

# Grant County, 2007

## County Adult Health Survey



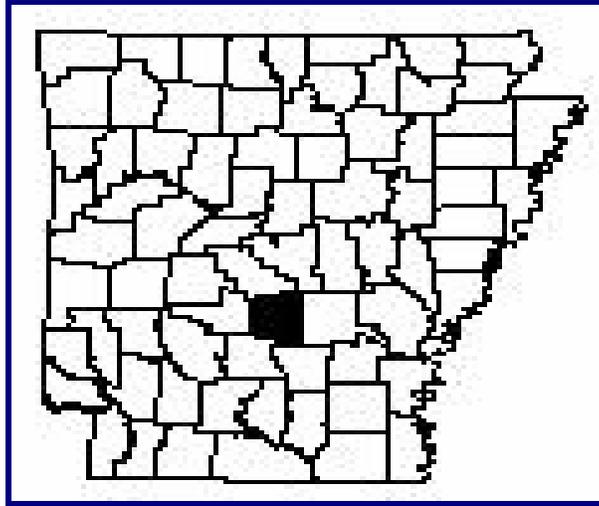
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Center for Health Statistics

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# Grant County, 2007



## County Adult Health Survey *Behavioral Risk Factor Surveillance System*

July 2007



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

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# Grant County 2007 County Adult Health Survey

## Introduction

### **What is the County Adult Health Survey?**

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

### **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, Grant County conducted the County Adult Health Survey using questions from the Behavioral Risk Factor Surveillance System (BRFSS).

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

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

## **What is the BRFSS?**

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

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

## **How is the BRFSS used?**

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

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

BRFSS information is also used by researchers, professional managed care and voluntary 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 Grant County conduct the County Adult Health Survey?**

During January 2007, a telephone survey of 827 randomly selected adults in Grant 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 Grant County 2007 County Adult Health Survey?

Of the 827 people who were interviewed, 290 were men and 537 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

<b>Variables</b>	<b>Categories</b>	<b>Raw Data (%)</b>	<b>Weighted Data (%)</b>
<b>Age</b>	18-39	22	39
	40-64	49	45
	65+	28	17
<b>Education</b>	< HS Education	12	12
	HS Graduate	68	67
	College Graduate	20	21
<b>Income</b>	< \$20,000	18	14
	\$20,000-\$50,000	41	39
	> \$50,000	40	47
<b>Gender</b>	Male	35	49
	Female	65	51

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

Figure 1: Survey demographics, by age

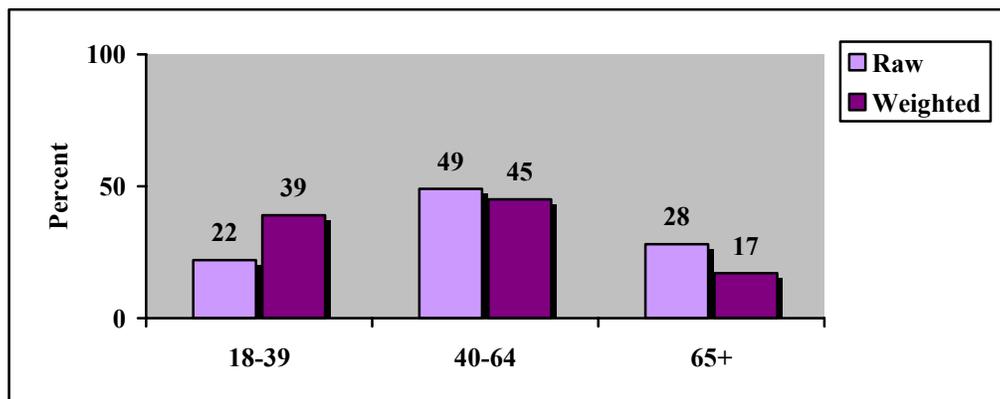
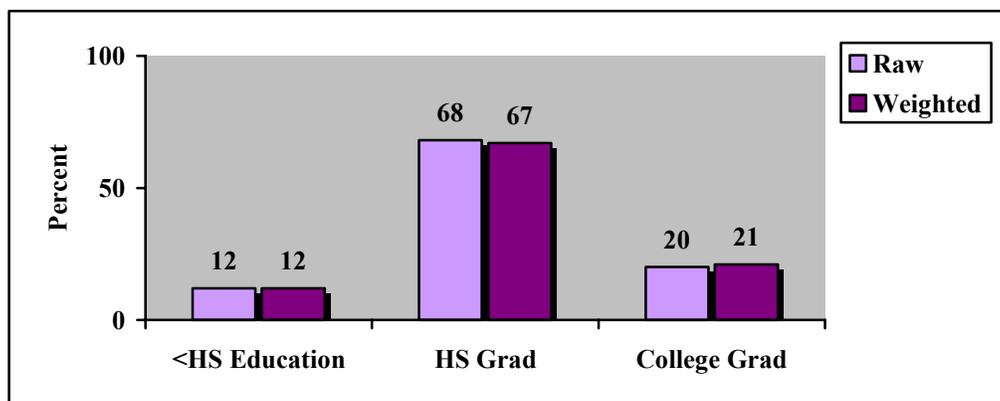


Figure 2: Survey demographics, by education



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

Figure 3: Survey demographics, by income

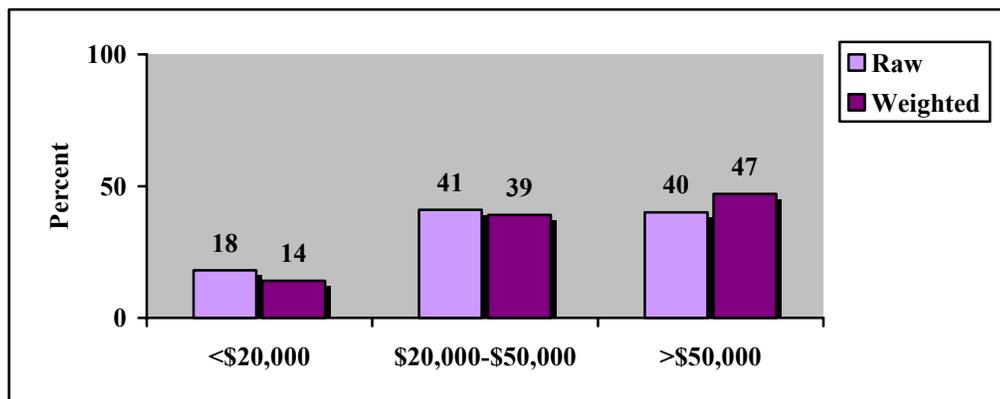
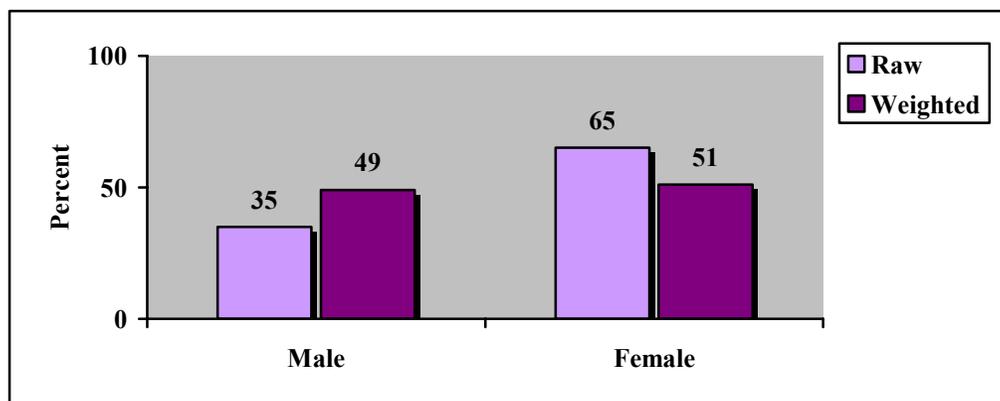


Figure 4: Survey demographics, by gender



# Risk Factors

## Health Status

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

### General Health

#### **Risk Factor Definition: General Health**

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

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

#### **Who is at risk in Grant County?**

- Twenty-three percent (23%) of adults in Grant County reported their general health as fair or poor.
- The prevalence of reported fair or poor general health was lower among respondents aged 18-39 years (11%) than among respondents aged 40-64 years (24%), and respondents 65 years and older (47%) (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 (55%) than among those respondents with a high school education (21%), and college education (11%) (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 (50%) than among those respondents with an annual household income of \$20,000-\$50,000 (30%), and annual household income of over \$50,000 (6%) (Table 1 and Figure 1).

## Health Status (continued)

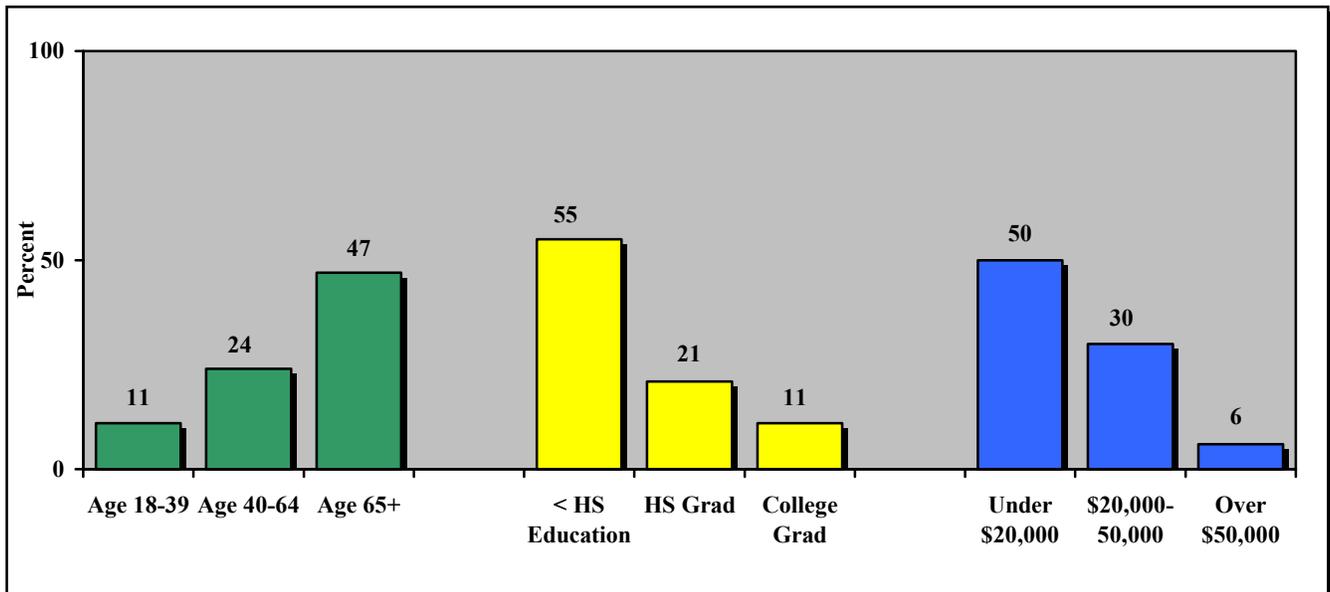
### **Risk Factor Definition: General Health**

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

Table 1: General health

<b>Age</b>	<b>(%)</b>	<b>Education</b>	<b>(%)</b>	<b>Income</b>	<b>(%)</b>
18-39	11	<HS Education	55	<\$20,000	50
40-64	24	HS Grad.	21	\$20,000-\$50,000	30
65+	47	College Grad.	11	>\$50,000	6

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 Grant County?**

- Forty-two percent (42%) of Grant County adults had at least one day when physical health was not good during the month preceding the survey.
- According to the survey, the average Grant County adult had 4.66 days of bad health and 4.61 days each month when health problems interfered with usual activities.
- The prevalence of reported physical health not good on one or more of the thirty days preceding the survey was lower among respondents aged 18-39 years (38%) than among respondents aged 40-64 years (46%), and respondents 65 years and older (39%) (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 (58%) than among those respondents with a high school education (40%), and college education (39%) (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 (59%) than among those respondents with an annual household income of \$20,000-\$50,000 (47%), and annual household income of over \$50,000 (31%) (Table 2 and Figure 2).

## Health Status (continued)

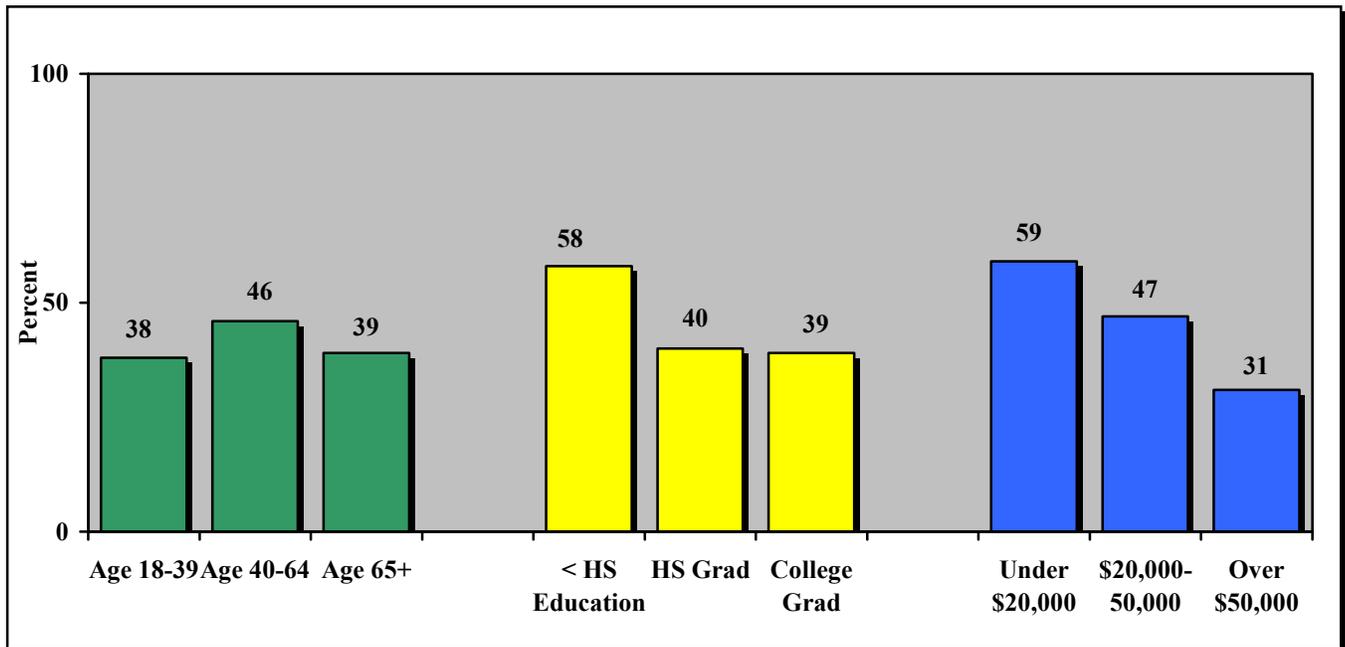
### **Risk Factor Definition: Physical Health**

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

Table 2: Physical health

<b>Age</b>	<b>(%)</b>	<b>Education</b>	<b>(%)</b>	<b>Income</b>	<b>(%)</b>
18-39	38	<HS Education	58	<\$20,000	59
40-64	46	HS Grad.	40	\$20,000-\$50,000	47
65+	39	College Grad.	39	>\$50,000	31

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 Grant County?**

- Thirty-four percent (34%) of adults in Grant County had at least one day of poor mental health in the past month.
- The average Grant County adult had 4 days each month of poor mental health.
- The prevalence of reported mental health not good on one or more of the thirty days preceding the survey was equal among respondents aged 18-39 years (37%) and respondents aged 40-64 years (37%); and higher than among respondents 65 years and older (18%) (Table 3 and Figure 3).
- The prevalence of reported mental health not good on one or more of the thirty days preceding the survey was higher among those respondents with less than a high school education (38%) than among those respondents with a high school education (35%), and college education (29%) (Table 3 and Figure 3).
- The prevalence of reported mental health not good on one or more of the thirty days preceding the survey was higher among those respondents with an annual household income of less than \$20,000 (42%) than among those with an annual household income of \$20,000-\$50,000 (36%), and annual household income of more than \$50,000 (30%) (Table 3 and Figure 3).

## Health Status (continued)

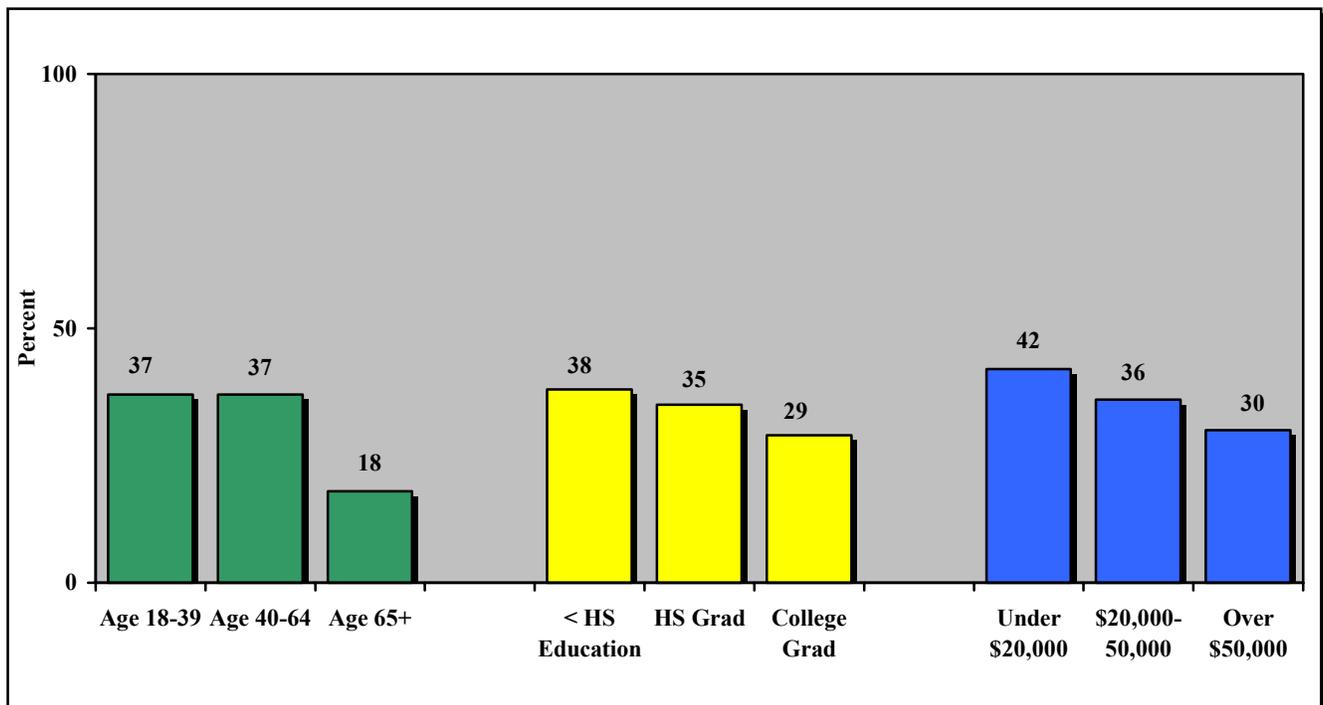
### **Risk Factor Definition: Mental Health**

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

Table 3: Mental health

<b>Age</b>	<b>(%)</b>	<b>Education</b>	<b>(%)</b>	<b>Income</b>	<b>(%)</b>
18-39	37	<HS Education	38	<\$20,000	42
40-64	37	HS Grad.	35	\$20,000-\$50,000	36
65+	18	College Grad.	29	>\$50,000	30

Figure 3: Mental health

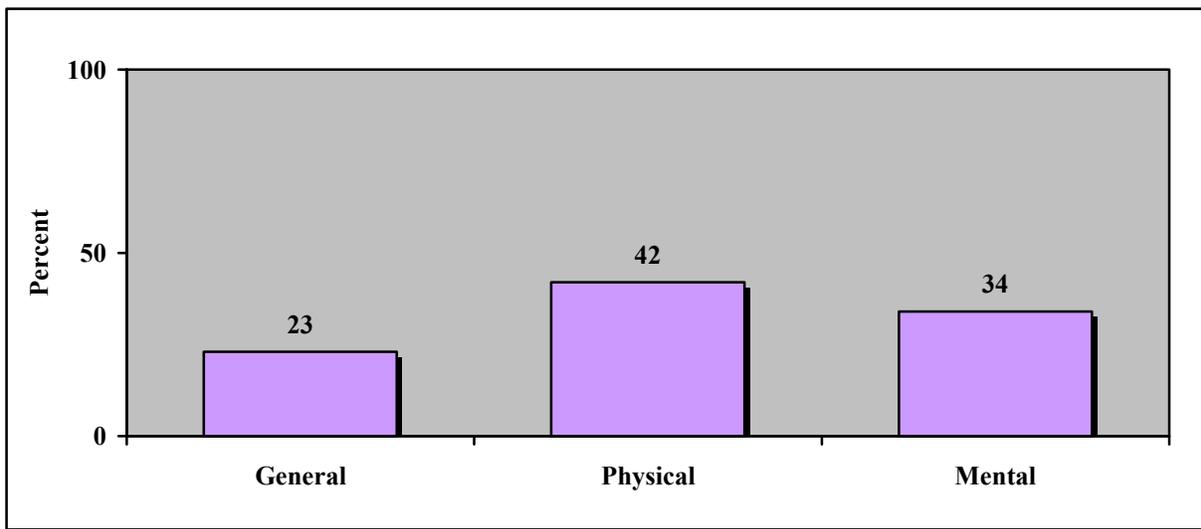


## Health Status (continued)

### Summary of data on health status

- The prevalence of reported fair or poor general health (23%) was lower among adults in Grant County than the prevalence of reported physical health not good on one or more of the thirty days preceding the survey (42%) (Figure 4).
- The prevalence of reported mental health not good on one or more of the thirty days preceding the survey (34%) was lower among adults in Grant County than the prevalence of physical health not good on one or more of the thirty days preceding survey (42%) (Figure 4).

Figure 4: Summary of reported findings on health status



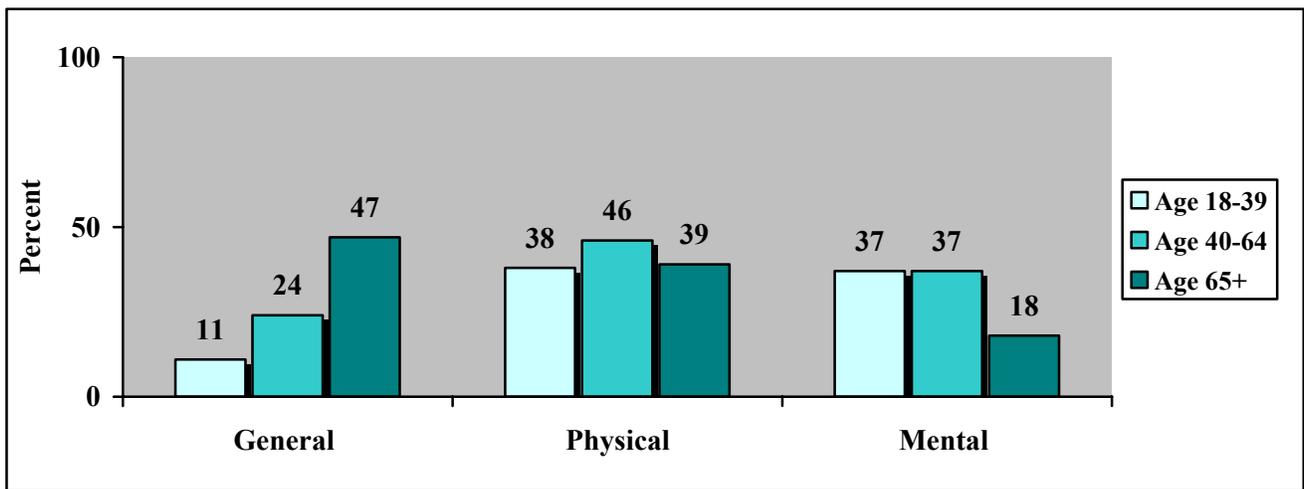
## Health Status (continued)

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

### Summary of reported findings on health status, by age

- Respondents aged 18-39 years were:
  - Less likely (11%) than respondents aged 40-64 years (24%) and respondents 65 years and older (47%) to report fair or poor general health (Figure 5);
  - Less likely (38%) than respondents aged 40-64 years (46%) and respondents 65 years and older (39%) to report physical health not good on one or more of the thirty days preceding the survey (Figure 5);
  - Equally likely (37%) as respondents aged 40-64 years (37%), and more likely than respondents 65 years and older (18%) to report mental health not good on one or more of the thirty days preceding the survey (Figure 5).
- Respondents 65 years and older were:
  - More likely (47%) than respondents aged 40-64 years (24%) and respondents aged 18-39 years (11%) to report fair or poor general health (Figure 5);
  - Less likely (39%) than respondents aged 40-64 years (46%), and more likely than respondents aged 18-3 years (38%) to report physical health not good on one or more the thirty days preceding the survey (Figure 5);
  - Less likely (18%) than respondents aged 40-64 years (37%) and respondents aged 18-39 years (37%) to report mental health not good on one or more of the thirty days preceding the survey (Figure 5).

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



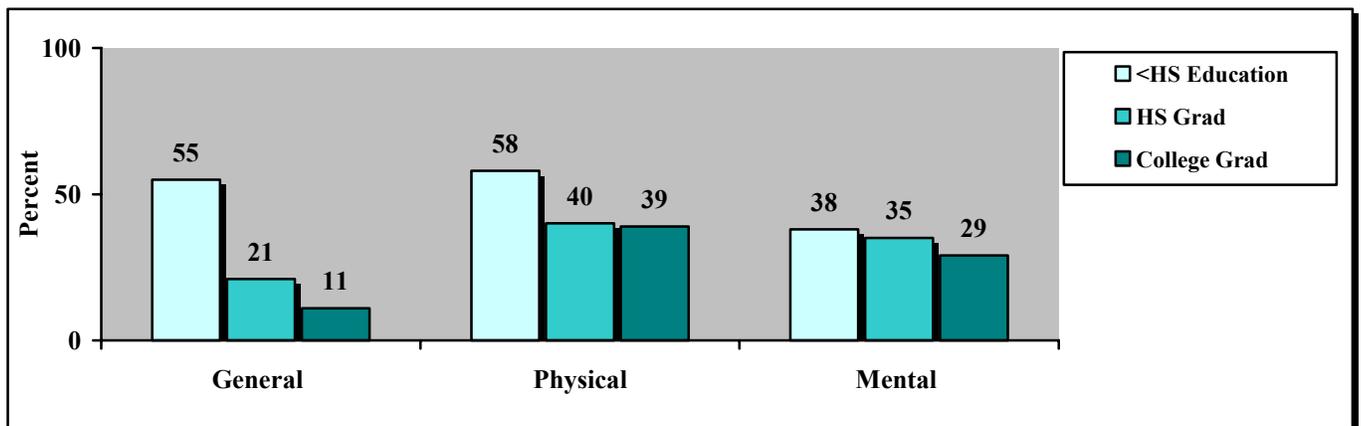
## Health Status (continued)

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

### Summary of reported findings on health status, by education

- Respondents with less than a high school education were:
  - More likely (55%) than respondents with a high school education (21%) and college education (11%) to report fair or poor general health (Figure 6);
  - More likely (58%) than respondents with a high school education (40%) and college education (39%) to report physical health not good on one or more of the thirty days preceding the survey (Figure 6);
  - More likely (38%) than respondents with a high school education (35%) and college education (29%) to report mental health not good on one or more of the thirty days preceding the survey (Figure 6).
- Respondents with a college education were:
  - Less likely (11%) than respondents with a high school education (21%) and those with less than a high school education (55%) to report fair or poor general health (Figure 6);
  - Less likely (39%) than respondents with a high school education (40%) and those with less than a high school education (58%) to report physical health not good on one or more the thirty days preceding the survey (Figure 6);
  - Less likely (29%) than respondents with a high school education (35%) and those with less than a high school education (38%) to report mental health not good on one or more of the thirty days preceding the survey (Figure 6).

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



## Health Status (continued)

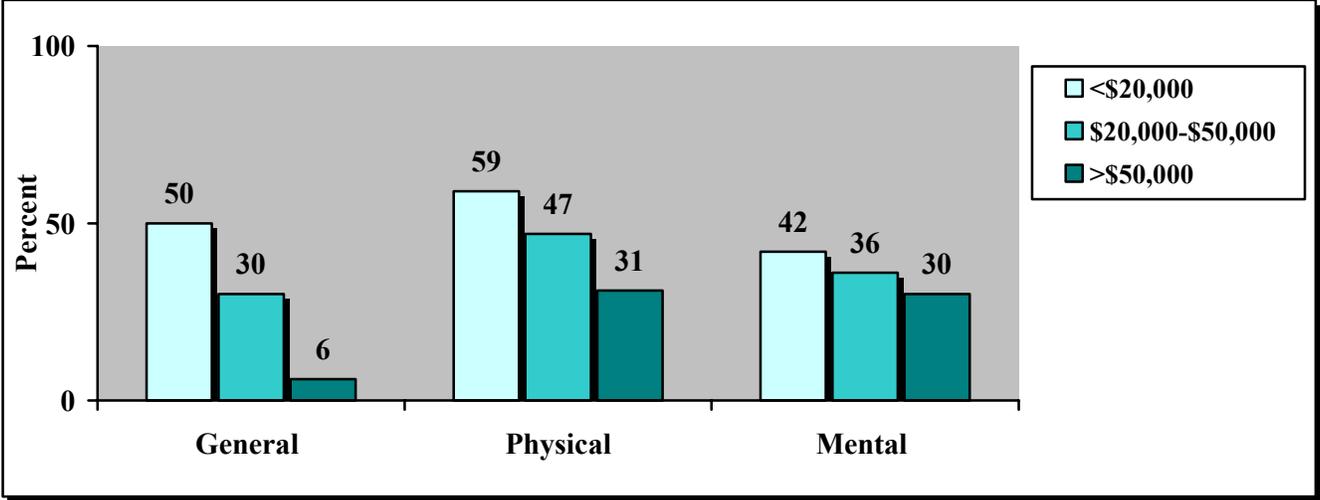
Comparing the reported impact of annual household income on general, physical and mental health status.

### **Summary of reported findings on health status, by income**

- Respondents with an annual household income of less than \$20,000 were:
  - More likely (50%) than respondents with an annual household income of \$20,000-\$50,000 (30%) and those with an annual household income over \$50,000 (6%) to report fair or poor general health (Figure 7);
  - More likely (59%) than respondents with an annual household income of \$20,000-\$50,000 (47%) and those with an annual household income over \$50,000 (31%) to report physical health not good on one or more of the thirty days preceding the survey (Figure 7);
  - More likely (42%) than respondents with annual household income of \$20,000-\$50,000 (36%) and those with an annual household income over \$50,000 (30%) to report mental health not good on one or more of the thirty days preceding the survey (Figure 7).
  
- Respondents with an annual household income over \$50,000 were:
  - Less likely (6%) than respondents with an annual household income of \$20,000-\$50,000 (30%) and respondents with annual household income of less than \$20,000 (50%) to report fair or poor general health (Figure 7).
  - Less likely (31%) than respondents with an annual household income of \$20,000-\$50,000 (47%) and respondents with an annual household income of less than \$20,000 (59%) to report physical health not good on one or more the thirty days preceding the survey (Figure 7).
  - Less likely (30%) than respondents with an annual household income of \$20,000-\$50,000 (36%) and respondents with an annual household income of less than \$20,000 (42%) to report mental health not good on one or more of the thirty days preceding the survey (Figure 7).

# Health Status (continued)

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



## Health Status (continued)

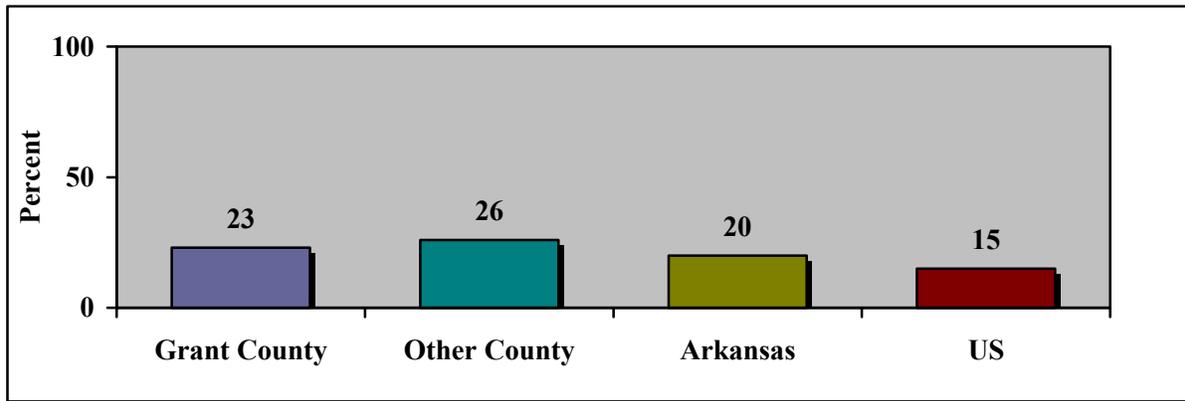
### How does Grant County compare?

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

### Comparing reported findings on general health

- The prevalence of reported fair or poor general health was lower among adults in Grant County (23%) than among adults in a neighboring county (26%) (Figure 8).
- However, the prevalence of reported fair or poor general health was higher among adults in Grant County (23%) than among adults in the state (20%) and nation (15%) (Figure 8).

Figure 8: Comparing reported findings on general health



## Health Status (continued)

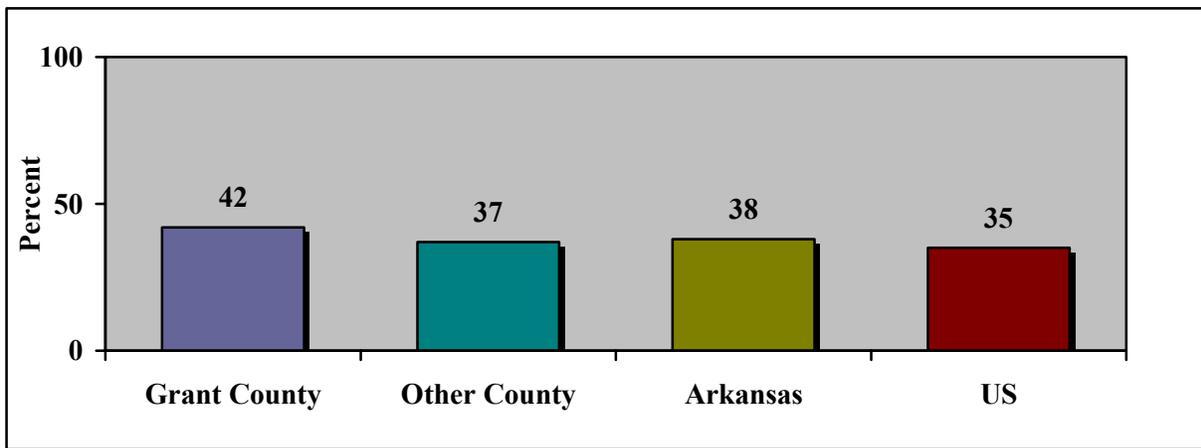
### How does Grant County compare?

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

### Comparing reported findings on physical health

- The prevalence of reported physical health not good on one or more days in the thirty days preceding the survey was higher among adults in Grant County (42%) than among adults in a neighboring county (37%) (Figure 9).
- The prevalence of reported physical health not good on one or more days in the thirty days preceding the survey was also higher among adults in Grant County (42%) than among adults in the state (38%), and nation (35%) (Figure 9).

Figure 9: Comparing reported findings on physical health



## Health Status (continued)

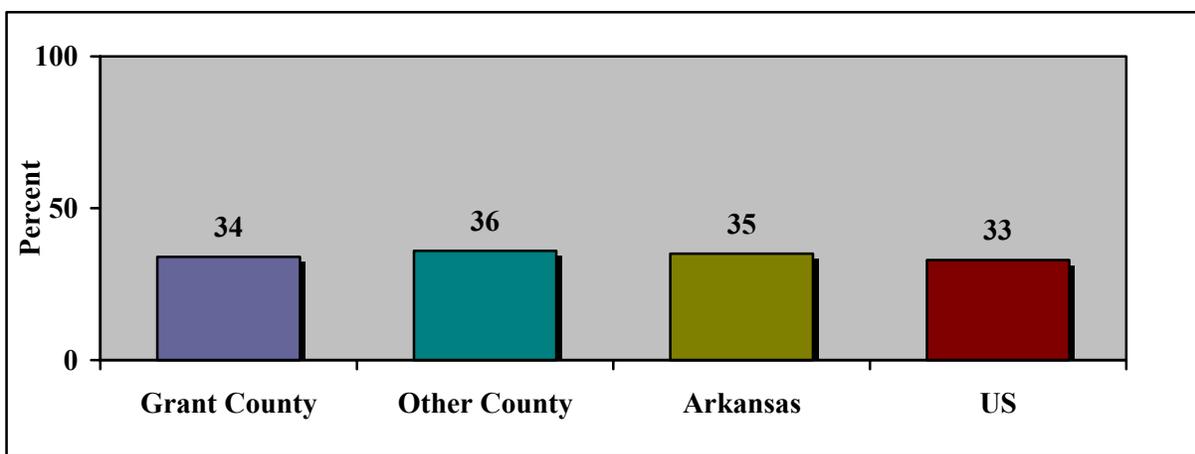
### How does Grant County compare?

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

### Comparing reported findings on mental health

- The prevalence of reported mental health not good on one or more the thirty days preceding the survey was lower among adults in Grant County (34%) than among adults in a neighboring county (36%) (Figure 10).
- The prevalence of reported mental health not good on one or more the thirty days preceding the survey was lower among adults in Grant County (34%) than among adults in the state (35%); and higher than among adults in the nation (33%) (Figure 10).

Figure 10: Comparing reported findings on mental health



## Health Status (continued)

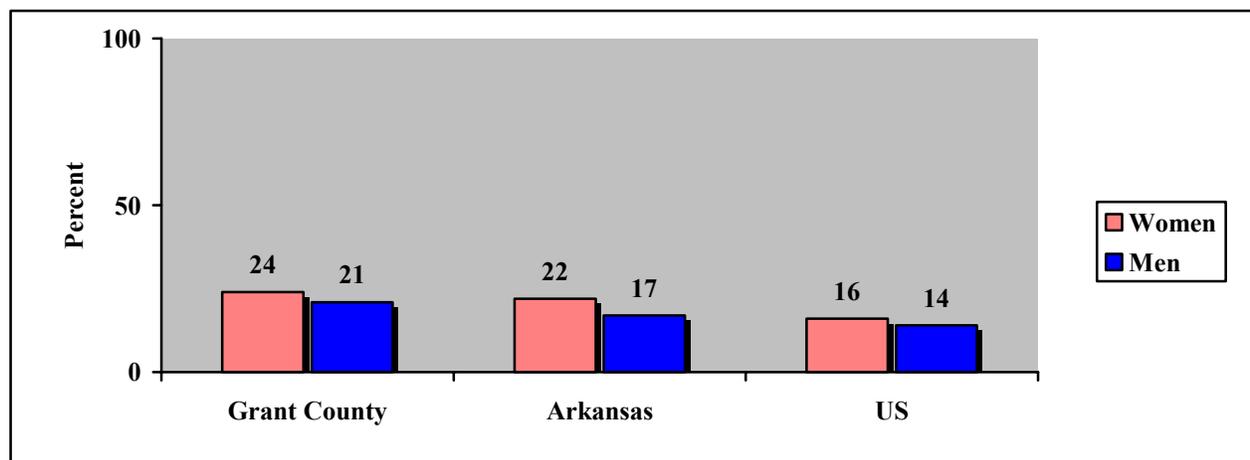
### How does Grant County compare?

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

### Comparing reported findings on general health, by gender

- The prevalence of reported fair or poor general health was higher among adult women in Grant County (24%) than among adult women in the state (22%) and in the nation (16%) (Figure 11).
- The prevalence of reported fair or poor general health was higher among adult men in Grant County (21%) than among adult men in the state (17%) and in the nation (14%) (Figure 11).

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



## Health Status (continued)

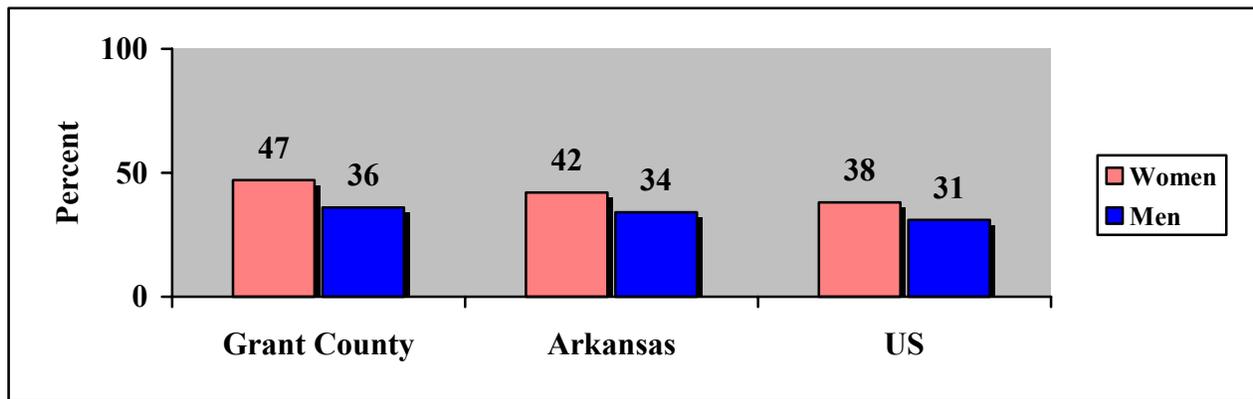
### How does Grant County compare?

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

### Comparing reported findings on physical health, by gender

- The prevalence of reported physical health not good on one or more the thirty days preceding the survey was higher among adult women in Grant County (47%) than among adult women in the state (42%), and nation (38%) (Figure 12).
- The prevalence of reported physical health not good on one or more the thirty days preceding the survey was higher among adult men in Grant County (36%) than among adult men in the state (34%) and nation (31%) (Figure 12).

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



## Health Status (continued)

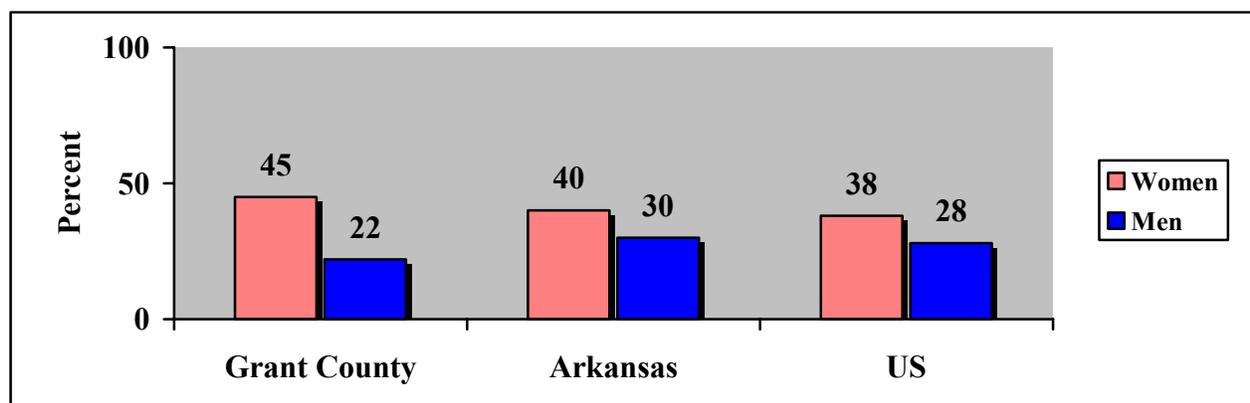
### How does Grant County compare?

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

### Comparing reported findings on mental health, by gender

- The prevalence of reported mental health not good on one or more of the thirty days preceding the survey was higher among adult women in Grant County (45%) than among adult women in the state (40%), and nation (38%) (Figure 13).
- The prevalence of reported mental health not good on one or more of the thirty days preceding the survey was lower among adult men in Grant County (22%) than among adult men in the state (30%) and in the nation (28%) (Figure 13).

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



## Health Care Access

The survey asked if respondents had health insurance. Health insurance provides better access to health care. Those with health insurance are more likely to have a primary care physician and 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 Grant County?**

- Fourteen percent (14%) of adults in Grant County reported that they did not have health insurance.



- The prevalence of reported lack of health care coverage was higher among respondents aged 18-39 years (19%) than among respondents aged 40-64 years (15%), and respondents 65 years and older (2%) (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 (25%) than among those with a high school education (16%), and college education (3%) (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 (25%) than among those respondents with an annual household income of \$20,000-\$50,000 (21%), and an annual household income of more than \$50,000 (6%) (Table 1 and Figure 1).

## Health Care Access (continued)

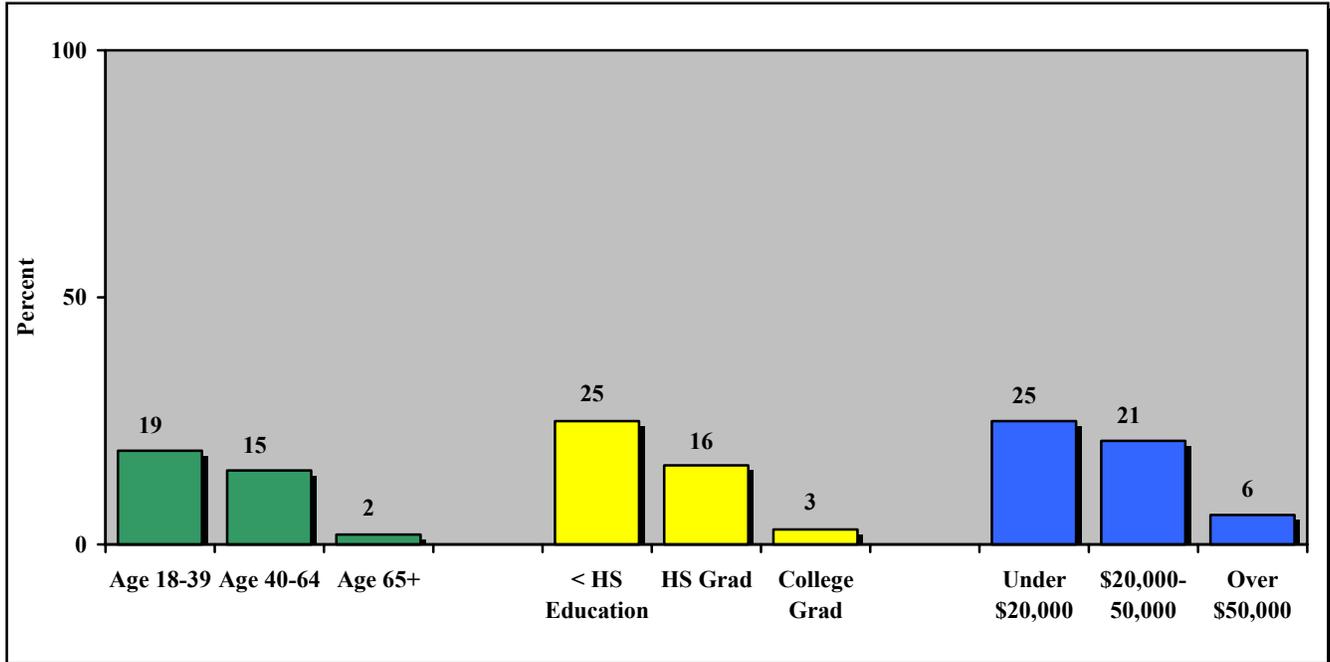
**Risk Factor Definition: No health insurance**

Respondents who reported no health care coverage.

Table 1: No health care coverage

Age (%)		Education (%)		Income (%)	
18-39	19	<HS Education	25	<\$20,000	25
40-64	15	HS Grad.	16	\$20,000-\$50,000	21
65+	2	College Grad.	3	>\$50,000	6

Figure 1: No health care coverage



## Health Care Access (continued)

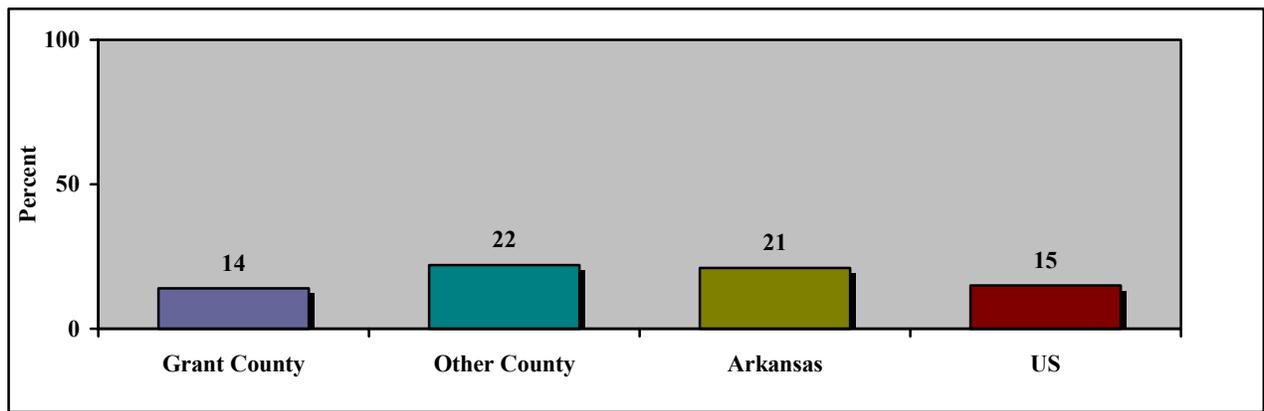
### How does Grant County compare?

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

### Comparing reported findings on health care coverage

- The prevalence of reported no health care coverage was lower among adults in Grant County (14%) than among adults in a neighboring county (22%) (Figure 2).
- The prevalence of reported no health care coverage was also lower among adults in Grant County (14%) than among adults in the state (21%), and nation (15%) (Figure 2).

Figure 2: Comparing reported findings on health care coverage



## Health Care Access (continued)

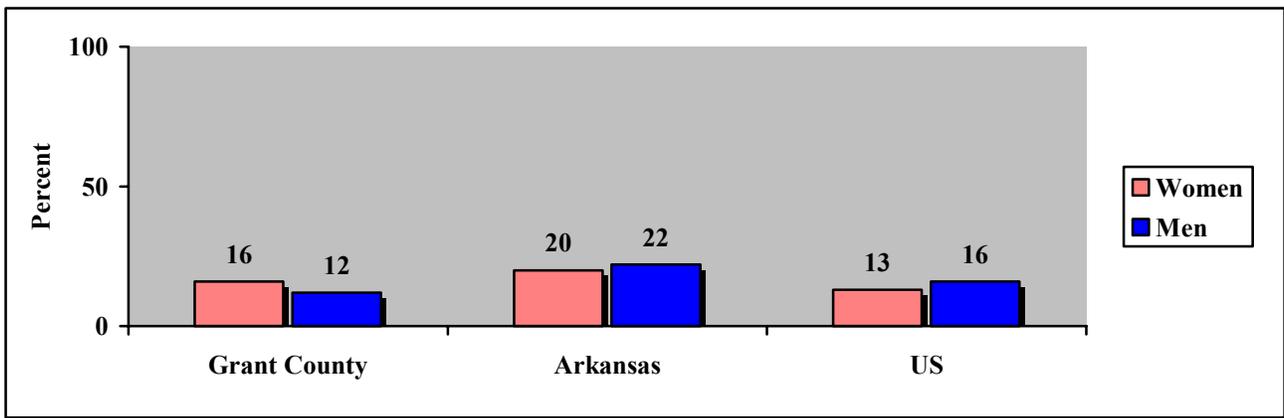
### How does Grant County compare?

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

### Comparing reported findings on health care coverage, by gender

- The prevalence of reported no health care coverage was lower among adult women in Grant County (16%) than among adult women in the state (20%); and higher than among adult women in the nation (13%) (Figure 3).
- The prevalence of reported no health care coverage was lower among adult men in Grant County (12%) than among adult men in the state (22%), and nation (16%) (Figure 3).

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



# Hypertension

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

## **Risk Factor Definition: Have high blood pressure**

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

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

## **Who is at risk in Grant County?**

- Thirty-five percent (35%) of adults in Grant County reported that they had been given a hypertension diagnosis by a doctor.
- The prevalence of reported hypertension diagnosis by a doctor was lower among respondents aged 18-39 years (12%) than among respondents aged 40-64 years (45%), and respondents 65 years and older (64%) (Table 1 and Figure 1).
- The prevalence of reported hypertension diagnosis by a doctor was higher among those respondents with less than a high school education (51%) than among those respondents with a high school education (34%), and college education (28%) (Table 1 and Figure 1).
- The prevalence of reported hypertension diagnosis by a doctor was higher among those respondents with an annual household income of less than \$20,000 (52%) than among those respondents with an annual household income of \$20,000-\$50,000 (40%), and an annual household income of more than \$50,000 (25%) (Table 1 and Figure 1).



## Hypertension (continued)

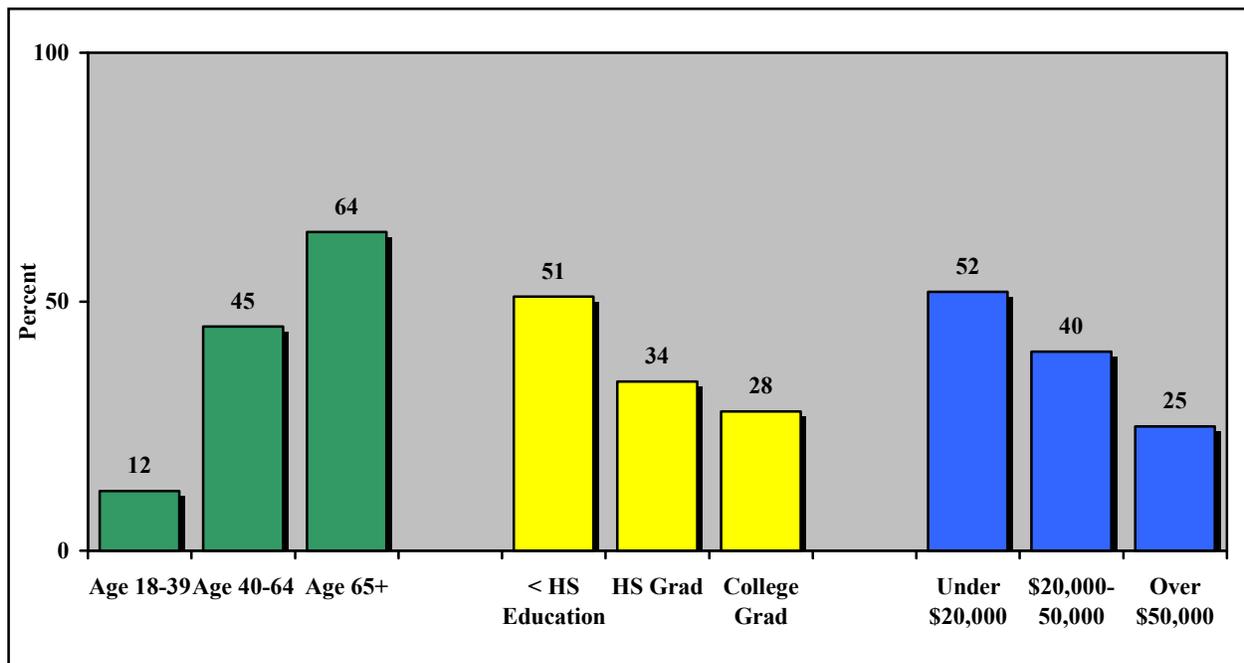
### **Risk Factor Definition: Have high blood pressure**

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

Table 1: Hypertension

Age	(%)	Education	(%)	Income	(%)
18-39	12	<HS Education	51	<\$20,000	52
40-64	45	HS Grad.	34	\$20,000-\$50,000	40
65+	64	College Grad.	28	>\$50,000	25

Figure 1: Hypertension



## Hypertension (continued)

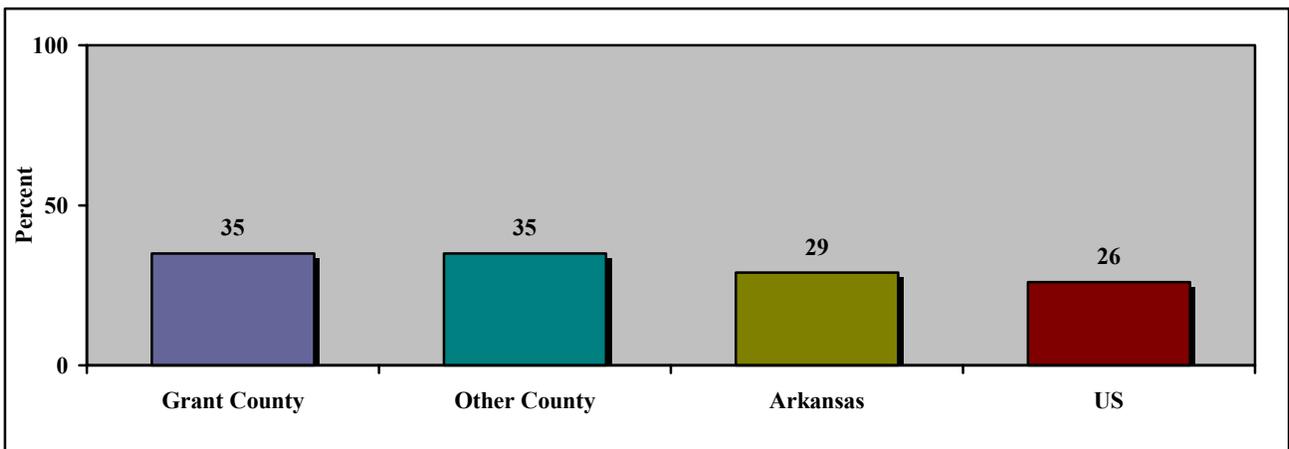
### How does Grant County compare?

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

### Comparing reported findings on hypertension

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

Figure 2: Comparing reported findings on hypertension



## Hypertension (continued)

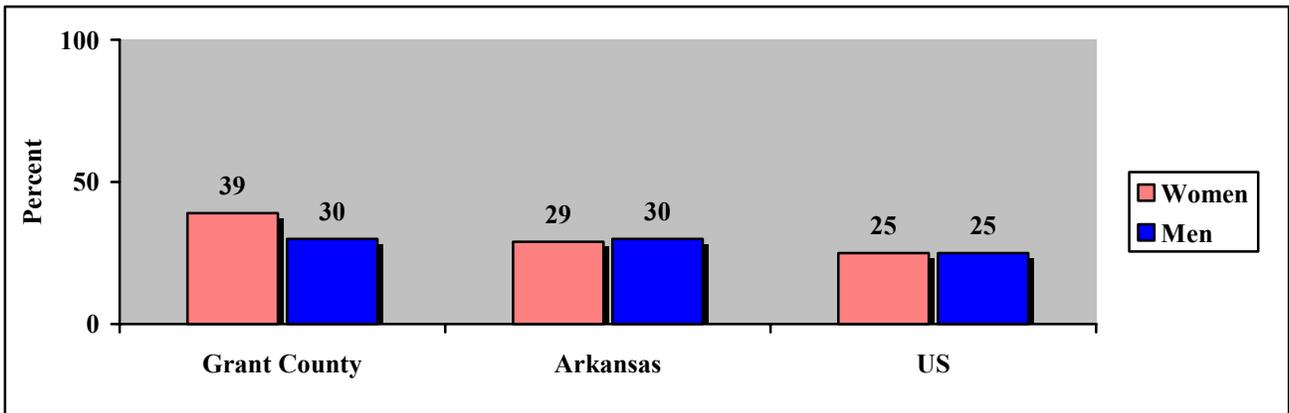
### How does Grant County compare?

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

### Comparing reported findings on hypertension, by gender

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

Figure 3: Comparing reported findings on hypertension, by gender



# Cholesterol

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

## Testing for Cholesterol

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

Blood cholesterol is a fatty substance found in the blood.

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

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

### **Who is at risk in Grant County?**

- Thirty-one percent (31%) of Grant County adults reported that they had not checked blood cholesterol levels in the two years preceding the survey.
- The prevalence of not having checked blood cholesterol in the two years preceding the survey was higher among respondents aged 18-39 years (53%) than among respondents aged 40-64 years (19%), and respondents 65 years and older (11%) (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 less than a high school education (36%) than among respondents with a high school education (29%), and respondents with a college education (32%) (Table 1 and Figure 1).
- The prevalence of not having checked blood cholesterol in the two years preceding the survey was higher among those with an annual household income of under \$20,000 (34%) than among those respondents with an annual household income of \$20,000-\$50,000 (33%), and respondents with an annual household income of over \$50,000 (27%) (Table 1 and Figure 1).

## Cholesterol (continued)

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

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

Table 1: Testing for cholesterol

Age	(%)	Education	(%)	Income	(%)
18-39	53	<HS Education	36	<\$20,000	34
40-64	19	HS Grad.	29	\$20,000-\$50,000	33
65+	11	College Grad.	32	>\$50,000	27

Figure 1: Testing for cholesterol

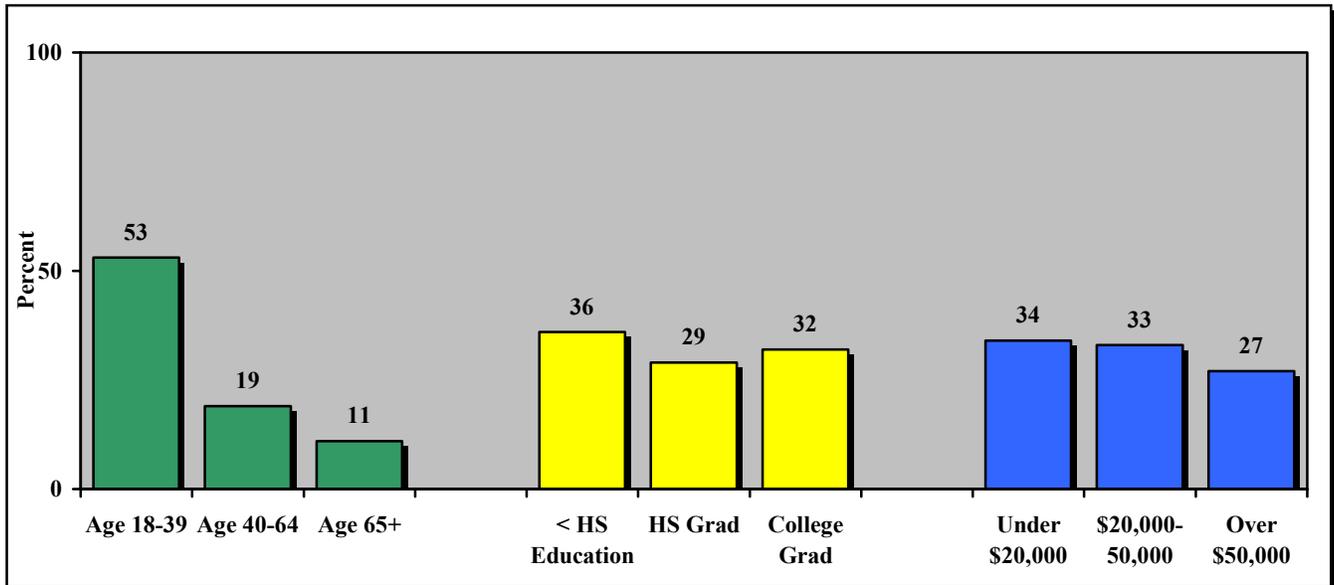
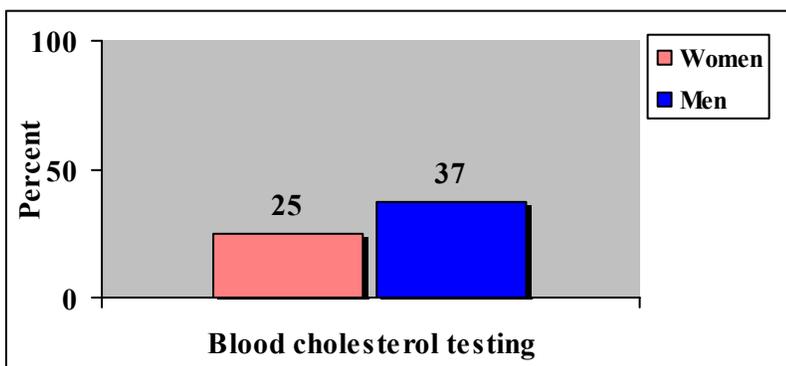


Figure 2: Testing for cholesterol, by gender



The prevalence of reported blood cholesterol not checked in the two years preceding the survey was **lower** among **adult women (25%)** than among **adult men (37%)** in Grant County (Figure 2).

## Cholesterol (continued)

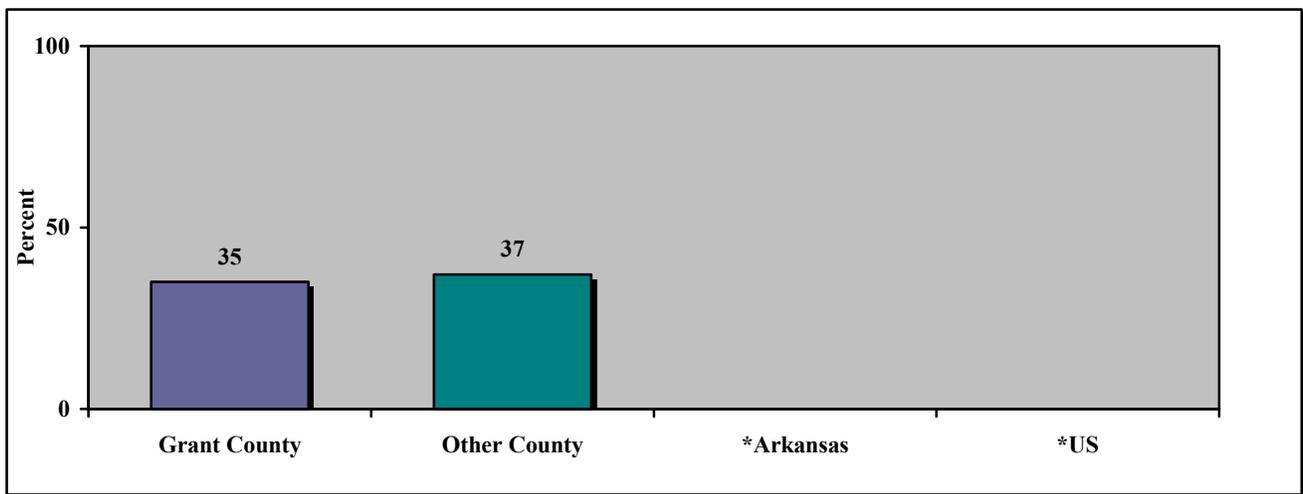
### How does Grant County compare?

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

### Comparing reported findings on testing for blood cholesterol

- The prevalence of reported blood cholesterol not checked in the two years preceding the survey was lower among adults in Grant County (35%) than among adults in a neighboring county (37%) (Figure 3).

Figure 3: Comparing reported findings on testing for blood cholesterol



\*No comparison data available

## Cholesterol (continued)

### Blood Cholesterol Level

#### **Risk Factor Definition: Blood cholesterol level**

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

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

#### **Who is at risk in Grant County?**

- Of those Grant County adults who reported that they had had a blood cholesterol test done, **forty-three percent (43%)** reported a high cholesterol diagnosis by a doctor, nurse or other health professional.
- Of those Grant County adults who reported that they had had a blood cholesterol test done, the prevalence of reported high blood cholesterol diagnosis by a doctor, nurse or other health professional was **twenty-one percent (21%)** lower among respondents aged 18-39 years, **fifty percent (50%)** among respondents aged 40-64 years, and **fifty-five percent (55%)** among respondents 65 years and older (Table 2 and Figure 4).
- Of those Grant County adults who reported that they had had a blood cholesterol test done, the prevalence of reported high blood cholesterol diagnosis by a doctor, nurse or other health professional was **fifty-nine percent (59%)** among respondents with less than a high school education, **forty-four percent (44%)** among those respondents with a high school education, and **thirty-two percent (32%)** among those with a college education (Table 2 and Figure 4).
- Of those Grant County adults who reported that they had had a blood cholesterol test done, the prevalence of reported high blood cholesterol diagnosis by a doctor, nurse or other health professional was **fifty-seven percent (57%)** among those respondents with an annual household income of under \$20,000, **fifty-three percent (53%)** among those respondents with an annual household income of \$20,000-\$50,000, and **thirty-two percent (32%)** among those with an annual household income of over \$50,000 (Table 2 and Figure 4).

## Cholesterol (continued)

### Risk Factor Definition: Blood cholesterol level

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

Table 2: Blood cholesterol level

Age	(%)	Education	(%)	Income	(%)
18-39	21	<HS Education	59	<\$20,000	57
40-64	50	HS Grad.	44	\$20,000-\$50,000	53
65+	55	College Grad.	32	>\$50,000	32

Figure 4: Blood cholesterol level

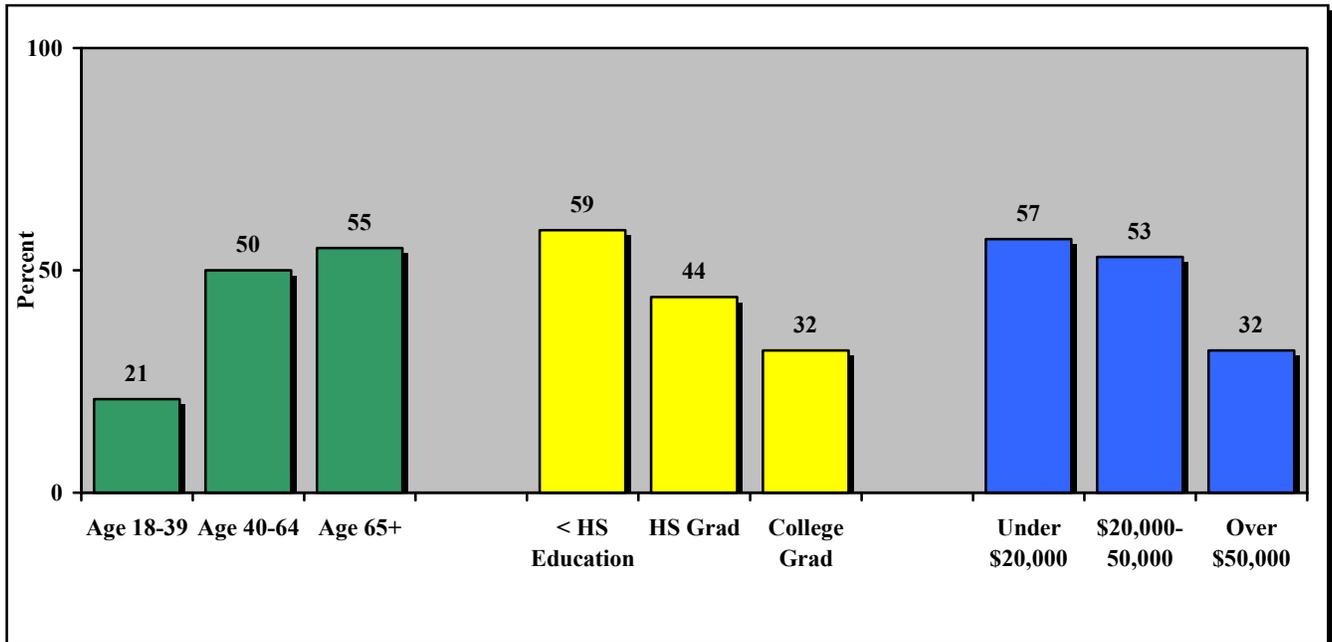
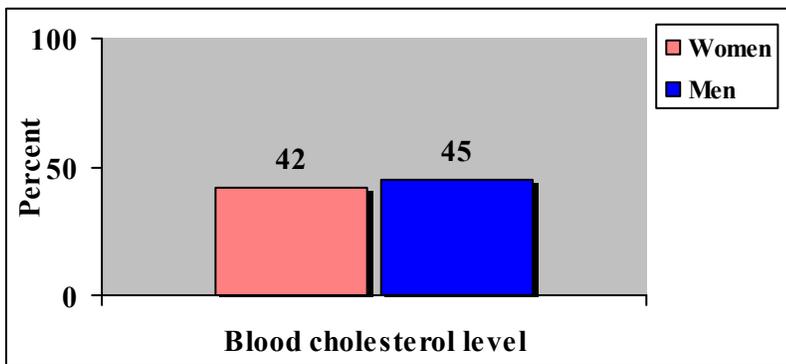


Figure 5: Blood cholesterol level, by gender

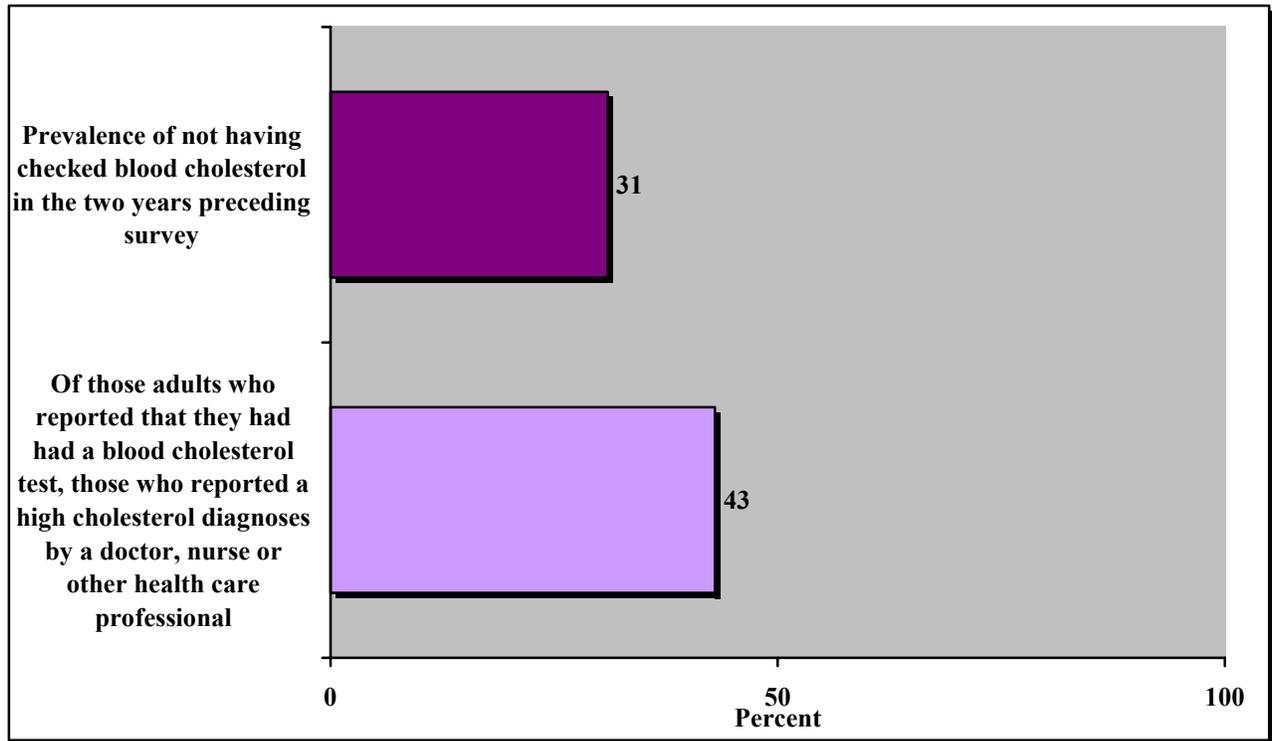


Of those adult residents in Grant county who reported that they had had a blood cholesterol test done, the prevalence of reported high blood cholesterol diagnosis by a doctor, nurse or other health professional was **forty-two percent** among **adult women (42%)** and **forty-five percent (45%)** among **adult men (45%)** (Figure 5).

## Cholesterol (continued)

### Summary

Figure 6: Summary – Blood cholesterol testing and level



## Asthma

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

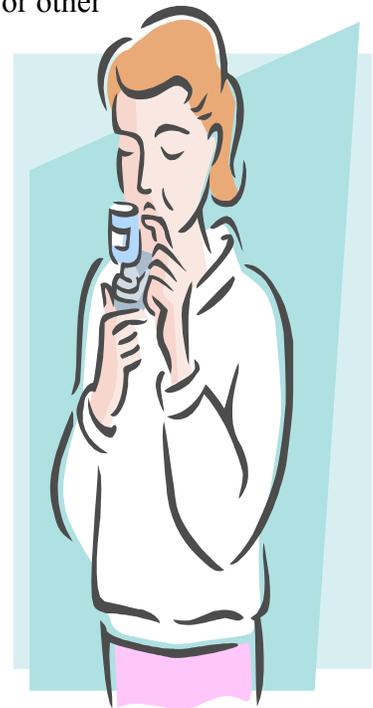
### **Risk Factor Definition: Have asthma**

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

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

### **Who is at risk in Grant County?**

- Thirteen percent (13%) reported an asthma diagnosis by a doctor, nurse or other health professional.
- The prevalence of reported asthma diagnosis by a doctor, nurse or other health professional was higher among respondents aged 18-39 years (17%) than among respondents aged 40-64 years (11%), and respondents 65 years and older (9%) (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 (21%) than among those respondents with a high school education (12%), and college education (13%) (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 of \$20,000-\$50,000 (12%); and lower than among respondents with an annual household income of over \$50,000 (14%) (Table 1 and Figure 1).



## Asthma (continued)

### Risk Factor Definition: Have asthma

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

Table 1: Asthma

Age	(%)	Education	(%)	Income	(%)
18-39	17	<HS Education	21	<\$20,000	13
40-64	11	HS Grad.	12	\$20,000-\$50,000	12
65+	9	College Grad.	13	>\$50,000	14

Figure 1: Asthma

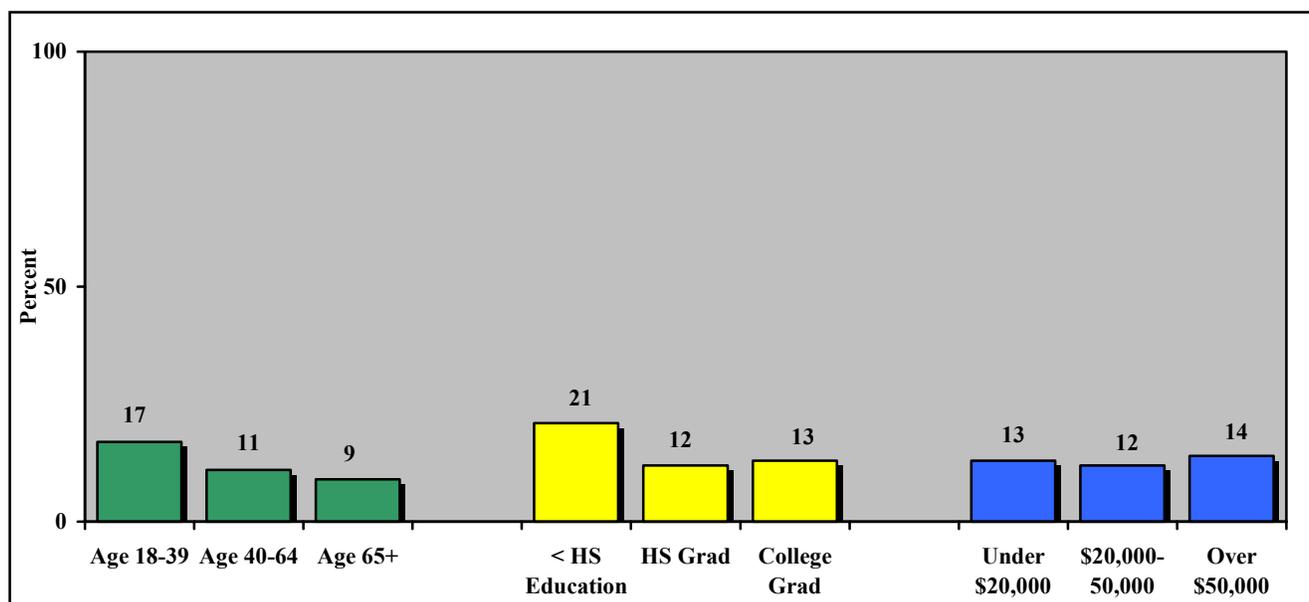
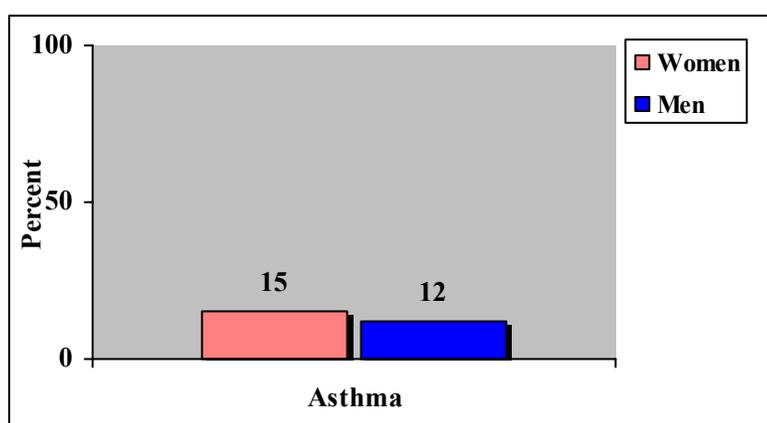


Figure 2: Asthma, by gender



The prevalence of reported asthma diagnosis by a doctor, nurse or other health professional was **higher** among **adult women (15%)** than among **adult men (12%)** in Grant County (Figure 2).

## Asthma (continued)

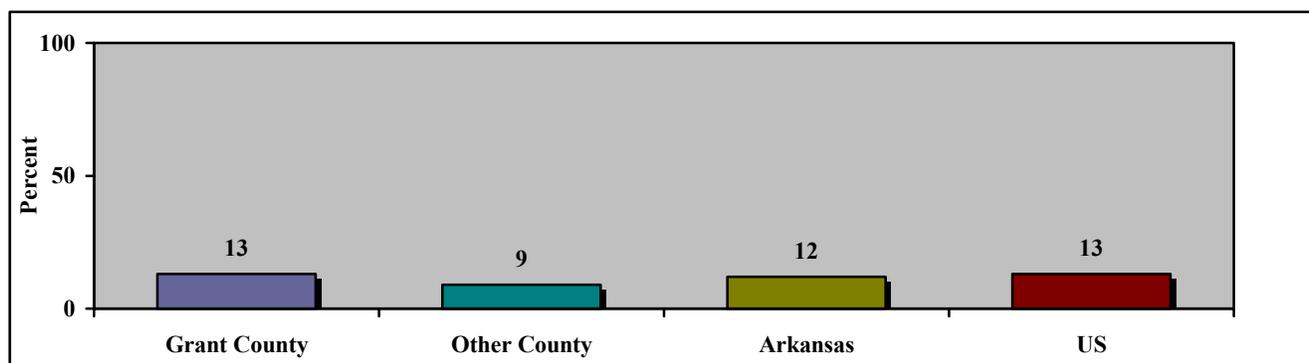
### How does Grant County compare?

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

### Comparing reported findings on asthma

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

Figure 3: Comparing reported findings on asthma



## Asthma (continued)

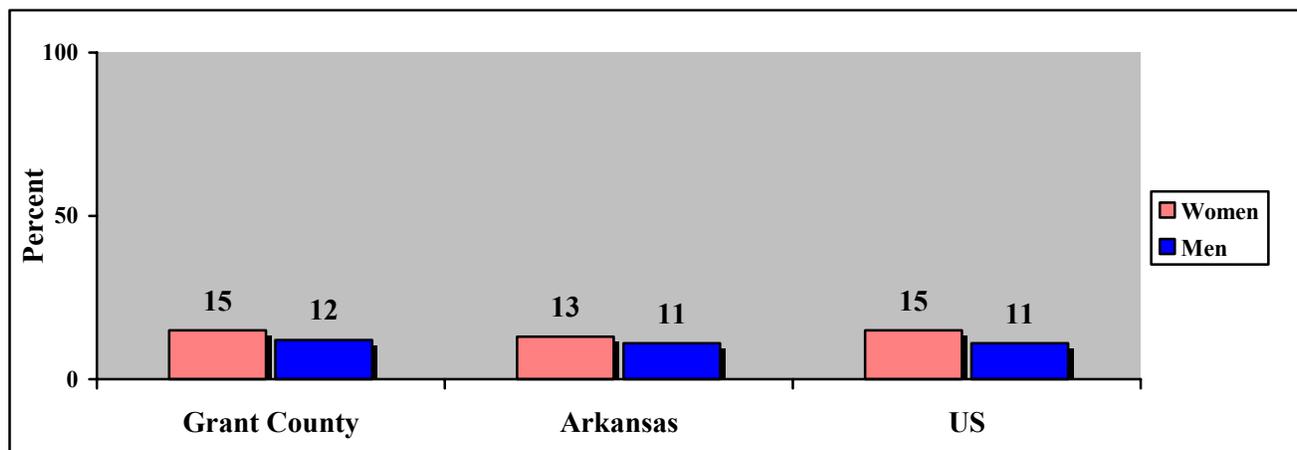
### How does Grant County compare?

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

### Comparing reported findings on asthma, by gender

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

Figure 4: Comparing data on asthma, by gender



## Diabetes

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

### **Risk Factor Definition: Have diabetes**

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

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

### **Who is at risk in Grant County?**

- Ten percent (10%) of Grant County adults reported a diabetes diagnosis by a doctor.



- The prevalence of reported diabetes diagnosis by a doctor was lower among respondents aged 18-39 years (3%) than among respondents aged 40-64 years (13%), and respondents 65 years and older (20%) (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 (17%) than among those respondents with a high school education (10%), and college education (5%) (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 (16%) than among those respondents with an annual household income of \$20,000-\$50,000 (13%), and annual household income of over \$50,000 (5%) (Table 1 and Figure 1).

## Diabetes (continued)

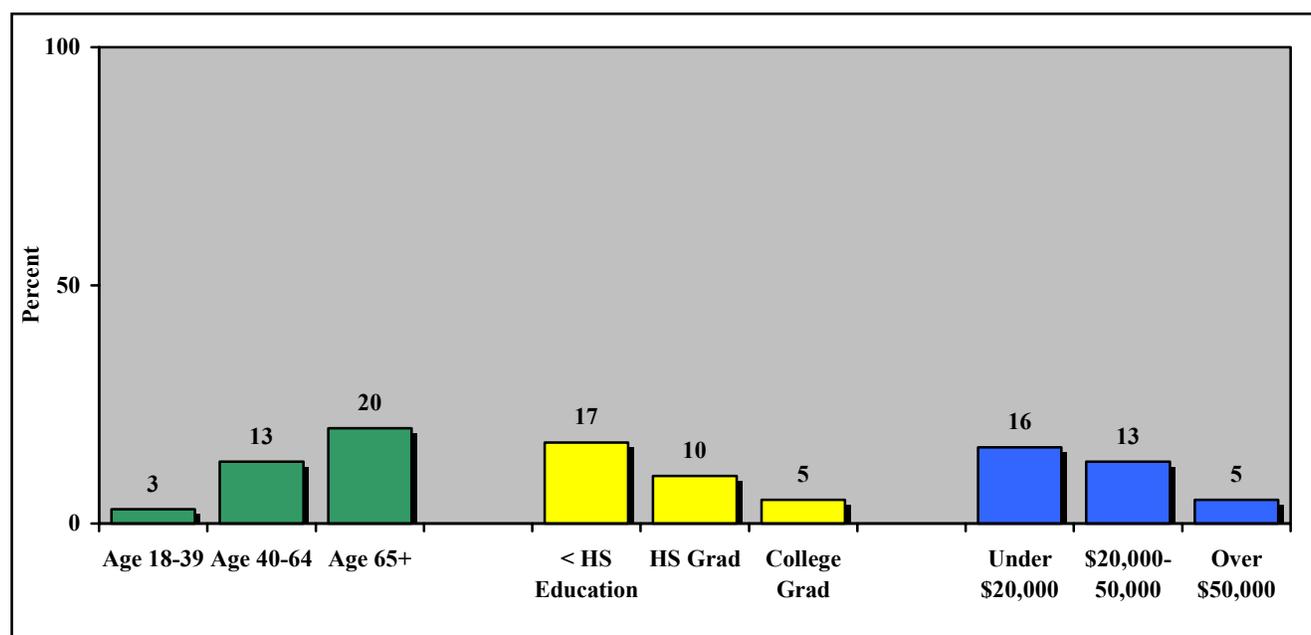
### **Risk Factor Definition: Have diabetes**

Respondents who reported a diabetes diagnosis by a doctor.

Table 1: Diabetes

Age (%)		Education (%)		Income (%)	
18-39	3	<HS Education	17	<\$20,000	16
40-64	13	HS Grad.	10	\$20,000-\$50,000	13
65+	20	College Grad.	5	>\$50,000	5

Figure 1: Diabetes



## Diabetes (continued)

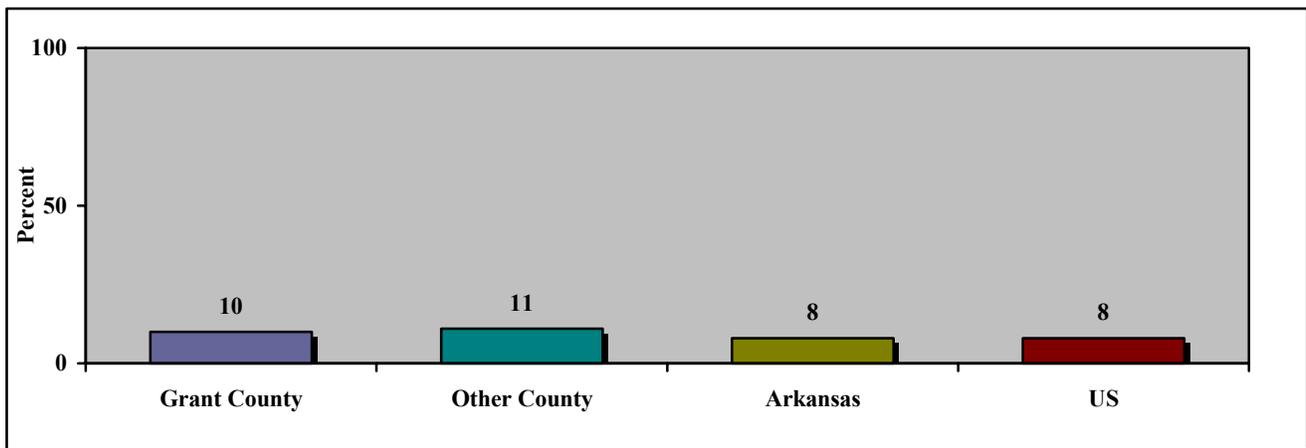
### How does Grant County compare?

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

### Comparing reported findings on diabetes

- The prevalence of reported diabetes diagnosis by a doctor was lower among adults in Grant County (10%) than among adults in a neighboring county (11%).
- The prevalence of reported diabetes diagnosis by a doctor was higher among adults in Grant County (10%) than among adults in the state (8%), and nation (8%) (Figure 2).

Figure 2: Comparing reported findings on diabetes



## Diabetes (continued)

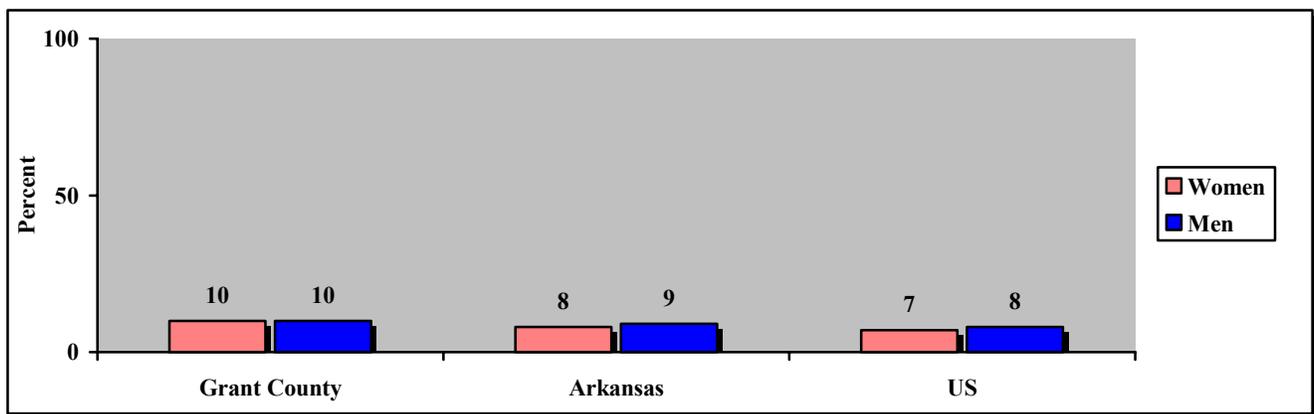
### How does Grant County compare?

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

### Comparing data on diabetes, by gender

- The prevalence of reported diabetes diagnosis by a doctor was higher among adult women (10%) in Grant County than among adult women in the state (8%), and nation (7%) (Figure 3).
- The prevalence of reported diabetes diagnosis by a doctor was higher among adult men in Grant County (10%) than among adult men in the state (9%), and nation (8%) (Figure 3).

Figure 3: Comparing reported findings on diabetes, by gender



# Arthritis

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

## Diagnosed with Arthritis

### **Risk Factor Definition: Have arthritis**

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

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

### **Who is at risk in Grant County?**

- Thirty-three percent (33%) of Grant County adults reported an arthritis diagnosis by a doctor.



- The prevalence of reported arthritis diagnosis by a doctor was lower among respondents aged 18-39 years (10%) than among respondents aged 40-64 years (42%), and respondents 65 years and older (61%) than (Table 1 and Figure 1).
- The prevalence of reported arthritis diagnosis by a doctor was higher among respondents with less than a high school education (55%) than among those respondents with a high school education (33%), and college education (20%) (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 (50%) than among those respondents with an annual household income of \$20,000-\$50,000 (40%), and annual household income of over \$50,000 (21%) (Table 1 and Figure 1).

## Arthritis (continued)

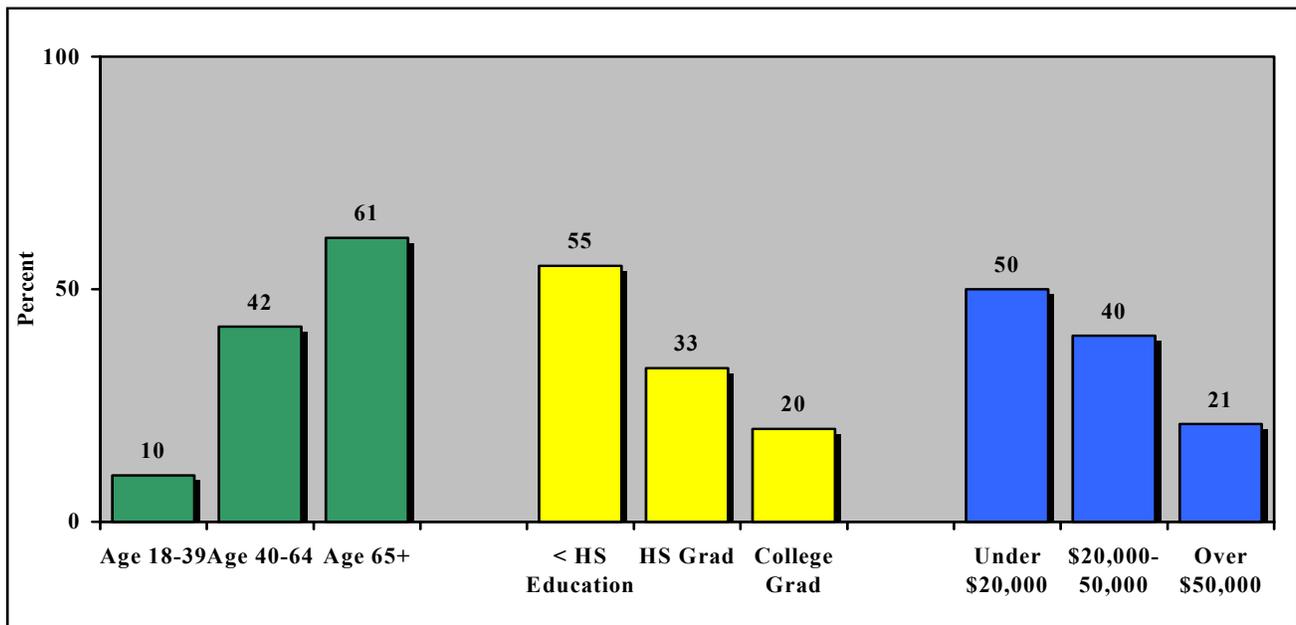
### **Risk Factor Definition: Have arthritis**

Respondents who reported an arthritis diagnosis by a doctor.

Table 1: Arthritis

Age		Education		Income	
	(%)		(%)		(%)
18-39	10	<HS Education	55	<\$20,000	50
40-64	42	HS Grad.	33	\$20,000-\$50,000	40
65+	61	College Grad.	20	\$50,000	21

Figure 1: Arthritis



## Arthritis (continued)

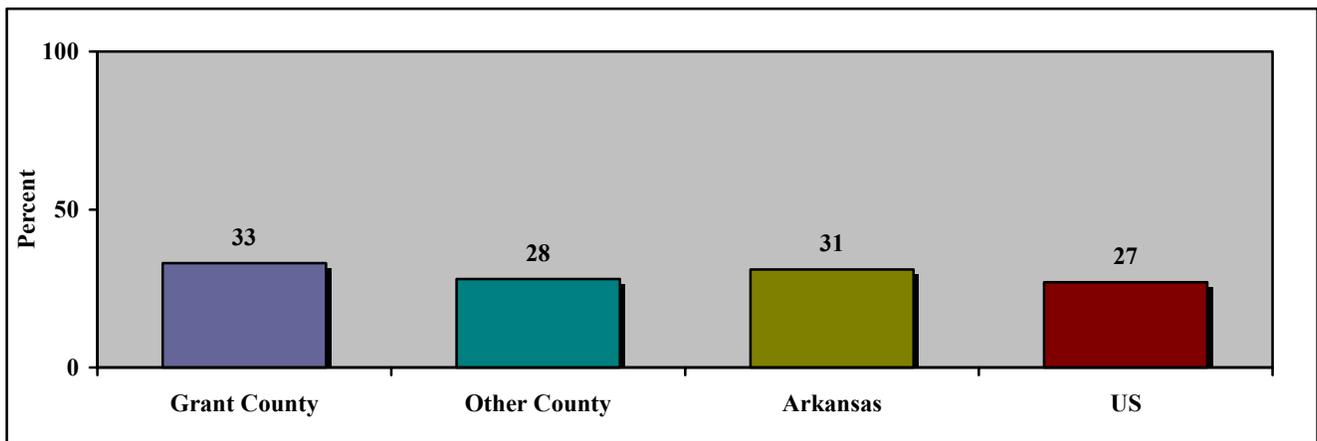
### How does Grant County compare?

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

### Comparing reported findings on arthritis

- The prevalence of reported arthritis diagnosis by a doctor was higher among adults in Grant County (33%) than among adults in a neighboring county (28%) (Figure 2).
- The prevalence of reported arthritis diagnosis by a doctor was also higher among adults in Grant County (33%) than among adults in the state (31%) and nation (27%) (Figure 2).

Figure 2: Comparing reported findings on arthritis



## Arthritis (continued)

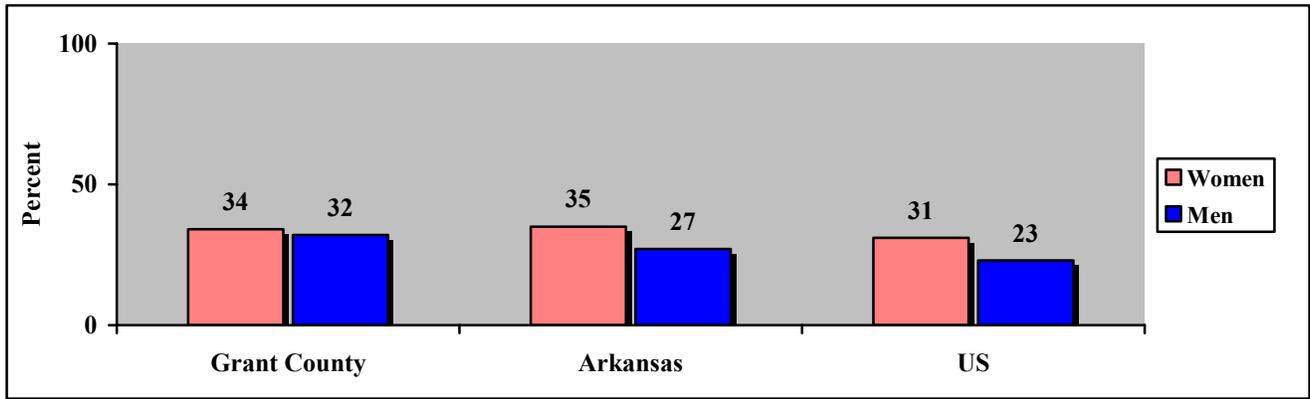
### How does Grant County compare?

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

### Comparing reported findings on arthritis, by gender

- The prevalence of reported arthritis diagnosis by a doctor was lower among adult women in Grant County (34%) than among adult women in the state (35%); and higher than among adult women in the nation (31%) (Figure 3).
- The prevalence of reported arthritis diagnosis by a doctor was higher among adult men in Grant County (32%) than among adult men in the state (27%), and adult men in the nation (23%) (Figure 3).

Figure 3: Comparing reported findings on arthritis, by gender



## Arthritis (continued)

### Activity Limitations

#### **Risk Factor Definition: Have activity limitations due to joint symptoms**

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

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

#### **Who is at risk in Grant County?**

- Thirty-eight percent (38%) of Grant County adults reported a limitation in activities due to joint symptoms.
- The prevalence of reported limitation in activities due to joint symptoms was lower among respondents aged 18-39 years (26%) than among respondents aged 40-64 years (42%), and among respondents 65 years and older (46%) (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 (46%) than among those respondents with a high school education (38%), and college education (31%) (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 (57%) than among those respondents with an annual household income of \$20,000-\$50,000 (33%), and annual household income of over \$50,000 (35%) (Table 2 and Figure 4).

## Arthritis (continued)

### Risk Factor Definition: Have activity limitations due to joint symptoms

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

Table 2: Activity limitations

Age	(%)	Education	(%)	Income	(%)
18-39	26	<HS Education	46	<\$20,000	57
40-64	42	HS Grad.	38	\$20,000-\$50,000	33
65+	46	College Grad.	31	>\$50,000	35

Figure 4: Activity limitations

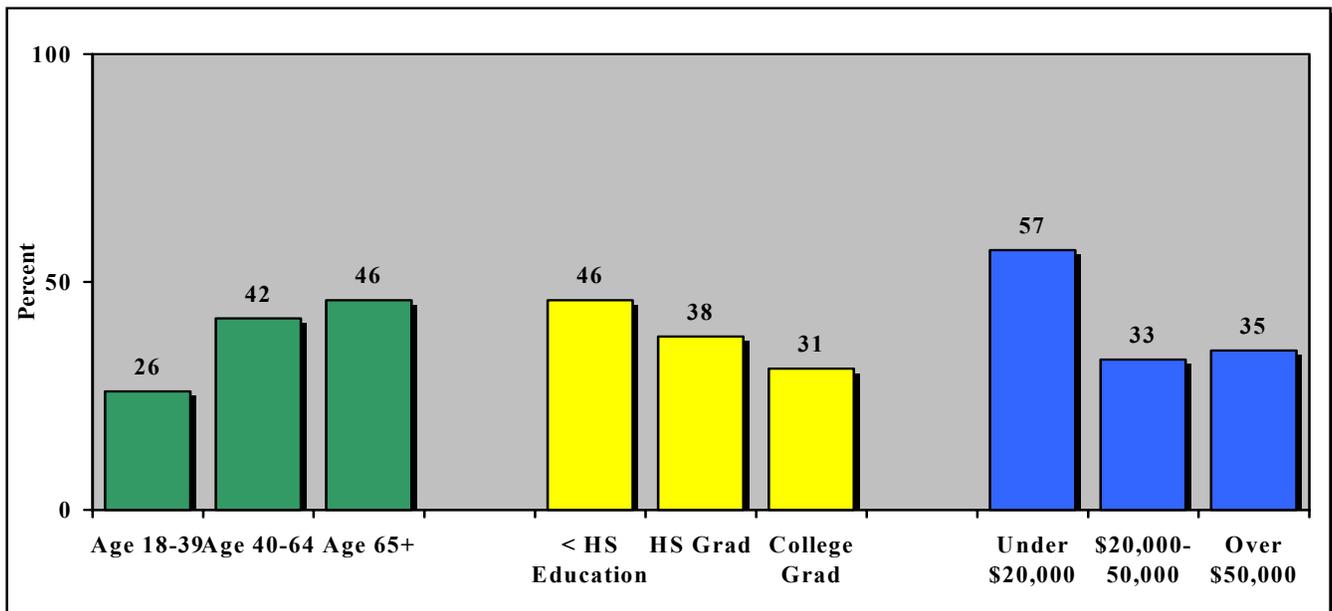
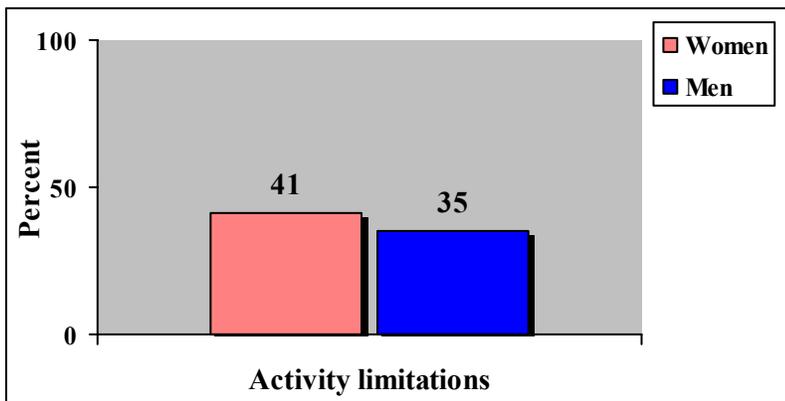


Figure 5: Activity limitations, by gender



The prevalence of reported activity limitations due to joint symptoms was **higher among adult women (41%)** than **adult men (35%)** in Grant County (Figure 5).

## Arthritis (continued)

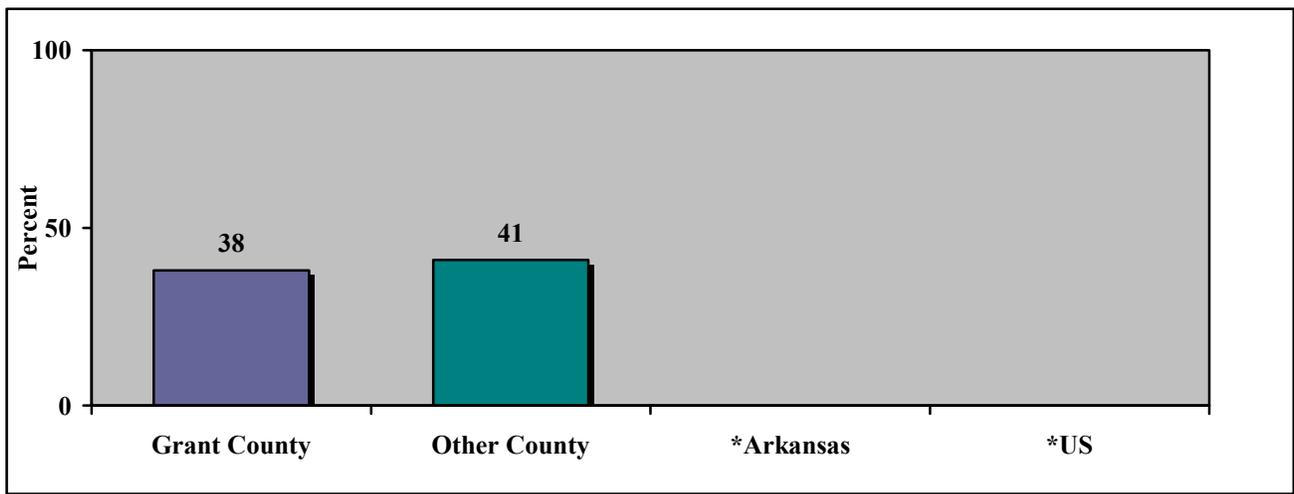
### How does Grant County compare?

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

### Comparing reported findings on activity limitations due to joint symptoms

- The prevalence of reported activity limitations due to joint symptoms was lower among adults in Grant County (38%) than among adults in a neighboring county (41%) (Figure 6).

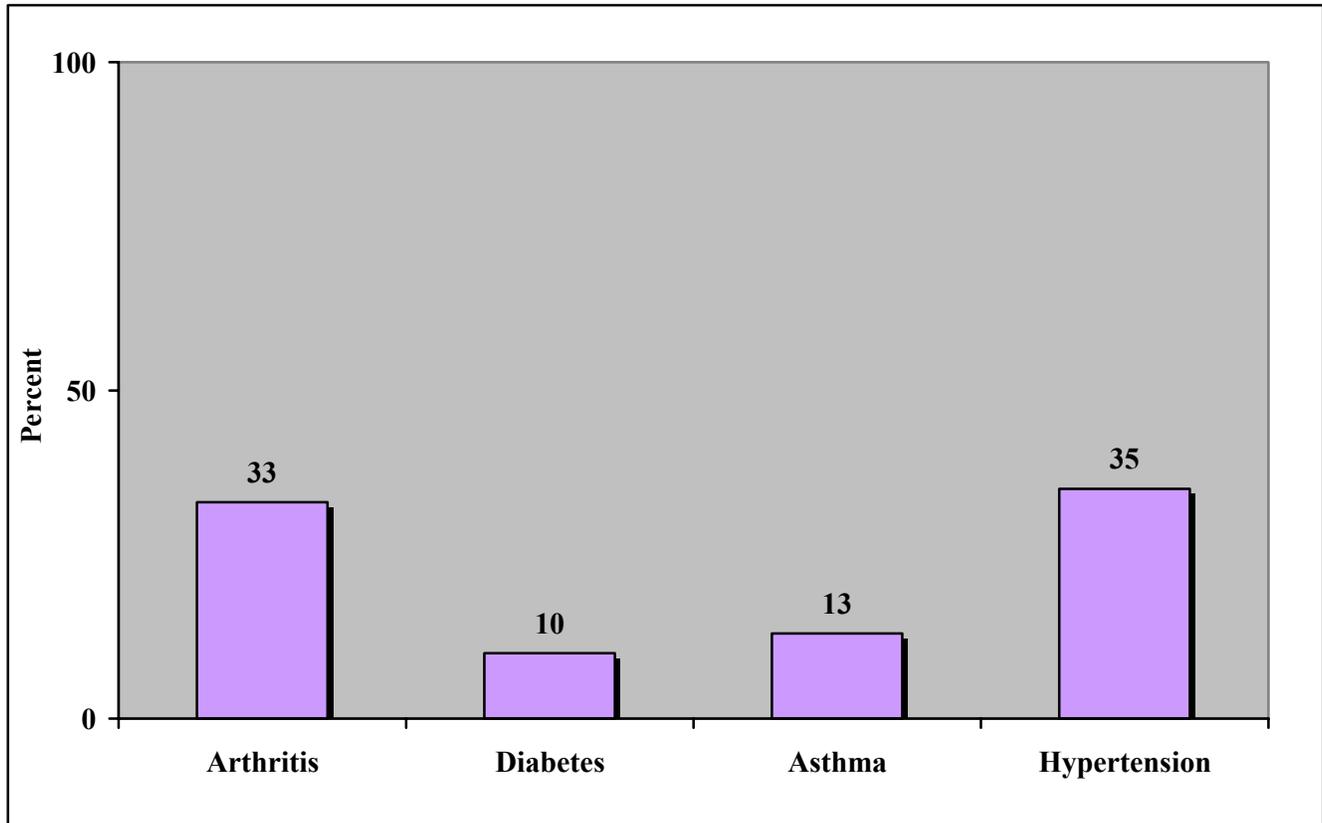
Figure 6: Comparing reported findings on activity limitations due to joint symptoms



\*No comparison data available

## Grant 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 Grant County?**

- Forty-seven percent (47%) of Grant County adults over the age of 50 reported they had never been screened for colorectal cancer.
- The prevalence of reported never been screened for colorectal cancer was higher among the respondents between age 50-64 years (51%) than among respondents 65 years and older (41%) (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 (49%) than among those respondents with a high school education (44%); and lower than among those with a college education (55%) (Table 1 and Figure 1).
- The prevalence of reported never been screen for colorectal cancer was higher among those respondents with an annual household income of less than \$20,000 (52%) than among those respondents with an annual household income of \$20,000-\$50,000 (48%), and annual household income of over \$50,000 (49%) (Table 1 and Figure 1).

## Colorectal Cancer Screening (continued)

**Risk Factor Definition: Over age 50 and never been screened**

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

Table 1: Colorectal cancer screening

Age	(%)	Education	(%)	Income	(%)
18-49	N/A	<HS Education	49	<\$20,000	52
50-64	51	HS Grad.	44	\$20,000-\$50,000	48
65+	41	College Grad.	55	\$50,000	49

Figure 1: Colorectal cancer screening

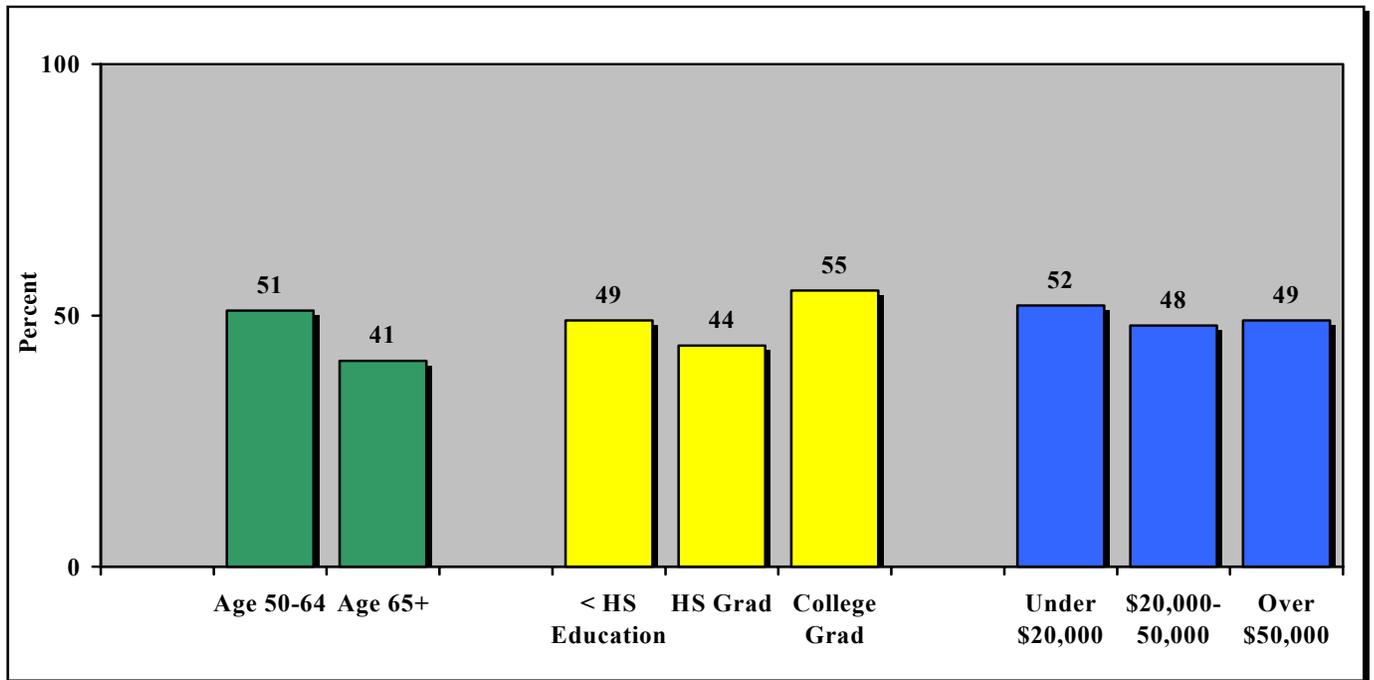
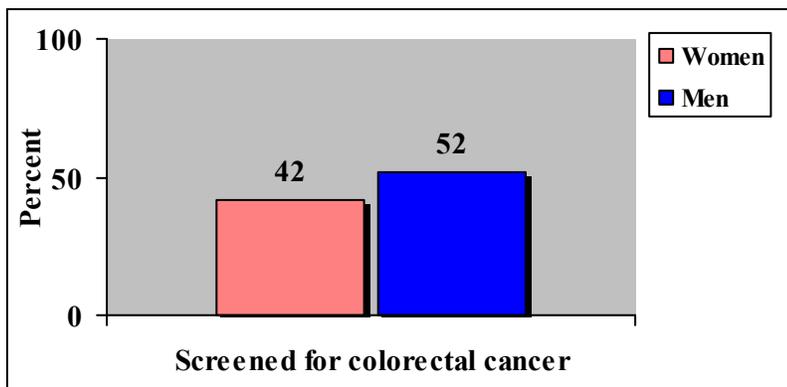


Figure 2: Colorectal cancer screening, by gender



The prevalence of reported never been screened for colorectal cancer among respondents over 50 years of age was **lower among adult women (42%)** than **adult men (52%)** in Grant County (Figure 2).

## Colorectal Cancer Screening (continued)

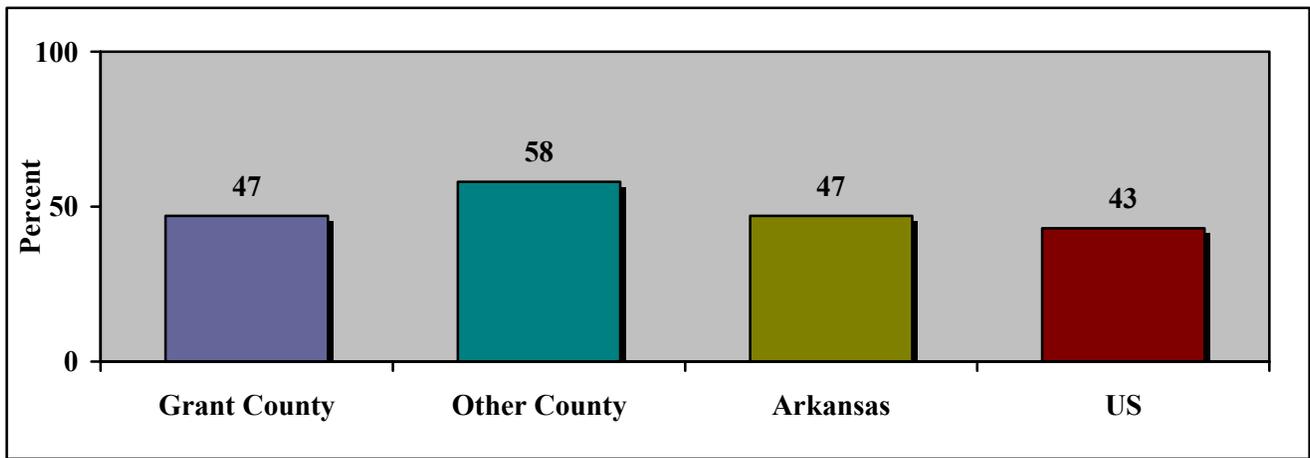
### How does Grant County compare?

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

### Comparing reported findings on colorectal cancer screening

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

Figure 3: Comparing reported findings on colorectal cancer screening



## Colorectal Cancer Screening (continued)

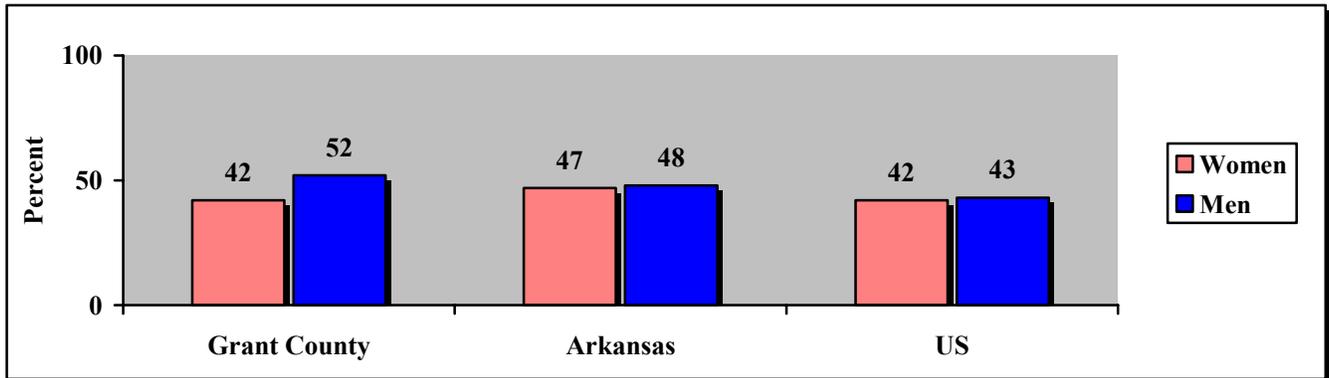
### How does Grant County compare?

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

### Comparing reported findings on colorectal cancer screening, by gender

- The prevalence of reported never been screened for colorectal cancer among respondents over 50 years of age was lower among adult women in Grant County (42%) than among adult women in the state (47%); and equal to adult women in the nation (42%) (Figure 4).
- The prevalence of reported never been screened for colorectal cancer among respondents over 50 years of age was higher among adult men in Grant County (52%) than among adult men in the state (48%), and adult men in the nation (43%) (Figure 4).

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



## Prostate Cancer Screening

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

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

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

Question: Have you ever had these exams?

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

### **Who is at risk in Grant County?**

- Forty-three percent (43%) of Grant County males over age 40 reported they had not been screened for prostate cancer in the year preceding the survey.
- The prevalence of reported not screened for prostate cancer in the year preceding the survey was higher among respondents aged 40-64 years (46%) than among respondents 65 years and older (33%) (Table 1 and Figure 1).
- The prevalence of reported not screened for prostate cancer in the year preceding the survey was higher among respondents with less than a high school education (52%) than among respondents with a high school education (41%), and 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 equal among those respondents with an annual household income of less than \$20,000 (47%) and those respondents with an annual household income of \$20,000-\$50,000 (47%); and higher than among those respondents with an annual household income of over \$50,000 (38%) (Table 1 and Figure 1).

## Prostate Cancer Screening (continued)

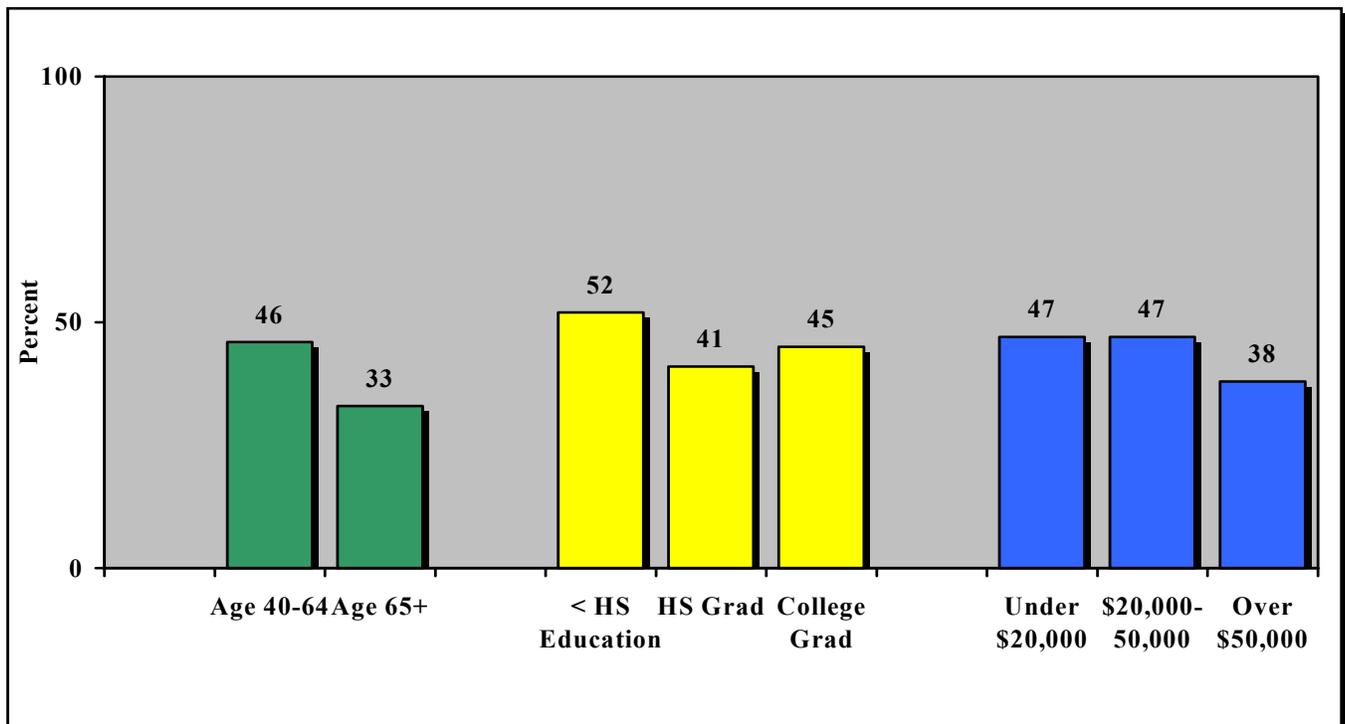
**Risk Factor Definition: Male, over age 40, and not screened within the past year**

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

Table 1: Prostate cancer screening

Age	(%)	Education	(%)	Income	(%)
18-39	N/A	<HS Education	52	<\$20,000	47
40-64	46	HS Grad.	41	\$20,000-\$50,000	47
65+	33	College Grad.	45	>\$50,000	38

Figure 1: Prostate cancer screening



## Prostate Cancer Screening (continued)

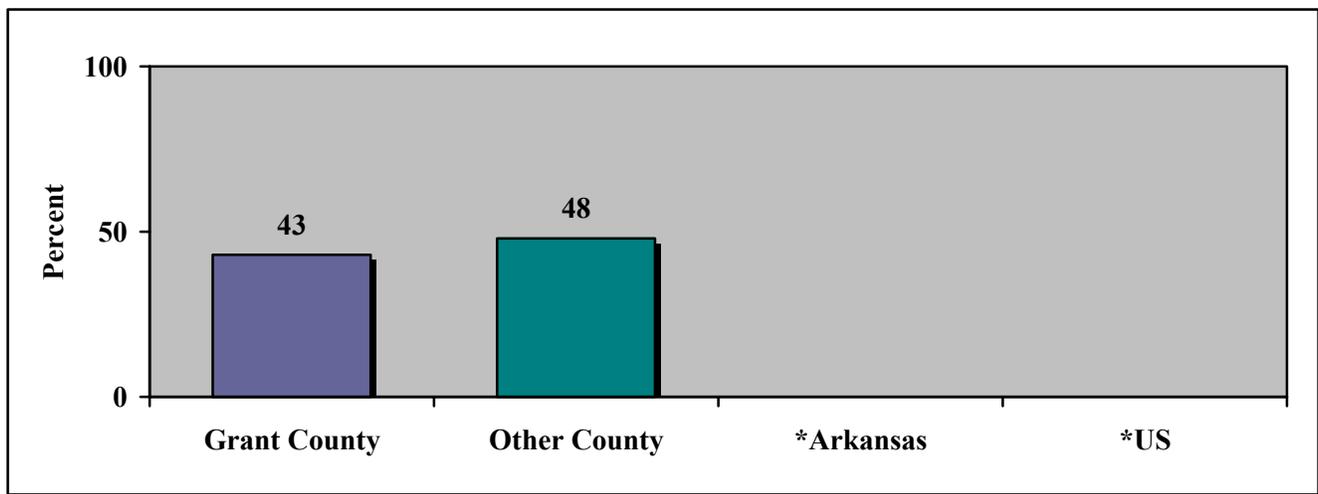
### How does Grant County compare?

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

### Comparing reported findings on prostate cancer screening

- The prevalence of reported not screened for prostate cancer in the year preceding the survey among male respondents over 40 years of age was lower among men in Grant County (43%) than among men in a neighboring county (48%) (Figure 2).

Figure 2: Comparing reported findings on prostate cancer screening



\*No comparison data available

## Immunization – Influenza Shot

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

### **Risk Factor Definition: No influenza shot within past 12 months**

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

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

### **Who is at risk in Grant County?**

- Fifty-six percent (56%) of Grant County adults reported that they had not had an influenza shot in the twelve months preceding the survey.



- The prevalence of reported no influenza shot in the twelve months preceding the survey was higher among respondents between age 18-39 years (70%) than among respondents between age 40-64 years (57%), and respondents 65 years and older (23%) (Table 1 and Figure 1).
- The prevalence of reported no influenza shot in the twelve months preceding the survey was lower among respondents with less than a high school education (51%) than among those respondents with a high school education (58%), and respondents with a college education (54%) (Table 1 and Figure 1).
- The prevalence of reported no influenza shot in the twelve months preceding the survey was lower among those respondents with an annual household income of less than \$20,000 (43%) than among those respondents with an annual household income of \$20,000-\$50,000 (59%), and those with an annual household income of over \$50,000 (58%) (Table 1 and Figure 1).

## Immunization – Influenza Shot (continued)

### Risk Factor Definition: No influenza shot within past 12 months

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

Table 1: Immunization (influenza shot)

Age	(%)	Education	(%)	Income	(%)
18-39	70	<HS Education	51	<\$20,000	43
40-64	57	HS Grad.	58	\$20,000-\$50,000	59
65+	23	College Grad.	54	>\$50,000	58

Figure 1: Immunization (influenza shot)

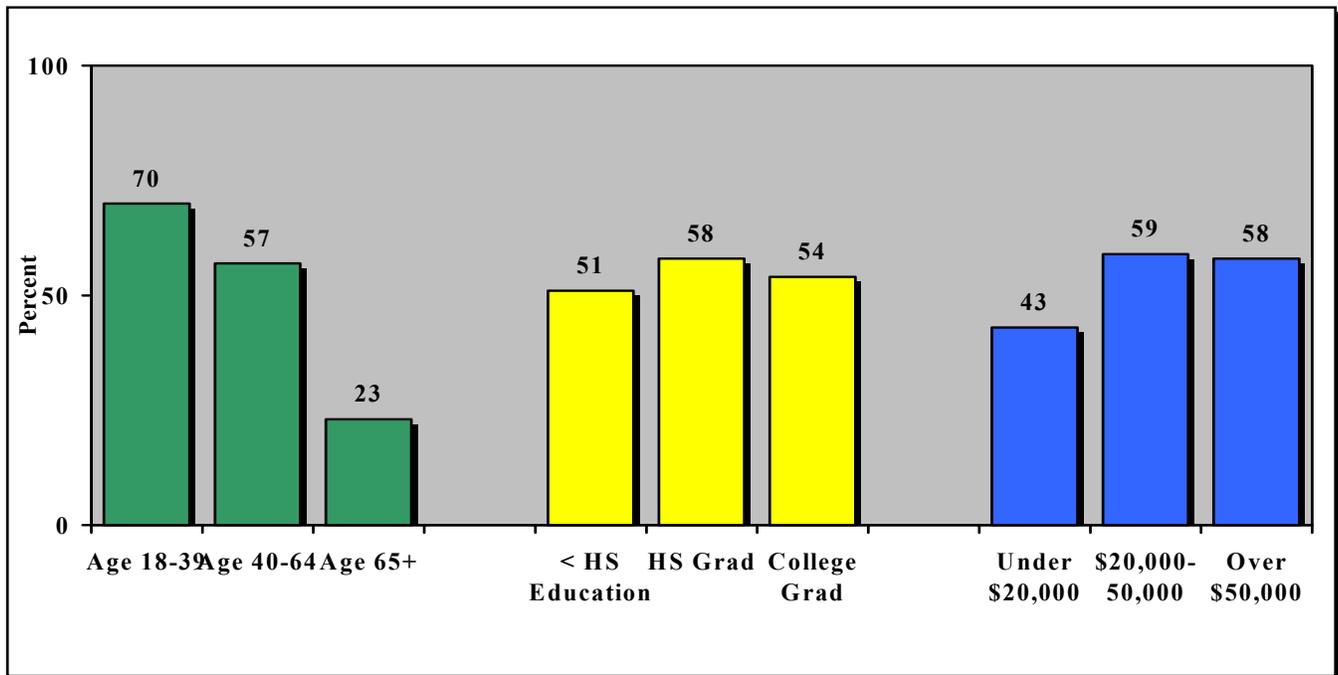
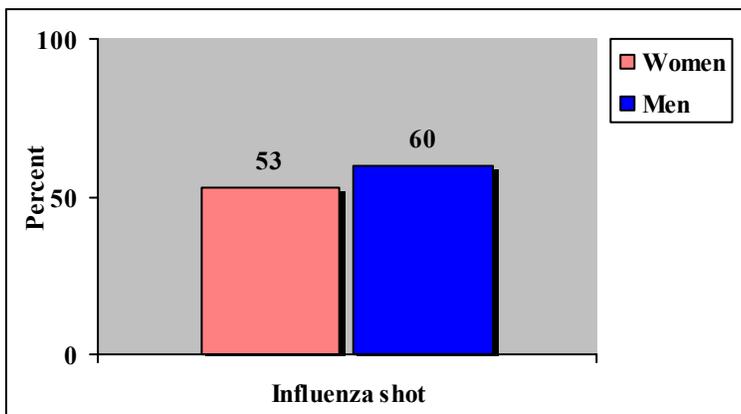


Figure 2: Influenza shot, by gender



The prevalence of reported no influenza shot in the twelve months preceding the survey was **lower** among **adult women (53%)** than among **adult men (60%)** in Grant County (Figure 2).

## Immunization – Influenza Shot (continued)

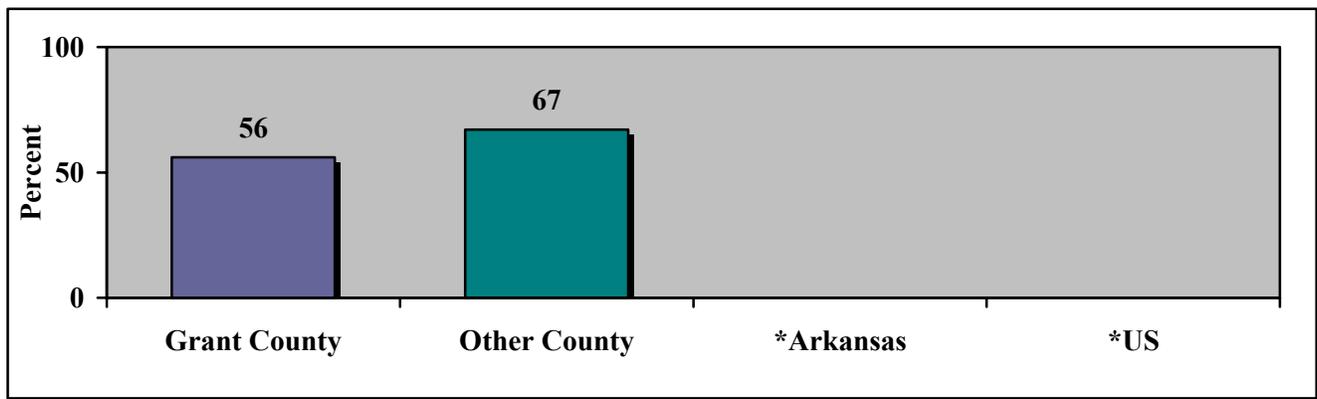
### How does Grant County compare?

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

### Comparing reported findings on immunization (influenza shot)

- The prevalence of reported no influenza shot in the twelve months preceding the survey was lower among adults in Grant County (56%) than among adults in a neighboring county (67%) (Figure 3).

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

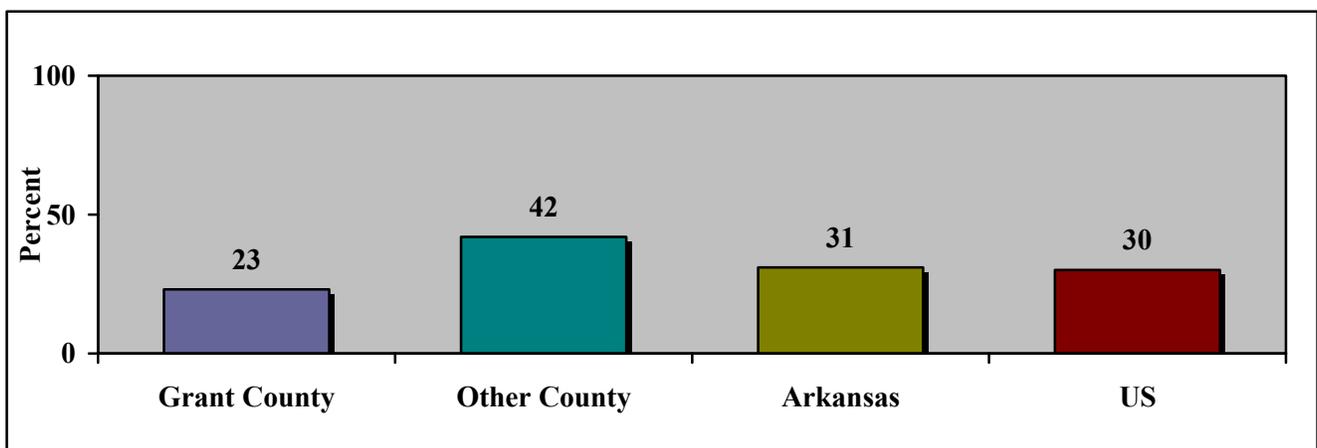


\*No comparison data available

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

- The prevalence of reported no influenza shot in the twelve months preceding the survey among respondents age 65 years and older was lower among respondents in Grant County (23%) than among respondents in a neighboring county (42%), in the state (31%) and nation (30%) (Figure 4).

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



# Oral Health

## Permanent Teeth Extraction

### **Risk Factor Definition: Permanent teeth extraction**

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

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

### **Who is at risk in Grant County?**

- Fifty-two percent (52%) of the adults in Grant County reported permanent teeth extraction.
- The prevalence of reported permanent teeth extraction was lower among those respondents between age 18-39 years (22%) than among respondents between age 40-64 years (63%), and respondents 65 years and older (89%) (Table 1 and Figure 1)



- The prevalence of reported permanent teeth extraction was higher among respondents with less than a high school education (69%) than among respondents with a high school education (55%), and respondents with a college education (31%) (Table 1 and Figure 1).
- The prevalence of reported permanent teeth extraction was higher among respondents with an annual household income of less than \$20,000 (83%) than among respondents with an annual household income of \$20,000-\$50,000 (63%), and those with an annual household income of over \$50,000 (31%) (Table 1 and Figure 1).

## Oral Health (continued)

### Risk Factor Definition: Permanent teeth extraction

Respondents who reported any permanent teeth extraction.

Table 1: Permanent teeth extraction

Age	(%)	Education	(%)	Income	(%)
18-39	22	<HS Education	69	<\$20,000	83
40-64	63	HS Grad.	55	\$20,000-\$50,000	63
65+	89	College Grad.	31	>\$50,000	31

Figure 1: Permanent teeth extraction

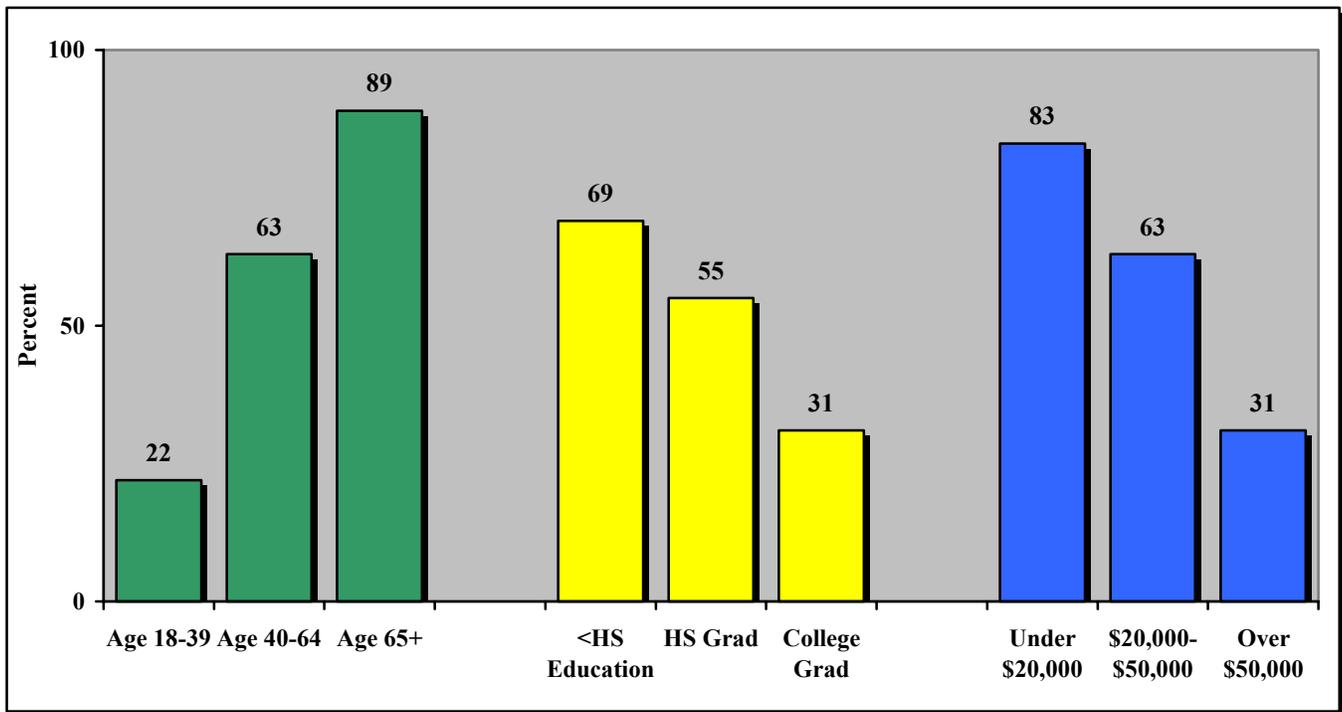
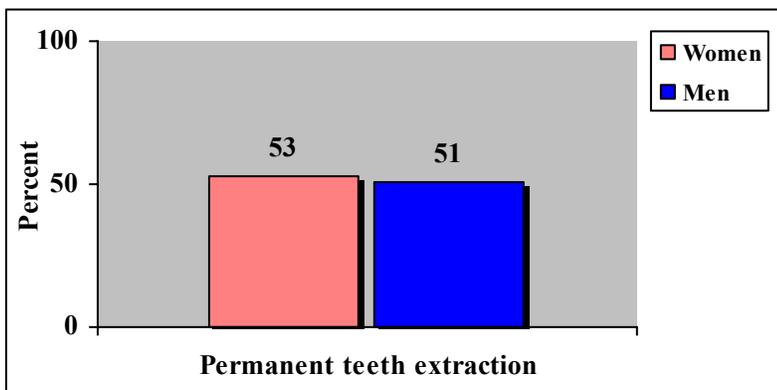


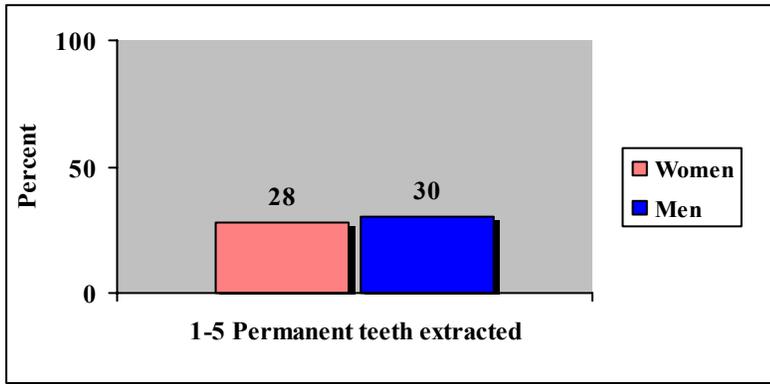
Figure 2: Permanent teeth extraction, by gender



The reported prevalence of permanent teeth extraction was **higher** among **adult women (53%)** than among **adult men in Grant County (51%)** (Figure 2).

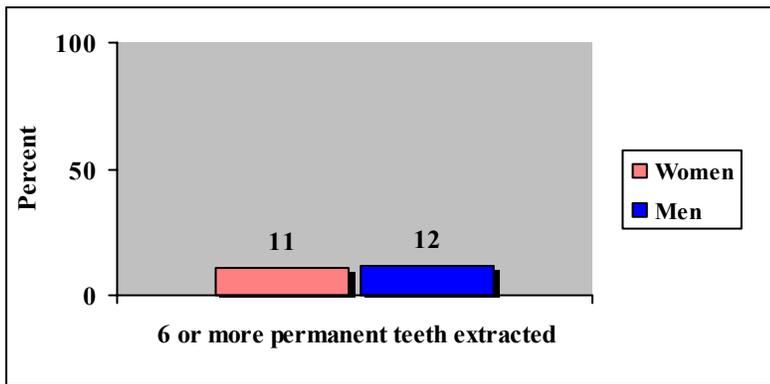
## Oral Health (continued)

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



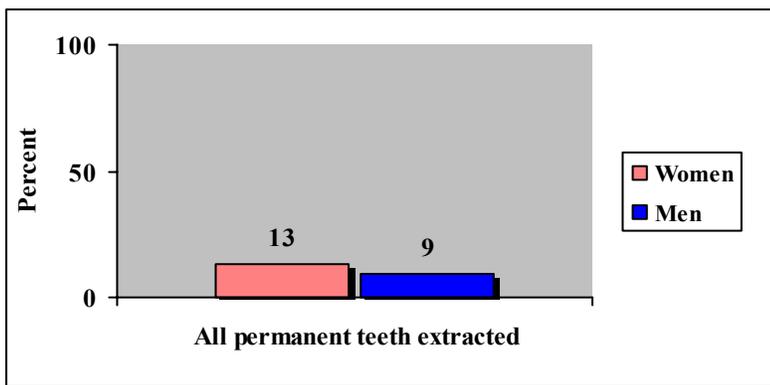
The reported prevalence of one to five permanent teeth extraction was **lower** among **adult women (28%)** than among **adult men (30%)** in Grant County (Figure 3).

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



The reported prevalence of six or more permanent teeth extraction was **lower** among **adult women (11%)** than among **adult men (12%)** in Grant County (Figure 4).

Figure 5: All permanent teeth extracted, by gender



The reported prevalence of all permanent teeth extraction was **higher** among **adult women (13%)** than among **adult men (9%)** in Grant County (Figure 5).

## Oral Health (continued)

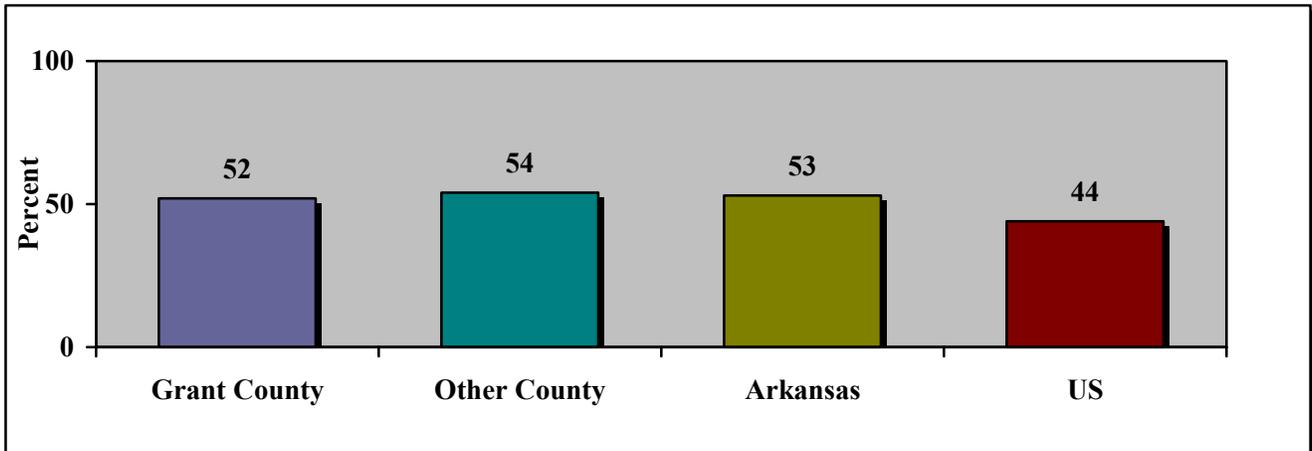
### How does Grant County compare?

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

### Comparing reported findings on permanent teeth extraction

- The prevalence of reported permanent teeth extraction was lower among adults in Grant County (52%) than among adults in a neighboring county (54%) (Figure 6).
- The prevalence of reported permanent teeth extraction was lower among adults in Grant County (52%) than among adults in the state (53%); and higher than among adults in the nation (44%) (Figure 6).

Figure 6: Comparing reported findings on permanent teeth extraction



## Oral Health (continued)

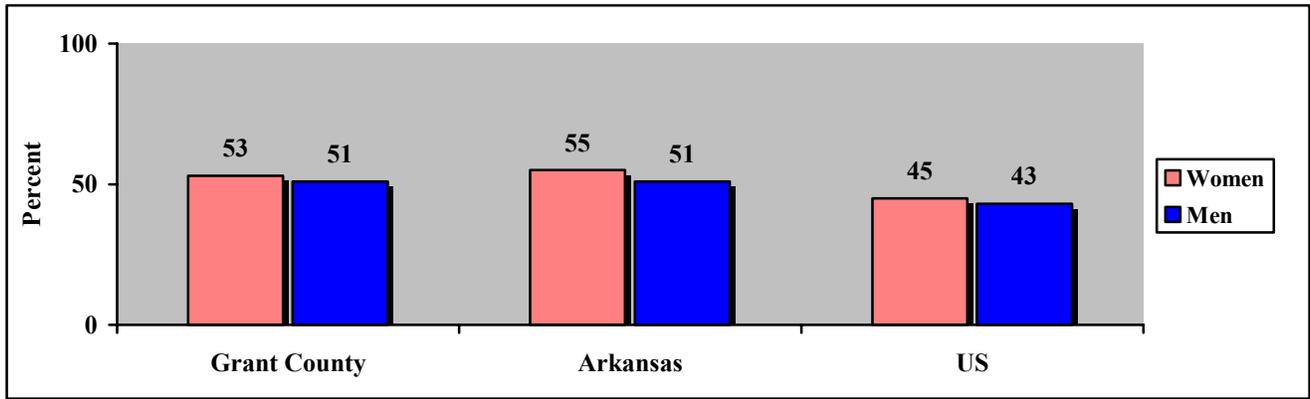
### How does Grant County compare?

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

### Comparing reported findings on permanent teeth extraction, by gender

- The prevalence of reported permanent teeth extraction was lower among adult women in Grant County (53%) than among adult women in the state (55%); and higher than among adult women in the nation (45%) (Figure 7).
- The prevalence of reported permanent teeth extraction was equal among adult men in Grant County (51%) and adult men in the state (51%); and higher than among adult men in the nation (43%) (Figure 7).

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



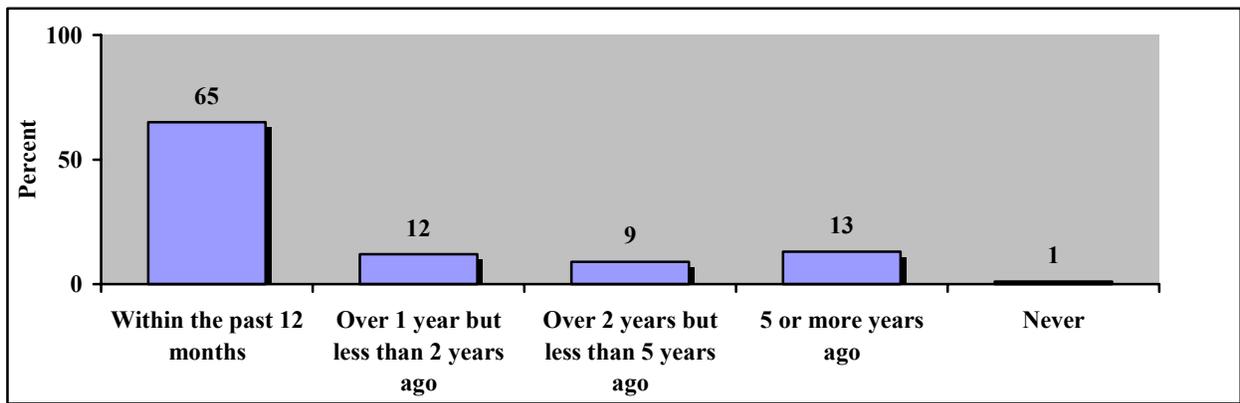
## Oral Health (continued)

### Last visit to dentist or dental clinic visit

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

- **Sixty-five percent (65%)** of respondents reported a dental visit within the **past 12 months** (Figure 8).
- **Twelve percent (12%)** of respondents reported a dental visit **over 1 year** but less than 2 years ago (Figure 8).
- **Nine percent (9%)** of respondents reported a dental visit **over 2 years** but less than 5 years ago (Figure 8).
- **Thirteen percent (13%)** of respondents reported a dental visit **5 or more years** ago (Figure 8).
- **One percent (1%)** of respondents reported **no history** of dental visits (Figure 8).

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



## 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 Grant County?**

- Thirty-six percent (36%) of Grant County's adult residents reported they did not participate in regular physical activity during the month preceding the survey.
- The prevalence of reported no regular physical activity in the month preceding the survey was lower among respondents between age 18-39 years (25%) than among those respondents between age 40-64 years (43%), and respondents age 65 years and older (44%) (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 (49%) than among those respondents with a high school education (36%), and college education (30%) (Table 1 and Figure 1).
- The prevalence of reported no regular physical activity in the month preceding the survey was lower among those respondents with an annual household income of less than \$20,000 (40%) than among those respondents with an annual household income of \$20,000-\$50,000 (45%); and higher than among those with an annual household income of over \$50,000 (27%) (Table 1 and Figure 1).



## Physical Activity (continued)

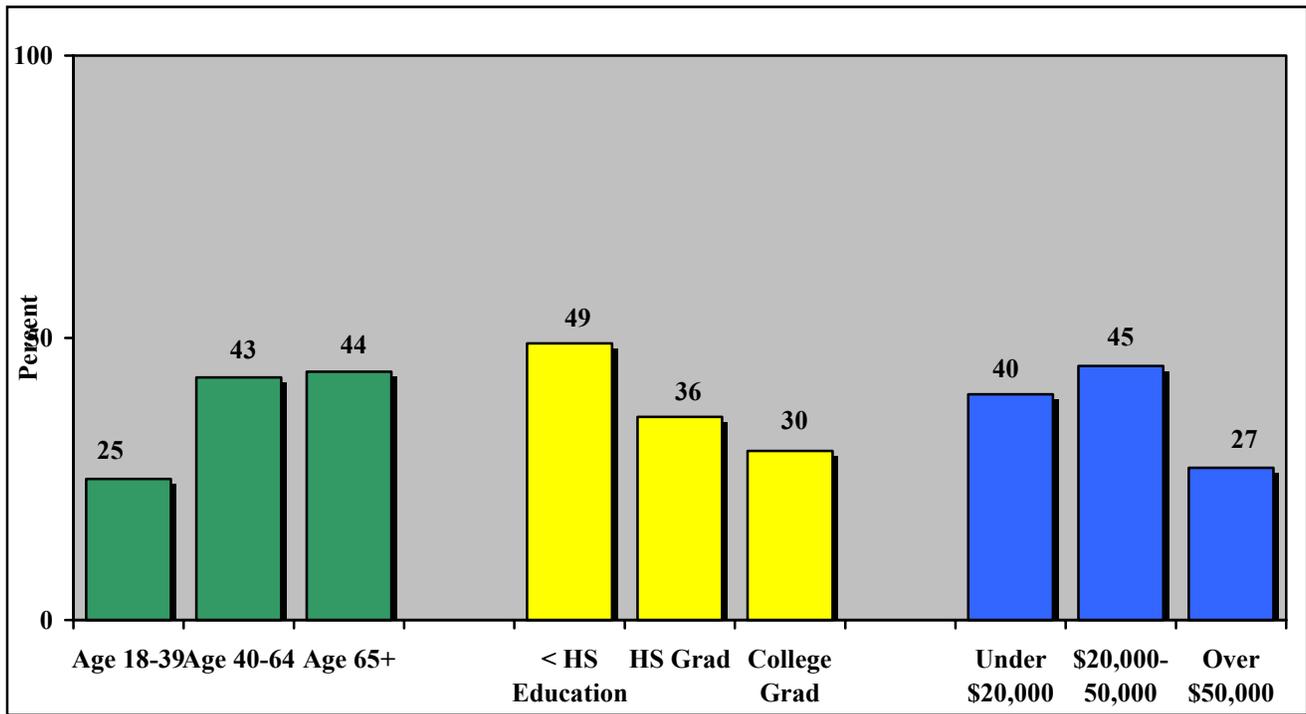
**Risk Factor Definition: Do not participate in regular physical activity**

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

Table 1: Physical activity

Age		Education		Income	
	(%)		(%)		(%)
18-39	25	<HS Education	49	<\$20,000	40
40-64	43	HS Grad.	36	\$20,000-\$50,000	45
65+	44	College Grad.	30	>\$50,000	27

Figure 1: Physical activity



## Physical Activity (continued)

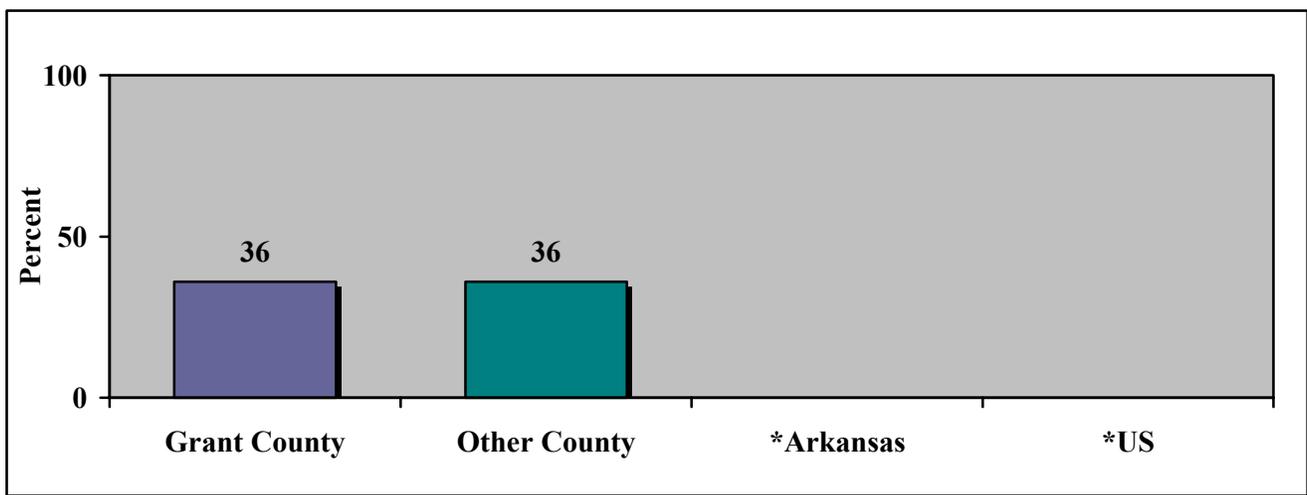
### How does Grant County compare?

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

### Comparing reported findings on physical activity

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

Figure 2: Comparing reported findings on physical activity



\*No comparison data available

## Overweight

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

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

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

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

### **Who is at risk in Grant County?**

- Sixty-seven percent (67%) of Grant County's adults reported that they were overweight.
- The prevalence of reported overweight status was lower among respondents between age 18-39 years (59%) than among respondents between age 40-64 years (76%), and respondents 65 years and older (61%) (Table 1 and Figure 1).



- The prevalence of reported overweight status was lower among respondents with less than a high school education (65%) than among those respondents with a high school education (68%); and higher than among respondents with a college education (64%) (Table 1 and Figure 1).
- The prevalence of reported overweight status was lower among those respondents with an annual household income of less than \$20,000 (52%) than among those respondents with an annual household income of \$20,000-\$50,000 (71%), and annual household income of over \$50,000 (69%) (Table 1 and Figure 1).

## Overweight (continued)

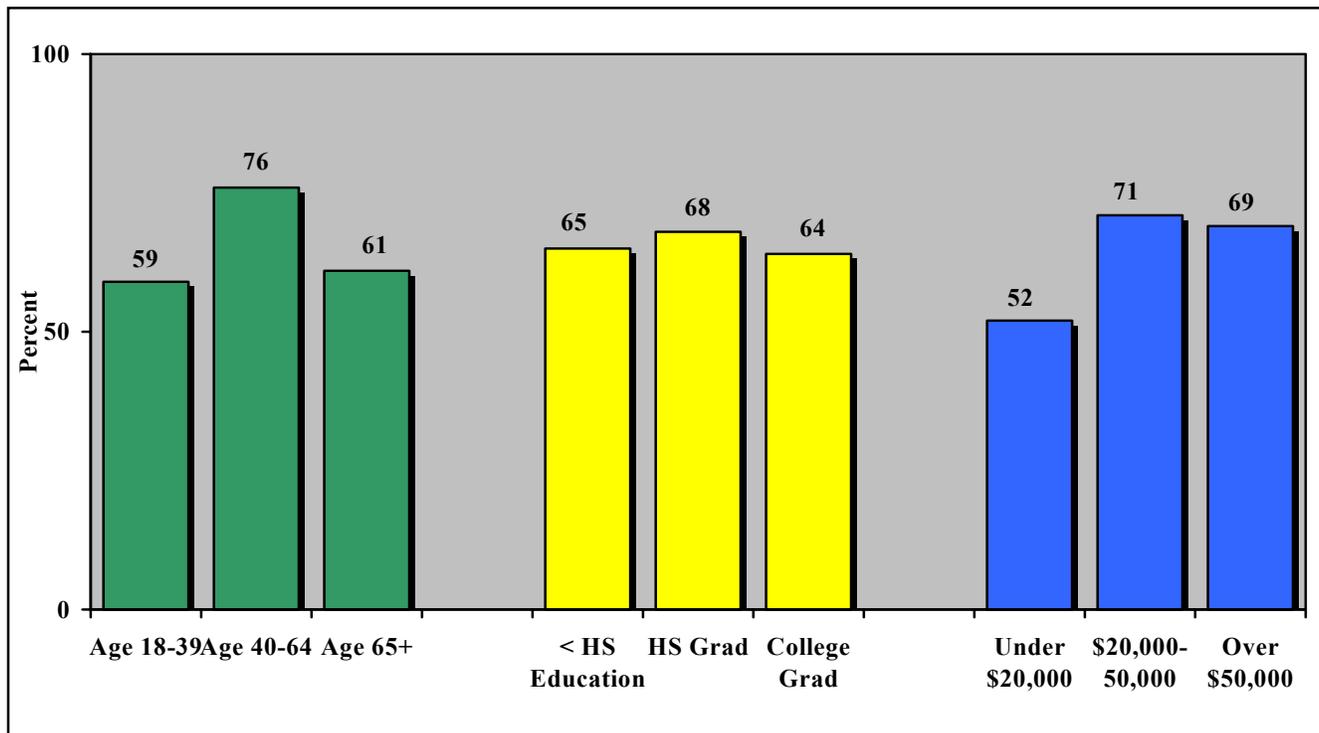
**Risk Factor Definition: Overweight as measured by Body Mass Index (BMI)**

Respondents who reported that were overweight.

Table 1: Overweight

Age	(%)	Education	(%)	Income	(%)
18-39	59	<HS Education	65	<\$20,000	52
40-64	76	HS Grad.	68	\$20,000-\$50,000	71
65+	61	College Grad.	64	\$50,000	69

Figure 1: Overweight



## Overweight (continued)

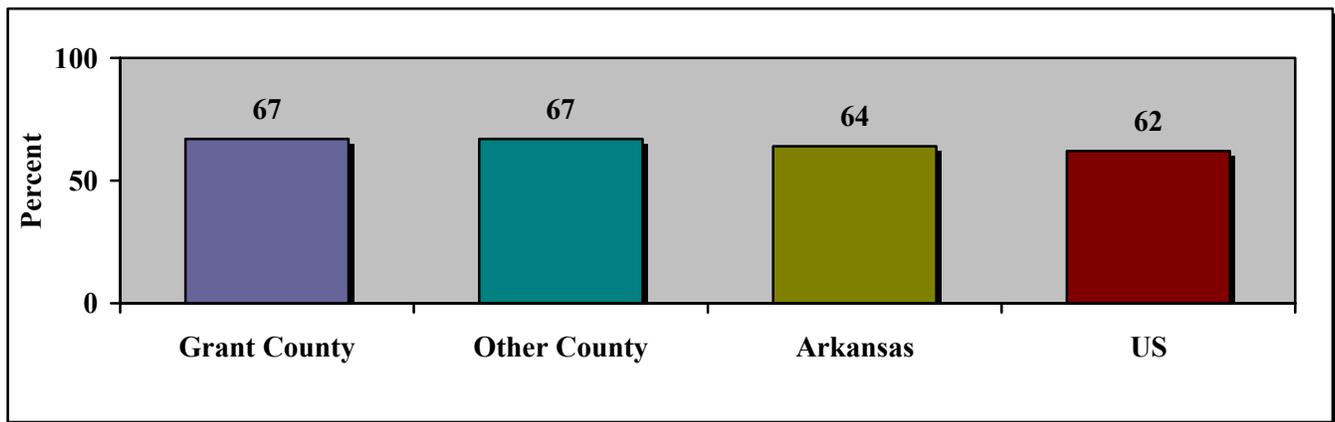
### How does Grant County compare?

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

### Comparing reported findings on overweight status

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

Figure 2: Comparing reported findings on overweight status



## Overweight (continued)

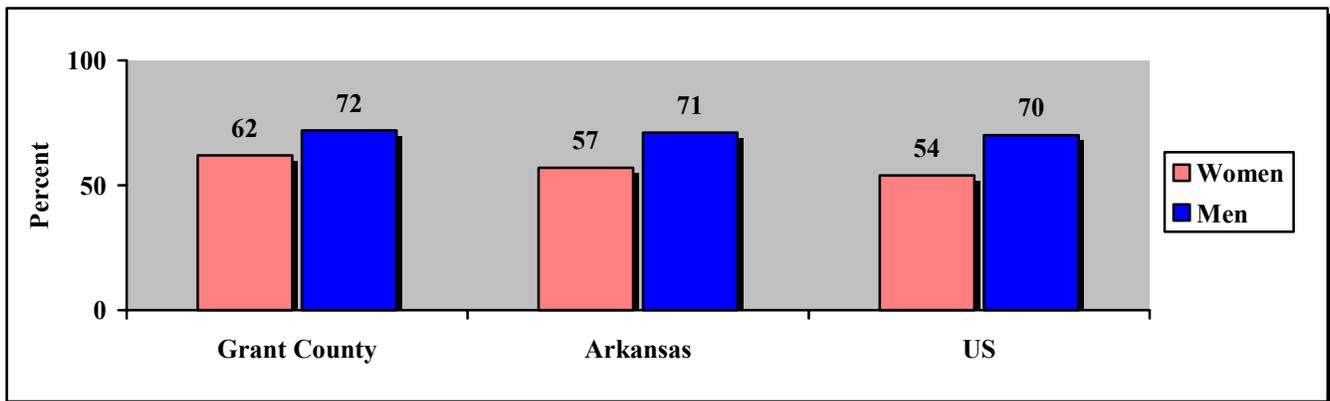
### How does Grant County compare?

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

### Comparing reported findings on overweight status, by gender

- The prevalence of reported overweight status was higher among adult women in Grant County (62%) than among adult women in the state (57%), and adult women in the nation (54%) (Figure 3).
- The prevalence of reported overweight status was higher among adult men in Grant County (72%) than among adult men in the state (71%), and among adult men in the nation (70%) (Figure 3).

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



## Disability

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

### **Risk Factor Definition: Disability**

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

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

### **Who is at risk in Grant County?**

- Twenty-six percent (26%) of adults in Grant County reported that they had some activity limitations due to physical, mental, or emotional problems.
- The prevalence of reported activity limitations due to physical, mental, or emotional problems was lower among respondents aged 18-39 years (17%) than among those aged 40-64 years (30%), and respondents 65 years and older (36%) (Table 1 and Figure 1).
- The prevalence of reported activity limitations due to physical, mental, or emotional problems was higher among respondents with less than a high school education (42%) than among those respondents with a high school education (26%), and college education (17%) (Table 1 and Figure 1).
- The prevalence of reported activity limitations due to physical, mental, or emotional problems was higher among those respondents with an annual household income of less than \$20,000 (39%) than among those respondents with an annual household income of \$20,000-\$50,000 (28%), and annual household income of over \$50,000 (18%) (Table 1 and Figure 1).

## Disability (continued)

### Risk Factor Definition: Disability

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

Table 1: Disability

Age	(%)	Education	(%)	Income	(%)
18-39	17	<HS Education	42	<\$20,000	39
40-64	30	HS Grad.	26	\$20,000-\$50,000	28
65+	36	College Grad.	17	>\$50,000	18

Figure 1: Disability

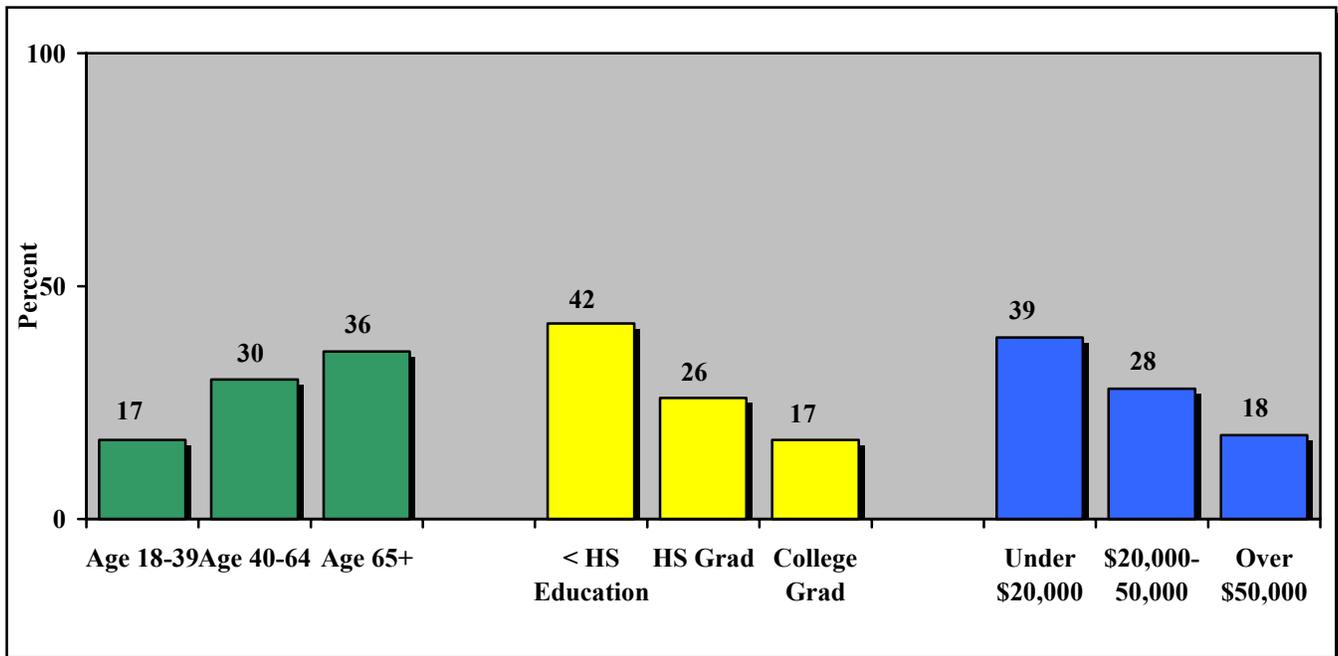
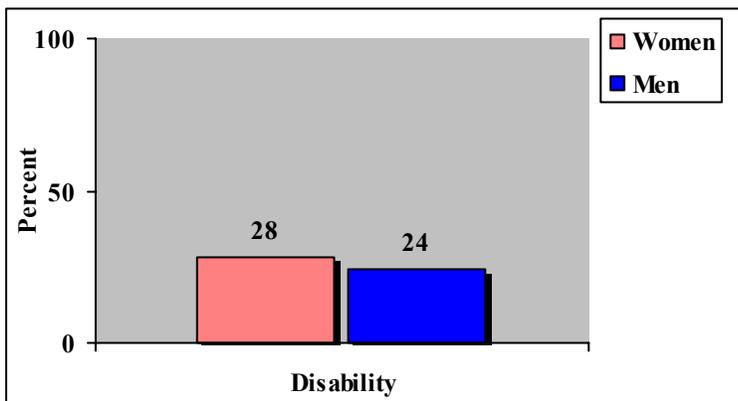


Figure 2: Disability, by gender



The prevalence of reported activity limitations due to physical, mental, or emotional problems was **higher** among **adult women (28%)** than among **adult men (24%)** in Grant County (Figure 2).

## Disability (continued)

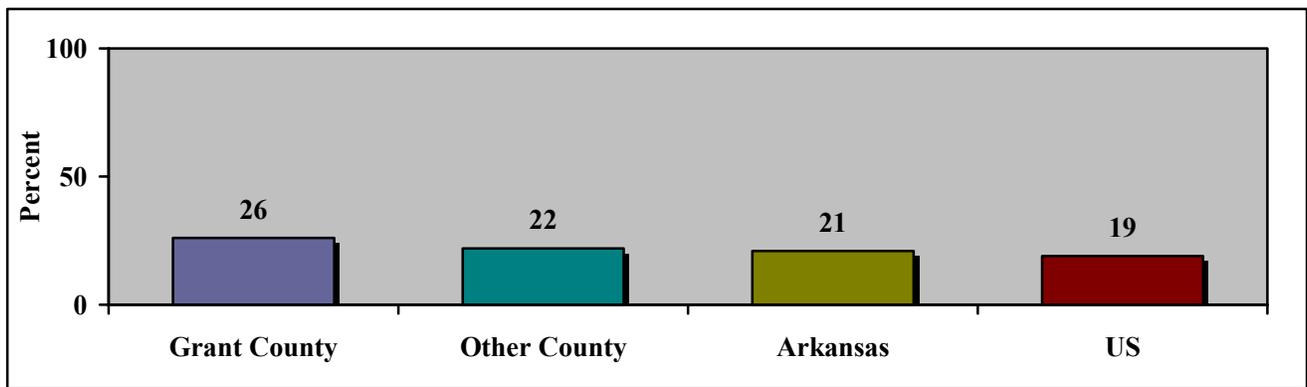
### How does Grant County compare?

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

### Comparing reported findings on disability

- The prevalence of reported activity limitations due to physical, mental, or emotional problems was higher among adults in Grant County (26%) than among adults in the neighboring county (22%) (Figure 3).
- The prevalence of reported activity limitations due to physical, mental, or emotional problem was also higher among adults in Grant County (26%) than among adults in the state (21%), and nation (19%) (Figure 3).

Figure 3: Comparing data on disability



## Disability (continued)

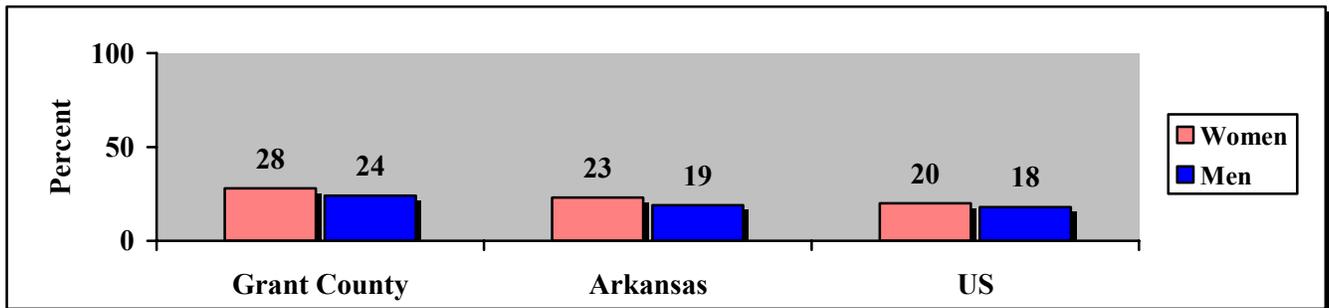
### How does Grant County compare?

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

### Comparing reported findings on disability, by gender.

- The prevalence of reported activity limitations due to physical, mental, or emotional problems was higher among adult women in Grant County (28%) than among adult women in the state (23%), and in the nation (20%) (Figure 4).
- The prevalence of reported activity limitations due to physical, mental, or emotional problems was higher among adult men in Grant County (24%) than among adult men in the state (19%), and in the nation (18%) (Figure 4).

Figure 4: Comparing data on disability, by gender



## Alcohol Consumption

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

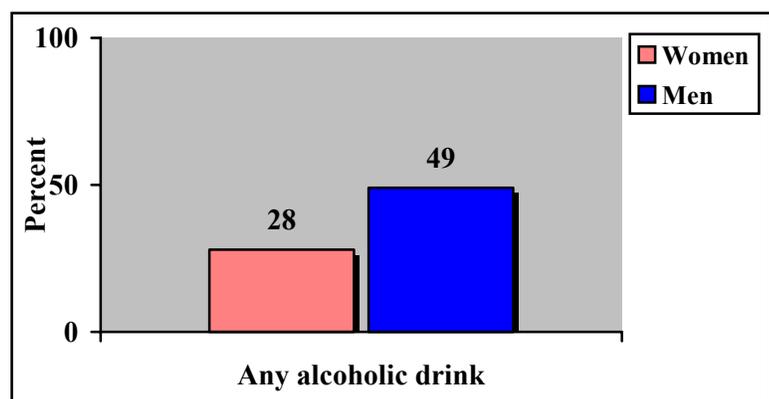
### Any Alcoholic Drink

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

- **Thirty-eight percent (38%)** of the **adults** in Grant County reported that they had had at least one drink of an alcoholic beverage in the thirty days preceding the survey.
- **Twenty-eight percent (28%)** of the adult **female** residents in Grant County reported that they had had at least one drink of an alcoholic beverage in the thirty days preceding the survey (Figure 1).
- **Forty-nine percent (49%)** of the adult **male** residents in Grant County reported that they had had at least one drink of an alcoholic beverage in the thirty days preceding the survey (Figure 1).



Figure 1: Any alcoholic drink, by gender



## Alcohol Consumption (continued)

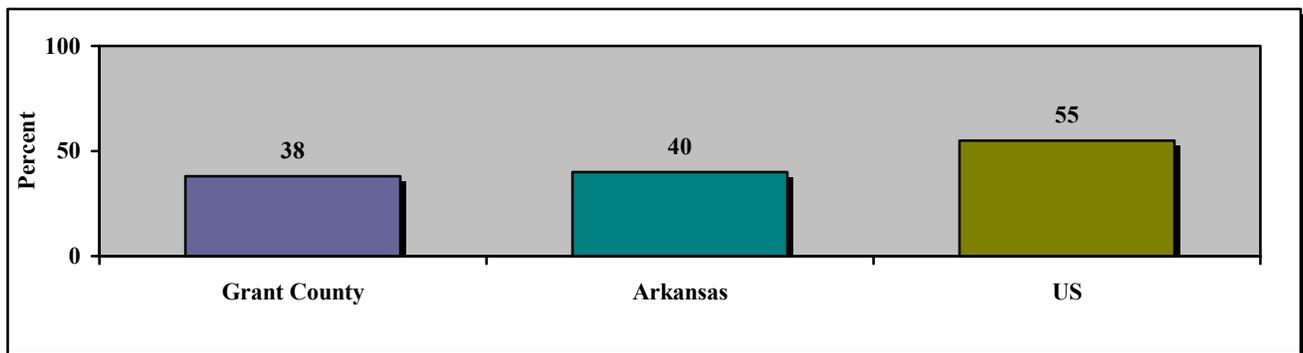
### How does Grant County compare?

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

### Comparing reported findings on consumption of any alcoholic drink

- The prevalence of reported consumption of any alcoholic drink in the thirty days preceding the survey was lower among adults in Grant County (38%) than among adults in the state (40%), and among adults in the nation (55%) (Figure 2).

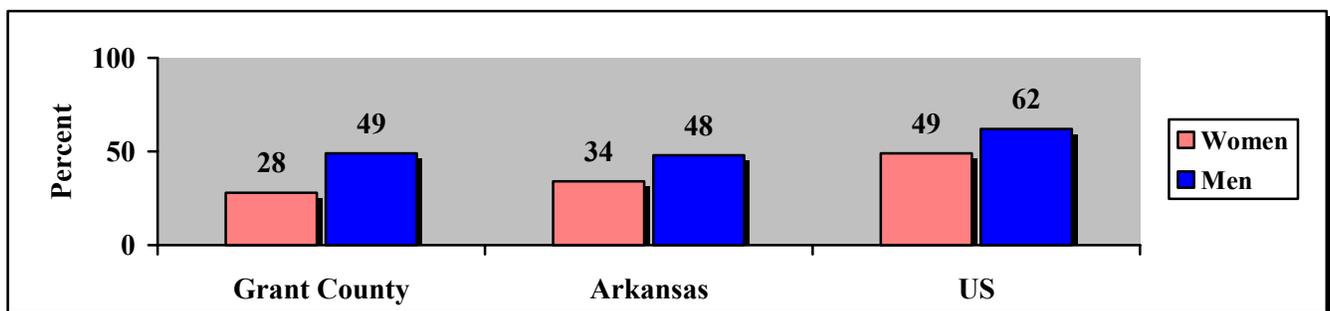
Figure 2: Comparing data on consumption of any alcoholic drink



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

- The prevalence of reported consumption of any alcoholic drink in the thirty days preceding the survey was lower among adult women in Grant County (28%) than among adult women in the state (34%), and nation (49%) (Figure 3).
- The prevalence of reported consumption of any alcoholic drink in the thirty days preceding the survey was higher among adult men in Grant County (49%) than among adult men in the state (48%); and lower than among men in the nation (62%) (Figure 3).

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



## Alcohol Consumption (continued)

### Binge Drinking

#### Risk Factor Definition: Binge drinking

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

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

#### Who is at risk in Grant County?

- Of those who reported drinking at least once in the thirty days preceding the survey, **twenty-eight percent (28%)** said they had consumed five or more drinks on at least one occasion in the past month.
- Of those who reported drinking at least once in the thirty days preceding the survey, the prevalence of reported binge drinking was **thirty-nine (39%)** among the respondents aged 18-39 years, **seventeen percent (17%)** among respondents aged 40-64 years, and **fifteen percent (15%)** respondents 65 years and older (Table 1 and Figure 4).
- Of those who reported drinking at least once in the thirty days preceding the survey, the prevalence of reported binge drinking was **twenty-four (24%)** among respondents with less than a high school education, **thirty-three percent (33%)** among those respondents with a high school education, and **nineteen percent (19%)** among those with a college education (Table 1 and Figure 4).
- Of those who reported drinking at least once in the thirty days preceding the survey, the prevalence of reported binge drinking was **thirty-nine percent (39%)** among those respondents with an annual household income of less than \$20,000, **thirty-two percent (32%)** among those respondents with an annual household income of \$20,000-\$50,000, and **twenty-seven percent (27%)** among respondents with an annual household income of over \$50,000 (Table 1 and Figure 4).



## Alcohol Consumption (continued)

### Risk Factor Definition: Binge drinking

Of those respondents who reported drinking at least once in the thirty days preceding the survey, those who reported that they had consumed five or more drinks on at least one occasion in the past month.

Table 1: Binge drinking

Age		Education		Income	
	(%)		(%)		(%)
18-39	39	<HS Education	24	<\$20,000	39
40-64	17	HS Grad.	33	\$20,000-\$50,000	32
65+	15	College Grad.	19	>\$50,000	27

Figure 4: Binge drinking

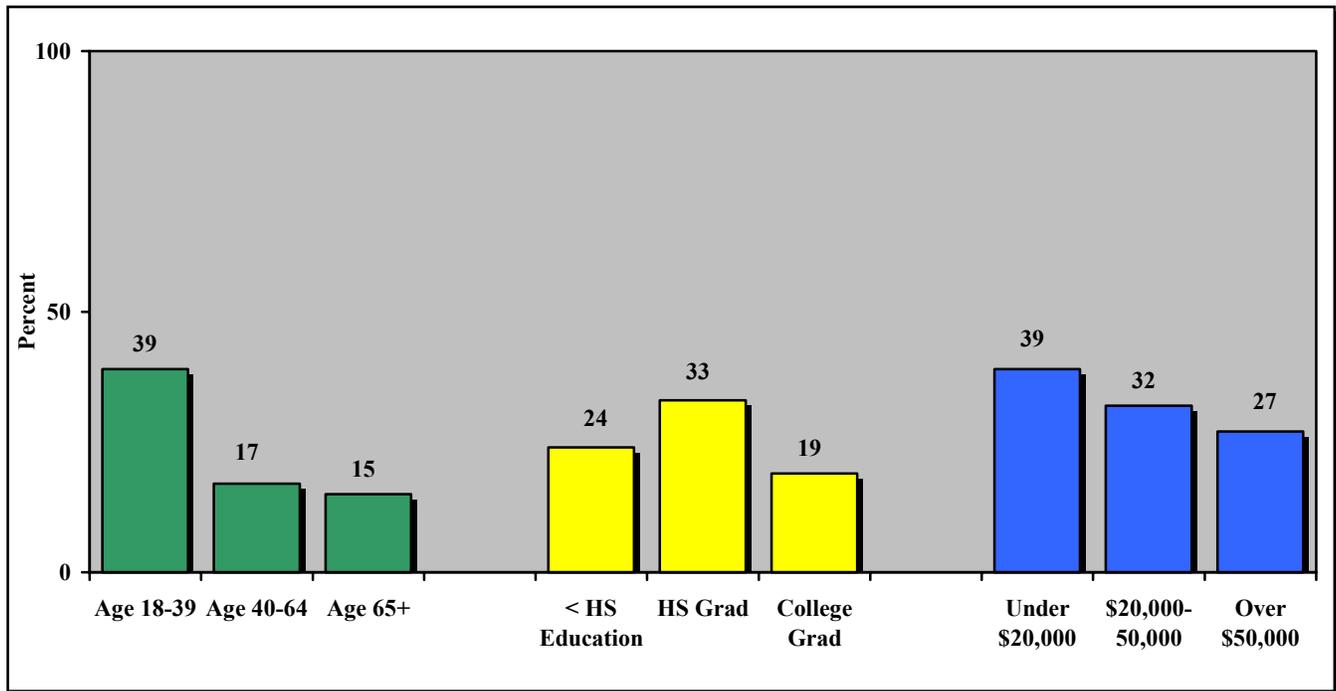
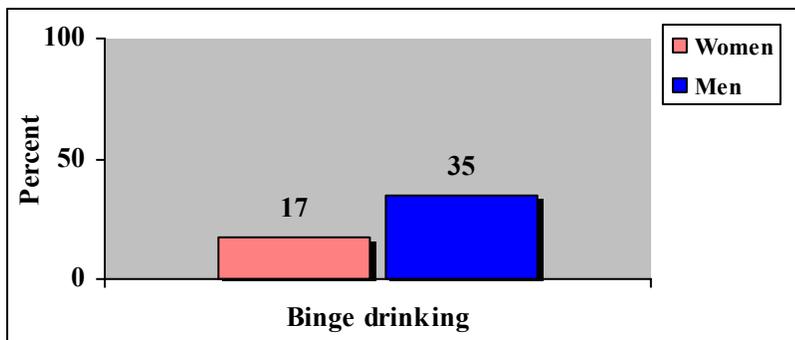


Figure 5: Binge drinking, by gender



Of those adults in Grant County who reported drinking at least once in the thirty days preceding the survey, the prevalence of reported binge drinking was **seventeen percent (17%)** among **adult women** and **thirty-five percent (35%)** among **adult men** (Figure 5).

## Tobacco Use

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

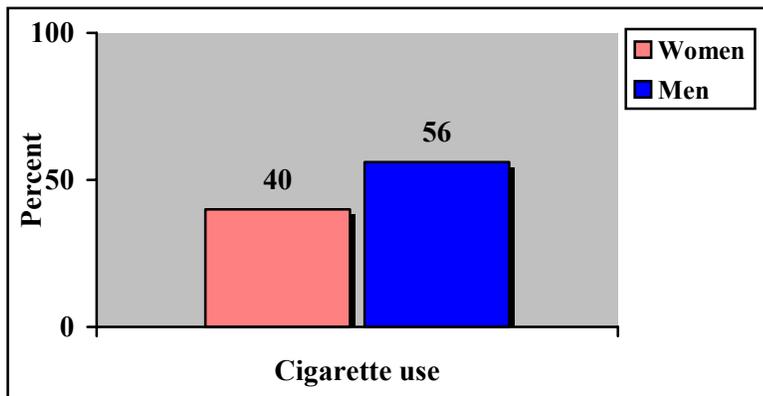
### Cigarette Use

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



- **Forty-eight percent (48%)** of the **adults** in Grant County reported that they had smoked at least 100 cigarettes in their entire lifetime.
- **Forty percent (40%)** of the adult **female** residents in Grant County reported that they had smoked at least 100 cigarettes in their entire lifetime (Figure 1).
- **Fifty-six percent (56%)** of the adult **male** residents in Grant County reported that they had smoked at least 100 cigarettes in their entire lifetime (Figure 1).

Figure 1: Cigarette use, by gender



## Tobacco Use (continued)

### Current Cigarette Use

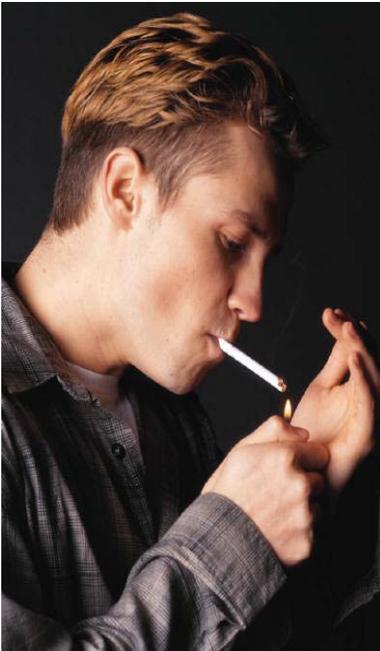
#### **Risk Factor Definition: Currently smoke cigarettes**

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

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

#### **Who is at risk in Grant County?**

- Twenty-three percent (23%) reported current cigarette use.
- The prevalence of reported current cigarette use was lower among respondents aged 18-39 years (25%) than among respondents aged 40-64 years (27%); and higher than among respondents 65 years and older (8%) (Table 1 and Figure 2).
- The prevalence of reported current cigarette use was lower among respondents with less than a high school education (19%) than among those respondents with a high school education (28%); and higher than among those with a college education (9%) (Table 1 and Figure 2).
- The prevalence of reported current cigarette use 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 of \$20,000-\$50,000 (31%), and respondents with an annual household income of over \$50,000 (15%) (Table 1 and Figure 2).



## Tobacco Use (continued)

### Risk Factor Definition: Currently smoke cigarettes

Respondents who reported current cigarette use.

Table 1: Current cigarette use

Age	(%)	Education	(%)	Income	(%)
18-39	25	<HS Education	19	<\$20,000	35
40-64	27	HS Grad.	28	\$20,000-\$50,000	31
65+	8	College Grad.	9	>\$50,000	15

Figure 2: Current cigarette use

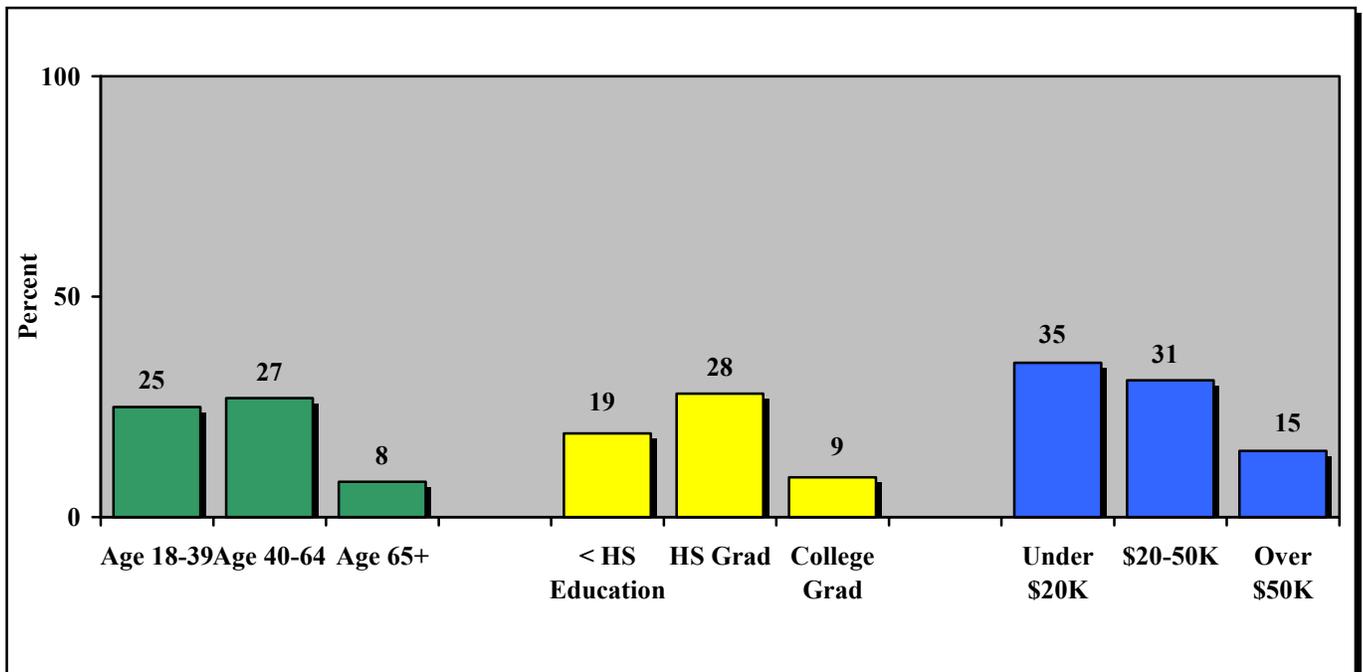
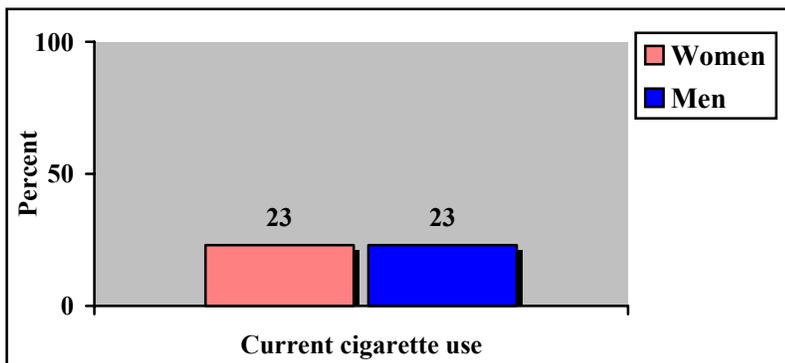


Figure 3: Comparing reported findings on current cigarette use, by gender



The prevalence of reported current cigarette smoking was equal among **adult women (23%)** and **adult men (23%)** in Grant County (Figure 3).

## Tobacco Use (continued)

### Cigarette Smoking Cessation

#### Risk Factor Definition: Smoking cessation

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

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

#### Who is at risk in Grant County?

- Of those adults in Grant County who reported current cigarette smoking, **forty-two percent (42%)** had not quit for at least one day in the twelve months preceding the survey.



- Of those adults in Grant County who reported current cigarette smoking, the prevalence of reported made no quit smoking attempts in the twelve months preceding survey was **thirty percent (30%)** among respondents aged 18-39, **fifty percent (50%)** among the respondents aged 40-64 years, and **forty-seven percent (47%)** among respondents 65 years and older (Table 2 and Figure 4).
- Of those adults in Grant County who reported current cigarette smoking, the prevalence of reported made no quit smoking attempts in the twelve months preceding survey was **fifty percent (50%)** among respondents with less than a high school education, **forty-two percent (42%)** among those respondents with a high school education, **twenty-seven percent (27%)** among those with a college education (Table 2 and Figure 4).
- Of those adults in Grant County who reported current cigarette smoking, the prevalence of reported made no quit smoking attempts in the twelve months preceding survey was **thirty-four percent (34%)** among those respondents with an annual household income of less than \$20,000, **forty-seven percent (47%)** among those respondents with an annual household income of \$20,000-\$50,000, and **thirty-two percent (32%)** among respondents with an annual household income of over \$50,000 (Table 2 and Figure 4).

## Tobacco Use (continued)

### Risk Factor Definition: Smoking cessation

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

Table 2: No smoking cessation attempt

Age	(%)	Education	(%)	Income	(%)
18-39	30	<HS Education	50	<\$20,000	34
40-64	50	HS Grad.	42	\$20,000-\$50,000	47
65+	47	College Grad.	27	>\$50,000	32

Figure 4: No smoking cessation attempt

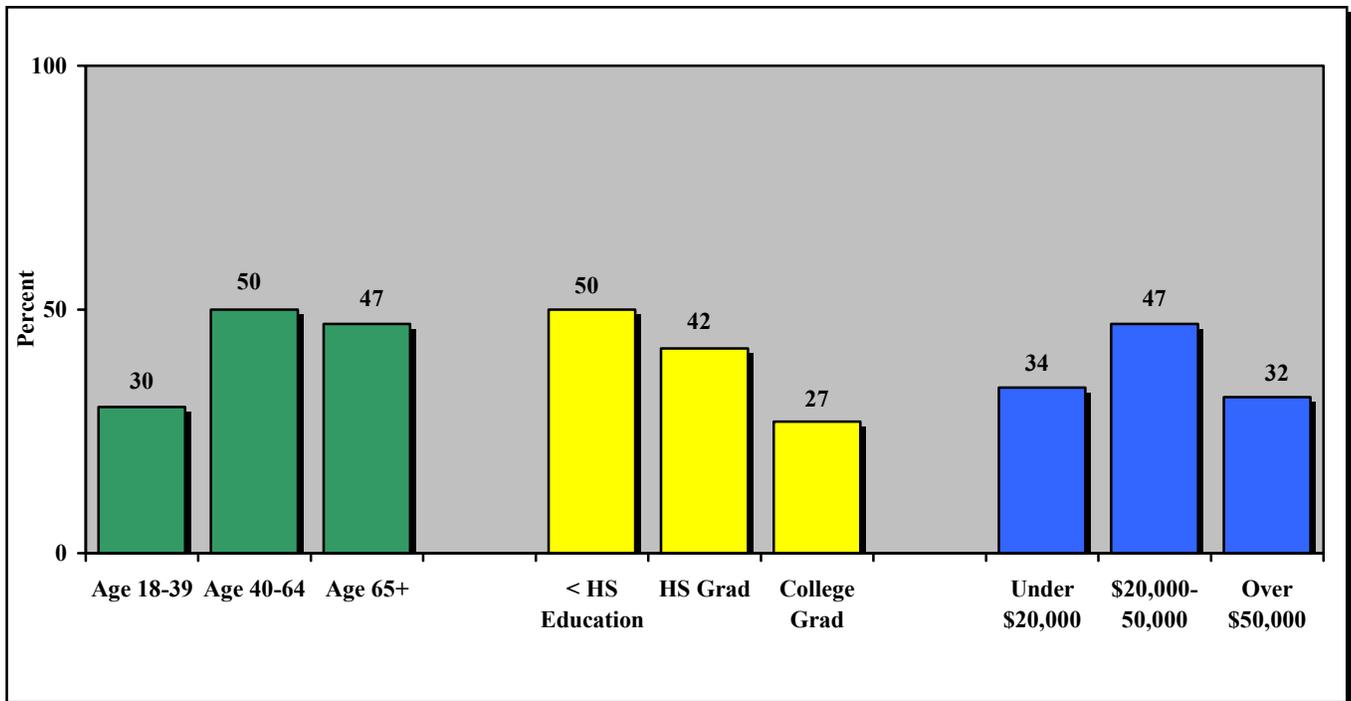
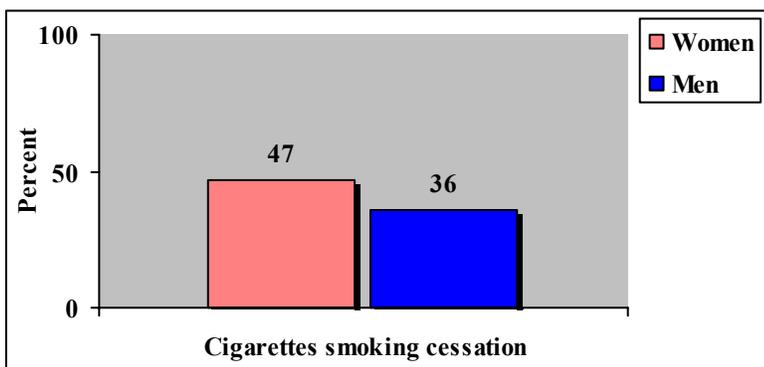


Figure 5: No smoking cessation attempt, by gender



Of those adults in Grant County who reported current cigarette smoking, the prevalence of reported made no quit smoking attempts in the twelve months preceding survey was **forty-seven percent (47%)** among adult women and **thirty-six percent (36%)** among adult men (Figure 5).

## Tobacco Use (continued)

### Smokeless Tobacco

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

- **Twenty-nine percent (29%)** of the **adults** in Grant County reported that they had used or tried chewing tobacco or snuff.
- **Four percent (4%)** of the adult **female** residents in Grant County reported that they had used or tried chewing tobacco or snuff (Figure 6).
- **Fifty-six percent (56%)** of the adult **male** residents in Grant County reported that they had used or tried chewing tobacco or snuff (Figure 6).

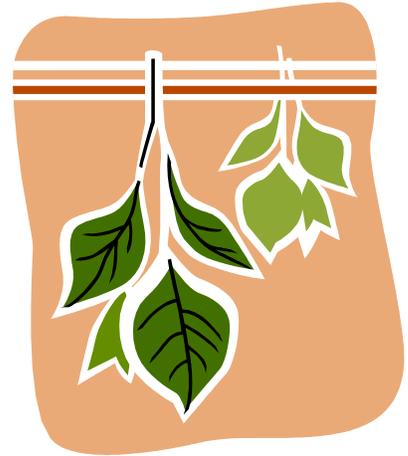
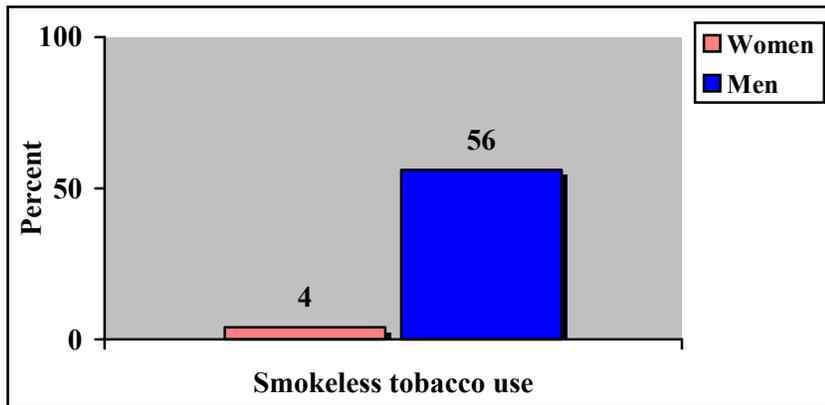


Figure 6: Smokeless tobacco use, by gender



## Tobacco Use (continued)

### Current Smokeless Tobacco Use

#### **Risk Factor Definition: Current use of smokeless tobacco**

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

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

#### **Who is at risk in Grant County?**

- Of those who responded that they had used or tried chewing tobacco or snuff, **twenty-seven percent (27%)** of the adults in Grant County reported current chewing tobacco or snuff use.



- Of those who reported that they had used or tried chewing tobacco or snuff, the prevalence of reported current chewing tobacco or snuff use was **thirty-two percent (32%)** among those respondents aged 18-39 years, **twenty-four percent (24%)** among respondents aged 40-64 years, and **twenty-five percent (25%)** among respondents 65 years and older (Table 3 and Figure 7)
- Of those who reported that they had used or tried chewing tobacco or snuff, the prevalence of reported current chewing tobacco or snuff use was **eighteen percent (18%)** among those respondents with less than a high school education, **twenty-six percent (26%)** among respondents with a high school education, **thirty-seven percent (37%)** among those with a college education (37%) (Table 3 and Figure 7).
- Of those who reported that they had used or tried chewing tobacco or snuff, the prevalence of reported current chewing tobacco or snuff use was **twenty-four percent (24%)** among respondents with an annual household income of less than \$20,000, **thirty-three percent (33%)** among respondents with an annual household income of \$20,000-\$50,000, **twenty-six percent (26%)** among those with an annual household income of over \$50,000 (Table 3 and Figure 7).

## Tobacco Use (continued)

### Risk Factor Definition: Current smokeless tobacco use

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

Table 3: Current smokeless tobacco use

Age	(%)	Education	(%)	Income	(%)
18-39	32	<HS Education	18	<\$20,000	24
40-64	24	HS Grad.	26	\$20,000-\$50,000	33
65+	25	College Grad.	37	>\$50,000	26

Figure 7: Current smokeless tobacco use

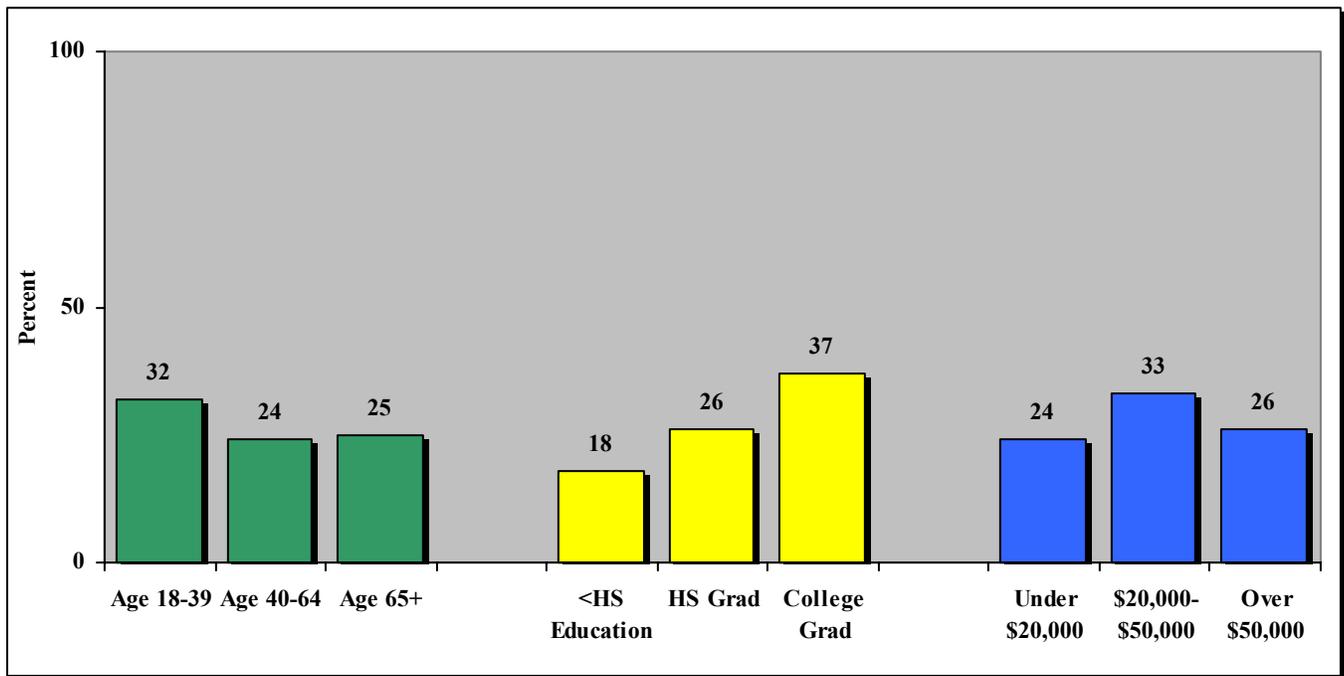
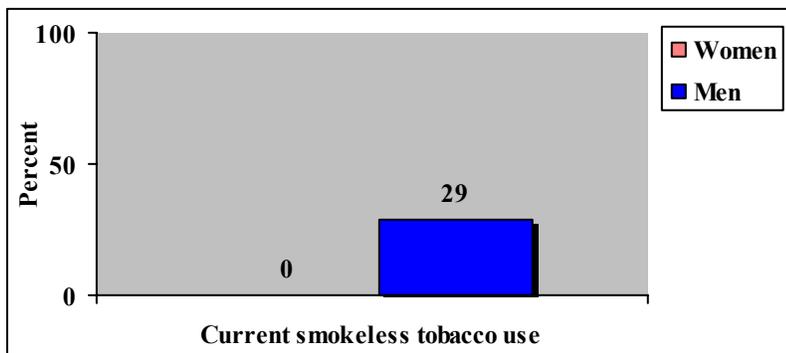


Figure 8: Current smokeless tobacco use, by gender



Of those **adult women** in Grant County who reported that they had used or tried chewing tobacco or snuff, there was **no prevalence** of reported current smokeless tobacco use. However, of those **adult men** who reported that they had used or tried chewing tobacco or snuff, the prevalence of reported current smokeless tobacco use was **twenty-nine percent (29%)** (Figure 8).

## Tobacco Use (continued)

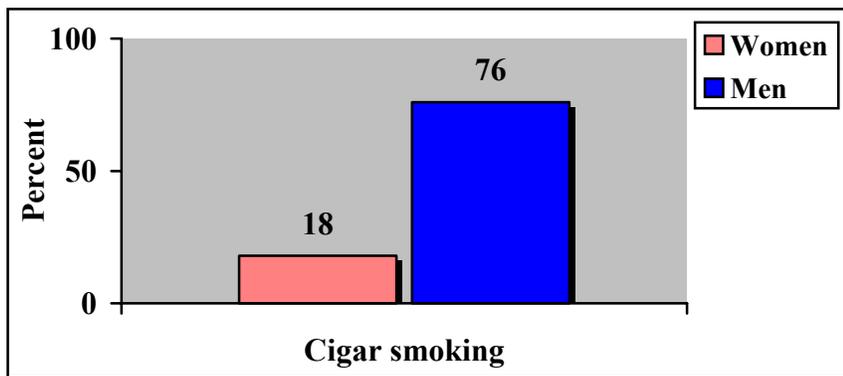
### Cigar Smoking

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

- **Forty-six percent (46%)** of the **adults** in Grant County reported that they had smoked a cigar, even one or two puffs.
- **Eighteen percent (18%)** of the adult **female** residents in Grant County reported that they had smoked a cigar, even one or two puffs (Figure 9).
- **Seventy-six percent (76%)** of the adult **male** residents in Grant County reported that they had smoked a cigar, even one or two puffs (Figure 9).



Figure 9: Cigar smoking, by gender



## Tobacco Use (continued)

### Current Cigar Smoking

#### **Risk Factor Definition: Current cigar smoking**

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

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

#### **Who is at risk in Grant County?**

- Of those who reported that they had smoked cigars, **thirteen percent (13%)** of the adults in Grant County reported current cigar use.
- 
- Of those who responded that they had smoked cigars, the prevalence of reported current cigar use was **twenty-five percent (25%)** among those respondents aged 18-39 years, **eight percent (8%)** among respondents aged 40-64 years (8%), and **two percent (2%)** among respondents 65 years and older (Table 4 and Figure 10)
  - Of those who responded that they had smoked cigars, there was no **(0%)** prevalence of reported current cigar use among respondents with less than a high school education (Table 4 and Figure 10).
    - Of those who responded that they had smoked cigars, the prevalence of reported current cigar use **seventeen percent (17%)** among those respondents with a high school education and **seven percent (7%)** among respondents with a or college education (Table 4 and Figure 10).
  - Of those who responded that they had smoked cigars, the prevalence of reported current cigar use was **twelve percent (12%)** among respondents with an annual household income of less than \$20,000, **fourteen percent (14%)** among respondents with an annual household income of \$20,000-\$50,000, and **thirteen percent (13%)** among those with an annual household income of over \$50,000 (Table 4 and Figure 10).

## Tobacco Use (continued)

### Risk Factor Definition: Current cigar smoking

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

Table 4: Current cigar smoking

Age	(%)	Education	(%)	Income	(%)
18-39	25	<HS Education	0	<\$20,000	12
40-64	8	HS Grad.	17	\$20,000-\$50,000	14
65+	2	College Grad.	7	>\$50,000	13

Figure 10: Current cigar smoking

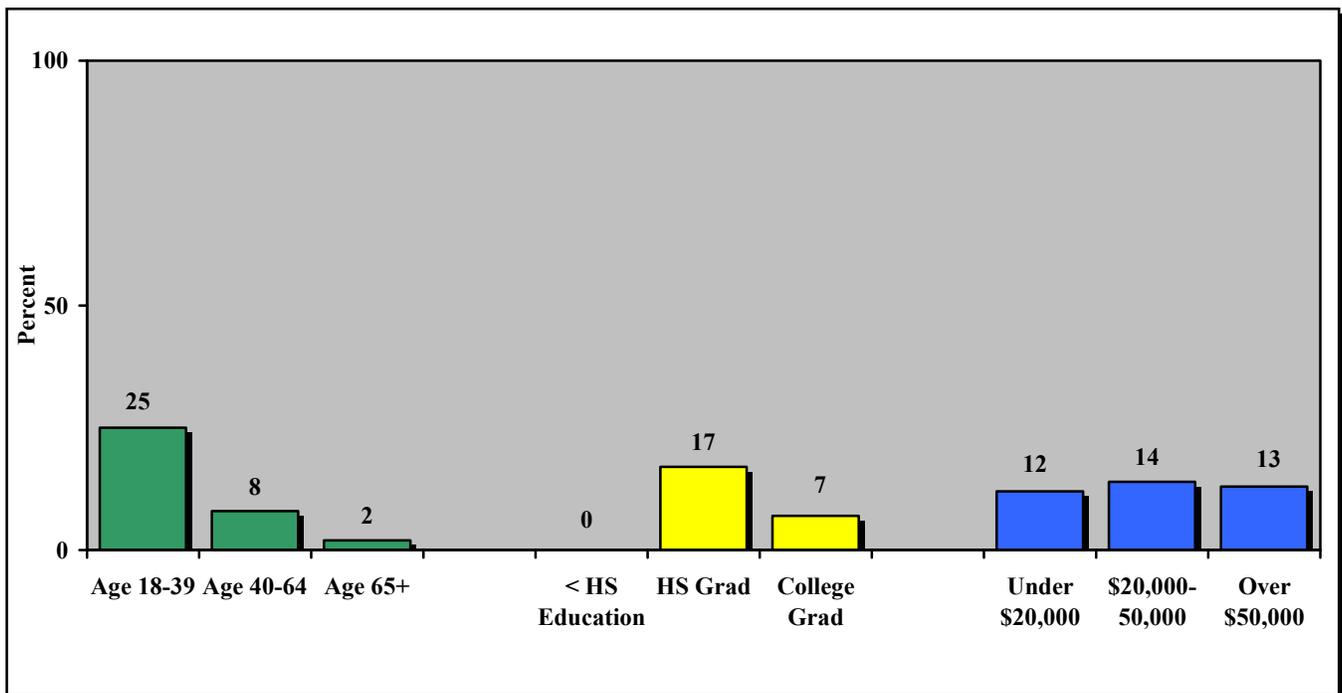
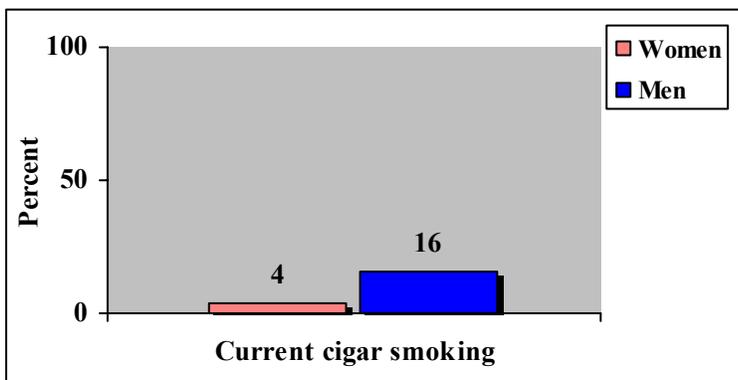


Figure 11: Current cigar smoking, by gender



Of those **adult women** in Grant County who reported that they had smoked cigars, the reported prevalence of current cigar use was **four percent (4%)**. Of those **adult men** who reported that they had smoked cigars, the reported prevalence of current cigar use was **sixteen percent (16%)** (Figure 11).

## Tobacco Use (continued)

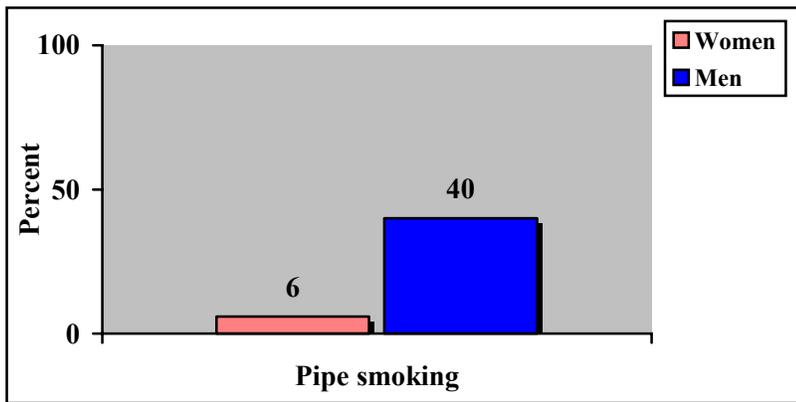
### Pipe Smoking

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



- **Twenty-two percent (22%)** of the **adults** in Grant County reported that they had smoked tobacco in a pipe, even one or two puffs.
- **Six percent (6%)** of the adult **female** residents in Grant County reported that they had smoked tobacco in a pipe, even one or two puffs (Figure 12).
- **Forty percent (40%)** of the adult **male** residents in Grant County reported that they had smoked tobacco in a pipe, even one or two puffs (Figure 12).

Figure 12: Pipe smoking, by gender



## Tobacco Use (continued)

### Current Pipe Smoking

#### **Risk Factor Definition: Current pipe smoking**

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

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

#### **Who is at risk in Grant County?**

- Of those who responded that they had smoked tobacco in a pipe, **five percent (5%)** of the adults in Grant County reported current pipe smoking.
- Of those who responded that they had smoked tobacco in a pipe, there was no **(0%)** prevalence of reported current pipe smoking among respondents aged 40-64 years (Table 5 and Figure 13).
  - Of those who responded that they had smoked tobacco in a pipe, the prevalence of reported current pipe smoking was **ten percent (10%)** among respondents aged 18-39 years, and **nine percent (9%)** among respondents 65 years and older (Table 5 and Figure 13).
- Of those who responded that they had smoked tobacco in a pipe, there was no **(0%)** prevalence of reported current pipe smoking among those respondents with less than a high school education (Table 5 and Figure 13).
  - Of those who responded that they had smoked tobacco in a pipe, the prevalence of reported current pipe smoking was **six percent (6%)** among those respondents with a high school education, and **three percent (3%)** than among those with a college education (3%) (Table 5 and Figure 13).
- Of those who responded that they had smoked tobacco in a pipe, there was no **(0%)** prevalence of reported current pipe among those respondents with annual household income of over \$50,000 (Table 5 and Figure 13).
  - Of those who responded that they had smoked tobacco in a pipe, the prevalence of reported current pipe smoking was **nine percent (9%)** among respondents with an annual household income of less than \$20,000, and **four percent (4%)** than among those with an annual household income of \$20,000-\$50,000 (Table 5 and Figure 13).



## Tobacco Use (continued)

### Risk Factor Definition: Current pipe smoking

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

Table 5: Current pipe smoking

Age	(%)	Education	(%)	Income	(%)
18-39	10	<HS Education	0	<\$20,000	9
40-64	0	HS Grad.	6	\$20,000-\$50,000	4
65+	9	College Grad.	3	>\$50,000	0

Figure 13: Current pipe smoking

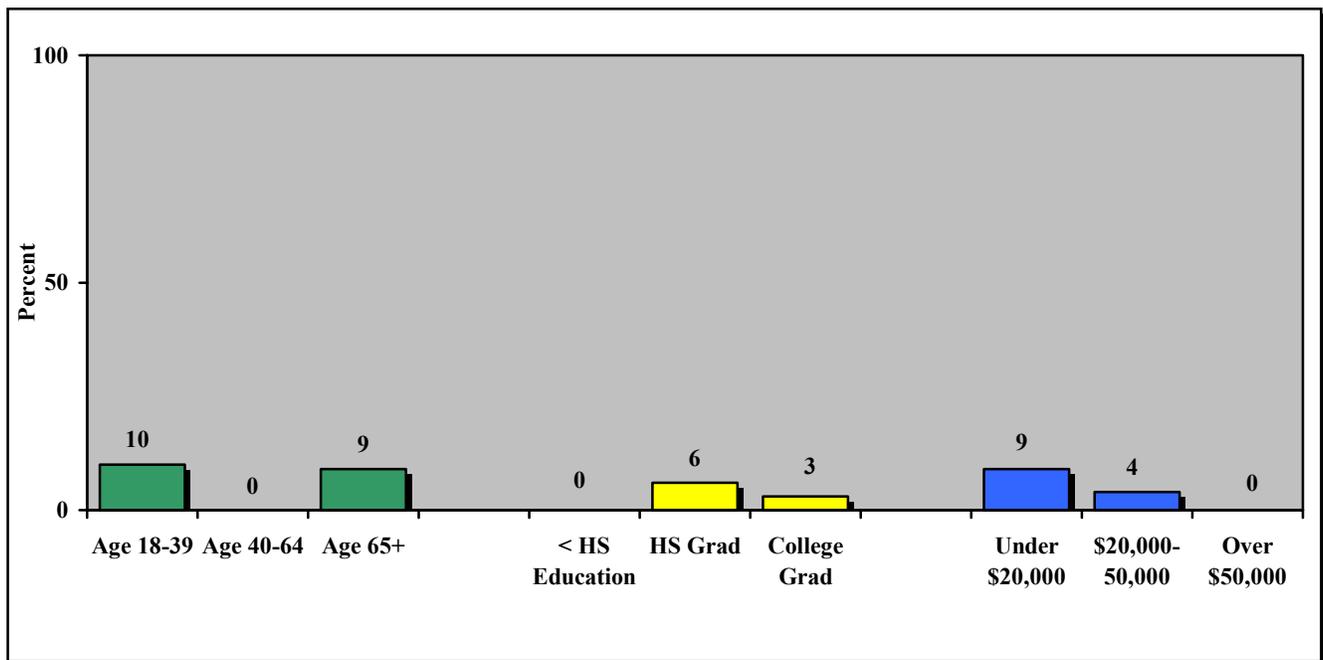
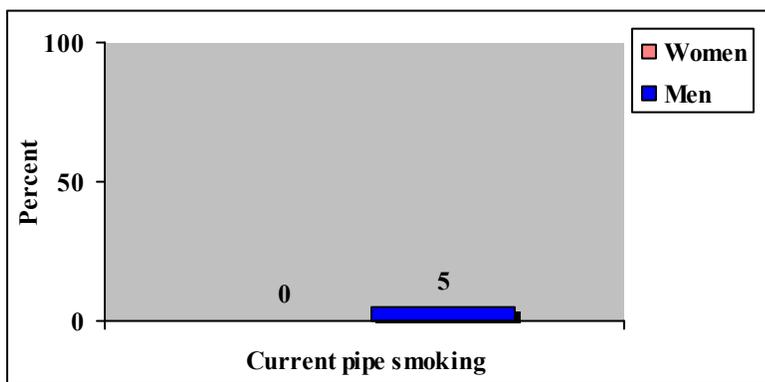


Figure 14: Current pipe smoking, by gender



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

## Tobacco Use (continued)

### Smoking in Home

#### **Risk Factor Definition: Smoking is allowed in the home**

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

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

#### **Who is at risk in Grant County?**



- Twenty-two percent (22%) of the adults in Grant County reported that smoking is allowed inside their home.
- The prevalence of reported smoking allowed in the home was lower among respondents aged 18-39 years (15%) than among respondents aged 40-64 years (25%), and respondents 65 years and older (25%) (Table 6 and Figure 16).
- The prevalence of reported smoking allowed in the home was higher among respondents with less than a high school education (26%) than among those respondents with a high school education (24%), and college education (11%) (Table 6 and Figure 16).
- The prevalence of reported smoking allowed in the home was higher among those respondents with an annual household income of less than \$20,000 (31%) than among those respondents with an annual household income of \$20,000-\$50,000 (28%), and annual household income of over \$50,000 (14%) (Table 6 and Figure 16).

## Tobacco Use (continued)

### Risk Factor Definition: Smoking is allowed in the home

Respondents who reported that smoking is allowed inside the home.

Table 6: Smoking is allowed in the home

Age		Education		Income	
	(%)		(%)		(%)
18-39	15	<HS Education	26	<\$20,000	31
40-64	25	HS Grad.	24	\$20,000-\$50,000	28
65+	24	College Grad.	11	>\$50,000	14

Figure 15: Smoking allowed in the home

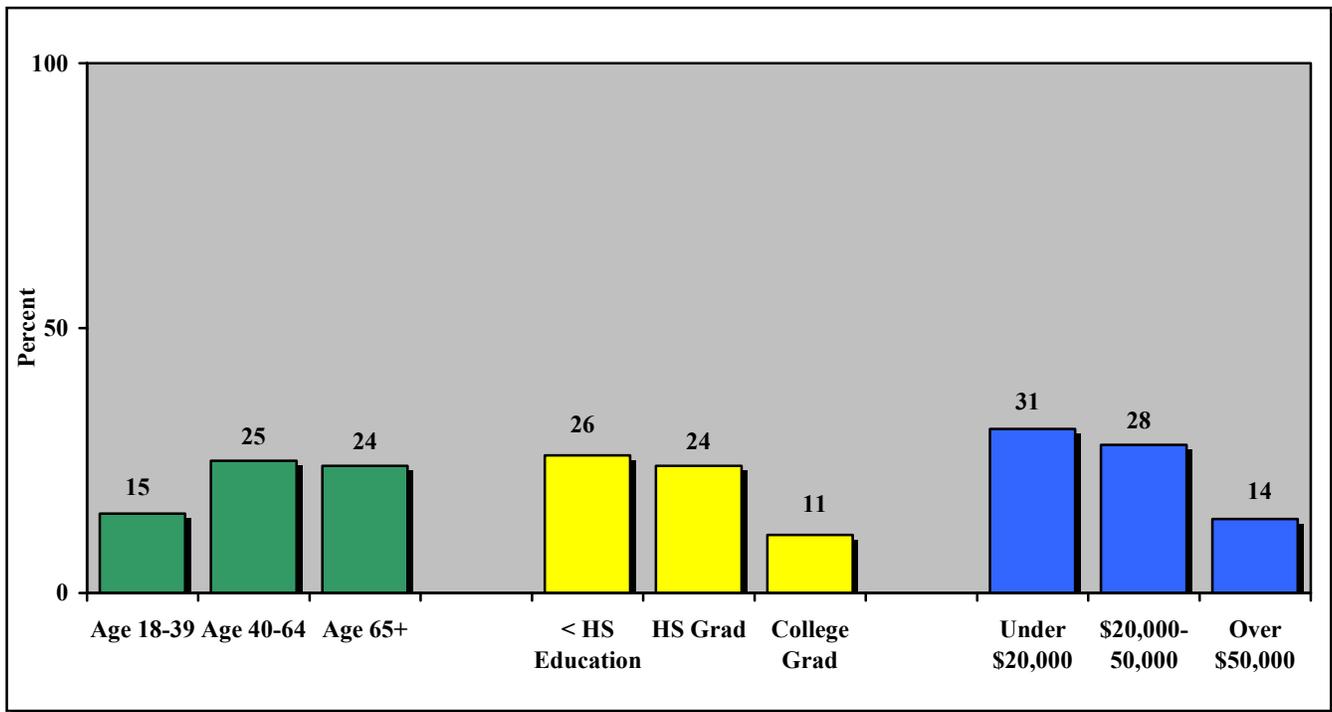
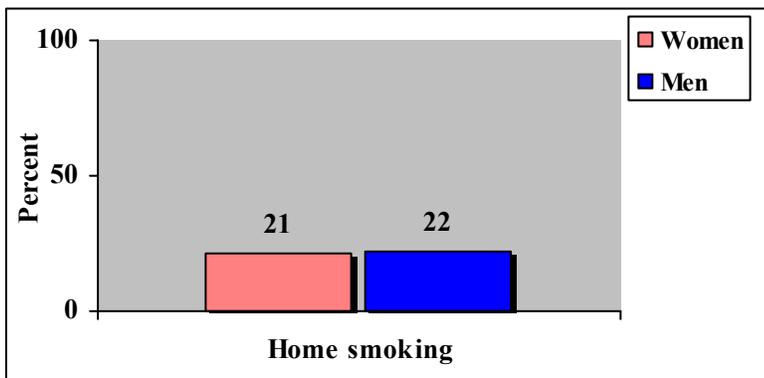


Figure 16: Smoking allowed in the home, by gender



The prevalence of reported smoking allowed in the home was **lower** among **adult women (21%)** than among **adult men (22%)** in Grant County (Figure 16).

## Tobacco Use (continued)

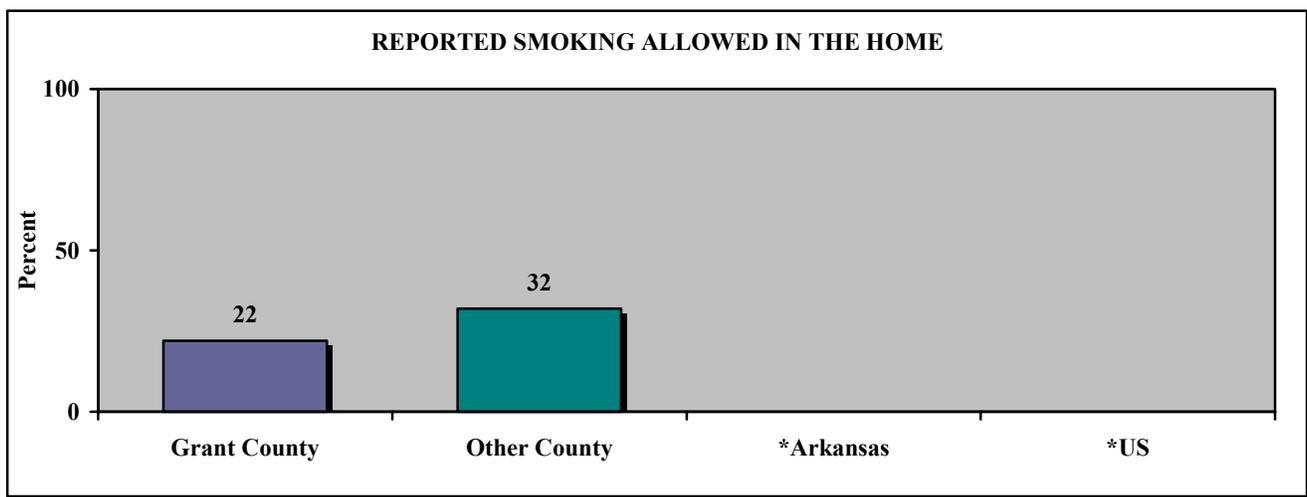
### How does Grant County compare?

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

### Comparing reported findings on smoking allowed in the home

- The prevalence of reported smoking allowed in the home was lower among adults in Grant County (22%) than among adults in a neighboring county (32%) (Figure 17).

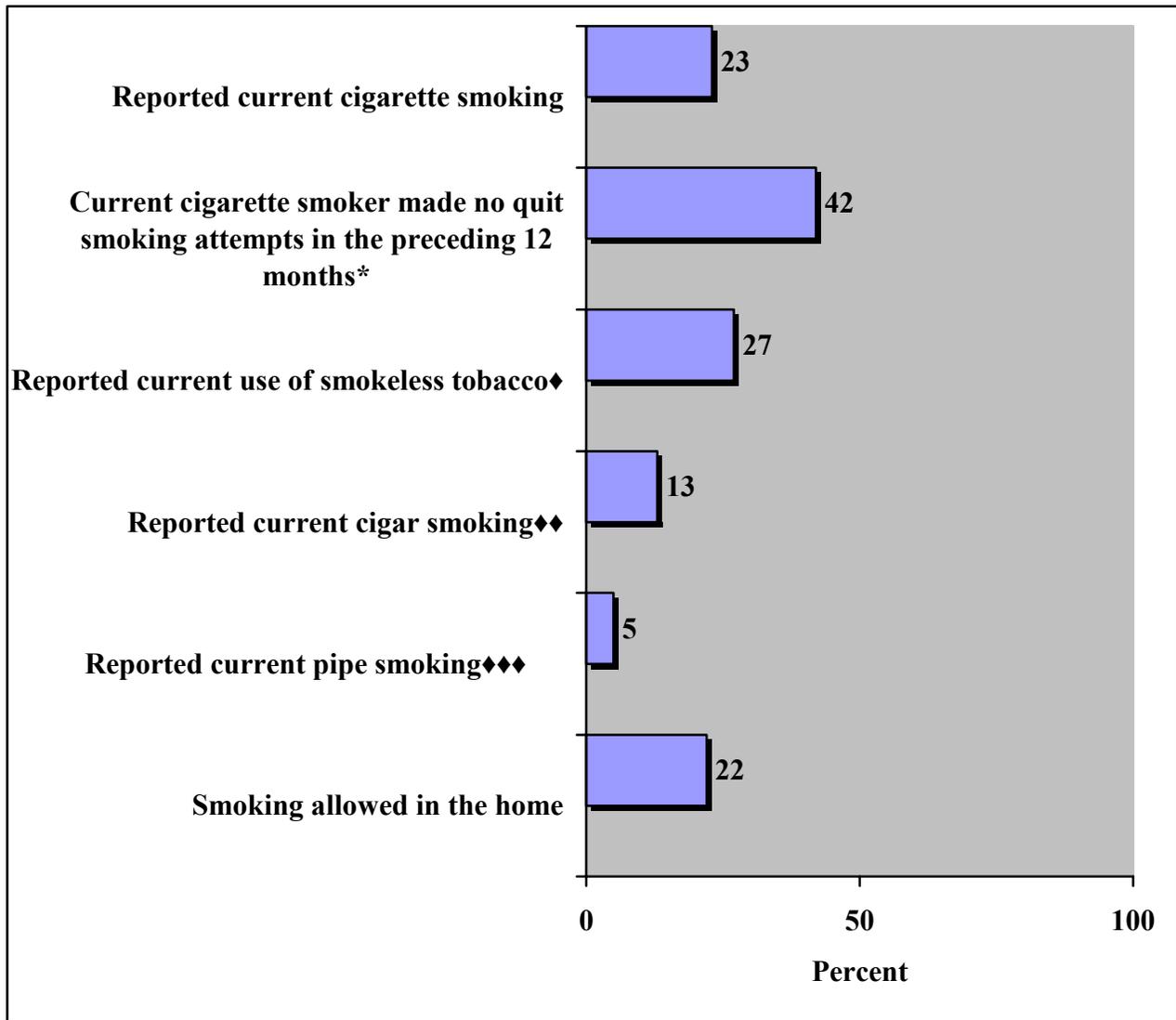
Figure 17: Comparing reported findings on smoking allowed in the home



\*No comparison data available

## Tobacco Use (continued)

Figure 18: Tobacco use summary



\* Of those reported current cigarette smoking

♦ Of those who have ever tried smokeless tobacco

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

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

# **Women's Health & Risk Factors**

# Women's Health

## Demographics

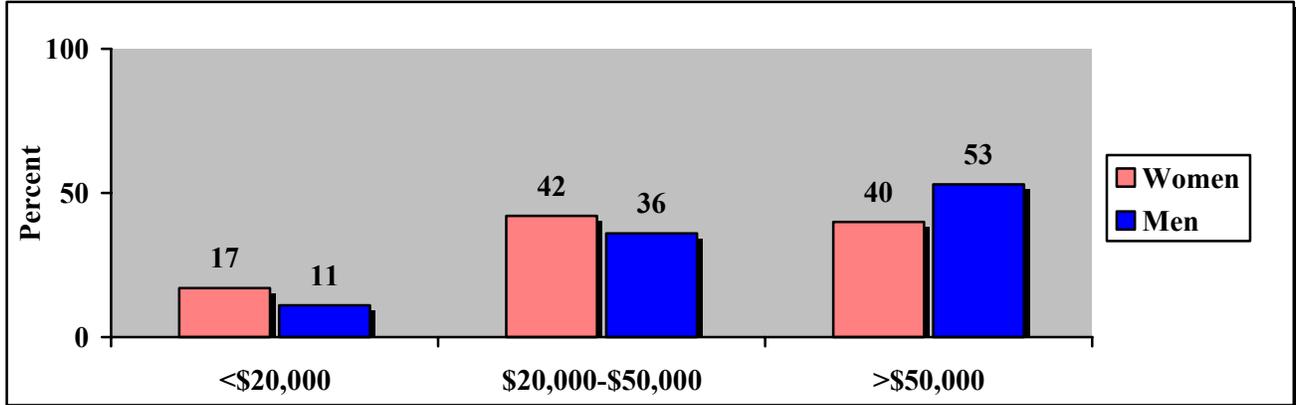
Table 1: Number of people surveyed

TOTAL NUMBER OF PEOPLE IN SURVEY		
Male	Female	Total Surveyed
290	537	827

## Annual household income

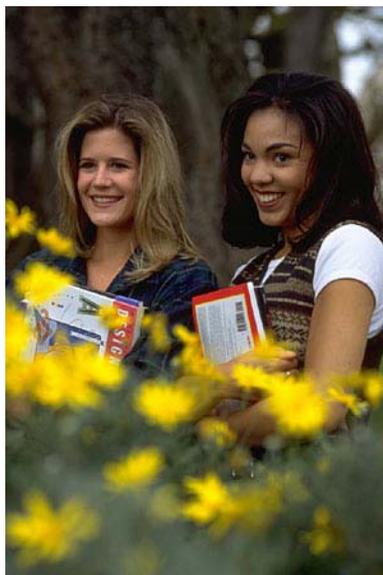
- Adult women in Grant County (17%) were more likely than adult men in Grant County (11%) to report an annual household income of under \$20,000 (Figure 1).
- Adult women in Grant County (42%) were more likely than adult men in Grant County (36%) to report an annual household income between \$20,000 and \$50,000 (Figure 1).
- Adult women in Grant County (40%) were less likely than adult men in Grant County (53%) to report an annual household income of over \$50,000 (Figure 1).

Figure 1: Reported annual household income, by gender



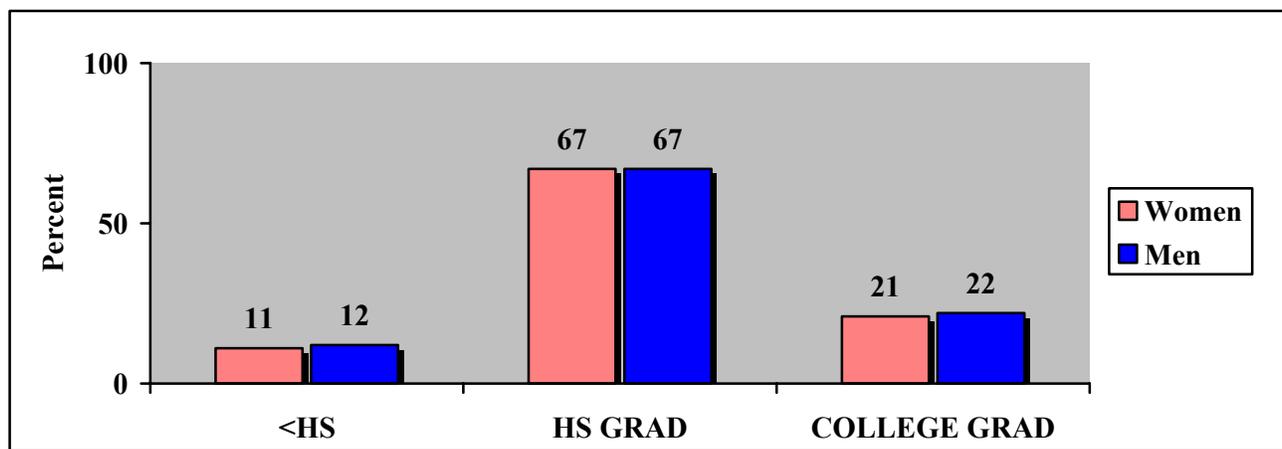
## Women's Health (continued)

### Level of education attained



- Adult women in Grant County (11%) were less likely than adult men in Grant County (12%) to report that the highest level of education attained was less than a high school diploma (Figure 2).
- Adult women in Grant County (67%) were equally likely as adult men in Grant County (67%) to report that they were high school graduates (Figure 2).
- Adult women in Grant County (21%) were less likely than adult men in Grant County (22%) to report that they were college graduates (Figure 2).

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



## Women & Behavioral Risk Factors

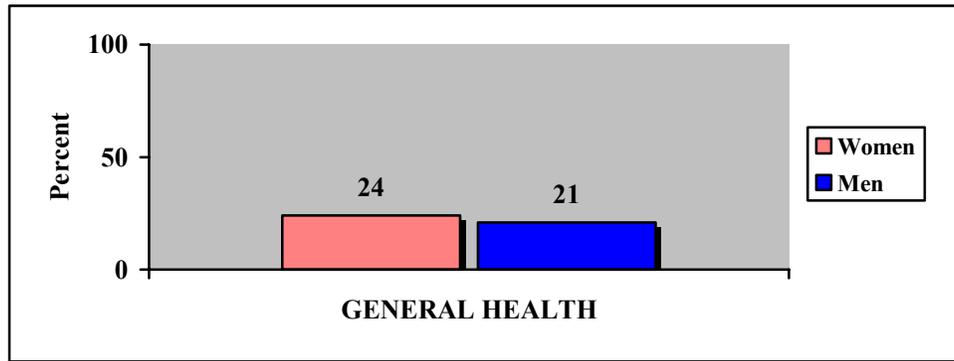
In addition to the standard BRFSS questions, the Grant County survey included special questions about women's health issues. Women's health concerns more than just breast care and reproductive health. Disparities between women's and men's health exist for various risk factors. Specific health issues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

### PERCEPTIONS OF HEALTH

#### General health

- The prevalence of reported fair or poor general health was higher among adult women (24%) than among adult men (21%) in Grant County (Figure 3).

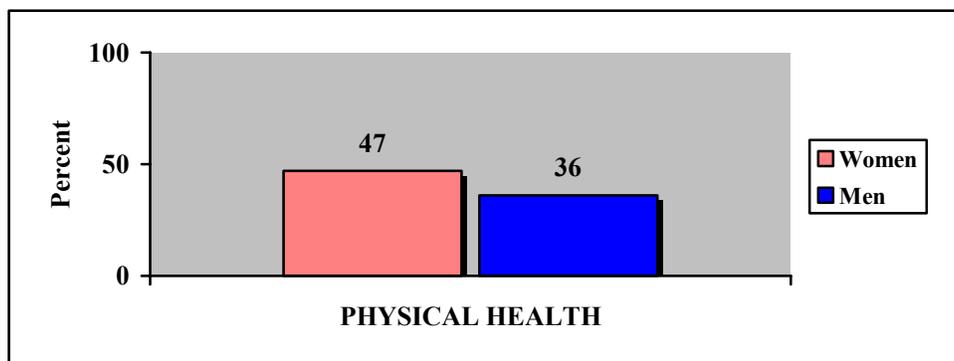
Figure 3: Reported fair or poor general health, by gender



#### Physical health

- The prevalence of reported physical health not good on one or more of the thirty days preceding the survey was higher among adult women (47%) than among adult men (36%) in Grant County (Figure 4).

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



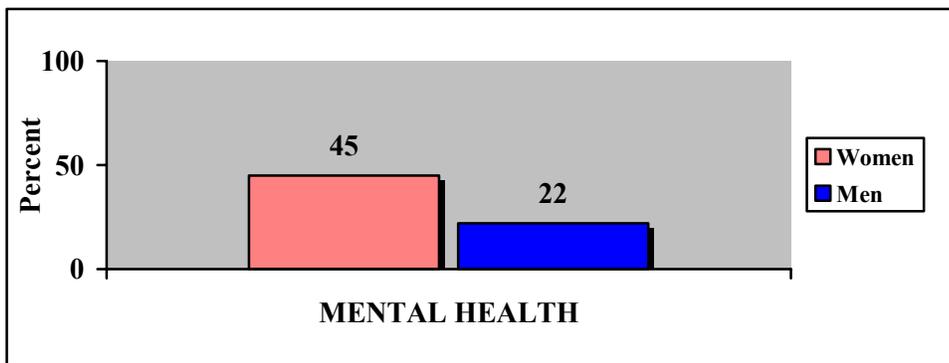
## Women & Behavioral Risk Factors (continued)

### Mental health



- The prevalence of reported mental health not good on one or more of the thirty days preceding the survey was higher among adult women (45%) than among adult men (22%) in Grant County (Figure 5).

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



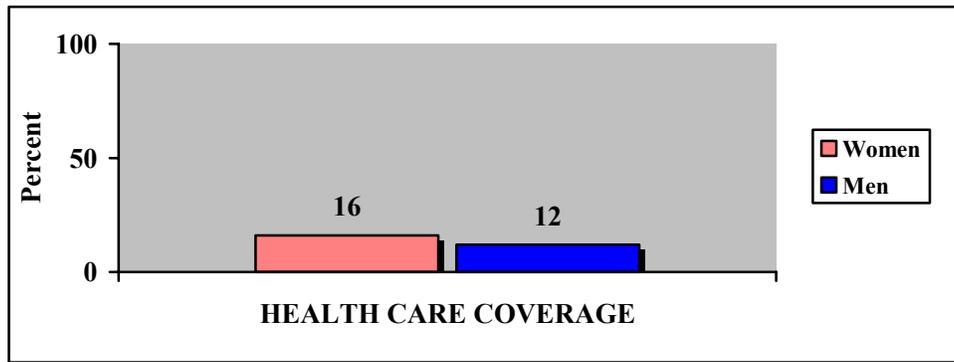
## Women & Behavioral Risk Factors (continued)

### RISK FACTORS

#### Health care coverage

- The prevalence of reported no health care coverage was higher among adult women (16%) than among adult men (12%) in Grant County (Figure 6).

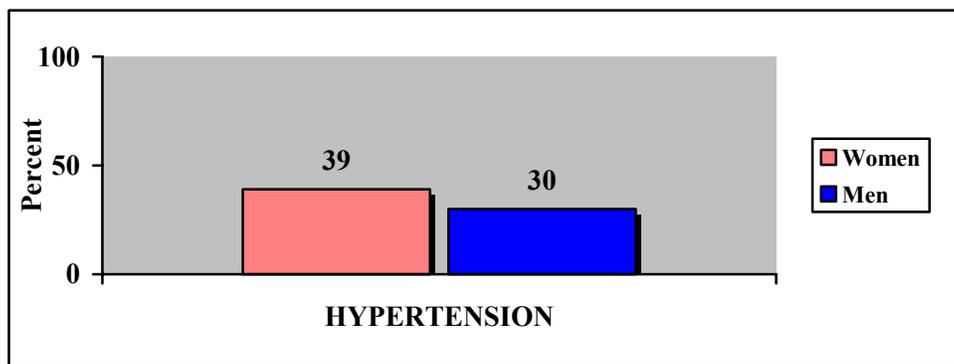
Figure 6: Reported no health care coverage, by gender



#### Hypertension

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

Figure 7: Reported hypertension diagnosis by doctor, by gender



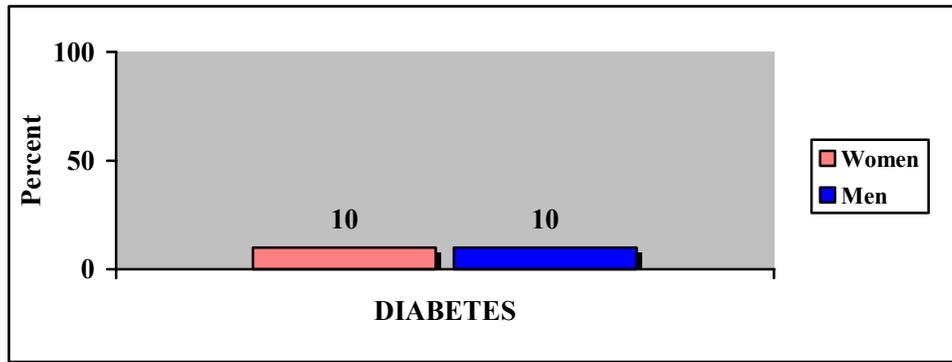
## Women & Behavioral Risk Factors (continued)

### RISK FACTORS

#### Diabetes

- The prevalence of reported diabetes diagnosis by doctor was equal among adult women (10%) and adult men (10%) in Grant County (Figure 8).

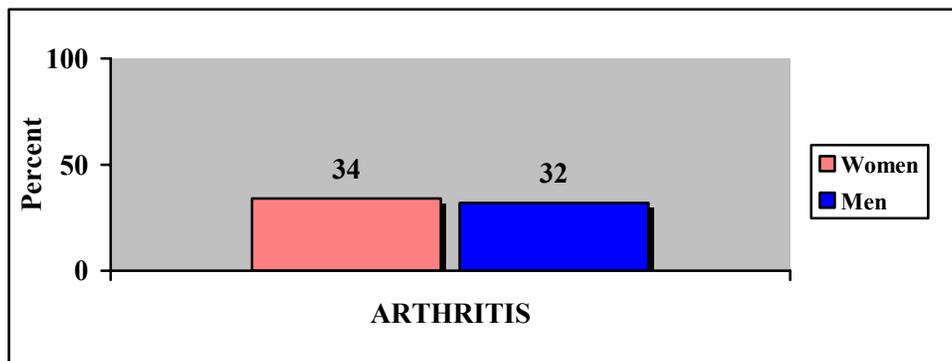
Figure 8: Reported diabetes diagnosis by doctor, by gender



#### Arthritis

- The prevalence of reported arthritis diagnosis by doctor was higher among adult women (34%) than among adult men (32%) in Grant County (Figure 9).

Figure 9: Reported arthritis diagnosis by doctor, by gender



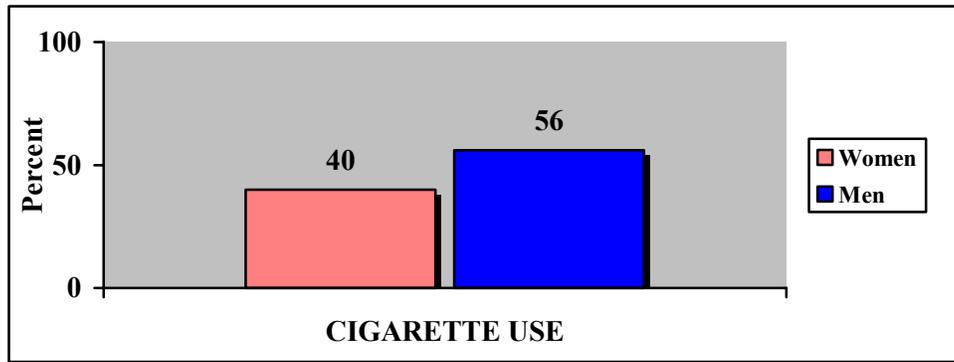
## Women & Behavioral Risk Factors (continued)

### HEALTH HABITS

#### Cigarette use

- The prevalence of reported cigarette use in a lifetime was lower among adult women (40%) than among adult men (56%) in Grant County (Figure 10).

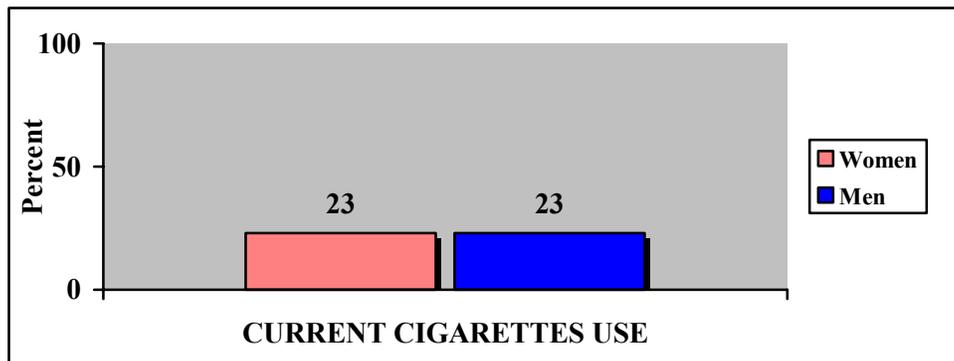
Figure 10: Cigarette use, by gender



#### Current cigarette use

- The prevalence of reported current cigarette use was equal among adult women (23%) and among adult men (23%) (Figure 11).

Figure 11: Current cigarette use, by gender



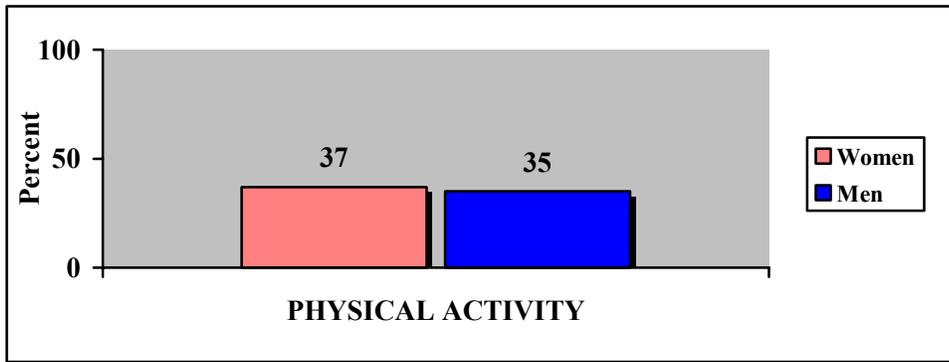
## Women & Behavioral Risk Factors (continued)

### HEALTH HABITS

#### Physical activity

- The prevalence of reported no regular physical activity in the month preceding the survey was higher among adult women (37%) than among adult men (35%) in Grant County (Figure 12).

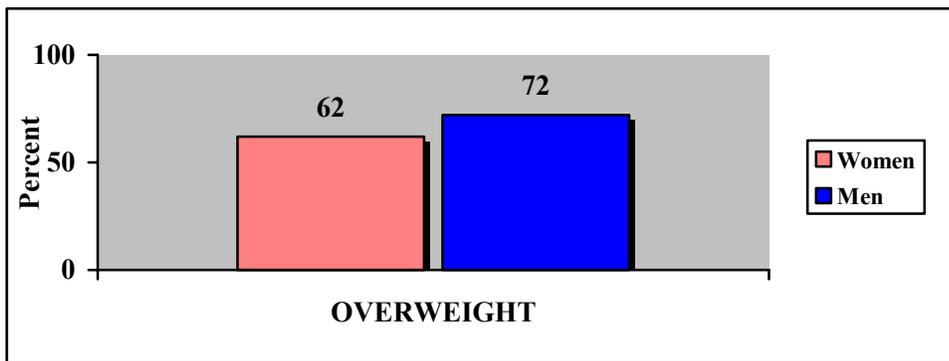
Figure 12: Reported no physical activity, by gender



#### Overweight status

- The prevalence of reported overweight status was lower among adult women (62%) than among adult men (72%) in Grant County (Figure 13).

Figure 13: Reported overweight status, by gender



## Breast Cancer Screening and Knowledge

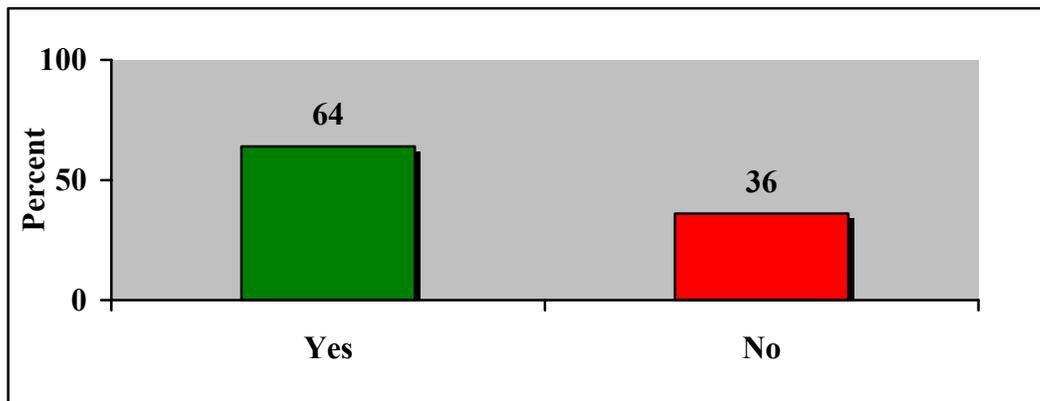
Breast cancer is the most frequently diagnosed cancer among Arkansas women, aside from skin cancer. According to the American Cancer Society, mammography is very valuable as an early detection tool, often identifying cancer before any physical symptoms develop. Early detection saves lives and increases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

### Advertisements for mammogram tests

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

- Sixty-four percent (64%) of female respondents reported that they had noticed posters, billboards, commercials, or advertisements for mammogram tests during the month preceding the survey (Figure 14).
- Thirty-six percent (36%) of female respondents reported that they had not noticed posters, billboards, commercials, or advertisements for mammogram tests during the month preceding the survey (Figure 14).

Figure 14: Reported sightings of advertisements for mammogram tests



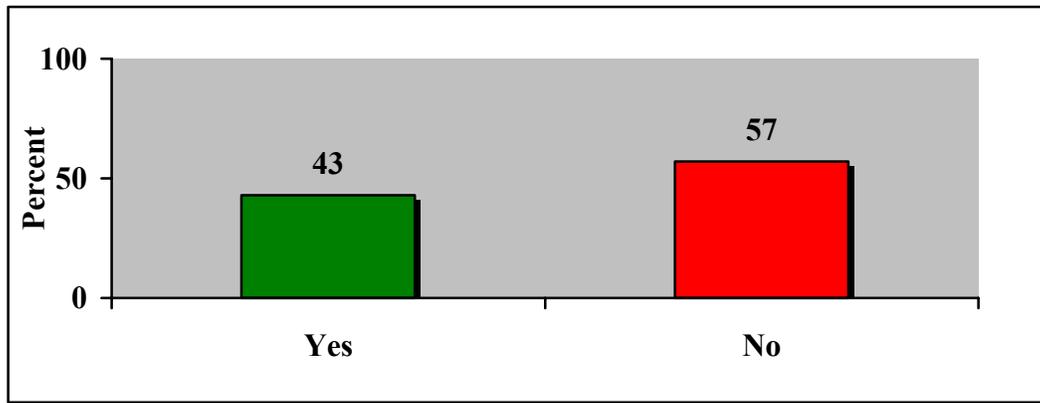
## Breast Cancer Screening and Knowledge (continued)

### Free breast exams and mammograms

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

- Forty-three percent (43%) of female respondents reported that they know the local health department offers free breast exams and mammograms to women age 40 and older (Figure 15).
- Fifty-seven percent (57%) of female respondents reported that they did not know the local health department offers free breast exams and mammograms to women age 40 and older (Figure 15).

Figure 15: Reported knowledge of free breast exams



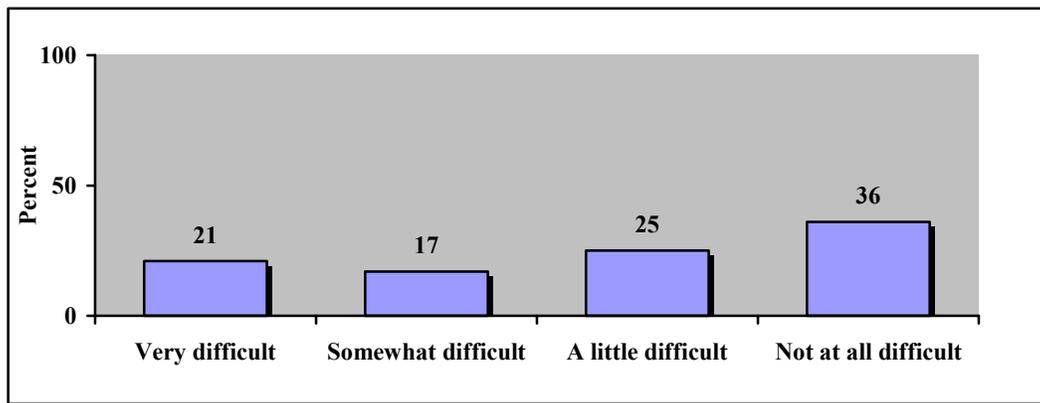
## Breast Cancer Screening and Knowledge (continued)

### Cost of mammogram test

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

- Twenty-one percent (21%) of female respondents reported that it will be very difficult to pay for the cost of a mammogram test (Figure 16).
- Seventeen percent (17%) of female respondents reported that it will be somewhat difficult to pay for the cost of a mammogram test (Figure 16).
- Twenty-five percent (25%) of female respondents reported that it will be a little difficult to pay for the cost of a mammogram test (Figure 16).
- Thirty-six percent (36%) of female respondents reported that it will be not at all difficult to pay for the cost of a mammogram test (Figure 16).

Figure 16: Reported ability to pay for a mammogram test



## **Breast Cancer Screening and Knowledge** (continued)

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

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

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

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

### **Who is at risk in Grant County?**

- Twenty-three percent (23%) of women over age 40 had not had a mammogram within the two years preceding the survey.
- The prevalence of reported not screened for breast cancer in the past two years preceding the survey was higher among the respondents aged 40-64 years (24%) than among respondents 65 years and older (21%) (Table 2 and Figure 17).
- The prevalence of reported not screened for breast cancer in the past two years preceding was higher among respondents with less than a high school education (42%) than among those respondents with a high school education (22%), and college education (13%) (Table 2 and Figure 17).
- The prevalence of reported not screened for breast cancer in the past two years preceding was higher among those respondents with an annual household income of less than \$20,000 (41%) than among those respondents with an annual household income of \$20,000-\$50,000 (26%), and respondents with annual household income of over \$50,000 (13%) (Table 2 and Figure 17).

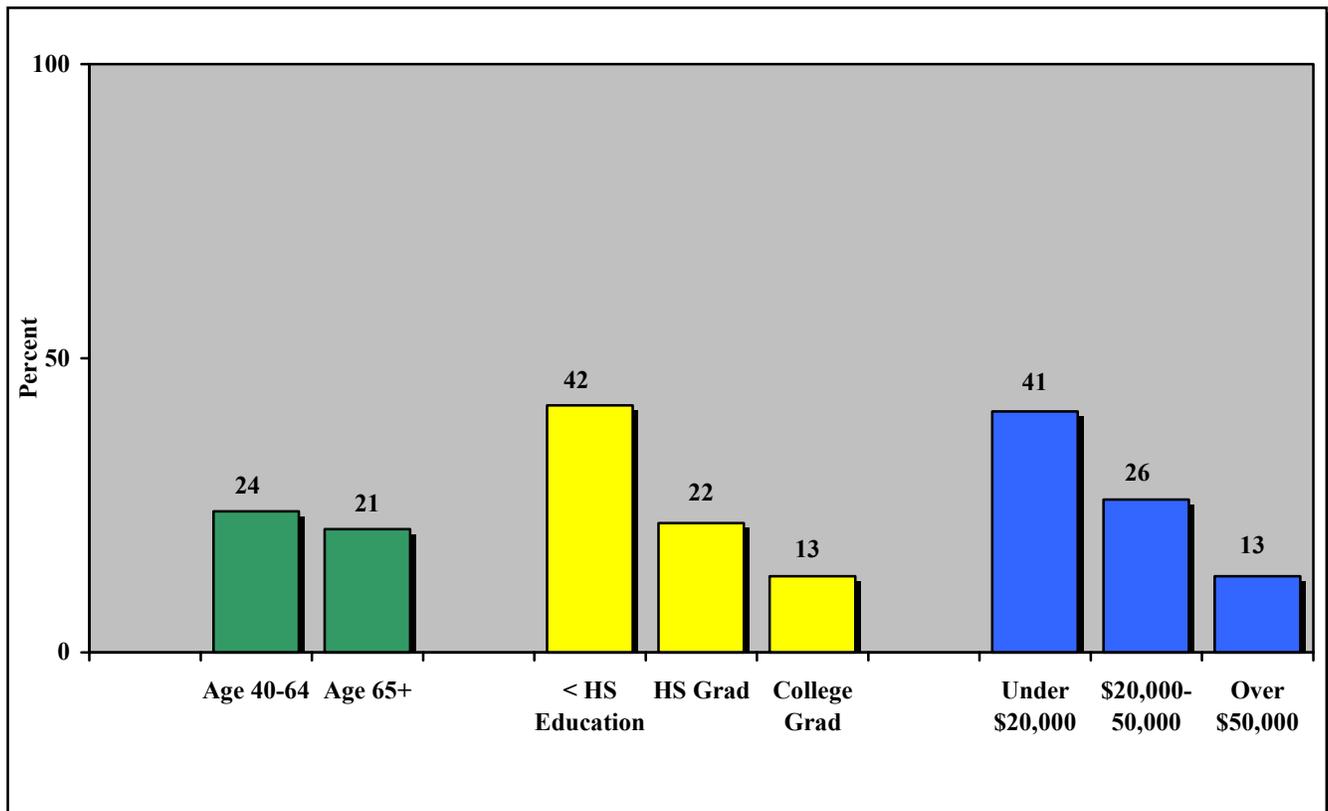
## Breast Cancer Screening and Knowledge (continued)

**Risk Factor Definition: Women aged 40 and older, no mammograms within the past two years**  
 Female respondents over age 40 who reported that they had not had a mammogram within those two years preceding the survey.

Table 2: Breast cancer screening

Age	(%)	Education	(%)	Income	(%)
18-39	N/A	<HS Education	42	<\$20,000	41
40-64	24	HS Grad.	22	\$20,000-\$50,000	26
65+	21	College Grad.	13	>\$50,000	13

Figure 17: Breast cancer screening



## Breast Cancer Screening and Knowledge (continued)

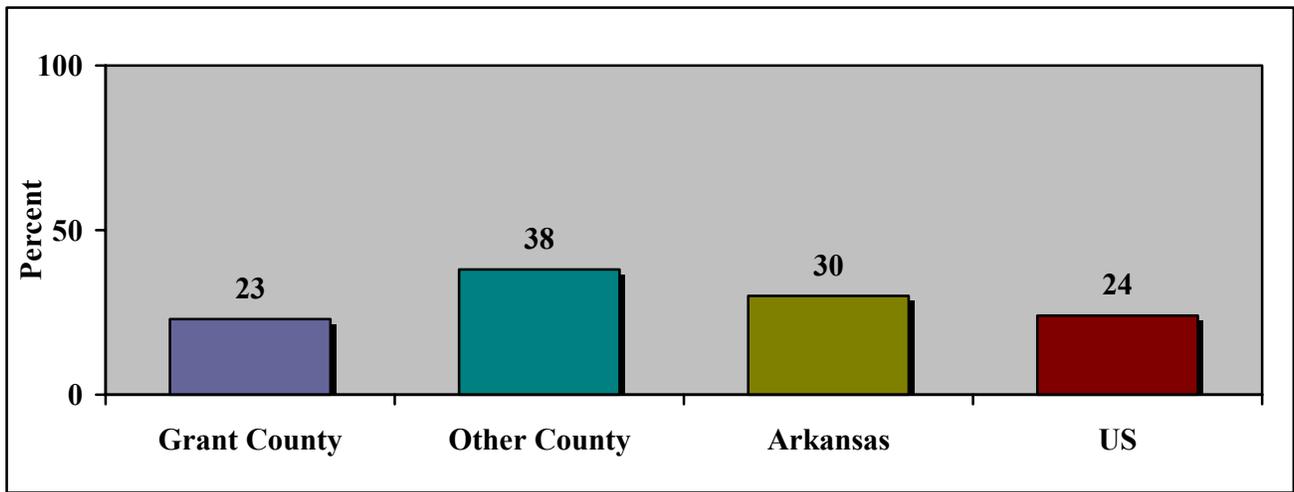
### How does Grant County compare?

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

### Comparing reported findings on breast cancer screening behavior

- The prevalence of reported no mammogram in the two years preceding the survey was lower among adult women in Grant County (23%) than among adult women in a neighboring county (38%) (Figure 18).
- The prevalence of reported no mammogram in the two years preceding the survey was lower among adult women in Grant County (23%) than among adult women in the state (30%), and nation (24%) (Figure 18).

Figure 18: Comparing reported findings on breast cancer screening behavior



## Other Women's Health Screening

### Pap smear

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

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

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

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

### **Who is at risk in Grant County?**

- Twenty-two percent (22%) of Grant County adult women reported that they had not had a Pap smear within the three years preceding the survey.
- The prevalence of reported no Pap smear in the past three years was lower among respondents aged 18-39 years (13%) than among respondents aged 40-64 years (21%), and respondents 65 years and older (44%) (Table 3 and Figure 19).
- The prevalence of reported no Pap smear in the past three years was higher among respondents with less than a high school education (50%) than among those respondents with a high school education (22%), and college education (9%) (Table 3 and Figure 19).
- The prevalence of reported no Pap smear in the past three years was higher among those respondents with an annual household income of less than \$20,000 (44%) than among those respondents with an annual household income of \$20,000-\$50,000 (28%), and respondents with an annual household income of over \$50,000 (7%) (Table 3 and Figure 19).

## Other Women's Health Screening (continued)

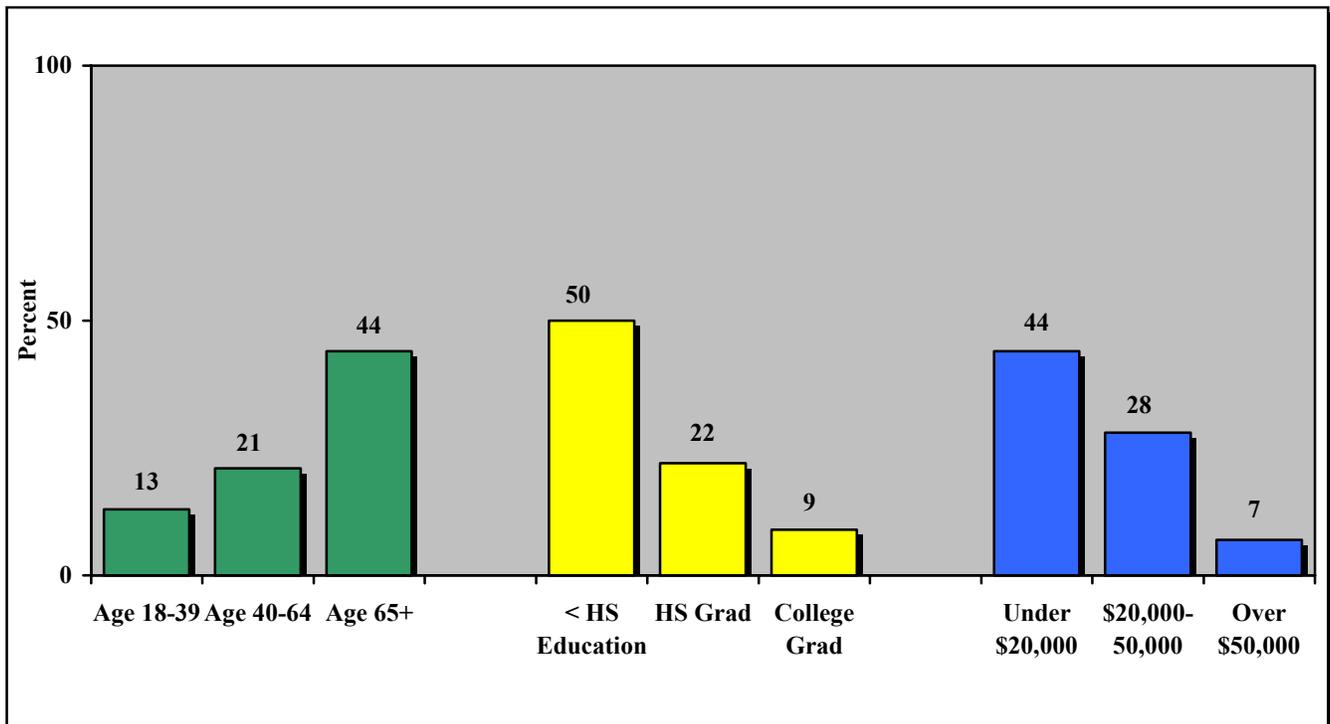
### **Risk Factor Definition: No Pap smear within the past three years**

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

Table 3: No pap smear

<b>Age</b>	<b>(%)</b>	<b>Education</b>	<b>(%)</b>	<b>Income</b>	<b>(%)</b>
18-39	13	<HS Education	50	<\$20,000	44
40-64	21	HS Grad.	22	\$20,000-\$50,000	28
65+	44	College Grad.	9	>\$50,000	7

Figure 19: No pap smear



## Other Women's Health Screening (continued)

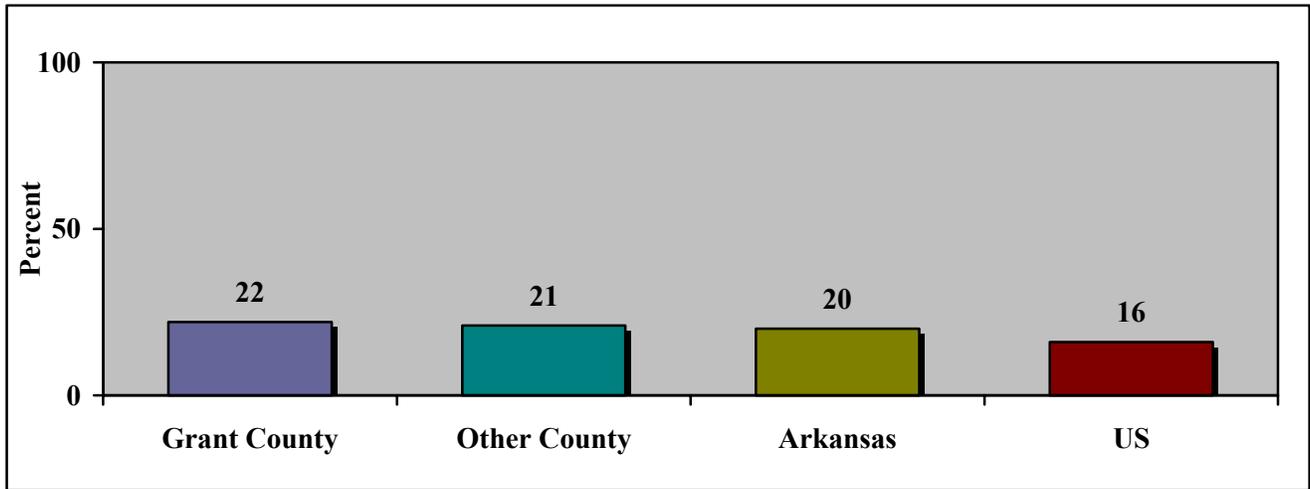
### How does Grant County compare?

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

### Comparing reported findings on cervical cancer screening

- The prevalence of reported no Pap smear within the past three years was higher among adult women Grant County (22%) than among adult women a neighboring county (21%) (Figure 20).
- The prevalence of reported no Pap smear within the past three years was higher among adult women Grant County (22%) than among adult women in the state (20%) and nation (16%) (Figure 20).

Figure 20: Comparing reported findings on cervical cancer screening



# Trend Charts

## Trend Charts

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

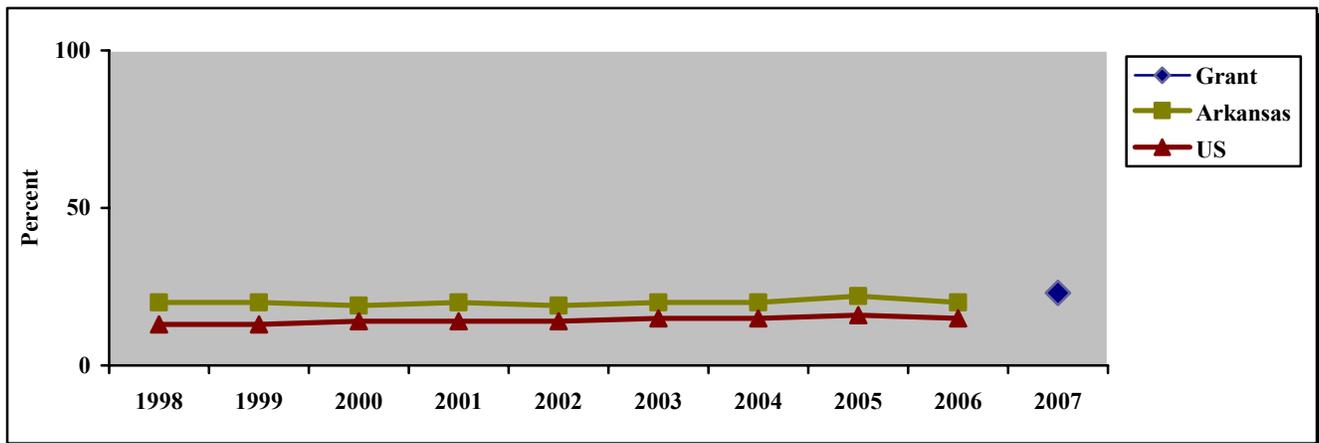
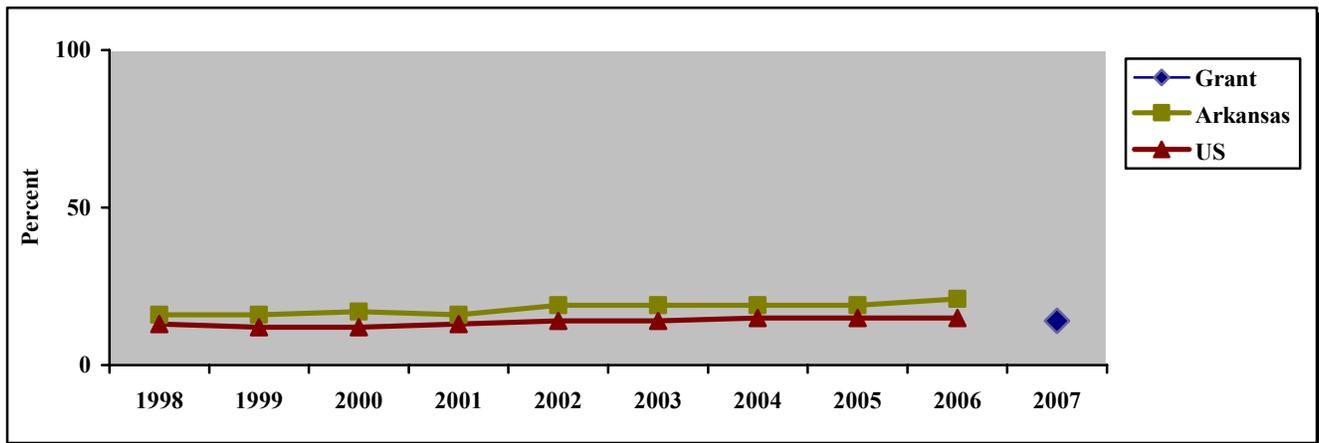
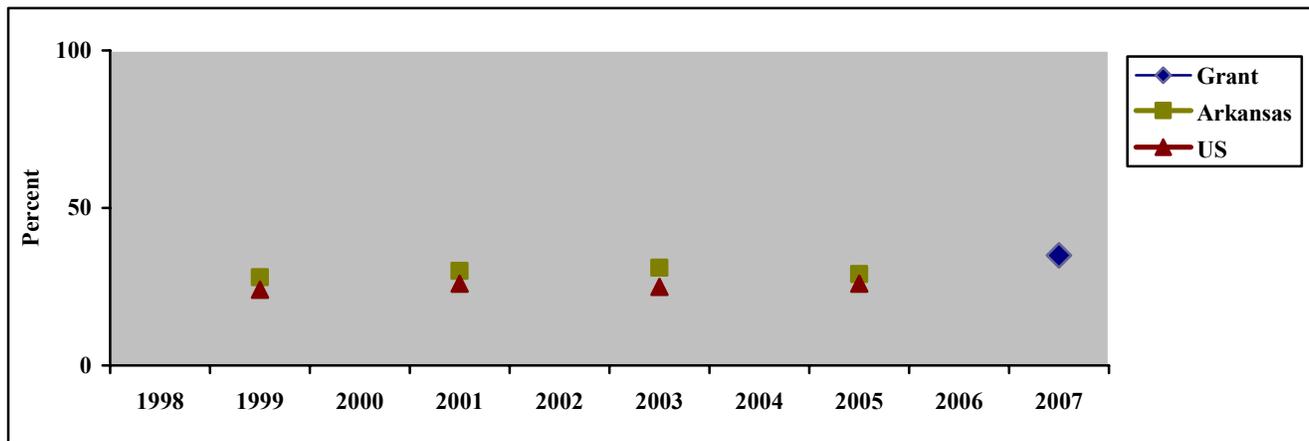


Figure 2: Health Care Access (Grant CAHS 2007, Arkansas and national 1998-2006 BRFSS)



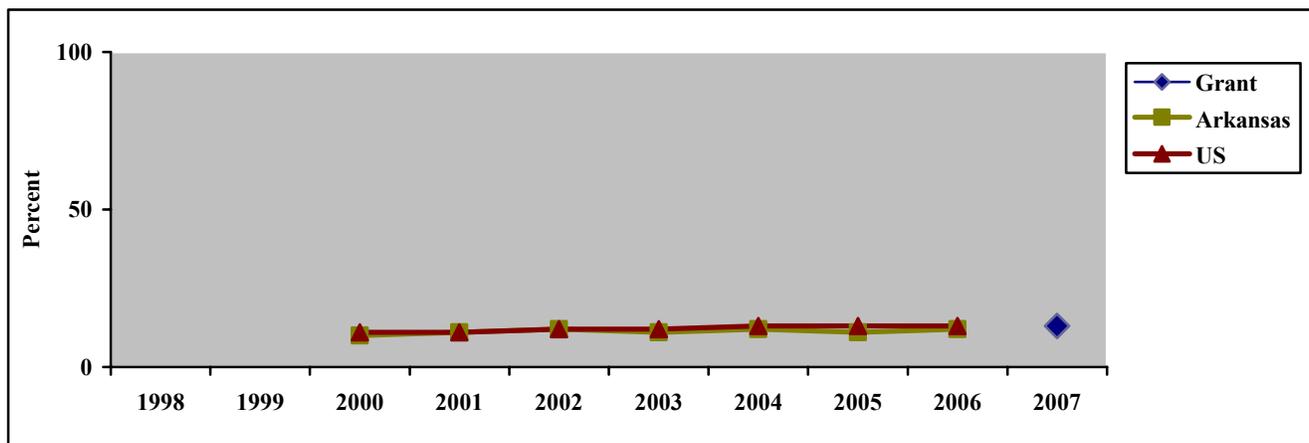
## Trend Charts (continued)

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



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

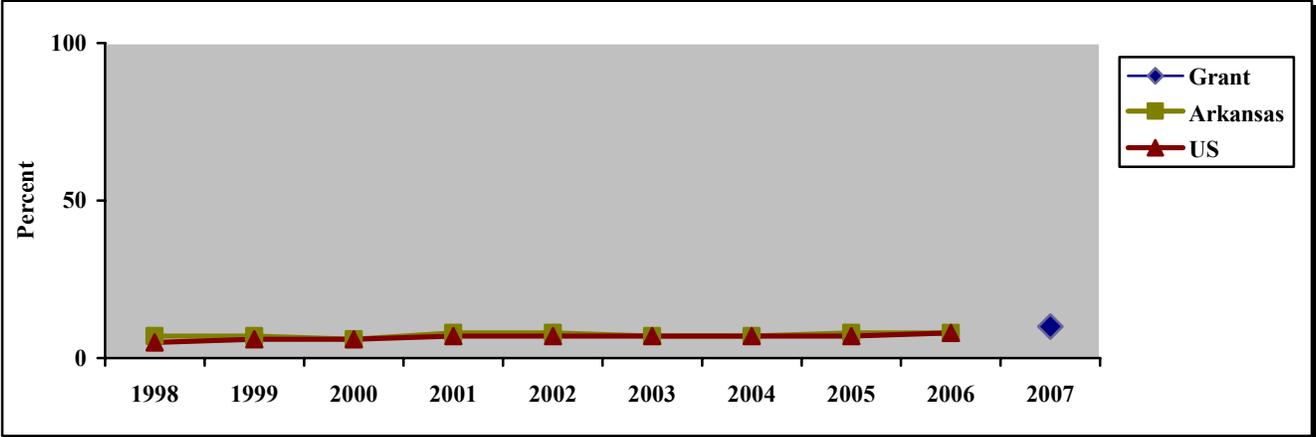
**Figure 4: Asthma (Grant CAHS 2007, Arkansas and national 1998-2006 BRFSS)**



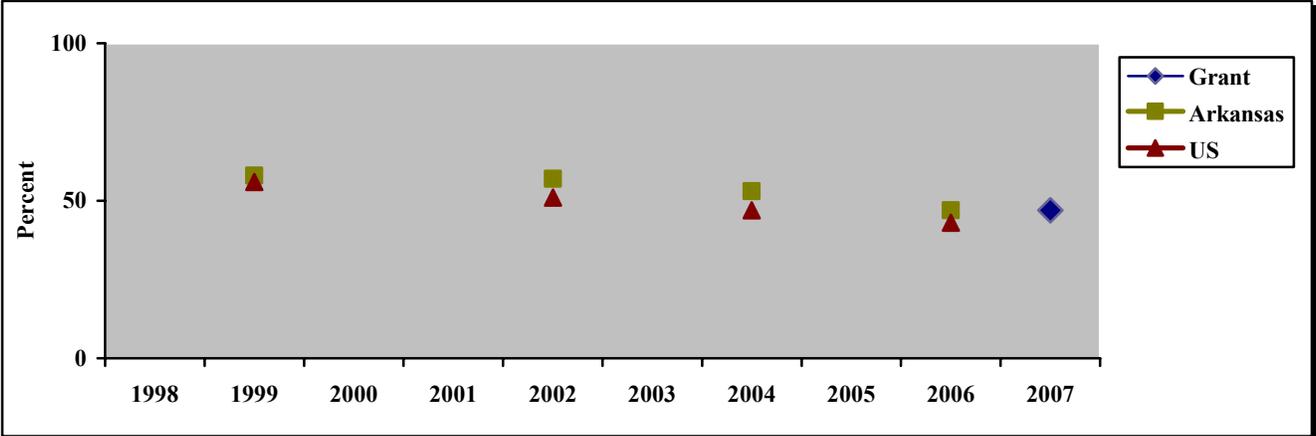
\* No data for Arkansas – 1998, 1999  
 \*\* No data for US (States and DC) – 1998, 1999

### Trend Charts (continued)

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



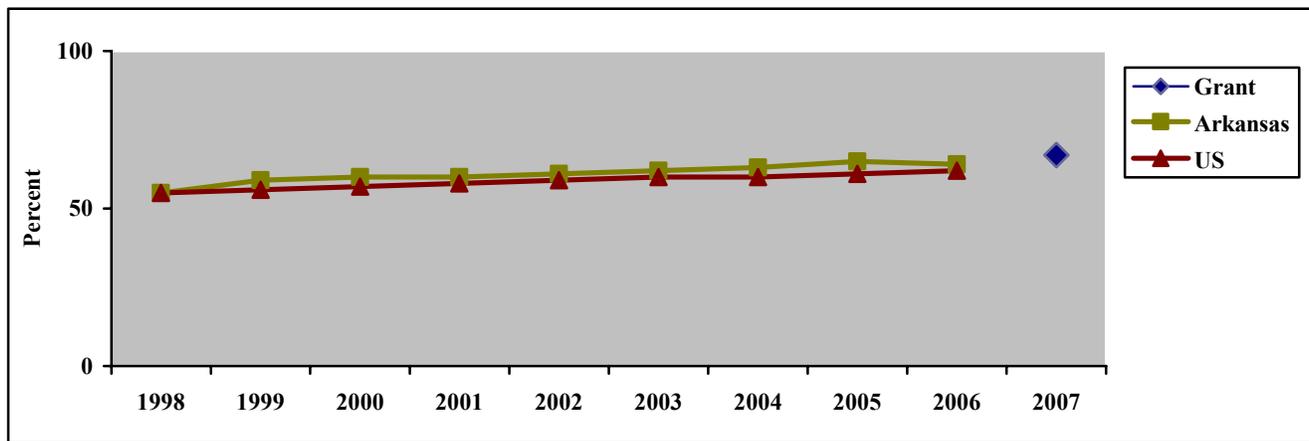
**Figure 6:** Colorectal cancer screening (Grant CAHS 2007, Arkansas and national 1998-2006 BRFSS)



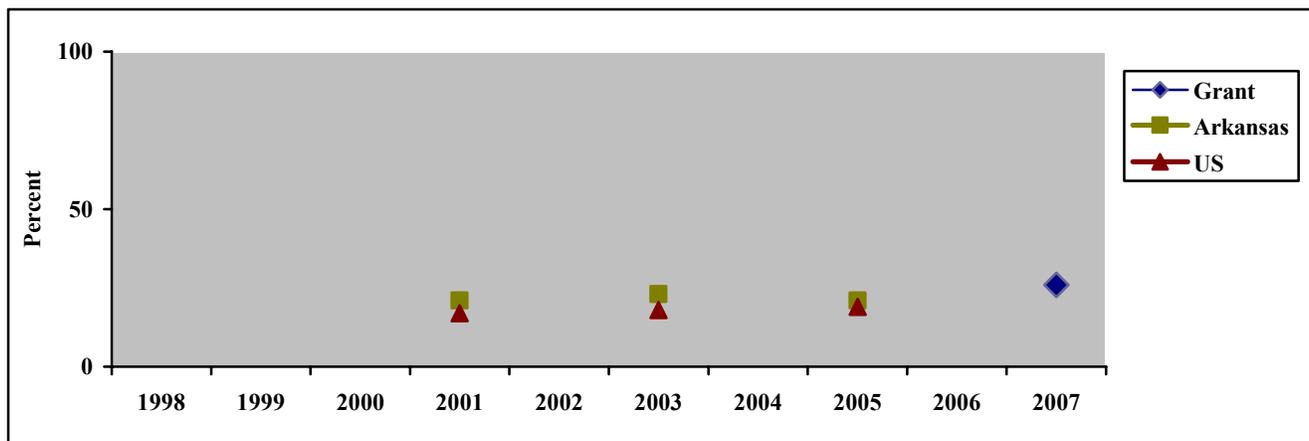
\* No data for Arkansas – 1998, 2000, 2001, 2003, 2005  
 \*\* No data for US (States and DC) – 1998, 2000, 2001, 2003, 2005

## Trend Charts (continued)

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



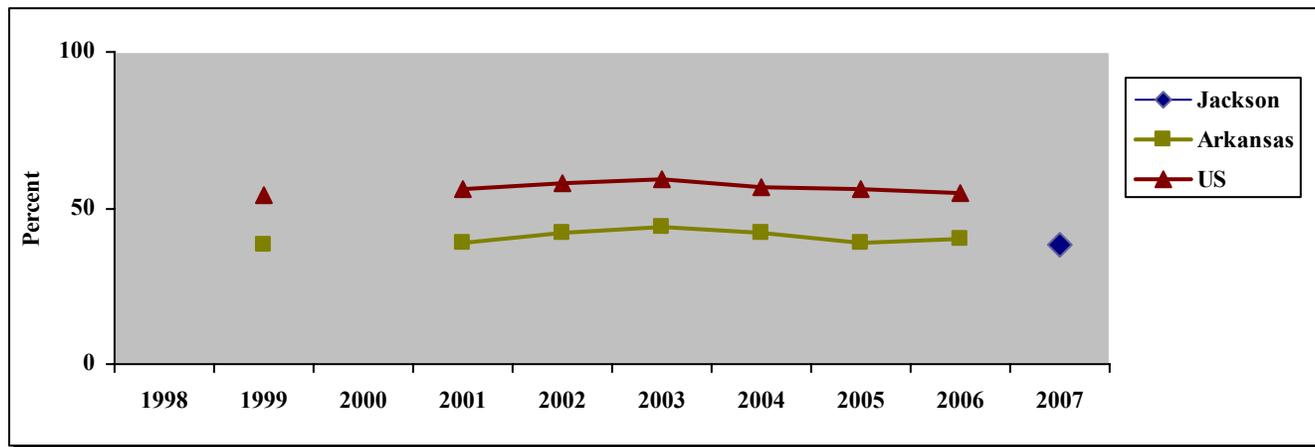
**Figure 8:** Disability (Grant CAHS 2007, Arkansas and national 1998-2006 BRFSS)



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

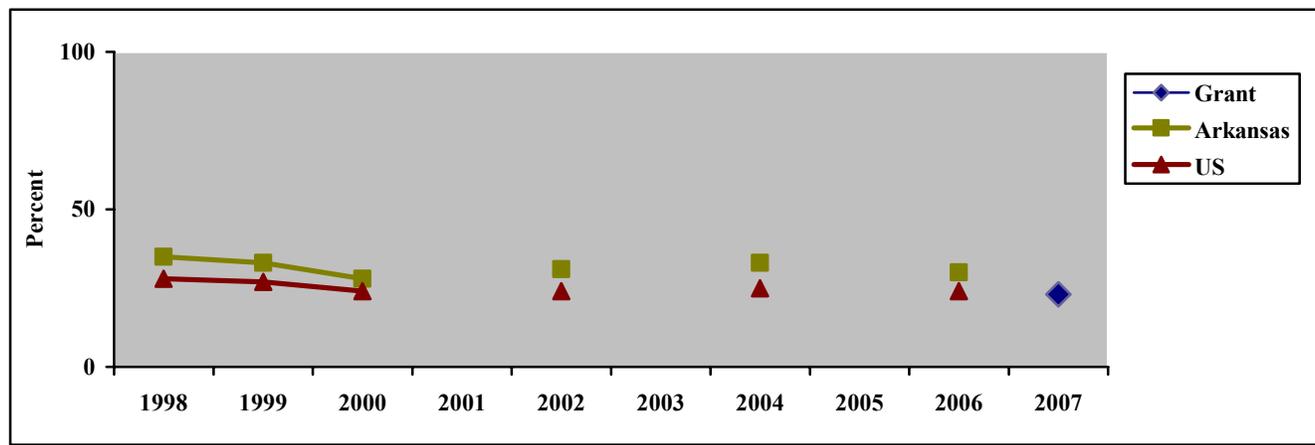
## Trend Charts (continued)

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



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

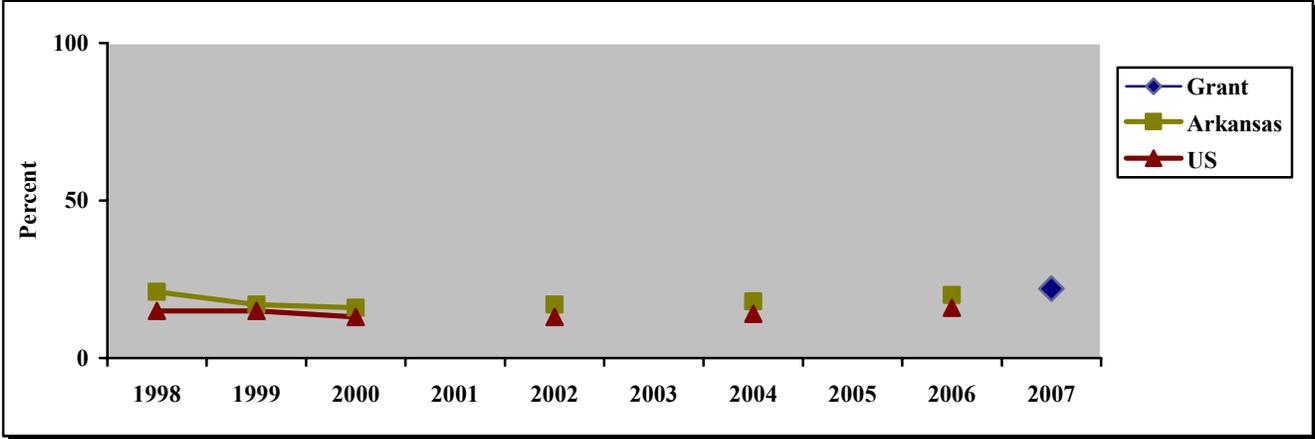
**Figure 10:** Breast cancer screening (Grant CAHS 2007, Arkansas and national 1998-2006 BRFSS)



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

# Trend Charts (continued)

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



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

# Appendix

## Grant 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**

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

1. 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.
2. 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?