

***Risk and Protective Factors  
for Disease and Injury  
in Mahoning County***

***2000 Report***

*May 2002*

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**Mahoning County District Board of Health Mission:** *The District Board of Health exists to promote and protect the health of individuals and communities within Mahoning County. The Board of Health and staff pursue the goal of healthy people in healthy communities by working to fulfill these core public health functions:*

- *Prevent epidemics*
- *Protect the environment, the air, food, water, and housing*
- *Promote healthy behaviors*
- *Monitor the health status of the community*
- *Mobilize community action for health*
- *Respond to disasters*
- *Assure the accessibility of medical care*
- *Reach out to link high-risk, disadvantaged persons to needed services*
- *Provide medical care when needed*
- *Train health workers skilled in health promotion and disease prevention*
- *Research innovating solutions to public health problems*
- *Lead the development of sound health policy and planning*

**Ohio Behavioral Risk Factor Surveillance System (BRFSS) Mission:** *To provide high quality data, and analyses, to identify high-risk populations for health behaviors that increase the risk of diseases, adverse physical conditions, and injuries, and to support the evaluation of interventions concerned with the prevention of disease, adverse physical conditions, and injuries in Ohio.*

The District Board of Health and Ohio BRFSS welcome comments on the content of this report and the data. Please direct all comments, questions, and requests for data to:

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This report and other health information about Mahoning County can be found on the District Board of Health website at [www.mahoning-health.org](http://www.mahoning-health.org).

Suggested reference:

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# ***Risk and Protective Factors for Disease and Injury in Mahoning County 2000 Report***

## **EXECUTIVE SUMMARY**

Behavioral choices such as tobacco and alcohol use, diet, and exercise underlie at least one-half of deaths in the U.S. each year. This report presents results of two surveys of Mahoning County adults designed to assess behavioral risk and protective factors for chronic disease and injury that contribute to these preventable deaths.

Telephone surveys of two disproportionate stratified samples totaling 591 adult Mahoning County residents were conducted by the District Board of Health and Ohio Department of Health in 2000. The researchers employed questionnaire items developed by the U.S. Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS) and by the District Board of Health to collect health risk and protective factor prevalence data. The weighted prevalence estimates in the report may be considered representative of the Mahoning County adult population.

Survey results indicate that Mahoning County's adult population met or exceeded six of the 20 Year 2000 national health objectives for which directly comparable local prevalence estimates were available, including breast and cervical cancer screening, colorectal cancer screening, flu immunization, safe food handling practices, and access to curbside recycling. In addition, Mahoning County achieved more than 90% of Year 2000 objectives for cholesterol screening, annual dental visits, and use of smoke detectors. Mahoning County adults expressed strong support for control of environmental tobacco smoke exposure in public places and measures to reduce youth access to tobacco products.

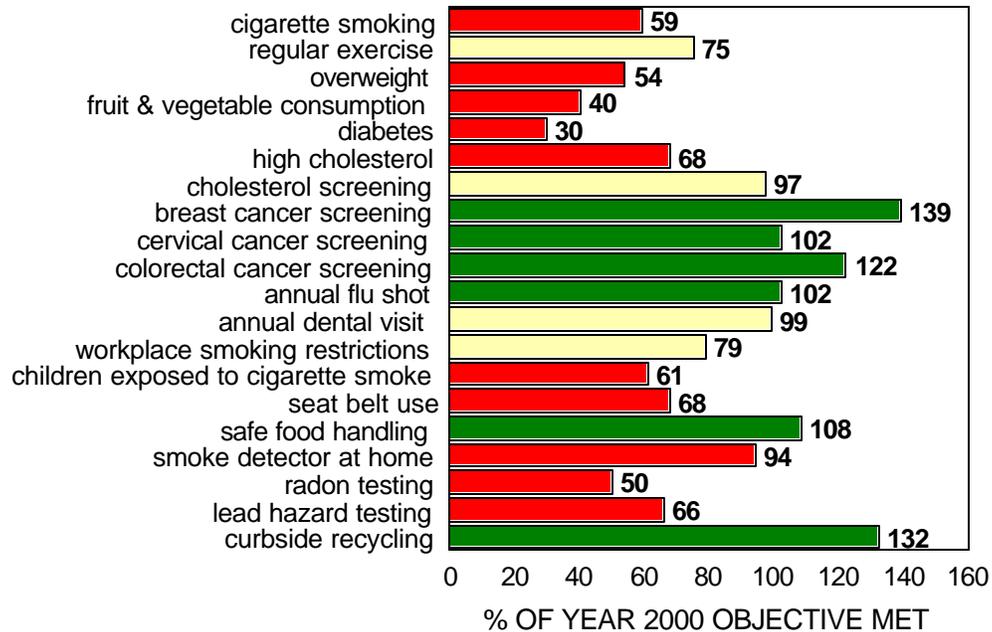
Survey results also suggest that Mahoning County has made progress in other areas, including smokeless tobacco use, reducing exposure to secondhand smoke in the workplace, regular medical visits, safe storage of household hazardous chemicals, food safety, septic system maintenance, radon testing of homes, lead hazard testing of homes, awareness of household hazardous and medical waste disposal options, awareness of poison control services, bicycle helmet use, and safe storage of firearms.

Prevalence estimates for other major health risk and protective factors suggest that Mahoning County has not improved or is actually doing worse in other areas, including cigarette smoking, physical activity, excessive alcohol use, overweight, fruit and vegetable consumption, diabetes, high blood pressure, high cholesterol, children's exposure to environmental tobacco smoke, health insurance coverage, and drinking water testing.

Mahoning County was similar to Ohio in 2000 in the prevalence of most health risk and protective factors presented in this report. In one area – cholesterol screening – Mahoning County adults reported a higher rate of screening that was statistically significant. In three other areas – smokeless tobacco use, general health status, and the presence of smoke detectors at home – Mahoning County adults reported significantly lower rates.

# HEALTHY PEOPLE 2000

## MAHONING COUNTY REPORT CARD



This “report card” shows the 20 Year 2000 national health objectives for which directly comparable Mahoning County estimates are presented in this report. Local performance measures ranged from a high of 139% of the Year 2000 objective achieved for breast cancer screening to a low of 30% of the Year 2000 objective for diabetes prevalence.

The District Board of Health and Ohio Department of Health plan to conduct behavioral risk factor surveys of Mahoning County adults again in 2006 to monitor progress toward Year 2010 national health objectives.

## INTRODUCTION

*“Every year in Mahoning County more than a thousand people die of diseases and injuries caused by smoking, alcohol abuse, poor diet, lack of exercise, and violence; or because they didn’t get an immunization, screening test, or seek health care soon enough. With so many preventable diseases and premature deaths in our communities – up to one half of all deaths by some estimates – a reasonable person could ask ‘Do we, the community, enjoy the best possible health for our investment?’”*

*from A Community Health Plan for Mahoning County – Developed by Healthy Valley 2000. May 1998 <sup>1</sup>*

Despite our enormous expenditures for medical care, unrivaled by any other nation in the world, only five of the additional 30 years of average life expectancy gained since the turn of the 20<sup>th</sup> century – from 45 to 75 years – can be attributed to the work of the medical care system. The majority of the gain has been achieved through improvements in nutrition, housing, sanitation, and occupational safety. Today, in 2002, over one-third of deaths in the United States each year can be attributed to three leading causes - tobacco use, diet and activity patterns, and excessive alcohol use - all of which are matters of personal behavioral choice.<sup>2</sup>

<b><u>ACTUAL CAUSES OF DEATH IN THE UNITED STATES IN 1990</u></b>		
<b>Causes</b>	<b>DEATHS</b>	
	<b>Estimated No.</b>	<b>Percentage of Total Deaths (%)</b>
Tobacco	400,000	19
Diet/activity patterns	300,000	14
Alcohol	100,000	5
Microbial agents	90,000	4
Toxic agents	60,000	3
Firearms	35,000	2
Sexual behavior	30,000	1
Motor vehicles	25,000	1
Illicit use of drugs	20,000	<1
<b>TOTAL</b>	<b>1,060,000</b>	<b>50</b>

<sup>1</sup>Healthy Valley 2000. A Community Health Plan for Mahoning County. May 1998. [www.mahoning-health.org/valley2000](http://www.mahoning-health.org/valley2000).

<sup>2</sup>McGinnis JM, Foege WH. Actual causes of death in the United States. JAMA, November 10, 1993.

In the current medical care system, only a small fraction of health expenditures - less than five percent - is devoted to control of the actual causes of death presented in the table above.<sup>3</sup> Behavior change that reduces the risk of death and disease from these causes must begin with knowledge of how widespread these risk behaviors are in a community. The public health system has a unique opportunity to collect and share this information with our communities.

The Ohio Department of Health and District Board of Health periodically monitor the prevalence of behavioral risk factors among adults, i.e. persons age 18 years and older, that are associated with the major causes of premature morbidity and mortality. The Ohio Behavioral Risk Factor Surveillance System (BRFSS) is housed within the Community Health Assessments Section, Bureau of Health Surveillance, Information and Operational Support, Division of Prevention, at the Ohio Department of Health. The purpose of the Ohio BRFSS is to monitor the behaviors associated with the major causes of preventable morbidity and mortality in adult Ohioans, e.g. heart disease, cancer, diabetes, and injuries. BRFSS prevalence data should be used in combination with other measures such as mortality, morbidity, economic costs, preventability, years of potential life lost, resource availability, and effectiveness of interventions. Since 1984, the Ohio Department of Health has entered into a yearly cooperative agreement with the Centers for Disease Control and Prevention (CDC) to develop and implement the BRFSS survey in Ohio. In 1993, the District Board of Health began conducting local BRFSS surveys of Mahoning County resident adults. In 2000, the local BRFSS survey was conducted in partnership with the Ohio Department of Health.

This report represents our latest effort to collect and analyze risk factor prevalence data from residents of Mahoning County and Ohio and compare this information with national health objectives from *Healthy People 2000*, the U.S. Public Health Service plan to improve the health of Americans.<sup>4</sup> *Healthy People 2000* also contains a number of objectives for improvement and protection of environmental health in our communities. Experts have tended to overlook environmental quality in their assessments of community health.

The report contains information that will be useful to ongoing efforts of the Healthy Valley Alliance to promote healthy behavioral choices and optimum use of clinical preventive services. Community organizations and individuals working to change the definition of health to include environmental quality as an essential priority for a healthy community will also find this report useful.

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<sup>3</sup> U.S. Department of Health and Human Services. Public Health Service, 1994. For a Healthy Nation: Returns on Investment in Public Health.

<sup>4</sup> *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*. Washington, DC: Public Health Service; 1991. DHHS publication PHS 91-50212.

## **METHODOLOGY**

### Sampling Selection

#### *Ohio BRFSS*

The Ohio BRFSS uses telephone surveys to collect data. A random digit dial two-stage sampling method (disproportionate stratified sample design) is used to obtain a sample representative of Ohio residents. Upon reaching a residence and verifying the telephone number, the appropriate respondent is randomly selected. The survey is conducted in the State of Ohio during a three-week period each month; calls are made six days a week during both daytime and the evening. Ohio completed about 270 interviews each month during 2000.

The population-based sample (N) consists of adult Ohioans age 18 years and older. Since 1997, the Ohio BRFSS has expanded its sample size to 3,100 and over-sampled more than 400 people each from metropolitan counties and a total of 400 people from 29 Appalachian counties. In odd years (e.g., 1997, 1999, and 2001), Franklin, Hamilton, Cuyahoga, and 29 Appalachian counties were over-sampled, while Lucas, Mahoning, Montgomery, and Summit counties were over-sampled in even years (e.g., 1998, 2000, and 2002). In 2000, the total Ohio sample size obtained was 3,256 persons. This is the number of adults who completed interviews and provided necessary survey information, including about 400 people each from Lucas, Mahoning, Montgomery, and Summit Counties for a total of 1,600 households and 1,500 households again from the remainder of Ohio to represent diverse populations. In 2000, 3,850 random phone numbers were generated for Mahoning County, and 389 interviews were completed. The population was similar to the age, income and racial distribution of the population of Ohio.

#### *Mahoning County BRFSS*

A disproportionate stratified random sample of residential telephone numbers was drawn to complete the BRFSS as recommended by the Centers for Disease Control and Prevention BRFSS manual. Telephone numbers were drawn from two strata (lists) that are based on the presumed density of known household telephone numbers. Telephone numbers were classified into strata that are either high density or low density to yield residential telephone numbers. Numbers in the likely stratum were sampled at a higher rate than those in the unlikely stratum. The advantage of this method is that it reduces the number of telephone numbers that must be called to complete the sample.

## Questionnaires

### *Ohio BRFSS*

The Ohio BRFSS questionnaire consists of three parts: a core, standard modules, and state-added questions. The core questions continue to evolve over time, including health status, health care access, awareness of selected medical conditions (hypertension, diabetes and high cholesterol), injury control, tobacco and alcohol use, women's health issues and the use of certain preventive health measures, awareness and attitudes concerning HIV/AIDS and prevalence of testing for HIV infection. Moreover, respondents were asked to provide demographic information such as age, sex, race, marital status, household income, employment status and educational level. The standard modules are sets of questions on selected topics, such as weight control, quality of life, participation in leisure time and physical activities, consumption of fruits and vegetables, and the use of smokeless tobacco. The specific questions for the core and the standard modules are jointly created by the state of Ohio and CDC. In 2000, Ohio BRFSS also added asthma-related questions.

### *Mahoning County BRFSS*

The locally collected BRFSS data requested demographic information including age, ethnicity, education attained, employment, income and sex. Specific items were organized around the following themes: food handling practices, selected dietary habits, physical impairments, physical activity programs available in the workplace, water quality, waste disposal, chemical and environmental exposures in the home, home safety, pet ownership and vaccination, attitudes about tobacco, and firearm storage practices.

## Data Analyses

### *Ohio BRFSS*

Tables included in this report show the 95% confidence intervals (CI) associated with all reported percentages. Confidence intervals were calculated using SUDAAN, software developed by the Research Triangle Institute, which properly estimates sample variance for complex sample designs like BRFSS. Calculations based on small sample sizes (i.e.,  $N < 50$ ) are considered to be very unreliable and should be interpreted with caution.

Respondents who answered "don't know/not sure" or refused the question were excluded from the analyses. To assure that prevalence estimates are representative of Ohio and Mahoning

County populations, Ohio BRFSS data were weighted/adjusted for age, gender, and probability of selection (e.g., number of adults and number of telephone numbers in the household).

### *Mahoning County BRFSS*

Post-stratification of the locally-collected BRFSS sample of adult respondents in 402 households was conducted to weight the data to match the proportion of age and sex distribution reported in the 2000 census for Mahoning County. The post-stratification factor was calculated by computing the ratio of the age and sex distribution of the county population divided by that of the sample. This factor was then multiplied by the raw weight to compute an adjusted, final weight variable. The weighting adjusts not only for variation in selection and sampling probability but also for demographic characteristics so that projections could be made from the sample to the general population of Mahoning County.

The information gathered in this survey was self-reported. The accuracy of this information depends on the truthfulness of respondents. Certain less socially acceptable behaviors such as smoking or excessive alcohol use may be underreported, whereas more acceptable behaviors such as frequent physical activity or seat belt use may be over reported by respondents.

## **RESULTS**

### Tobacco Use

Tobacco use is the single most important preventable cause of death and disease in the United States. Cigarette smoking accounts for 21% of all coronary heart disease deaths, and 30% of all cancer deaths. Eighty-seven percent of lung cancer deaths are attributed to cigarette smoking.<sup>5</sup> According to the Ohio Cancer Incidence Surveillance System at the Ohio Department of Health, 242 cases of lung cancer were diagnosed in Mahoning County residents in 1999, an age-adjusted incidence rate of 73.6 cases per 100,000 for Mahoning County compared with 75.3 cases per 100,000 for Ohio.<sup>6</sup>

Smoking during pregnancy accounts for 20 to 30 percent of low birth weight babies, making it the most important cause of this condition.<sup>7</sup> Low birth weight is the leading contributor to death during infancy.

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<sup>5</sup> *Cancer Facts & Figures 2002*. American Cancer Society, Atlanta, GA, 2002.

<sup>6</sup> *Cancer Incidence among Ohio Residents 1999*. Ohio Cancer Incidence Surveillance System. Ohio Department of Health. February 2002.

In 2000, 25.2% of Mahoning County adults reported that they had smoked at least 100 cigarettes in their lifetimes and were current smokers. Men and high school graduates or those with less education were more likely to be cigarette smokers. Mahoning County did not achieve the Healthy People Year 2000 objective for reducing cigarette smoking.

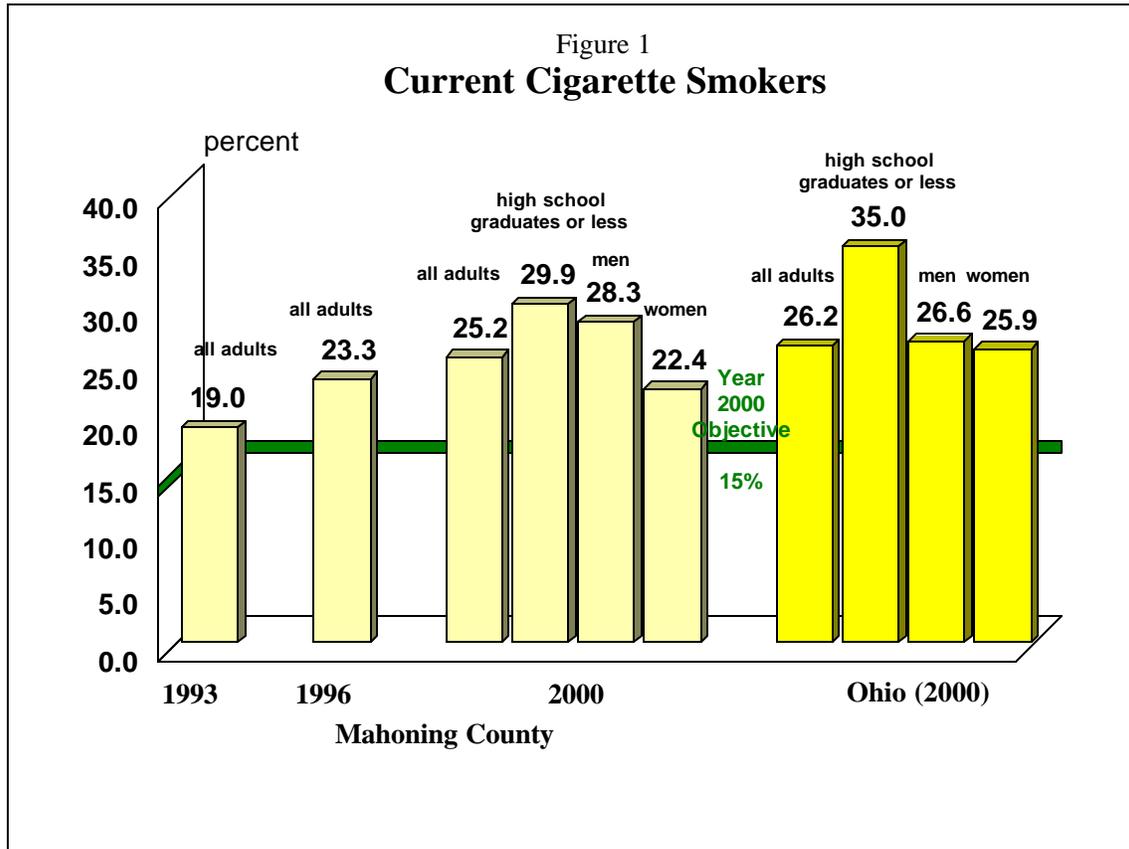


Table 1  
**Current Cigarette Smokers\***

Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
all adults	387	25.2%	19.8-30.6	3245	26.2%	24.0-28.4
high school graduates or less	186	29.9%	21.7-38.1	1414	35.0%	31.4-38.6
men	139	28.3%	21.9-34.7	1268	26.6%	23.2-30.0
women	248	22.4%	16.0-28.8	1977	25.9%	23.1-28.7

\*persons who reported smoking at least 100 cigarettes in their lifetime and currently smoke every day or some days

<sup>7</sup> Nishimura, et al., *State Prenatal Smoking Databook*, 1999, Centers for Disease Control and Prevention, 2001.

## Smokeless Tobacco Use

In 1999, 26 cases of oral cancer were diagnosed in Mahoning County residents, an age-adjusted incidence rate of 8.3 cases per 100,000 in Mahoning County compared with 9.1 cases per 100,000 in Ohio.<sup>8</sup> Oral cancer occurs more frequently among smokeless tobacco users and may be 50 times more frequent among long-term snuff users. Smokeless tobacco use has increased most dramatically among adolescent females in recent years.

Smokeless tobacco use is defined as current use of chewing tobacco, snuff, or both. In 2000, 1.0% of Mahoning County adults of all ages reported using smokeless tobacco, compared with 3.4% of Ohio adults. The Year 2000 objective of no more than 4% of males ages 12-24 at risk for smokeless tobacco use is related but not directly comparable with this prevalence estimate.

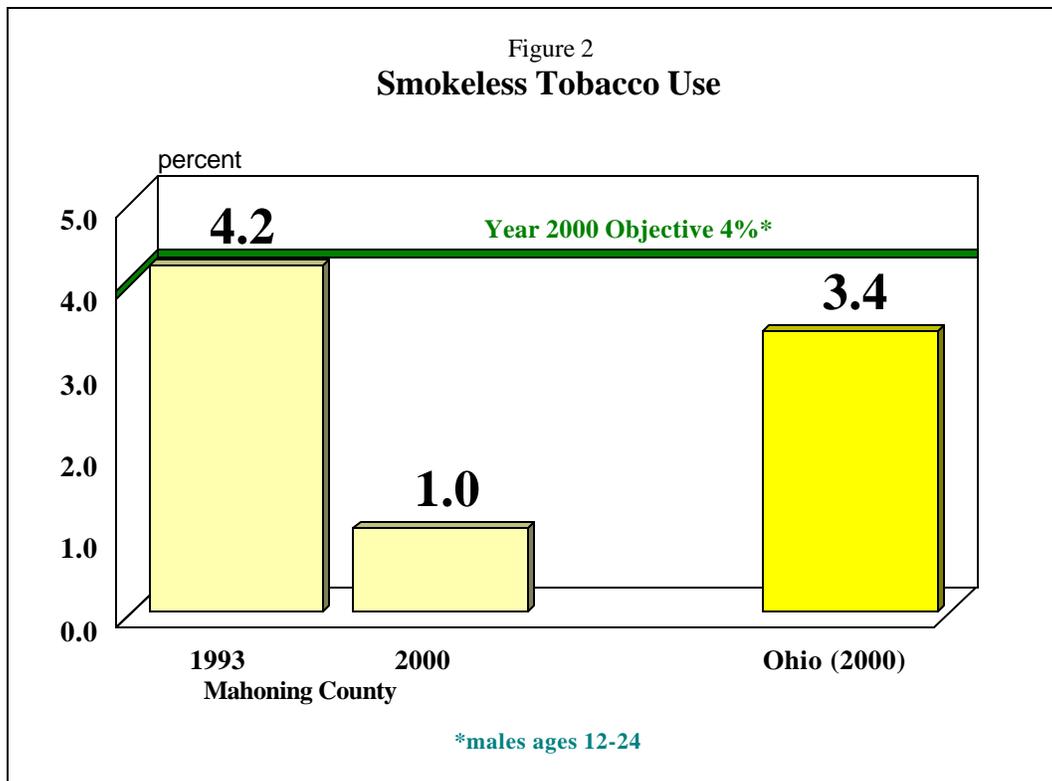


Table 2  
**Smokeless Tobacco Use**

Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
all adults	377	1.0%	0.0-2.2*	3203	3.4%	2.4-4.4

\* Confidence Interval includes zero

<sup>8</sup> *Cancer Incidence among Ohio Residents 1999*. Ohio Cancer Incidence Surveillance System. Ohio Department of Health. February 2002.

Physical Inactivity

Regular physical activity can help to prevent coronary heart disease, the leading cause of death and disability in Mahoning County. Although cigarette smoking, high blood pressure and high blood cholesterol are more well-known risk factors for heart disease, more persons - especially older persons among whom physical inactivity is most prevalent - are at risk for heart disease due to physical inactivity than for any other single risk factor.

In 2000, 30.5% of adult Mahoning County residents did not participate in leisure time physical activity in the last month. Adults 65 years of age and older were even more likely to have sedentary habits (37.6%). Only 22.5% of adults reported that they engaged in regular, sustained physical activity in 2000. Mahoning County adults are becoming less physically active and Mahoning County is moving away from Year 2000 objectives for physical activity.

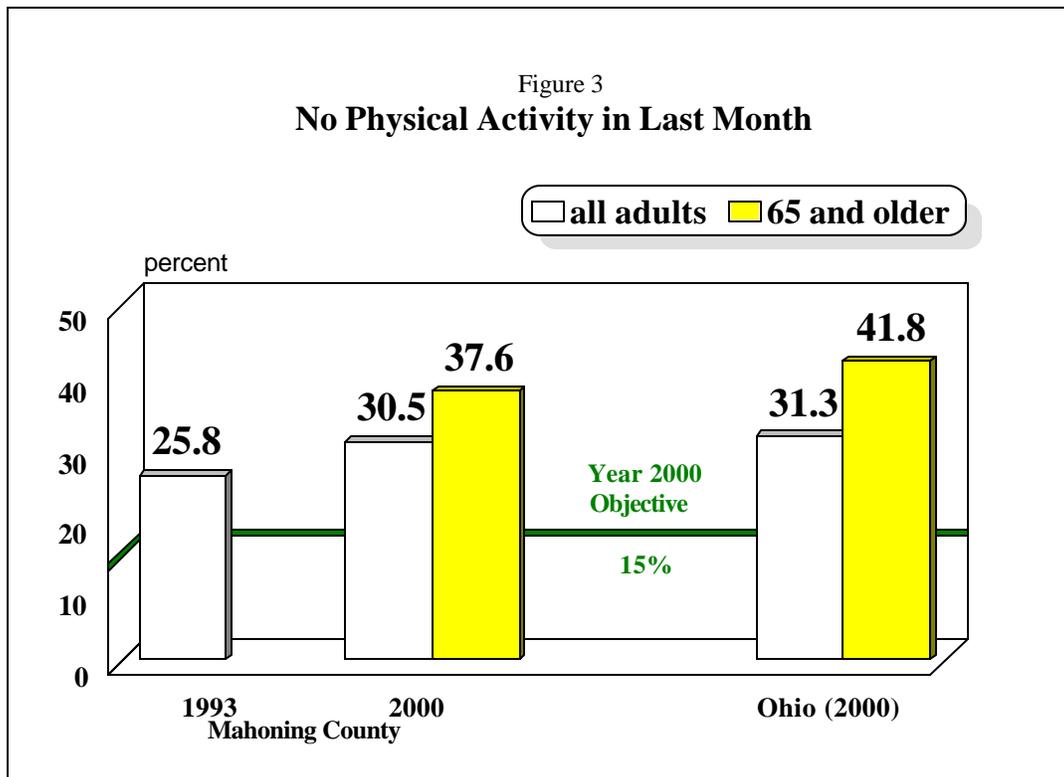
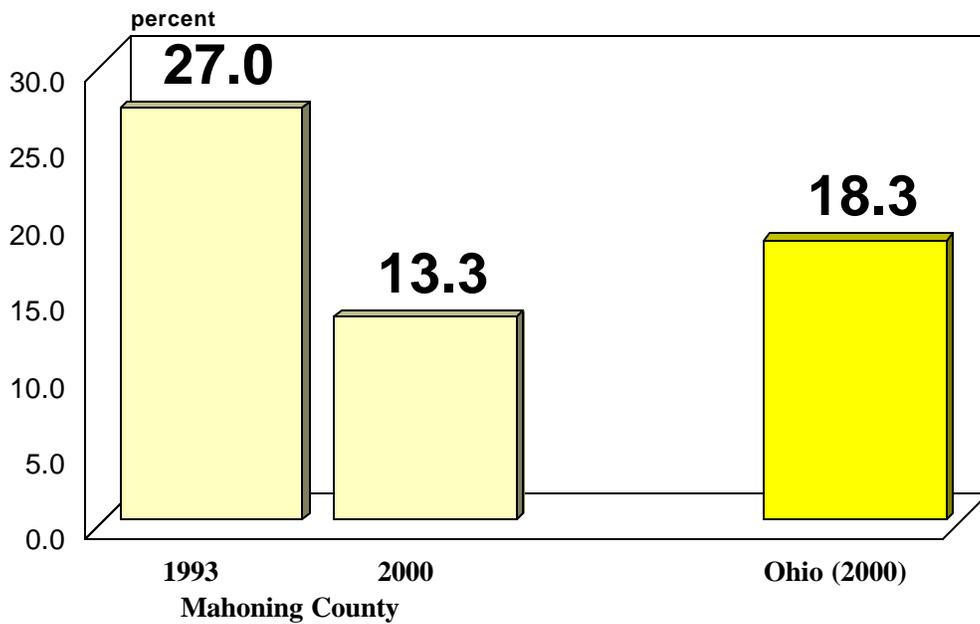


Table 3  
**No Physical Activity\***

Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
all adults	389	30.5%	25.1-35.9	3250	31.3%	29.0-33.6
adults 65 years +	89	37.6%	27.0-48.2	593	41.8%	36.3-47.3

\* outside of job duties, no reported leisure time physical activities done for exercise or recreation during the past month

Figure 4  
**Regular and Sustained Physical Activity\***



\*physical activity of any intensity 5 or more times/week for 30 or more minutes

Table 4  
**Regular and Sustained Physical Activity\***

Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
all adults	389	22.5%	16.6-28.4	3250	18.3%	16.4-20.2

\* physical activity of any intensity 5 or more times per week for 30 or more minutes

Excessive Alcohol Use

Alcohol is directly involved in nearly 5% of all U.S. deaths.<sup>9</sup> It is a major contributing factor to motor vehicle fatalities, suicides and homicides, and a large proportion of cirrhosis deaths. Alcohol use during pregnancy is the leading preventable cause of birth defects.

Excessive alcohol use is defined as the consumption of five or more alcoholic drinks on one or more occasions in the last month. The percentage of Mahoning County adults who reported this risk behavior in 1993 appears to have increased in 2000.

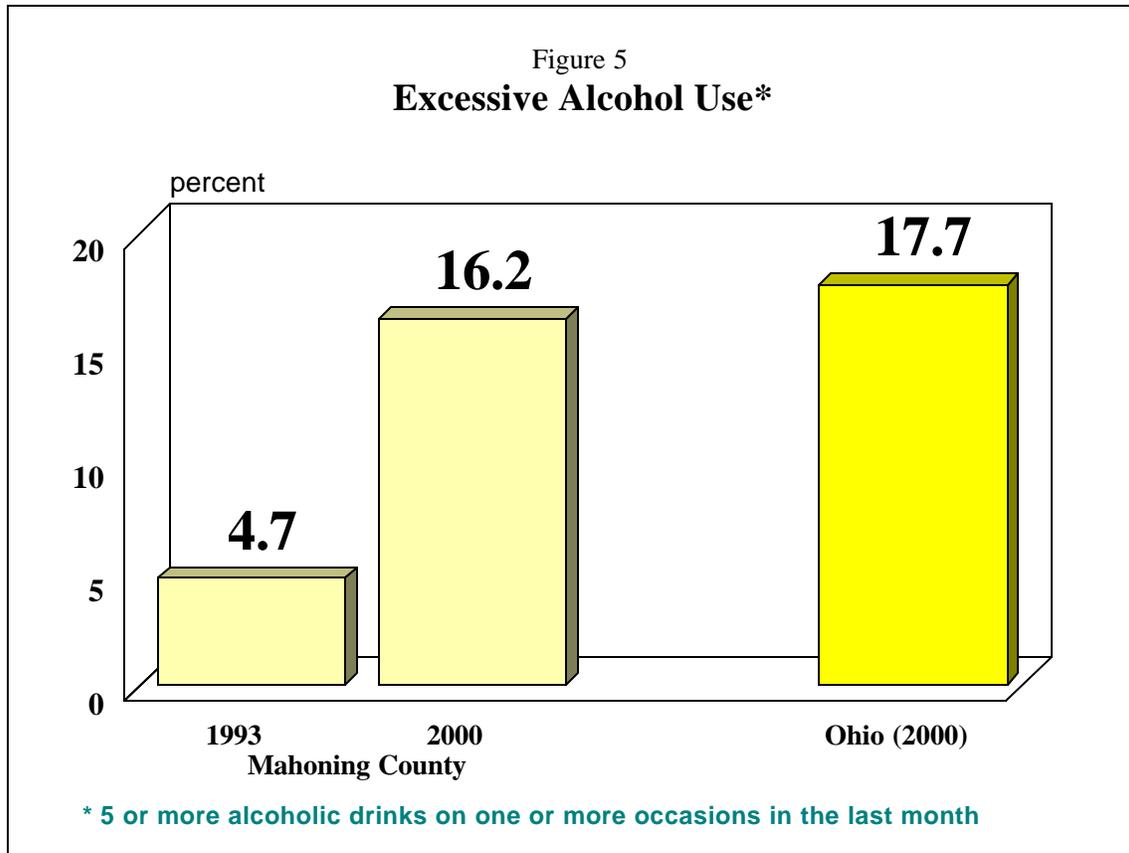


Table 5  
**Excessive Alcohol Use\***

Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
all adults	379	16.2%	10.8-21.6	3193	17.7%	15.7-19.7

\* consumption of 5 or more alcoholic drinks on one or more occasions in the last month

<sup>9</sup> Centers for Disease Control and Prevention. Perspectives in disease prevention and health promotion alcohol-related mortality and years of potential life lost – United States, 1987. MMWR 1990;39(11):173-178.

## Overweight Adults

Obesity is a leading risk factor for coronary heart disease. It is associated with high blood pressure and high blood cholesterol, which are other important heart disease risk factors, and with the risk for developing diabetes.

In 2000, 37.2% of Mahoning County adults were overweight. The corresponding figure for Ohio adults was 34.4% in 2000. Overweight is defined as body mass index (BMI) greater than 27.3 for women and 27.8 for men. BMI is calculated by dividing a person's weight in kilograms by his or her height in meters squared. The Year 2000 objective was no more than 20%. The increase in the prevalence of overweight adults since 1993 is consistent with reports of a national "epidemic" of obesity among Americans. More than one in 10 Mahoning County adults reported being advised by their physicians to lose weight.

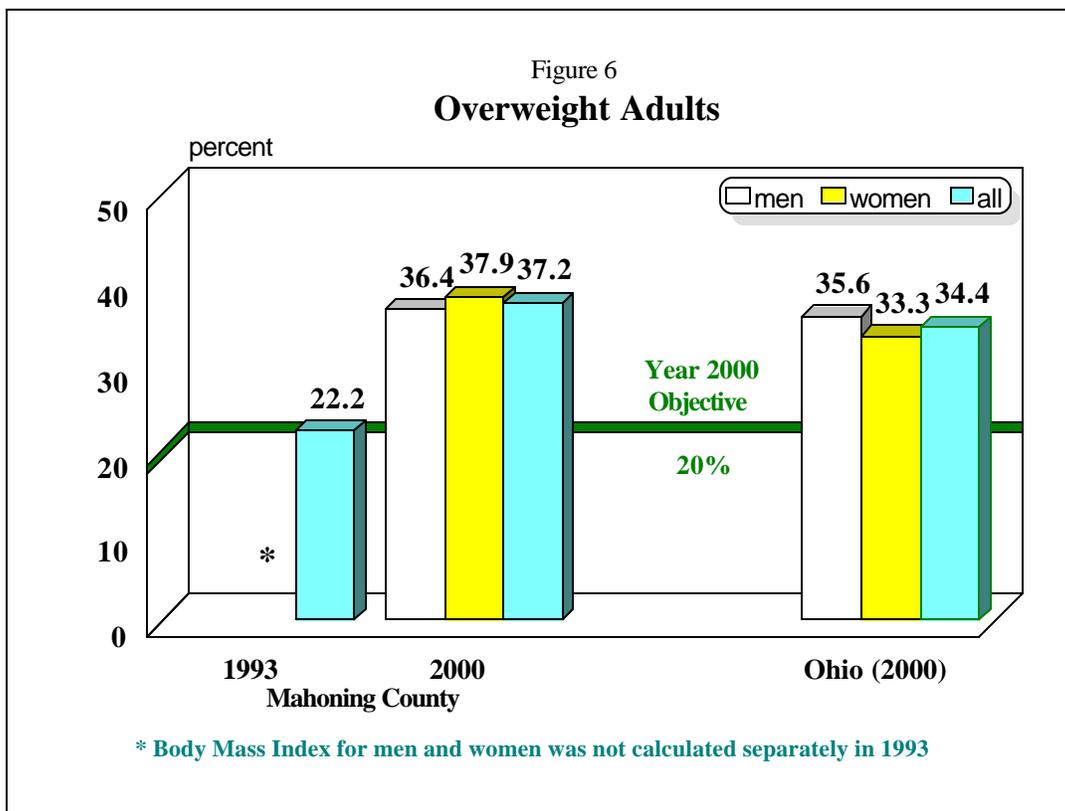


Table 6  
**Overweight Adults\***

Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
all adults	389	37.2%	30.8-43.6	3256	34.4%	32.0-36.8
men	139	36.4%	27.6-45.2	1275	35.6%	31.9-39.3
women	250	37.9%	28.7-47.1	1981	33.3%	30.3-36.3

\* Body Mass Index (BMI) greater than or equal to 27.8 for men and 27.3 for women

Figure 7  
**Advised by Health Care Professional to Lose Weight**

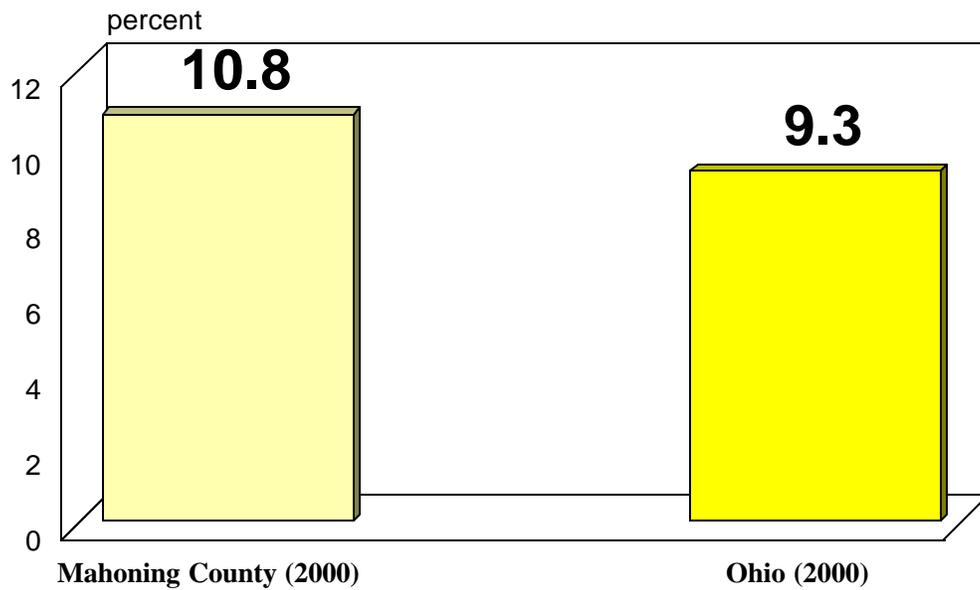


Table 7  
**Advised by Health Care Professional to Lose Weight**

Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
all adults	389	10.8%	7.4-14.2	3252	9.3%	7.9-10.7

Fruit and Vegetable Consumption

The epidemic of obesity is fueled by Americans' consumption of too much saturated fat and too few vegetables, fruits and grain products. These products are high in vitamins, minerals, starch, dietary fiber, and other substances that are important to good health. In 2000, only 20.1% of Mahoning County adults reported that they consumed the five or more servings of fruits and vegetables a day recommended in U.S. dietary guidelines.<sup>10</sup> Mahoning County achieved less than half of the Year 2000 objective of 50%.

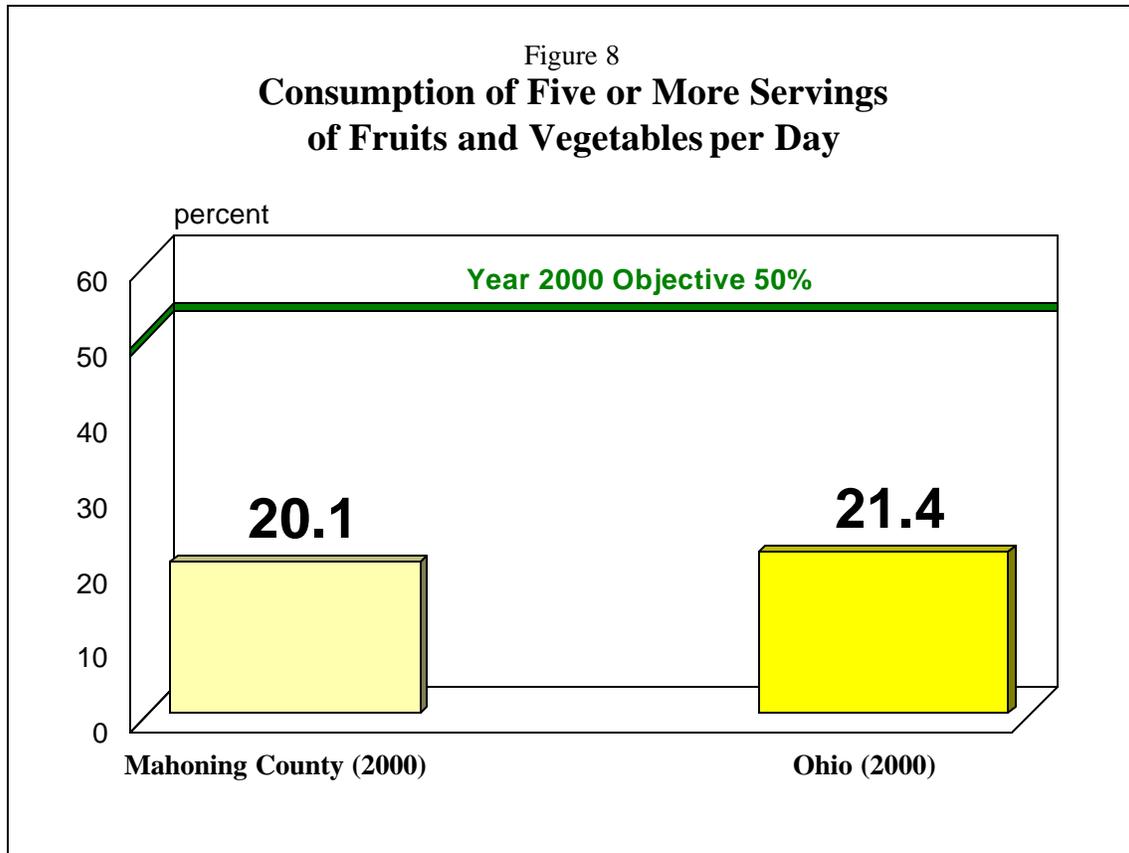


Table 8  
**Consumption of Five or More Servings of Fruits and Vegetables per Day**

Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
all adults	389	20.1%	15.3-24.9	3255	21.4%	20.3-22.5

<sup>10</sup> U.S. Department of Agriculture and Department of Health and Human Services. *Nutrition and Your Health: Dietary Guidelines for Americans*. 5<sup>th</sup> ed. USDA Home and Garden Bulletin; No. 232. Washington: U.S. Department of Agriculture. 2000.

Diabetes

The prevalence of diabetes appears to be increasing in Mahoning County. The risk for diabetes increases with age. As the population of Mahoning County ages, more adults will be affected by this condition. Several factors other than age account for what is considered to be a diabetes epidemic, including a diet high in fat and decreased physical activity. The self-reported prevalence of diabetes in Mahoning County adults in 2000 was considerably higher (8.2%) than in Ohio adults (6.4%). The Year 2000 objective for diabetes prevalence was no more than 2.5 percent.

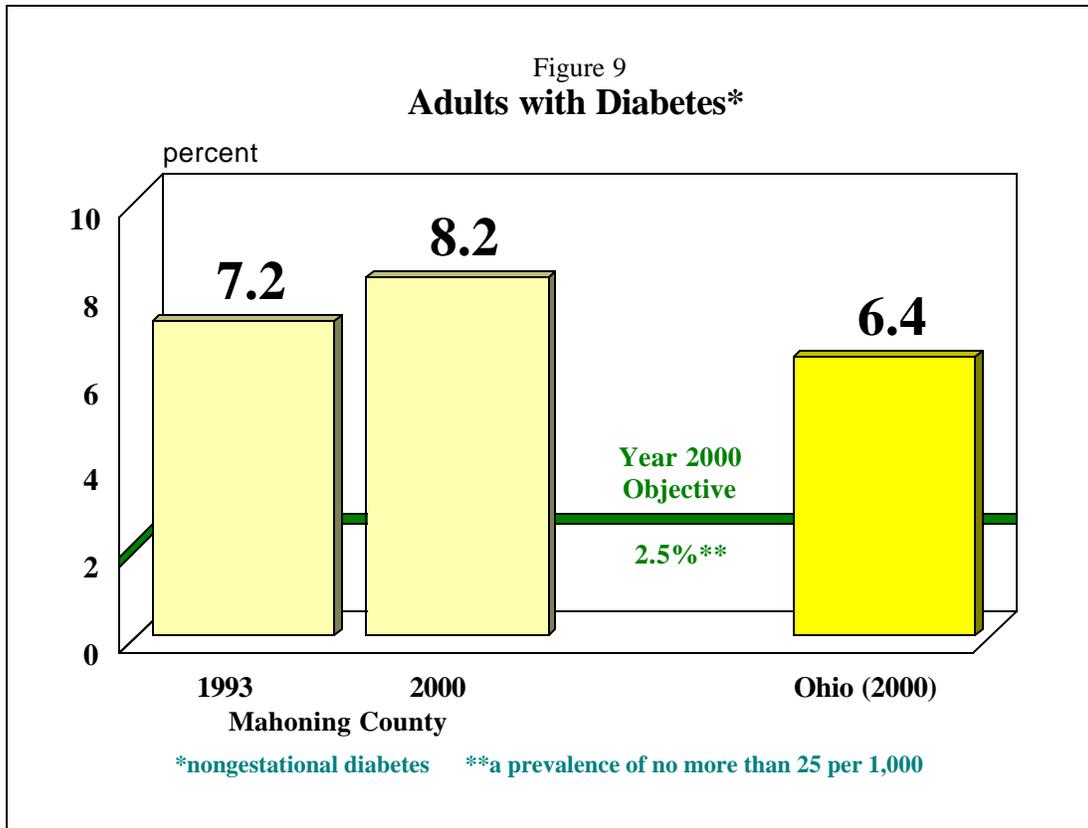


Table 9  
**Adults with Diabetes\***

Groups	Mahoning County			Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
All adults	387	8.2%	5.4-11.0	3250	6.4%	5.2-7.6

\* nongestational diabetes

Serious complications of diabetes like end stage renal disease and limb amputation can be prevented by teaching diabetics to manage their disease and assuring that they have access to proper medical care. Fewer Mahoning County diabetics reported attending diabetes management classes in 2000 than Ohio residents with diabetics in general. Other indicators of disease

management, including regular checkups and eye exams, were similar for Mahoning County when compared to Ohio. A related Year 2000 objective was to increase to at least 75% the proportion of people with diabetes who receive formal patient education.

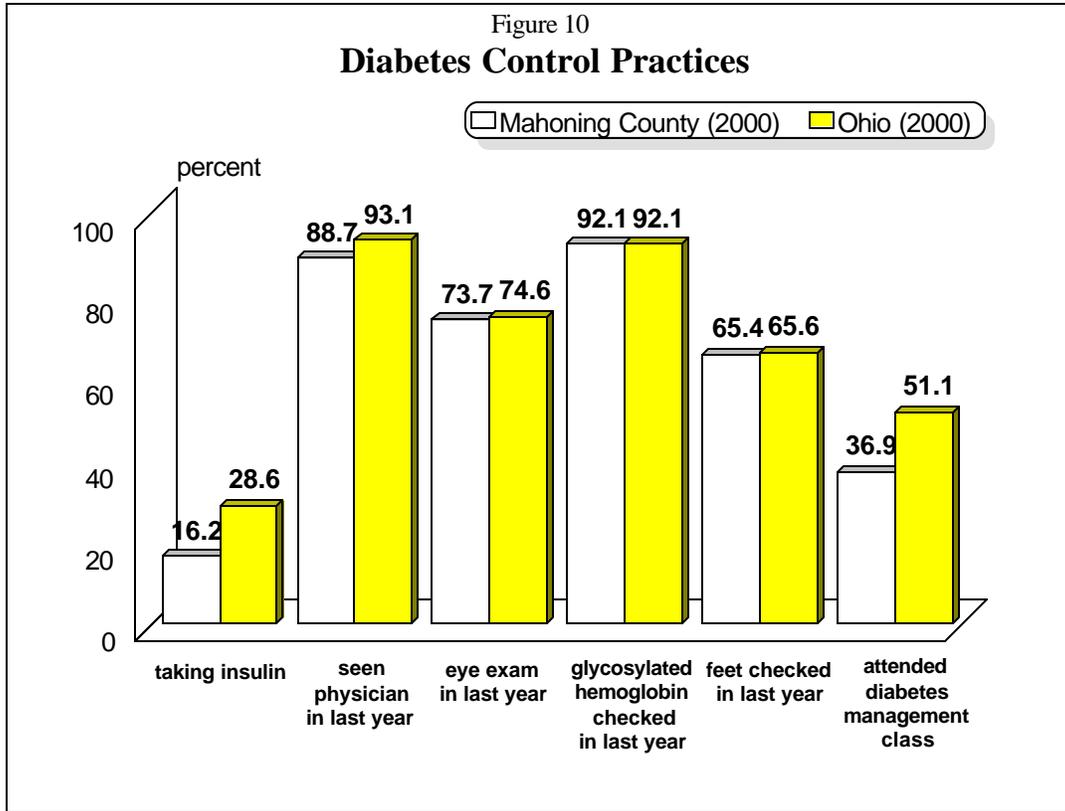


Table 10  
**Diabetes Control Practices**

Health Behavior	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
taking insulin	38*	16.2%	4.7-27.7	228	28.6%	19.6-37.6
seen physician in last year	38*	88.7%	77.3-100.0**	219	93.1%	88.1-98.1
eye exam in last year	38*	73.7%	58.6-88.8	223	74.6%	66.1-83.1
glycosylated hemoglobin checked in the last year	31*	92.1%	82.4-100.0**	192	92.1%	86.7-97.5
feet checked in last year	38*	65.4%	48.6-82.2	223	65.6%	56.2-75.0
attended diabetes management class	38*	36.9%	20.7-53.1	226	51.1%	41.3-60.9

\* small sample size (less than 50) warrants caution in interpretation

\*\* Confidence Interval includes 100%

## High Blood Pressure

High blood pressure increases the risk of death from heart disease and stroke, together the leading cause of death for Mahoning County adults. Persons who reported being told more than once that their blood pressure was high or who reported that they are on medication for high blood pressure are considered at risk. The 24.5% prevalence of this risk factor in Mahoning County adults in 2000 was higher than the 19.6% prevalence reported in 1993.

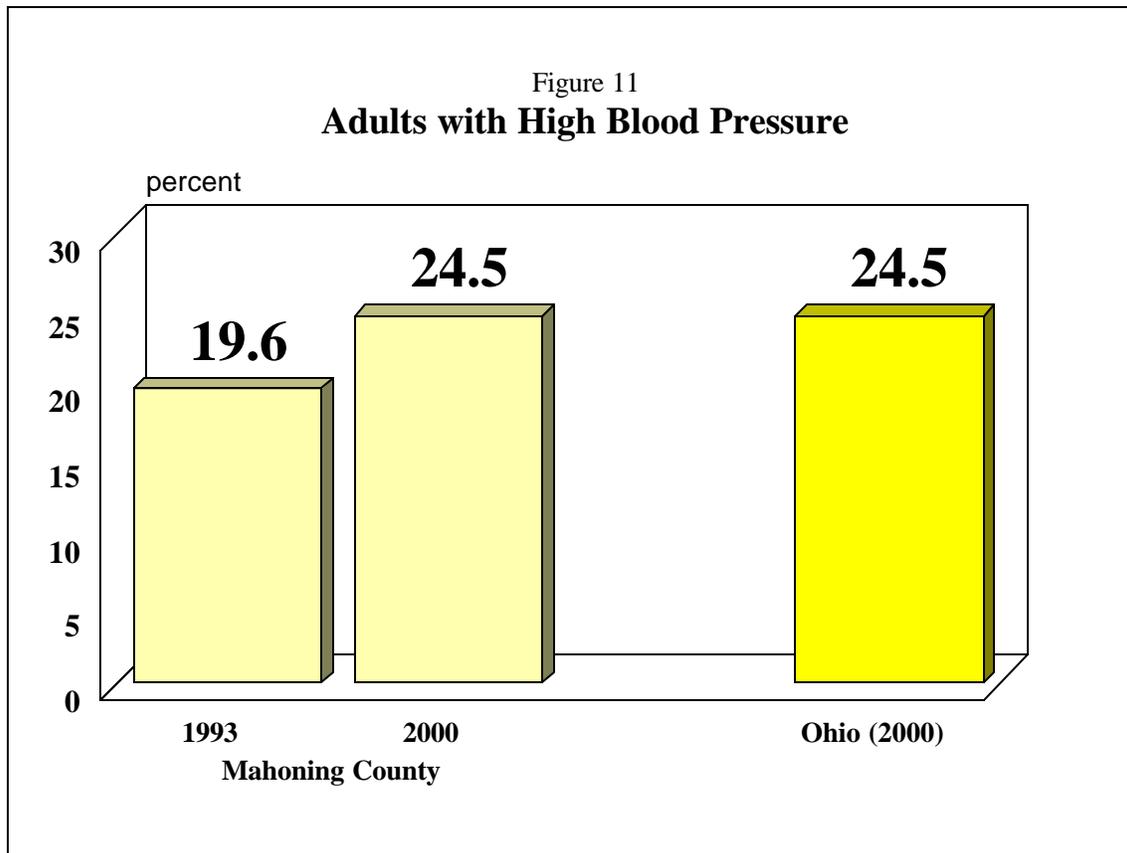


Table 11  
**Adults with High Blood Pressure**

Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
all adults	384	24.5%	19.4-29.6	3211	24.5%	22.4-26.6

A related Year 2000 objective was to increase to 90% the proportion of persons with high blood pressure who are taking action to help control their blood pressure with weight loss, reduction of alcohol intake, sodium restriction, or medication.

Cholesterol Screening and Control

Blood cholesterol levels of 240 micrograms per deciliter (mcg/dL) are associated with a substantially higher incidence of coronary heart disease. More Mahoning County adults reported being told that their cholesterol was high in 2000 (29.2%) than in 1993 (23.8%). The related Year 2000 objective was to reduce the prevalence of blood cholesterol levels of 240 mg/dl or greater to no more than 20% of adults.

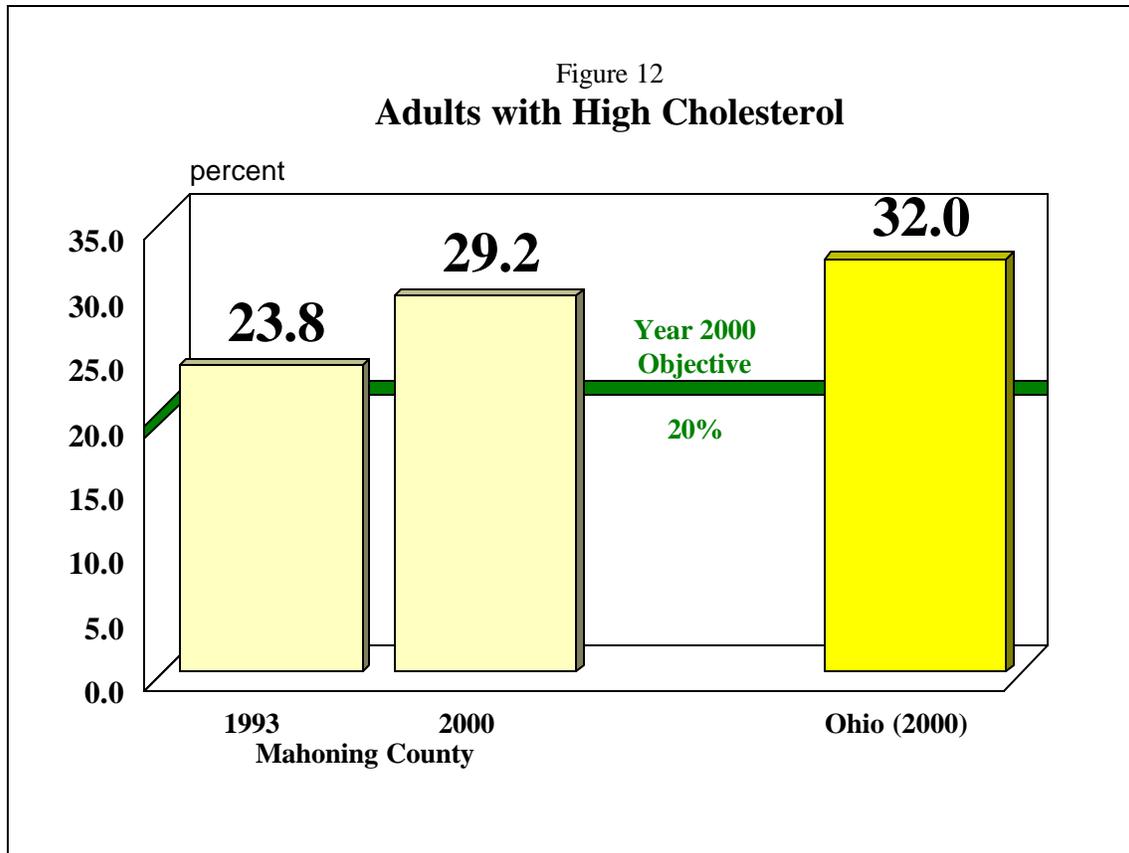


Table 12  
**Adults with High Cholesterol**

Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
all adults	287	29.2%	22.9-35.5	2253	32.0%	29.3-34.7

More Mahoning County adults reported that they had their cholesterol level checked in the last five years in 2000 (65.6%) than in 1993 (58.8%). African-Americans in Mahoning County reported higher cholesterol screening rates in 2000 (72.8%) than African-Americans in Ohio (64.9%). Mahoning County almost attained the Year 2000 objective of 75% of the adult population screened for high cholesterol.

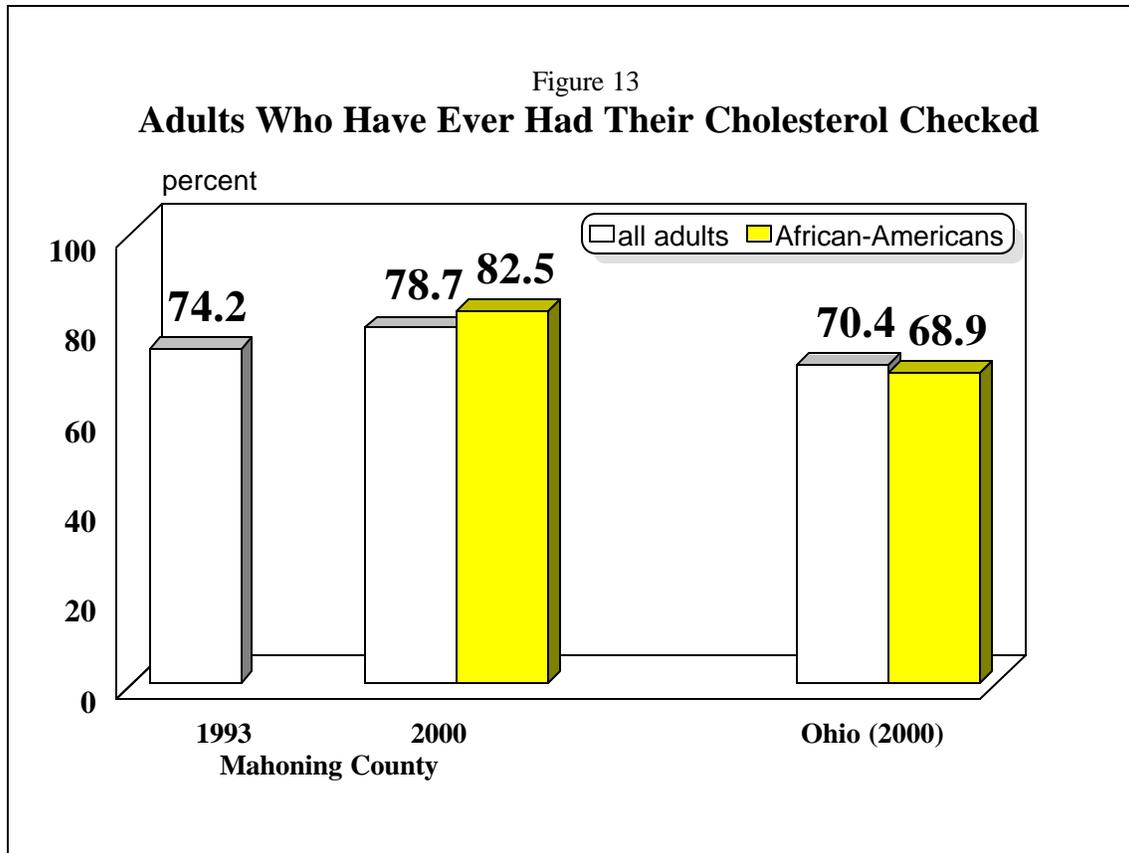
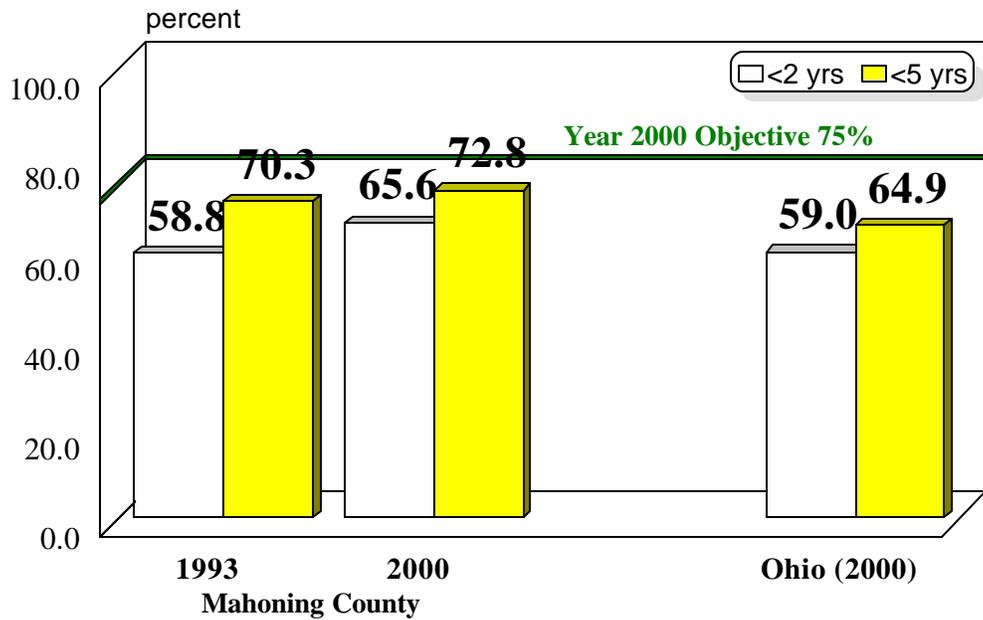


Table 13  
**Adults Who Have Ever Had Their Cholesterol Checked**

Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
all adults	371	78.7%	73.8-83.6	3129	70.4%	68.0-72.8
African-Americans	33*	82.5%	69.6-95.4	309	68.9%	60.8-77.0

\* small sample size (less than 50) warrants caution in interpretation

Figure 14  
**Length of Time Since Last Cholesterol Screening\***



\* among adults who have ever had their cholesterol checked

Table 14  
**Length of Time since Last Cholesterol Screening**

Health Behavior	Groups	Mahoning County			State of Ohio		
		Sample (N)	%	95% CI	Sample (N)	%	95% CI
cholesterol checked in the past 2 Years	adults who have ever had cholesterol checked	363	65.6%	59.5-71.1	3083	59.0%	56.5-61.5
	adults who have ever had cholesterol checked	363	72.8%	67.1-78.5	3083	64.9%	62.4-67.4

## Breast Cancer Screening

Breast cancer is the most common form of cancer among American women and the second leading cause of cancer deaths in women. In 1997, 64 women died of breast cancer in Mahoning County.<sup>11</sup> During the three year period 1996-1998, the age-adjusted female breast cancer death rate was 15.0 per 100,000 in Mahoning County and 14.2 per 100,000 in Ohio. The American Cancer Society has estimated that one woman in every nine will develop breast cancer in her lifetime. In 1999, 240 new breast cancer cases in Mahoning County women were reported to the Ohio Cancer Incidence Surveillance System, an age-adjusted incidence rate of 138.9 cases per 100,000 women in Mahoning County compared with 135.4 cases per 100,000 women in Ohio.

Deaths due to breast cancer can be reduced by 30% among women aged 50 and older through the use of mammography and clinical breast examination. The American Cancer Society recommends monthly breast self-examination and regular clinical breast examination for all women, and annual mammography for women ages 40 and older.<sup>12</sup>

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<sup>11</sup> Ohio Department of Health. Data Warehouse. [www.odh.state.oh.us](http://www.odh.state.oh.us)

<sup>12</sup> *Cancer Prevention & Early Detection: Facts and Figures 2002*. American Cancer Society, Atlanta, GA, 2002.

In 2000, 93.6% of women in Mahoning County ages 40 and older reported that they had had a mammogram, compared with 80.5% in 1993. Medicare and all private health insurers in Ohio began reimbursing for screening mammography in 1992. Mahoning County has achieved this Year 2000 objective.

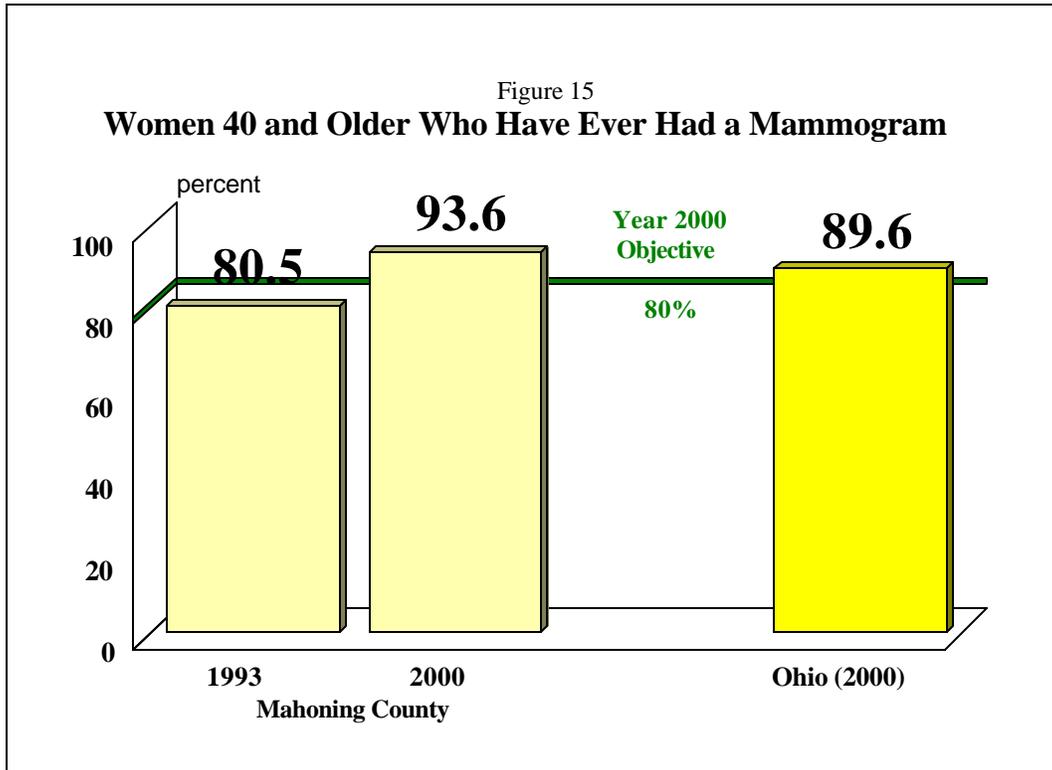


Table 15  
**Women Who Have Ever Had a Mammogram**

Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
women 40+	165	93.6%	89.7-97.5	1194	89.6%	87.2-92.1

In 2000, 83.2% of women 50 years and older in Mahoning County reported that they had a mammogram in the last two years. In 1993, 70.6% of women 40 years and older reported that they had a mammogram in the last two year. Mahoning County has surpassed the Year 2000 objective for regular mammography for women 50 years and older.

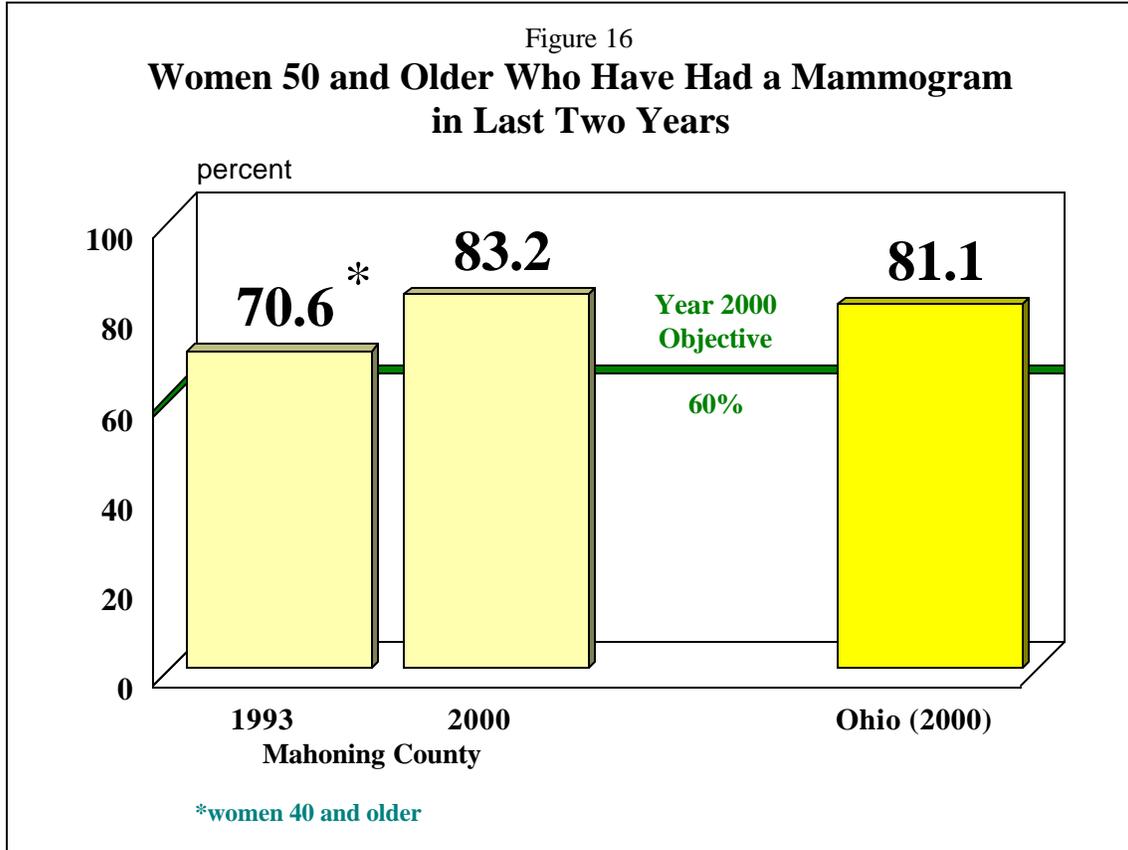


Table 16  
**Mammogram in Last Two Years**

Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
women 50+	105	83.2%	74.9-91.5	791	81.1%	77.4-84.8

Cervical Cancer Screening

More than 50,000 cases of cervical cancer are detected annually in American women. In 1999, 10 cases of cervical cancer in Mahoning County women were reported to the Ohio Cancer Incidence Surveillance System, an age-adjusted incidence rate of 8.3 cases per 100,000 women in Mahoning County compared with 8.7 cases per 100,000 women in Ohio. Early detection of cervical cancer through the use of the Pap test greatly reduces the risk of death from invasive cervical cancer. The widespread use of the Pap test in the last twenty-five years is believed to account for the decline in cervical cancer deaths over this period. Government and professional groups recommend screening of adult women at one to three year intervals to provide the greatest protection against invasive cervical cancer.

In 2000, 94.6% of women in Mahoning County reported that they had undergone a Pap test, compared with 95.9% in 1993. Mahoning County almost achieved the Year 2000 objective of 95%.

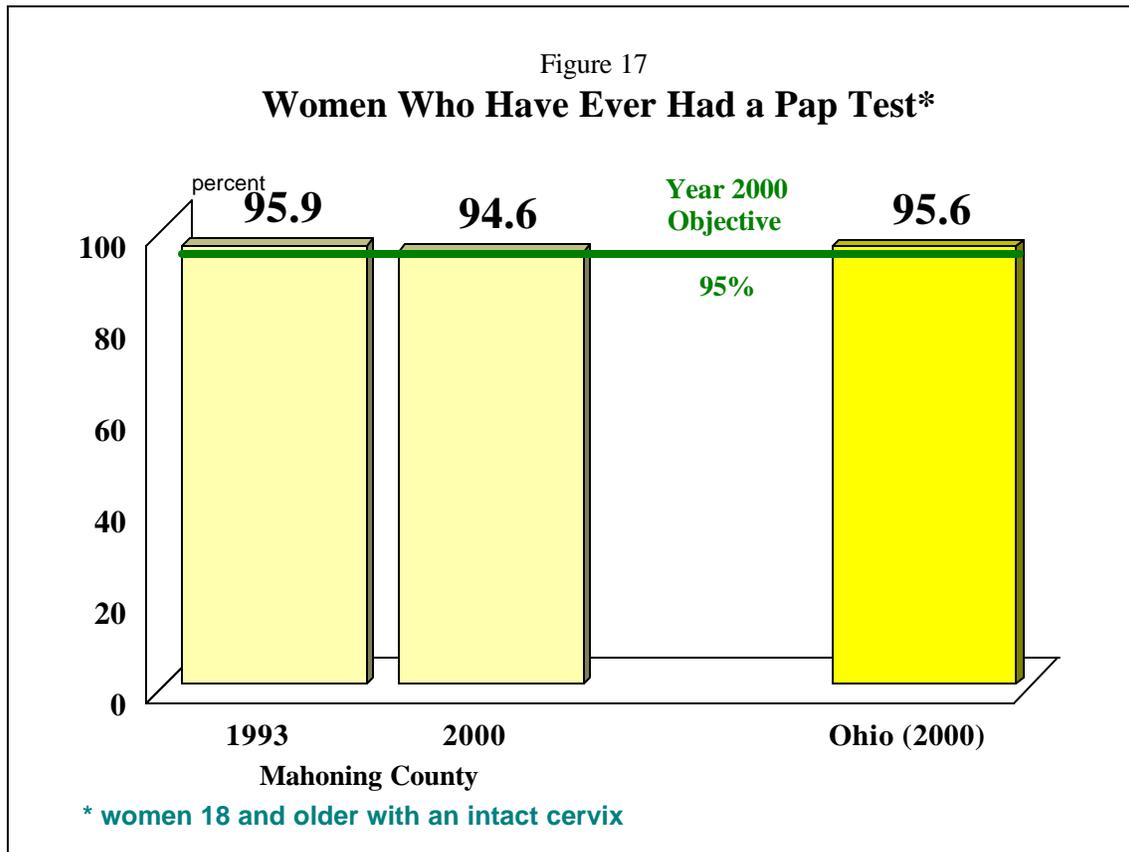


Table 17  
**Women Who Have Ever Had a Pap Test**

Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
women 18+ with intact cervix	190	94.8%	90.2-99.4	1511	95.4%	93.9-96.9

In 2000, 86.7% of women in Mahoning County reported that they had undergone a Pap test in the last three years, compared with 81.3% in 1993. Mahoning County has achieved the Year 2000 objective of 85%.

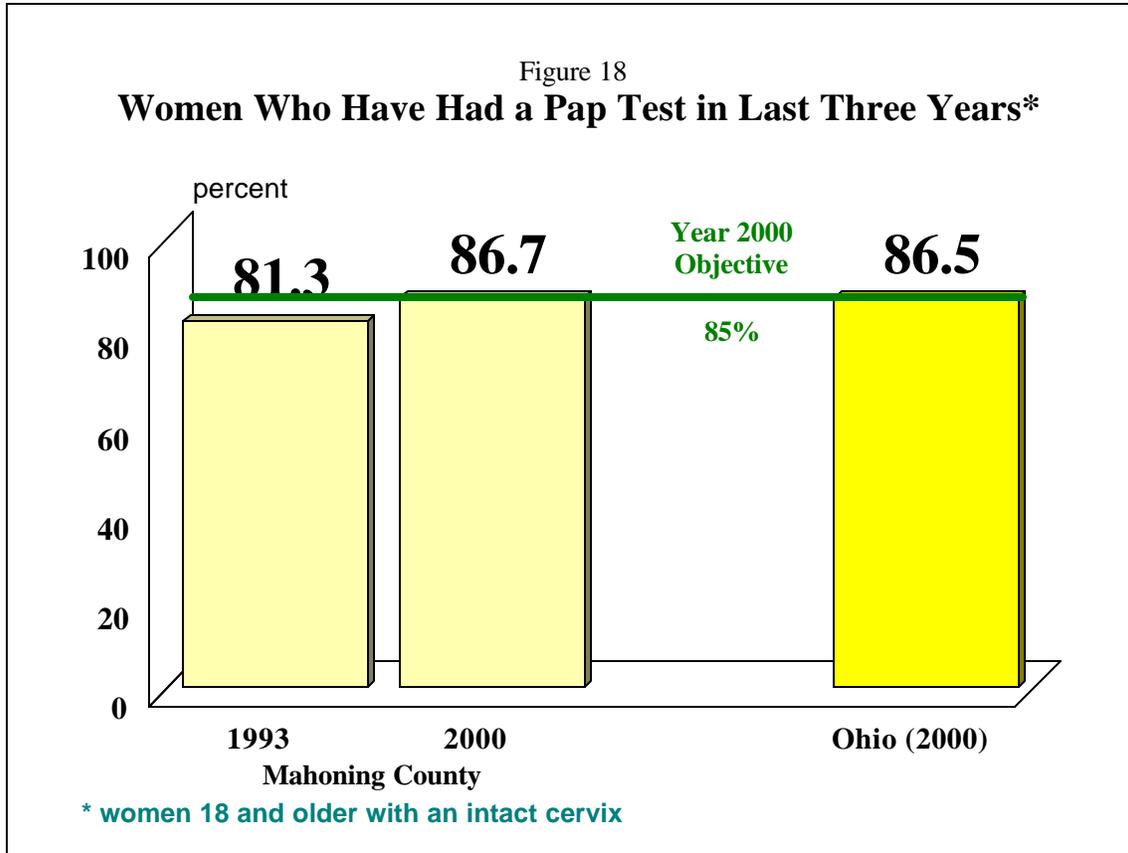


Table 18  
**Women Who Have Had a Pap Test in Last Three Years**

Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
women 18+ with intact cervix	186	86.7%	80.7-92.7	1495	86.5%	83.9-89.1

Colorectal Cancer Screening

Colorectal cancer is the second leading cause of death due to cancer. In 1999, 230 new cases of the disease in Mahoning County residents were reported to the Ohio Cancer Incidence Surveillance System in 1999, an age-adjusted incidence rate of 68.6 cases per 100,000 in Mahoning County compared with 58.6 cases per 100,000 in Ohio. Digital rectal examination and proctosigmoidoscopy have the potential to increase early detection of colon and rectal cancer, improve survival rates and decrease colorectal cancer mortality.

In 2000, 48.8% of County adults 50 years and older reported that they had received a proctoscopic exam, compared with 36.5% in 1993. Mahoning County has surpassed the Year 2000 objective of 40%.

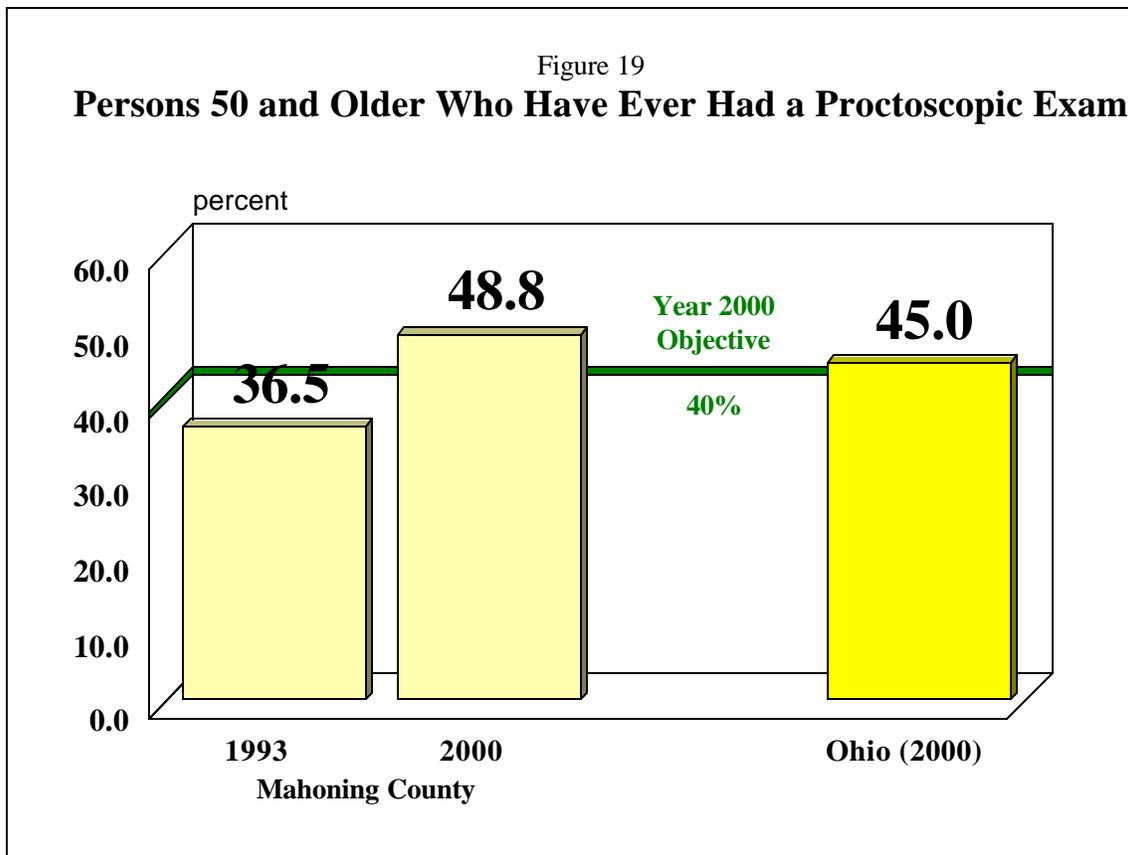


Table 19  
**Adults Who Have Ever Had a Proctoscopic Exam**

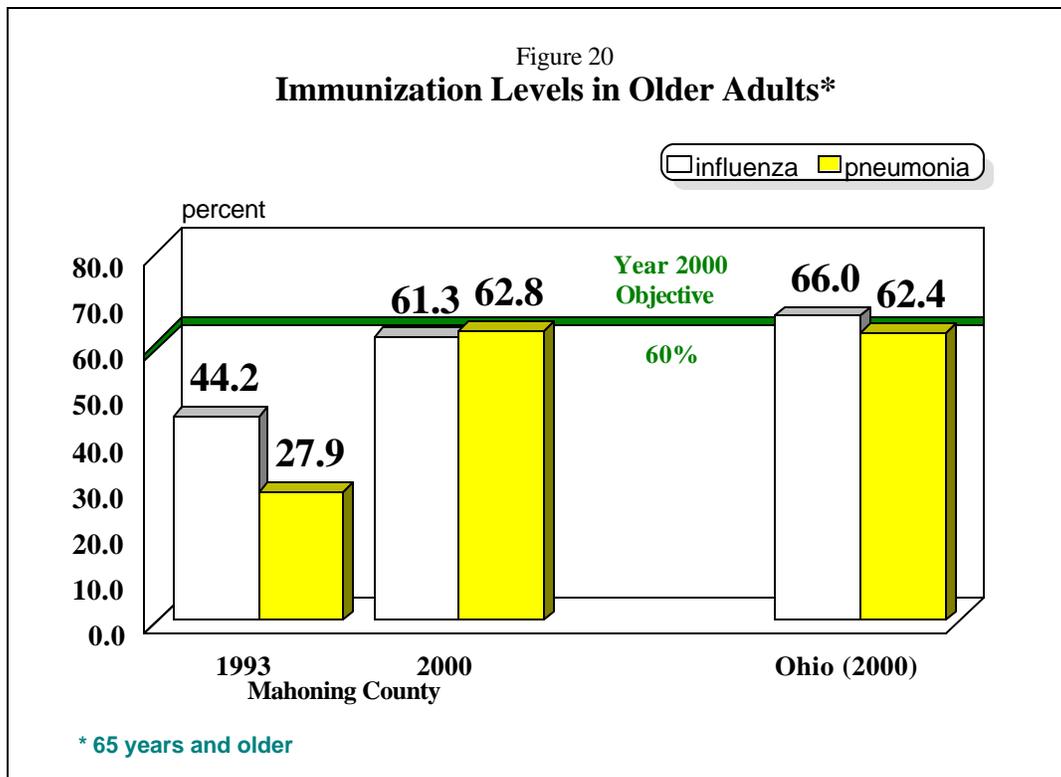
Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
adults 50+	172	48.8%	39.0-58.6	1272	45.0%	41.1-48.9

### Immunization Levels in Older Adults

Influenza causes an estimated 20,000 deaths each year in the U.S. Pneumococcal infections cause an estimated 40,000 deaths annually and are the most common cause of bacteria pneumonia requiring hospitalization.<sup>13</sup> An annual flu shot is an effective measure for reducing the incidence and severity of influenza in older persons, diabetics and others with chronic respiratory diseases and disorders of the immune system. A single dose of pneumococcal pneumonia vaccine confers years of protection against pneumonia among older and chronically ill persons. It may be administered at the same time as a flu shot.

Flu and pneumonia immunization levels began increasing after 1993, when Medicare began reimbursing for flu shots and more physicians and other health care providers began offering these vaccines. In the last few years, drug stores and social service agencies have joined the traditional providers in offering flu shots to their customers and patients. The District Board of Health immunized over 6,000 older adults and others at risk for serious health consequences from influenza and pneumonia infection in 2000.

In 2000, 61.1% of Mahoning County adults 65 and older reported that they had received a flu shot in the last year and 62.8% had received the pneumococcal pneumonia vaccine. The Year 2000 objective of 60% was achieved in Mahoning County.



<sup>13</sup> Centers for Disease Control and Prevention. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2001;50(No. RR-4).

Table 20  
**Immunization Levels in Older Adults**

Health Behavior	Groups	Mahoning County			State of Ohio		
		Sample (N)	%	95% CI	Sample (N)	%	95% CI
flu shot in past 12 months	Adults 65+	88	61.3%	50.5-72.1	590	66.0%	60.6-71.4
ever had a Pneumonia vaccination	Adults 65+	85	62.8%	51.9-73.7	576	62.4%	56.9-67.9

Regular Medical Visits

Access to cancer, blood pressure and cholesterol screening and other clinical preventive services depends upon access and proper utilization of an ongoing source of primary care. Primary care physicians are the gatekeepers to a complete array of health services offered on-site or through referral, which are accessible and acceptable to their patients and include health promotion and disease prevention as well as curative services.

In 2000, 78.6% of Mahoning County adults reported that they had a routine medical visit in the last year, compared with 60.3% of Mahoning County adults in 1993. In 2000, 73.8% of Ohioans reported having a routine medical visit in the last year. A related Year 2000 objective is to increase to 95% the proportion of people who have a specific source of ongoing primary care for coordination of their preventive and episodic health care.

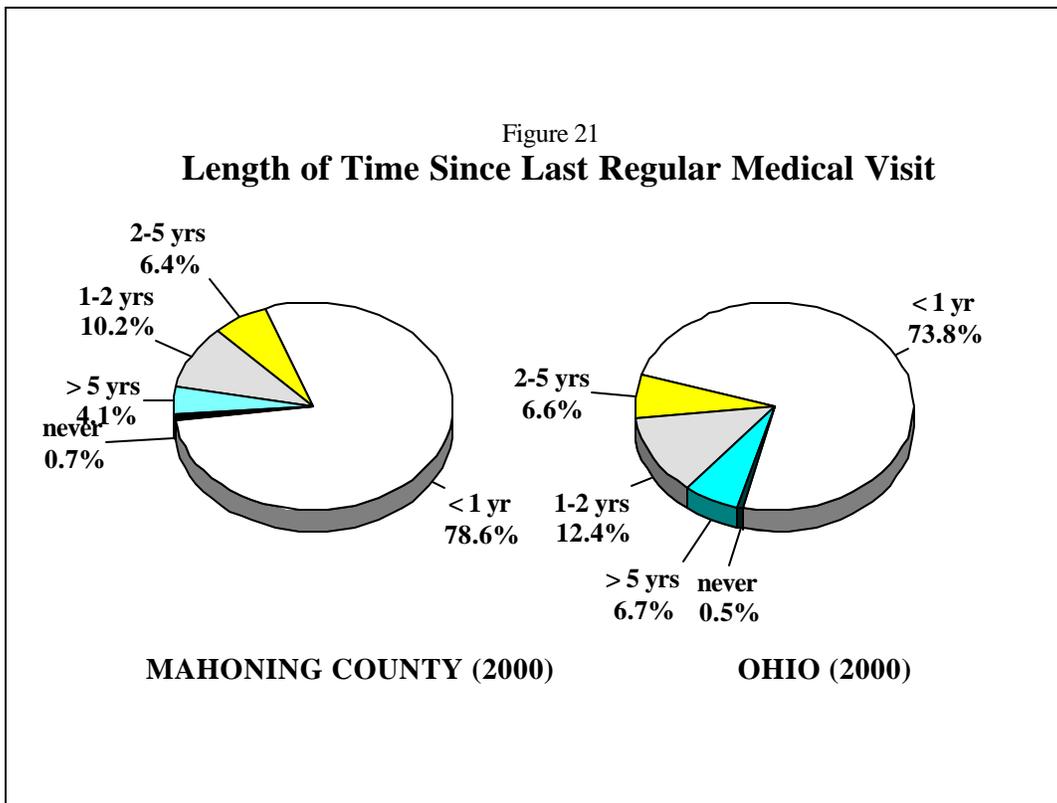


Table 21  
**Length of Time since Last Regular Medical Visit**

Interval	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
< 1yr	386	78.6%	72.8-84.4	3218	73.8%	71.6-76.0
1-2 Yrs	386	10.2%	5.3-15.1	3218	12.4%	10.7-14.1
2-5 Yrs	386	6.4%	3.0-9.7	3218	6.6%	5.3-7.9
> 5 Yrs	386	4.1%	2.0-6.3	3218	6.7%	5.5-7.9
never	386	0.7%	0.0-1.5**	3218	0.5%	0.1-0.9

\* Confidence interval includes zero

Regular Dental Care

Almost one-quarter of U.S. adults have severe periodontal disease, a leading cause of bleeding, pain, infection, tooth mobility, and tooth loss. Recent studies have pointed to associations between periodontal disease, low birth weight and premature births, heart disease, and stroke.<sup>14</sup> Regular dental visits are an opportunity for early diagnosis, prevention and treatment of oral disease. In 2000, 74.6% of Mahoning County adults 35 years and older and 72.1% of adults 65 years and older had seen a dentist in the last year. Mahoning County nearly achieved the Year 2000 objective of 75%.

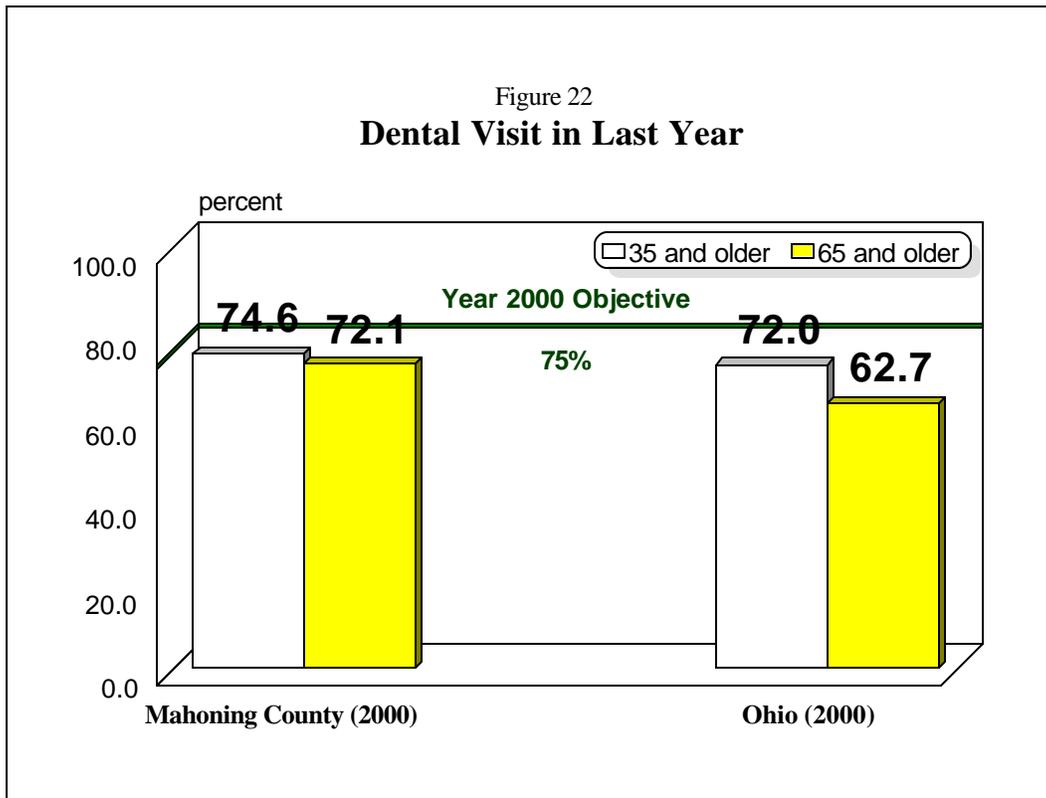


Table 22  
**Dental Visit in Last Year**

Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
adults 35+	293	74.6%	68.7-80.5	2295	72.0%	69.4-74.6
adults 65+	87	72.1%	62.4-81.8	585	62.7%	57.3-68.1

<sup>14</sup> National Center for Health Statistics. Healthy People 2000 Final Review. Hyattsville, Maryland: Public Health Service. 2001.

Health Insurance Coverage

Lack of adequate health insurance coverage presents a barrier for many persons to the preventive and treatment services necessary for control of acute and chronic disease. A larger proportion of Mahoning County adults (11.6%) reported being without health insurance in 2000 than adult Ohioans (10.2%).

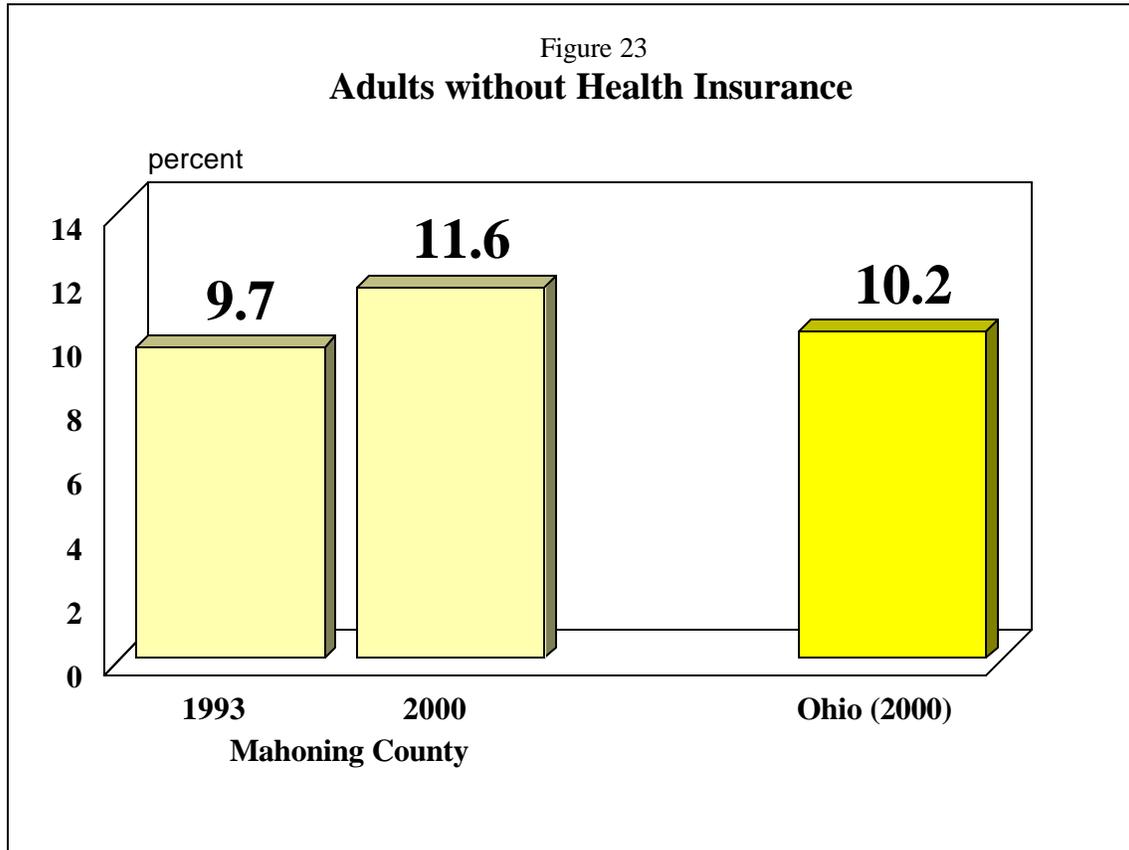


Table 23  
**Adults without Health Insurance**

Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
all adults	387	11.6%	9.0-14.2	3245	10.2%	8.6-11.8

Mahoning County adults reported being without health insurance for varying lengths of time in 2000. The period of time that Mahoning County adults were without insurance in 2000 was similar to Ohio estimates.

Figure 24  
**Length of Time without Health Insurance**

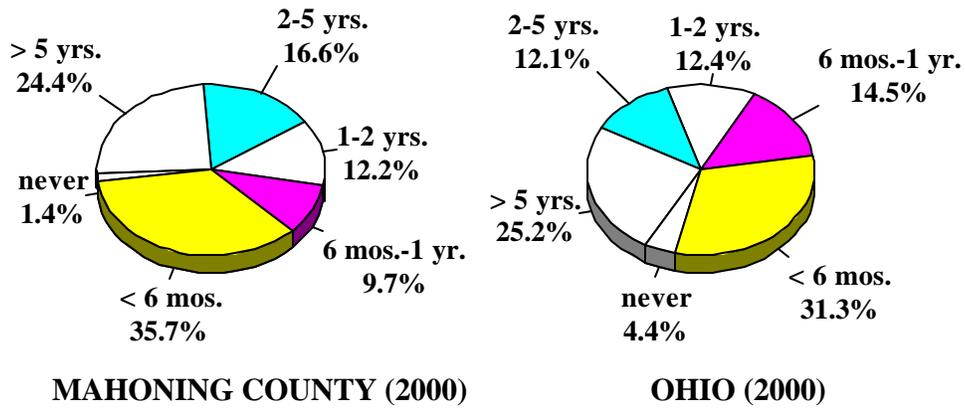


Table 24  
**Length of Time without Health Insurance**

Interval	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
< 6 months	37*	35.7%	17.0-54.4	259	31.3%	22.9-39.7
6 months - 1 yr	37*	9.7%	0.0-22.3**	259	14.5%	8.3-20.7
1-2 Yrs	37*	12.2%	2.1-26.5	259	12.4%	6.7-18.1
2-5 Yrs	37*	16.6%	2.6-30.6	259	12.1%	6.8-17.4
> 5 Yrs	37*	24.4%	10.2-38.6	259	25.2%	17.3-33.1
never	37*	1.4%	0.0-4.2**	259	4.4%	0.0-8.8

\*Small sample size (less than 50) warrants interpretation with caution

\*\*Confidence interval includes zero

Health Status

The public health successes that have increased life expectancy by 30 years since 1900 have also brought new challenges for an aging population. As the population ages, the prevalence of chronic and degenerative diseases also increases. Life expectancy, the traditional measure of public health, is only one of several measures of healthy life that Healthy People 2000 uses to measure progress toward the goal of *increasing the span of healthy life*. A measure of health-related quality-of-life is self-reported health status. In 2000, a lower proportion of Mahoning County adults (77.6%) than Ohio adults (88.7%) reported that their health was “good to excellent.” A slightly larger proportion of Mahoning County adults (36.9%) than Ohio adults (35.1%) also reported that their physical health was not good one or more days in the last month. Mahoning County adults reported fewer days when their mental health was not good (27.4%) than Ohio adults (34.5%) in 2000.

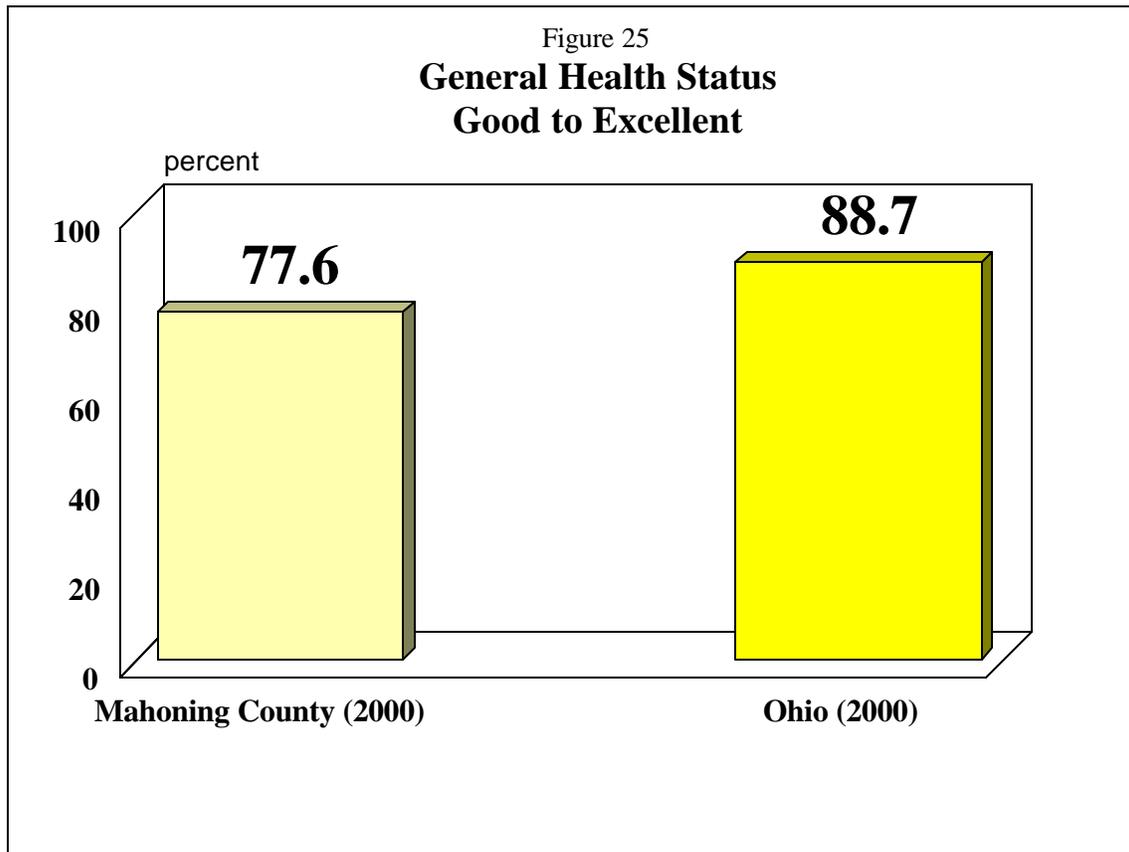


Table 25  
**General Health Status\***

Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
all adults	387	77.6%	71.4-83.8	3246	88.7%	87.0-90.4

\*"good" to "excellent"

Figure 26  
**Physical Health Not Good  
 One or More Days in Last Month**

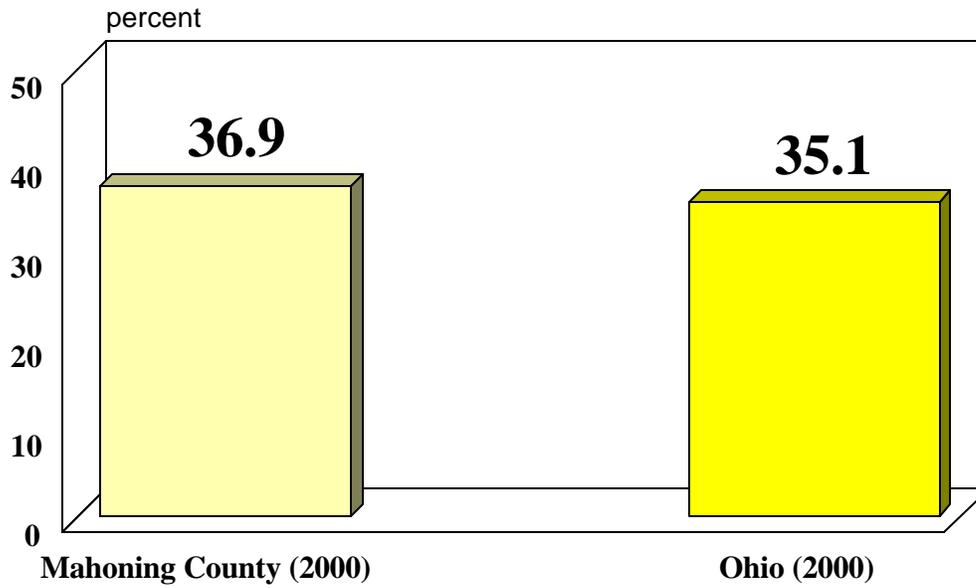


Table 26  
**Physical Health Not Good One or More Days in Last Month**

Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
all adults	388	36.9%	30.5-43.3	3255	35.1%	32.8-37.4

Figure 27  
**Mental Health Not Good  
 One or More Days in Last Month**

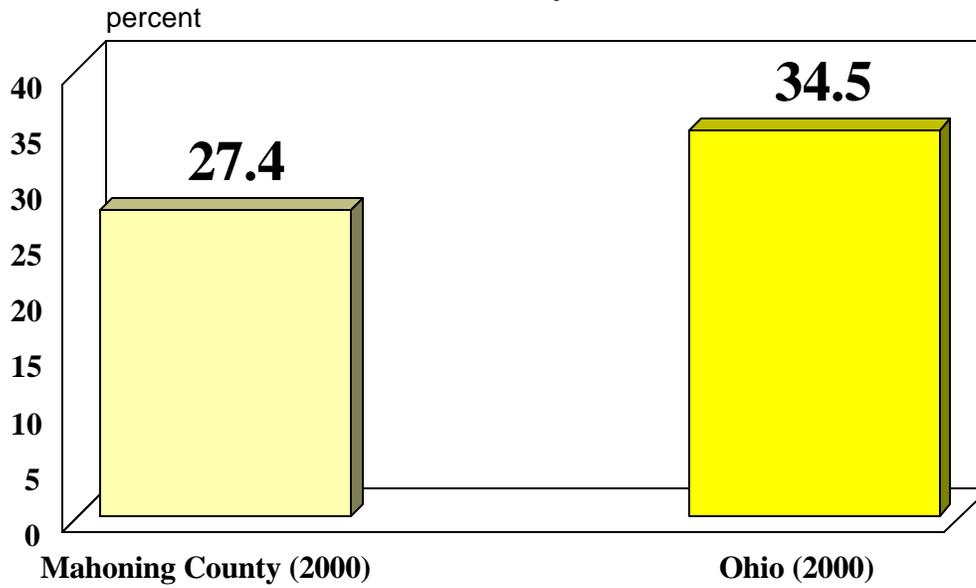


Table 27  
**Mental Health Not Good One or More Days in Last Month**

Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
all adults	388	27.4%	21.2-33.6	3251	34.5%	32.2-36.8

Activity Limitations

An estimated 20% of the U.S. population lives with some level of disability.<sup>15</sup> In 2000, 19.8% of Mahoning County adults reported that their activities were limited by poor health one or more days in the last month, compared with 18.7% of Ohio adults. A related Year 2000 objective is to reduce to no more than 8% the proportion of people who experience a limitation in major activity due to chronic conditions.

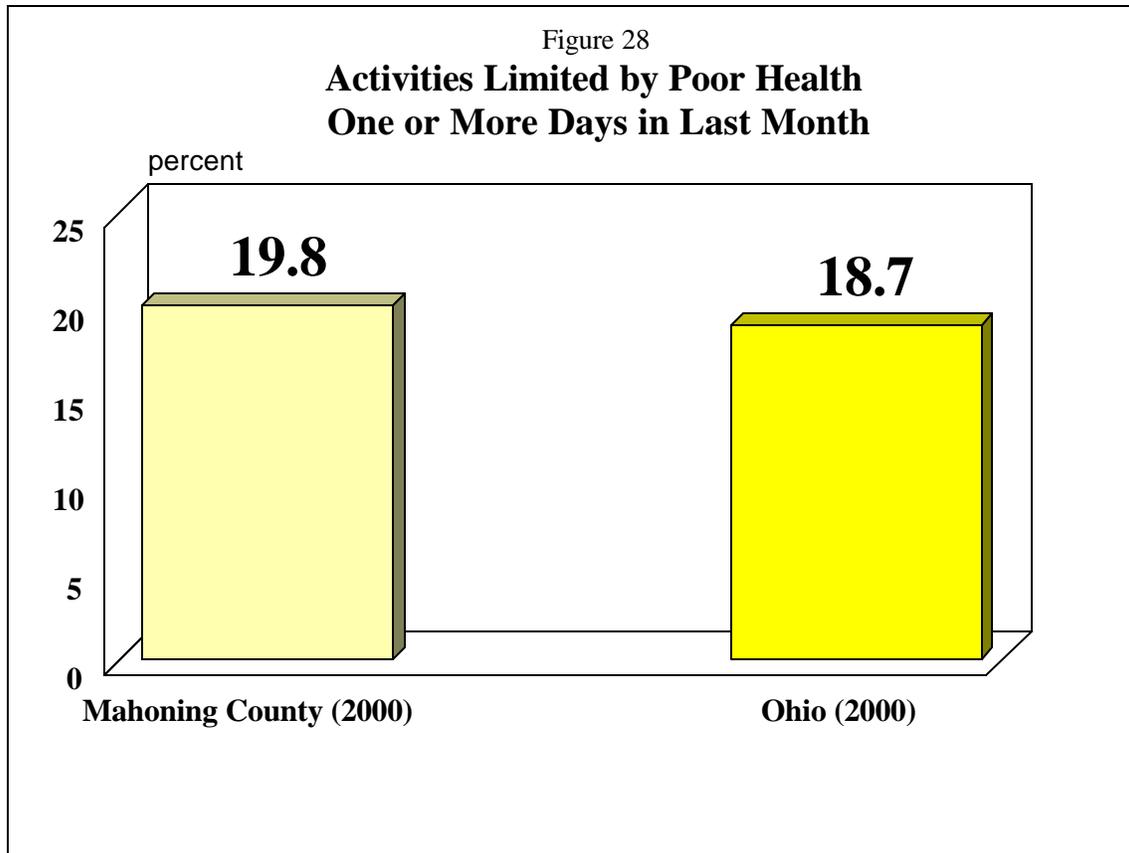


Table 28  
**Activities Limited by Poor Health One or More Days in Last Month**

Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
all adults	388	19.8%	13.9-25.7	3253	18.7%	16.9-20.5

<sup>15</sup> McNeil JM. Americans with disabilities 1994-95. Current Population Reports P7061:3-6. 1997.

Personal Care Needs

In 2000, 15.2% of Mahoning County adults reported that someone in their home was limited in their activities because of an impairment or health problem. Of these households with an impaired person, 19.9% reported a need for assistance in personal care activities such as bathing or dressing; 47.1% reported a need for help in meeting other routine activities such as household chores or shopping. According to the District XI Area Agency on Aging, the need for personal care ranked second only to transportation in a needs assessment survey of older residents commissioned by the Agency in 2001.<sup>16</sup>

A related Year 2000 objective is to reduce to no more than 90 per 1,000 people the proportion of all people 65 and older who have difficulty in performing two or more personal care activities, thereby preserving independence.

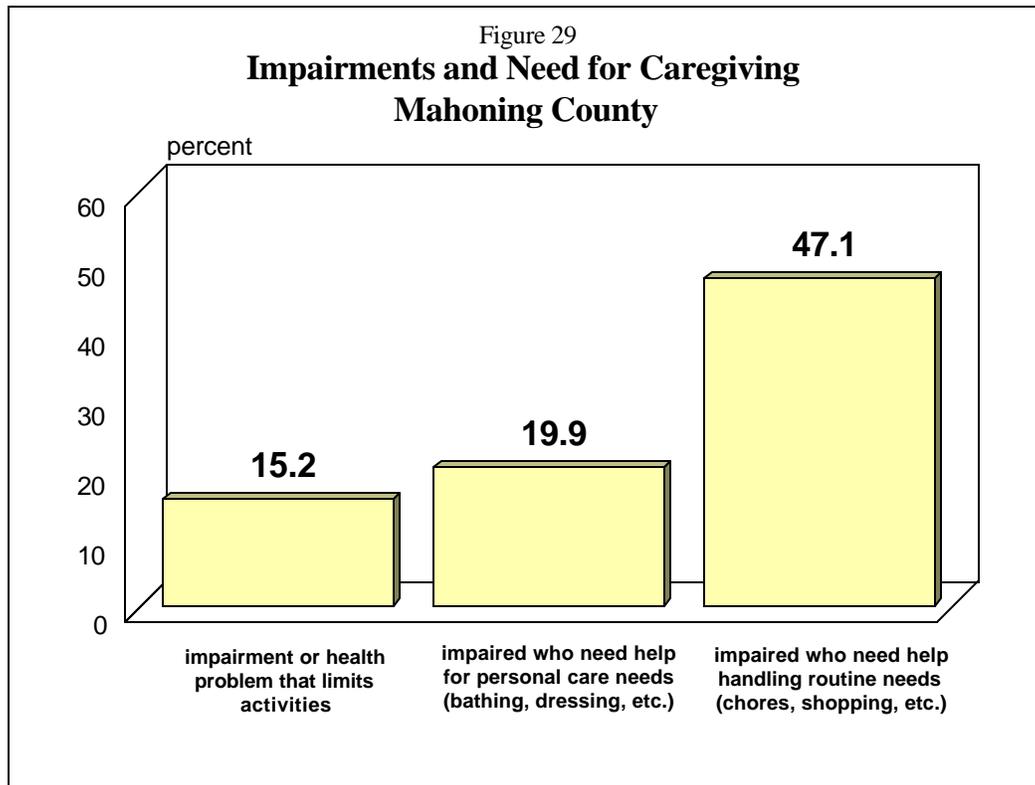


Table 29  
**Impairments and Need for Caregiving**

Risk Factor	Groups	Mahoning County		
		Sample (N)	%	95% CI
activity limitations	all adults	398	15.2%	11.3-19.1
need for personal care	adults with activity limitations	63	19.9%	8.6-31.2
need for help with chores, shopping	adults with activity limitations	63	47.1%	32.9-61.3

<sup>16</sup> District XI Area Agency on Aging. Community Needs Assessment and Focus Group – Mahoning County. January 2002.

Care for the Elderly

The growing number of elderly Mahoning County adults places increasing demands for assistance upon family members and friends. In 2000, 18.5% of Mahoning County adults reporting that they provided some level of care for an elderly family member or friend compared with 15.6% in Ohio.

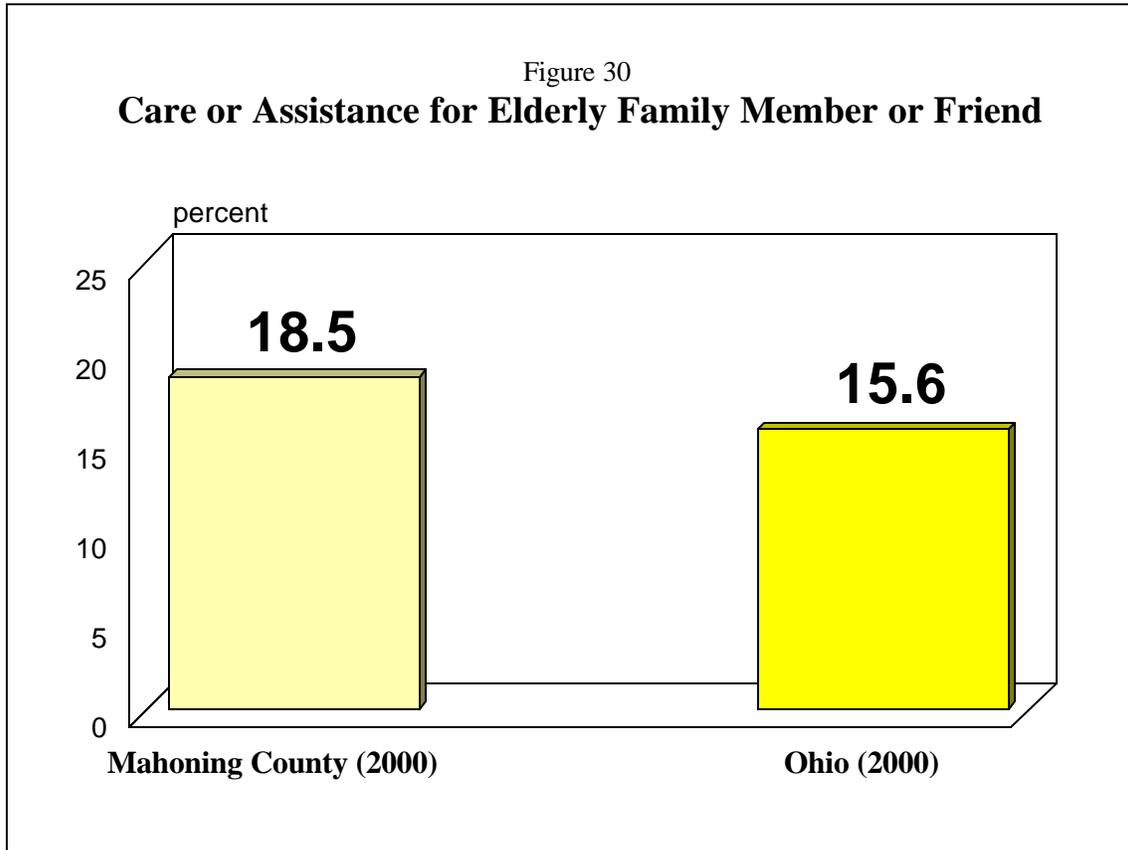


Table 30  
**Care or Assistance for Elderly Family Member or Friend**

Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
all adults	385	18.5%	14.0-23.0	3243	15.6%	13.8-17.4

## Workplace Health Promotion

Workplace health promotion programs provide a mechanism for reaching large numbers of adults. Workplace health promotion programs are cost-effective employer investments that can lead to increased productivity, reduced absenteeism, reduced employee turnover, improved morale, enhanced company image, and better success at employee recruitment. The workplace is an ideal environment for promoting physical activity and for teaching people about other positive health practices.

Physical activity promotion efforts in Mahoning County adults' workplaces ranged from providing educational materials (40.6%) to providing outdoor exercise space (9.2%) in 2000. A related Year 2000 objective was to increase the proportion of worksites offering employer-sponsored physical activity and fitness programs to 20% for worksites with 50-99 employees; 35% for worksites with 100-249 employees; 50% for worksites with 250-749 employees; and 80% for worksites with 750 or more employees.

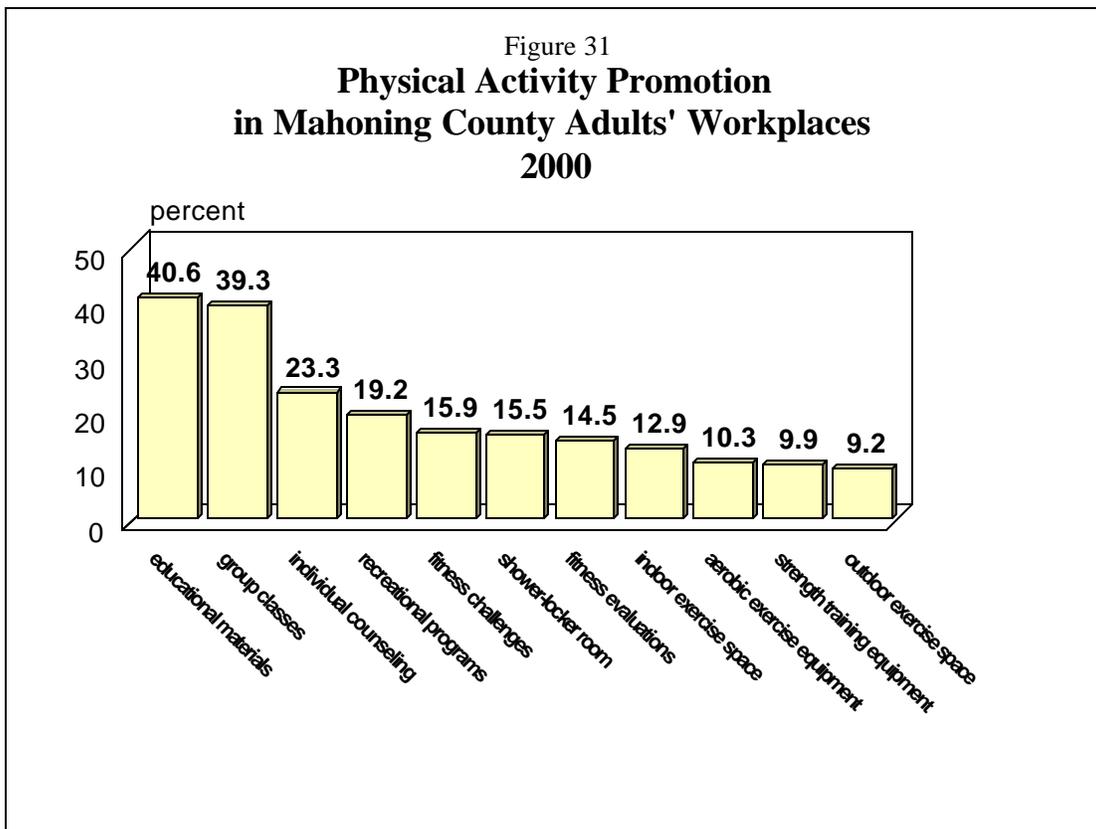


Table 31  
**Physical Activity in the Workplace\***

<b>Activities/Facilities</b>	<b>Mahoning County</b>		
	<b>Sample (N)</b>	<b>%</b>	<b>95% CI</b>
group classes	266	39.3%	36.2-42.4
educational materials	264	40.6%	33.9-47.3
individual counseling	265	23.3%	19.9-26.7
recreational programs	264	19.2%	15.7-22.7
fitness challenges	260	15.9%	11.2-20.6
shower-locker room	267	15.5%	10.6-20.4
fitness evaluations	267	14.5%	9.7-19.3
indoor exercise space	266	12.9%	8.4-17.4
aerobic exercise equipment	267	10.3%	6.2-14.4
aerobic exercise equipment	267	10.3%	6.2-14.4
strength training equipment	265	9.9%	5.9-13.9
outdoor exercise space	266	9.2%	5.3-13.1

\*adults employed outside the home

Environmental Tobacco Smoke

In 1993 the U.S. Environmental Protection Agency concluded that second-hand or environmental tobacco smoke can cause cancer and other respiratory diseases in healthy nonsmokers and joined public health and voluntary agencies in urging worksites and proprietors of public places to adopt clean indoor air policies.

In 2000, 78.6% of Mahoning County adults reported that their workplaces restricted smoking in public areas of their workplaces, compared with 63.3% in 1993. The Year 2000 objective was 100%. This objective was not achieved in Mahoning County.

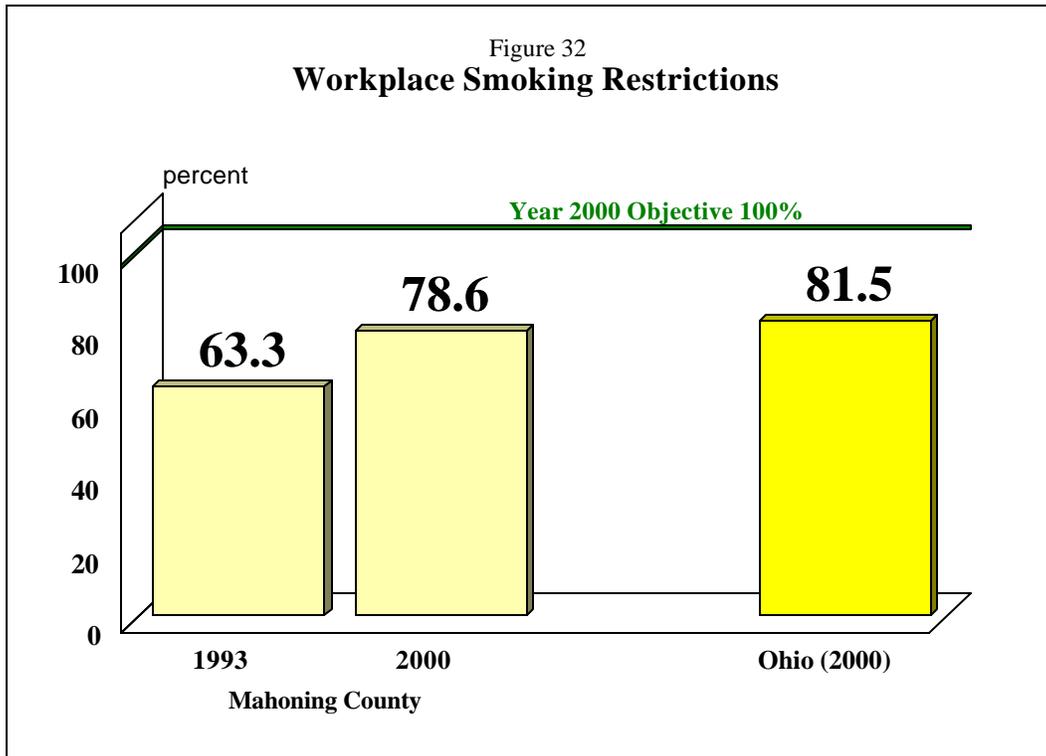
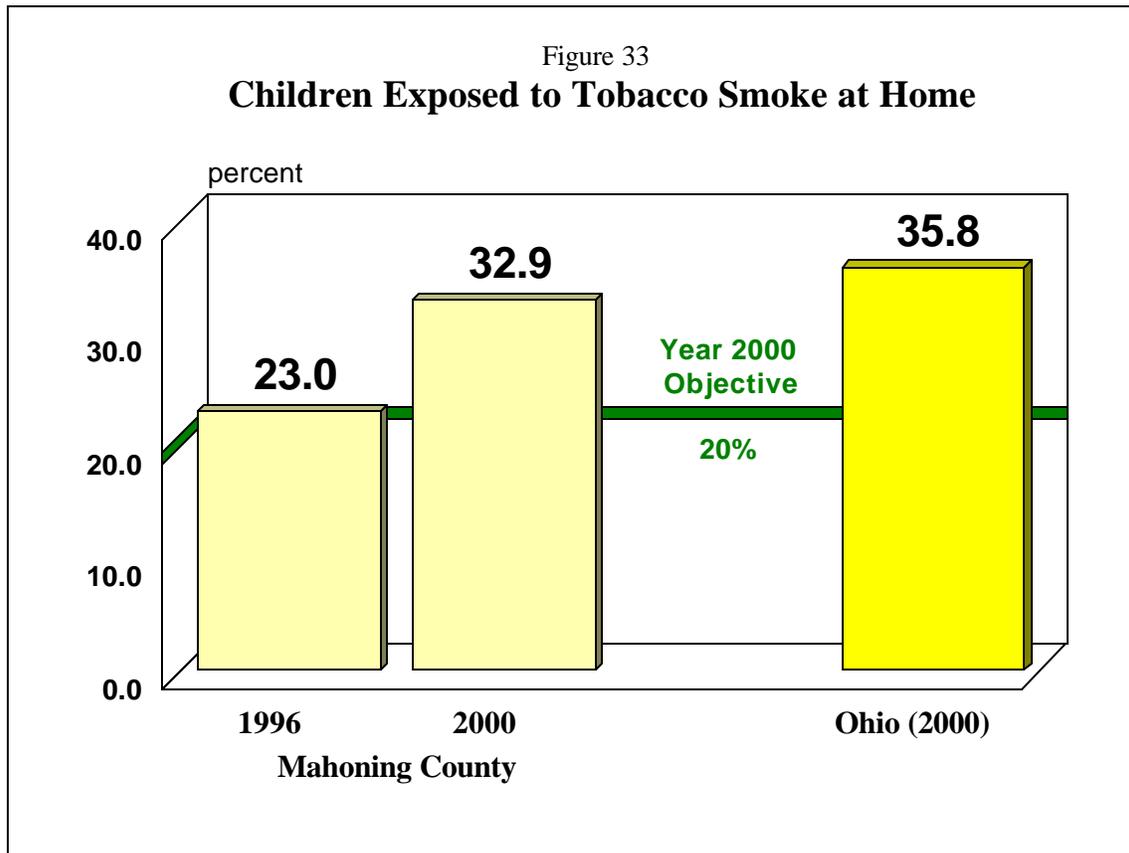


Table 32  
**Workplace Smoking Restrictions**

Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
adults working indoors most of the time	164	78.6%	71.0-86.2	1564	81.5%	78.8-84.2

Environmental tobacco smoke is especially harmful to children. The children of parents who smoke are more likely to develop respiratory and ear infections than children of parents who do not smoke and are at increased risk for SIDS (sudden infant death syndrome). Increasing rates in hospitalization of children with asthma in recent years are linked to environmental tobacco smoke exposure.<sup>17</sup>

Although involuntary second-hand smoke exposure occurs in many public places, the major source of smoke exposure for young children is in their homes. Almost one-third of Mahoning County adults reported that children were exposed to environmental tobacco smoke in their homes in 2000, compared with 23% in 1996. The Year 2000 objective was to reduce the proportion of children regularly exposed to environmental tobacco smoke at home to 20%. Mahoning County did not achieve this objective and actually moved further away from this objective.



<sup>17</sup> Lanphear B, et al. Contribution of residential exposures to asthma in U.S. children and adolescents. *Pediatrics* 2001;107(6).

Table 33  
**Children Exposed to Tobacco Smoke at Home**

Groups	Mahoning County			Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
adults with children ages less than 18	137	32.9%	23.2-42.6	1198	35.8%	32.0-39.6

Public attitudes toward smoking restrictions in workplaces and other public places are important determinants of state and local initiatives to promote clean indoor air at the worksite and in other public places. In 1994, the District Board of Health enacted an ordinance restricting or eliminating smoking in many public places. Support for smoking restrictions in restaurants (97.9%) and workplaces (99.1%) in Mahoning County was nearly universal in 2000.

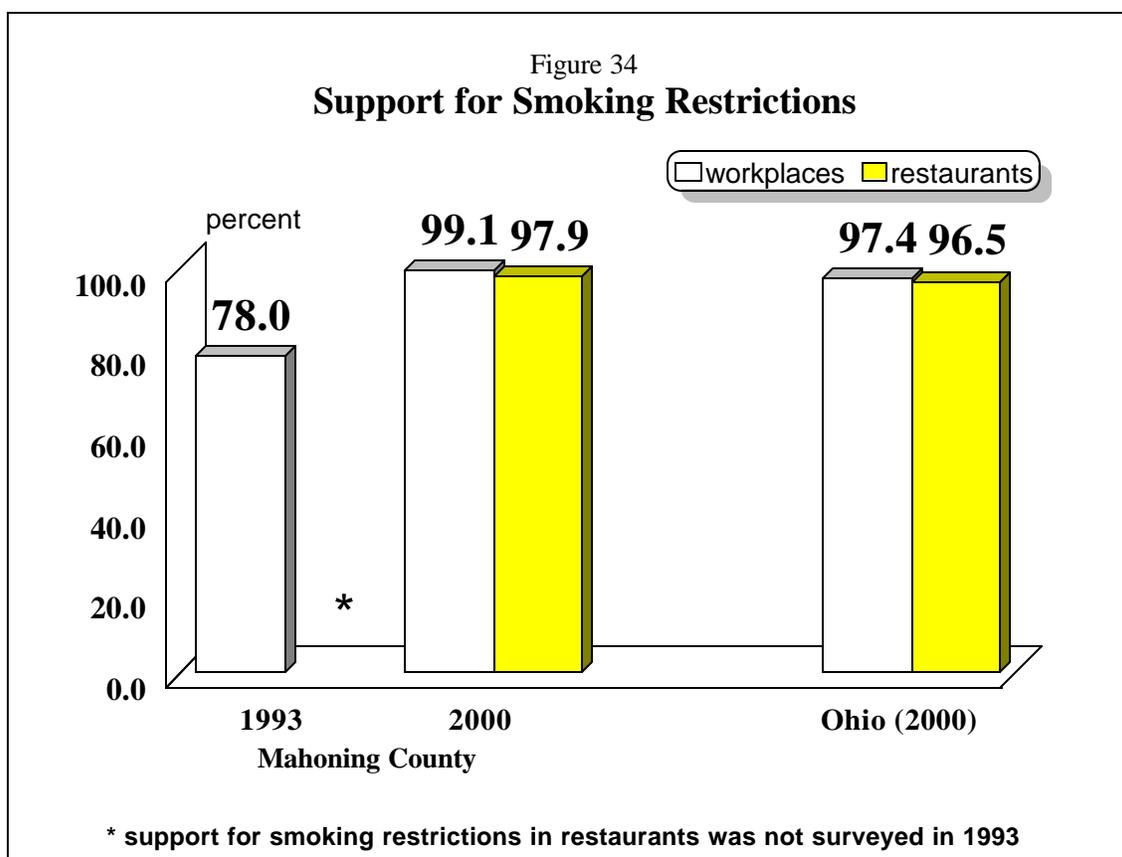


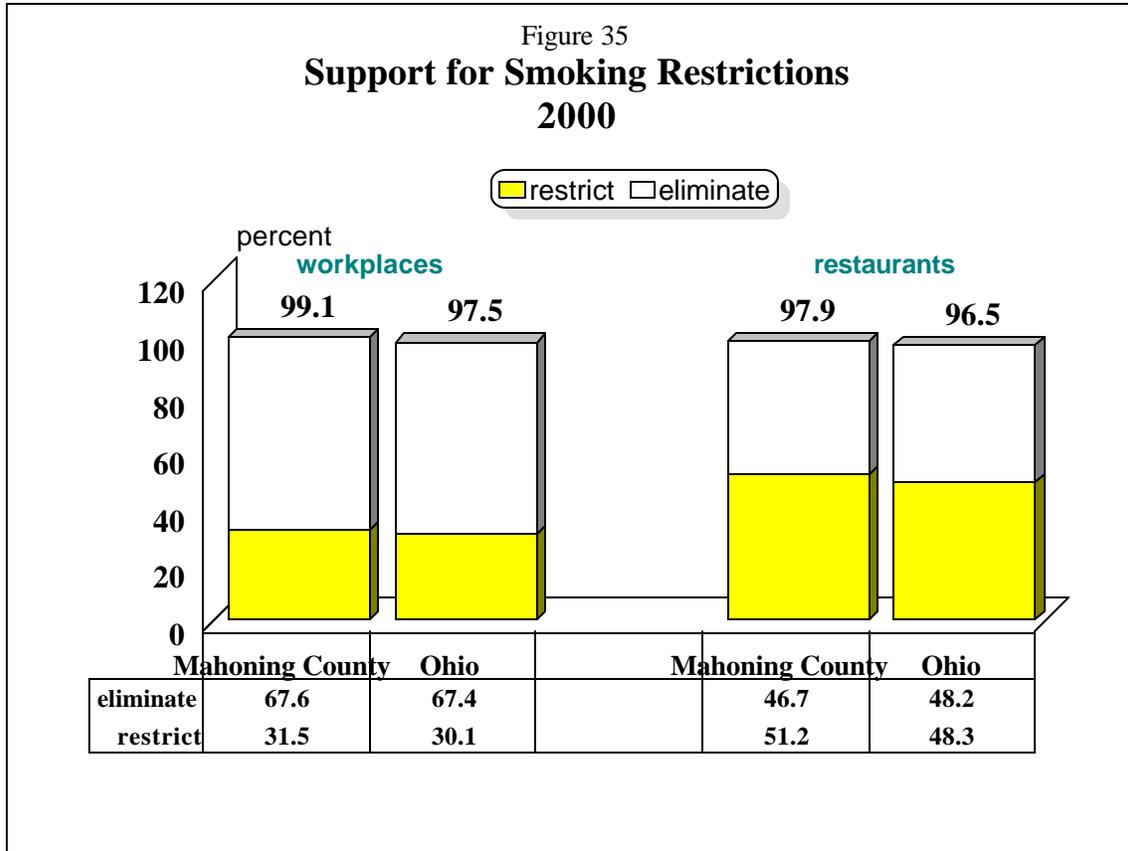
Table 34  
**Support for Smoking Restrictions\***

Location	Mahoning County			Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
workplaces	369	99.1%	92.9-100.0**	3129	97.4%	95.0-99.8
restaurants	375	97.9%	91.3-100.0**	3147	96.5%	94.0-99.0

\* restrict or prohibit

\*\* confidence interval includes 100%

Almost two-thirds of adults in Mahoning County (67.6%) supported complete elimination of smoking in workplaces, and over one-half (51.2%) supported elimination of smoking in restaurants.



## Youth Access to Tobacco

More than 80% of smokers acquire their addiction before they turn 18. In his 1994 report, *Preventing Tobacco Use among Young People*, the U.S. Surgeon General asserted that "when young people no longer want to smoke the [tobacco] epidemic itself will die."<sup>18</sup> An important public health measure is to reduce youth access to tobacco products at an age when children are unable to withstand tobacco industry marketing efforts and peer pressure to use tobacco products. One method of reducing youth access is to license tobacco vendors and enforce laws against tobacco sales to minors. Few communities in Ohio currently regulate tobacco sales through vendor licensure. In 2000, 85.2% of Mahoning County adults "agreed" or "strongly agreed" with the statement that "tobacco vendors should be licensed to prevent youth from buying tobacco."

Table 35  
**Support for Licensing Tobacco Vendors\***

Groups	Mahoning County		
	Sample (N)	%	95% CI
all adults	396	85.2%	74.7-95.7

\* "strongly agree" or "agree"

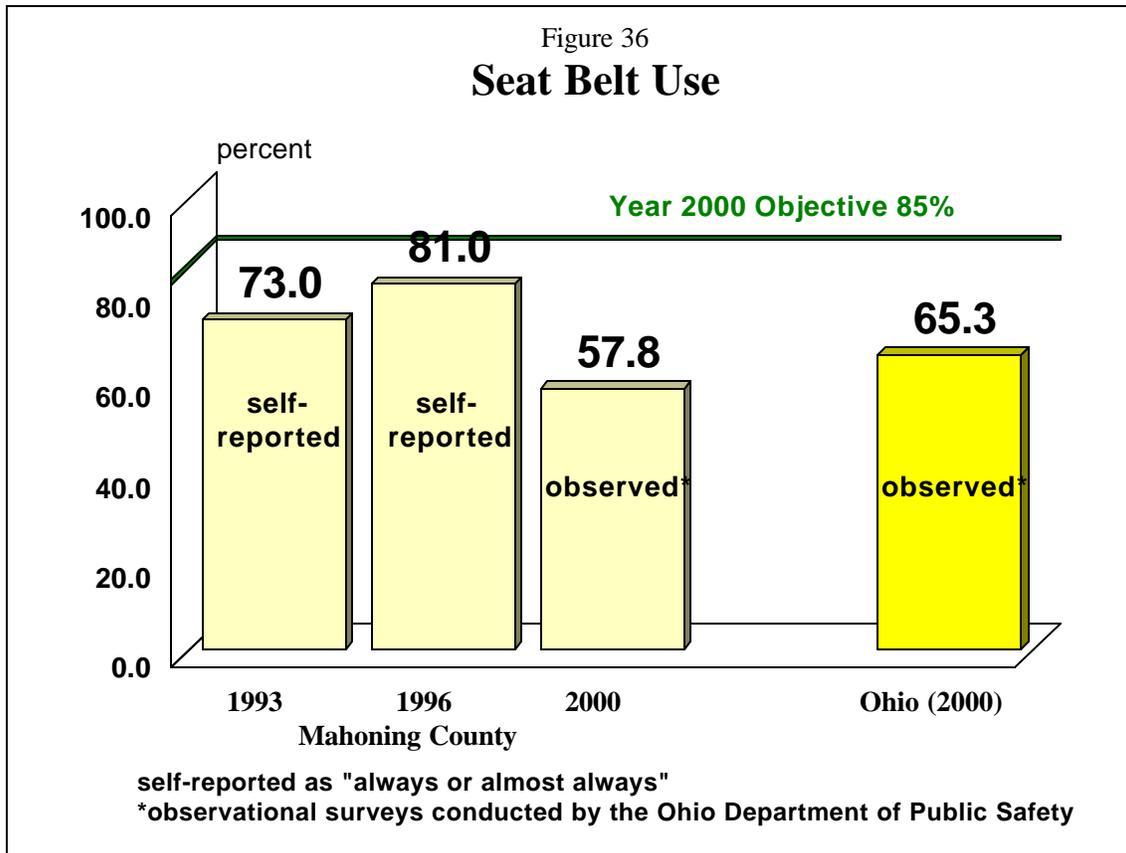
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<sup>18</sup> *Preventing Tobacco Use among Young People: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services; 1994.

## Seatbelt Use

Motor vehicle injuries, after firearms injuries, are the leading cause of injury death in Mahoning County. Motor vehicle crashes caused 31 deaths in Mahoning County in 1998. During the three year period 1996-1998, the age-adjusted motor vehicle crash death rate was 14.3 per 100,000 in Mahoning County and 13.4 per 100,000 in Ohio. Seat belt use reduces the risk of death and injury for motor vehicle occupants involved in vehicle crashes. The National Highway Traffic Safety Administration estimates that if all occupants in passenger vehicles had used their seat belts, nearly one-half of the 41,000 motor vehicle deaths in 1996 could have been prevented.

Although 81.0% of Mahoning County adults reported that they wore seat belts "always" or "almost always" in 1996, observational studies by the Ohio Department of Public Safety in 2000 estimated seat belt use in Mahoning County to be much lower (57.8%) and lower than statewide estimates (65.3%). Based on observed use, neither Mahoning County nor Ohio attained the Year 2000 objective of 85% seatbelt use.



## Bicycle Helmet Use

Head injury is the leading cause of death in motorcycle and bicycle crashes. Bicycle riders who do not wear a helmet are 14 times more likely to be involved in a fatal crash than riders who do. Wearing a helmet can reduce the risk of head injury by 85%.<sup>19</sup>

Ohio has no bicycle helmet law, nor is helmet use for adult motorcycle riders required. In 2000, Mahoning County adults reported that 53.5% of their children under age 16 "always" or "nearly always" wore a bicycle helmet, an increase from 39.0% in 1996. However, a Mahoning Safe Communities observational survey of adults and children in 2000 observed only 27.4% bicycle helmet use.

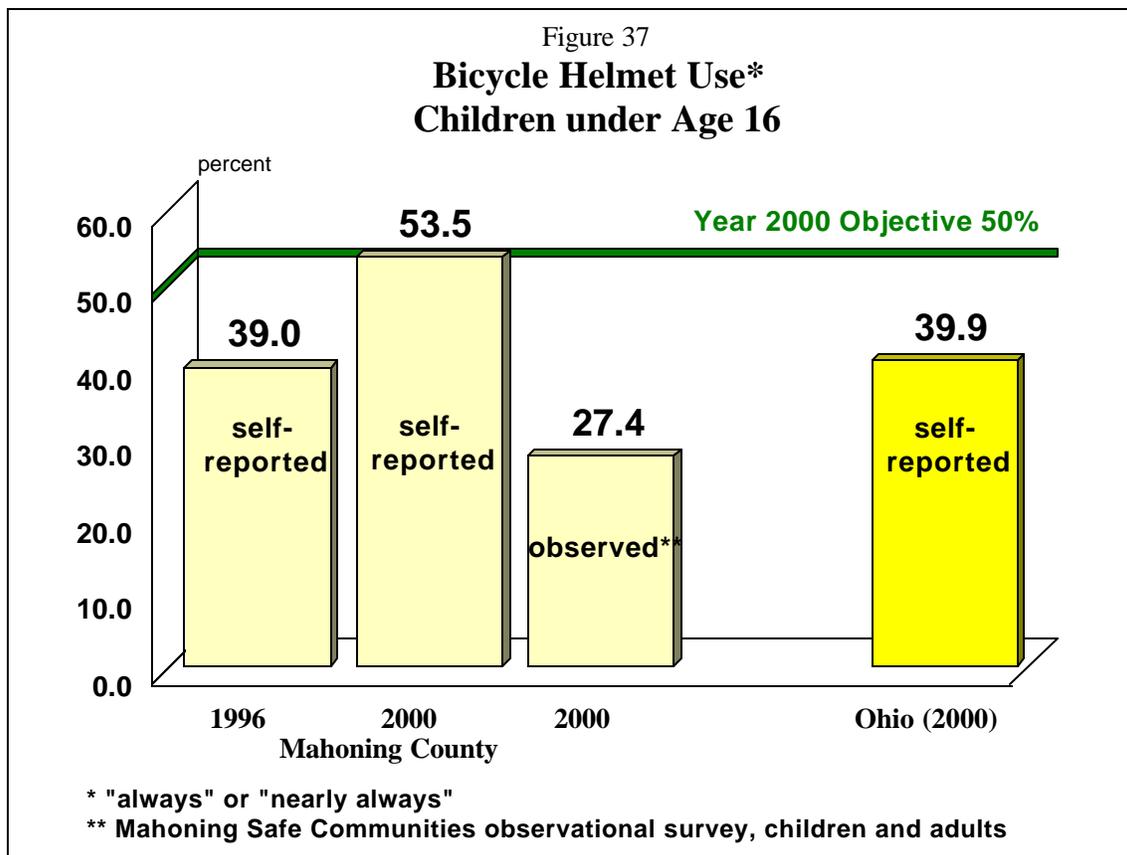


Table 36  
**Bicycle Helmet Use by Children under Age 16\***

Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
adults with children under 16	106	53.5%	40.9-66.1	846	39.9%	35.3-44.5

\*\*"always" or "nearly always"

<sup>19</sup> National Safe Kids Campaign, 2002. [www.safekids.org](http://www.safekids.org)

## Food Safety

Although Mahoning County achieved Year 2000 objectives for reducing the incidence of several common foodborne illnesses like salmonellosis, other foodborne diseases, like listeriosis, are increasing in number. Each year, an estimated 6.5-33 million persons in the U.S. become ill from foodborne diseases, and up to 9,000 die.<sup>20</sup> Safe food handling and preparation is especially important for those who are especially susceptible to foodborne illness, including pregnant women, young children, older adults, and persons with weakened immune systems.

Consumers can reduce their risk of foodborne illness by using safe food handling and preparation practices at home. Cooking hamburgers until they are no longer pink or red on the inside and eggs until they are hard-boiled or the yolks are no longer runny can kill disease-causing bacteria. Cross-contamination of food can be avoided when food preparers wash their hands and cutting boards with soap and water after handling meats, fish and poultry.

<b>Foodborne Diseases in Mahoning County, 2000</b>		
<b><u>Disease Rates (per 100,000)</u></b>	<b><u>Mahoning Co.</u></b>	<b><u>2000 Target</u></b>
Salmonella species	6.4	16
Campylobacter jejune	3.8	25
Escherichia coli 0157:H7	0.8	4
Listeria monocytogenes	1.5	0.5

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<sup>20</sup> US Department of Agriculture/US Department of Health and Human Services/US Environmental Protection Agency. Food safety from farm to table, a national food-safety initiative: a report to the President, May 1997. Washington, DC: US Department of Agriculture/US Department of Health and Human Services, 1997:8.

In 2000, 11.3% of Mahoning County adults reported consuming undercooked hamburger and 19.3% reported consuming undercooked eggs in the last year, compared with 11.3% and 19.3%, respectively in a 1995-1996 eight-state survey.<sup>21</sup>

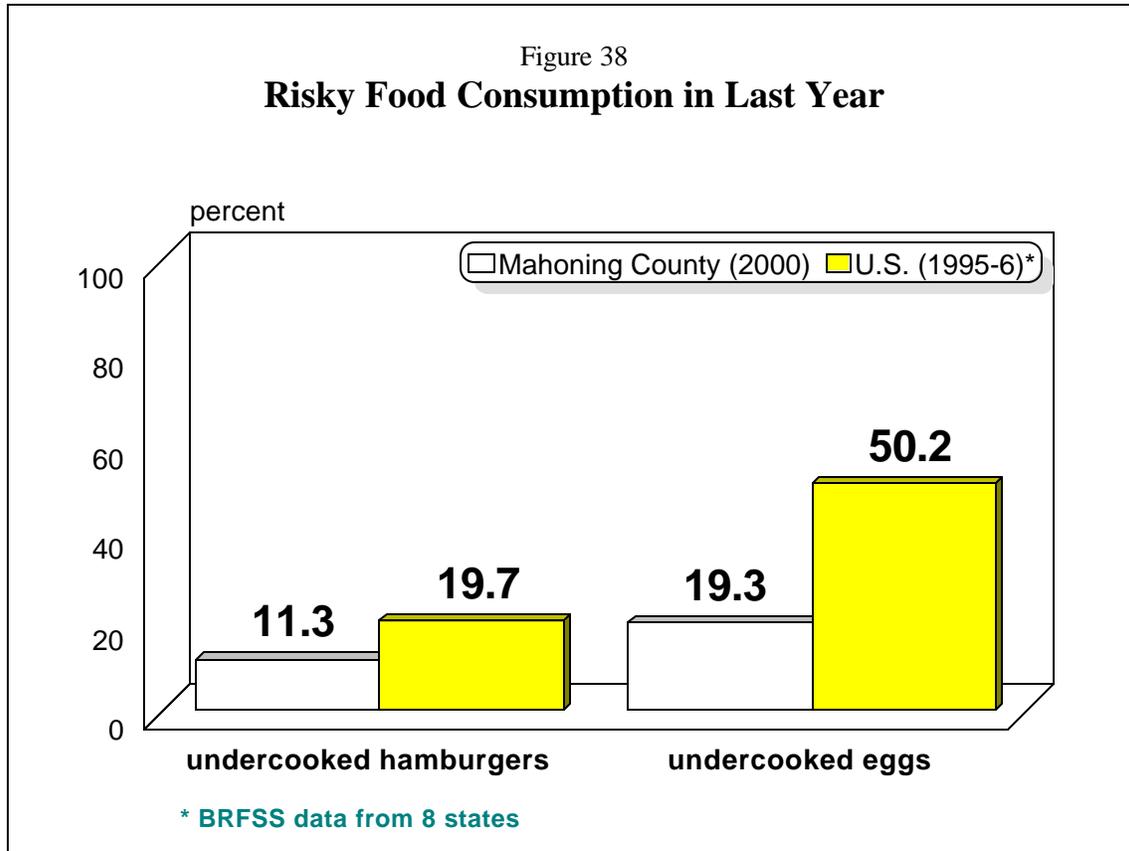


Table 37  
**Risky Food Consumption in Last Year**

Risk Factor	Groups	Mahoning County		
		Sample (N)	%	95% CI
consumption of undercooked hamburgers	all adults	401	11.3%	8.2-14.4
consumption of undercooked eggs	all adults	401	19.3%	15.4-23.1

<sup>21</sup> CDC. Multistate surveillance for food-handling, preparation, and consumption behaviors associated with foodborne diseases: 1995 and 1996 BRFSS food-safety questions. MMWR. 47:No. SS-4.

In 2000, 14.5% of Mahoning County adults reported that they did not wash their hands with soap and water after handling meat or chicken and 18.9% reported they did not wash cutting boards with soap or bleach after cutting raw meat or chicken, compared with 25% and 21%, respectively, of main meal cooks in a 1998 Food and Drug Administration/U.S. Department of Agriculture consumer food survey.<sup>22</sup> A related Year 2000 objective was to increase to at least 75% the proportion of households in which principal food preparers routinely refrain from leaving perishable food out of the refrigerator for over two hours and wash cutting boards and utensils with soap after contact with raw meat and fish. Mahoning County achieved this Year 2000 objective for safe food handling.

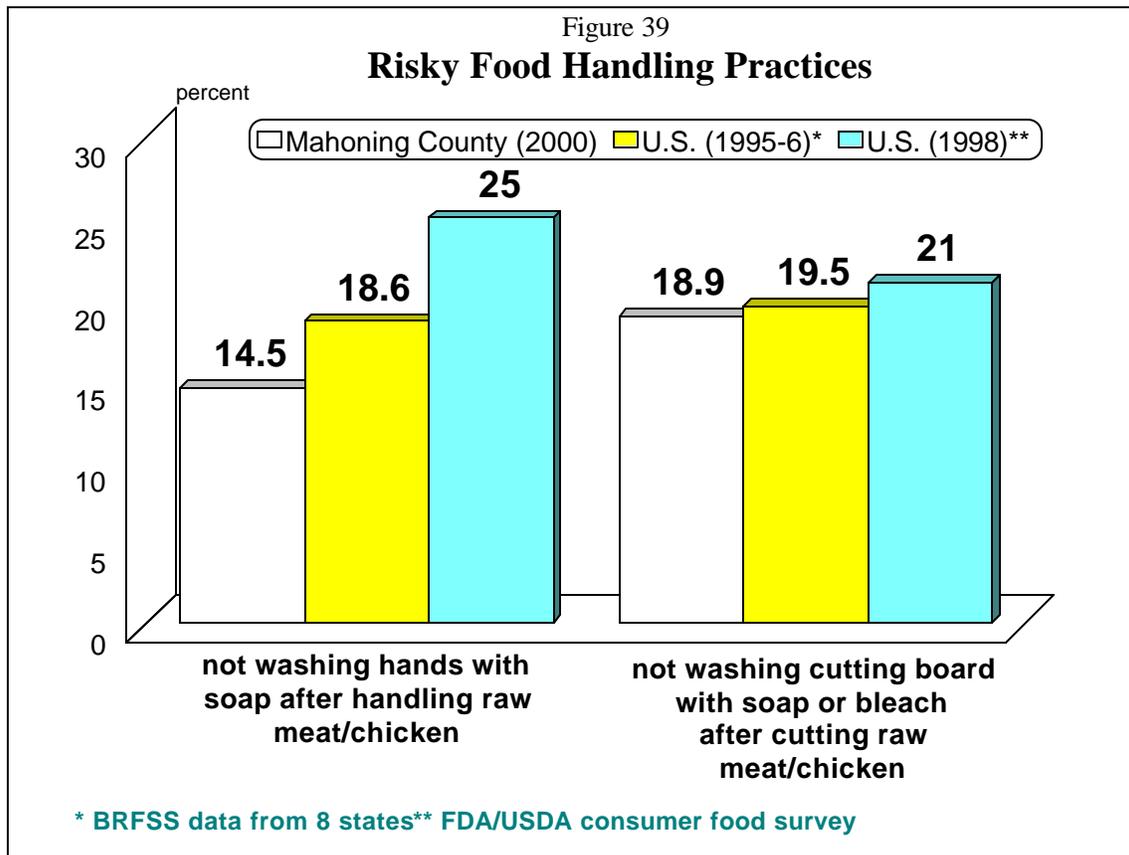


Table 38  
**Risky Food Handling Practices**

Risk Factor	Groups	Mahoning County		
		Sample (N)	%	95% CI
not washing hands after handling raw meat/chicken	All adults	380	14.5%	11.0-18.0
not washing cutting board with soap or bleach after handling raw meat/chicken	All adults	371	18.9%	10.9-26.8

<sup>22</sup> Center for Food Safety and Applied Nutrition. Food and Drug Administration. [www.cfsan.fda.gov](http://www.cfsan.fda.gov).

Drinking Water Safety

Many families in Mahoning County rely on private wells for drinking water. According to the 1990 census, 13,755 households in Mahoning County had wells for drinking water. Improper well construction and contamination from home sewage and surface water can render well water unsafe. In 2000, the District Board of Health determined that 35% of wells tested during real estate transfers contained unsafe levels of bacteria. The District Board of Health recommends that homeowners test their well water at least once each year. In 2000, 33.5% of Mahoning County adults whose homes had a well for drinking water reported that their well had been tested in the last year, compared with 46.0% in 1996.

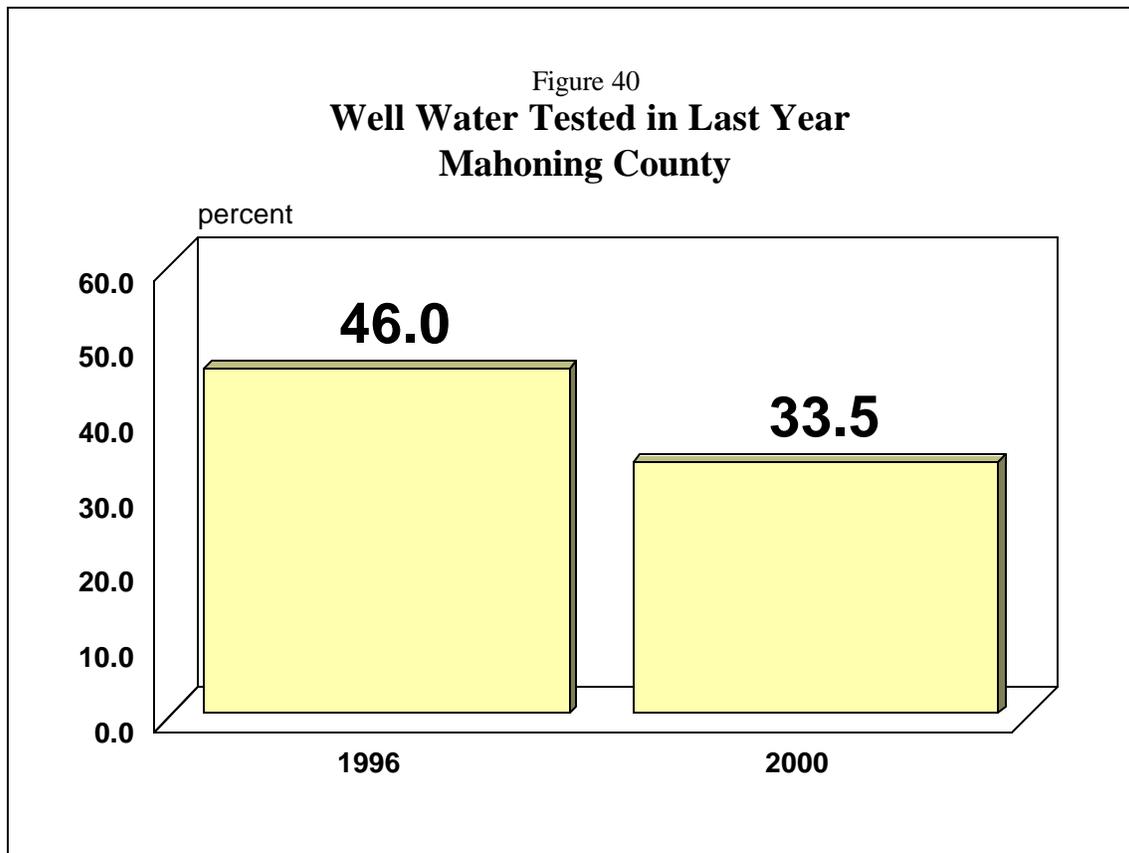


Table 39  
**Water Well Tested in Last Year**

Groups	Mahoning County		
	Sample (N)	%	95% CI
adults whose homes have wells	61	33.5	n/a

Sewage Disposal

Almost 17,000 Mahoning County homes utilize septic systems for sewage treatment and disposal. In 2001, the District Board of Health determined that 46% of septic systems inspected during real estate transfers were failing to adequately treat wastewater. More than one million gallons of inadequately treated sewage is discharged into yards, streams, road ditches, and groundwater, each day from home septic systems in Mahoning County. The Ohio State University Extension and the Board of Health recommend that septic system owners have their systems pumped and serviced regularly. The recommended pumping frequency depends on household water usage but averages once every three years for all homes. In 2000, 59.0% of Mahoning County adults whose homes had a septic system reported that their septic system had been pumped in the last three years, compared with 49.0% in 1996.

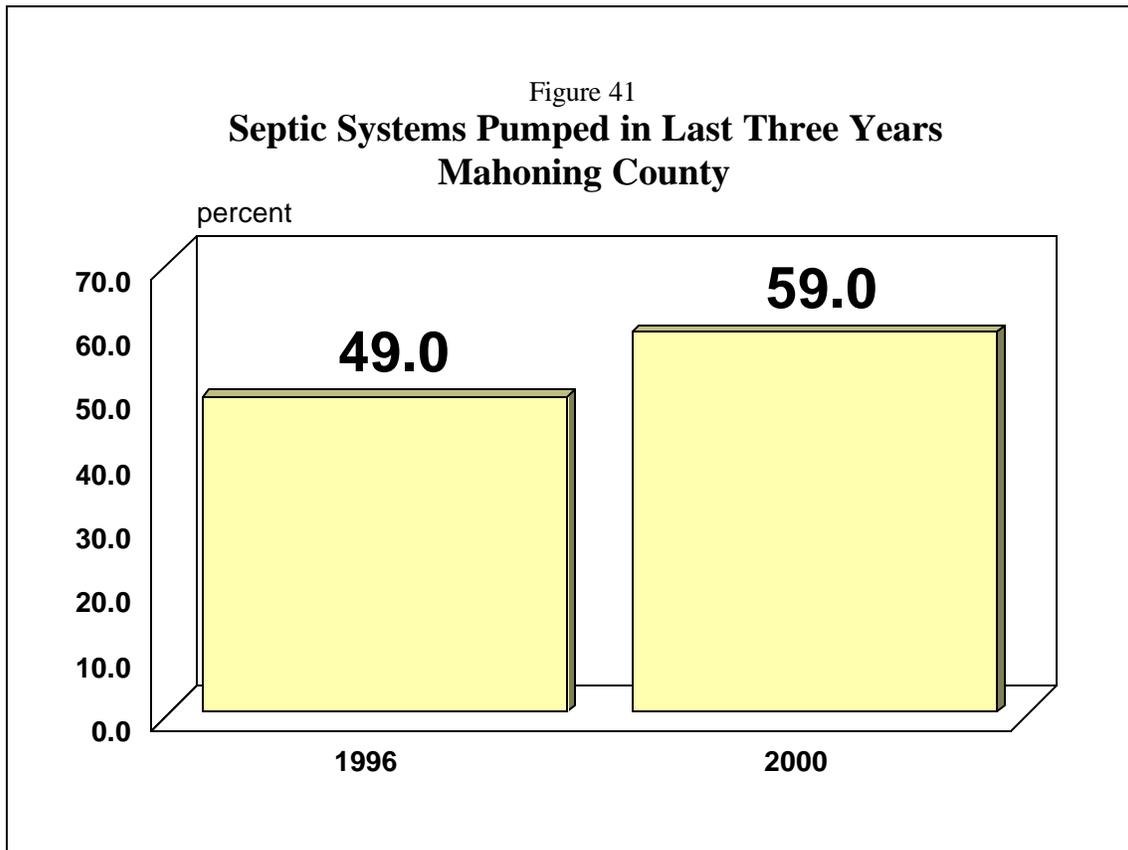


Table 40  
**Septic Systems Pumped in Last Three Years**

Groups	Mahoning County		
	Sample (N)	%	95% CI
adults whose homes have septic systems	86	59.0%	n/a

About one-third of septic systems in Mahoning County are treatment systems with aeration motors. Septic systems with aeration motors should be serviced semi-annually to assure that the treated wastewater they discharge meets public health standards. The proportion of Mahoning County residents with aeration treatment systems reporting that their systems had been serviced in the last year increased from 26.0% in 1996 to 73.1% in 2000.

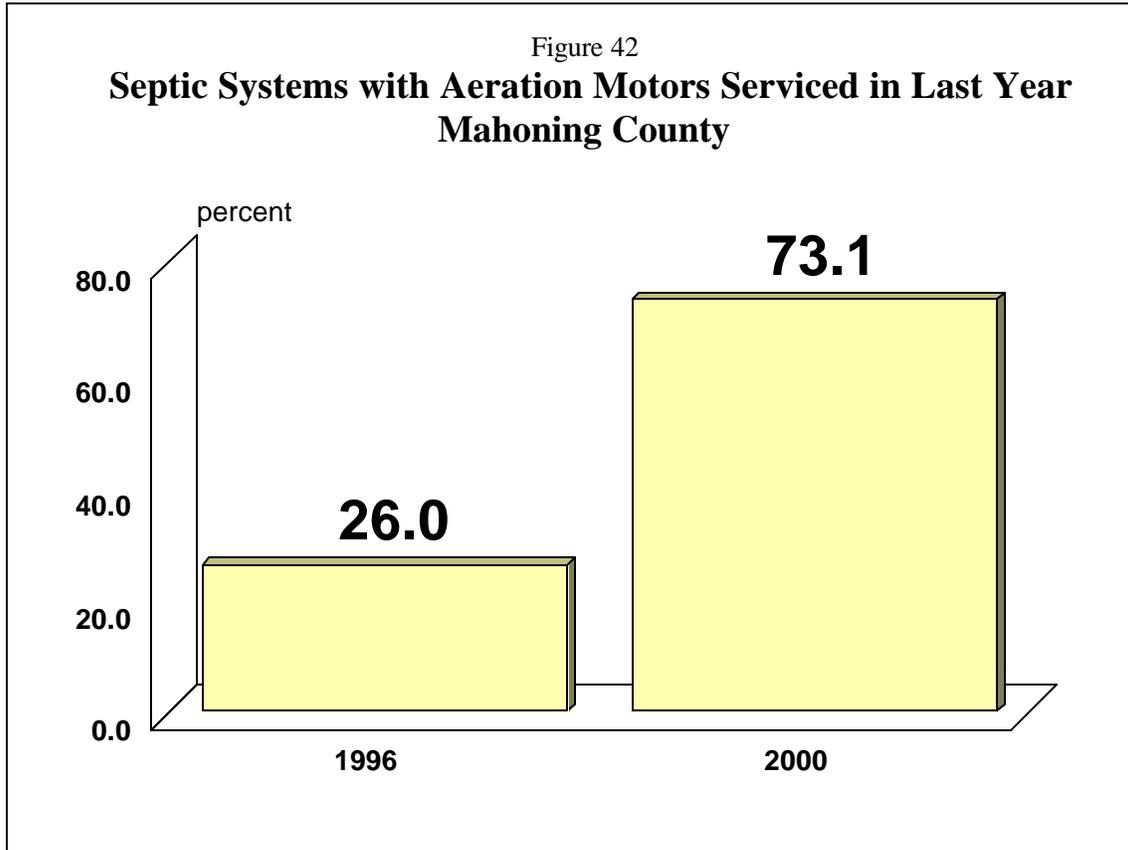


Table 41  
**Septic Systems with Aeration Motors Serviced in Last Year**

Groups	Mahoning County		
	Sample (N)	%	95% CI
adults whose homes have septic systems with aeration motors	28*	73.1%	n/a

\* Small sample size (less than 50) warrants interpretation with caution

## Firearm Storage

The impulsive nature of many homicides and suicides suggests that a substantial portion of those events might be prevented if immediate access to lethal weapons was reduced, in particular through safe storage of guns and ammunition. The U.S. Public Health Service notes that more than half of the 20,000 homicide victims in the United States each year are killed by persons they know. In many instances, these homicides are committed impulsively. Similarly, a substantial proportion of the Nation's 30,000 suicides each year are committed impulsively.<sup>23</sup>

A range of environmental and behavioral strategies may be effective in reducing the immediate access of susceptible persons to loaded firearms. These strategies need not impinge on Second Amendment protections. For example, immediate access to loaded firearms would be reduced if weapons and ammunition were stored in separate locations, or if parents locked up their weapons and ammunition so that their children could not use them unsupervised.

In 2000, 29.7% of Mahoning County adults reported that they kept a firearm in their home or vehicle. In homes with firearms, a larger proportion of adults with children reported storing their firearms locked and unloaded (66.3%) than adults without children (59.2%). However, 8.0% of adults with children reported storing loaded firearms in their homes in 2000. In 1994, 30.0% of U.S. households with firearms (41.5% with children, 20.9% without children) reported storing firearms locked and unloaded and 21.5% kept at least one firearm loaded and unlocked in the home.<sup>24</sup> Safe firearms storage (locked and unloaded) in Mahoning County homes with and without children was more prevalent in 2000 than in the U.S. in 1994.

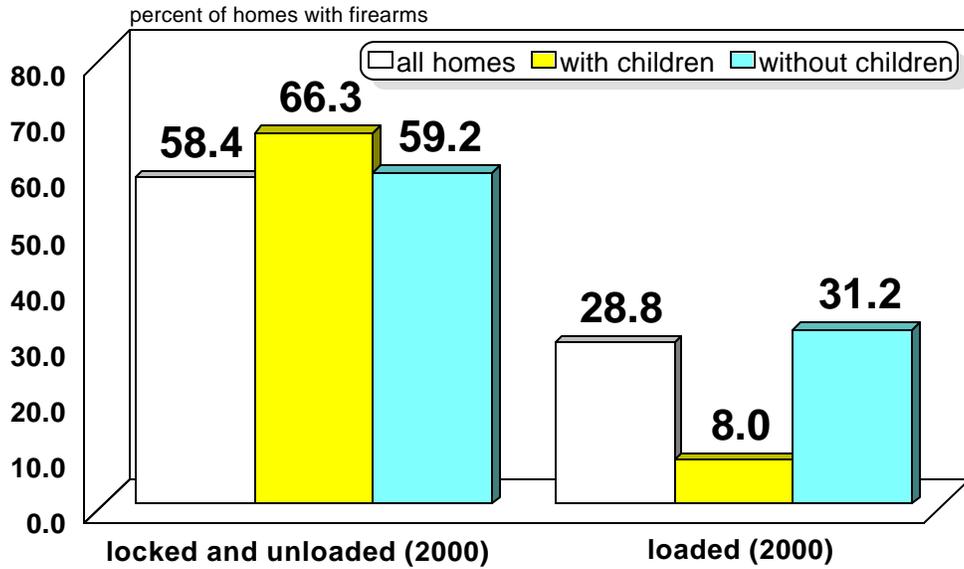
Related Year 2000 objectives were to reduce by 20% the proportion of people who possess weapons that are inappropriately stored and to enact in all states laws requiring that firearms be properly stored to minimize access and the likelihood of discharge by minors and that new handguns be designed to minimize the likelihood of discharge by children.

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<sup>23</sup> U.S. Public Health Service, The Surgeon General's Call To Action To Prevent Suicide. Washington, DC: 1999.

<sup>24</sup> Stennis G, Ikeda R, Leadbetter S, Houston B, Sacks J. Firearm storage practices and children in the home, United States, 1994. Arch Pediatr Adolesc Med. 1999;153:586-590.

Figure 43  
**Firearm Storage Practices  
 Mahoning County**



30.0% of U.S. households with firearms (41.5% with children, 20.9% without children) reported storing firearms locked and unloaded in 1994

Table 42  
**Firearm Storage Practices\***

Risk/Protective Factor	Groups	Mahoning County		
		Sample (N)	%	95% CI
locked and unloaded	All adults	92	58.4%	58.2-58.6
locked and unloaded	Adults with children	15**	66.3%	n/a
locked and unloaded	Adults without children	59	59.2%	n/a
loaded	All adults	113	28.8%	19.5-38.1
loaded	Adults with children	63	8.0%	n/a
loaded	Adults without children	49**	31.2%	n/a

\* in homes with firearms

\*\* Small sample size (less than 50) warrants interpretation with caution

Poisoning Prevention

While poisoning deaths have continued their decline, the number of poisonings, especially among young children and older adults, remains high. The Central Ohio and Cincinnati Poison Control Centers received 3,385 calls from Mahoning County in 2000.

Poisoning risk and the severity of poison injury at home can be reduced by having immediate access to the poison control telephone number (1-800-222-1222) and syrup of ipecac to induce vomiting of swallowed poisons. Proper storage of household cleaners and medicines in homes with children is also an important poisoning prevention measure.

The proportion of Mahoning County adults who could locate the poison control center phone number in their homes increased from 52.0% in 1996 to 60.0% in 2000. In 2000, 88.0% of Mahoning County adults reported storing household hazardous chemicals like paints, pesticides, medicines, and household cleaners out-of-reach of children, compared with 91.7% in 1996. The proportion of Mahoning County adults who had syrup of ipecac on hand at home decreased from 34.0% to 19.2% in 2000.

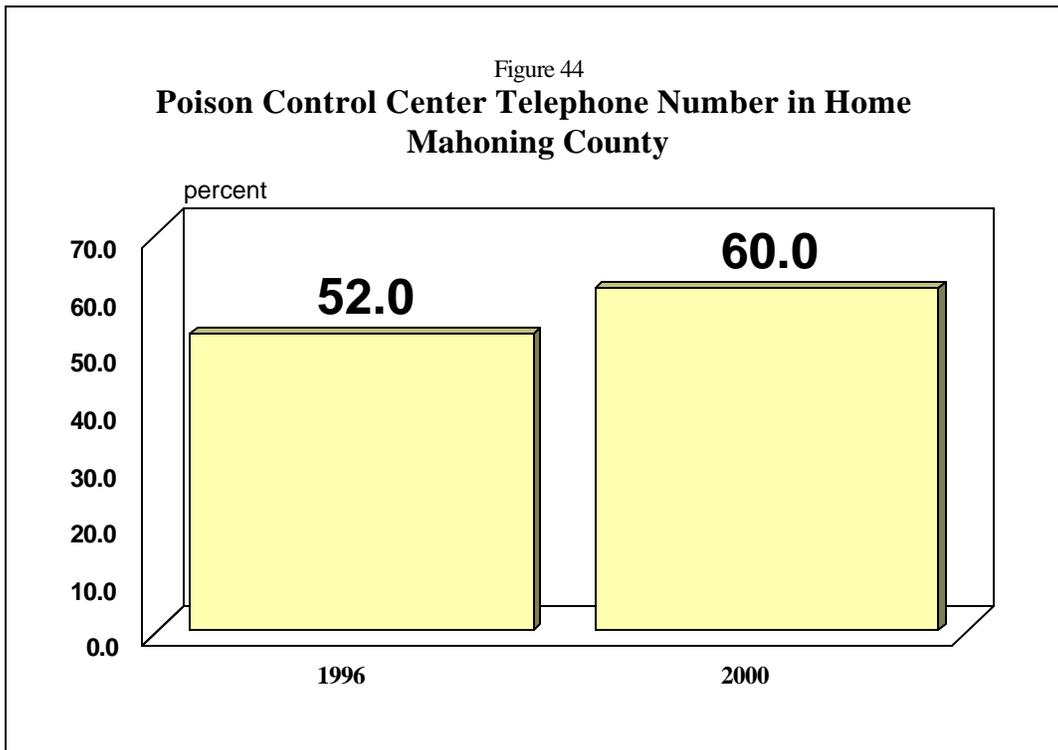


Table 43  
**Poison Control Telephone Number in Home**

Groups	Mahoning County		
	Sample (N)	%	95% CI
all adults	401	60.0%	55.3-64.7

Figure 45  
**Syrup of Ipecac in Home**  
**Mahoning County**

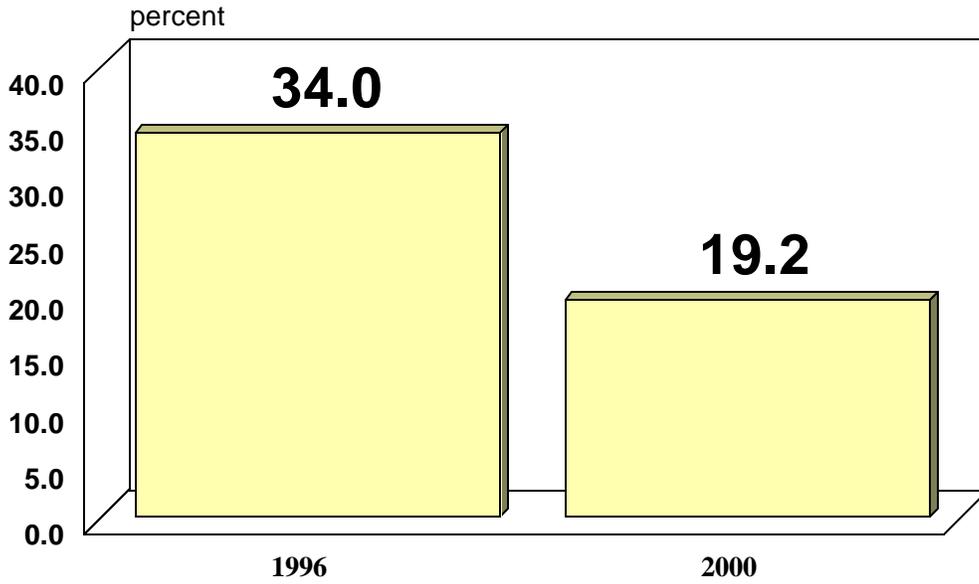


Table 44  
**Syrup of Ipecac in Home**

Mahoning County			
Groups	Sample (N)	%	95% CI
all adults	388	19.2%	6.7-31.7

Figure 46  
**Household Hazardous Chemicals  
 Stored Out of Reach of Children  
 Mahoning County**

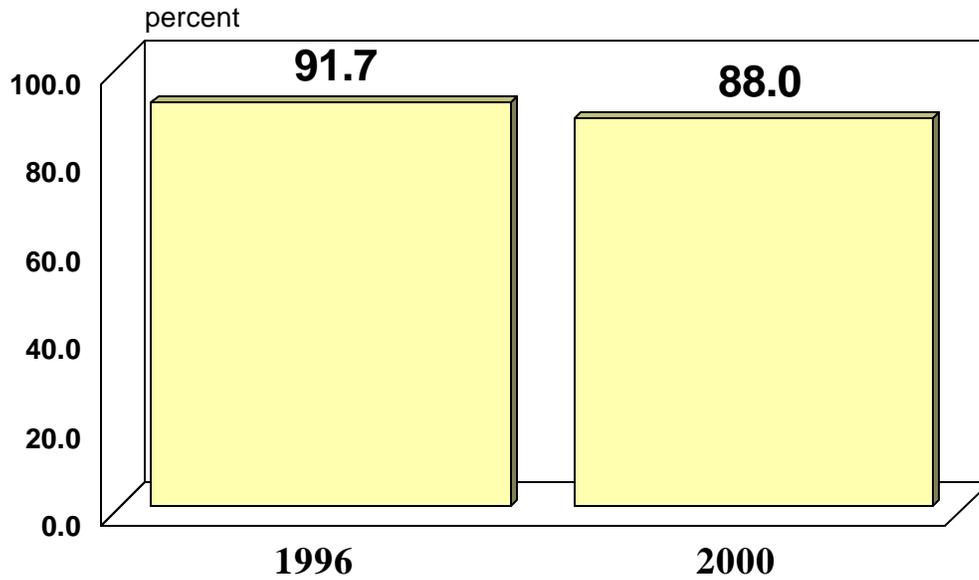


Table 45  
**Household Hazardous Chemicals Stored Out-of-Reach of Children**

Mahoning County			
Groups	Sample (N)	%	95% CI
all adults	397	88.0%	84.5-91.5

Smoke Detectors

One-half of home fire deaths occur in the 6% of homes with no smoke detectors.<sup>25</sup> Most smoke detectors are powered by batteries that must be replaced periodically. In 2000, 93.9% of Mahoning County adults had a smoke detector in their homes, almost the same proportion as in 1993. The Year 2000 objective was 100% on each habitable floor of the home. In 2000, Mahoning County adults with smoke detectors in their homes reported that 86.9% had been tested in the last year.

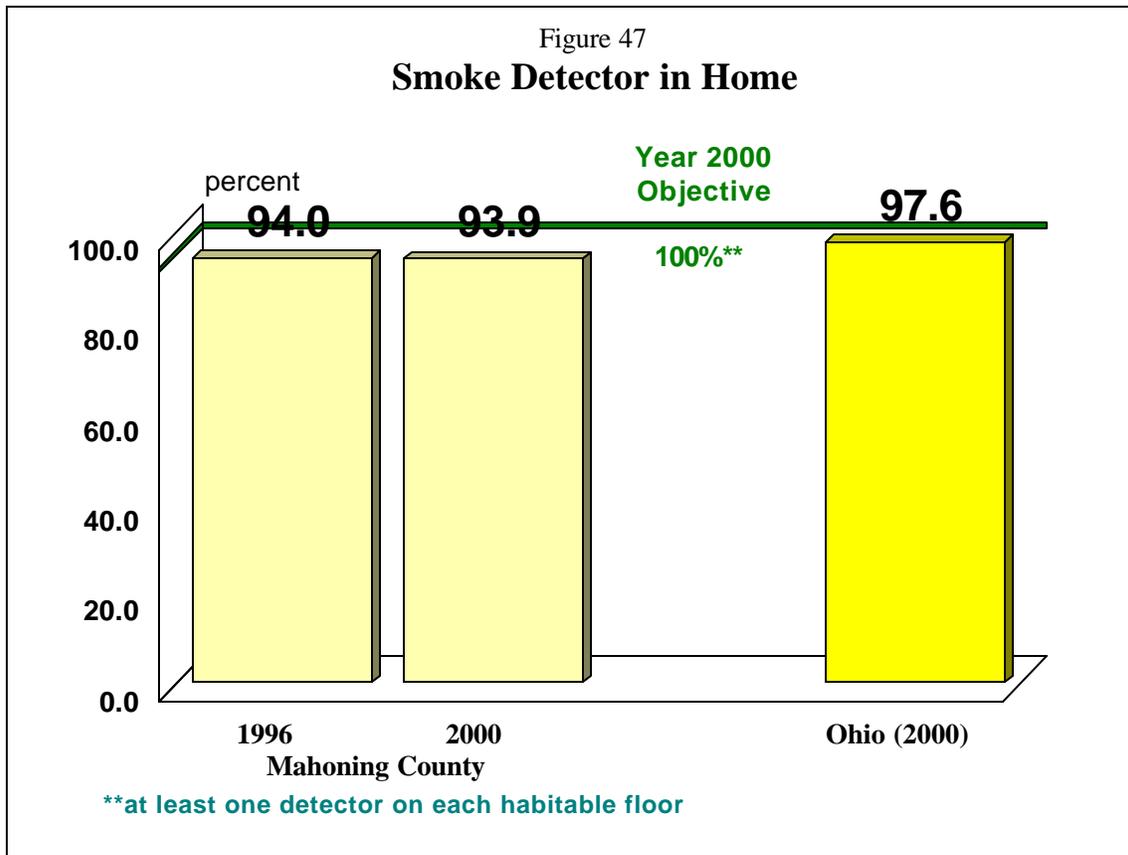


Table 46  
**Smoke Detector in Home**

Groups	Mahoning County			State of Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
all adults	367	93.9%	91.0-96.8	3044	97.6%	96.9-98.3

<sup>25</sup> National Fire Protection Association. U.S. experience with smoke alarms, September 2001. [www.nfpa.org](http://www.nfpa.org).

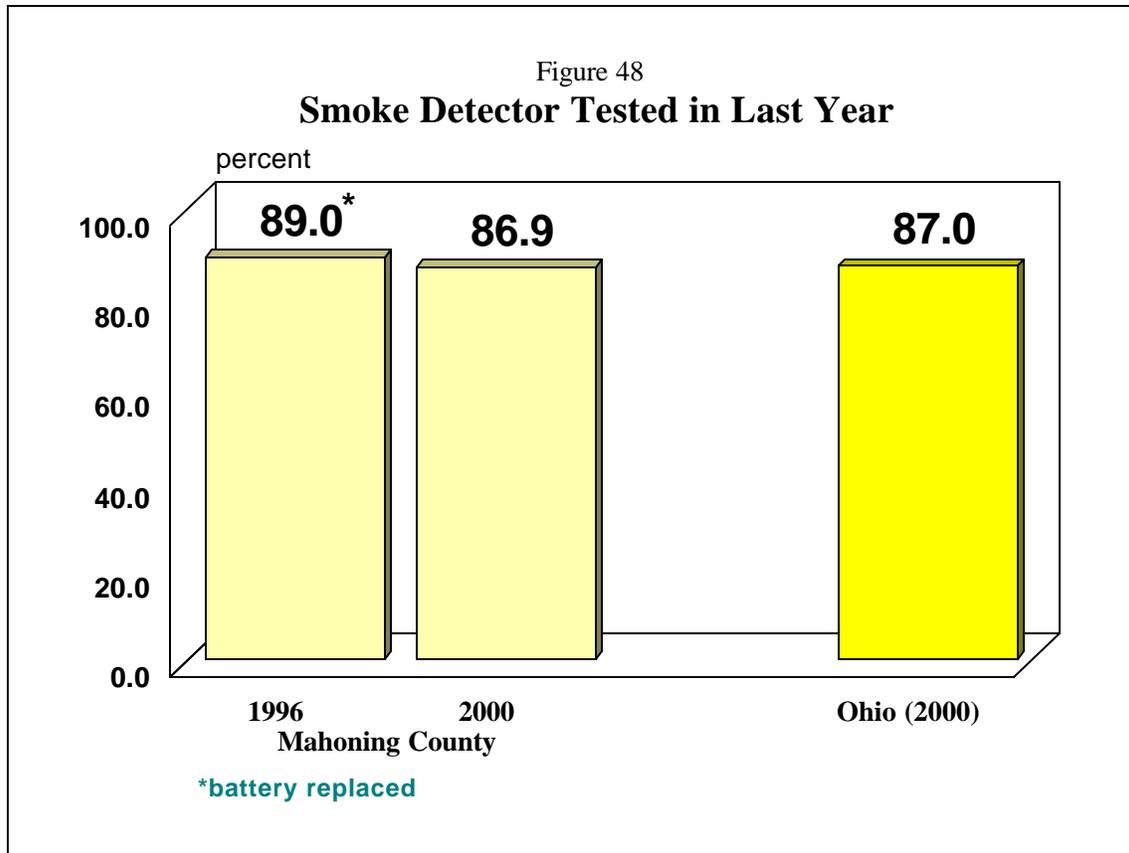


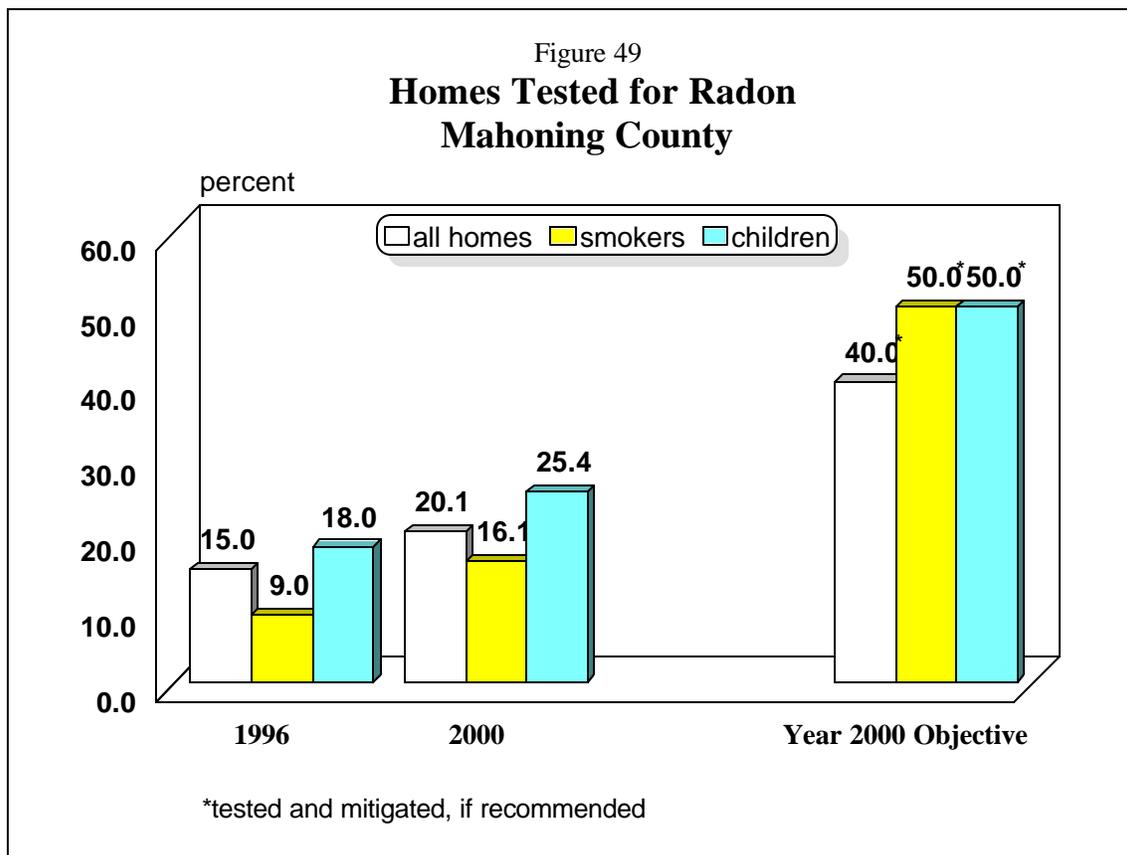
Table 47  
**Smoke Detector Tested in Last Year**

Groups	Mahoning County			Ohio		
	Sample (N)	%	95% CI	Sample (N)	%	95% CI
adults with a smoke detector at home	344	86.9%	81.4-92.4	2968	87.0%	85.3-88.7

## Radon Testing

The U.S. Environmental Protection Agency estimates that radon exposure causes about 20,000 cases of lung cancer each year in the United States.<sup>26</sup> Although Mahoning County does not have the geological formations which give rise to high levels of radon production, radon levels in a particular home cannot be predicted with any accuracy from test results in a neighboring home. Consequently, all homes should be tested for radon.

Lung cancer risk of radon exposure is amplified in cigarette smokers.<sup>27</sup> Children may also be at special risk: those with radon exposure before the age of 20 appear to have a greater risk of developing lung cancer than those exposed later in life. The proportion of Mahoning County adults whose homes were ever tested for radon in Mahoning County increased between 1996 and 2000, but Healthy People 2000 objectives for radon testing in homes with smokers, homes with children, and all homes, were not met.



<sup>26</sup> Environmental Protection Agency: Technical Support Document for the 1992 Citizen's Guide to Radon. Washington, DC: US Government Printing Office, 1992.

<sup>27</sup> Pershagen MD, et al. Residential radon exposure and lung cancer in Sweden. N Engl J Med 1994;330:159-64.

Table 48  
**Homes Tested for Radon**

<b>Mahoning County</b>			
<b>Groups</b>	<b>Sample (N)</b>	<b>%</b>	<b>95% CI</b>
all adults	357	20.1%	19.9-20.3
smokers	72	16.1	n/a
adults with children	49*	25.4%	n/a

\* small sample size (less than 50) warrants interpretation with caution

Lead Hazard Testing

Lead poisoning is the most prevalent environmentally-related disease in children. The most common source of lead in children’s environment is lead paint and dust in children’s homes. Lead paint can be found in any home built before 1978, but those built before 1950 present the greatest risk of exposure for young children. In 2001, 917 children in Mahoning County had elevated blood lead levels (exceeding 10 mcg/dL). The proportion of Mahoning County adults whose homes built in 1978 or before were ever tested for lead increased between 1996 and 2000. A related Healthy People 2000 objective is to increase the proportion of homes built before 1950 ever tested for lead to 50%.

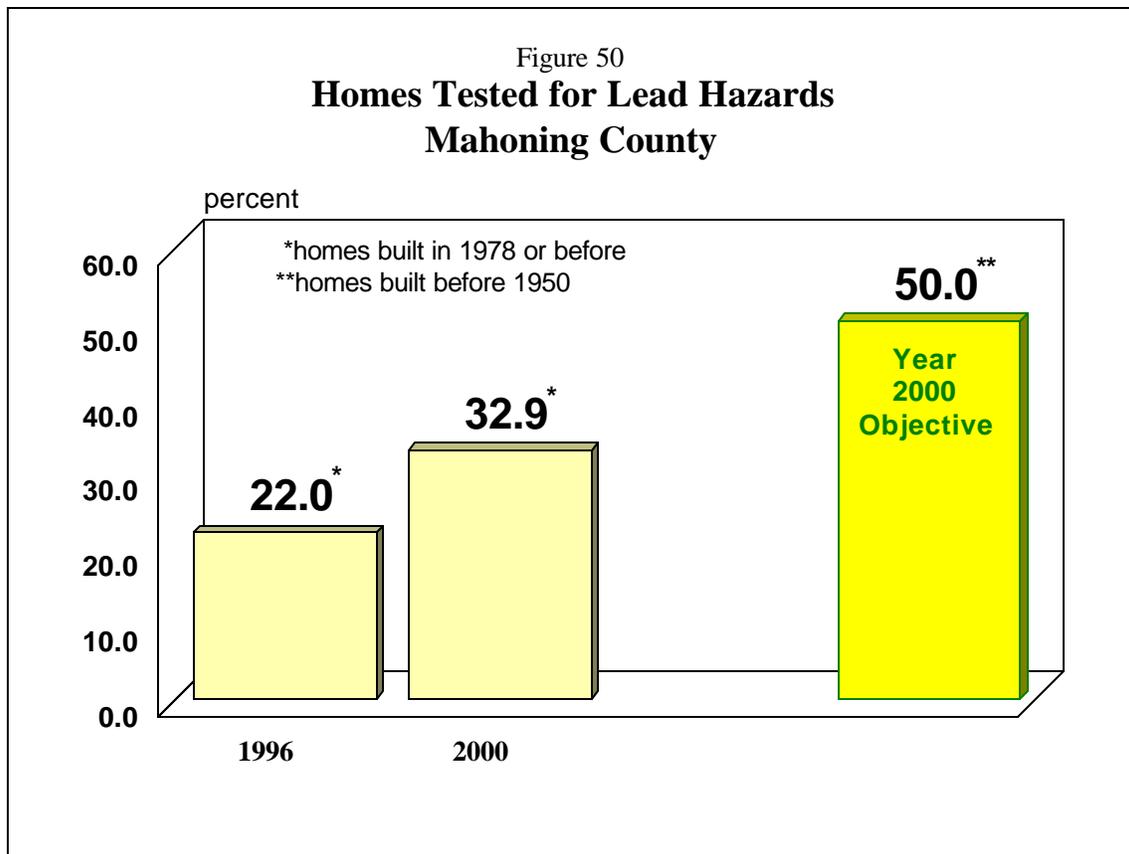


Table 49  
**Lead Hazard Testing**

Groups	Mahoning County		
	Sample (N)	%	95% CI
adults with homes built in 1978 or before	276	30.2%	26.8-29.0

Recycling and Household Hazardous Waste Disposal

Although household hazardous waste accounts for less than five percent of the waste sent to landfills and incinerators in the United States, the hazardous chemicals present in small amounts in this waste can contribute to drinking water contamination, either by leaching out of landfills, or if incinerated, as toxic gas or ash.

Ongoing or annual recycling programs for motor oil, pesticides, and paint are available in Mahoning County to divert these household hazardous wastes from landfills. Over 122 tons of household hazardous waste was collected by the Mahoning County Recycling Division in 2001.<sup>28</sup> The proportion of Mahoning County adults who were aware of a location for disposal of motor oil, paints, or pesticides increased from 41% in 1996 to 63.4% in 2000.

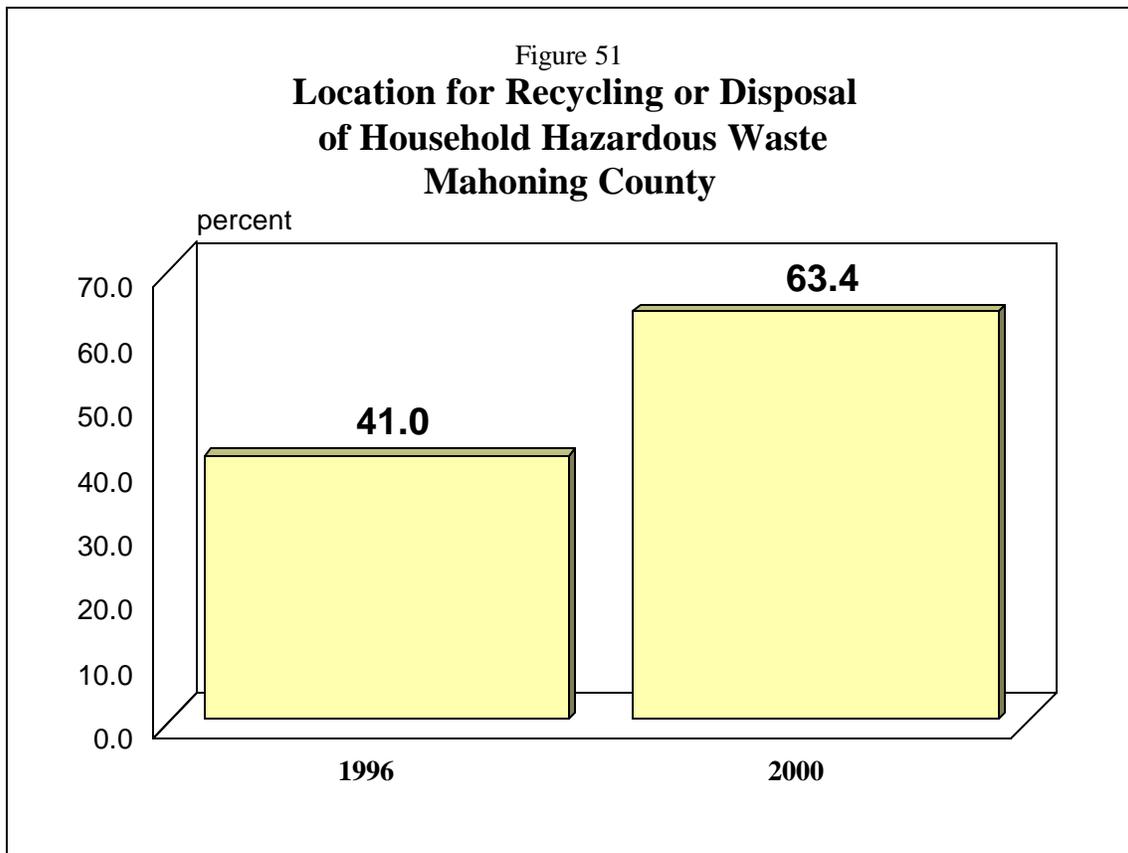


Table 50  
**Location for Recycling or Disposal of Household Hazardous Waste**

Mahoning County			
Groups	Sample (N)	%	95% CI
all adults	326	63.4%	57.6-69.2

<sup>28</sup> 2001 Report to the Board of Directors. Recycling Division of Mahoning County.

In addition, used needles, syringes, and other medical wastes produced at home may be diverted from landfills into a drop-off program at the District Board of Health. In 2000, home medical waste was generated in 7.4 percent of Mahoning County households. In these households, 72.1% of adults reported that they were aware of a location in their area for the disposal of home medical waste separate from their household garbage. This proportion has increased from 52.0% in 1996.

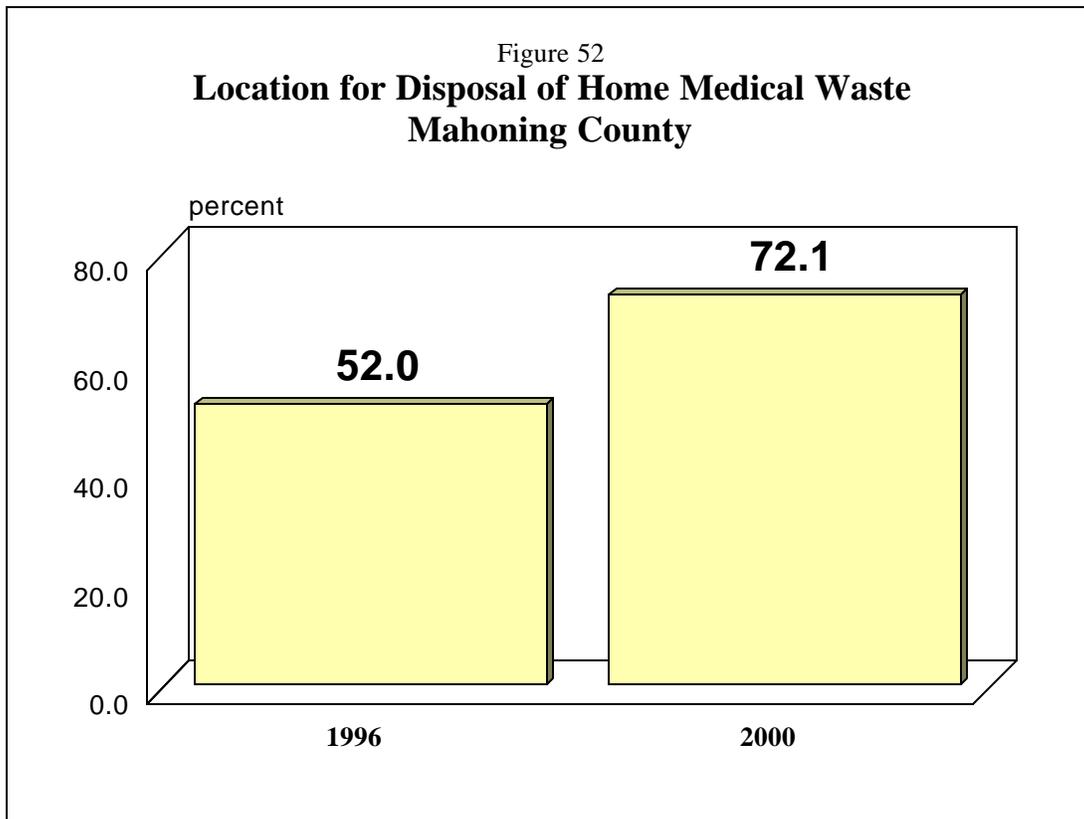


Table 51  
**Location for Disposal of Home Medical Waste  
Mahoning County**

Groups	Mahoning County		
	Sample (N)	%	95% CI
adults who generate medical waste	27*	72.1%	53.8-90.4

\*\* small sample size (less than 50) warrants interpretation with caution

A related Year 2000 objective was to establish curbside recycling programs that serve at least 50% of the population and continue to increase household hazardous waste collection programs. In 2000, 73,500 of the 111,762 households in Mahoning County (66%) had access to a curbside recycling program, according to the Mahoning County Recycling Division. Mahoning County has surpassed this Year 2000 objective.

Rabies Prevention

Over one-third (37.1%) of Mahoning County households had a dog, and 29.9% of households had a cat in 2000. The arrival of raccoon rabies in Ohio in 1997 increased the potential for human exposure to rabid animals, through contact with domestic dogs, cats and ferrets not protected by rabies vaccination.

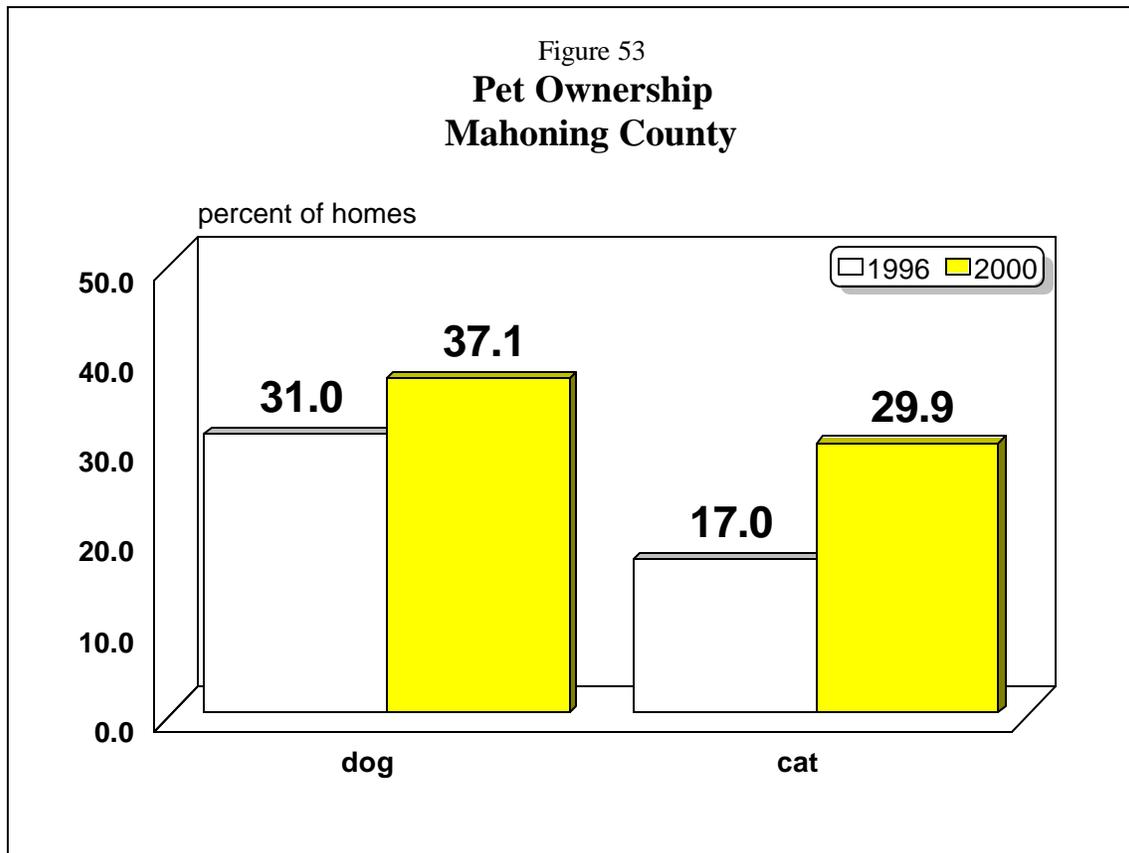


Table 52  
**Pet Ownership**

Mahoning County			
Groups	Sample (N)	%	95% CI
all adults	402	37.1%	31.9-42.3
all adults	402	29.9%	24.9-34.9

Effective and inexpensive rabies vaccinations for pet dogs, cats, and ferrets are widely available at veterinary offices and pet vaccination clinics. Dog, cat and ferret vaccination is mandatory in most Mahoning County communities. In both 1996 and 2000, pet owners reported a high prevalence of up-to-date (within the last three years) rabies vaccination of their dogs, and a lower prevalence of up-to-date cat vaccination. However, in 2000 only 55.8% of dogs involved in human bites or exposures reported to the four boards of health in Mahoning County had a current rabies vaccination. This figure was 55.1% in Ohio in 2000. In 2000, 52.7% of cats involved in human bites or exposures had a current rabies vaccination. This figure was 37.9% in Ohio.

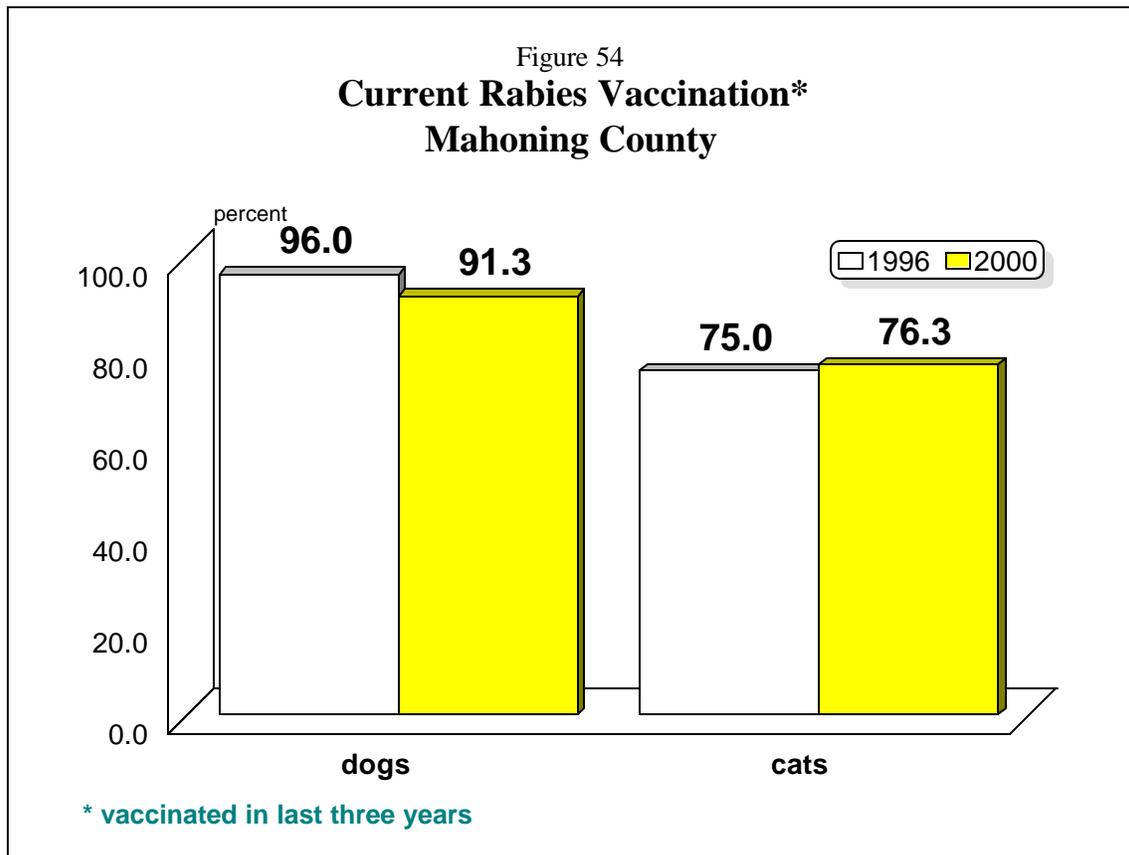


Table 53  
**Current Rabies Vaccination\***

Groups	Mahoning County		
	Sample (N)	%	95% CI
adults with a dog	144	91.3%	86.2-96.4
adults with a cat	107	76.3%	71.8-80.8

\*in last three years

## **CONCLUSION**

Comparing local prevalence estimates from this behavioral risk factor survey with Healthy People Year 2000 objectives provides an objective measure or “report card” on some of the risk and protective factors for public health in Mahoning County. Mahoning County met or surpassed 6 of the 20 Healthy People Year 2000 objectives for which directly comparable local estimates were obtained from this behavioral risk factor survey:

- Breast cancer screening
- Cervical cancer screening
- Colorectal cancer screening
- Influenza immunization
- Safe food handling practices
- Access to curbside recycling

Organizations and individuals involved in the Healthy Valley Alliance should be encouraged by our achievement of these Healthy People Year 2000 objectives for cancer screening – one of the five priority areas targeted by this local community health initiative.

In addition, Mahoning County achieved more than 90% of three other Healthy People 2000 Year 2000 objectives for:

- cholesterol screening
- annual dental visits by senior citizens and younger adults
- smoke detectors at home

The report suggests that Mahoning County may be “progressing” in other areas, compared with behavioral risk factor survey estimates from 1993 or 1996, or with state and national estimates:

- smokeless tobacco use
- reducing exposure to secondhand smoke in the workplace
- regular medical visits
- safe storage of household hazardous chemicals
- safe food handling
- septic system maintenance
- radon testing of homes
- lead hazard testing of homes
- awareness of household hazardous and medical waste disposal options
- awareness of poison control services
- bicycle helmet use

- safe storage of firearms

However, prevalence estimates for some major health risk and protective factors suggest that Mahoning County has not made progress toward Healthy People Year 2000 objectives for these risk or protective factors, and, in some areas, is moving away from 1993 or 1996 estimates:

- cigarette smoking
- physical activity
- excessive alcohol use
- overweight
- fruit and vegetable consumption
- diabetes
- high blood pressure
- cholesterol
- children's exposure to environmental tobacco smoke
- health insurance coverage
- drinking water testing

Three of these behavioral risk factors – physical activity, overweight, and fruit and vegetable consumption – are closely related. Together they contribute to the growing prevalence of diabetes and other chronic diseases in the population.

Mahoning County was similar to Ohio in 2000 in the prevalence of most health risk and protective factors presented in this report. In one area – cholesterol screening – Mahoning County adults reported a higher rate of screening that was statistically significant. In three other areas – smokeless tobacco use, general health status, and the presence of smoke detectors at home – Mahoning County adults reported significantly lower rates.

Users of this report are cautioned that prevalence estimates for the entire population almost always conceal disease risk disparities for subgroups of the population, especially racial or ethnic minorities, persons with lower educational levels, older adults, and those with limited access to medical care. No significant disparities were observed between African-Americans and the rest of the adult population for one protective factor for which a separate estimate for this population subgroup was available – cholesterol screening. Likewise, dental care utilization for senior citizens and younger adults was similar. However, men and persons with a high school education or less reported a higher prevalence of cigarette smoking, a disparity also observed in state and national surveys. Also, senior citizens were less likely to be physically active than younger adults.

The finding that Mahoning County adults expressed strong support for control of environmental tobacco smoke exposure in public places and measures to reduce youth access to tobacco

products was particularly noteworthy given that recent initiatives to address these two concerns have provoked much controversy in Ohio.

*Healthy People 2010* has succeeded *Healthy People 2000* as the national plan to achieve measurable improvements in health for the United States over the next decade.<sup>29</sup> Periodic assessment of health behaviors is needed to tailor local strategies to achieve *Healthy People* objectives during this decade. The District Board of Health and Ohio Department of Health plan to conduct behavioral risk factor surveys of Mahoning County adults again in 2006 to monitor changes in behaviors associated with the major causes of preventable morbidity and mortality and progress toward Year 2010 goals for healthy people in healthy communities.

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<sup>29</sup> U.S. Department of Health and Human Services. *Healthy People 2010*. November 2000.

## **DEFINITIONS**

Age adjustment – a statistical method of controlling for differences in the age structure of populations. Age-adjusted rates estimate what the rates for populations would be if their age structures were similar to that of a comparison – or standard – population.

Confidence Intervals (CI) - a way to measure sampling error and define the range of values where the “true” percentage would be found (95% of the time). The size of the confidence interval is directly related to the size of the sample taken or number of people surveyed. The larger the sample size, the more reliable will be a calculation based on that data.

Incidence – the number of new cases of disease in a population at risk for a specified period of time, usually one year. Incidence is reported as cases per 1,000 or 100,000 persons in a population. Also referred to as morbidity.

Prevalence - the proportion of a population with a particular disease or condition at one point in time. Prevalence is usually reported as a percentage.

Rate - a fraction in which the numerator is the number of people to whom an event occurred during a period, and the denominator is the total number of people in the population at risk for the event during the same period. Rates can be calculated for specific subgroups of the population, by age, sex, race, or other characteristics.

Statistically significant – percentages for two different populations can be determined to be significantly different if their confidence intervals or ranges do not overlap.

Years of Potential Life Lost – the number of additional years a person would have lived if he or she had not died before the age of 65. For example, if a person dies at age 60, the years of potential life lost is five. If a person dies at age 65, the years of potential life lost is zero.

## APPENDICES

### **District Board of Health Mahoning County Behavioral Risk Factor Survey**

- A. Is this \_\_\_\_\_ - \_\_\_\_\_?
- B. Do you live in Mahoning County?
  - a. Yes
  - b. No
- C. Are you 18 years of age or older?
  - a. Yes
  - b. No

## HEALTH CARE ACCESS

- 1. Do you have any kind of health care coverage, including health insurance, prepaid plans, such as HMOs (health maintenance organizations), or government plans, such as Medicare?
  - a. Yes
  - b. No
  - c. Don't know/not sure
  - d. Refused
- 2. What type of health care coverage do you use to pay for most of your medical care? Is coverage through:
  - a. Your employer
  - b. Someone else's employer
  - c. A plan that you or someone else buys on your own
  - d. Medicare
  - e. Medicaid or Medical Assistance
  - f. The military CHAMPUS, or the VA (or CHAMP-VA)
  - g. The Indian Health Service
  - h. Some other source
  - i. None
  - j. Don't know/not sure
  - k. Refused
- 3. About how long has it been since you had health care coverage?
  - a. Less than 6 months
  - b. Six months to less than 1 year ago
  - c. One year to less than 2 years ago
  - d. Two years to less than 5 years ago
  - e. Five or more years ago
  - f. Never
  - g. Don't know/not sure
  - h. Refused

4. What is the main reason you are without health care coverage?
  - a. Lost job or changed employers
  - b. Spouse or parent lost job or changed employers
  - c. Became divorced or separated
  - d. Spouse or parent died
  - e. Became ineligible because of age or because left school
  - f. Employer doesn't offer or stopped offering coverage
  - g. Cut back to part time or became temporary employee
  - h. Benefits from employer or former employer ran out
  - i. Couldn't afford to pay the premiums
  - j. Insurance company refused coverage
  - k. Lost Medicaid or Medical Assistance eligibility
  - l. Other
  - m. Don't know/not sure
  - n. Refused
  
5. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?
  - a. Yes
  - b. No
  - c. Don't know/not sure
  - d. Refused
  
6. About how long has it been since you last visited a doctor for a routine checkup?
  - a. Less than 1 year ago
  - b. One to less than 2 years ago
  - c. Two to less than 5 years ago
  - d. Five or more years ago
  - e. Never
  - f. Don't know/not sure
  - g. Refused
  
7. When you are sick, does your health care plan cover at all, most, some, or none of the checkups or other preventive services?
  - a. At all
  - b. Most
  - c. Some
  - d. None
  - e. Don't know/not sure
  - f. Refused

## FOOD SAFETY

8. In the past 12 months, how often did you eat vegetables that you or someone else canned at home, such as asparagus, corn, or tomato sauce?
- Per day
  - Per week
  - Per month
  - Per year
  - Never
  - Don't know/not sure
  - Refuse
9. In the past 12 months, how often did you eat hamburgers that were still pink or red on the inside, both at home and away from home?
- Per day
  - Per week
  - Per month
  - Per year
  - Never
  - Don't know/not sure
  - Refused
10. In the past 12 months, how often did you eat eggs that were soft boiled, soft poached, loosely scrambled, or lightly fried with a runny yolk, both at home and away from home?
- Per day
  - Per week
  - Per month
  - Per year
  - Never
  - Don't know/not sure
  - Refused

## EXERCISE

11. During the past month, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening or walking for exercise?
- Yes
  - No
  - Don't know/not sure
  - Refused
12. How many times per week or per month did you take part in this activity
- Times per week \_\_\_\_\_
  - Times per month \_\_\_\_\_
  - Don't know/not sure
  - Refused

13. And when you took part in this activity, for how many minutes or hours did you usually keep at it?
- Hours/Minutes \_\_\_\_\_
  - Don't know/not sure
  - Refused
14. Are you now on a diet to lose weight?
- Yes
  - No
  - Refused
15. Are you eating fewer calories to lose weight?
- Yes
  - No
  - Don't know/not sure
  - Refused
16. Have you increased your physical activity to lose weight?
- Yes
  - No
  - Don't know/not sure
  - Refused
17. Have you been advised by a doctor or other health professional to reduce your weight?
- Yes, by a doctor
  - Yes, by a nurse/physician's assistant
  - Yes, by a nutritionist/dietician
  - Yes, by other health professional
  - No
  - Don't know/not sure
  - Refused

#### PREVENTIVE HEALTH PRACTICES

16. During the past 12 months, have you had a flu shot?
- Yes
  - No
  - Don't know/not sure
  - Refused
17. Have you ever had a pneumonia vaccination?
- Yes
  - No
  - Don't know/not sure
  - Refused

18. Have you ever had your blood cholesterol checked?
  - a. Yes
  - b. No
  - c. Don't know/not sure
  - d. Refused
  
19. About how long has it been since you last had your blood cholesterol checked?
  - a. Less than 1 year ago
  - b. One to less than 2 years ago
  - c. Two to less than 5 years ago
  - d. Five or more years ago
  - e. Don't know/not sure
  - f. Refused
  
20. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?
  - a. Yes
  - b. No
  - c. Don't know/not sure
  - d. Refused
  
21. Are you now under the advice of a doctor to reduce your blood cholesterol or blood fat level?
  - a. Yes
  - b. No
  - c. Don't know/not sure
  - d. Refused
  
22. Did the doctor refer you to a dietician, nutritionist, or nurse to help you reduce the fat or cholesterol in your diet?
  - a. Dietician
  - b. Nutritionist
  - c. Nurse
  - d. Don't know/not sure
  - e. Refused
  
23. Have you ever been told by a doctor, nurse, or other health professional, that you have high blood pressure?
  - a. Yes
  - b. No
  - c. Don't know/not sure
  - d. Refused

24. Are you currently taking medicine for your high blood pressure?
- a. Yes
  - b. No
  - c. Don't know/not sure
  - d. Refused
25. Are you doing any of the following to help control your high blood pressure? Following a low salt diet?
- a. Yes
  - b. No
  - c. Not sure
  - d. Refused
26. Are you doing any of the following to help control your high blood pressure? Watching your weight?
- a. Yes
  - b. No
  - c. Not sure
  - d. Refused
27. Are you doing any of the following to help control your high blood pressure? Avoiding stress, relaxing?
- a. Yes
  - b. No
  - c. Not sure
  - d. Refused
28. Are you doing any of the following to help control your high blood pressure? Cutting down or stopping smoking?
- a. Yes
  - b. No
  - c. Not sure
  - d. Refused
29. Are you doing any of the following to help control your high blood pressure? Following an exercise program?
- a. Yes
  - b. No
  - c. Not sure
  - d. Refused
30. Are you doing any of the following to help control your high blood pressure? Anything else (other)?
- a. Yes
  - b. No
  - c. Not sure
  - d. Refused

## ARTHRITIS

31. Have you ever been told by a doctor that you had/have some form of arthritis, gout, bursitis, tendonitis, or lupus?
- Yes
  - No
  - Don't know/not sure
  - Refused
32. What type of arthritis do you have?
- Rheumatoid arthritis
  - Osteoarthritis or degenerative arthritis
  - Lupus
  - Gout
  - Bursitis or tendonitis
  - Other
  - Don't know/unsure
  - Refused
33. How often does your arthritis prevent you from doing your usual work or taking part in social activities?
- Every day
  - Almost every day
  - Once a week
  - Occasionally (less than once a week)
  - Never
  - Don't know/not sure
  - Refused

## DIABETES

34. Next, I'd like to ask you about diabetes, sometimes called sugar diabetes. Have you ever been told by a doctor that you have diabetes?
- Yes
  - No
  - Don't know/not sure
  - Refused
35. How old were you when you were told you have diabetes?
- Age in years \_\_\_\_\_
  - Don't know/not sure
  - Refused

36. About how many times in the last year have you seen a doctor, nurse, or other health professional for your diabetes?
- Number of times \_\_\_\_\_
  - Don't know/not sure
  - Refused
37. Are you now taking insulin?
- Yes
  - No
  - Refused
38. Currently, how often do you use insulin?
- Times per day
  - Times per week
  - Use insulin pump
  - Don't know/not sure
  - Refused
39. Have you had an eye examination in the past 12 months by a doctor who dilated or put drops in your eyes?
- Yes
  - No
  - Don't know/not sure
  - Refused
40. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.
- Times per day
  - Times per week
  - Times per months
  - Times per year
  - Never
  - Don't know/not sure
  - Refused

## COLORECTAL CANCER SCREENING

41. A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for problems. Have you ever had this exam?
- Yes
  - No
  - Don't know/not sure
  - Refused
42. When did you have your last digital rectal exam?
- Less than 1 year ago
  - One to less than 2 years ago
  - Two to less than 5 years ago
  - Five or more years ago
  - Don't know/not sure
  - Refused
43. A sigmoidoscopy or proctoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had this exam?
- Yes
  - No
  - Don't know/not sure
  - Refused
44. When did you have your last proctoscopic exam?
- Less than 1 year ago
  - One to less than 2 years ago
  - Two to less than 5 years ago
  - Five or more years ago
  - Don't know/not sure
  - Refused

## TOBACCO USE

45. Have you smoked at least 100 cigarettes in your entire life?
- Yes
  - No
  - Don't know/not sure
  - Refused
46. Do you smoke cigarettes now?
- Yes
  - No
  - Don't know/not sure
  - Refused
47. About how old were you when you first started smoking cigarettes fairly regularly?

- a. Age in years \_\_\_\_\_
  - b. Don't know/not sure
  - c. Refused
48. What was the major thing that motivated or made you want to quit smoking?
- a. Information about health effects
  - b. Physician's advice
  - c. Appeals from family and friends
  - d. Cost
  - e. Publicity about undesirable social effects (such as appearance or smell)
  - f. Don't know
  - g. Refused
49. Have you ever used or tried any smokeless tobacco products, such as chewing tobacco or snuff?
- a. Yes
  - b. No
  - c. Don't know/not sure
  - d. Refused
50. Do you currently use any smokeless tobacco products, such as chewing tobacco or snuff?
- a. Yes
  - b. No
  - c. Don't know/not sure
  - d. Refused
51. How many times have you tried to quit smoking during your lifetime?
- a. 1-2 times
  - b. 3-5 times
  - c. More than 5 times
  - d. Don't know
  - e. Refused
52. Would you like to stop smoking?
- a. Yes
  - b. No
  - c. Don't know/not sure
  - d. Refused
53. Do you think tobacco advertising motivates people to buy tobacco products like cigarettes, chewing tobacco or snuff?
- a. Yes
  - b. No
  - c. Don't know/not sure
  - d. Refused

## SMOKING RESTRICTIONS

54. I'm going to read you a list of places. For each place, please tell me if you think that smoking should be allowed in all areas, allowed in some areas, or not allowed at all. Fast food restaurants?
- Allowed in all areas
  - Allowed in some areas
  - Or not allowed at all
  - Don't know
55. I'm going to read you a list of places. For each place, please tell me if you think that smoking should be allowed in all areas, allowed in some areas, or not allowed at all. Other kinds of sit-down restaurants?
- Allowed in all areas
  - Allowed in some areas
  - Or not allowed at all
  - Don't know
56. I'm going to read you a list of places. For each place, please tell me if you think that smoking should be allowed in all areas, allowed in some areas, or not allowed at all. Indoor malls?
- Allowed in all areas
  - Allowed in some areas
  - Or not allowed at all
  - Don't know
57. I'm going to read you a list of places. For each place, please tell me if you think that smoking should be allowed in all areas, allowed in some areas, or not allowed at all. Indoors sporting events?
- Allowed in all areas
  - Allowed in some areas
  - Or not allowed at all
  - Don't know
58. Does your work site have a policy that restricts smoking?
- Yes
  - No
  - Don't know/not sure
  - Refused

## ALCOHOL CONSUMPTION

59. Have you had any beer, wine, wine coolers, cocktails, or liquor during the past month?
- Yes
  - No
  - Refused
60. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?
- Days per week \_\_\_\_\_

- b. Days per month \_\_\_\_\_
  - c. Don't know/not sure
  - d. Refused
61. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average?
- a. Number of drinks \_\_\_\_\_
  - b. Don't know/not sure
  - c. Refused
62. And during the past month, how many times have you driven when you've had perhaps too much to drink?
- a. Number of times \_\_\_\_\_
  - b. None
  - c. Don't know/not sure
  - d. Refused
63. During the past month, how many times have you ridden with a driver who has had perhaps too much to drink?
- a. Number of times \_\_\_\_\_
  - b. None
  - c. Don't know/not sure
  - d. Refused

HEIGHT, WEIGHT, SEX

64. About how much do you weigh without shoes?
- a. Weight (record pounds) \_\_\_\_\_
  - b. Don't know/not sure
  - c. Refused
65. About how tall are you without shoes?
- a. Height (record feet/inches)
  - b. Don't know/not sure
  - c. Refused
66. (Interviewer: indicate sex of respondent, ask if necessary)
- a. Male
  - b. Female

## WOMEN'S HEALTH

67. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?
- Yes
  - No
  - Don't know/not sure
  - Refused
68. How long has it been since you had your last Pap smear?
- Less than 1 year ago
  - One to less than 2 years ago
  - Two to less than 3 years ago
  - Three to less than 5 years ago
  - Five or more years ago
  - Don't know/not sure
  - Refused
69. Have you ever had a mammogram?
- Yes
  - No
  - Don't know/not sure
  - Refused
70. What is the most important reason that you never had a mammogram?
- Not recommended by doctor/doctor never said it was needed
  - Not needed/not necessary
  - Never heard of mammogram
  - No insurance to pay for it
  - Other
  - Don't know/not sure
  - Refused
71. About how long has it been since you had your last mammogram?
- Less than 1 year ago
  - One to less than 2 years ago
  - Two to less than 3 years ago
  - Three to less than 5 years ago
  - Five or more years ago
  - Don't know/not sure
  - Refused

72. What is the most important reason that you did not have a mammogram in the last year?
- a. Not recommended by doctor/doctor never said it was needed
  - b. Not needed/not necessary
  - c. Never heard of mammogram
  - d. No insurance to pay for it
  - e. Other
  - f. Don't know/not sure
  - g. Refused
73. Whose idea was it for you to have this last mammogram – was it your idea, your doctor's idea, or someone else's idea?
- a. Respondent's idea
  - b. Doctor's idea
  - c. Someone else's idea
  - d. Don't know/not sure
  - e. Refused

#### MALE HEALTH

74. How often do you, yourself, do a testicular self-examination for the detection of cancer?
- a. Once or more per month
  - b. Every other month
  - c. 1-4 times per year
  - d. Less than once a year
  - e. Don't know/not sure
  - f. Refused

#### VIOLENCE

75. Have you witnessed, been threatened by, or become involved in physically violent behavior in your household during the past month?
- a. Yes
  - b. No
  - c. Don't know/not sure
  - d. Refused
76. Have you or anyone in your household had to seek medical help for injuries resulting from physical force by people within your household during the past month?
- a. Yes
  - b. No
  - c. Don't know/not sure
  - d. Refused

77. Did the physically violent behavior that you were involved in, threatened with, or that you witnessed involve a handgun?
- a. Yes
  - b. No
  - c. Don't know/not sure
  - d. Refused
78. Do you have access to a gun in your home?
- a. Yes
  - b. No
  - c. Don't know/not sure
  - d. Refused

### DEMOGRAPHICS

79. How old were you on your last birthday?
- a. Age \_\_\_\_\_
  - b. Don't know/not sure
  - c. Refused
80. What is your race?
- a. White
  - b. Black
  - c. Asian, pacific islander
  - d. Aleutian, Eskimo or American Indian
  - e. Other (specify) \_\_\_\_\_
  - f. Don't know/not sure
  - g. Refused
81. Are you of Hispanic origin, such a Mexican American, Latin American, Puerto Rican, or Cuban?
- a. Yes
  - b. No
  - c. Don't know/not sure
  - d. Refused
82. What is the highest grade or year of school that you completed?
- a. Eight grade or less
  - b. Some high school
  - c. High school graduate or GED certificate
  - d. Some technical school
  - e. Technical school graduate
  - f. Some college
  - g. College graduate
  - h. Post graduate or professional degree
  - i. Refused

83. Are you currently:
- a. Employed for wages
  - b. Self-employed
  - c. Out of work for more than 1 year
  - d. Out of work for less than 1 year
  - e. Homemaker
  - f. Student
  - g. Retired
  - h. Other
  - i. Refused
84. Are you:
- a. Married
  - b. Divorced
  - c. Widowed
  - d. Separated
  - e. Never been married
  - f. A member of an unmarried couple
  - g. Refused
85. Which of the following categories best describes your annual household income from all sources?
- a. Less than \$10,000
  - b. \$10,000, but less than \$15,000
  - c. \$15,000, but less than \$20,000
  - d. \$20,000, but less than \$25,000
  - e. \$25,000, but less than \$35,000
  - f. \$35,000, but less than \$50,000
  - g. \$50,000, or more
  - h. Don't know/not sure
  - i. Refused

**2000 Ohio  
Behavioral Risk Factor Surveillance System**

**Questionnaire**

**Core Sections:**

**Section 1: Health Status**  
**Section 2: Health Care Access**  
**Section 3: Asthma**  
**Section 4: Diabetes**  
**Section 5: Care Giving**  
**Section 6: Exercise**  
**Section 7: Tobacco Use**  
**Section 8: Fruits and Vegetables**  
**Section 9: Weight Control**  
**Section 10: Demographics**  
**Section 11: Women's Health**  
**Section 12: HIV/AIDS**

**Optional Modules:**

**Module 1: Diabetes**  
**Module 2: Sexual Behavior**  
**Module 3: Family Planning**  
**Module 6: Oral Health**  
**Module 7: Hypertension Awareness**  
**Module 8: Cholesterol Awareness**  
**Module 9: Colorectal Cancer Screening**  
**Module 10: Immunization**  
**Module 11: Injury Control**  
**Module 12: Alcohol Consumption**  
**Module 13: Cardiovascular Disease**  
**Module 14: Arthritis**  
**Module 16: Folic Acid**  
**Module 18: Tobacco Use Prevention**  
**Module 19: Smokeless Tobacco**

**State-Added Questions:**

**Asthma**

**2000 Ohio Behavioral Risk Factor Surveillance System  
Questionnaire**

**HEALTH STATUS**

**1.) Would you say that in general your health is:**

- a. Excellent
- b. Very Good
- c. Good
- d. Fair
- e. Poor
- f. Don't know/Not sure
- g. Refused

**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?**

- a. Number of days \_\_\_\_
- b. None
- c. Don't know/Not sure
- d. Refused

**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?**

- a. Number of days \_\_\_\_
- b. None
- c. Don't know/Not sure
- d. Refused

**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?**

- a. Number of days \_\_\_\_
- b. None
- c. Don't know/Not sure
- d. Refused

## HEALTH CARE ACCESS

**5.) Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**6.) Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**7.) What type of health care coverage do you use to pay for most of your medical care?**

**Is it coverage through:**

- a. Your employer
- b. Someone else's employer
- c. A plan that you or someone else buys on your own
- d. Medicare
- e. Medicaid or Medical Assistance
- f. The military, CHAMPUS, TriCare, or the VA
- g. The Indian Health Service
- h. Some other source
- i. None
- j. Don't know/Not sure
- k. Refused

**HEALTH CARE ACCESS** continued

**7a.) There are some types of coverage you may not have considered. Please tell me if you have any of the following:**

**Coverage through:**

- a. Your employer
- b. Someone else's employer
- c. A plan that you or someone else buys on your own
- d. Medicare
- e. Medicaid or Medical Assistance
- f. The military, CHAMPUS, TriCare, or the VA
- g. The Indian Health Service
- h. Some other source
- i. None
- j. Don't know/Not sure
- k. Refused

**8.) During the past 12 months, was there any time that you did not have any health insurance or coverage?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**9.) About how long has it been since you had health care coverage?**

- a. Within the past 6 months (1 to 6 months ago)
- b. Within the past year (6 to 12 months ago)
- c. Within the past 2 years (1 to 2 years ago)
- d. Within the past 5 years (2 to 5 years ago)
- e. 5 or more years ago
- f. Don't know/Not sure
- g. Never
- h. Refused

**10.) Was there a time during the last 12 months when you needed to see a doctor, but could not because of cost?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**HEALTH CARE ACCESS** continued

**11.) About how long has it been since you last visited a doctor for a routine  
checkup?**

- a. Within the past year (1 to 12 months ago)
- b. Within the past 2 years (1 to 2 years ago)
- c. Within the past 5 years (2 to 5 years ago)
- d. Don't know/Not sure
- e. Never
- f. Refused

**ASTHMA**

**12.) Did a doctor ever tell you that you had asthma?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**13.) Do you still have asthma?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**DIABETES**

**14.) Have you ever been told by a doctor that you have diabetes?**

- a. Yes
- b. Yes, but female told only during pregnancy
- c. No
- d. Don't know/Not sure
- e. Refused

**15.) How old were you when you were told you have diabetes?**

- a. Code age in years \_\_\_\_
- b. Don't know/Not sure
- c. Refused

**DIABETES** continued

**16.) Are you now taking insulin?**

- a. Yes
- b. No
- c. Refused

**17.) Are you now taking diabetes pills?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**18.) About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.**

- a. Times per day \_\_\_\_
- b. Times per week \_\_\_\_
- c. Times per month \_\_\_\_
- d. Times per year \_\_\_\_
- e. Never
- f. Don't know/Not sure
- g. Refused

**19.) About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.**

- a. Times per day \_\_\_\_
- b. Times per week \_\_\_\_
- c. Times per month \_\_\_\_
- d. Times per year \_\_\_\_
- e. Never
- f. No feet
- g. Don't know/Not sure
- h. Refused

**DIABETES** continued

**20.) Have you had any sores or irritations on your feet that took more than four weeks to heal?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**21.) About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?**

- a. Number of times \_\_\_\_
- b. None
- c. Don't know/Not sure
- d. Refused

**22.) A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"?**

- a. Number of times \_\_\_\_
- b. None
- c. Never heard of hemoglobin "A one C" test
- d. Don't know/Not sure
- e. Refused

**23.) About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?**

- a. Number of times \_\_\_\_
- b. None
- c. Don't know/Not sure
- d. Refused

**24.) When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.**

- a. Within the past month (0 to 1 month ago)
- b. Within the past year (1 to 12 months ago)
- c. Within the past 2 years (1 to 2 years ago)
- d. 2 or more years ago
- e. Never
- f. Don't know/Not sure
- g. Refused

**DIABETES** continued

**25.) Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**26.) Have you ever taken a course or class in how to manage your diabetes yourself?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

<b>CARE GIVING</b>
--------------------

**27.) There are situations where people provide regular care or assistance to a family member or friend who is elderly or has a long-term illness or disability. During the past month, did you provide any such care or assistance to a family member or friend who is 60 years of age or older?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**28.) Who would you call to arrange short or long-term care in the home for an elderly relative or friend who was no longer able to care for themselves?**

- a. Relative or friend
- b. Would provide care myself
- c. Nursing home
- d. Home health service
- e. Personal physician
- f. Area Agency on Aging
- g. Hospice
- h. Hospital nurse
- i. Minister/priest/rabbi
- j. Other
- k. Don't know who to call
- l. Refused

## EXERCISE

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

**29.) During the past month, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**30.) What type of physical activity or exercise did you spend the most time doing during the past month?**

- a. Activity [specify] \_\_\_\_\_
- b. Refused

**31.) How far did you usually walk/run/jog/swim?**

- a. Miles and tenths \_\_\_\_
- b. Don't know/Not sure
- c. Refused

**32.) How many times per week or per month did you take part in this activity during the past month?**

- a. Times per week \_\_\_\_
- b. Times per month \_\_\_\_
- c. Don't know/Not sure
- d. Refused

**33.) And when you took part in this activity, for how many minutes or hours did you usually keep at it?**

- a. Hours and minutes \_\_\_\_
- b. Don't know/Not sure
- c. Refused

**EXERCISE** continued

**34.) Was there another physical activity or exercise that you participated in during the last month?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**35.) What other type of physical activity gave you the next most exercise during the past month?**

- a. Activity [specify] \_\_\_\_\_
- b. Refused

**36.) How far did you usually walk/run/jog/swim?**

- a. Miles and tenths \_\_\_\_
- b. Don't know/Not sure
- c. Refused

**37.) How many times per week or per month did you take part in this activity?**

- a. Times per week \_\_\_\_
- b. Times per month \_\_\_\_
- c. Don't know/Not sure
- d. Refused

**38.) And when you took part in this activity, for how many minutes or hours did you usually keep at it?**

- a. Hours and minutes \_\_\_\_
- b. Don't know/Not sure
- c. Refused

<b>TOBACCO USE</b>
--------------------

**39.) Have you smoked at least 100 cigarettes in your entire life?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**TOBACCO USE** continued

**40.) Do you now smoke cigarettes everyday, some days, or not at all?**

- a. Everyday
- b. Some days
- c. Not at all
- d. Refused

**41.) On the average, about how many cigarettes a day do you now smoke?**

- a. Number of cigarettes \_\_\_\_
- b. Don't know/Not sure
- c. Refused

**42.) On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?**

- a. Number of cigarettes \_\_\_\_
- b. Don't know/Not sure
- c. Refused

**43.) During the past 12 months, have you quit smoking for 1 day or longer?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**44.) About how long has it been since you last smoked cigarettes regularly, that is, daily?**

- a. Within the past month (0 to 1 month ago)
- b. Within the past 3 months (1 to 3 months ago)
- c. Within the past 6 months (3 to 6 months ago)
- d. Within the past year (6 to 12 months ago)
- e. Within the past 5 years (1 to 5 years ago)
- f. Within the past 15 years (5 to 15 years ago)
- g. 15 or more years ago
- h. Don't know/Not sure
- i. Never smoked regularly
- j. Refused

## TOBACCO USE PREVENTION

**45.) In the past 30 days has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**46.) While working at your job, are you indoors most of the time?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**47.) Which of the following best describes your place of work's official smoking policy for indoor public or common area's, such as lobbies, rest rooms, and lunch rooms?**

- a. Not allowed in any public areas
- b. Allowed in some public areas
- c. Allowed in all public areas
- d. No official policy
- e. Don't know/Not sure
- f. Refused

**48.) Which of the following best describe your place of work's official smoking policy for work areas?**

- a. Not allowed in any work area
- b. Allowed in some work areas
- c. Allowed in all work areas
- d. No official policy
- e. Don't know/Not sure
- f. Refused

**TOBACCO USE PREVENTION** continued

**49.) In the following locations, do you think that smoking should be allowed in all areas, some areas, or not allowed at all?**

	<u>All Areas</u>	<u>Some Areas</u>	<u>Not Allowed</u>	<u>3</u>	<u>Dk/Ns</u>	<u>Ref</u>	
a. Restaurants		1	2	3	7	9	
b. Schools	1	2	3		7	9	
c. Day care centers	1	2	3		7	9	
d. Indoor work areas		1	2	3	7	9	

**50.) Has a doctor or other health professional ever advised you to quit smoking?**

- a. Yes, within the past 12 months (1 to 12 months ago)
- b. Yes, within the past 3 years (1 to 3 years ago)
- c. Yes, 3 or more years ago
- d. No
- e. Don't know/Not sure
- f. Refused

<b>SMOKELESS TOBACCO USE</b>
------------------------------

**51.) Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?**

- a. Yes, chewing tobacco
- b. Yes, snuff
- c. Yes, both
- d. No, neither
- e. Don't know/Not sure
- f. Refused

**52.) Do you currently use any smokeless tobacco products such as chewing tobacco or snuff?**

- a. Yes, chewing tobacco
- b. Yes, snuff
- c. Yes, both
- d. No, neither
- e. Don't know/Not sure
- f. Refused

## FRUITS AND VEGETABLES

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

**53.) How often do you drink fruit juices such as orange, grapefruit, or tomato?**

- a. Per day \_\_\_\_
- b. Per week \_\_\_\_
- c. Per month \_\_\_\_
- d. Per year \_\_\_\_
- e. Never
- f. Don't know/Not sure
- g. Refused

**54.) Not counting juice, how often do you eat fruit?**

- a. Per day \_\_\_\_
- b. Per week \_\_\_\_
- c. Per month \_\_\_\_
- d. Per year \_\_\_\_
- e. Never
- f. Don't know/Not sure
- g. Refused

**55.) How often do you eat green salad?**

- a. Per day \_\_\_\_
- b. Per week \_\_\_\_
- c. Per month \_\_\_\_
- d. Per year \_\_\_\_
- e. Never
- f. Don't know/Not sure
- g. Refused

**FRUITS AND VEGETABLES** continued

**56.) How often do you eat potatoes not including french fries, fried potatoes, or potato chips?**

- a. Per day \_\_\_\_
- b. Per week \_\_\_\_
- c. Per month \_\_\_\_
- d. Per year \_\_\_\_
- e. Never
- f. Don't know/Not sure
- g. Refused

**57.) How often do you eat carrots?**

- a. Per day \_\_\_\_
- b. Per week \_\_\_\_
- c. Per month \_\_\_\_
- d. Per year \_\_\_\_
- e. Never
- f. Don't know/Not sure
- g. Refused

**58.) Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?**

- a. Per day \_\_\_\_
- b. Per week \_\_\_\_
- c. Per month \_\_\_\_
- d. Per year \_\_\_\_
- e. Never
- f. Don't know/Not sure
- g. Refused

<b>WEIGHT CONTROL</b>
-----------------------

**59.) Are you now trying to lose weight?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**WEIGHT CONTROL** continued

**60.) Are you now trying to maintain your current weight, that is to keep from gaining weight?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**61.) Are you eating either fewer calories or less fat to .... lose weight?  
.....keep from gaining weight?**

- a. Yes, fewer calories
- b. Yes, less fat
- c. Yes, fewer calories and less fat
- d. No
- e. Don't know/Not sure
- f. Refused

**62.) Are you using physical activity or exercise to ....lose weight?  
.....keep from gaining weight?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**63.) In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight?**

- a. Yes, lose weight
- b. Yes, gain weight
- c. Yes, maintain current weight
- d. No
- e. Don't know/Not sure
- f. Refused

<b>DEMOGRAPHICS</b>
---------------------

**64.) What is your age?**

- a. Code age in years \_\_\_\_
- b. Don't know/Not sure
- c. Refused

**DEMOGRAPHICS** continued

**65.) What is your race?**

- a. White
- b. Black
- c. Asian, Pacific Islander
- d. American Indian, Alaska Native
- e. Other [specify] \_\_\_\_\_
- f. Don't know/Not sure
- g. Refused

**66.) Are you of Spanish or Hispanic origin?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**67.) Are you:**

- a. Married
- b. Divorced
- c. Widowed
- d. Separated
- e. Never been married
- f. A member of an unmarried couple
- g. Refused

**68.) How many children live in your household who are . . .**

- a. less than 5 years old? \_\_\_\_
- b. 5 through 12 years old? \_\_\_\_
- c. 13 through 17 years old? \_\_\_\_

**69.) What is the highest grade or year of school you completed?**

- a. Never attended school or only attended kindergarten
- b. Grades 1 through 8 (Elementary)
- c. Grades 9 through 11 (Some high school)
- d. Grade 12 or GED (High school graduate)
- e. College 1 year to 3 years (Some college or technical school)
- f. College 4 years or more (College graduate)
- g. Refused

**DEMOGRAPHICS** continued

**70.) Are you currently:**

- a. Employed for wages
- b. Self-employed
- c. Out of work for more than 1 year
- d. Out of work for less than 1 year
- e. Homemaker
- f. Student
- g. Retired
- h. Unable to work
- i. Refused

**71.) Is your annual household income from all sources:**

- a. Less than \$25,000  
(\$20,000 to less than \$25,000)
- b. Less than \$20,000  
(\$15,000 to less than \$20,000)
- c. Less than \$15,000  
(\$10,000 to less than \$15,000)
- d. Less than \$10,000  
(If "no" code as "c")
- e. Less than \$35,000  
(\$25,000 to less than \$35,000)
- f. Less than \$50,000  
(\$35,000 to less than \$50,000)
- g. Less than \$75,000  
(\$50,000 to \$75,000)
- h. \$75,000 or more
- i. Don't know/Not sure
- j. Refused

**72.) 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?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**DEMOGRAPHICS** continued

**73.) Which of the following best describes your current military status?**

- a. Currently on active duty
- b. Currently in reserves
- c. No longer in military service
- d. Don't know/Not sure
- e. Refused

**74.) In the last 12 months have you received some or all of your health care from VA facilities?**

- a. Yes, all of my health care
- b. Yes, some of my health care
- c. No, no VA health care received
- d. Don't know/Not sure
- e. Refused

**75.) About how much do you weigh without shoes?**

- a. Weight \_\_\_\_
- b. Don't know/Not sure
- c. Refused

**76.) How much would you like to weigh?**

- a. Weight \_\_\_\_
- b. Don't know/Not sure
- c. Refused

**77.) About how tall are you without shoes?**

- a. Height \_\_\_\_
- b. Don't know/Not sure
- c. Refused

**78.) What county do you live in?**

- a. FIPS county code \_\_\_\_
- b. Don't know/Not sure
- c. Refused

**DEMOGRAPHICS** continued

**79.) Do you have more than one telephone number in your household?**

- a. Yes
- b. No
- c. Refused

**80.) How many residential telephone numbers do you have?**

- a. Total telephone numbers \_\_\_\_
- b. Refused

**81.) Indicate sex of respondent**

- a. Male
- b. Female

<b>WOMENS HEALTH</b>
----------------------

**82.) A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**83.) How long has it been since you had your last mammogram?**

- a. Within the past year (1 to 12 months ago)
- b. Within the past 2 years (1 to 2 years ago)
- c. Within the past 3 years (2 to 3 years ago)
- d. Within the past 5 years (3 to 5 years ago)
- e. 5 or more years ago
- f. Don't know/Not sure
- g. Refused

**WOMENS HEALTH** continued

**84.) 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?**

- a. Routine checkup
- b. Breast problem other than cancer
- c. Had breast cancer
- d. Don't know/Not sure
- e. Refused

**85.) 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?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**86.) How long has it been since your last breast exam?**

- a. Within the past year (1 to 12 months ago)
- b. Within the past 2 years (1 to 2 years ago)
- c. Within the past 3 years (2 to 3 years ago)
- d. Within the past 5 years (3 to 5 years ago)
- e. 5 or more years ago
- f. Don't know/Not sure
- g. Refused

**87.) Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?**

- a. Routine checkup
- b. Breast problem other than cancer
- c. Had breast cancer
- d. Don't know/Not sure
- e. Refused

**88.) A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**WOMENS HEALTH** continued

**89.) How long has it been since you had your last Pap smear?**

- a. Within the past year (1 to 12 months ago)
- b. Within the past 2 years (1 to 2 years ago)
- c. Within the past 3 years (2 to 3 years ago)
- d. Within the past 5 years (3 to 5 years ago)
- e. 5 or more years ago
- f. Don't know /Not sure
- g. Refused

**90.) Was your last Pap smear done as part of a routine exam, or to check a current or previous problem?**

- a. Routine exam
- b. Check current or previous problem
- c. Other
- d. Don't know/Not sure
- e. Refused

**91.) Have you had a hysterectomy?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**92.) To your knowledge, are you now pregnant?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

## HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every questions if you don't want to.

**93.) If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS?**

- a. Grade \_\_\_\_
- b. Kindergarten
- c. Never
- d. Don't know/Not sure
- e. Refused

**94.) If you had a teenager who was sexually active, would you encourage him or her to use a condom?**

- a. Yes
- b. No
- c. Would give other advice
- d. Don't know/Not sure
- e. Refused

**95.) What are your chances of getting infected with HIV, the virus that causes AIDS? Would you say:**

- a. High
- b. Medium
- c. Low
- d. None
- e. Not applicable
- f. Don't know/Not sure
- g. Refused

**96.) Have you donated blood since March 1985?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**HIV/AIDS** continued

**97.) Have you donated blood in the past 12 months?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**98.) Except for tests you may have had as part of blood donations, have you ever been tested for HIV?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**99.) Have you ever been tested for HIV?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**100.) Not including your blood donations, have you been tested for HIV in the past 12 months?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**101.) Have you been tested for HIV in the past 12 months?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**HIV/AIDS** continued

**102.) What was the main reason you had your last test for HIV?**

- a. For hospitalization or surgical procedure
- b. To apply for health insurance
- c. To apply for life insurance
- d. For employment
- e. To apply for a marriage license
- f. For military induction or military service
- g. For immigration
- h. Just to find out if you were infected
- i. Because of referral by a doctor
- j. Because of pregnancy
- k. Referred by your sex partner
- l. Because it was part of a blood donation process
- m. For routine check-up
- n. Because of occupational exposure
- o. Because of illness
- p. Because I am at risk for HIV
- q. Other
- r. Don't know/Not sure
- s. Refused

**HIV/AIDS** continued

**103.) Where did you have your last test for HIV?**

- a. Private doctor, HMO
- b. Blood bank, plasma center, Red Cross
- c. Health department
- d. AIDS clinic, counseling, testing site
- e. Hospital, emergency room, outpatient clinic
- f. Family planning clinic
- g. Prenatal clinic, obstetrician's office
- h. Tuberculosis clinic
- i. STD clinic
- j. Community health clinic
- k. Clinic run by employer
- l. Insurance company clinic
- m. Other public clinic
- n. Drug treatment facility
- o. Military induction or military service site
- p. Immigration site
- q. At home, home visit by nurse or health worker
- r. At home using self-sampling kit
- s. In jail or prison
- t. Other
- u. Don't know/Not sure
- v. Refused

**104.) Did you receive the results of your last test?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**105.) Did you receive counseling or talk with a health care professional about the results of your test?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

## SEXUAL BEHAVIOR

These next few questions are about your personal sexual behavior, and I want to remind you that your answers are confidential.

**106.) During the past twelve months, with how many people have you had sexual intercourse?**

- a. Number \_\_\_\_
- b. None
- c. Don't know/Not sure
- d. Refused

**107.) Was a condom used the last time you had sexual intercourse?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**108.) The last time you had sexual intercourse, was the condom used . . .**

- a. To prevent pregnancy
- b. To prevent diseases like syphilis, gonorrhea, and AIDS
- c. For both or these reasons
- d. For some other reason
- e. Don't know/Not sure
- f. Refused

**109.) Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose?**

- a. Very effective
- b. Somewhat effective
- c. Not at all effective
- d. Don't know how effective
- e. Don't know method
- f. Refused

**SEXUAL BEHAVIOR** continued

**110.) How many new sex partners did you have during the past twelve months?**

- a. Number \_\_\_\_
- b. None
- c. Don't know/Not sure
- d. Refused

**111.) I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one.**

**You have used intravenous drugs in the past year.**

**You have been treated for a sexually transmitted or venereal disease in the past year.**

**You tested positive for having HIV, the virus that causes AIDS.**

**You had anal sex without a condom in the past year.**

**Do any of these situations apply to you?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**112.) In the past five years, have you been treated for a sexually transmitted or venereal disease?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**113.) Were you treated at a health department STD clinic?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**SEXUAL BEHAVIOR** continued

**114.) Due to what you know about HIV, have you changed your sexual behavior in the past 12 months?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**115.) Did you make any of the following changes in the past 12 months?**

	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>NA</u>	<u>Ref</u>
a. Did you decrease the number of your sexual partners or become abstinent?	1	2	7	8	9
b. Do you now have sexual intercourse with only the same partner?	1	2	7	8	9
c. Do you now always use condoms for protection?	1	2	7	8	9

**FAMILY PLANNING**

**The next few questions ask about pregnancy and ways to prevent pregnancy.**

**116.) Have you been pregnant in the last 5 years?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**FAMILY PLANNING** continued

**117.) Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant?**

**Would you say:**

- a. You wanted to be pregnant sooner
- b. You wanted to be pregnant later
- c. You wanted to be pregnant then
- d. You didn't want to be pregnant then or at anytime in the future
- e. You don't know
- f. Refused

**118.) Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant?**

- a. You wanted to be pregnant sooner
- b. You wanted to be pregnant later
- c. You wanted to be pregnant then
- d. You didn't want to be pregnant then or at any time in the future
- e. You don't know
- f. Refused

**119.) Are you or your [fill in husband/partner] using any kind of birth control now? Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant, shots [Depo-provera] or any other way to keep from getting pregnant.**

- a. Yes
- b. No
- c. Not sexually active
- d. Don't know/Not sure
- e. Refused

**FAMILY PLANNING** continued

**120.) What kinds of birth control are you or your [husband/partner] using now?**

- a. Tubes tied (sterilization)
- b. Vasectomy (sterilization)
- c. Pill
- d. Condoms
- e. Foam, jelly, cream
- f. Diaphragm
- g. Norplant
- h. Shots (Depo-provera)
- i. Withdrawal
- j. Other [specify]\_\_\_\_\_
- k. Don't know/Not sure
- l. Refused

**121.) What are your reasons for not using any birth control now?**

- a. I am not having sex
- b. I want to get pregnant
- c. I don't want to use birth control
- d. My husband or partner doesn't want to use birth control
- e. I don't think I can get pregnant
- f. I can't pay for birth control
- g. Other [specify]\_\_\_\_\_
- h. Don't know/Not sure
- i. Refused

**122.) Where is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, tests for sexually transmitted diseases, and other female health concerns?**

**Would you say:**

- a. A family planning clinic
- b. A health department clinic
- c. A community health center
- d. A private gynecologist
- e. A general or family physician
- f. Some other kind of place
- g. Don't know/Not sure
- h. Refused

**FAMILY PLANNING** continued

**123.) Have you ever used the services at a family planning clinic?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**124.) How long has it been since you used the services at a family planning clinic?**

- a. Within the past year (1 to 12 months ago)
- b. Within the past 2 years (1 to 2 years ago)
- c. Within the past 3 years (2 to 3 years ago)
- d. Within the past 5 years (3 to 5 years ago)
- e. 5 or more years ago
- f. Don't know/Not sure
- g. Refused

<b>ORAL HEALTH</b>
--------------------

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

- a. Within the past year ( 1 to 12 months ago)
- b. Within the past 2 years (1 to 2 years ago)
- c. Within the past 5 years (2 to 5 years ago)
- d. 5 or more years ago
- e. Don't know/Not sure
- f. Never
- g. Refused

**126.) 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.**

- a. 1 to 5
- b. 6 or more but not all
- c. All
- d. None
- e. Don't know/Not sure
- f. Refused

**ORAL HEALTH** continued

**127.) How long has it been since you had your teeth cleaned by a dentist or dental hygienist?**

- a. Within the past year (1 to 12 months ago)
- b. Within the past 2 years (1 to 2 years ago)
- c. Within the past 5 years (2 to 5 years ago)
- d. 5 or more years ago
- e. Don't know/Not sure
- f. Never
- g. Refused

**128.) What is the main reason you have not visited the dentist in the last year?**

- a. Fear, apprehension, nervousness, pain, dislike going
- b. Cost
- c. Do not have/know a dentist
- d. Cannot get to the office/clinic (too far away, no transportation, no appointments available)
- e. No reason to go (no problems, no teeth)
- f. Other priorities
- g. Have not thought of it
- h. Other
- i. Don't know/Not sure
- j. Refused

**129.) Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

## HYPERTENSION AWARENESS

**130.) About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?**

- a. Within the past 6 months (1 to 6 months ago)
- b. Within the past year (6 to 12 months ago)
- c. Within the past 2 years (1 to 2 years ago)
- d. Within the past 5 years (2 to 5 years ago)
- e. 5 or more years ago
- f. Don't know/Not sure
- g. Never
- h. Refused

**131.) Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**132.) Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?**

- a. More than once
- b. Only once
- c. Don't know/Not sure
- d. Refused

## CHOLESTEROL AWARENESS

**133.) Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**CHOLESTEROL AWARENESS** continued

**134.) About how long has it been since you last had your blood cholesterol checked?**

- a. Within the past year (1 to 12 months ago)
- b. Within the past 2 years (1 to 2 years ago)
- c. Within the past 5 years (2 to 5 years ago)
- d. 5 or more years ago
- e. Don't know/Not sure
- f. Refused

**135.) Have you ever been told by a doctor or other health professional that your blood cholesterol is high?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

<b>COLORECTAL CANCER SCREENING</b>
------------------------------------

**136.) 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?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**137.) When did you have your last blood stool test using a home kit?**

- a. Within the past year (1 to 12 months ago)
- b. Within the past 2 years (1 to 2 years ago)
- c. Within the past 5 years (2 to 5 years ago)
- d. 5 or more years ago
- e. Don't know/Not sure
- f. Refused

**COLORECTAL CANCER SCREENING** continued

**138.) A sigmoidoscopy or colonoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had this exam?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**139.) When did you have your last sigmoidoscopy or colonoscopy?**

- a. Within the past year (1 to 12 months ago)
- b. Within the past 2 years (1 to 2 years ago)
- c. Within the past 5 years (2 to 5 years ago)
- d. 5 or more years ago
- e. Don't know/Not sure
- f. Refused

<b>IMMUNIZATION</b>
---------------------

**140.) During the past 12 months, have you had a flu shot?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**IMMUNIZATION** continued

**141.) Have you ever had a pneumonia vaccination?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

<b>INJURY CONTROL</b>
-----------------------

**142.) What is the age of the oldest child in your household under the age of 16?**

- a. Code age in years \_\_\_\_
- b. No children under age 16
- c. Don't know/Not sure
- d. Refused

**143.) During the past year, how often has the [fill in age from previous question]-year-old child worn a bicycle helmet when riding a bicycle?**

**Would you say:**

- a. Always
- b. Nearly always
- c. Sometimes
- d. Seldom
- e. Never
- f. Don't know/Not sure
- g. Never rides a bicycle
- h. Refused

**144.) When was the last time you or someone else deliberately tested all of the smoke detectors in your home?**

- a. Within the past month (0 to 1 month ago)
- b. Within the past 6 months (1 to 6 months ago)
- c. Within the past year (6 to 12 months ago)
- d. One or more years ago
- e. Never
- f. No smoke detectors in home
- g. Don't know/Not sure
- h. Refused

## ALCOHOL CONSUMPTION

**145.) During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**146.) During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?**

- a. Days per week \_\_\_\_
- b. Days per month \_\_\_\_
- c. Don't know/Not sure
- d. Refused

**147.) A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average?**

- a. Number of drinks \_\_\_\_
- b. Don't know/Not sure
- c. Refused

**148.) Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?**

- a. Number of times \_\_\_\_
- b. None
- c. Don't know/Not sure
- d. Refused

**149.) During the past month, how many times have you driven when you've had perhaps too much to drink?**

- a. Number of times \_\_\_\_
- b. None
- c. Don't know/Not sure
- d. Refused

## CARDIOVASCULAR DISEASE

**150.) To lower your risk of developing heart disease or stroke, has a doctor advised you to . . .**

		<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>
a. Eat fewer high fat or high cholesterol foods	1	2	7	9	
b. Exercise more		1	2	7	9

**151.) To lower your risk of developing heart disease or stroke, are you?**

		<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>
a. Eating fewer high fat or high cholesterol foods?		1	2	7	9
b. Exercising more?		1	2	7	9

**152.) Has a doctor ever told you that you had any of the following?**

		<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>
a. Heart attack or myocardial infarction	1	2	7	9	
b. Angina or coronary heart disease		1	2	7	9
c. Stroke	1	2	7	9	

**153.) Do you take aspirin daily or every other day?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**154.) Do you have a health problem or condition that makes taking aspirin unsafe for you?**

- a. Yes, not stomach related
- b. Yes, stomach problems
- c. No
- d. Don't know/Not sure
- e. Refused

**155.) Why do you take aspirin?**

		<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>
a. To relieve pain		1	2	7	9
b. To reduce the chance of a heart attack	1	2	7	9	
c. To reduce the chance of a stroke		1	2	7	9

**CARDIOVASCULAR DISEASE** continued

**156.) Have you gone through or are you now going through menopause?**

- a. Yes, have gone through menopause
- b. Yes, now going through menopause
- c. No
- d. Don't know/Not sure
- e. Refused

**157.) Estrogens such as Premarin and progestins such as Provera are female hormones that may be prescribed around the time of menopause, after menopause, or after a hysterectomy. Has your doctor discussed the benefits and risks of estrogen with you?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**158.) Other than birth control pills, has your doctor ever prescribed estrogen pills for you?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**159.) Are you currently taking estrogen pills?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**160.) Why. . . . .**

**are you taking. . .  
did you take. . .  
. . . estrogen pills?**

	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Never took</u>	<u>Ref</u>
a. To prevent a heart attack	1	2	7	8	9
b. To treat or prevent bone thinning, bone loss, or osteoporosis	1	2	7	8	9
c. To treat symptoms of menopause such as hot flashes	1	2	7	8	9

## ARTHRITIS

**161.) During the past 12 months, have you had pain, aching, stiffness, or swelling in or around a joint?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**162.) Were these symptoms present on most days for at least one month?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**163.) Are you now limited in any way in any activities because of joint symptoms?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**164.) Have you ever been told by a doctor that you have arthritis?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**165.) What type of arthritis did the doctor say you have?**

- a. Osteoarthritis/degenerative arthritis
- b. Rheumatism
- c. Rheumatism
- d. Lyme disease
- e. Other [specify] \_\_\_\_\_
- f. Never saw a doctor
- g. Don't know/Not sure
- h. Refused

**ARTHRITIS** continued

**166.) Are you currently being treated by a doctor for arthritis?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

<b>FOLIC ACID</b>
-------------------

**167.) Do you currently take any vitamin pills or supplements?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**168.) Are any of these a multivitamin?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**169.) Do any of the vitamin pills or supplements you take contain folic acid?**

- a. Yes
- b. No
- c. Don't know/Not sure
- d. Refused

**170.) How often do you take this vitamin pill or supplement?**

- a. Times per day \_\_\_\_
- b. Times per week \_\_\_\_
- c. Times per month \_\_\_\_
- d. Don't know/Not sure
- e. Refused

**FOLIC ACID** continued

**171.) Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons. . .**

- a. To make strong bones
- b. To prevent birth defects
- c. To prevent high blood pressure
- d. Some other reason
- e. Don't know/Not sure
- f. Refused