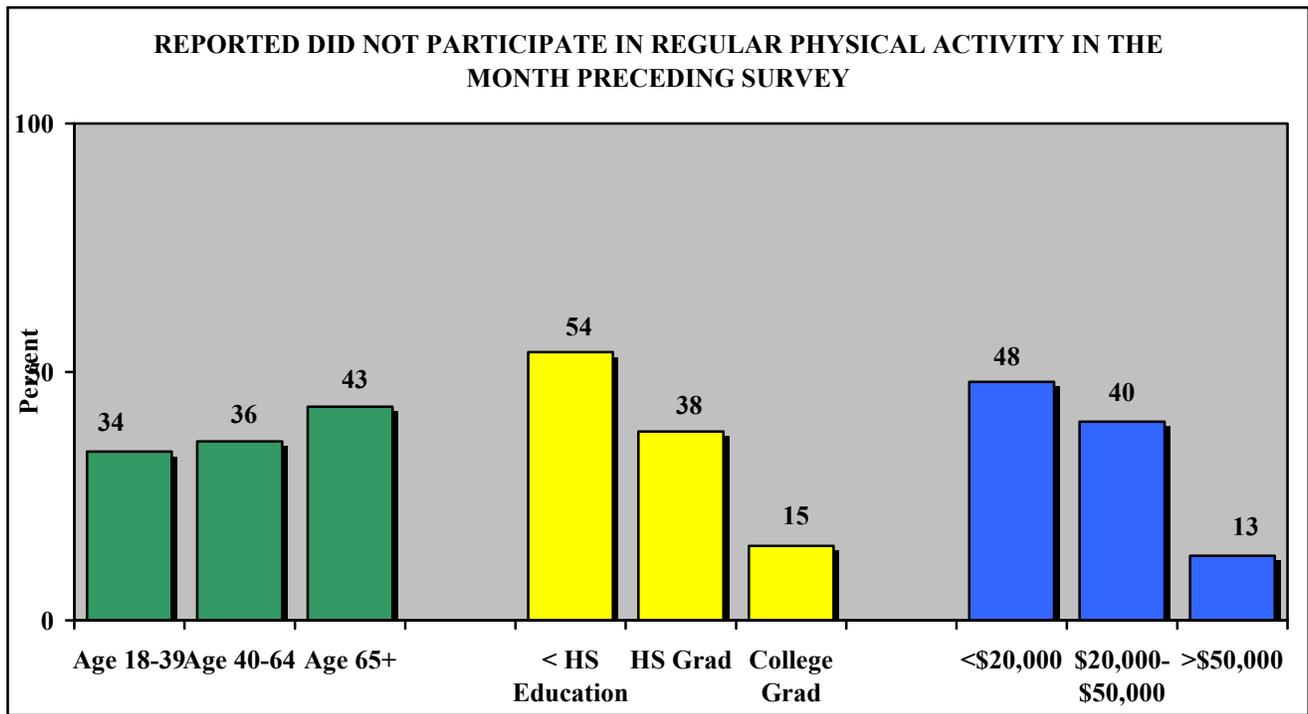


Physical Activity (continued)

Table 1: Reported they did not participate in regular physical activity in the month preceding the survey.

Age	(%)	Education	(%)	Income	(%)
18-39	34	<HS Education	54	<\$20,000	48
40-64	36	HS Grad.	38	\$20,000- \$50,000	40
65+	43	College Grad.	15	>\$50,000	13

Figure 1: Physical activity



Physical Activity (continued)

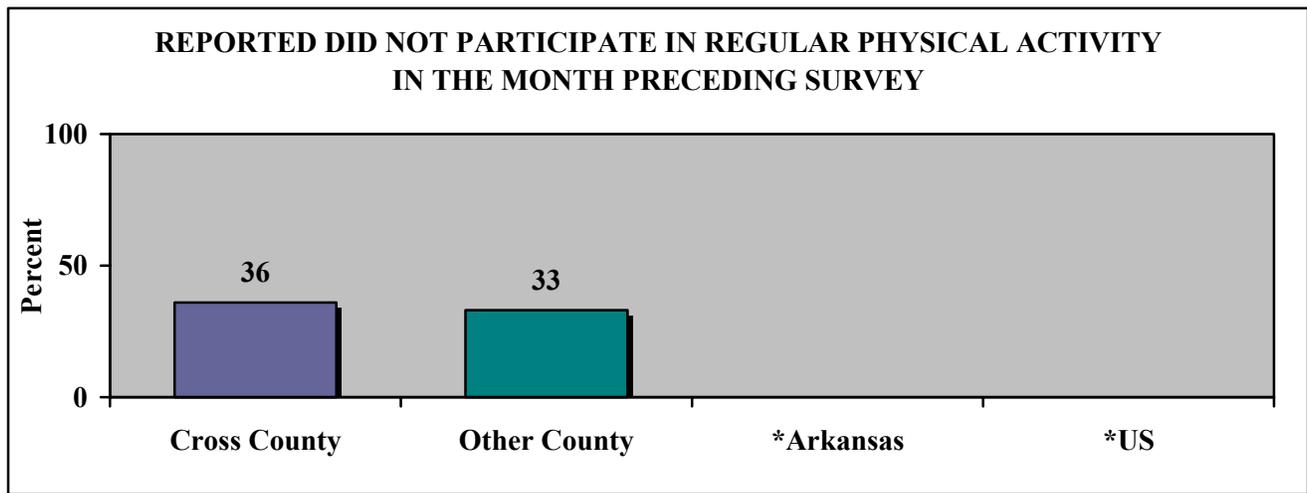
How does Cross County compare?

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

Comparing data on physical activity

- The prevalence of reported no regular physical activity in the month preceding the survey was higher among adults in Cross County (36%) than among adults in a neighboring county (33%) (Figure 2).

Figure 2: Comparing data 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 Cross County?

- Sixty-seven percent (67%) of Cross County's adults reported that were overweight (Table 1 and Figure 1).
- The prevalence of reported overweight status higher among respondents between age 40-64 years (74%) than among respondents between age 18-39 years (61%), or respondents 65 years and older (64%) (Table 1 and Figure 1).
- The prevalence of reported overweight status was higher among respondents with less than a high school education (70%) than among those respondents with a high school education (66%), or college education (68%) (Table 1 and Figure 1).
- The prevalence of reported overweight status was higher among those respondents with an annual household income of less than \$20,000 (71%) than among those respondents with an annual household income between \$20,000 - \$50,000 (66%), or annual household income of over \$50,000 (67%) (Table 1 and Figure 1).

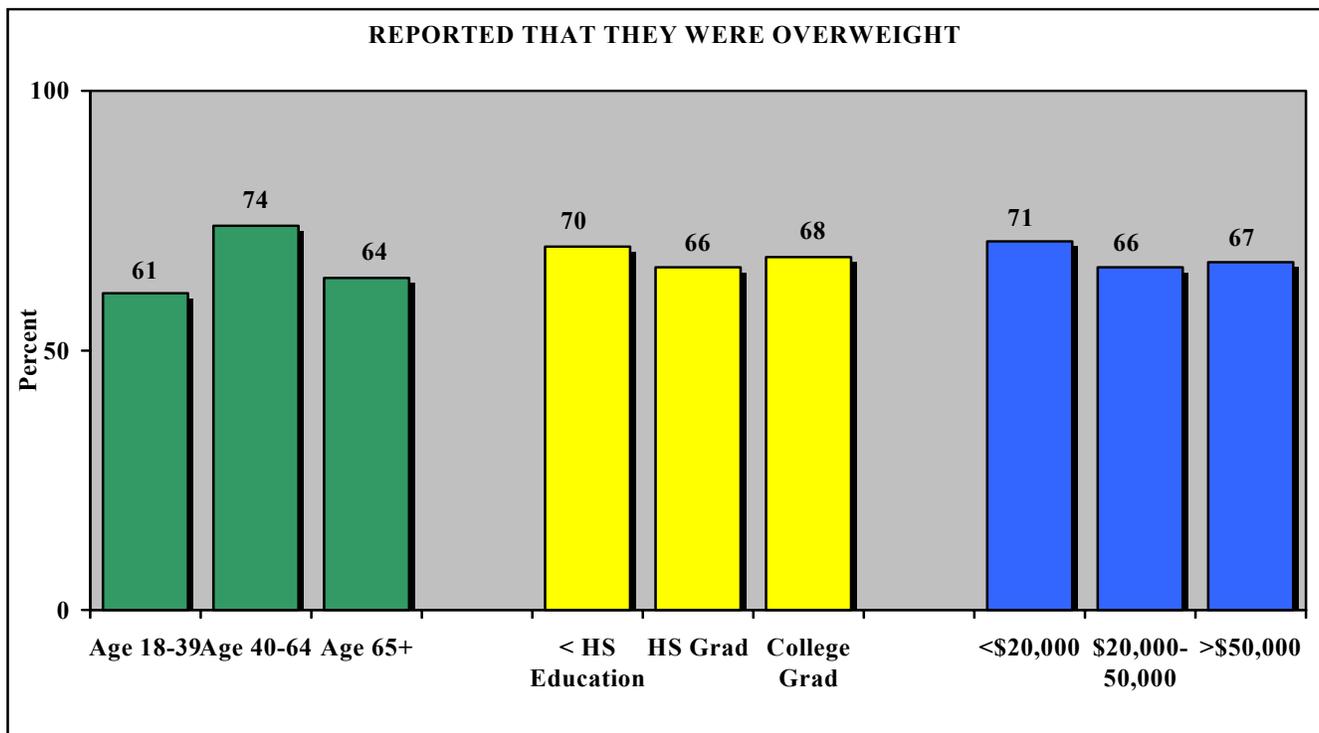


Overweight (continued)

Table 1: Reported overweight status.

Age	(%)	Education	(%)	Income	(%)
18-39	61	<HS Education	70	<\$20,000	71
40-64	74	HS Grad.	66	\$20,000- \$50,000	66
65+	64	College Grad.	68	\$50,000	67

Figure 1: Overweight



Overweight (continued)

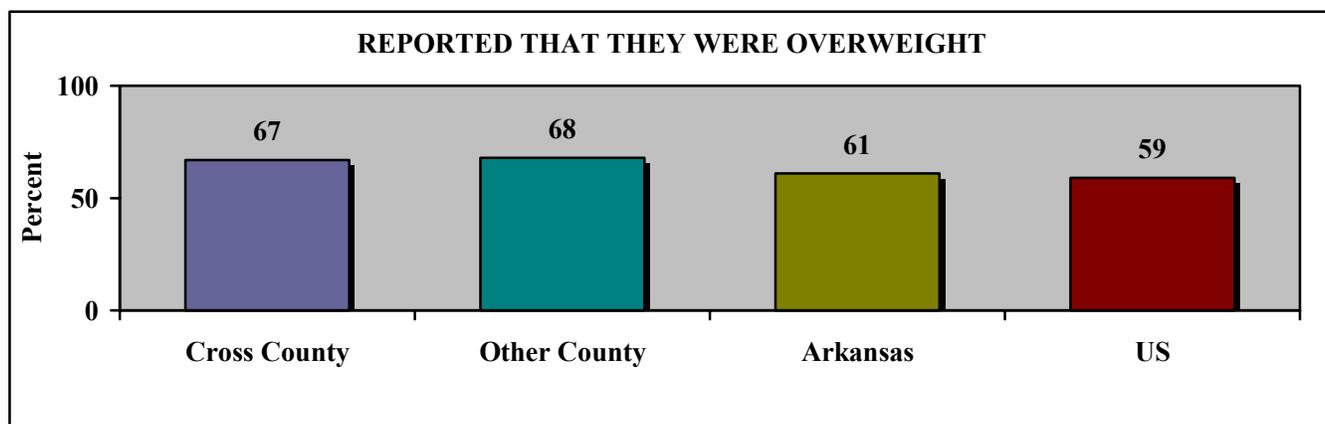
How does Cross County compare?

In order to determine Cross County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2005 Adult Health Survey results of a neighboring county, and 2002 state and nationwide BRFSS data.

Comparing data on overweight status

- The prevalence of reported overweight status was lower among adults in Cross County (67%) than among adults in a neighboring county (68%). However, the prevalence of reported overweight status was higher among adults in Cross County (67%) than among adults in the state (61%), or nation (59%) (Figure 2).

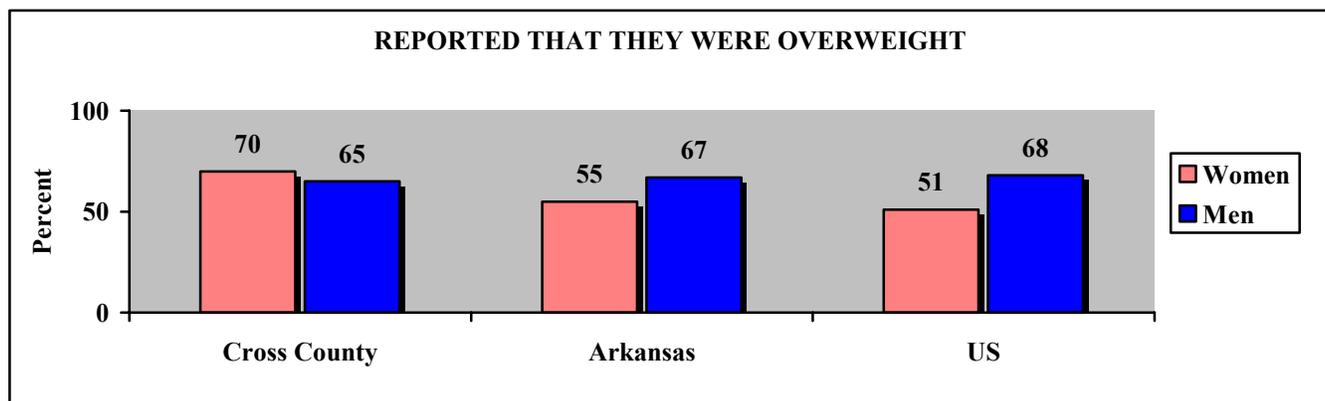
Figure 2: Comparing data on overweight status



Comparing data on overweight status, by gender

- The prevalence of reported overweight status was higher among adult women in Cross County (70%) than among adult women in the state (55%), or adult women in the nation (51%) (Figure 3).
- The prevalence of reported overweight status was lower among adult men in Cross County (65%) than among adult men in the state (67%), or among adult men in the nation (51%) (Figure 3).

Figure 3: Comparing data 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: Activity limitations

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 Cross County?

- Twenty-two percent (22%) of adults in Cross County reported that they had some activity limitations that were caused by a health condition (Table 1 and Figure 1).
- The prevalence of reported activity limitations due to a physical, mental, or emotional problem was lower among respondents between age 18-39 years (6%) than among those between age 40-64 years (28%) and respondents at 65 years and older (39%) (Table 1 and Figure 1).
- The prevalence of reported activity limitations due to a physical, mental, or emotional problem was higher among respondents with less than a high school education (32%) than among those respondents with a high school education (20%) or college education (18%) (Table 1 and Figure 1).
- The prevalence of reported activity limitations due to a physical, mental, or emotional problem was higher among those respondents with an annual household income of less than \$20,000 (35%) than among those respondents with an annual household income between \$20,000 - \$50,000 (21%), or annual household income of over \$50,000 (14%) (Table 1 and Figure 1).

Disability (continued)

Table 1: Reported that they had activity limitations that were caused by a physical, mental, or emotional problem.

Age	(%)	Education	(%)	Income	(%)
18-39	6	<HS Education	32	<\$20,000	35
40-64	28	HS Grad.	20	\$20,000- \$50,000	21
65+	39	College Grad.	18	>\$50,000	14

Figure 1: Activity limitations

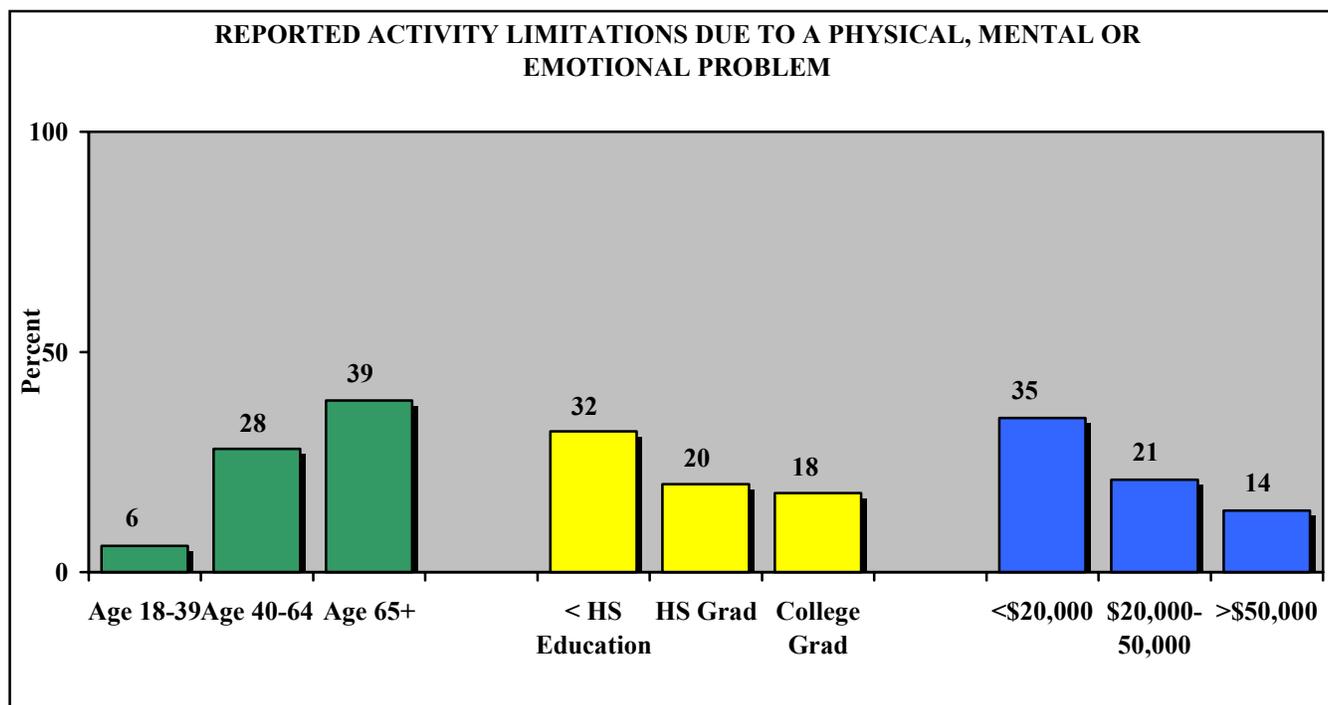
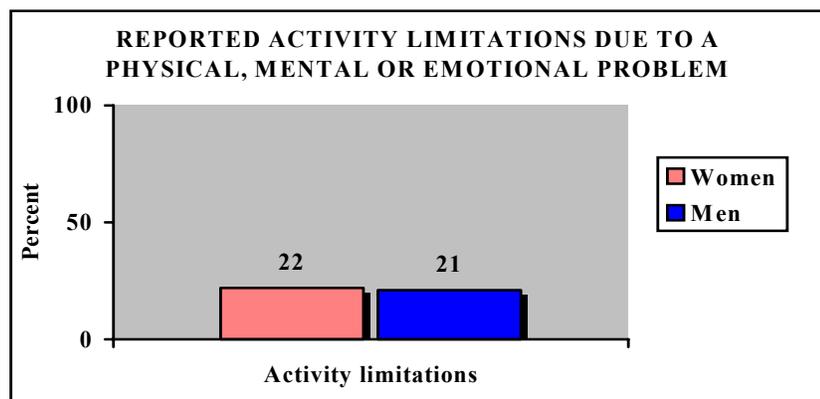


Figure 2: Activity limitations due to a physical, mental, or emotional problem, by gender



The prevalence of reported activity limitations due to a physical, mental, or emotional problem was slightly higher among adult women (22%) than adult men (21%) in Cross County (Figure 2).

Disability (continued)

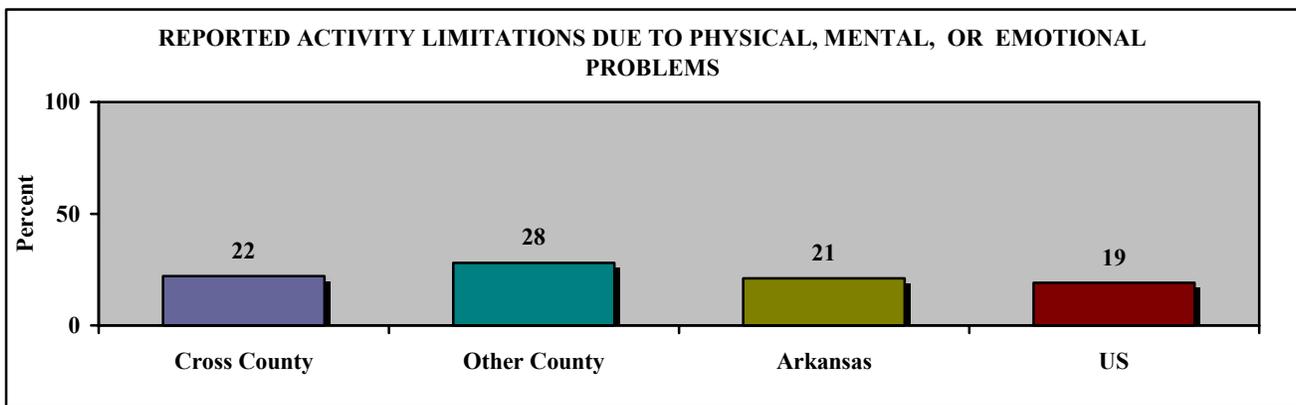
How does Cross County compare?

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

Comparing data on activity limitations due to physical, mental, or emotional problems

- The prevalence of reported activity limitations due to a physical, mental, or emotional problem was lower among adults in Cross County (22%) than among adults in the neighboring county (28%). However, prevalence of reported activity limitations due to a physical, mental, or emotional problem was higher among adults in Cross County (22%) than among adults in the state (21%), or among adults in the nation (19%) (Figure 3).

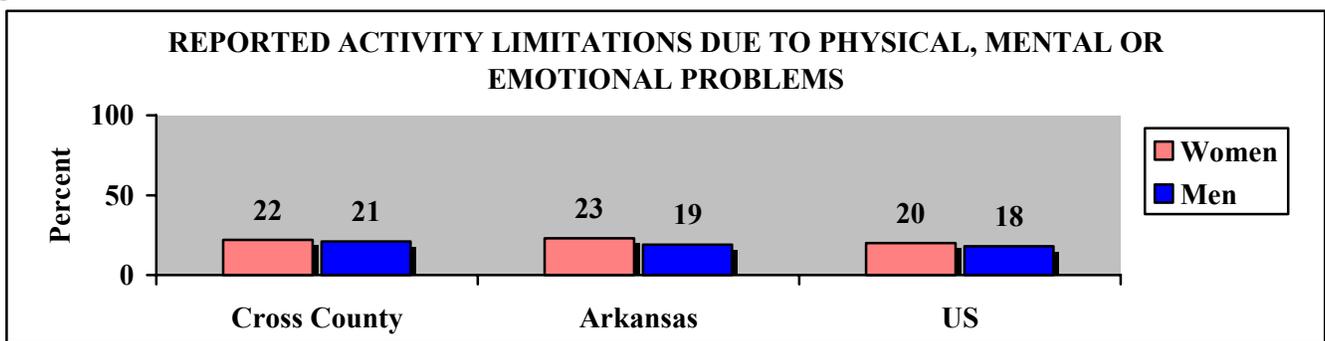
Figure 3: Comparing data on activity limitations due to physical, mental, or emotional problems.



Comparing data on activity limitations due to physical, mental, or emotional problems, by gender.

- The prevalence of reported activity limitations due to physical, mental, or emotional problems were lower among adult women in Cross County (22%) than 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 were higher among adult men in Cross County (21%) than among adult men in the state (19%), or nation (18%) (Figure 4).

Figure 4: Comparing data on activity limitations due to physical, mental, or emotional problems, by gender



Alcohol Consumption

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: Those who had five or more drinks in a row on one or more occasions during the past month are considered at risk.

Who is at risk in Cross County?

- Of those who reported drinking at least once in the past thirty days, 36% said they had consumed five or more drinks on at least one occasion in the past month (Table 1 and Figure 1).
- The prevalence of reported binge drinking was higher among the respondents between age 18-39 years (50%) than among respondents between age 40-64 years (28%), or respondents at 65 years and older (0%) (Table 1 and Figure 1).
- The prevalence of reported binge drinking was higher among respondents with less than a high school education (53%) than among those respondents with a high school education (36%), or college education (29%) (Table 1 and Figure 1).
- The prevalence of reported binge drinking was higher among those respondents with an annual household income of less than \$20,000 (37%) than among those respondents with an annual household income between \$20,000-\$50,000 (30%), or annual household income of over \$50,000 (34%) (Table 1 and Figure 1).



Alcohol Consumption (continued)

Table 1: Reported binge drinking.

Age	(%)	Education	(%)	Income	(%)
18-39	50	<HS Education	53	<\$20,000	37
40-64	28	HS Grad.	36	\$20,000- \$50,000	30
65+	0	College Grad.	28	>\$50,000	34

Figure 1: Binge drinking

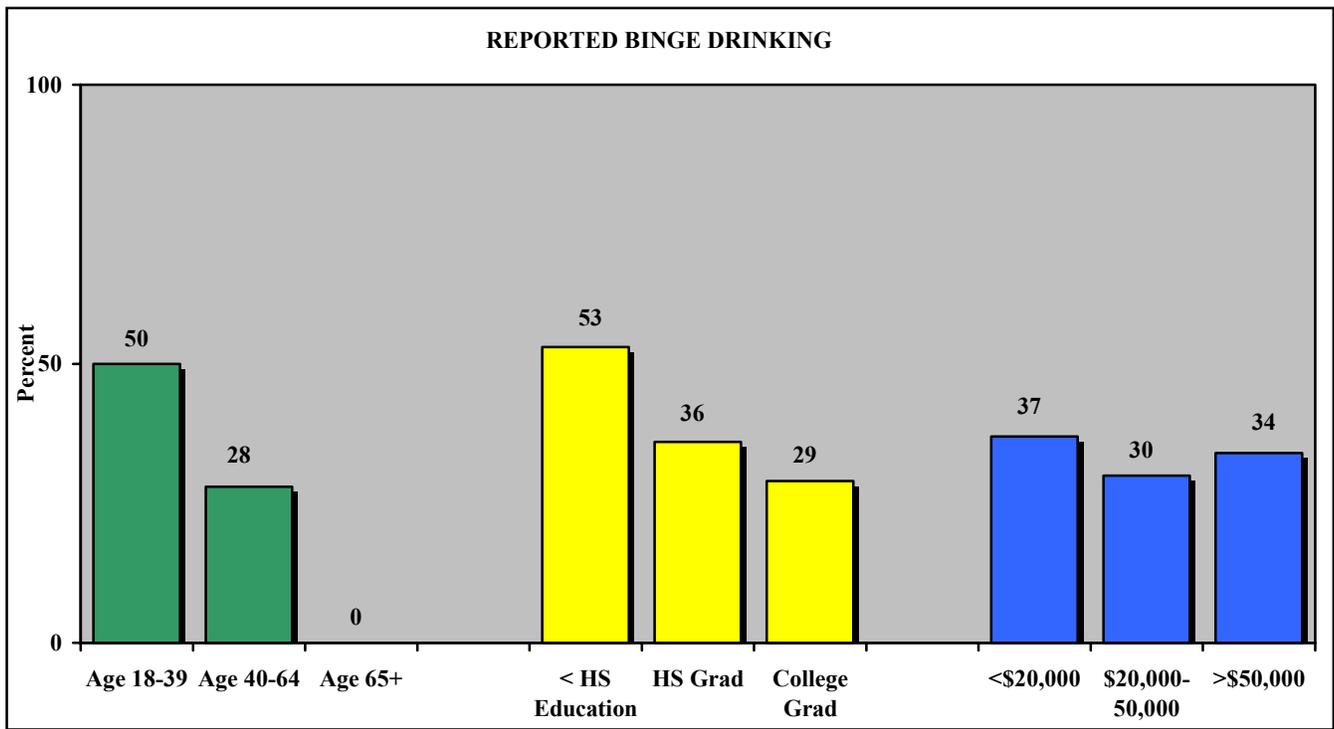
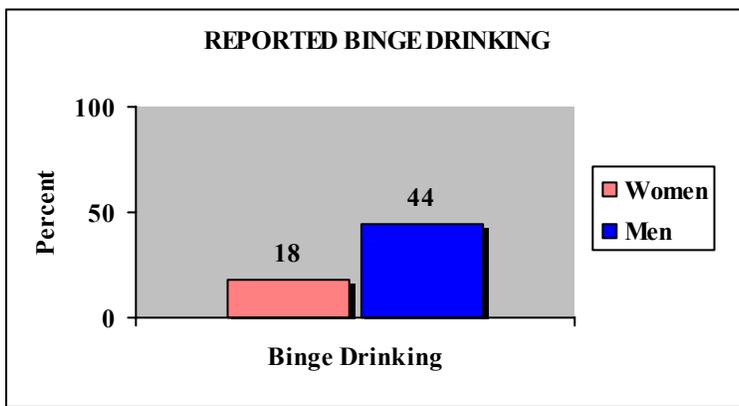


Figure 2: Binge drinking, by gender



The prevalence of reported binge drinking was lower among adult women (18%) than adult men (44%) in Cross County (Figure 2).

Alcohol Consumption (continued)

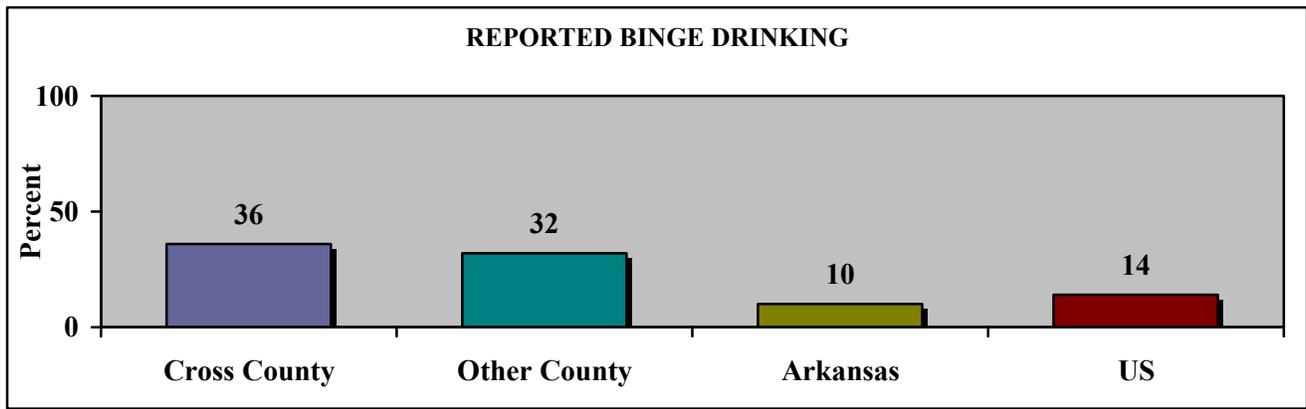
How does Cross County compare?

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

Comparing data on binge drinking

- The prevalence of reported binge drinking was higher among adults in Cross County (36%) than among adults in a neighboring county (32%), in the state (10%), or nation (14%) (Figure 3).

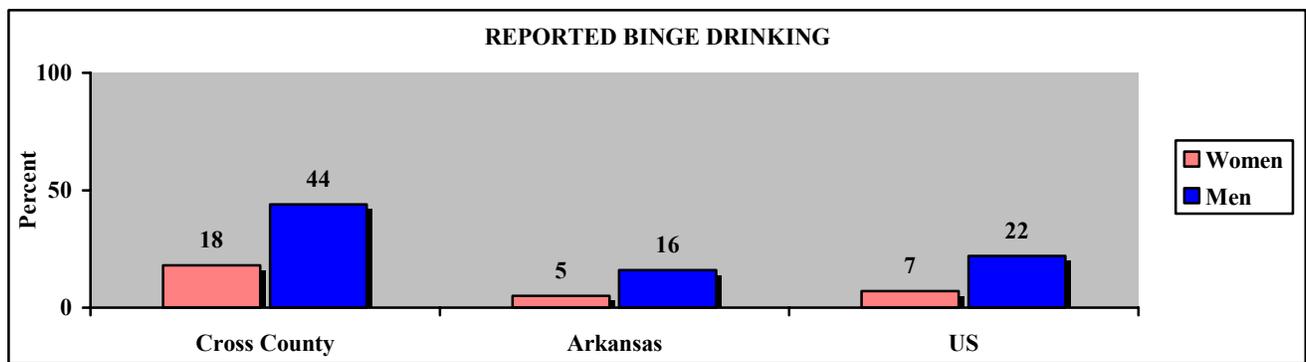
Figure 3: Comparing data on binge drinking



Comparing data on binge drinking, by gender

- The prevalence of reported binge drinking was higher among adult women in Cross County (18%) than adult women in the state (5%); and higher than among adult women in the nation (7%) (Figure 4).
- The prevalence of reported binge drinking was higher among adult men in Cross County (44%) than adult men in the state (16%), or adult men in the nation (22%) (Figure 4).

Figure 4: Comparing data on binge drinking, by gender



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 Cross 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.

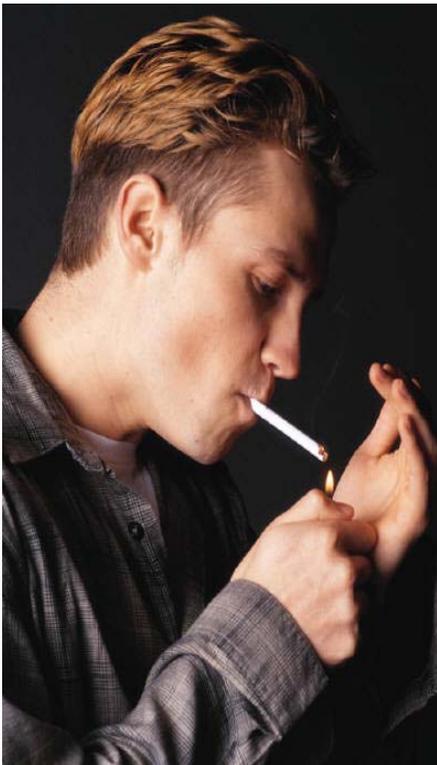
Current Cigarette Use

Risk Factor Definition: Currently smoke cigarettes

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

At Risk: Those who answered “every day” or “some days” are considered at risk.

Who is at risk in Cross County?



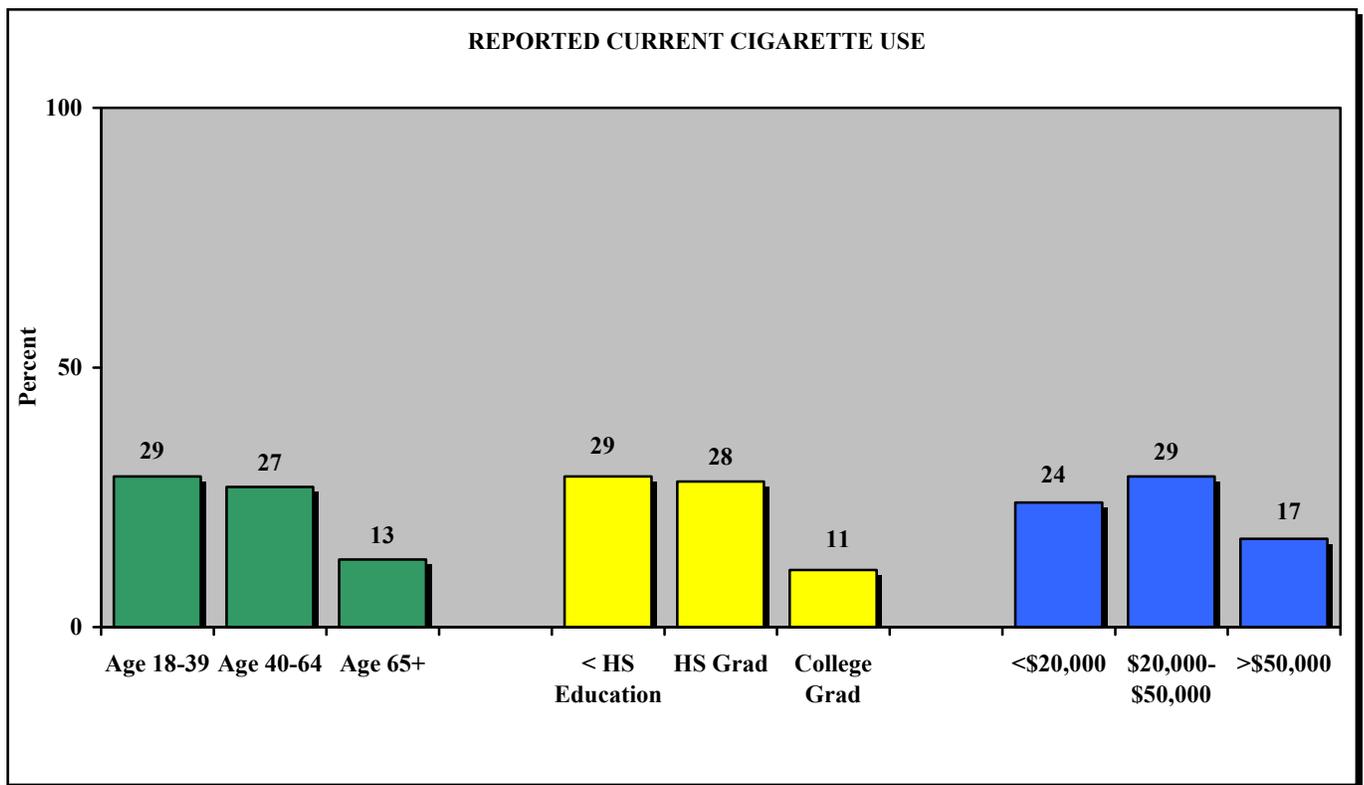
- Twenty-five percent (25%) of the adults in Cross County smoked cigarettes in the past month (Table 1 and Figure 1).
- The prevalence of reported current cigarette use was higher among the respondents between age 18-39 years (29%) than among respondents between age 40-64 years (27%), or respondents at 65 years and older (13%) (Table 1 and Figure 1).
- The prevalence of reported current cigarette use was higher among respondents with less than a high school education (29%) than among those respondents with a high school education (28%), or college education (11%) (Table 1 and Figure 1).
- The prevalence of reported current cigarette use was lower among those respondents with an annual household income of less than \$20,000 (24%) than among those respondents with an annual household income between \$20,000-\$50,000 (29%); and higher than among those respondents with an annual household income of over \$50,000 (17%) (Table 1 and Figure 1).

Tobacco Use (continued)

Table 1: Reported current cigarette use.

Age	(%)	Education	(%)	Income	(%)
18-39	29	<HS Education	29	<\$20,000	24
40-64	27	HS Grad.	28	\$20,000- \$50,000	29
65+	13	College Grad.	11	>\$50,000	17

Figure 1: Current cigarette use



Tobacco Use (continued)

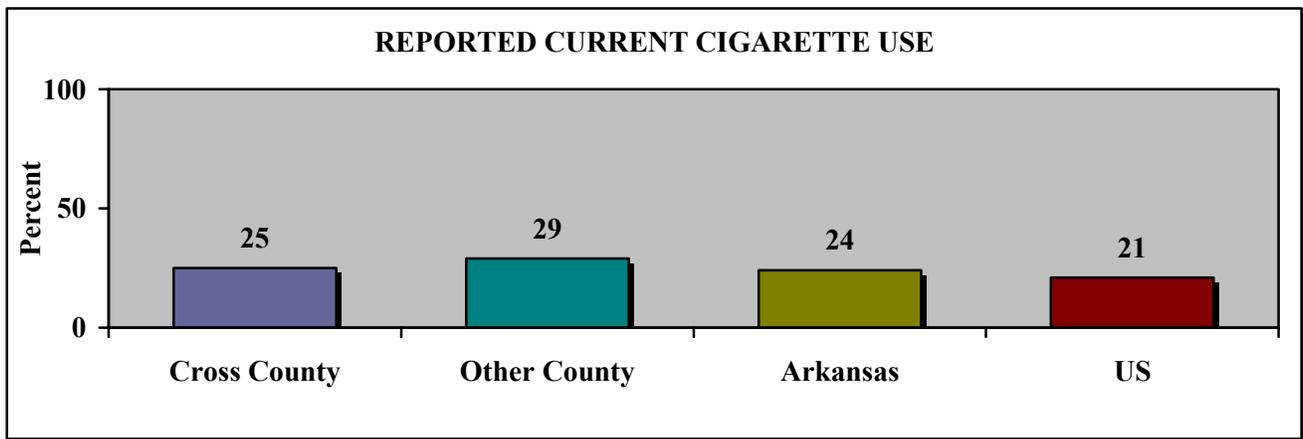
How does Cross County compare?

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

Comparing data on current cigarette use

- The prevalence of reported current cigarette use was lower among adults in Cross County (25%) than among adults in a neighboring county (29%). However, the prevalence of reported current cigarette use was higher among adults in Cross County (25%) than among adults in the state (24%), or nation (21%) (Figure 2).

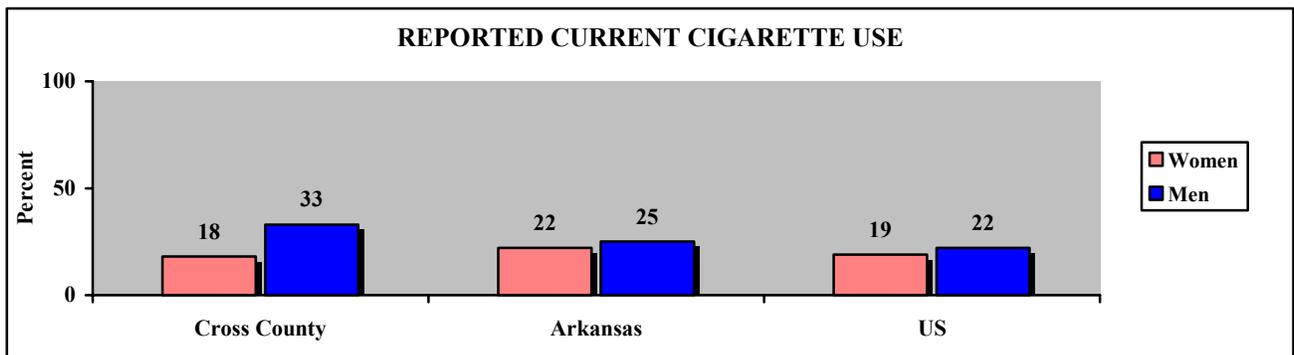
Figure 2: Comparing data on current cigarette use



Comparing data on current cigarette use, by gender

- The prevalence of reported current cigarette use lower among adult women in Cross County (18%) than adult women in the state (22%), or adult women in the nation (19%) (Figure 3).
- The prevalence of reported current cigarette use was higher among adult men in Cross County (33%) than among adult men in the state (25%), or adult men in the nation (22%) (Figure 3).

Figure 3: Comparing data on current cigarette use, by gender



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 who smoked in the past month**, people who answered “no” are considered at risk for continued cigarette smoking.

Who is at risk in Cross County?

- Of the current adult smokers in Cross County, thirty-eight percent (38%) had not quit for at least one day in the past year (Table 2 and Figure 4).



- The prevalence of reported made no quit smoking attempts in the twelve months preceding survey was lower among respondents between age 18-39 (27%) than among the respondents between age 40-64 years (45%), or among respondents at 65 years and older (46%) (Table 2 and Figure 4).
- The prevalence of reported made no quit smoking attempts in the twelve months preceding survey was higher among respondents with less than a high school education (48%) than among those respondents with a high school education (34%), or college education (34%) (Table 2 and Figure 4).
- The prevalence of reported made no quit smoking attempts in the twelve months preceding survey was higher among those respondents with an annual household income of less than \$20,000 (42%) than among those respondents with an annual household income between \$20,000 - \$50,000 (38%), or annual household income of over \$50,000 (29%) (Table 2 and Figure 4).

Tobacco Use (continued)

Table 2: Reported made no quit smoking attempts in the twelve months preceding survey.

Age	(%)	Education	(%)	Income	(%)
18-39	27	<HS Education	48	<\$20,000	42
40-64	45	HS Grad.	34	\$20,000- \$50,000	38
65+	46	College Grad.	34	>\$50,000	29

Figure 4: No smoking cessation attempt

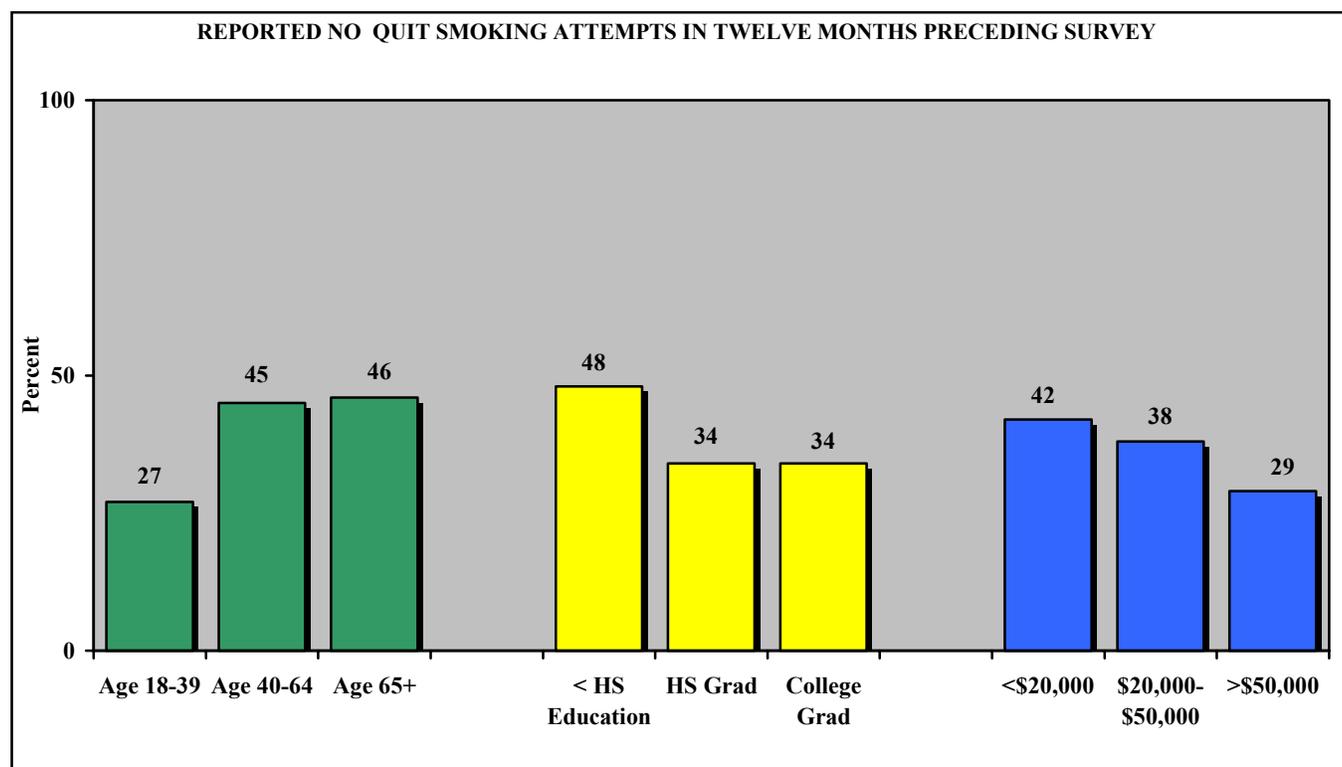
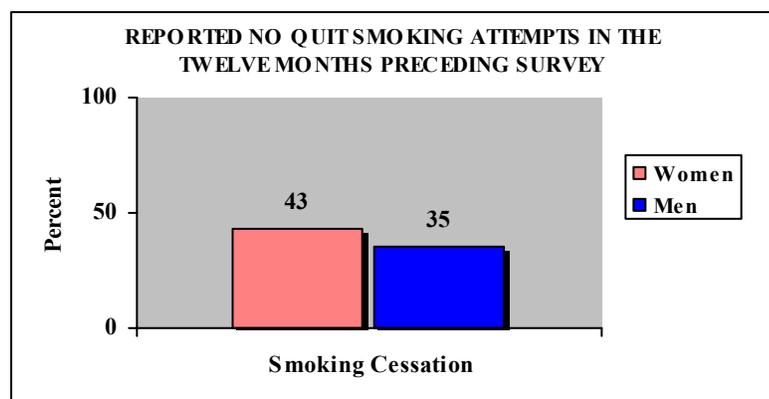


Figure 5: No smoking cessation attempt, by gender



The prevalence of reported made no quit smoking attempts in the twelve months preceding survey was higher among adult women (43%) than among adult men (35%) in Cross County (Figure 5).

Tobacco Use (continued)

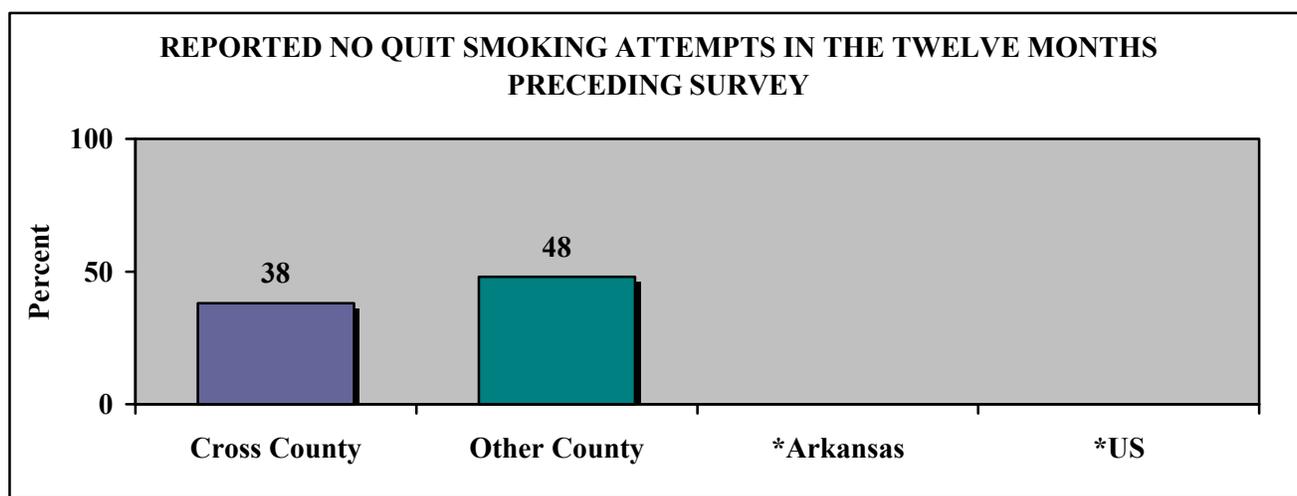
How does Cross County compare?

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

Comparing data on no smoking cessation attempt

- The prevalence of reported no quit smoking attempts in the twelve months preceding the survey was lower among adults in Cross County (38%) than among adults in a neighboring county (48%) (Figure 6).

Figure 6: Comparing data on no smoking cessation attempt



* No comparison data available.

Tobacco Use (continued)

Cigar Smoking

Risk Factor Definition: Current cigar smoking

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

At Risk: Those who answered “every day” or “some days” are considered at risk.

Who is at risk in Cross County?

- Fifteen percent (15%) of the adults in Cross County smoked cigars in the past month (Table 3 and Figure 7).
- The prevalence of reported current cigar use was higher among those respondents between age 18-39 years (23%) than among respondents between age 40-64 years (13%) or among respondents at 65 years and older (3%) (Table 3 and Figure 7)
- The prevalence of reported current cigar use was higher among respondents with less than a high school education (19%) than among those respondents with a high school education (18%), or college education (4%) (Table 3 and Figure 7).
- The prevalence of reported current cigar use was higher among those respondents with an annual household income of less than \$20,000 (21%) than among those respondents with an annual household income between \$20,000 - \$50,000 (15%), or annual household income of over \$50,000 (4%) (Table 3 and Figure 7).



Tobacco Use (continued)

Table 3: Reported current cigar smoking.

Age	(%)	Education	(%)	Income	(%)
18-39	23	<HS Education	19	<\$20,000	21
40-64	13	HS Grad.	18	\$20,000- \$50,000	15
65+	3	College Grad.	4	>\$50,000	4

Figure 7: Current cigar smoking

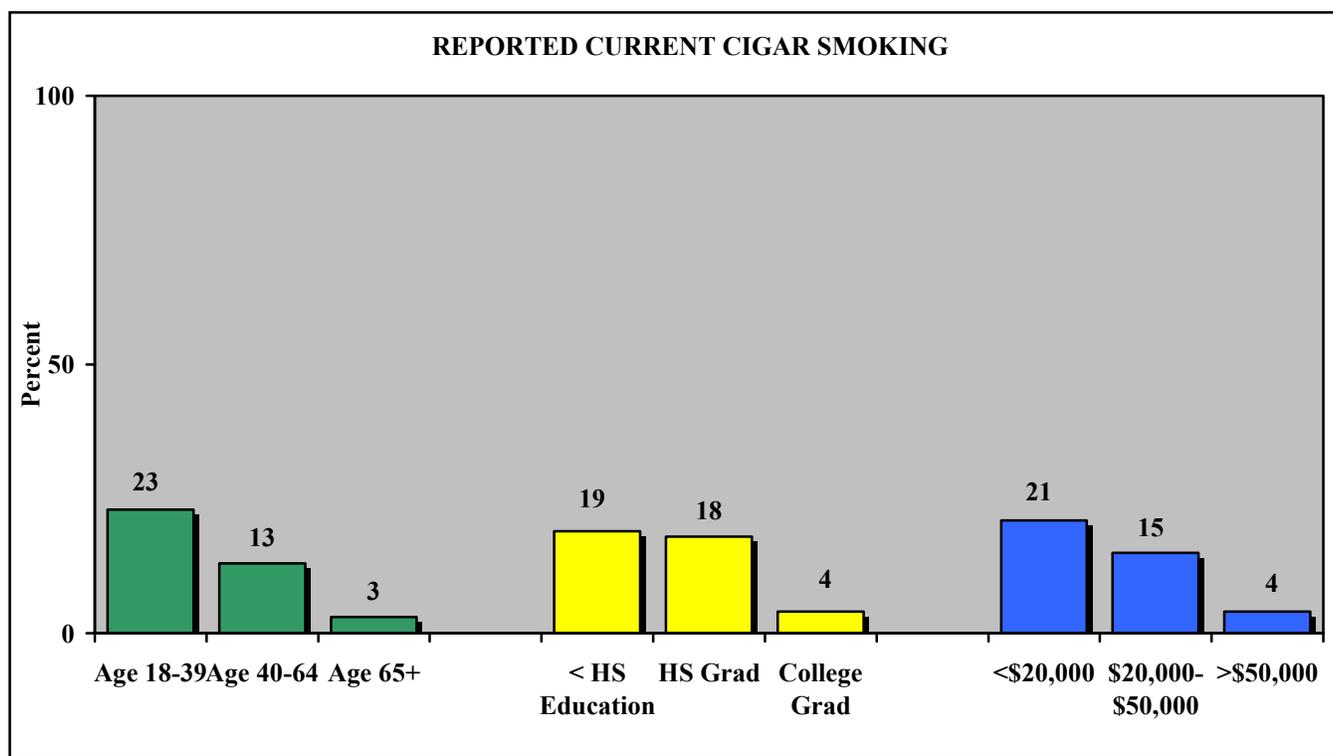
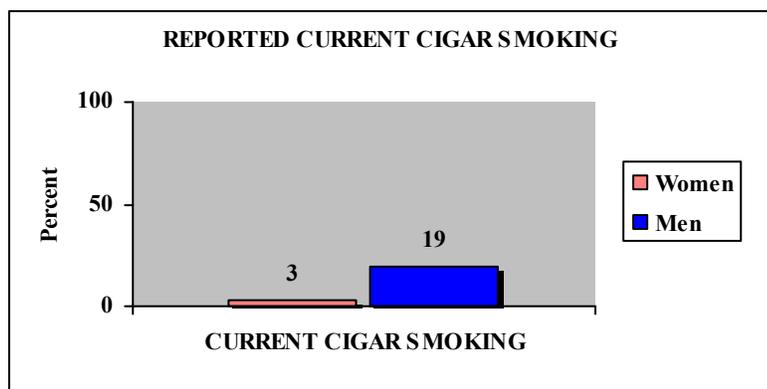


Figure 8: Reported current cigar smoking, by gender



The prevalence of reported current cigar use was lower among adult women (3%) than among men (19%) in Cross County (Figure 8).

Tobacco Use (continued)

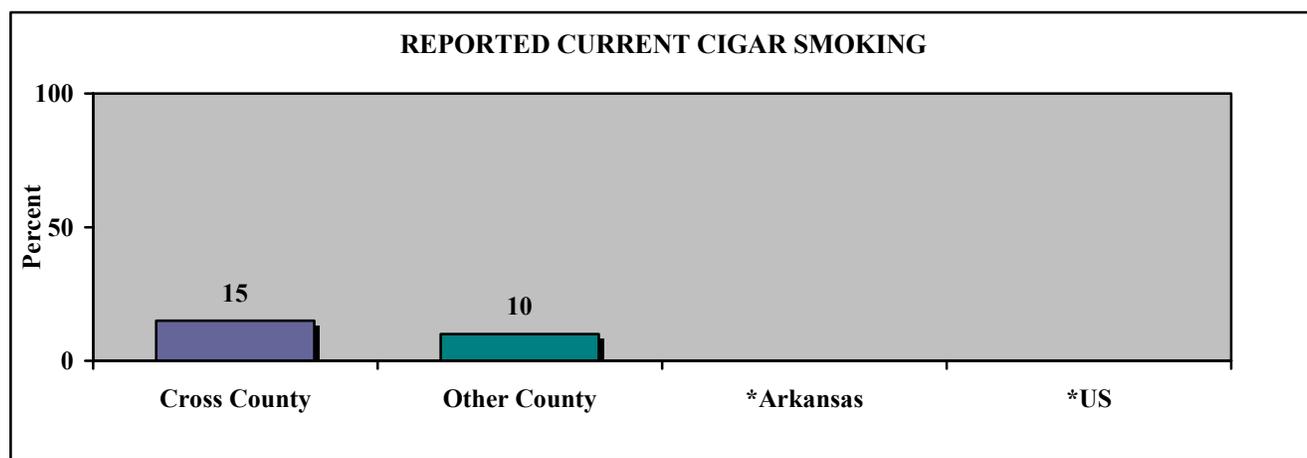
How does Cross County compare?

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

Comparing data on current cigar smoking

- The prevalence of report current cigar smoking was higher among adults in Cross County (15%) than among adults in a neighboring county (10%) (Figure 9).

Figure 9: Comparing data on current cigar smoking



*No comparison data available.

Tobacco Use (continued)

Pipe Smoking

Risk Factor Definition: Smoking a pipe

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

At Risk: Those who answered “every day” or “some days” are considered at risk.

Who is at risk in Cross County?

- Six percent (6%) of the adults in Cross County smoked the pipe in the past month (Table 4 and Figure 10).
- The prevalence of reported current pipe smoking was higher among respondents between age 18-39 years (11%) than among respondents between age 40-64 years (3%), or among respondents at 65 years and older (8%) (Table 4 and Figure 10).
- The prevalence of reported current pipe smoking was higher among respondents with less than a high school education (9%) than among those respondents with a high school education (4%), or college education (5%) (Table 4 and Figure 10).
- The prevalence of reported current pipe smoking was lower among those respondents with an annual household income of less than \$20,000 (6%) than among those respondents with an annual household income between \$20,000-\$50,000 (11%), and higher than among those respondents with annual household income of over \$50,000 (1%) (Table 4 and Figure 10).



Tobacco Use (continued)

Table 4: Reported current pipe smoking.

Age	(%)	Education	(%)	Income	(%)
18-39	11	<HS Education	9	<\$20,000	6
40-64	3	HS Grad.	4	\$20,000- \$50,000	11
65+	8	College Grad.	5	>\$50,000	1

Figure 10: Current pipe smoking

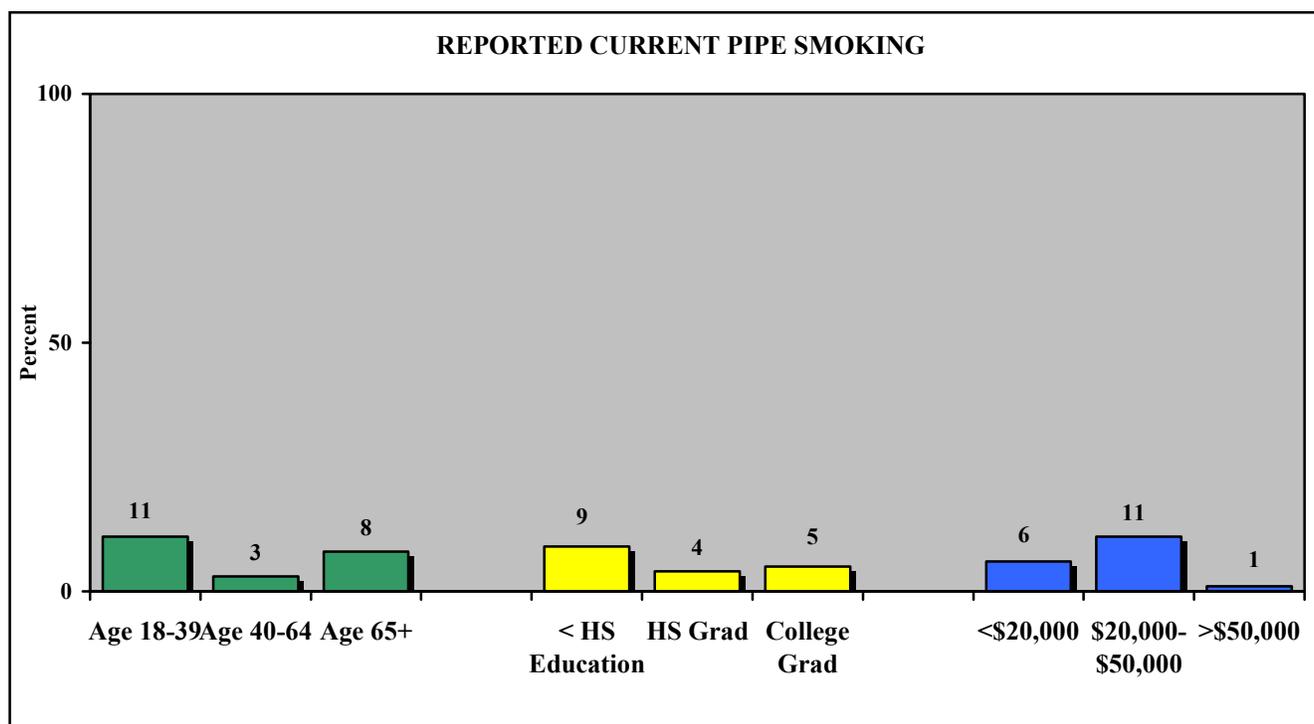
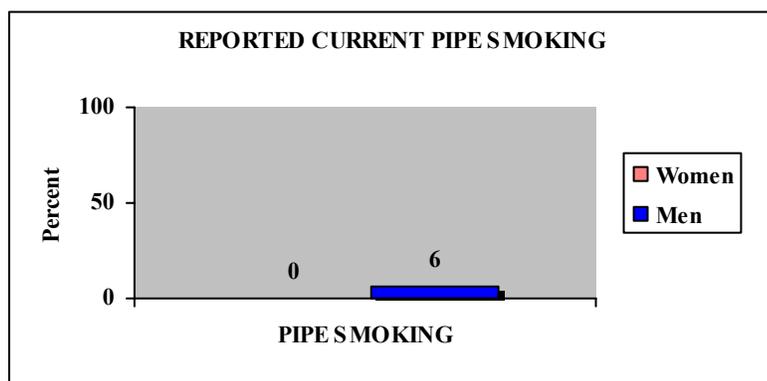


Figure 11: Current pipe smoking, by gender



The prevalence of reported current pipe smoking was non-existent among adult women (0%). However, in adult men Cross County, the prevalence of reported current pipe smoking was (6%) (Figure 11).

Tobacco Use (continued)

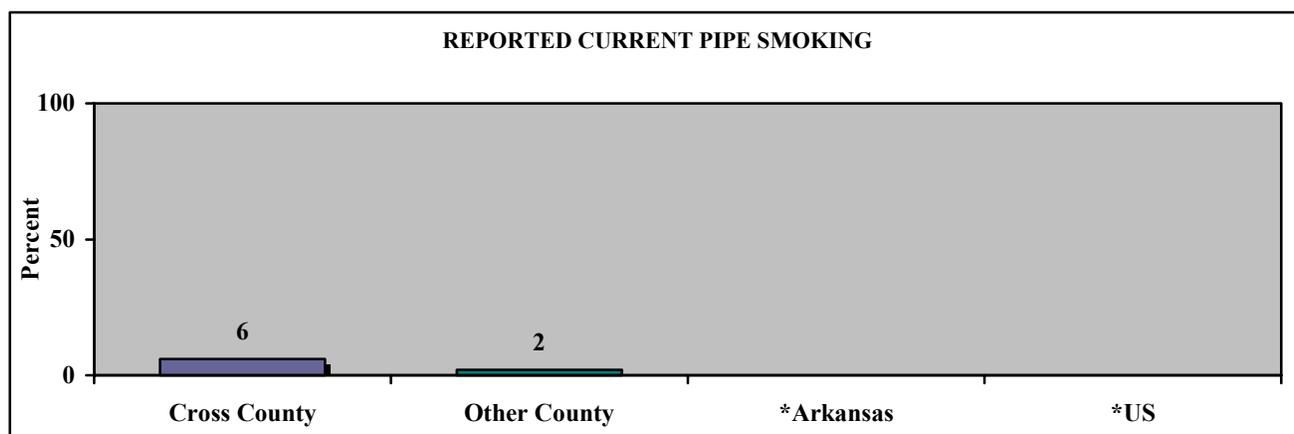
How does Cross County compare?

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

Comparing data on current pipe smoking

- The prevalence of reported current pipe smoking was higher among adults in Cross County (6%) than among adults in a neighboring county (2%) (Figure 12).

Figure 12: Comparing data on current pipe smoking



*No comparison data available.

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 home are considered at risk.

Who is at risk in Cross County?



- Thirty-two percent (32%) of the adults in Cross County reported that smoking is allowed inside their home (Table 5 and Figure 13).
- The prevalence of reported smoking allowed in the home was higher among the respondents between age 40-64 years (37%) than among respondents between age 18-39 years (29%), or among respondents at 65 years and older (28%) (Table 5 and Figure 13).
- The prevalence of reported smoking allowed in the home was higher among respondents with less than a high school education (45%) than among those respondents with a high school education (37%), or college education (10%) (Table 5 and Figure 13).
- The prevalence of reported smoking allowed in the home 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 between \$20,000 - \$50,000 (34%), or annual household income of over \$50,000 (15%) (Table 5 and Figure 13).

Tobacco Use (continued)

Table 5: Reported smoking is allowed in the home.

Age	(%)	Education	(%)	Income	(%)
18-39	29	<HS Education	45	<\$20,000	49
40-64	37	HS Grad.	37	\$20,000-\$50,000	34
65+	28	College Grad.	10	>\$50,000	15

Figure 13: Smoking allowed in the home

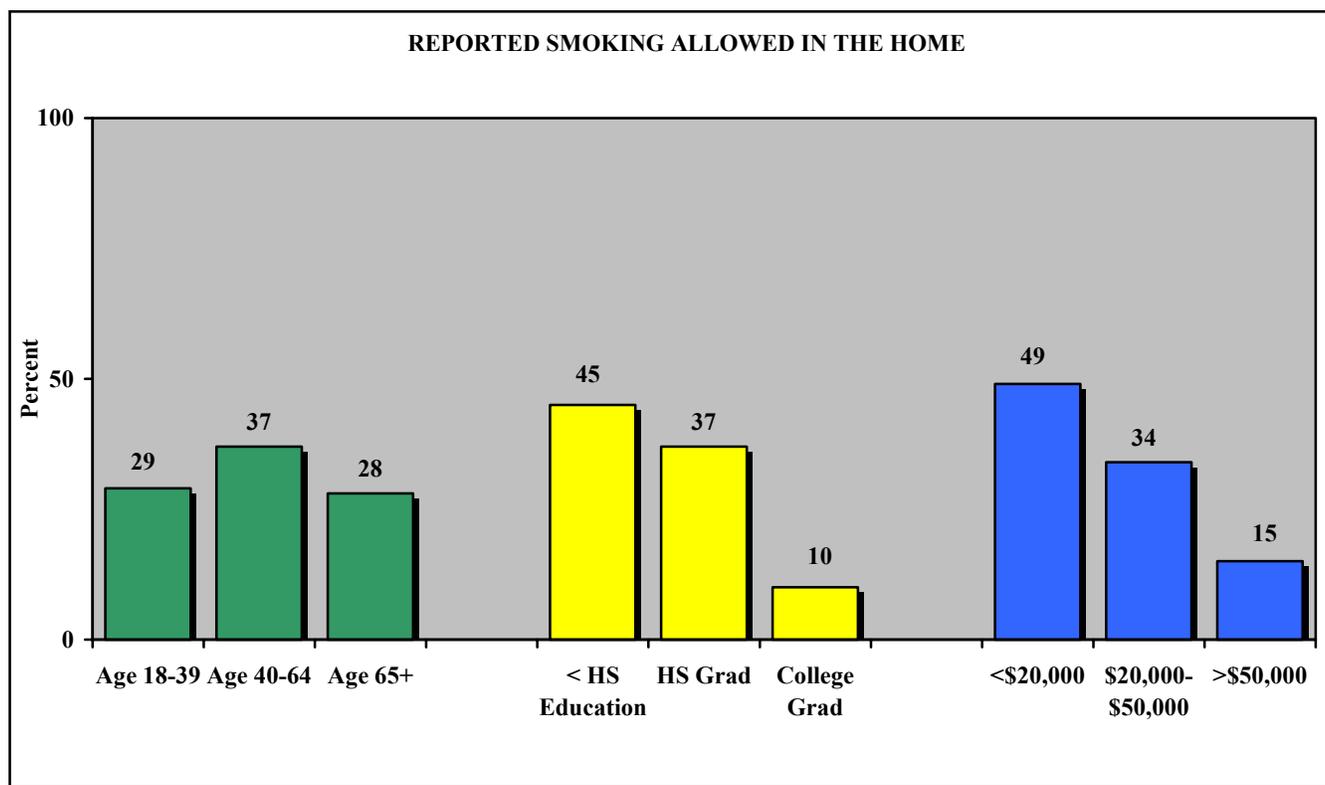
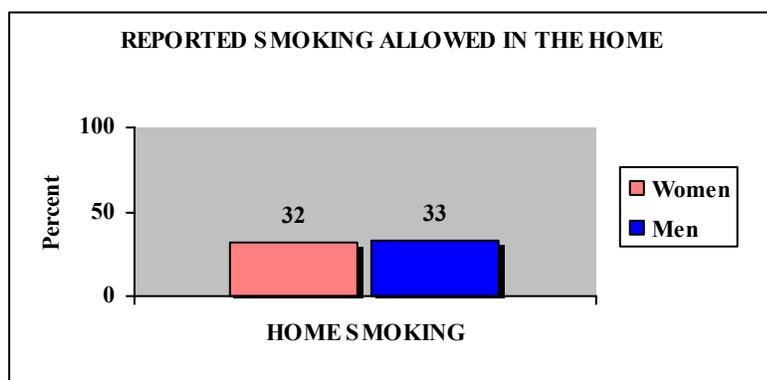


Figure 14: Smoking allowed in the home, by gender



The prevalence of reported smoking allowed in the home was slightly lower among adult women (32%) than adult men (33%) in Cross County (Figure 14).

Tobacco Use (continued)

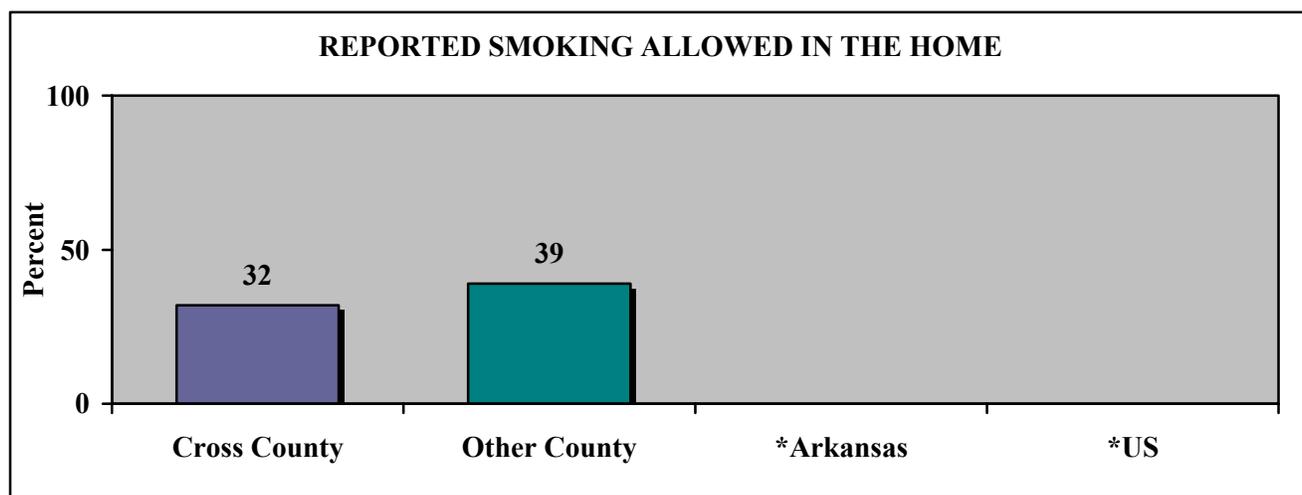
How does Cross County compare?

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

Comparing data on smoking allowed in the home

- The prevalence of reported smoking allowed in the home was lower among adults in Cross County (32%) than among adults in a neighboring county (39%) (Figure 15).

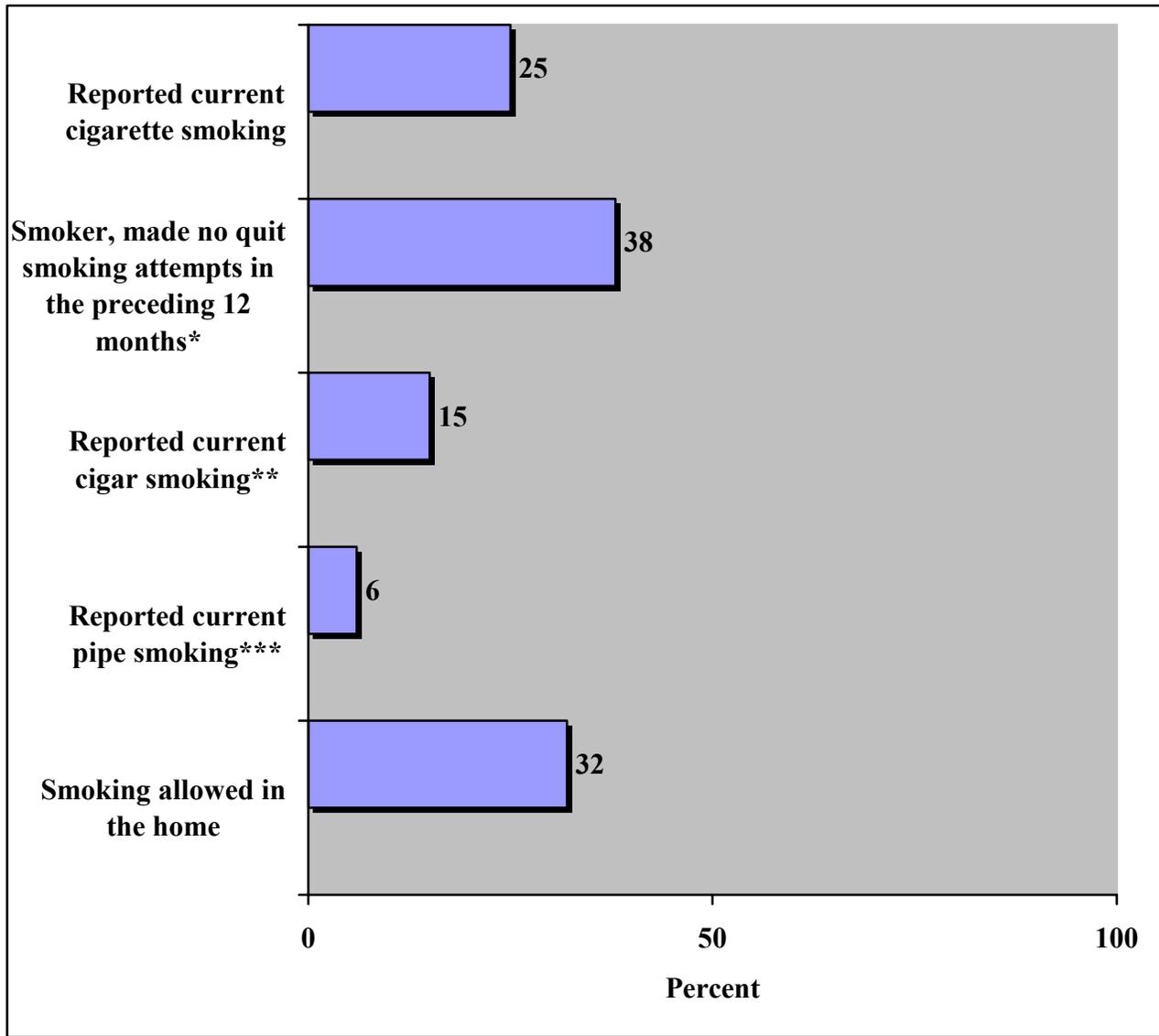
Figure 15: Comparing data on smoking allowed in the home



*No comparison data available.

Tobacco Use Summary

Figure 16: Tobacco use summary



*Of those who reported current smoking

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

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

Women's Health & Risk Factors

Women's Health

Demographics

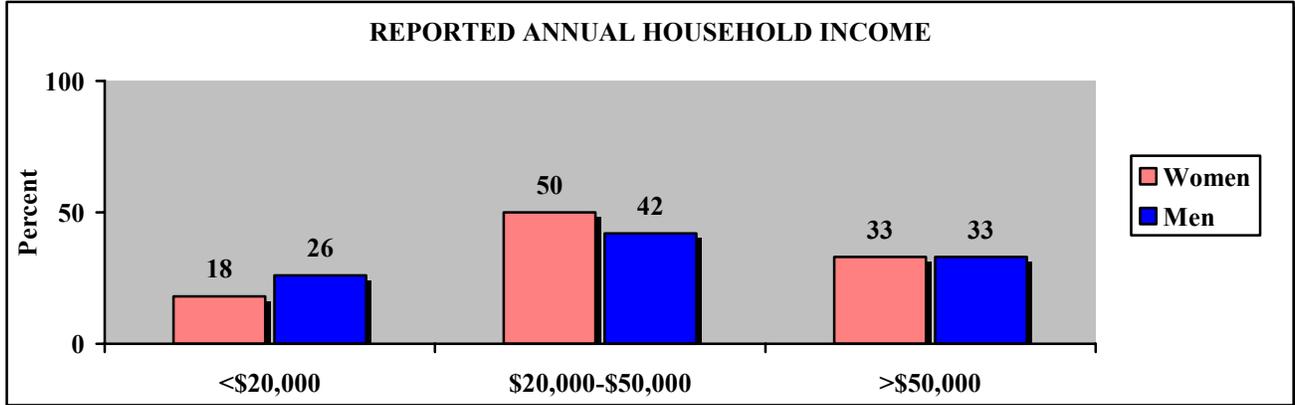
Table 1: Number of people surveyed

TOTAL NUMBER OF PEOPLE IN SURVEY		
Male	Female	Total Surveyed
259	573	832

Annual household income

- Adult women in Cross County (18%) were less likely than adult men in Cross County (26%) to report an annual household income of under \$20,000 (Figure 1).
- Adult women in Cross County (50%) were more likely than adult men in Cross County (42%) to report an annual household income between \$20,000 and \$50,000 (Figure 1).
- Adult women in Cross County (33%) were equally as likely as adult men in Cross County (33%) to report an annual household income of over \$50,000 (Figure 1).

Figure 1: Annual household income, by gender

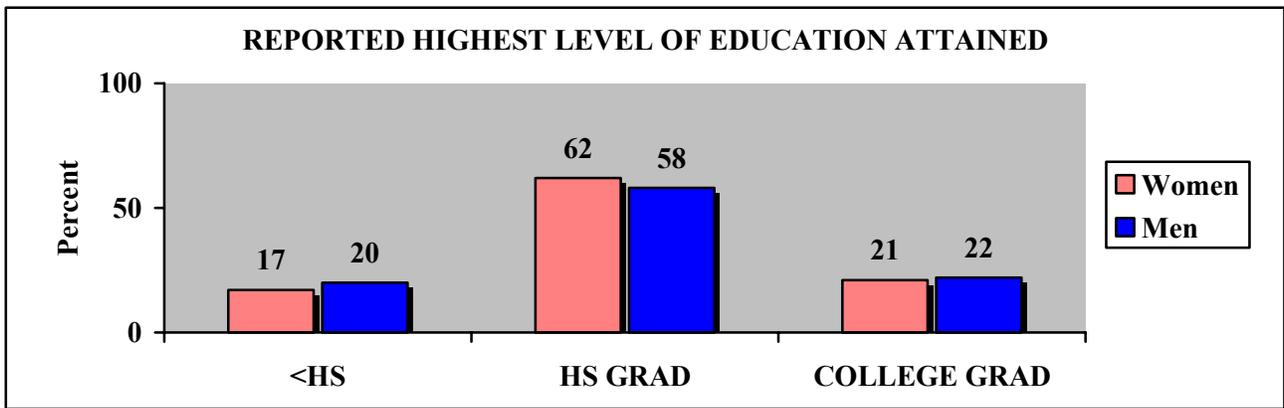


Women's Health (continued)

Level of education attained

- Adult women in Cross County (17%) were less likely than adult men in Cross County (20%) to report that the highest level of education attained was less than a high school diploma (Figure 2).
- Adult women in Cross County (62%) were more likely than adult men in Cross County (58%) to report that they were high school graduates (Figure 2).
- Adult women in Cross County (21%) were less likely than adult men in Cross County (22%) to report that they were college graduates (Figure 2).

Figure 2: Education, by gender



Women & Behavioral Risk Factors

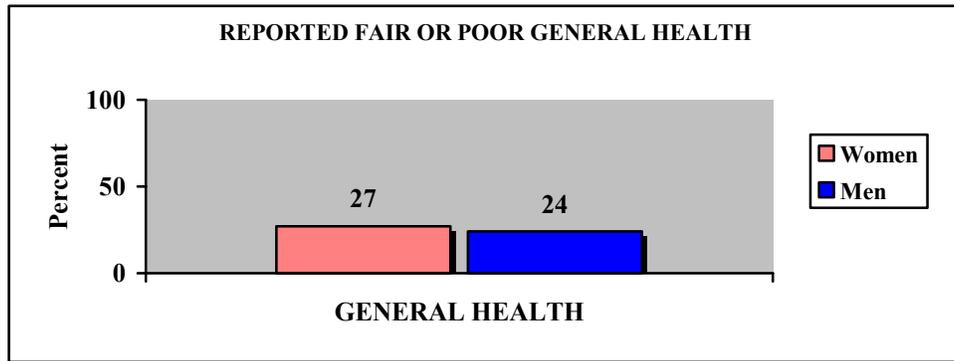
In addition to the standard BRFSS questions, the Cross County survey included special questions about women's health issues. Women's health concerns more than just breast care and reproductive health. Disparities between women's and men's health exist for various risk factors. Specific health issues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

PERCEPTIONS OF HEALTH

General health

- The prevalence of reported fair or poor general health was higher among adult women (27%) than among adult men (24%) in Cross County (Figure 3).

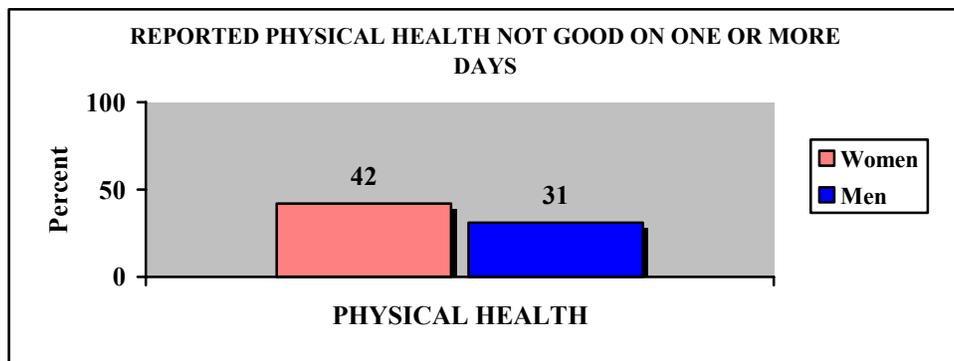
Figure 3: General health, by gender



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 (42%) than among adult men (31%) in Cross County (Figure 4).

Figure 4: Physical health, by gender

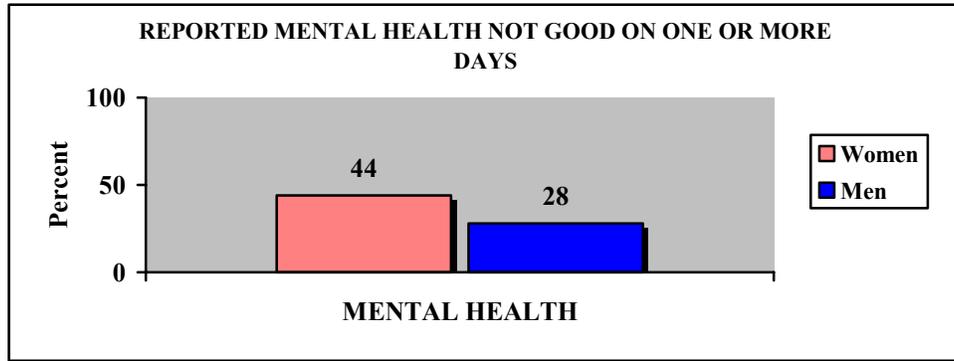


Women & Behavioral Risk Factors (continued)

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 (44%) than among adult men (28%) in Cross County (Figure 5).

Figure 5: Mental health, by gender



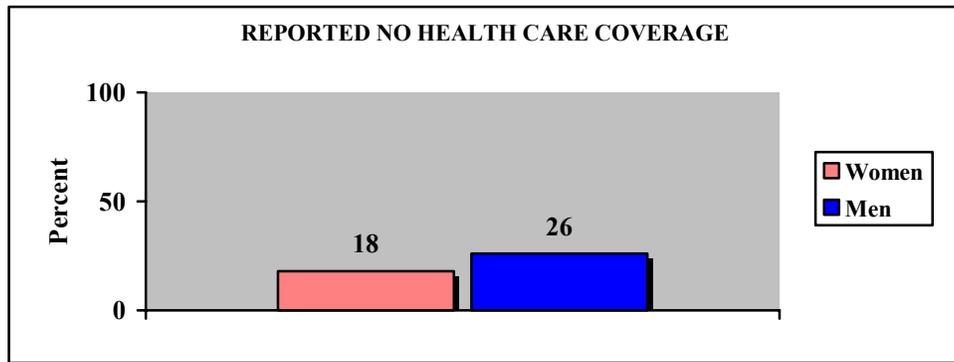
Women & Behavioral Risk Factors (continued)

RISK FACTORS

Health care coverage

- The prevalence of reported no health care coverage was lower among adult women (18%) than adult men (26%) in Cross County (Figure 6).

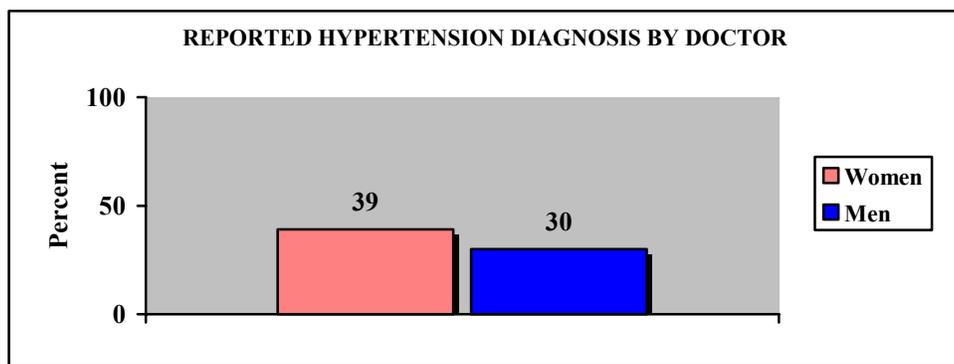
Figure 6: Health care coverage, by gender



Hypertension

- The prevalence of reported hypertension diagnosis by doctor was higher among adult women (39%) than among adult men (30%) in Cross County (Figure 7).

Figure 7: Hypertension, by gender



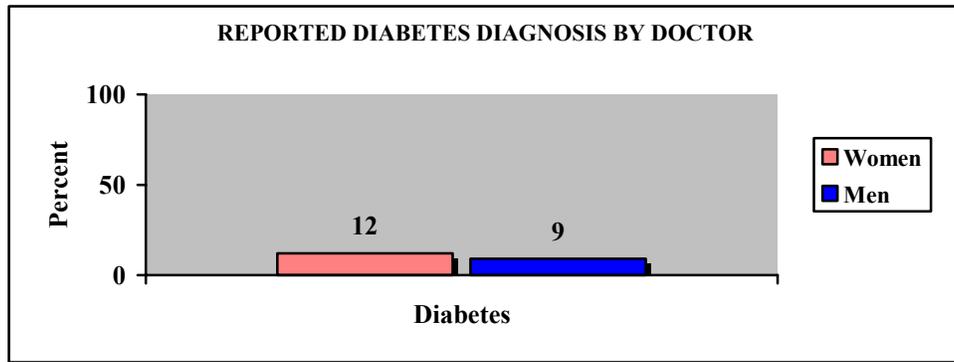
Women & Behavioral Risk Factors (continued)

RISK FACTORS

Diabetes

- The prevalence of reported diabetes diagnosis by doctor was higher among adult women (12%) than adult men (9%) in Cross County (Figure 8).

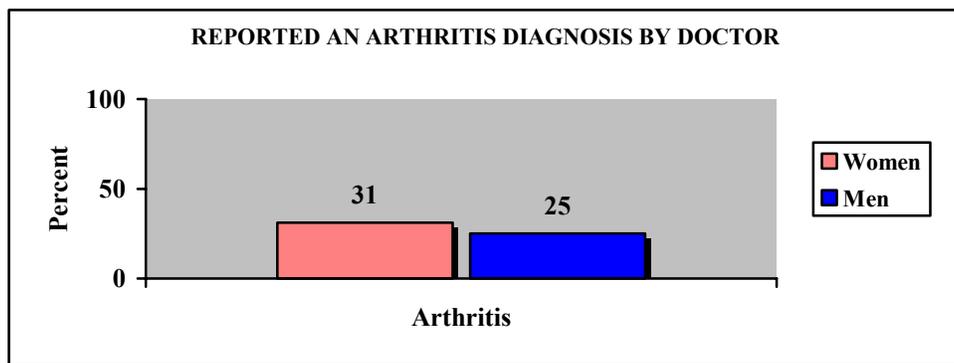
Figure 8: Diabetes, by gender



Arthritis

- The prevalence of reported arthritis diagnosis by doctor was higher among adult women (31%) than adult men (25%) in Cross County (Figure 9).

Figure 9: Arthritis, by gender



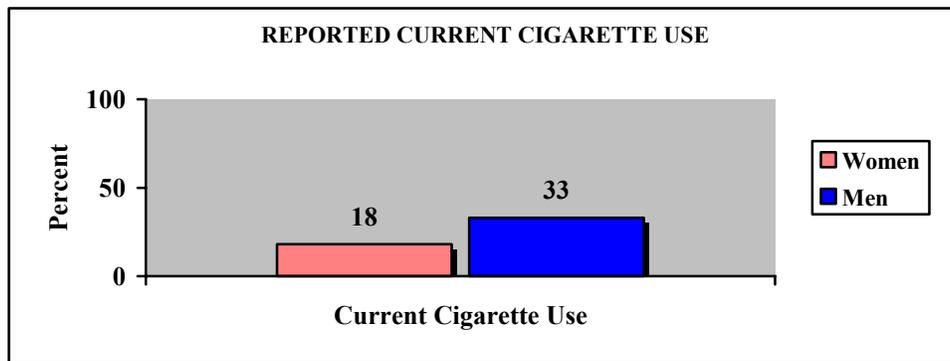
Women & Behavioral Risk Factors (continued)

HEALTH HABITS

Current cigarette use

- The prevalence of reported current cigarette use was lower among adult women (18%) than adult men (33%) in Cross County (Figure 10).

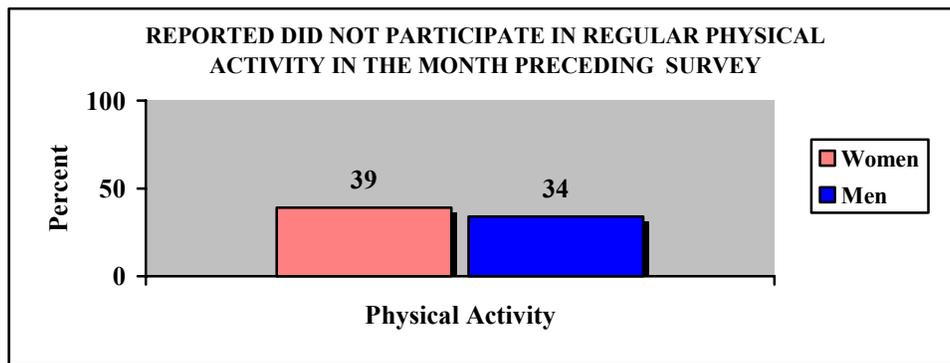
Figure 10: Current cigarette use, by gender



Physical activity

- The prevalence of reported no regular physical activity in the month preceding the survey was higher among adult women (39%) than adult men (34%) in Cross County (Figure 11).

Figure 11: Physical activity, by gender



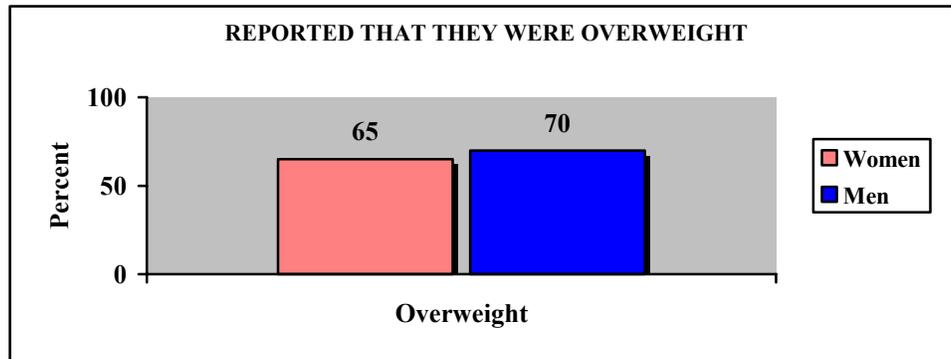
Women & Behavioral Risk Factors (continued)

HEALTH HABITS

Overweight status

- The prevalence of reported overweight status was lower among adult women (65%) than adult men (70%) in Cross County (Figure 12).

Figure 12: 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.

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 Cross County?

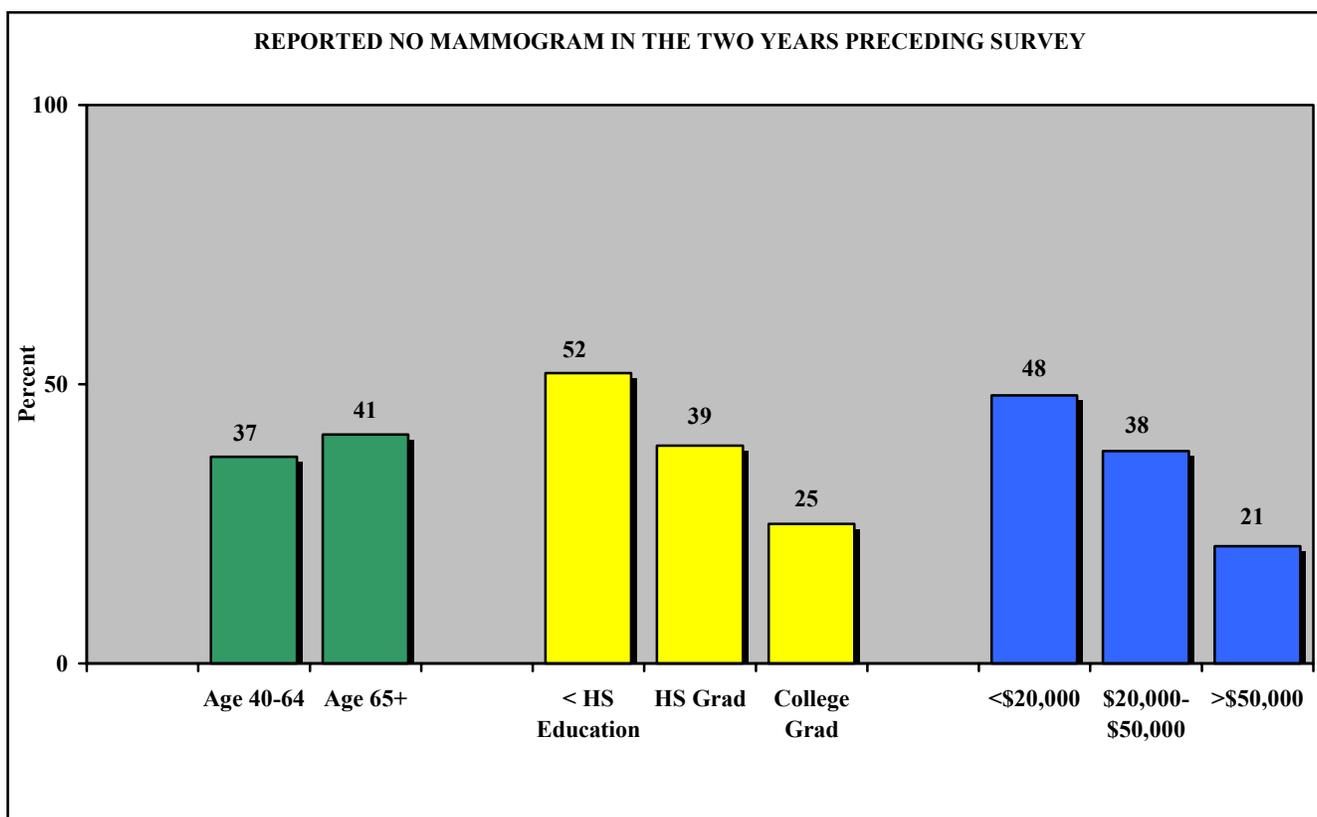
- Thirty-eight percent (38%) of women over age 40 had not had a mammogram within the past two years (Table 2 and Figure 13).
- The prevalence of reported not screened for breast cancer in the past two years preceding the survey was lower among the respondents between age 40-64 years (37%) than among respondents at 65 years and older (41%) (Table 2 and Figure 13).
- 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 (52%) than among those respondents with a high school education (39%), or college education (25%) (Table 2 and Figure 13).
- 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 (48%) than among those respondents with an annual household income between \$20,000 - \$50,000 (38%), or annual household income of over \$50,000 (21%) (Table 2 and Figure 13).

Breast Cancer Screening and Knowledge (continued)

Table 2: Reported not screened for breast cancer in the past two years preceding the survey.

Age	(%)	Education	(%)	Income	(%)
18-39	N/A	<HS Education	52	<\$20,000	48
40-64	37	HS Grad.	39	\$20,000-\$50,000	38
65+	41	College Grad.	25	>\$50,000	21

Figure 13: Breast cancer screening



Breast Cancer Screening and Knowledge (continued)

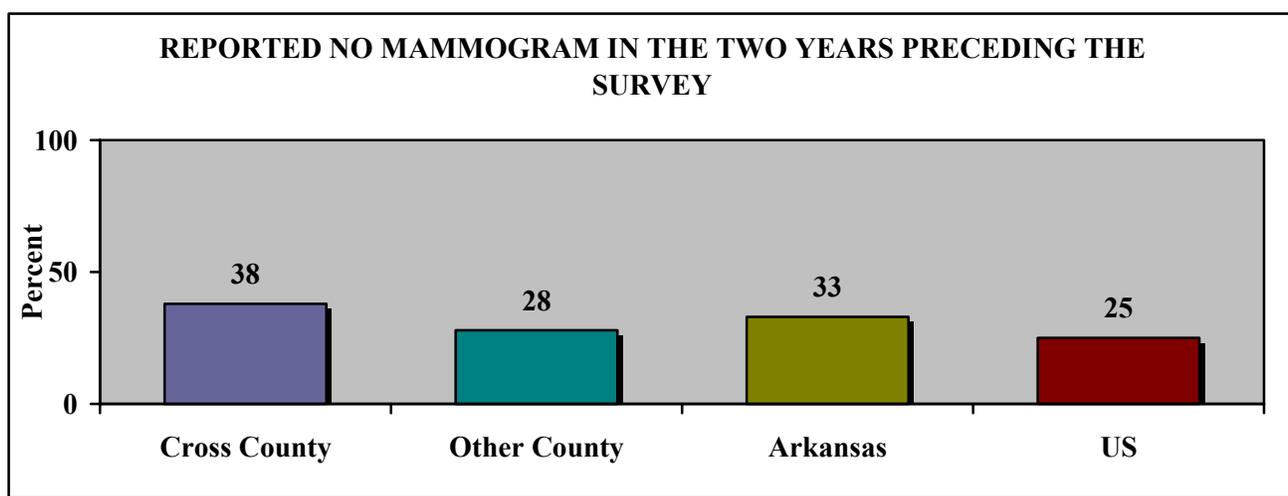
How does Cross County compare?

In order to determine Cross County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2005 Adult Health Survey results of a neighboring county, and 2004 state and nationwide BRFSS data.

Comparing data on breast cancer screening behavior

- The prevalence of reported no mammogram in the two years preceding the survey was higher among adult women in Cross County (38%) than among adult women in a neighboring county (28%), adult women in the state (33%), or nation (25%) (Figure 14).

Figure 14: Comparing data 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 Cross County?

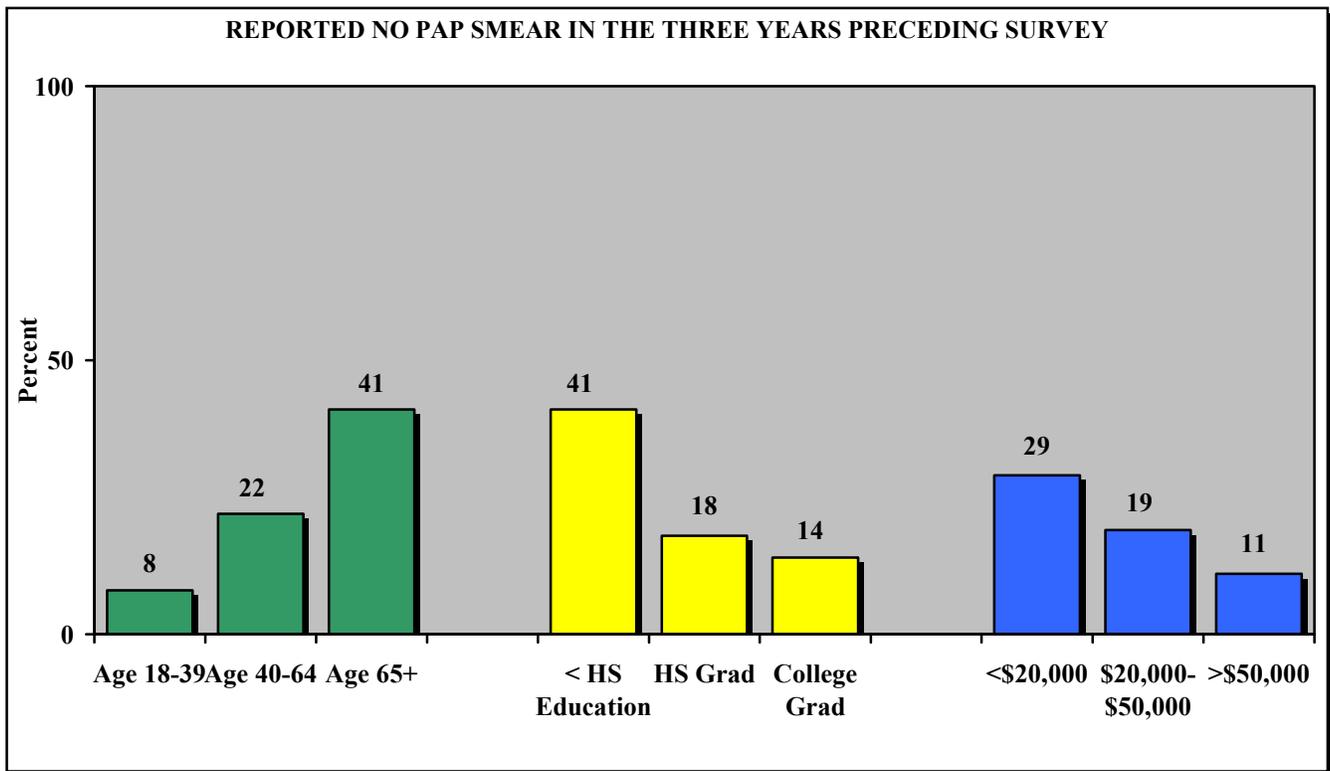
- Twenty-one percent (21%) of Cross County adult women reported that they had not had a Pap smear within the three years preceding the survey (Table 3 and Figure 15).
- The prevalence of reported no Pap smear in the past three years was higher among respondents at 65 years and older (41%) than among respondents between age 40-64 years (22%), or among respondents between age 18-39 years (8%) (Table 3 and Figure 15).
- The prevalence of reported no Pap smear in the past three years was higher among respondents with less than a high school education (41%) than among those respondents with a high school education (18%), or college education (14%) (Table 3 and Figure 15).
- 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 (29%) than among those respondents with an annual household income between \$20,000 - \$50,000 (19%), or annual household income of over \$50,000 (11%) (Table 3 and Figure 15).

Other Women's Health Screening (continued)

Table 3: Reported not had a pap smear in the past three years.

Age	(%)	Education	(%)	Income	(%)
18-39	8	<HS Education	41	<\$20,000	29
40-64	22	HS Grad.	18	\$20,000- \$50,000	19
65+	41	College Grad.	14	>\$50,000	11

Figure 15: Pap smear



Other Women's Health Screening (continued)

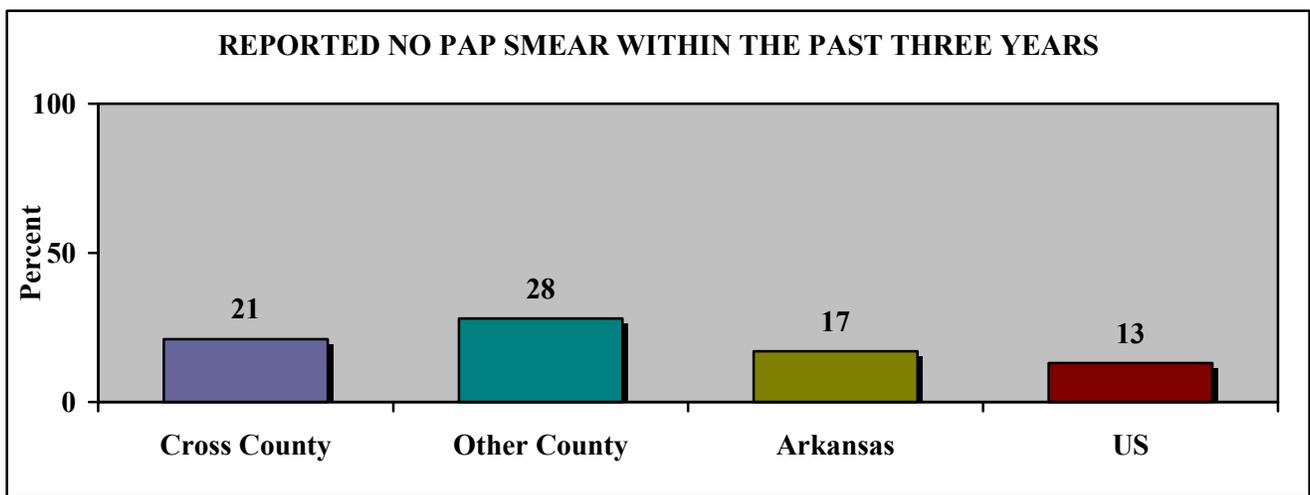
How does Cross County compare?

In order to determine Cross County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2005 Adult Health Survey results of a neighboring county, and 2002 state and nationwide BRFSS data.

Comparing data on cervical cancer screening

- The prevalence of reported no Pap smear within the past three years was higher among adult women Cross County (21%) than among adult women a neighboring county (28%), adult women in the state (17%), or nation (13%) (Figure 16).

Figure 16: Comparing data on cervical cancer screening



Appendix

Cross 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?