Mississippi BRFSS
Behavioral Risk Factor Surveillance System

2018

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) PREVALENCE DATA BRIEFS

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INTRODUCTION

Among health care professionals, there is a general consensus that certain health conditions and behavior patterns have a strong correlation with disease, injury and death. Examples include cigarette smoking, physical inactivity, overweight/obesity, and alcohol consumption. The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone surveillance system designed to estimate the prevalence of these along with other health risk factors in every state and some territories in the United States (U.S.). The results provide a tool for evaluating health trends, assessing the risk of chronic diseases, and measuring the effectiveness of policies, programs, intervention strategies and awareness campaigns.

The BRFSS is a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and the Mississippi State Department of Health (MSDH). The first survey was conducted in 1984 when the data were collected at one given point in time. The survey was repeated in 1988 using the same methodology. Beginning from 1990, states have completed an annual survey with the data being collected monthly.

The BRFSS survey contains a set of core questions provided by the CDC to gather comprehensive standard information nationwide. The questions are related to health status, access to health care, health awareness, lifestyles, and preventive health. The CDC provides states with opportunities to also include questions addressing specific risk factors that are of particular concern and/or interest to that state. In 2018, Mississippi included ten BRFSS optional question modules.

METHODOLOGY

A. 2018 Sampling Design

The Mississippi BRFSS is a randomly sampled telephone survey that utilizes a disproportionate stratified sample (DSS) design with random digit dialing and a Computer Assisted Telephone Interviewing (CATI) system. A sample size of 5,843 interviews were conducted in 2018 over a 12-month period. This produced a 95 percent confidence interval for prevalence estimates for Mississippi's adult population. Prevalence estimates by individual demographic variables, comprising smaller sample sizes, do not achieve the same level of accuracy as the total sample.

Until the 2011 survey, the BRFSS had relied exclusively on interviews of households with only landline phones; however, the number of households having only cell phones have increased. The CDC reports that as of December 2015, almost half (47 percent) of households in the U.S. have only cell phones.

For landline surveys, interviewers contact the residences during weekdays between 9:00 a.m. and 9:00 p.m. and Saturdays between 10:00 a.m. and 4:30 p.m. After a residence has been contacted, one adult (18 years of age or older) is randomly selected to be interviewed from all adults residing in the household. The majority of interviews are collected over a two-week period each month of the survey year.

For cell phone surveys, the same protocol is followed except that the interviewer establishes that the person answering the phone is at least 18 years of age. This method provides the interviewer with a verbal agreeance that it is safe for the respondent to be interviewed and that the person uses the cell phone for at least 90 percent of their telephone service. Also, for cell phone surveys no random adult is selected.

B. Questionnaire

The questionnaire, designed through cooperative agreements with the CDC, is divided into three sections. The first section contains questions on health conditions and behavior; the second section contains demographic information; and the third contains optional modules covering topics of interest to the state.

C. Data Analysis

Since 2011 the BRFSS has utilized a different weighting method called iterative proportional fitting, also known as "raking." The procedure, while not new, has been made feasible through the development of ultra-fast computer processors. In addition to the standard age, gender, race and ethnicity variables, the use of raking allows for consideration of demographic variables such as education level, marital status, renter or owner status, and phone source. By including these additional variables into the weighting process, the survey will more accurately reflect Mississippi's adult population. The data collected by the MSDH are edited and weighted by the CDC. In addition, CDC sends each state their analyses which includes weights, confidence intervals, percentages, and N counts known as a *Calculated Variables Data Report*. Weighted counts were based on the 2018 *Nielsen and ACS Adult Population Report* for Mississippi population estimates to accurately reflect the state's demographics. According to the report, Mississippi's population count is 2,279,079 for 2018.

D. Limitations of Data

All data collection systems are subject to error, and records may be incomplete and/or contain inaccurate information. All data collected via the BRFSS program are self-reported. It is not always possible to measure the magnitude of these errors or their impact on the data. The user must be the final arbiter in evaluating the accuracy of the data. In addition, respondents who did not answer and/or refused to respond are not included in the percentages listed in this report.

E. Sample Size

In the 2018 BRFSS, 5,843 people were sampled: 28.67 percent responded to the survey using a landline and 71.33 percent responded using a cell phone. The reader should note that sample sizes by question and response category may vary because of non-response and skip patterns within the survey instrument. Overall estimates generally have relatively small sampling errors and estimates for certain population subgroups may be based on small numbers and have relatively large sampling errors. Interpreting estimates that are based on small numbers can mislead the reader into believing that a given finding is more precise than it really is. When the number of events is small and the probability of such an event is small, considerable caution should be observed in interpreting the estimates or differences among groups. The BRFSS recommends not interpreting percentages where the denominator is based upon fewer than 50 non-weighted respondents.

NOTE: Only select Mississippi BRFSS health indicators are included in this report. For other data analyses not included in this report, please contact the MSDH BRFSS Program Manager at Vernesia.Wilson@msdh.ms.gov or by phone at 601-576-8165.

MS BRFSS DATA BRIEFS

Core Questions

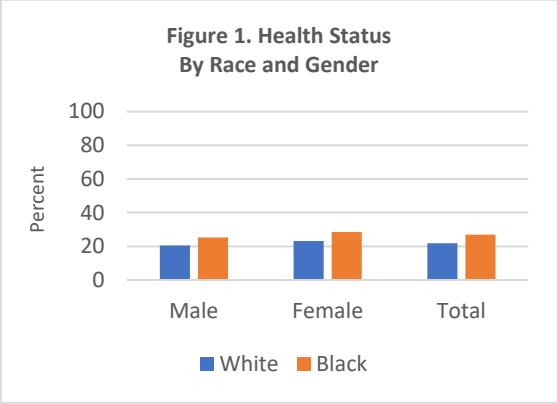
HEALTH STATUS

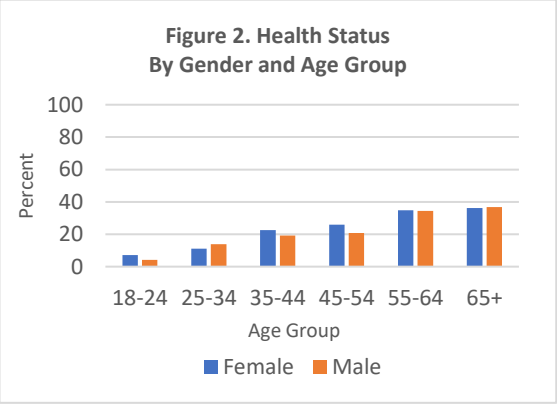
Health status is an indicator that attempts to determine how adults look at their personal health and how well they function physically, psychologically and socially while engaged in normal, daily activities. The questions related to health status are important because they may indicate dysfunction and disability not measured in standard morbidity and mortality data.

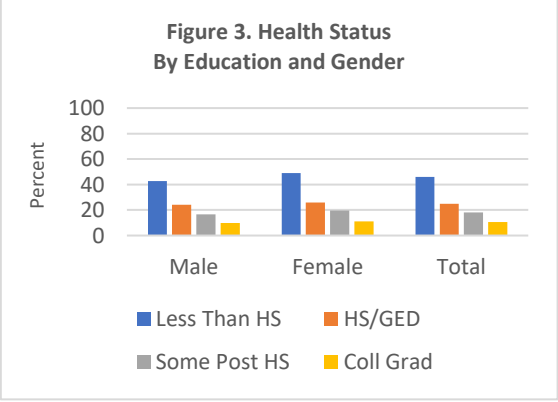
Health Status Question: *Would you say that in general your health is excellent, very good, good, fair, or poor?*

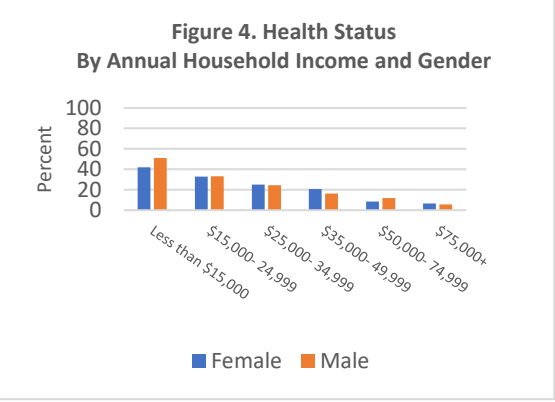
With respect to race and gender, black females reported the highest percentage of health that was fair or poor with a rate of 28.4 percent (Figure 1). Black respondents overall reported their health as worse than whites. Overall, Black respondents reported fair or poor health at a rate of 27 percent compared to 21.9 percent for whites. Males in the 18 to 24 age group reported the lowest rate of their health as fair or poor at a rate of only 4.1 percent while those ages 65 and older in both male and female groups at a rate of 36.7 and 36.1 percent respectively (Figure 2).

In regard to fair or poor health by education, those with higher education levels reported a lower rate at 10.5 percent compared to those with less than a high school diploma (Figure 3). Similarly, respondents with higher annual household incomes reported lower rates of fair or poor health (Figure 4).









HEALTH CARE COVERAGE

The healthcare coverage question is designed to estimate the number of people in the state who cannot obtain the health care they need because they are not covered by a health care plan or other health insurance. People at risk of adverse health conditions are those without any coverage and/or unable to afford coverage.

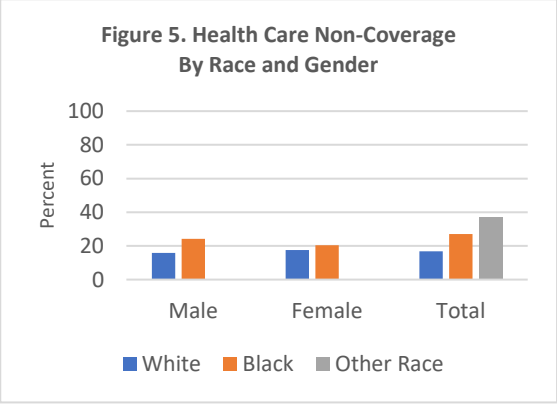
Health Care Coverage Question:
Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?

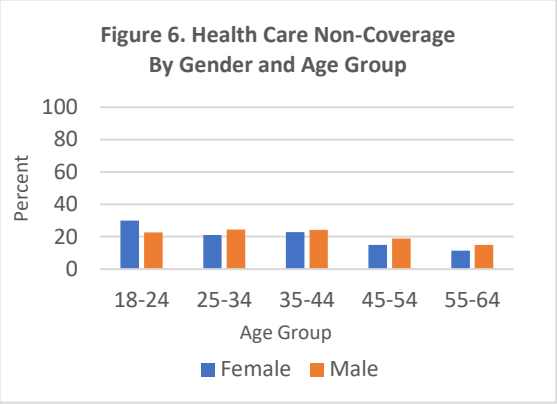
Overall, other races (non-Hispanic) had the highest rate of non-coverage at 37.3 percent, followed by blacks at 22.1 percent (Figure 5).

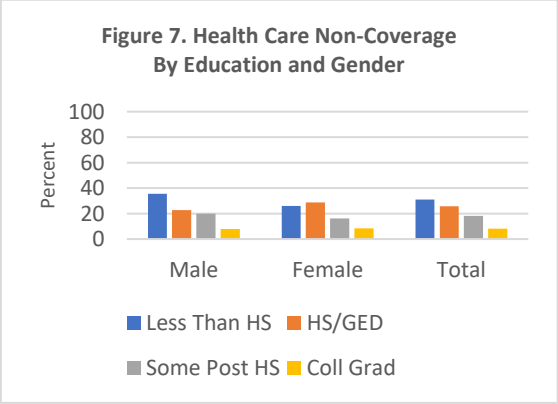
In 2018, 20.3 percent of respondents indicated they had no health care coverage and/or plan compared to 17 percent in 2017. According to the results, black males continue to have the highest rate of non-coverage at 24.1 percent compared to 23.9 in 2017.

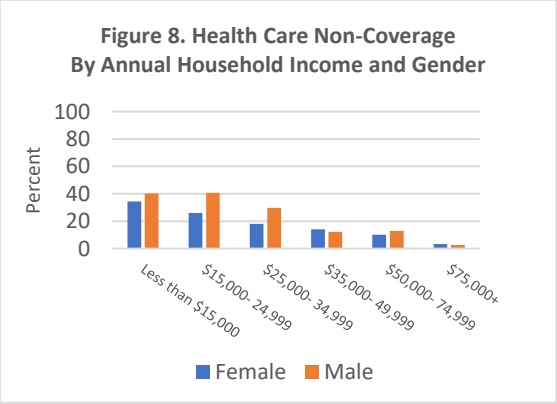
Interestingly, females ages 18-24 had the highest rate of non-coverage at 30 percent (Figure 6) compared to males in the same age group.

Males with less than a high school diploma had the highest rate of non-coverage at 35.6 percent (Figure 7); while adults with annual household incomes of $75,000 or more had the lowest rates of non-coverage (Figure 8).









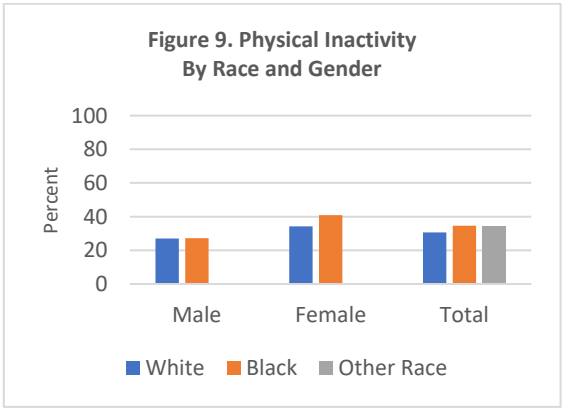
EXERCISE AND PHYSICAL ACTIVITY

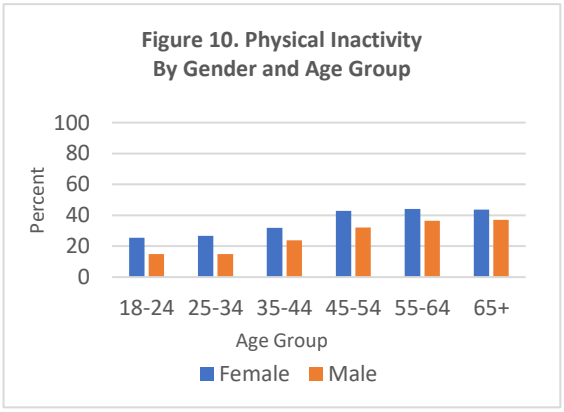
Regular physical activity helps to maintain the functional independence of older adults and enhances the quality of life for people of all ages. The role of physical activity in preventing coronary heart disease (CHD) is of particular importance, given that CHD is the leading cause of death among all diseases and conditions. Physically inactive people are almost twice as likely to develop CHD as persons who engage in regular physical activity (Roth & Townsend, 2003). The risk posed by physical inactivity is almost as high as several well-known CHD risk factors such as cigarette smoking, hypertension, and high blood cholesterol.

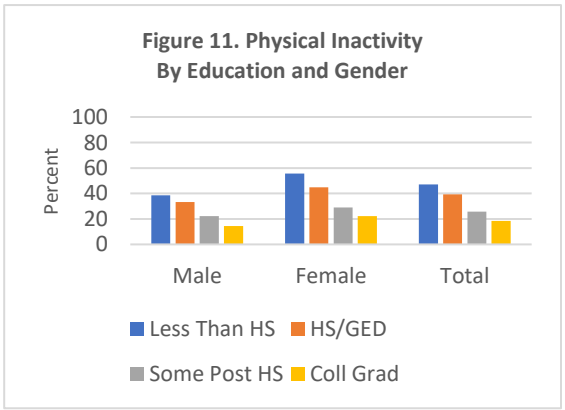
Exercise and Physical Activity Question:
During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

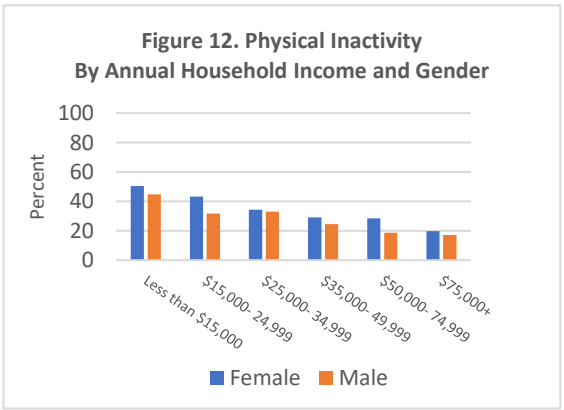
Regular physical activity is important for people who have joint or bone problems. It has been shown to improve muscle function, cardiovascular function, and physical performance. People with osteoporosis may respond positively to regular physical activity, particularly weight- bearing activities such as walking and especially when combined with appropriate drug therapy and calcium intake.

In Mississippi, 2018 data indicate that 32 percent of the population reported not participating in any physical activity outside of work in the past 30 days (Figure 9). In both males and females, the highest inactivity rate was among those aged 65 and older (Figure 10). As with several other indicators those respondents with less than a high school diploma reported the highest rate of physical inactivity at 47 percent (Figure 11) as true with respondents who reported lower annual household income levels (Figure 12).









CORONARY HEART DISEASE / STROKE

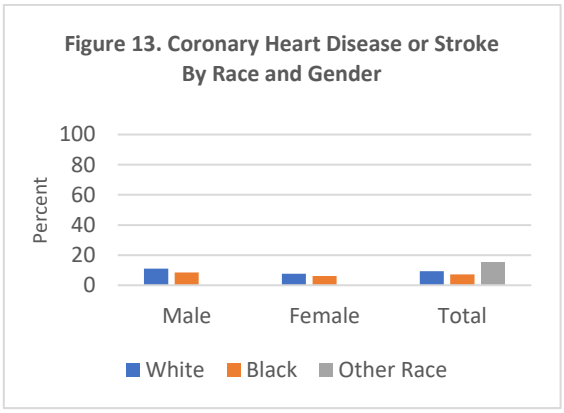
Cardiovascular disease (CVD) includes coronary heart disease, stroke, complications of hypertension, and diseases of the arterial blood vessels. In addition to causing almost a third of all deaths in Mississippi in 2017, CVD is one of the major causes of premature, permanent disability among working adults.

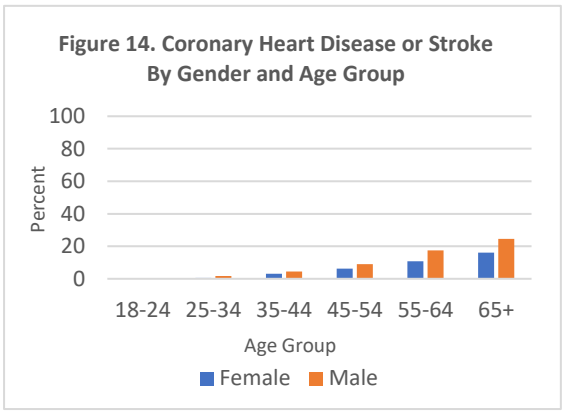
Coronary Heart Disease/Stroke Question:
Has a doctor, nurse, or other health professional ever told you that you had any of the following: Angina or coronary heart disease? A stroke?

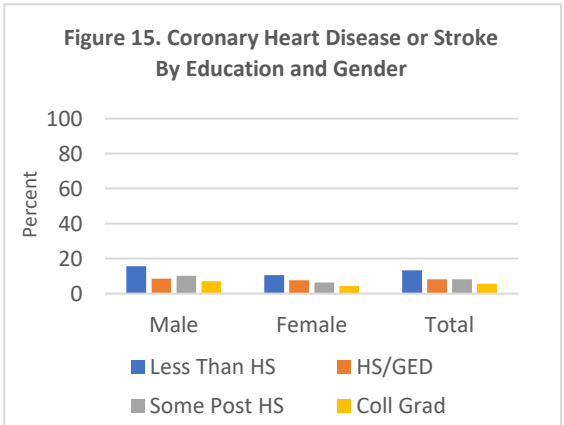
In 2017, Mississippi reported 7,936 deaths from heart disease (number one cause of death in the state) and 1,717 from cerebrovascular disease (stroke). The two combined accounted for almost thirty percent of all the deaths reported that year.

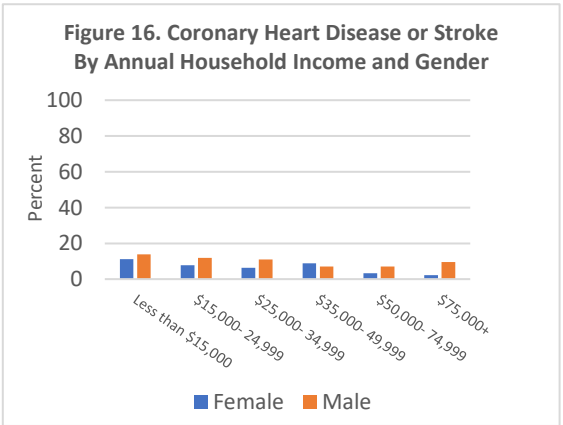
The 2018 BRFSS data results indicate that 8.5 percent of respondents were told by a healthcare professional that they had coronary heart disease (CHD) or stroke. Of this percentage, 9.3 percent are white, 7.2 percent are black, and 15.1 percent are of another race (Figure 13). Similar to other chronic conditions, as people age, so does the prevalence of coronary heart disease or stroke, as indicated in Figure 14. In each age group, males had the higher rates of being told they had coronary heart disease or stroke.

As indicated in Figure 15, as education levels increased, the rate of coronary heart disease or stroke decreased. This same statistic is true for annual household income levels (Figure 16) with the exception of the $35,000-$49,999 level for females and the $75,000 or more income level for males. Both of these income groups slightly increased from the preceding income levels.









ASTHMA AWARENESS

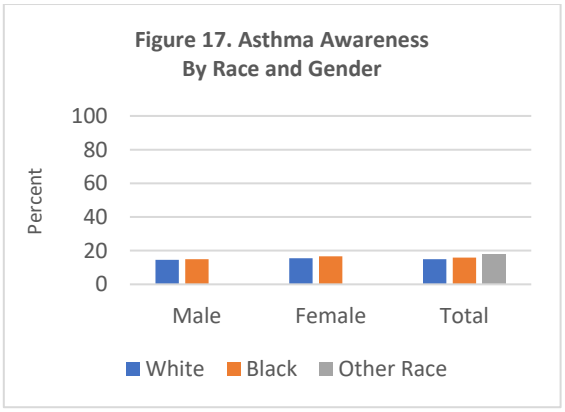
According to the U. S. Department of Health and Human Services (2020) *Healthy People 2020* publication, asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Sometimes, breathing may be quite labored whereby an asthma attack becomes life-threatening.

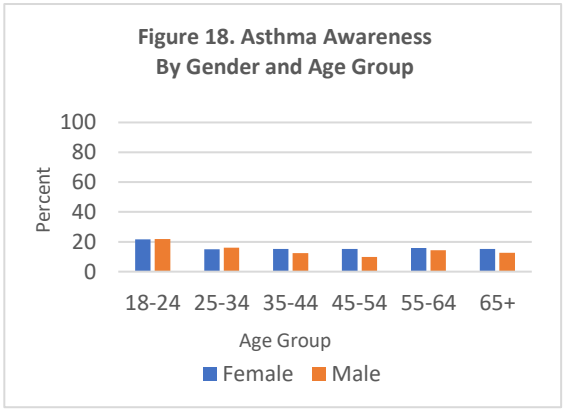
Asthma Awareness Question:
Has a doctor, nurse, or other health professional ever told you that you had asthma?

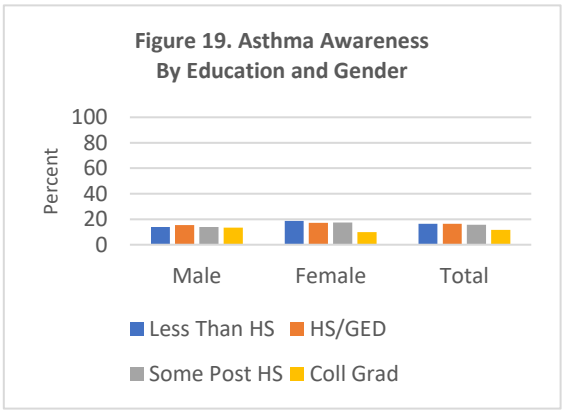
In Mississippi, the 2018 BRFSS survey revealed that 15.2 percent of respondents indicated that a health professional told them they had asthma. Black females reported a higher rate of asthma, 16.7 percent, compared to other groups (Figure 17).

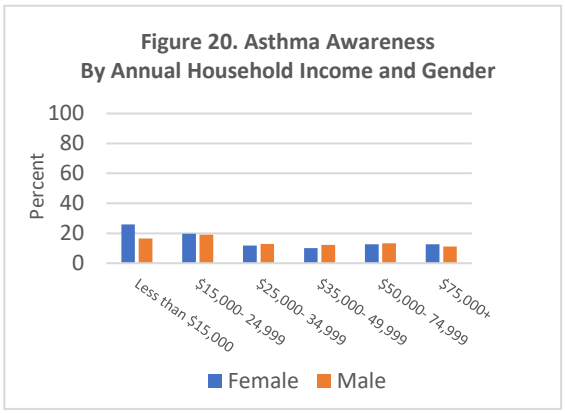
Both male and female respondents ages 18-24 had the highest rates of being told they ever had asthma by a health professional (Figure 18). Overall, respondents who are college graduates reported lower rates of being told they ever had asthma (Figure 19).

Figure 20 indicates that both males and females with annual household incomes of $75,000 or more had lower rates of being told they had ever had asthma.







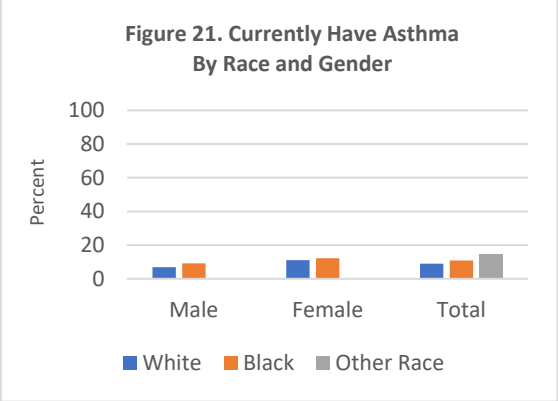


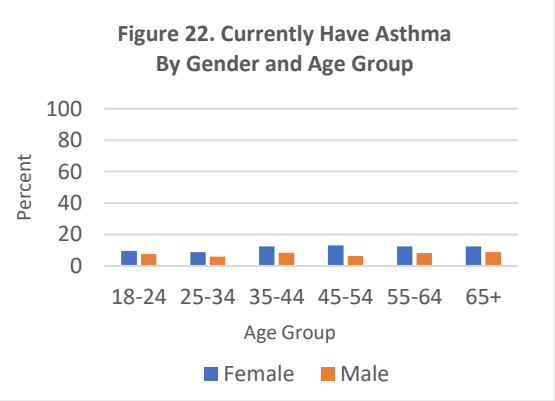
CURRENTLY HAVE ASTHMA

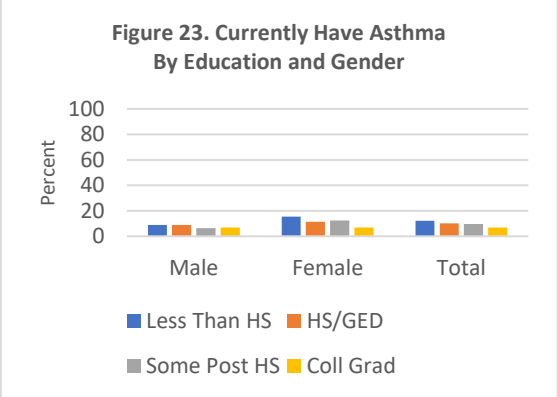
Most of the problems caused by asthma could potentially be avoided if persons with asthma and their health care providers managed the disease according to established guidelines. Effective management of asthma comprises four major components: (1) controlling exposure to factors that trigger asthma episodes, (2) managing asthma with medicine, (3) monitoring the disease by using objective measures of lung function, and (4) educating asthma patients to become partners in their own care. Such prevention efforts are essential to interrupt the progression from disease to functional limitation and disability and to improve the quality of life for persons with asthma.

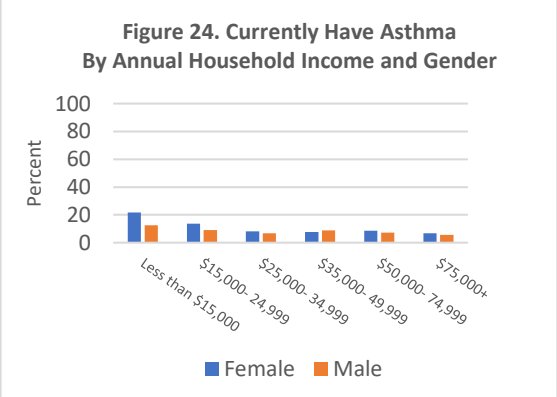
Currently Have Asthma Question: *Has a doctor, nurse, or other health professional ever told you that you had asthma? **If Yes**, do you still have asthma?*

The 2018 BRFSS indicates that 9.7 percent of respondents said that they currently [still] have asthma—among those who answered *yes* to ever being told by a health professional they ever had asthma. Figure 21 indicates that black females have the highest rate of asthma at 12.3 percent, compared to other groups. Overall females in each age group had higher rates of asthma compared to men (Figure 22); college graduates had the lowest rates compared to those who had less education (Figure 23). Similar to other health indicators, respondents with annual household income levels of $75,000 or more had lower rates of asthma than those in lower income groups (Figure 24).









ARTHRITIS

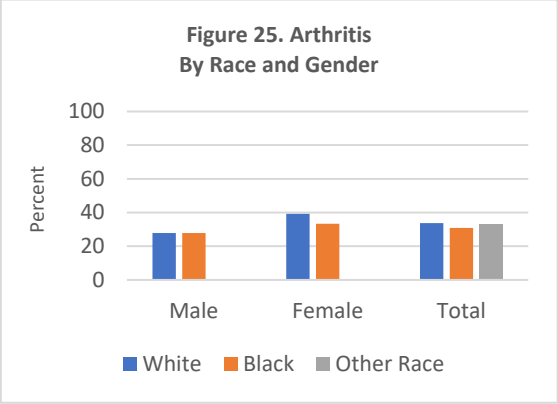
Arthritis has the potential to be quite debilitating to those suffering from this condition. According to the *Healthy People 2020* (U.S. Department of Health and Human Services, 2020) publication, arthritis affects one in five adults in the United States and continues to be the most common cause of disability and adds more than $128 billion per year to the cost of health care. All of the human and economic costs are projected to increase over time as the population ages.

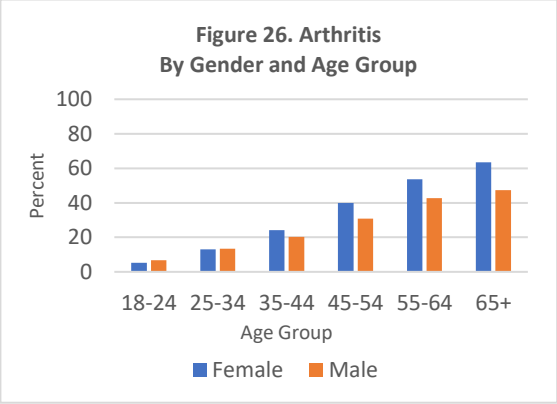
Arthritis Question: *Has a doctor, nurse, or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?*

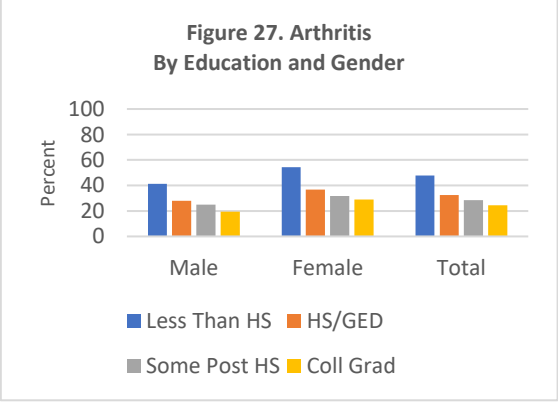
The significant public health impact of arthritis is reflected in a variety of measures. First, arthritis is one of the leading causes of disability, especially among working people. Arthritis substantially limits major activities such as regular work, housekeeping and school for nearly three percent of the U. S. population and almost twenty percent of those who are afflicted with the condition. Arthritis trails only heart disease as a cause of work disability. As a consequence, arthritis limits the independence of affected persons and disrupts the lives of family members and other care givers.

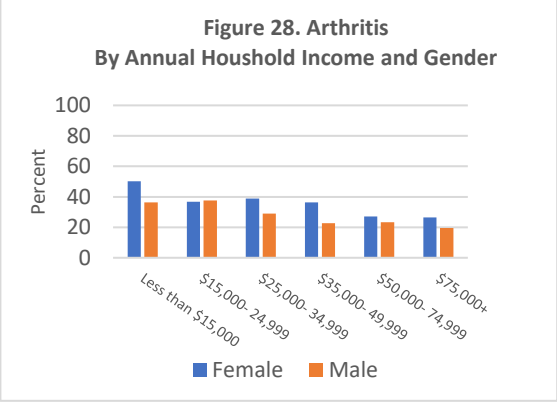
Overall, in Mississippi (2018), females had a higher rate of arthritis at 36.3 percent compared to males at 27.7 percent. As indicated in Figure 25, white females had the highest rate among all groups at 39.2 percent. As indicated in Figure 26, the proportion of adults having ever been told by a healthcare professional they have arthritis increases with age.

The 2018 BRFSS results also indicate that for both males and females, the rates of arthritis decrease as levels of education increase (Figure 27). Rates of arthritis are also lower for both males and females who have annual household incomes of $50,000 or more (Figure 28).







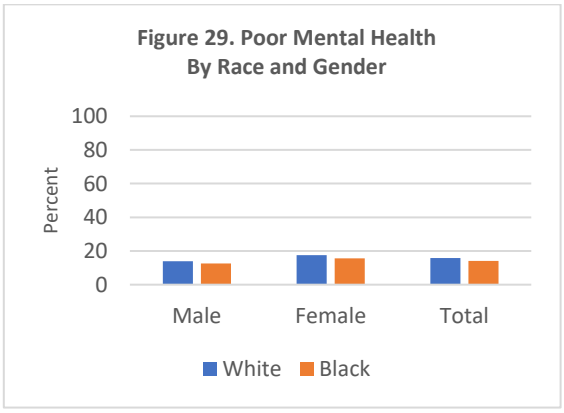


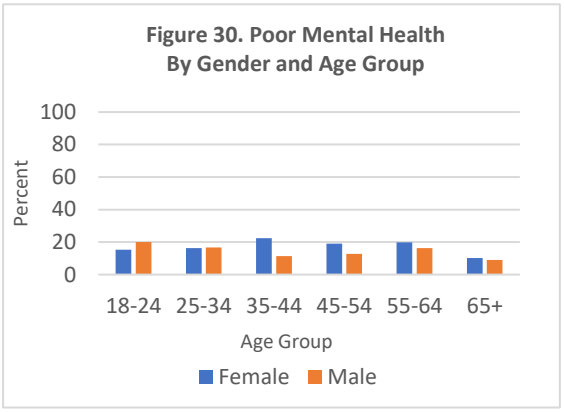
MENTAL HEALTH STATUS

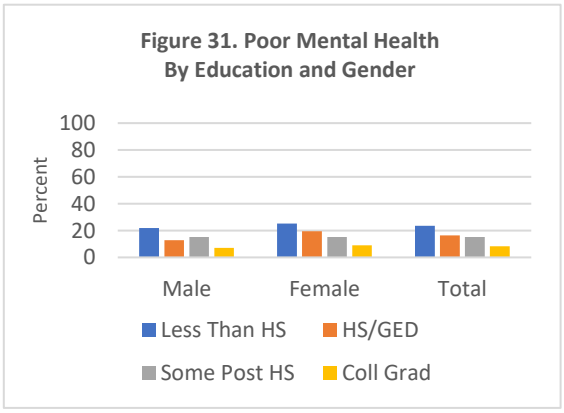
In both public and private medicine, the concept of health-related quality of life refers to the physical and mental health perceived by a person or a group of persons. Health care professionals use health-related quality of life to measure the effects of chronic illness in patients and to better understand how an illness interferes with the day-to-day life activities of an individual. Similarly, health professionals use health-related quality of life to measure the effects of numerous disorders, short-term and long-term disabilities, and diseases in different populations. Tracking health-related quality of life in different populations can aid in identifying subgroups with poor physical or mental health and can help in developing policies or interventions to improve their health.

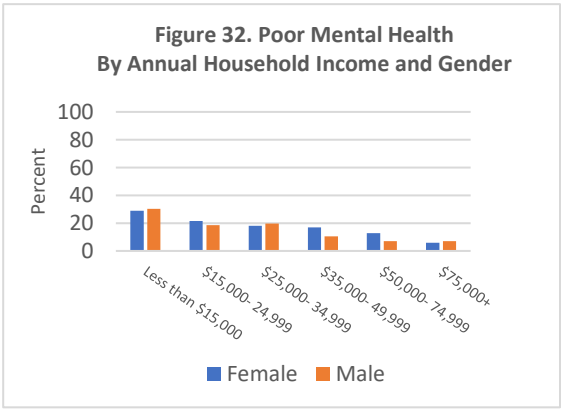
Mental Health Question: *Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?*

In Mississippi, the 2018 BRFSS indicated that 15.5 percent of respondents had fourteen or more (14+) days of poor mental health. White females had the higher rate of poor mental health at 17.6 percent compared to other groups (Figure 29). As indicated in Figure 30, poor mental health is lower among those who are aged 65 or older and those with a college degree (Figure 31). In addition, poor mental health is highest (30.4 percent) among males whose annual household incomes are less than $15,000 compared to males and females in other annual income levels.









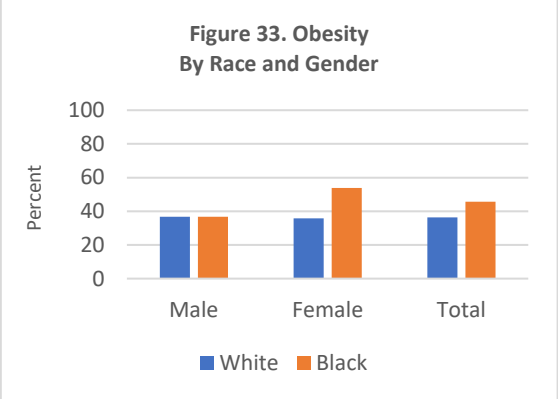
OVERWEIGHT AND OBESITY/BODY MASS INDEX (BMI)

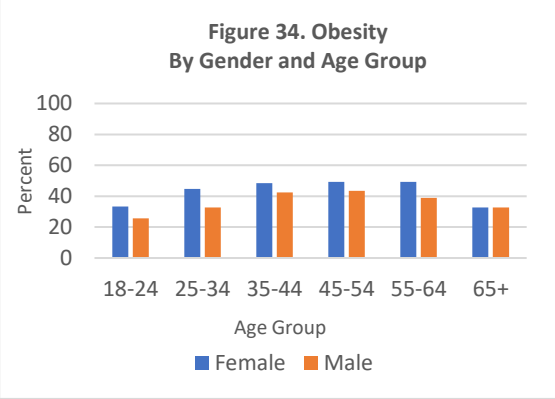
The proportion of overweight persons has increased substantially during the past twenty years. Even though some progress has been made, there are short falls for healthy physical activity and dietary-consumption levels, leaving more than a third of adults obese (CDC, n.d.). Overweight persons substantially increase their risk of illness from hypertension, high cholesterol, Type 2 diabetes, heart disease and stroke, gall bladder disease, cancer of the endometrium, breast, prostate and colon as well as arthritis. Overweight people may also suffer from social stigmatization, discrimination, and low self-esteem.

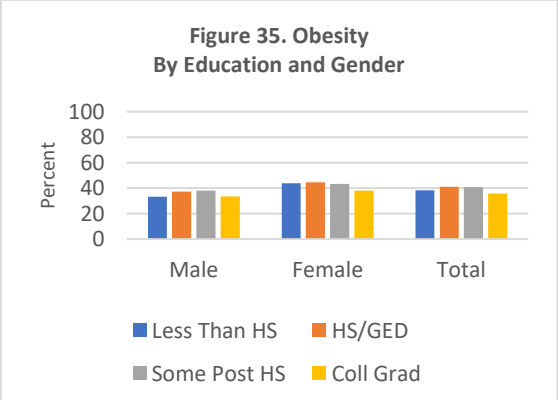
BMI Questions: *(1) About how much do you weigh without shoes? (2) About how tall are you without shoes?*

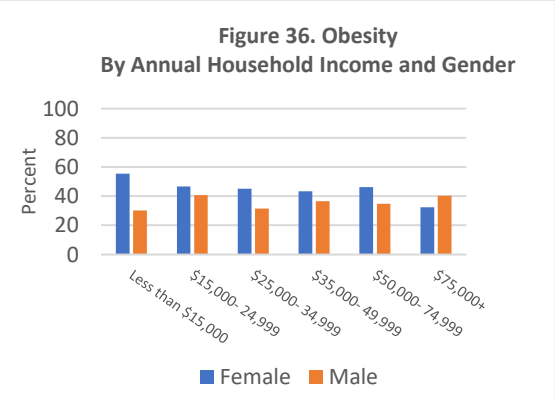
Weight may be controlled by dietary changes such as decreasing caloric intake and by increasing physical activity. According to 2018 BRFSS results, 73.3 *[cumulative]* percent of respondents reported themselves to be overweight (BMI ≥ 25) or obese (BMI ≥ 30). Mississippi's obesity rate for 2018 was 39.5 percent which is an increase from 37.3 percent in 2017.

In 2018, black females had the highest rate of obesity at 53.9 percent (Figure 33). Both females and males between the ages of 35-54 had the highest obesity rates (Figure 34) compared to other age groups. Overall, the obesity rate for those with a college degree is lower than other education groups at 35.9 percent (Figure 35). As indicated in Figure 36, the obesity rate is lower among females with annual household incomes of $75,000 or more; however, the rate is higher among males with annual household incomes between $15,000 - $24,999 and $75,000 or more.









BREAST AND CERVICAL CANCER SCREENINGS (MAMMOGRAMS)

Breast and cervical cancer are conditions that highly impact women in Mississippi and across the U.S. each year. Over a lifetime, the probability of a woman getting breast cancer is currently around 1:8 (Susan G Komen, 2019).

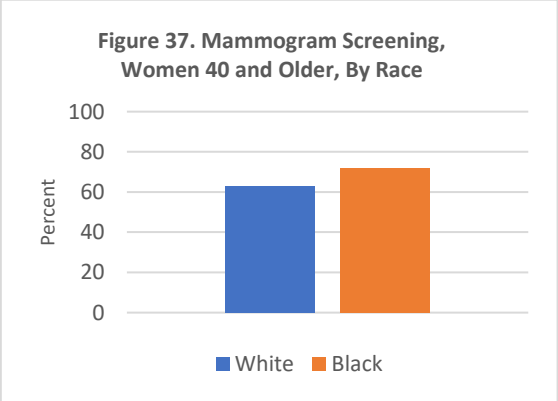
Breast/Cervical Cancer Screening Question:
(1) Have you ever had a mammogram?

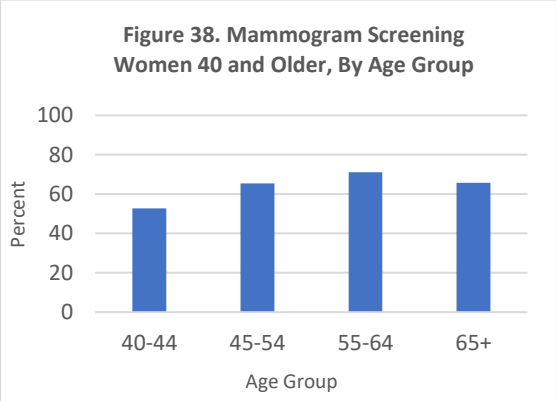
Note: *Analyses include women 40 and older*

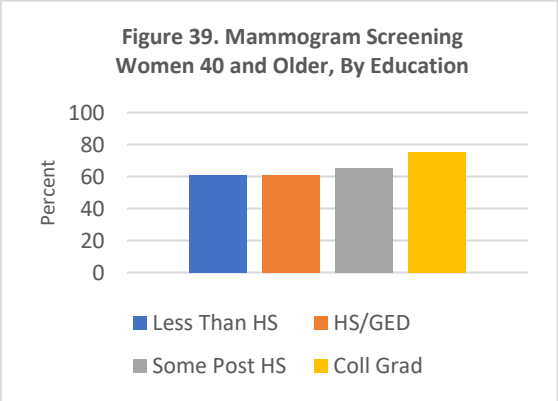
Breast and cervical screenings are important preventative measures that can be taken to lessen the mortality from these conditions. In 2017, there were a total of 490 deaths from [female] breast cancer in Mississippi. Of these deaths, 278 (56.7%) were white women and 212 (43.3%) were black.

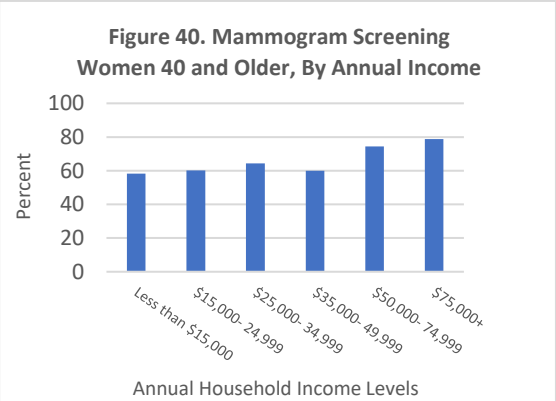
The cancer objectives for *Healthy People 2020* support monitoring trends in cancer incidence, mortality, and survival to better assess the progress made toward decreasing the burden of cancer in the United States. The objectives reflect the importance of promoting evidence-based screening for cervical, colorectal, and breast cancer by measuring the use of screening tests (Healthy People, 2020), such as mammograms.

According to the 2018 BRFSS data results, 65.3 percent of women who were 40 and older indicated that they had a mammogram. As indicated in Figure 37, more black women (71.7 percent) than white (62.9 percent) responded that they had ever had a mammogram. Women between the ages of 55-64 had the highest rate (71.1 percent) of mammogram screenings compared to the other three age groups (Figure 38). As with several other health indicators, women aged 40 and older who have a college degree had the highest rate (75.7 percent) of mammogram screenings (Figure 39), in addition to those with annual household incomes of $50,000 annually or more (Figure 40).









BREAST AND CERVICAL CANCER SCREENINGS (PAP TESTS)

Pap tests/screenings have been proven to be a prevention method for early detection of any abnormal cells in the cervix. These tests are used by physicians and produce results that are relied upon to reveal any abnormalities. According to the Mayo Clinic (2019), detecting cervical cancer early with a pap test gives females a greater chance at a cure.

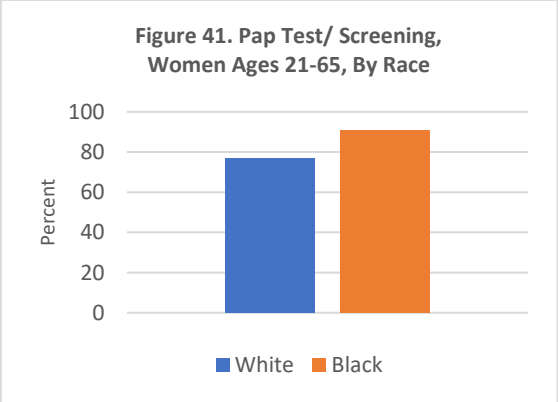
Breast/Cervical Cancer Screening Questions:
(1) Have you ever had a Pap test? If Yes, how long has it been since you had your last Pap test?

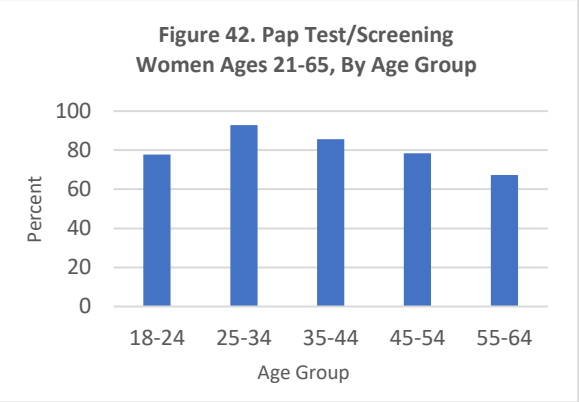
Note: *Analyses include women 21-65 years of age*

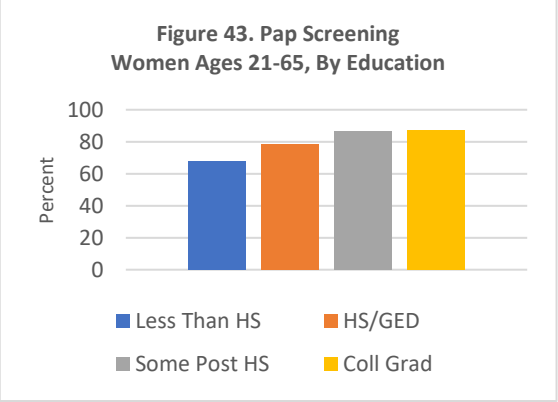
Practicing healthy habits such as not smoking, condom usage, and receiving early screenings are some of the measures that lower women's risks of cervical cancer. In addition, practicing good sexual health is a strong measure to reduce the risk of the condition. Because the Human Papillomavirus (H.P.V.) is one of the known causes of cervical cancer and is transmitted through sexual contact, women can reduce their risk of cervical cancer by practicing good sexual health and also by receiving HPV vaccinations for further protection.

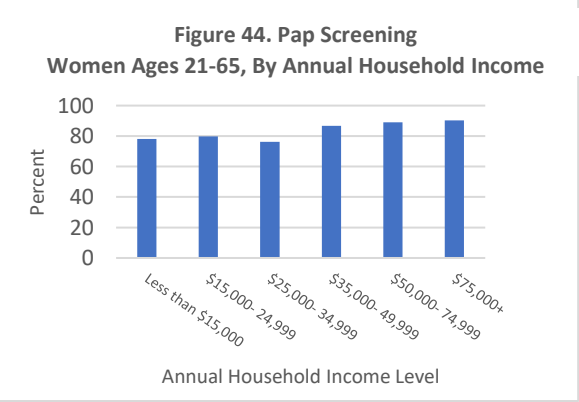
The 2018 Mississippi BRFSS results among women ages 21-65 revealed that 82.3 percent had a pap test in the past three years. As indicated in Figure 41, more black women (90.8 percent) than white (76.9 percent) received a pap test in the past three years. Women ages 25-34 had the highest rate of pap screenings at 92.8 percent (Figure 42). Women under the age of 21 were excluded in the final counts.

Figure 43 indicates that women ages 21-65 with less than a high school diploma had the lowest rate of pap screenings at 67.6 percent. Subsequently, women with annual household incomes between less than $15,000 and $34,999 had lower rates of pap screenings compared to women in higher income levels (Figure 44).









PROSTATE CANCER SCREENING

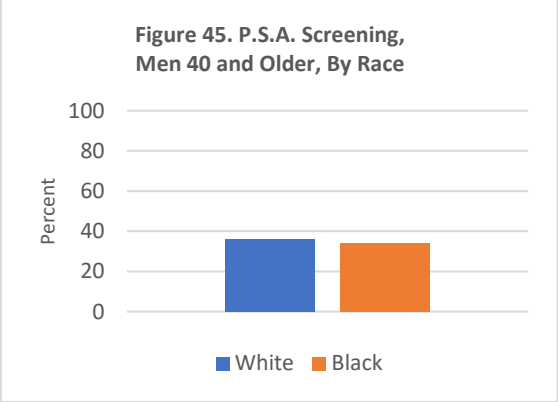
According to the American Cancer Society (2020), prostate cancer is the second leading cause of cancer death among men in the United States, behind only lung cancer. Screenings for prostate cancer, also known as the prostate-specific antigen or P.S.A. test, allows medical professionals to identify signs of prostate cancer in male patients. As with many preventative measures, these (or similar) screenings may detect abnormalities early which enhances the treatment and potentially increase survival rates.

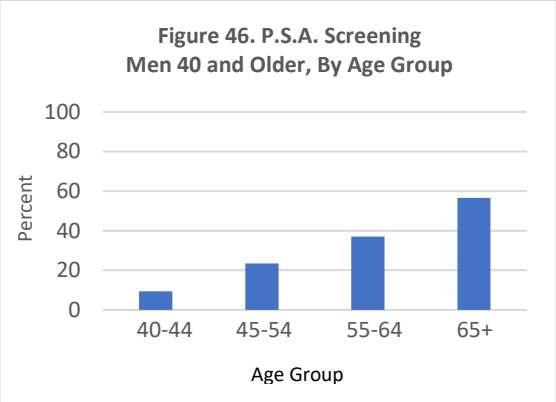
Prostate Cancer Screening Question:
(1) Have you ever had a P.S.A. test?

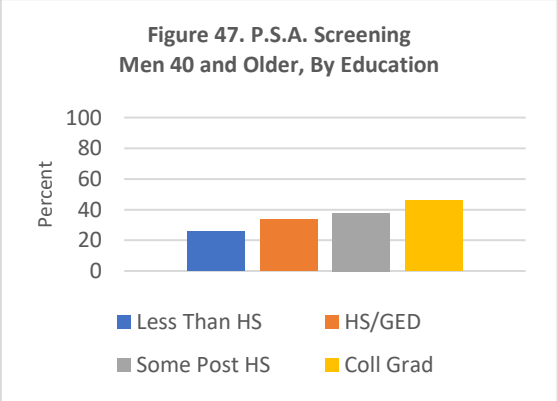
Note: *Analyses include men 40 years of age and older*

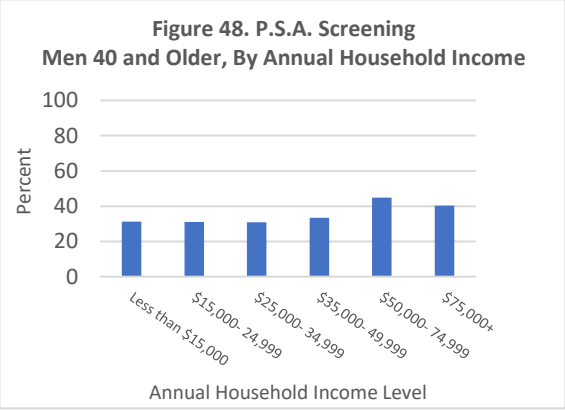
In addition, males can assess their risk of prostate cancer by taking precautions, especially if he is African American and/or has a family history of the disease.

The 2018 BRFSS data indicate that 35.4 percent of men ages 40 and older responded that they ever had a P.S.A. test. Figure 45 indicates that 36.3 percent of white males responded ever having a P.S.A. test compared to 34.4 percent of black males. As the age of men increased, so did the rate of P.S.A. screenings (Figure 46). Figure 47 indicates that men 40 and older with less than a high school diploma had the lowest rate of P.S.A. screenings at 25.6 percent. Men with annual household incomes of $50,000 or more had the highest rates of P.S.A. screenings (Figure 48) compared to those with less than $50,000 annual household incomes.









COLORECTAL CANCER SCREENING

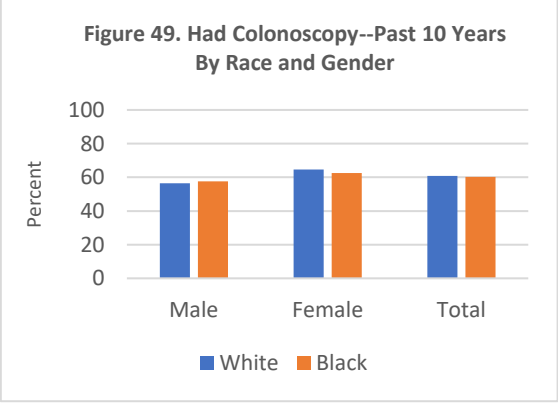
In 2017, there were 627 deaths from colorectal cancer in Mississippi. Of this number 384 (61.2%) were white, 236 (37.6%) were black and 7 (1.1%) were of other races. This particular type of cancer forms in the colon or rectum and it is estimated that 150,000 men and women in the U.S. have this condition.

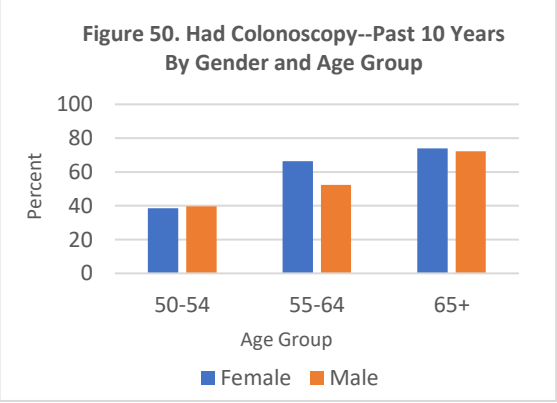
Colorectal Cancer Screening Questions:
(1) Have you ever had either of these exams (colonoscopy or sigmoidoscopy)? (2) How long has it been since you had your last sigmoidoscopy or colonoscopy?

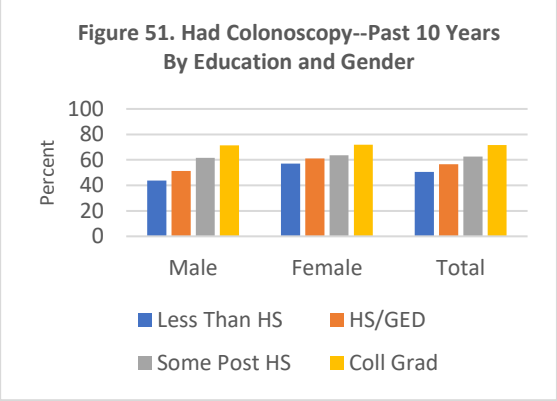
Note: *Analyses include men & women age 50 and older*

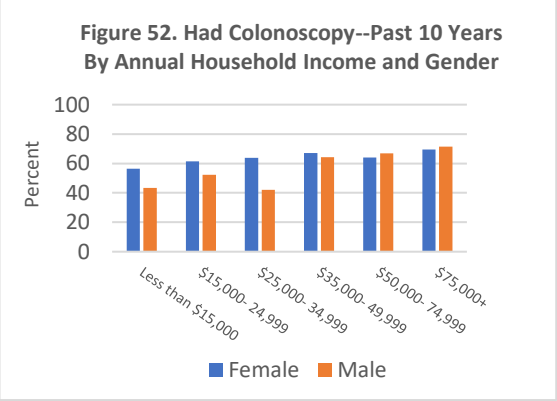
Colorectal cancer is one of the most preventable cancers since it typically develops from polyps that can be detected and removed before they become cancerous. There are prevention strategies that people can use to lower the risk of colorectal cancer. These include, but are not limited to, receiving regular screening tests, exercising regularly, and eating a diet rich in fruits, vegetables, and whole grains. Also, men and women who receive colonoscopies allows their medical provider to check for any signs of colorectal cancer. These screenings are recommended in patients 50 and older unless they exhibit signs/symptoms of colorectal cancer before the age of 50.

The 2018 BRFSS results revealed that 60.1 percent of adults age 50 and older received a colonoscopy within the past 10 years, which categorized them as "not at risk" for colorectal cancer. There were more females than males whom received a colonoscopy in the past 10 years (Figure 49). As indicated in Figure 50, as people aged (both male and female), the rates of screenings increased. Overall, as education levels increased and in those with annual household incomes of $75,000 or more, so did the rates of colorectal screenings in both males and females (Figures 51 and 52). In addition, 62.6 percent of Mississippi adults (50 and over) met the United States Preventive Services Task Force (USPSTF, 2016) colorectal screening recommendation and/or were compliant in 2018.









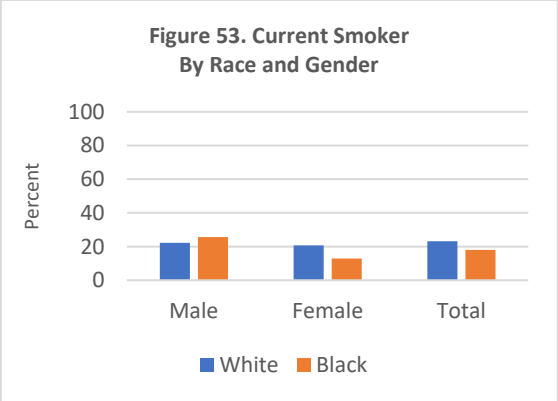
CIGARETTE/TOBACCO USE

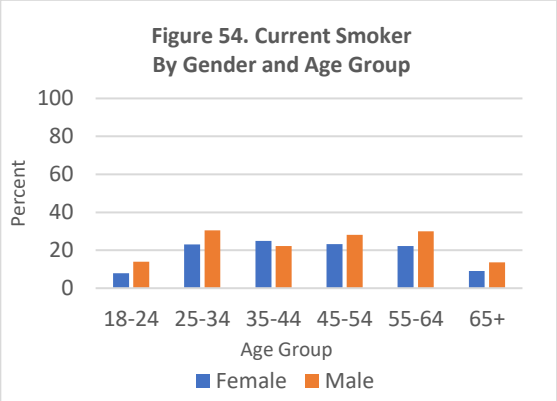
Tobacco use is the single leading preventable cause of death in Mississippi and the United States. Each year, about one-fifth of the deaths in Mississippi are from tobacco- related causes. Health problems related to tobacco use include cancers, lung disease, and heart disease. Over the past decade the percentage of current adult smokers has decreased; however, there are other means of smoking (e-cigarettes, vapes, etc.) that have become popular.

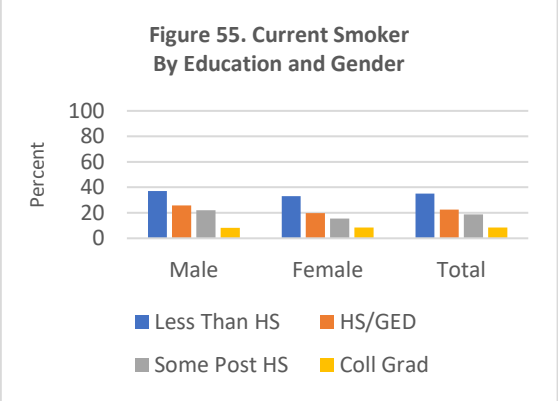
Cigarette/Tobacco Use Questions:
*(1) Have you smoked at least 100 cigarettes in your entire life? **If Yes**, (2) Do you now smoke cigarettes every day, some days, or not at all?*

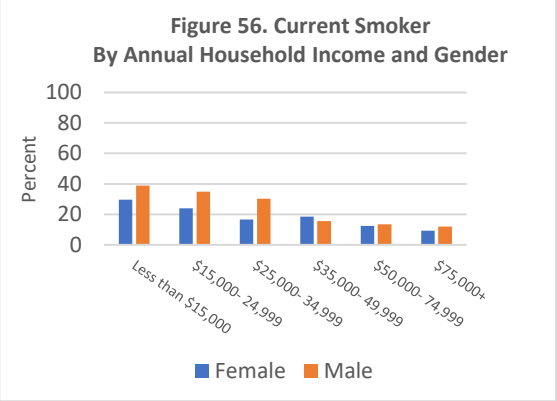
According to 2018 BRFSS data results, the group with the highest rate of current smokers is black males at 25.7 percent followed by white males at 22.2 percent and white females at 20.7 percent. The group with the lowest percentage of current smokers is black females at 12.9 percent (Figure 53).

Overall, the rate of current smoking in Mississippi is 20.5 percent. The Healthy People 2020 target objective is 12 percent. There are fluctuations in rates in current smoking by age group, with males between ages 25-34 having the highest rate at 30.4 percent (Figure 54). Among both male and female college graduates, the rates of current smoking are lower than other education levels at 8.3 and 8.5 percent respectively (Figure 55). Interestingly, both males and females with annual household incomes of $35,000 or more had the lowest rates of current smoking (Figure 56). The rates were highest among those with annual household incomes of less than $15,000, which is also evidenced in national smoking trends (US Department of Health and Human Services, 2014).









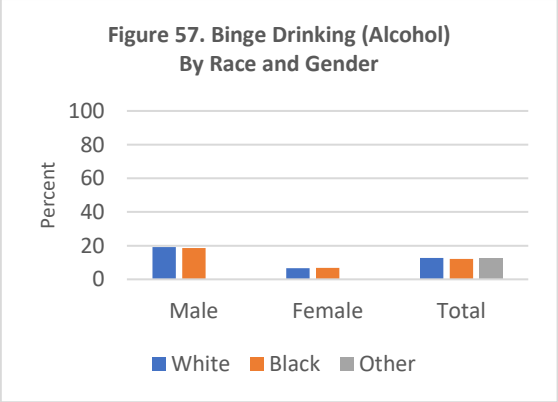
ALCOHOL CONSUMPTION (BINGE DRINKING)

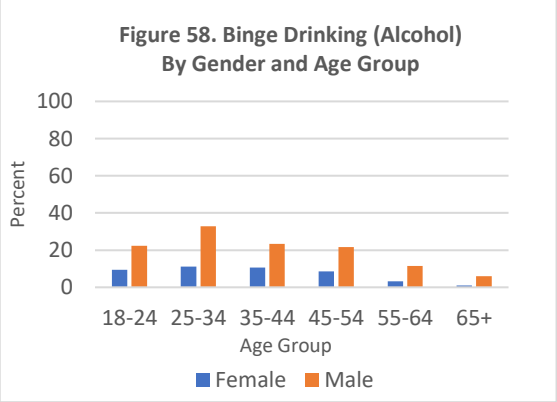
Extensive alcohol use has been linked to a substantial proportion of injuries and deaths from motor vehicle crashes, falls, fires and drowning. It also is a factor in homicide, suicide, marital violence and child abuse and has been associated with high risk sexual behavior. Persons who drink even relatively small amounts of alcoholic beverages may contribute to alcohol-related death and injury in occupational incidents especially if they drink before operating a vehicle. In 2016 alcohol use was associated 18.6 percent of all motor vehicle crash fatalities, according to the U. S. National Highway Traffic Safety Administration (2017).

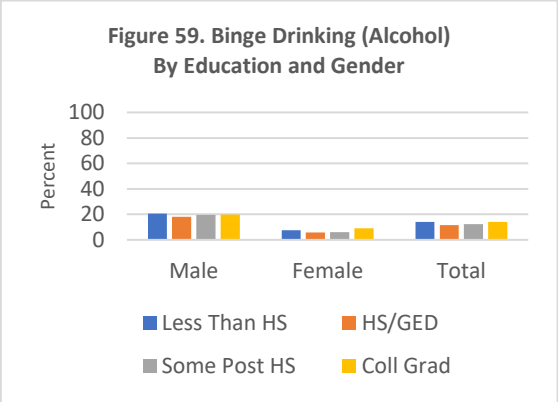
Alcohol Consumption Question:
Considering all types of alcoholic beverages, how many times during the past 30 days did you have [X = 5 for men, X = 4 for women] or more drinks on an occasion?

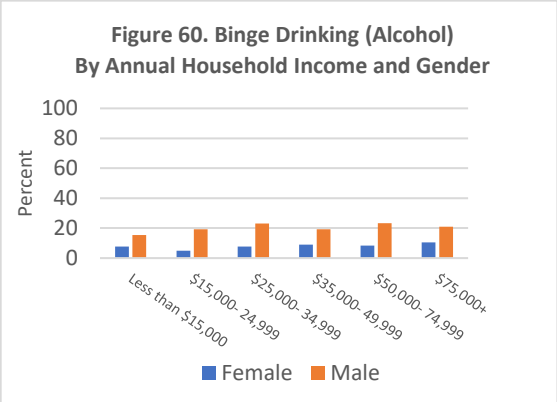
Binge drinking in adults may be defined as those who are 18 years or older who have five or more drinks in one occasion for males and females who have four or more drinks on one occasion. According to 2018 BRFSS data, males have the highest rates of binge drinking compared to females (Figure 57). In addition, males 25 to 44 years of age report the highest rate (32.9 percent) of binge drinking (Figure 58).

As indicated in Figure 59, males with less than a high school diploma had the highest rate of binge drinking at 20.7 percent. However, females with annual household incomes of $75,000 or more had the highest rate (10.5 percent) of binge drinking compared to females in lower income groups; and males with annual household incomes between $50,000 and $74,999 (23.2 percent) had the highest rate compared to males in other income groups (Figure 60.)









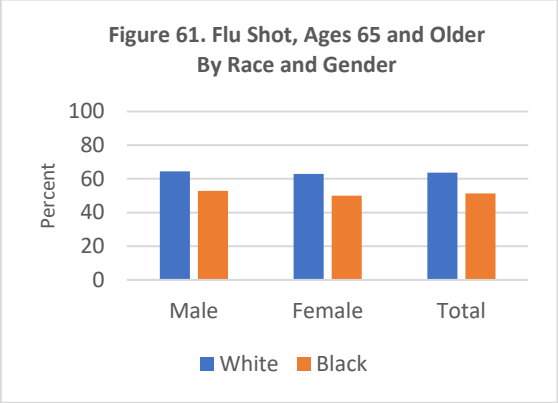
IMMUNIZATION (FLU VACCINE)

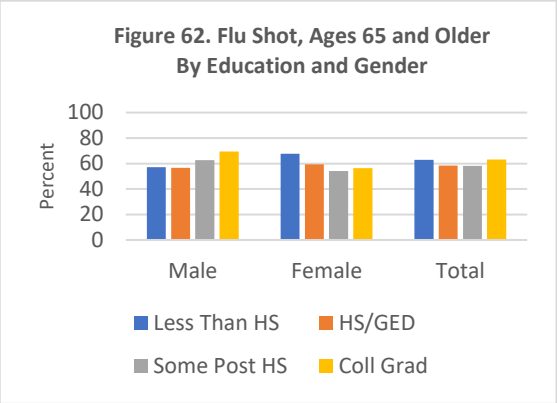
Influenza and pneumonia conjointly were the eighth leading cause of death in Mississippi in 2017. During that year, 784 people died from these two conditions. The Healthy People 2020 goal for influenza vaccinations is to reach 90 percent of the non- institutionalized people age 65 and older having been vaccinated in the preceding twelve months. The influenza vaccine can prevent the disease and several complications that are associated with the flu. In the elderly population, the vaccine is less effective in disease prevention; however, it does reduce the severity and incidence of complications and death.

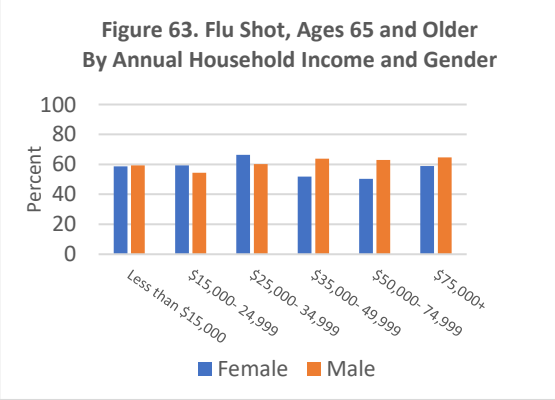
Flu Shot Question:
During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

Note: *Analyses include men & women age 65 and older*

Based on 2018 BRFSS survey results, 60 percent of the respondents age 65 and older reported they had received the influenza vaccine in the past 12 months. The proportion vaccinated in this age group reflected a marked difference according to race: 63.6 percent of whites reported having been vaccinated compared to only 51.3 percent for blacks (Figure 61). Interestingly, female respondents with less than a high school diploma had the highest rate (67.7 percent) compared to females in other education groups, whereas, males who are college graduates had the highest rate at 69.5 percent compared to males who were not college graduates (Figure 62). Figure 63 indicates that female respondents with annual household incomes between $25,000 and $34,999 had the highest rate of flu vaccinations at 66.4 percent compared to the other income groups.







IMMUNIZATION (PNEUMONIA VACCINE)

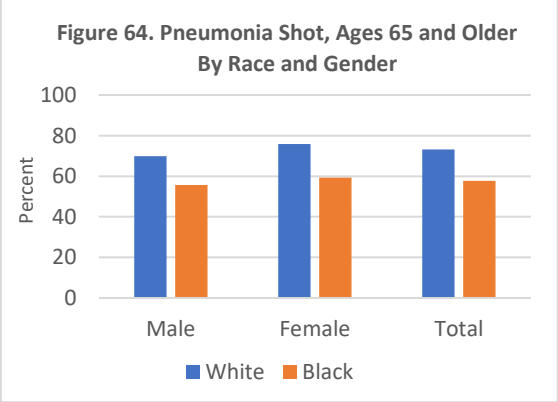
According to the World Health Organization or WHO (2019), pneumonia is a form of acute respiratory infection that affects the lungs. This condition may and can cause mild to severe illness in people of all ages, with symptoms including, but not limited to, cough, fever, and difficulty breathing. National data from 2017 to 2018 indicates that the age-adjusted death rates for influenza and pneumonia increased by 4.2% (Xu, Murphy, Kochanek, & Arias, 2020).

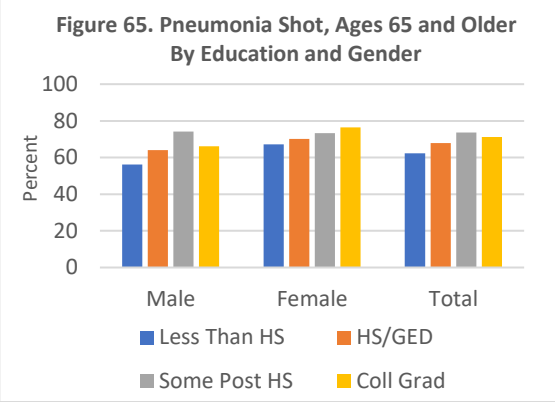
Pneumonia Shot Question:
Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

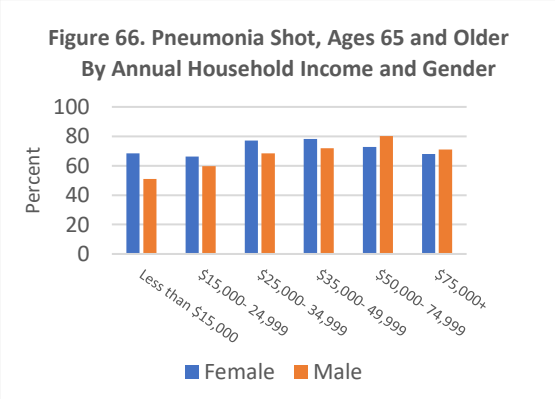
Note: *Analyses include men & women age 65 and older*

The 2018 BRFSS results revealed that 68.7 percent of respondents aged 65 and older said they had ever received a pneumonia vaccination. As indicated in Figure 64, the majority of white female respondents age 65 and older reported ever having a pneumonia shot at 75.8 percent. Similar to influenza vaccinations rates for those 65 years of age and older, there was a marked difference with respect to race for pneumonia vaccinations: 73.2 percent for whites but only 57.7 percent for blacks. Interestingly though, the rate for whites was 77.4 percent in 2017 and 56.3 percent for blacks that same year.

As indicated in Figure 65, respondents with some post-high school education had the highest rate (73.7 percent) among those age 65 and older who had ever received a pneumonia shot/vaccine (Figure 65). There were variations among both male and female respondents' annual household income levels; however, males with annual household income levels from $50,000 to $74,999 had the highest rate (80.2 percent) for ever having a pneumonia (Figure 66) shot.







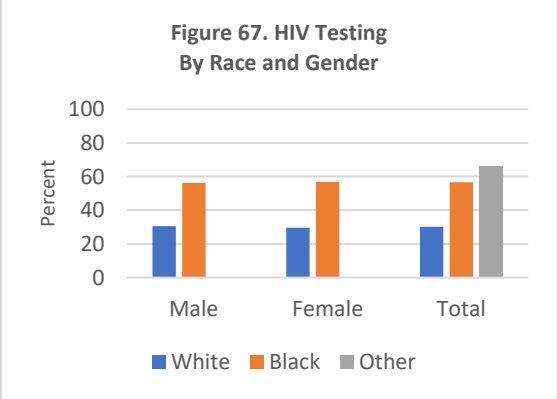
HIV/AIDS (TESTING)

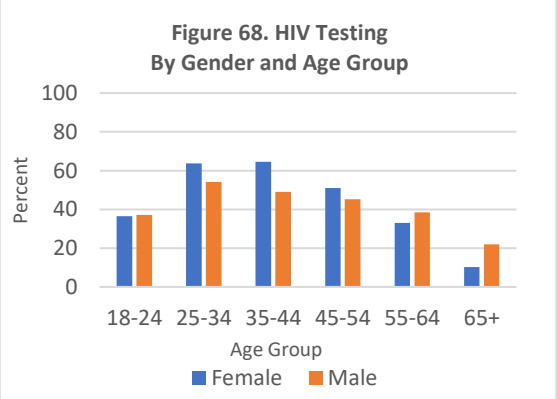
The CDC (2019) estimates that nearly 1.1 million people aged 13 and older had Human Immunodeficiency Virus (HIV) infection at the end of 2016 in the U.S. This number includes an estimated 162,500 (14%) whose infections had not been diagnosed. Despite increases in the total number of people in the U.S. living with HIV infection in recent years (due to better testing and treatment options), the annual number of new HIV infections declined by five percent from 2011 to 2015.

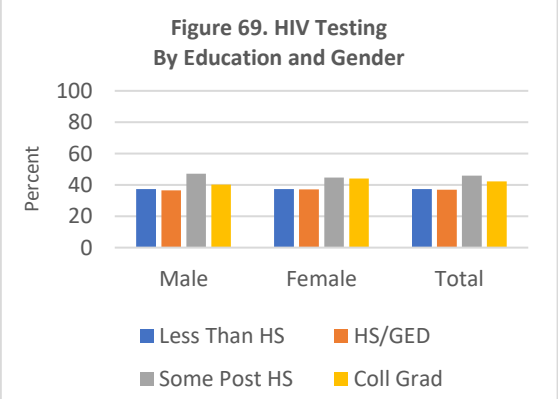
HIV/AIDS Testing Question:
Have you ever been tested for H.I.V.? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

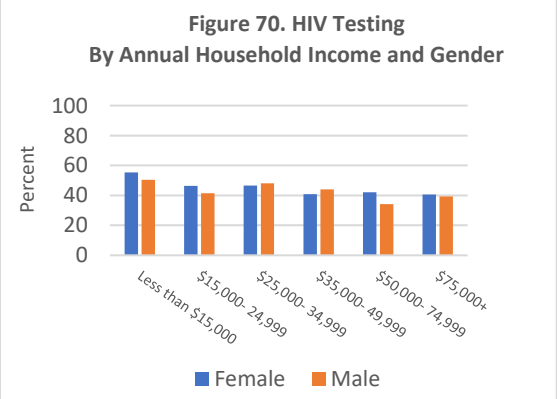
In 2017, 112 people died as a result of HIV in Mississippi. In the U.S., 507,351 people have died with the disease since 1987 when it began to be listed as a cause of death on death certificates. Even though the two main causes of HIV infections in the U.S. are sexual intercourse and intravenous blood use, the condition may potentially also be caused by the transferal of blood and breast milk.

The 2018 BRFSS data revealed that 41 percent of respondents reported that they had never been tested for HIV. More black respondents had been tested at 56.5 percent compared to whites at 30.1 percent (Figure 67); however, the rate of HIV testing for other races (Non-Hispanic) was higher than both blacks and whites at 66.5 percent. Figure 68 revealed that females between the ages of 35-44 had the highest HIV testing rate (64.6 percent) among females, and males between the ages 25-34 had the highest HIV testing rate (54.2) compared to males in other age groups. Respondents who have some post high school education and/or are college graduates had the highest HIV testing rates (Figure 69). Interestingly, both males (50.5 percent) and females (55.4 percent) with annual household incomes less than $15,000 had the highest rates of HIV testing (Figure 70).









SEAT BELT USAGE

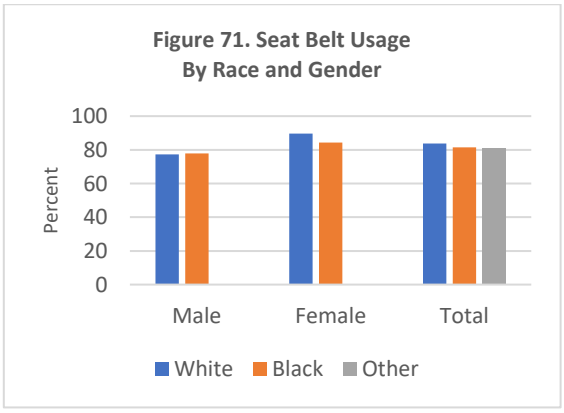
The Centers for Disease Control and Prevention (2018) reports total of 23,714 drivers and passengers in passenger vehicles died in motor vehicle crashes in 2016 and more than half of teenagers and adults aged 20-44 years who died were not buckled up when the crash occurred. According to the National Highway Traffic Safety Administration (NHTSA, 2018) in the United States during 2018, 36,560 lives were lost on roads in 2018.

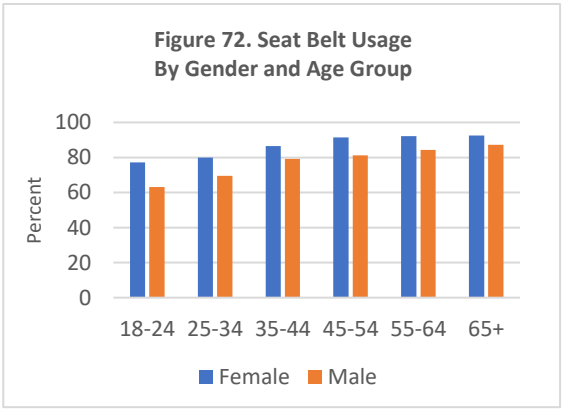
Seat Belt Usage Questions:
(1) How often do you use seat belts when you drive or ride in a car? (2) Would you say always, nearly always, sometimes, seldom or never?

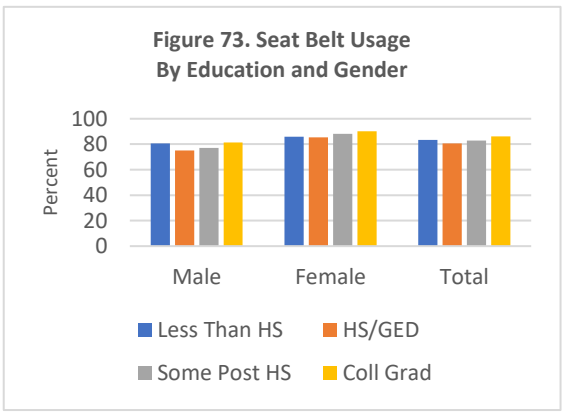
Analyses based on "always wear seat belts"

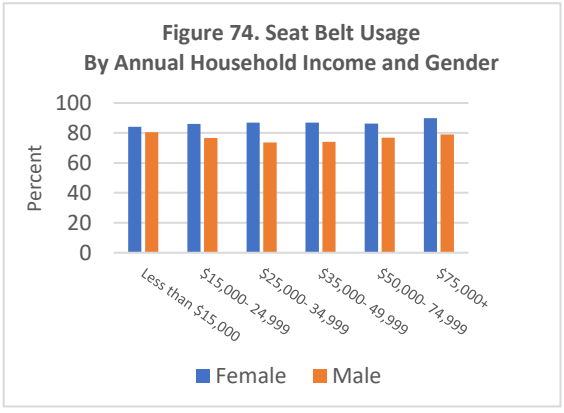
Additional highway safety statistics indicate that 1 out of 2 people killed in motor vehicle crashes in Mississippi are not buckled up (Mississippi Department of Transportation, n.d.). Because using seatbelts have been proven to save lives, it is recommended throughout the nation that all persons in a vehicle buckle their seatbelts prior to moving. Ejection from the vehicle is one of the most injurious events that can happen to a person in a crash. Seat belts can be effective in preventing total ejections.

The 2018 BRFSS data in Mississippi revealed that 82.9 percent of adults aged 18 and over always wear a seat belt when they either drive or ride in a car. Overall and within each age group, females report that they always wear seat belts more often than men (Figures 71 and 72). Figure 73 indicates that those who are college graduates had slightly higher seat belt usage rates than those with less education. Females with annual household incomes of $75,000 or more had the highest rate of seat belt usage at 89.8 percent compared to other female income groups; whereas, males with less than $15,000 had the highest rate of usage (80.4 percent) compared to males with annual household incomes of more than $15,000 (Figure 74).









ORAL HEALTH

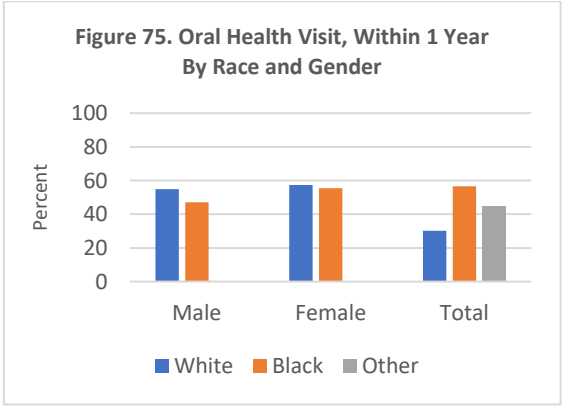
Oral health is just as important as mental and physical health. More and more health conditions are being linked to oral health as a result of bacteria and inflammation that may occur in the mouth. Gum disease can allow bacteria to enter the bloodstream and contribute to a wide range of chronic health problems including, but not limited, to preterm birth, poorly controlled diabetes and cardiovascular disease.

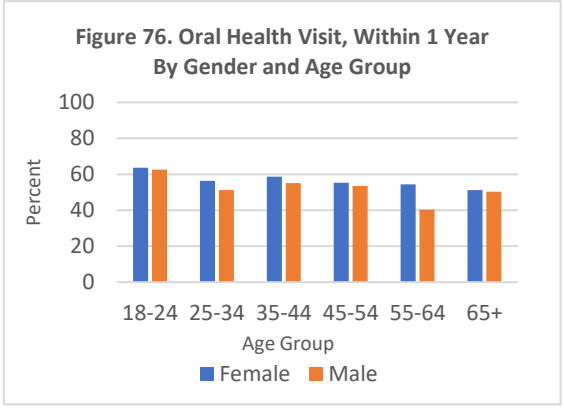
Oral Health Question:
Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

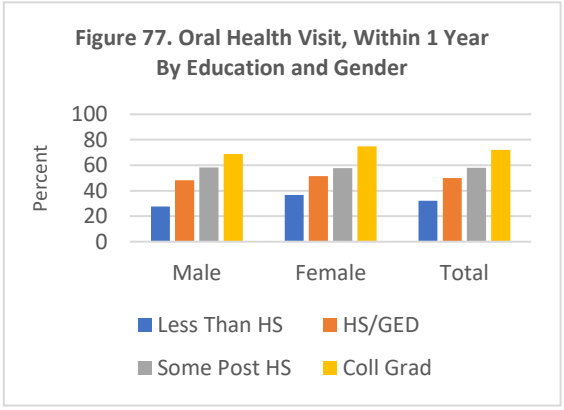
Analyses based on those who visited an oral health provider within the past year

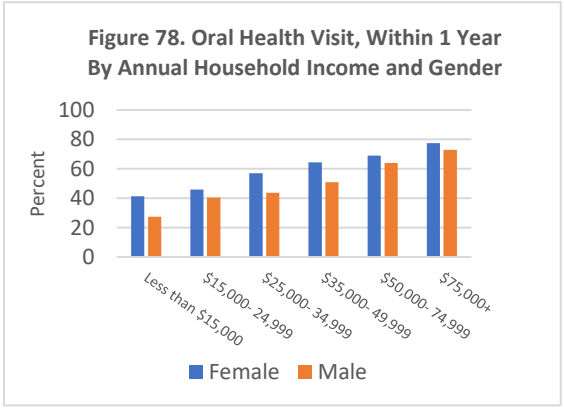
The CDC (2019) suggests that some of the most common diseases that impact oral health include tooth decay (cavities), gum (periodontal) disease, and oral cancer. Also, oral conditions are frequently considered separate from other chronic conditions, however, these are actually inter-related. Seeing an oral health provider can limit the risk for these cancers and other inter-related chronic health conditions.

When respondents were asked how long it had been since they visited a dentist or dental clinic (for any reason), the 2018 BRFSS data revealed that over half, 54.1 percent, had visited one within the past year. Figure 75 indicates that white females had the highest rate of oral health visits within one year at 57.3 percent. Both males and females ages 18-24 had the highest rates [63.7 percent females; 62.7 percent males] of oral health visits within one year compared to the other age groups (Figure 76). Data also revealed that vast differences exists by education. The oral health visit rate is doubled from those who have less than a high school diploma compared to those who are college graduates (Figure 77). Similarly, those with higher annual household incomes had highest rates of oral health visits within one year compared to other income groups (Figure 78).









MS BRFSS DATA BRIEFS

State Module Questions

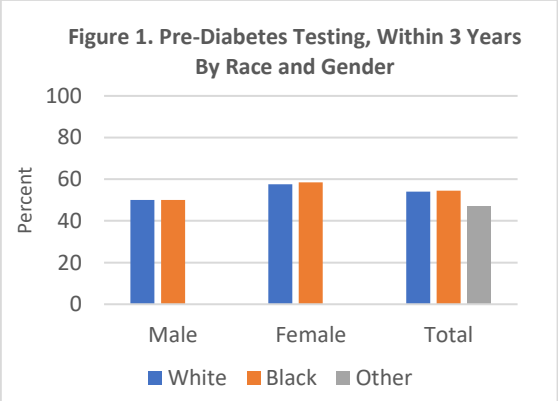
PRE-DIABETES (TESTING)

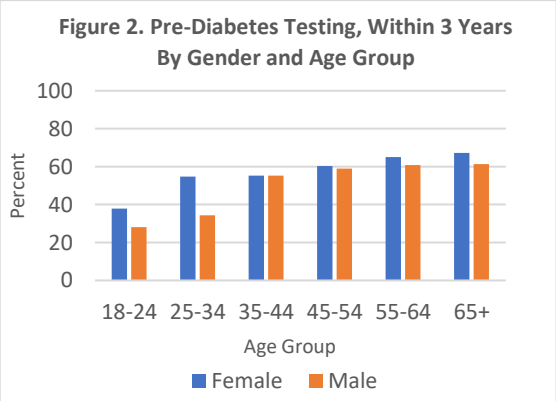
It is important for everyone to be cognizant of his/her blood sugar levels. According to CDC (2019), prediabetes is a serious health condition where blood sugar levels are higher than normal, but not high enough yet to be diagnosed as type 2 diabetes. Approximately 84 million American adults—more than 1 out of 3—have prediabetes. Of those with prediabetes, 90% don't know they have it. This condition can potentially lead to and/or put someone at risk for developing Type II Diabetes. In addition, pre-diabetes may increase risks for other chronic conditions such as heart disease and stroke.

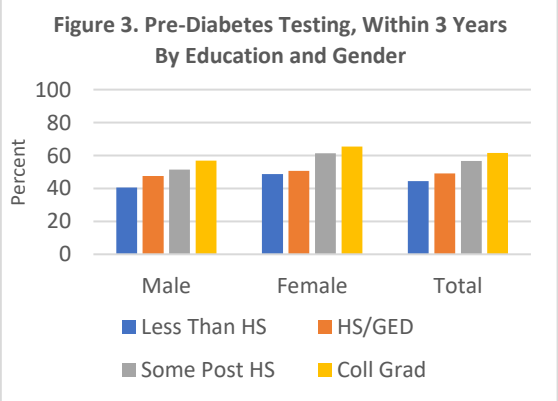
Prediabetes Testing Question: *Have you had a test for high blood sugar or diabetes within the past three years?*

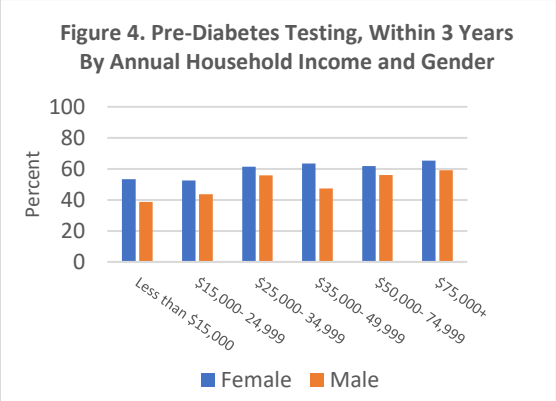
In 2017, in Mississippi, Diabetes Mellitus was the seventh leading cause of death with 1,163 people dying from the condition. This disease accounted for 3.6% of all deaths in the state that year. Because blood sugar levels are a determining factor for this condition, it is important that adults are periodically tested, especially for those having pre-existing risk factors for diabetes.

Among adults that reported that they had a test for high blood sugar or diabetes within the past three years, 53.6 percent responded "yes." Figure 1 indicates that black females had the highest rates for pre-diabetes testing within three years at 58.5 percent. Figure 2 reveals that as age increases, so do the rates for both males and females who had pre-diabetes testing within three years. Overall, similar to other health conditions, as education and annual household income levels increase so do the rates for pre-diabetes testing (Figures 3 and 4).









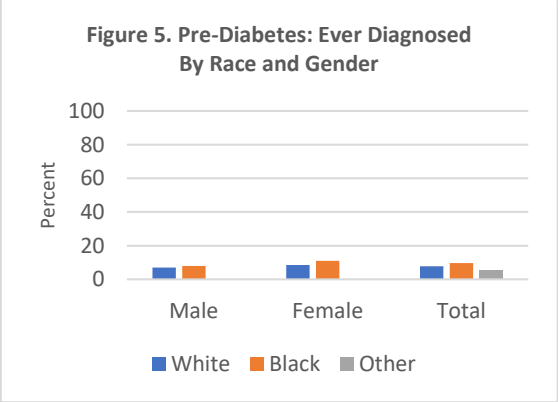
PRE-DIABETES (HEALTH PROFESSIONAL DIAGNOSIS)

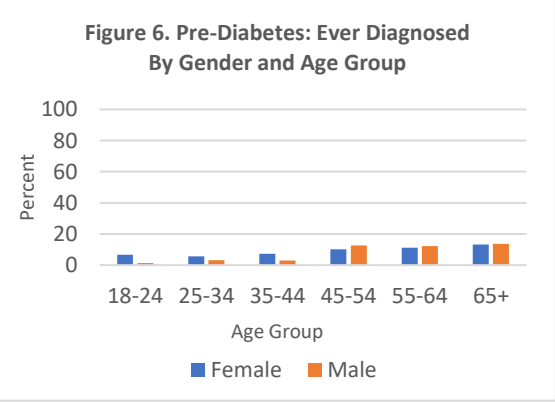
Having a medical professional tell someone they have diabetes may be life altering. The person may have to make decisions to change his/her diet, exercise, or other alteration that may not have been a part of their current routine. However, with modest weight loss and moderate physical activity, a person can delay or prevent type 2 diabetes.

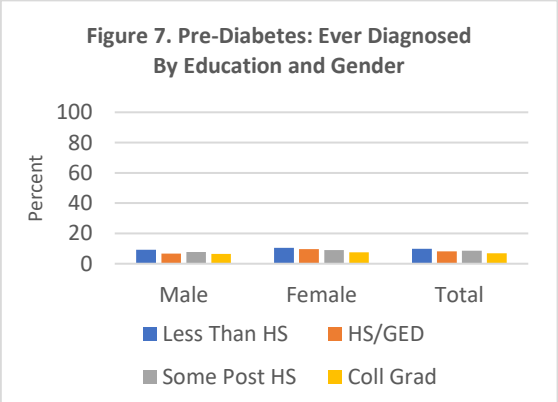
Prediabetes Diagnosis Question: *Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?*

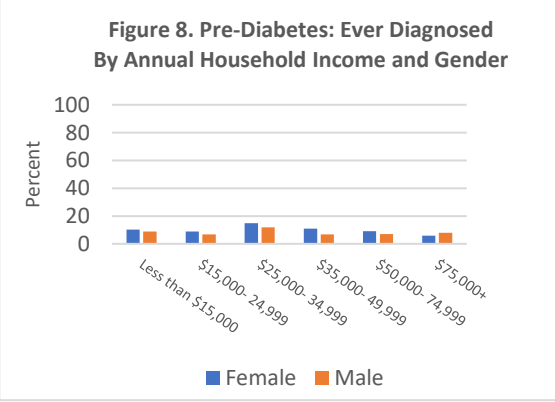
During pregnancy, this could be a difficult diagnosis in that the mother-to-be will have to make changes to ensure that she does not put her pregnancy [and baby] at risk. Also known as gestational diabetes, this particular condition affects only pregnant women. This condition may affect pregnant women who have never been diagnosed with diabetes.

According to the 2018 BRFSS, 8.3 percent of adults reported ever being told by a health professional that they have pre-diabetes or borderline diabetes. During pregnancy, 0.9 percent of women reported that they had been told they have pre-diabetes or borderline diabetes. Figure 5 indicates that black females had the highest rate at 11 percent of ever been told they have pre-diabetes or borderline diabetes. Figure 6 indicates that as people aged, so did the rate of ever being told that they have pre-diabetes or borderline diabetes. Respondents with less than a high school diploma reported the highest rate of ever being told they had pre-diabetes or borderline diabetes at 9.8 percent. In both males and females, those with annual household incomes between $25,000 and $34,999 had the highest rate of ever being told they had pre-diabetes or borderline diabetes at 11.8 and 14.9 percent respectively.









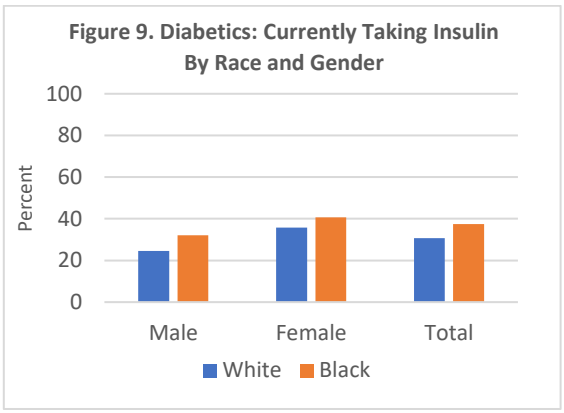
DIABETICS (CURRENTLY TAKING INSULIN)

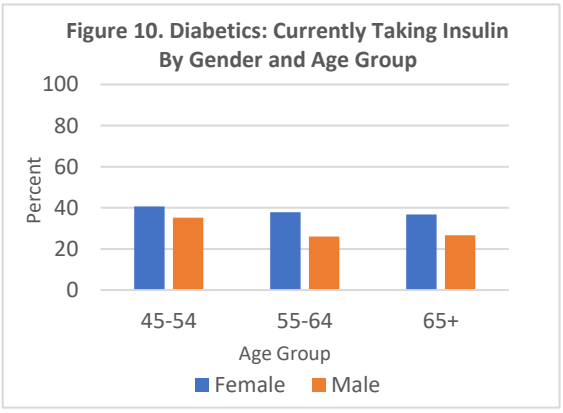
Insulin is sometimes needed for diabetics who aren't naturally able to control their blood-sugar levels. In particular, Type II diabetes develop because the cells in the muscles, liver, and fat do not use insulin properly. As a result, the amount of sugar in the blood increases, while the cells are starved of energy. Over time, high blood sugar damages nerves and blood vessels, leading to complications such as heart disease, stroke, blindness, kidney disease, nerve problems, gum infections, and amputation.

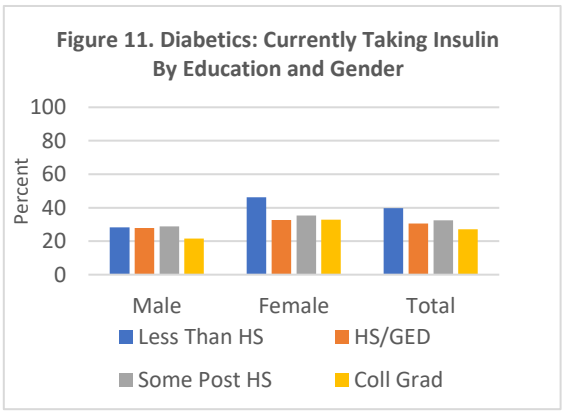
Diabetics (Currently Taking Insulin) Question:
Are you now taking insulin?

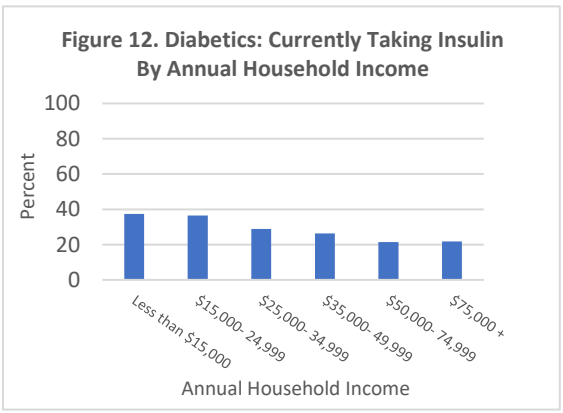
Diabetics use insulin to help control their blood-sugar levels. This is part of treatment management for those who need this drug to help maintain their overall health.

As revealed in the 2018 BRFSS results, 33.1 percent of those with diabetes (ages 35 and older) are currently take insulin. Figure 9 indicates that the rates for blacks currently taking insulin are higher at 37.4 percent compared to whites at 30.7 percent. Both female and male respondents ages 45-54 had the highest rates of currently taking insulin at 40.7 and 35.2 percent respectively (Figure 10). Overall, those ages 35 and older with less than a high school diploma had the highest rate of currently taking insulin at 39.8 percent (Figure 11). As indicated in Figure 12, respondents [age 35 and older] with annual household incomes of less than $15,000 had the highest rate of currently taking insulin at 37.4 percent.









DIABETICS (RETINOPATHY)

Retinopathy is a condition that may affect the retina of the eye in people who are diabetic. This condition may also be called diabetic retinopathy.

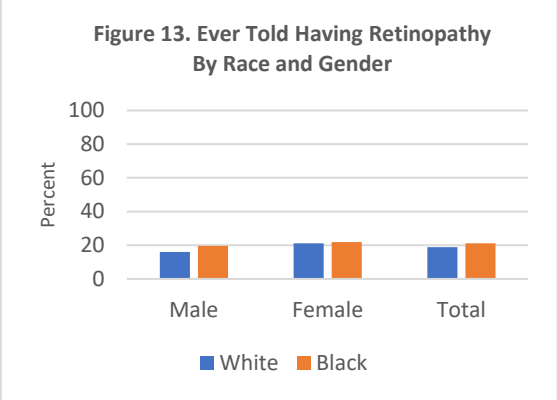
Diabetics (Retinopathy): *Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?*

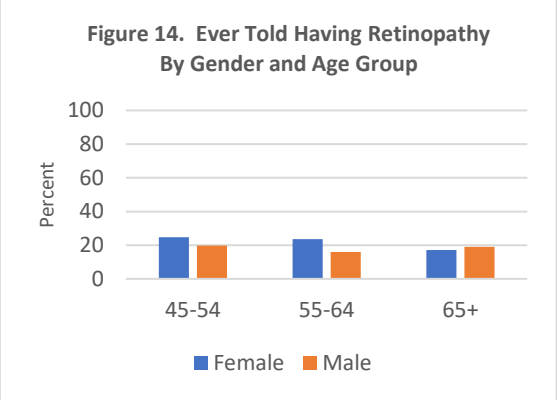
According to the CDC (2018), from 2010 to 2050, the number of Americans with diabetic retinopathy is expected to nearly double, from 7.7 million to 14.6 million. Adults over age 40 years with diabetes and those who have other comorbid conditions may be at an increased risk for diabetic retinopathy.

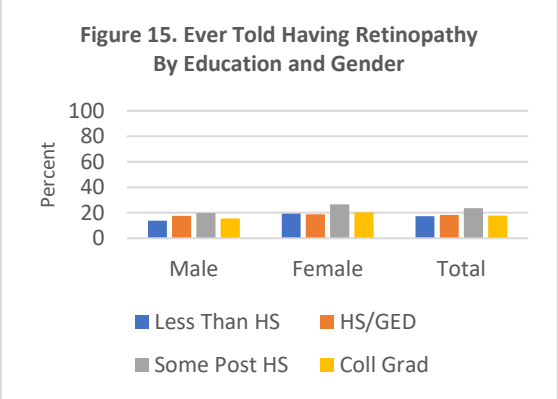
2018 BRFSS data reveal that 19.2 percent of adults age 35 and older had ever been told by a doctor that diabetes has affected their eyes or had retinopathy. Of this rate, 16.9 percent are males and 21.1 percent are females. In addition, 18.8 percent are white and 21.1 percent are black.

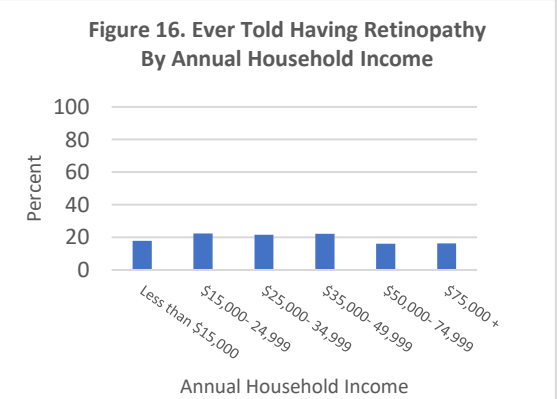
Figure 13 indicates that black and white females had the highest rates of being told they ever had retinopathy at 21.2 percent and 21.9 percent respectively. Among males and females ages 45 and older, those between ages 45-55 had the highest rates of ever being told they have retinopathy (Figure 14).

Figure 15 indicates that those 35 and older with some post high school education had the highest rate of ever being told they have retinopathy at 23.5 percent. As indicated in Figure 16, respondents with annual household incomes between $15,000 and $24,999 had the highest rate at 22.4 percent and respondents with incomes of $75,000 or more having the lowest prevalence at 16.3 percent.









DIABETICS (MANAGEMENT CLASS)

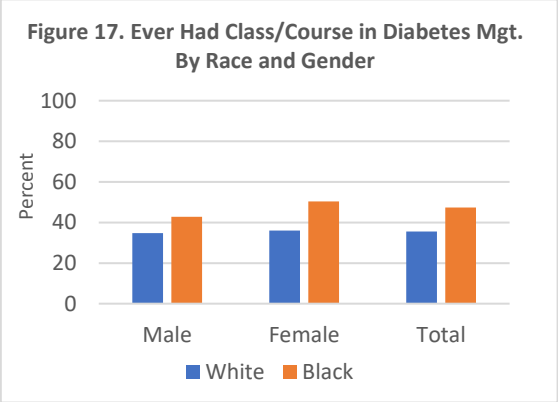
Controlling diabetes is of the utmost consideration among those who are diabetic. People who are diabetic have several avenues that they can take to receive assistance in self-management of their diabetes. Some of these include hospitals, clinics, web-based resources, health fairs, community events, etc.

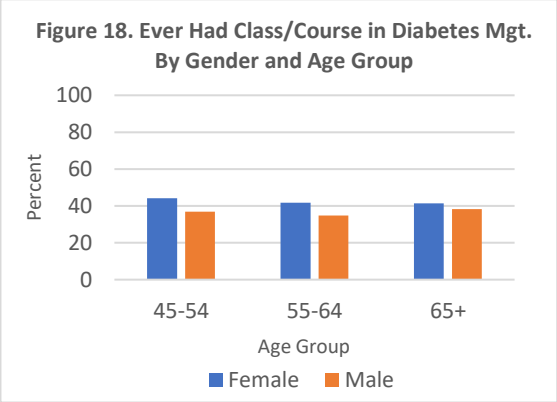
Diabetics (Management Class): *Have you ever taken a course or class in how to manage your diabetes yourself?*

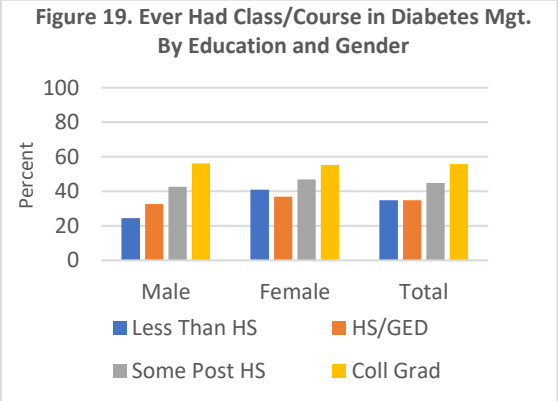
According to the American Diabetes Association (ADA, 2017), diabetes self-management education and support (DSMES) is a critical element of care for people with diabetes. This type of support is an ongoing process of facilitating the knowledge, skills, and ability necessary for diabetes self-care, as well as activities that assist a person in implementing and sustaining the behaviors needed to manage his or her condition on an ongoing basis, beyond or outside of formal self-management training.

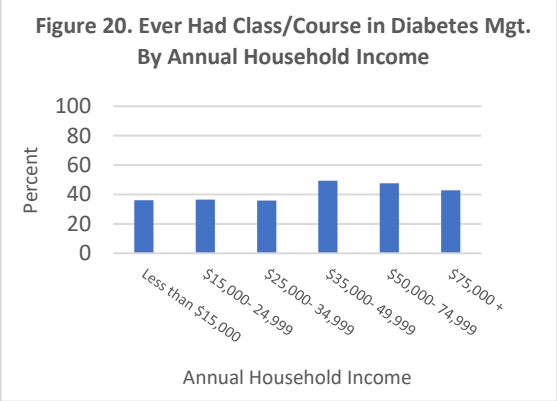
According to 2018 BRFSS data, 40.1 percent of respondents aged 35 and older said that they had ever taken a course or class in how to manage their diabetes. Further, black females had the highest rate of ever having a class/course in diabetes management at 50.4 percent (Figure 17).

Figure 18 indicates that respondents ages 45-54 had the highest rates of ever having a class/course in diabetes management. Accordance to education levels, respondents who are college graduates had the highest rates of ever having a class/course in diabetes management (Figure 19). Similarly, Figure 20 indicates that respondents over 35 with annual household income levels greater than $35,000 also had the highest rates compared to lower income levels.









E-CIGARETTES/VAPING (EVER USED)

E-cigarettes (a.k.a. electronic cigarettes) have become more and more popular in recent years. Research from the CDC (2020) suggests that E-cigarettes produce an aerosol by heating a liquid that usually contains nicotine—the addictive drug in regular cigarettes, cigars, and other tobacco products—flavorings, and/or other chemicals that help to make the aerosol. When users inhale this aerosol into their lungs, there can be adverse health effects. Bystanders can also breathe in this aerosol when the user exhales into the air.

E-cigarettes/Vaping Question (Ever Used): *Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?*

In Mississippi, according to 2018 BRFSS data, 25 percent of respondents (male and female) said that they had ever used e-cigarettes or electronic vaping at least once in their lifetime. Of this percentage, 28 percent are white, 19.1 percent are black, and 34.5 percent are of another Non-Hispanic race.

As indicated in Figure 21, the highest rates were among white males (31.5 percent) and white females (24.9 percent) for having ever used an e-cigarette or electronic vaping product. Figure 22 indicates that as age increases, the rate of adults who ever used an e-cigarette or vaping product decreases. The highest age group for having used are both males (49.8 percent) and females (39.1 percent) between the ages of 18-24. College graduates had the lowest usage rate at 17.4 percent (Figure 23).

In regard to income (Figure 24), both male and female respondents with annual household incomes of $75,000 or more had the lowest rates of ever having used e-cigarettes or an electronic vaping product.

Figure 21. Ever Used E-cigs or Vaping Product By Race and Gender

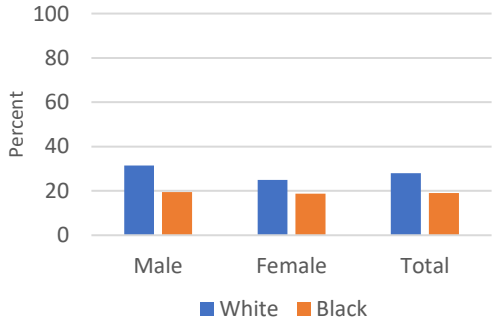


Figure 22. Ever Used E-cigs or Vaping Product By Gender and Age Group

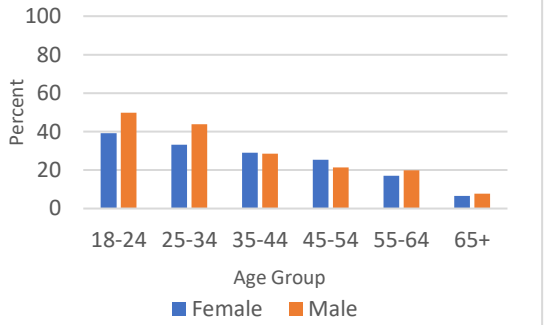


Figure 23. Ever Used E-cigs or Vaping Product By Education and Gender

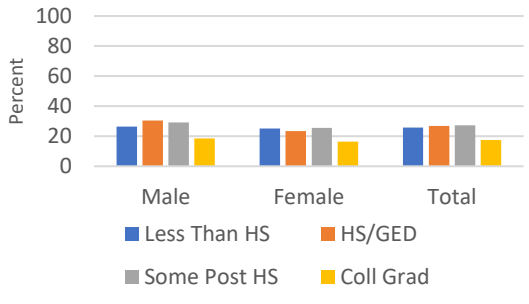
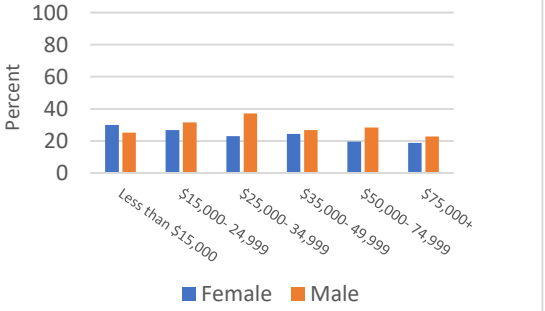


Figure 23. Ever Used E-cigs or Vaping Product By Annual Household Income and Gender



E-CIGARETTES/VAPING (CURRENT USE)

Vaping has become a public health crisis across the U.S. When vaping originated, it was coined as not being as harmful as smoking cigarettes and/or using other tobacco products. However, over the past several years, researchers have identified several harmful effects, including death, of e-cigarettes and vaping.

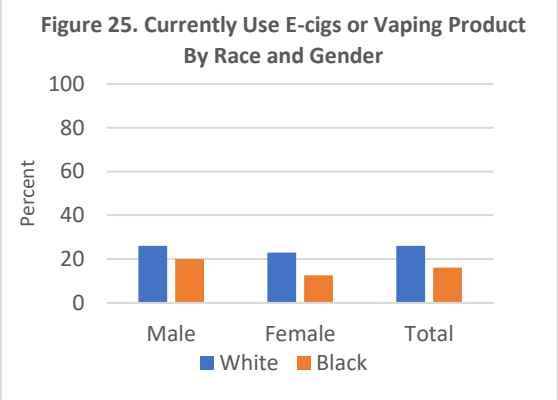
E-cigarettes/Vaping Question (Current Use):
Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

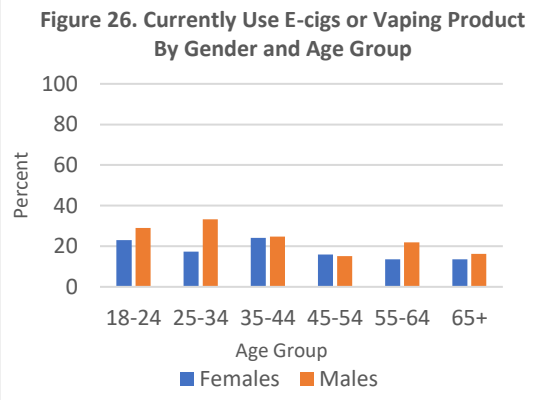
National 2017 BRFSS data revealed that the crude prevalence for adults who never used e-cigarettes was 79.3 percent, which suggests that roughly 20.7 percent either currently, sometimes, and formerly used e-cigarettes.

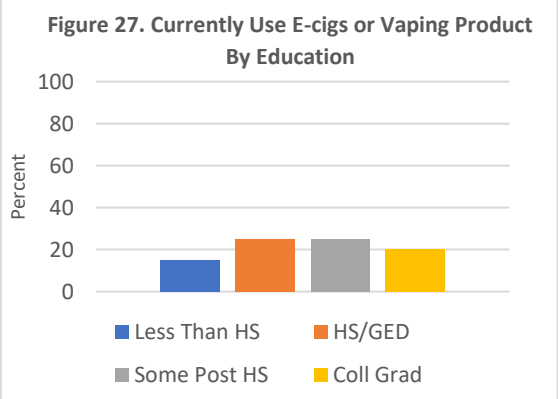
Mississippi 2018 BRFSS data reveal that 9.2 percent of respondents said that they use e-cigarettes or other electronic vaping products every day and 13.3 percent said they use them some days.

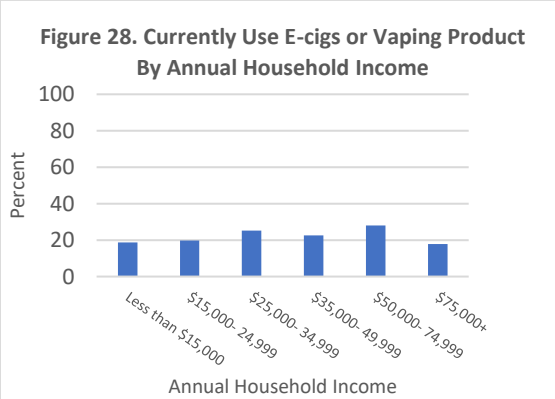
Figure 25 indicates that a combined total of 26 percent of white males responded that they either use e-cigarettes or other electronic vaping products every day or some days, which signifies the highest group currently using. Black females had the lowest rate of current use at 12.6 percent.

Data by age group revealed that male and female respondents between ages 18-44 had the highest rates of using e-cigarettes or electronic vaping products every day or some days (Figure 26). Respondents with less than a high school diploma had the lowest rate at 14.9 percent (Figure 27). Data results also revealed that adults with annual household income levels between $50,000 and $74,999 had the highest usage rates at 28.1 percent.









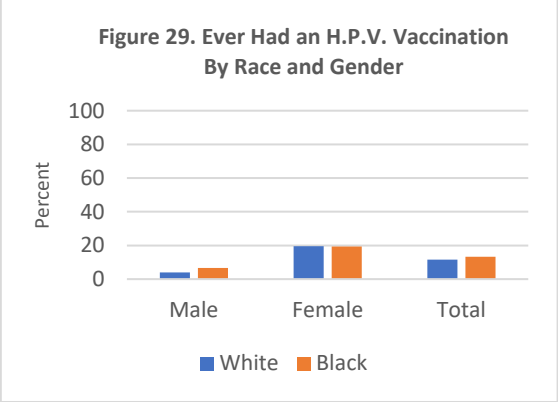
ADULT HUMAN PAPILLOMAVIRUS (HPV) VACCINATION

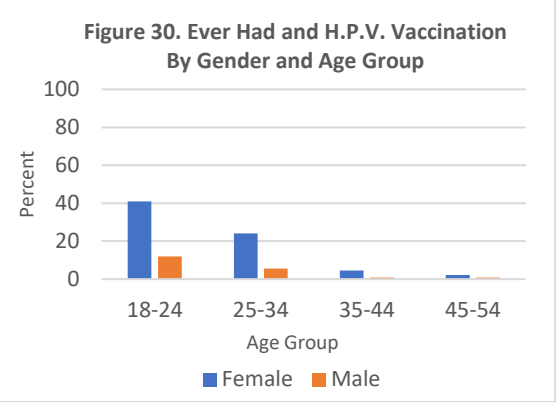
The Human Papillomavirus (H.P.V.) is a common condition that can cause cancer in both men and women if left untreated. According to the CDC (2019), nearly 80 million of Americans are currently infected with some type of H.P.V. and about 14 million, including teens, become infected each year.

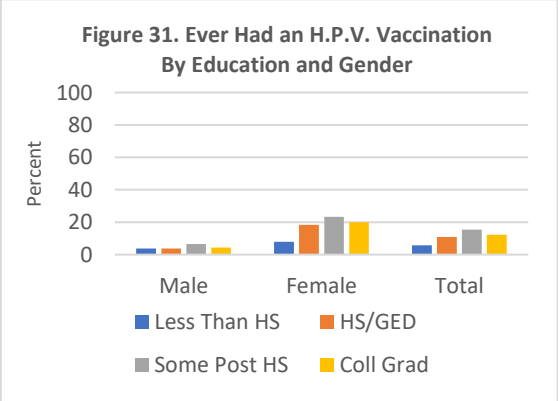
HPV Vaccination Question:
Have you ever had an H.P.V. vaccination?

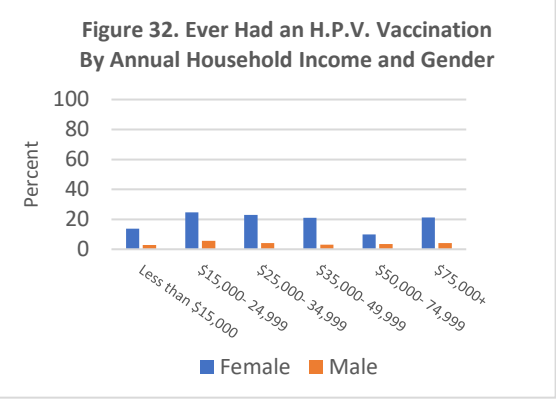
The H.P.V. vaccination helps prevent infections that lead to many H.P.V.-related cancers which include, but are not limited to cervical, vaginal, anal, and throat cancer. The CDC (2019) estimates that H.P.V. causes nearly 35,000 cases of cancer in men and women each year.

Data from the 2018 Mississippi BRFSS revealed that 12.3 percent of males and females ages 18-54 reported that they ever had an H.P.V. vaccination. Figure 29 indicates that both white and black females are almost equal for ever having an H.P.V. vaccination at 19.6 and 19.3 percent respectively. More black males received the vaccination at 6.6 percent compared to 3.9 percent white males. Great disparities exist among women and men ages 18-54 who ever received an H.P.V. vaccination; however, females between the ages of 18-24 had the highest rate at 41 percent (Figure 30). As indicated in Figure 31, females across each education level had higher H.P.V. vaccination rates than males. Similarly, females across each income level also had higher H.P.V. vaccination rates compared to males having the same annual household income levels (Figure 32).









APPENDIX A: CORE QUESTIONS

TABLE 1. Health Status

Denominator excludes respondents with do not know/refused/missing responses

DEMOGRAPHIC	RESPONDENTS		Good or Better Health			Fair or Poor Health		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	5820	2,270,185	4231	76.7	75.3-78.1	1589	23.3	21.9-24.7
Male	2352	1,084,893	1740	77.8	75.6-80.0	612	22.2	20.0-24.4
Female	3468	1,185,292	2491	75.6	73.8-77.4	977	24.4	22.6-26.2
White/Non-Hisp	3329	1,328,525	2535	78.1	76.3-79.9	794	21.9	20.1-23.7
Black or Afr. Am./Non-Hisp	2244	802,099	1504	73.0	70.6-75.4	740	27.0	24.6-29.4
Other Race/Non-Hisp.	96	52,703	65	76.5	66.3-86.7	31	23.5	13.3-33.7
18-24	339	302,643	318	94.4	91.9-96.9	21	5.6	3.1- 8.1
25-34	588	386,634	518	87.6	84.1-91.1	70	12.4	8.9-15.9
35-44	742	364,777	600	79.2	75.5-82.9	142	20.8	17.1-24.5
45-54	964	363,083	706	76.5	73.4-79.6	258	23.5	20.4-26.6
55-64	1287	375,232	837	65.3	62.0-68.6	450	34.7	31.4-38.0
65+	1900	477,816	1252	63.7	60.8-66.6	648	36.3	33.4-39.2
Less Than H.S.	740	376,261	360	54.1	49.4-58.8	380	45.9	41.2-50.6
H.S. or G.E.D.	1784	687,250	1219	75.0	72.6-77.4	565	25.0	22.6-27.4
Some Post-H.S.	1707	765,731	1279	81.8	79.6-84.0	428	18.2	16.0-20.4
College Graduate	1572	434,820	1359	89.5	87.7-91.3	213	10.5	8.7-12.3
Less than $15,000	775	267,295	384	54.7	50.0-59.4	391	45.3	40.6-50.0
$15,000- 24,999	1136	455,124	716	67.1	63.4-70.8	420	32.9	29.2-36.6
$25,000- 34,999	591	228,079	437	75.3	70.6-80.0	154	24.7	20.0-29.4
$35,000- 49,999	665	267,080	529	81.7	78.0-85.4	136	18.3	14.6-22.0
$50,000- 74,999	573	234,815	493	89.6	86.7-92.5	80	10.4	7.5-13.3
$75,000+	990	400,163	919	94.0	92.4-95.6	71	6.0	4.4- 7.6

TABLE 2. Healthcare Coverage

Denominator excludes respondents with do not know/refused/missing responses

DEMOGRAPHIC	RESPONDENTS		Have health care coverage			Do not have health care coverage		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	3859	1,765,309	3161	79.7	77.9-81.5	698	20.3	18.5-22.1
Male	1638	869,542	1331	78.9	76.2-81.6	307	21.1	18.4-23.8
Female	2221	895,767	1830	80.4	78.2-82.6	391	19.6	17.4-21.8
White/Non-Hisp	2029	981,882	1708	83.3	81.1-85.5	321	16.7	14.5-18.9
Black or Afr. Am./Non-Hisp	1653	665,838	1329	77.9	75.0-80.8	324	22.1	19.2-25.0
Oth. Race/Non-Hisp.	67	44,742	49	62.7	46.8-78.6	18	37.3	21.4-53.2
18-24	337	300,913	247	73.7	68.2-79.2	90	26.3	20.8-31.8
25-34	587	385,260	469	77.3	72.8-81.8	118	22.7	18.2-27.2
35-44	736	361,137	570	76.5	72.8-80.2	166	23.5	19.8-27.2
45-54	925	348,438	758	83.1	80.2-86.0	167	16.9	14.0-19.8
55-64	1274	369,561	1117	87.0	84.5-89.5	157	13.0	10.5-15.5
Less Than H.S.	440	261,309	316	69.1	63.2-75.0	124	30.9	25.0-36.8
H.S. or G.E.D.	1170	534,055	895	74.3	71.0-77.6	275	25.7	22.4-29.0
Some Post-H.S.	1177	618,010	959	81.9	79.2-84.6	218	18.1	15.4-20.8
College Graduate	1068	349,504	987	91.8	89.8-93.8	81	8.2	6.2-10.2
Less than $15,000	545	215,051	373	63.4	57.5-69.3	172	36.6	30.7-42.5
$15,000- 24,999	762	360,940	550	67.4	62.7-72.1	212	32.6	27.9-37.3
$25,000- 34,999	373	168,605	301	75.7	69.6-81.8	72	24.3	18.2-30.4
$35,000- 49,999	464	215,854	400	86.8	83.3-90.3	64	13.2	9.7-16.7
$50,000- 74,999	410	194,432	369	88.4	84.3-92.5	41	11.6	7.5-15.7
$75,000+	762	345,447	735	97.1	95.9-98.3	27	2.9	1.7- 4.1

TABLE 3. Exercise

Denominator excludes respondents with do not know/refused/missing responses

DEMOGRAPHIC	RESPONDENTS		Yes, had physical activity or exercise			No physical activity or exercise		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	5841	2,278,569	3826	68.0	66.4-69.6	2015	32.0	30.4-33.6
Male	2358	1,088,870	1667	73.1	70.7-75.5	691	26.9	24.5-29.3
Female	3483	1,189,699	2159	63.4	61.2-65.6	1324	36.6	34.4-38.8
White/Non-Hisp	3338	1,333,655	2231	69.3	67.3-71.3	1107	30.7	28.7-32.7
Black or Afr. Am./Non-Hisp	2254	804,315	1427	65.4	62.7-68.1	827	34.6	31.9-37.3
Oth. Race/Non-Hisp.	96	52,703	65	65.8	52.7-78.9	31	34.2	21.1-47.3
18-24	340	304,384	270	79.9	74.8-85.0	70	20.1	15.0-25.2
25-34	590	388,270	469	79.1	75.2-83.0	121	20.9	17.0-24.8
35-44	742	365,195	531	72.0	68.1-75.9	211	28.0	24.1-31.9
45-54	964	362,845	596	62.4	58.7-66.1	368	37.6	33.9-41.3
55-64	1295	377,181	782	59.6	56.1-63.1	513	40.4	36.9-43.9
65+	1910	480,694	1178	59.3	56.4-62.2	732	40.7	37.8-43.6
Less Than H.S.	749	379,592	362	53.0	48.3-57.7	387	47.0	42.3-51.7
H.S. or G.E.D.	1791	690,345	1040	60.7	57.8-63.6	751	39.3	36.4-42.2
Some Post-H.S.	1711	767,643	1187	74.2	71.7-76.7	524	25.8	23.3-28.3
College Graduate	1572	434,675	1225	81.5	79.1-83.9	347	18.5	16.1-20.9
Less than $15,000	782	270,413	400	51.6	46.7-56.5	382	48.4	43.5-53.3
$15,000- 24,999	1141	457,040	676	62.0	58.3-65.7	465	38.0	34.3-41.7
$25,000- 34,999	591	228,079	394	66.3	61.2-71.4	197	33.7	28.6-38.8
$35,000- 49,999	665	266,942	459	73.4	69.3-77.5	206	26.6	22.5-30.7
$50,000- 74,999	573	234,815	428	76.9	72.6-81.2	145	23.1	18.8-27.4
$75,000+	989	399,967	807	81.7	78.6-84.8	182	18.3	15.2-21.4

TABLE 4. Chronic Health Conditions

(Coronary Heart Disease OR Myocardial Infarction)

Denominator excludes respondents with do not know/refused/missing responses

DEMOGRAPHIC	RESPONDENTS		Yes			No		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	5774	2,252,668	646	8.5	7.7- 9.3	5128	91.5	90.7-92.3
Male	2328	1,075,564	305	10.1	8.7-11.5	2023	89.9	88.5-91.3
Female	3446	1,177,105	341	7.0	6.0- 8.0	3105	93.0	92.0-94.0
White/Non-Hisp	3307	1,320,448	404	9.3	8.1-10.5	2903	90.7	89.5-91.9
Black or Afr. Am./Non-Hisp	2223	795,115	214	7.2	5.8- 8.6	2009	92.8	91.4-94.2
Oth. Race/Non-Hisp.	95	51,465	18	15.1	6.3-23.9	77	84.9	76.1-93.7
18-24	335	300,810	-	-	-	335	100.0	100.0- 100
25-34	586	385,035	6	1.2	0.2- 2.2	580	98.8	97.8-99.8
35-44	738	362,637	28	3.8	2.2- 5.4	710	96.2	94.6-97.8
45-54	956	359,259	75	7.6	5.6- 9.6	881	92.4	90.4-94.4
55-64	1284	374,340	169	13.9	11.4-16.4	1115	86.1	83.6-88.6
65+	1875	470,588	368	19.8	17.4-22.2	1507	80.2	77.8-82.6
Less Than H.S.	728	367,712	115	13.2	10.1-16.3	613	86.8	83.7-89.9
H.S. or G.E.D.	1766	682,384	217	8.1	6.7- 9.5	1549	91.9	90.5-93.3
Some Post-H.S.	1698	764,372	200	8.2	6.8- 9.6	1498	91.8	90.4-93.2
College Graduate	1566	432,564	113	5.7	4.3- 7.1	1453	94.3	92.9-95.7
Less than $15,000	768	267,521	125	12.1	9.4-14.8	643	87.9	85.2-90.6
$15,000- 24,999	1122	449,127	143	9.5	7.5-11.5	979	90.5	88.5-92.5
$25,000- 34,999	585	226,832	58	8.8	5.9-11.7	527	91.2	88.3-94.1
$35,000- 49,999	662	264,743	71	7.9	5.7-10.1	591	92.1	89.9-94.3
$50,000- 74,999	573	234,815	46	5.4	3.4- 7.4	527	94.6	92.6-96.6
$75,000+	985	397,585	69	6.3	4.5- 8.1	916	93.7	91.9-95.5

TABLE 5. Asthma Awareness

(ever had asthma)

Denominator excludes respondents with do not know/refused/missing responses

DEMOGRAPHIC	RESPONDENTS		No			Yes		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	5827	2,273,702	4987	84.8	83.4-86.2	840	15.2	13.8-16.6
Male	2350	1,085,461	2046	85.7	83.7-87.7	304	14.3	12.3-16.3
Female	3477	1,188,241	2941	83.9	82.1-85.7	536	16.1	14.3-17.9
White/Non-Hisp	3328	1,330,116	2853	85.0	83.4-86.6	475	15.0	13.4-16.6
Black or Afr. Am./Non-Hisp	2251	803,429	1928	84.1	81.7-86.5	323	15.9	13.5-18.3
Oth. Race/Non-Hisp.	95	52,262	73	82.2	73.4-91.0	22	17.8	9.0-26.6
18-24	340	304,384	275	78.3	73.0-83.6	65	21.7	16.4-27.0
25-34	589	387,328	502	84.5	80.6-88.4	87	15.5	11.6-19.4
35-44	743	365,391	637	86.2	83.3-89.1	106	13.8	10.9-16.7
45-54	963	362,349	834	87.5	85.1-89.9	129	12.5	10.1-14.9
55-64	1290	375,659	1095	84.8	82.3-87.3	195	15.2	12.7-17.7
65+	1902	478,591	1644	85.9	83.7-88.1	258	14.1	11.9-16.3
Less Than H.S.	745	377,818	607	83.6	80.1-87.1	138	16.4	12.9-19.9
H.S. or G.E.D.	1786	689,289	1515	83.6	81.2-86.0	271	16.4	14.0-18.8
Some Post-H.S.	1711	767,581	1455	84.3	81.9-86.7	256	15.7	13.3-18.1
College Graduate	1568	432,890	1395	88.4	86.2-90.6	173	11.6	9.4-13.8
Less than $15,000	780	269,546	602	77.6	73.7-81.5	178	22.4	18.5-26.3
$15,000- 24,999	1137	455,878	953	80.6	76.9-84.3	184	19.4	15.7-23.1
$25,000- 34,999	590	227,915	519	87.7	84.0-91.4	71	12.3	8.6-16.0
$35,000- 49,999	666	267,257	591	88.8	85.9-91.7	75	11.2	8.3-14.1
$50,000- 74,999	572	233,873	499	86.9	83.4-90.4	73	13.1	9.6-16.6
$75,000+	989	399,557	882	88.2	85.7-90.7	107	11.8	9.3-14.3

TABLE 6. Current Asthma

Denominator excludes respondents not reporting they have been told they have asthma

Denominator excludes respondents with do not know/refused/missing responses

DEMOGRAPHIC	RESPONDENTS		No			Yes		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	5802	2,259,867	5230	90.3	89.3-91.3	572	9.7	8.7-10.7
Male	2335	1,075,295	2164	92.4	91.0-93.8	171	7.6	6.2- 9.0
Female	3467	1,184,572	3066	88.5	87.1-89.9	401	11.5	10.1-12.9
White/Non-Hisp	3319	1,322,360	3012	91.0	89.8-92.2	307	9.0	7.8-10.2
Black or Afr. Am./Non-Hisp	2239	799,724	2005	89.1	87.1-91.1	234	10.9	8.9-12.9
Oth. Race/Non-Hisp.	93	51,626	75	85.3	77.3-93.3	18	14.7	6.7-22.7
18-24	336	299,842	312	91.4	87.9-94.9	24	8.6	5.1-12.1
25-34	587	383,094	541	92.6	90.2-95.0	46	7.4	5.0- 9.8
35-44	739	364,710	663	89.5	87.0-92.0	76	10.5	8.0-13.0
45-54	959	361,059	860	90.3	88.1-92.5	99	9.7	7.5-11.9
55-64	1285	373,804	1149	89.6	87.4-91.8	136	10.4	8.2-12.6
65+	1896	477,358	1705	89.2	87.2-91.2	191	10.8	8.8-12.8
Less Than H.S.	742	372,221	629	87.9	85.2-90.6	113	12.1	9.4-14.8
H.S. or G.E.D.	1774	684,839	1596	89.8	87.8-91.8	178	10.2	8.2-12.2
Some Post-H.S.	1705	764,641	1534	90.4	88.6-92.2	171	9.6	7.8-11.4
College Graduate	1564	432,043	1456	93.2	91.6-94.8	108	6.8	5.2- 8.4
Less than $15,000	776	268,420	635	81.7	78.0-85.4	141	18.3	14.6-22.0
$15,000- 24,999	1132	448,555	1004	88.4	85.9-90.9	128	11.6	9.1-14.1
$25,000- 34,999	588	227,564	547	92.6	89.7-95.5	41	7.4	4.5-10.3
$35,000- 49,999	662	266,228	611	91.7	89.2-94.2	51	8.3	5.8-10.8
$50,000- 74,999	571	233,484	528	92.1	89.2-95.0	43	7.9	5.0-10.8
$75,000+	987	398,780	927	93.9	92.1-95.7	60	6.1	4.3- 7.9

TABLE 7. Arthritis

Denominator excludes respondents with do not know/refused/missing responses

DEMOGRAPHIC	RESPONDENTS		Diagnosed with arthritis			Not Diagnosed with arthritis		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	5822	2,272,691	2344	32.2	30.6-33.8	3478	67.8	66.2-69.4
Male	2349	1,085,517	807	27.7	25.5-29.9	1542	72.3	70.1-74.5
Female	3473	1,187,174	1537	36.3	34.3-38.3	1936	63.7	61.7-65.7
White/Non-Hisp	3326	1,329,654	1320	33.7	31.7-35.7	2006	66.3	64.3-68.3
Black or Afr. Am./Non-Hisp	2248	802,547	930	30.8	28.4-33.2	1318	69.2	66.8-71.6
Oth. Race/Non-Hisp.	96	52,703	39	32.8	20.3-45.3	57	67.2	54.7-79.7
18-24	339	303,997	17	6.1	3.0- 9.2	322	93.9	90.8-97.0
25-34	589	387,805	79	13.2	10.1-16.3	510	86.8	83.7-89.9
35-44	743	365,391	157	22.3	18.6-26.0	586	77.7	74.0-81.4
45-54	962	361,756	357	35.6	31.9-39.3	605	64.4	60.7-68.1
55-64	1287	375,290	646	48.6	45.1-52.1	641	51.4	47.9-54.9
65+	1902	478,452	1088	56.4	53.5-59.3	814	43.6	40.7-46.5
Less Than H.S.	746	377,802	419	47.8	43.1-52.5	327	52.2	47.5-56.9
H.S. or G.E.D.	1787	689,286	756	32.5	29.8-35.2	1031	67.5	64.8-70.2
Some Post-H.S.	1704	765,329	652	28.5	26.0-31.0	1052	71.5	69.0-74.0
College Graduate	1568	434,151	507	24.5	22.0-27.0	1061	75.5	73.0-78.0
Less than $15,000	780	269,203	433	45.1	40.4-49.8	347	54.9	50.2-59.6
$15,000- 24,999	1138	456,368	511	37.1	33.4-40.8	627	62.9	59.2-66.6
$25,000- 34,999	591	228,079	240	33.8	28.9-38.7	351	66.2	61.3-71.1
$35,000- 49,999	665	267,203	239	29.1	25.0-33.2	426	70.9	66.8-75.0
$50,000- 74,999	572	234,644	181	25.0	20.7-29.3	391	75.0	70.7-79.3
$75,000+	987	398,944	271	22.5	19.4-25.6	716	77.5	74.4-80.6

TABLE 8. Mental Health Status

Denominator excludes respondents with do not know/refused/missing responses

DEMOGRAPHIC	RESPONDENTS		Zero days when mental health not good			1-13 days when mental health not good			14+ days when mental health not good		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	5725	2,236,230	3883	65.5	63.7-67.3	1010	19.0	17.6-20.4	832	15.5	14.1-16.9
Male	2319	1,073,303	1720	70.8	68.3-73.3	301	15.0	12.8-17.2	298	14.1	12.1-16.1
Female	3406	1,162,928	2163	60.5	58.3-62.7	709	22.7	20.7-24.7	534	16.8	15.0-18.6
White/Non-Hisp	3270	1,304,879	2268	64.9	62.7-67.1	546	19.2	17.2-21.2	456	15.9	14.1-17.7
Black or Afr. Am./Non-Hisp	2209	792,450	1461	68.1	65.6-70.6	417	17.7	15.5-19.9	331	14.2	12.2-16.2
Oth. Race/Non-Hisp.	96	52,703	62	60.1	46.6-73.6	11	15.1	6.1-24.1	23	24.8	12.1-37.5
18-24	335	296,825	196	57.4	51.1-63.7	84	24.8	19.5-30.1	55	17.8	12.9-22.7
25-34	582	384,705	342	59.7	54.8-64.6	141	23.9	19.6-28.2	99	16.4	12.5-20.3
35-44	732	361,168	434	59.6	55.1-64.1	163	23.5	19.4-27.6	135	16.9	13.8-20.0
45-54	947	356,772	599	64.7	61.0-68.4	186	19.3	16.2-22.4	162	16.0	13.3-18.7
55-64	1261	367,354	846	67.5	64.2-70.8	209	14.4	12.0-16.8	206	18.1	15.2-21.0
65+	1868	469,406	1466	78.8	76.4-81.2	227	11.4	9.6-13.2	175	9.8	8.0-11.6
Less Than H.S.	722	367,054	447	59.6	54.9-64.3	114	17.0	13.3-20.7	161	23.5	19.4-27.6
H.S. or G.E.D.	1745	677,155	1188	66.0	62.9-69.1	277	17.8	15.3-20.3	280	16.3	13.9-18.7
Some Post-H.S.	1687	756,074	1102	64.6	61.7-67.5	325	20.2	17.7-22.7	260	15.2	12.8-17.6
College Graduate	1553	429,634	1130	70.9	68.0-73.8	292	20.9	18.2-23.6	131	8.2	6.4-10.0
Less than $15,000	752	261,058	389	51.4	46.5-56.3	156	19.2	15.3-23.1	207	29.5	24.8-34.2
$15,000- 24,999	1119	450,963	700	59.7	55.6-63.8	213	20.1	16.8-23.4	206	20.2	16.7-23.7
$25,000- 34,999	582	224,730	368	59.1	53.6-64.6	122	22.0	17.5-26.5	92	18.9	14.4-23.4
$35,000- 49,999	661	266,022	457	67.9	63.2-72.6	114	18.6	14.5-22.7	90	13.5	10.4-16.6
$50,000- 74,999	563	231,484	402	68.3	63.0-73.6	109	22.1	17.2-27.0	52	9.6	6.5-12.7
$75,000+	981	392,097	755	73.3	69.6-77.0	165	20.1	16.6-23.6	61	6.5	4.5- 8.5

TABLE 9. Body Mass Index (BMI)

(Overweight and Obesity)

Denominator excludes respondents with do not know/refused/missing responses

DEMOGRAPHIC	RESPONDENTS		Underweight			Normal Weight			Overweight			Obese		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	5477	2,127,785	89	1.7	1.1- 2.3	1292	25.0	23.4-26.6	1871	33.8	32.0-35.6	2225	**39.5**	37.7-41.3
Male	2275	1,043,242	29	1.2	0.4- 2.0	468	22.5	20.1-24.9	943	40.1	37.4-42.8	835	36.1	33.6-38.6
Female	3202	1,084,543	60	2.2	1.4- 3.0	824	27.3	25.1-29.5	928	27.8	25.8-29.8	1390	42.7	40.3-45.1
White/Non-Hisp	3161	1,261,913	61	2.2	1.4- 3.0	863	26.9	24.7-29.1	1124	34.7	32.5-36.9	1113	36.3	34.1-38.5
Black or Afr. Am./Non-Hisp	2108	751,684	26	1.0	0.4- 1.6	380	21.7	19.0-24.4	668	31.6	28.9-34.3	1034	45.7	42.8-48.6
Oth. Race/Non-Hisp.	84	42,064				20	25.0	12.7-37.3	34	43.1	28.0-58.2	30	32.0	18.1-45.9
18-24	312	273,242	6	1.9	0.3- 3.5	123	42.1	35.6-48.6	88	26.5	20.8-32.2	95	29.5	23.6-35.4
25-34	552	362,592	9	2.1	0.0- 4.5	153	26.4	22.1-30.7	162	32.9	27.8-38.0	228	38.5	33.6-43.4
35-44	703	349,089	8	1.0	0.2- 1.8	138	22.2	18.3-26.1	220	31.4	27.3-35.5	337	45.4	40.9-49.9
45-54	897	339,068	12	1.5	0.5- 2.5	170	18.3	15.4-21.2	282	33.9	30.0-37.8	433	46.3	42.4-50.2
55-64	1219	355,008	19	2.2	0.8- 3.6	214	17.1	14.4-19.8	431	36.6	33.1-40.1	555	44.2	40.7-47.7
65+	1794	448,788	35	1.8	1.0- 2.6	494	26.8	24.1-29.5	688	38.7	35.8-41.6	577	32.8	30.1-35.5
Less Than H.S.	697	354,509	18	3.7	1.2- 6.2	172	29.2	24.5-33.9	210	28.8	24.5-33.1	297	38.4	33.7-43.1
H.S. or G.E.D.	1660	636,905	30	1.8	1.0- 2.6	384	25.4	22.5-28.3	543	31.7	28.8-34.6	703	41.1	38.0-44.2
Some Post-H.S.	1626	724,638	23	1.1	0.5- 1.7	353	22.9	20.2-25.6	566	35.3	32.2-38.4	684	40.8	37.7-43.9
College Graduate	1485	408,040	18	1.1	0.3- 1.9	380	24.2	21.5-26.9	549	38.8	35.7-41.9	538	35.9	32.8-39.0
Less than $15,000	749	254,431	14	2.3	0.7- 3.9	147	22.1	18.0-26.2	220	29.6	24.9-34.3	368	46.1	41.2-51.0
$15,000- 24,999	1099	438,820	22	2.9	0.9- 4.9	242	23.7	20.2-27.2	331	29.4	25.7-33.1	504	44.0	39.9-48.1
$25,000- 34,999	573	216,582	8	0.7	0.1- 1.3	142	27.7	22.4-33.0	201	33.7	28.6-38.8	222	37.9	32.8-43.0
$35,000- 49,999	637	255,481	9	1.0	0.0- 2.0	132	21.3	17.0-25.6	230	38.1	33.2-43.0	266	39.7	34.8-44.6
$50,000- 74,999	552	227,425	5	0.4	0.0- 0.8	127	20.3	16.0-24.6	204	39.3	33.8-44.8	216	39.9	34.4-45.4
$75,000+	955	385,187	9	0.9	0.1- 1.7	226	24.9	21.0-28.8	377	37.3	33.4-41.2	343	36.9	33.0-40.8

TABLE 10. Breast and Cervical Cancer Screening (Mammograms)

Denominator excludes respondents with do not know/refused/missing responses
Denominator excludes respondents who are male
Denominator excludes respondents who are less than 40 years old

DEMOGRAPHIC	RESPONDENTS		Yes			No		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)
Female	2558	706,500	1730	65.3	62.9-67.7	828	34.7	32.3-37.1
White/Non-Hisp	1525	447,771	972	62.9	60.0-65.8	553	37.1	34.2-40.0
Black or Afr. Am./Non-Hisp	955	229,007	710	71.7	67.6-75.8	245	28.3	24.2-32.4
40-44	219	96,530	121	52.7	44.7-60.7	98	47.3	39.3-55.3
45-54	500	172,965	327	65.4	60.3-70.5	173	34.6	29.5-39.7
55-64	711	188,613	518	71.1	66.8-75.4	193	28.9	24.6-33.2
65+	1128	248,392	764	65.7	62.2-69.2	364	34.3	30.8-37.8
Less Than H.S.	348	135,069	209	60.9	54.4-67.4	139	39.1	32.6-45.6
H.S. or G.E.D.	799	213,250	516	61.0	56.5-65.5	283	39.0	34.5-43.5
Some Post-H.S.	710	214,093	477	65.4	61.1-69.7	233	34.6	30.3-38.9
College Graduate	696	142,774	525	75.7	71.8-79.6	171	24.3	20.4-28.2
Less than $15,000	415	107,055	255	58.3	51.8-64.8	160	41.7	35.2-48.2
$15,000- 24,999	514	139,040	330	60.2	54.3-66.1	184	39.8	33.9-45.7
$25,000- 34,999	253	69,137	176	64.4	56.6-72.2	77	35.6	27.8-43.4
$35,000- 49,999	269	75,774	173	60.0	52.6-67.4	96	40.0	32.6-47.4
$50,000- 74,999	226	65,862	164	74.4	67.5-81.3	62	25.6	18.7-32.5
$75,000+	362	109,636	292	78.8	73.3-84.3	70	21.2	15.7-26.7

TABLE 11. Breast and Cervical Cancer Screening (Pap Tests)

Denominator excludes respondents with do not know/refused or with missing responses
Denominator excludes respondents that reported being less than 21 years old or greater than 65 years old
Denominator excludes respondents who are male

DEMOGRAPHIC	RESPONDENTS		Yes			No		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)
Female	1465	592,881	1184	82.3	79.9-84.7	281	17.7	15.3-20.1
White/Non-Hisp	771	326,291	579	76.9	73.2-80.6	192	23.1	19.4-26.8
Black or Afr. Am./Non-Hisp	636	228,023	557	90.8	88.3-93.3	79	9.2	6.7-11.7
18-24	103	83,763	81	77.8	68.0-87.6	22	22.2	12.4-32.0
25-34	304	161,321	281	92.8	89.5-96.1	23	7.2	3.9-10.5
35-44	340	143,519	294	85.7	81.4-90.0	46	14.3	10.0-18.6
45-54	294	101,846	224	78.4	72.9-83.9	70	21.6	16.1-27.1
55-64	383	95,421	269	67.3	61.4-73.2	114	32.7	26.8-38.6
Less Than H.S.	145	74,670	95	67.6	58.6-76.6	50	32.4	23.4-41.4
H.S. or G.E.D.	379	154,988	291	78.7	73.4-84.0	88	21.3	16.0-26.6
Some Post-H.S.	465	222,453	392	86.7	83.2-90.2	73	13.3	9.8-16.8
College Graduate	473	138,673	404	87.1	83.6-90.6	69	12.9	9.4-16.4
Less than $15,000	238	89,638	177	78.1	71.8-84.4	61	21.9	15.6-28.2
$15,000- 24,999	300	133,261	240	79.7	73.2-86.2	60	20.3	13.8-26.8
$25,000- 34,999	141	53,647	111	76.3	67.7-84.9	30	23.7	15.1-32.3
$35,000- 49,999	169	65,126	145	86.7	80.4-93.0	24	13.3	7.0-19.6
$50,000- 74,999	141	60,221	118	89.1	83.8-94.4	23	10.9	5.6-16.2
$75,000+	275	105,643	241	90.3	86.4-94.2	34	9.7	5.8-13.6

TABLE 12. Prostate Cancer Screening

Denominator excludes respondents with do not know/refused or with missing responses
Denominator respondents that reported being less than 40 years old
Denominator excludes respondents who are female

DEMOGRAPHIC	RESPONDENTS		YES			NO		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)
Male	1649	596,311	675	35.4	32.7-38.1	974	64.6	61.9-67.3
White/Non-Hisp	962	377,121	414	36.3	32.8-39.8	548	63.7	60.2-67.2
Black or Afr. Am./Non-Hisp	613	190,934	232	34.4	29.5-39.3	381	65.6	60.7-70.5
40-44	148	90,205	15	9.4	4.1-14.7	133	90.6	85.3-95.9
45-54	376	157,310	93	23.5	18.4-28.6	283	76.5	71.4-81.6
55-64	499	163,502	203	37.1	32.0-42.2	296	62.9	57.8-68.0
65+	626	185,294	364	56.5	51.4-61.6	262	43.5	38.4-48.6
Less Than H.S.	255	129,693	66	25.6	18.7-32.5	189	74.4	67.5-81.3
H.S. or G.E.D.	502	179,030	183	33.5	28.6-38.4	319	66.5	61.6-71.4
Some Post-H.S.	454	177,657	196	37.9	32.6-43.2	258	62.1	56.8-67.4
College Graduate	435	109,335	228	45.7	40.2-51.2	207	54.3	48.8-59.8
Less than $15,000	185	58,451	60	31.2	22.4-40.0	125	68.8	60.0-77.6
$15,000- 24,999	299	114,940	107	31.1	24.4-37.8	192	68.9	62.2-75.6
$25,000- 34,999	174	63,899	71	30.9	22.9-38.9	103	69.1	61.1-77.1
$35,000- 49,999	197	67,375	74	33.5	25.9-41.1	123	66.5	58.9-74.1
$50,000- 74,999	194	67,965	96	44.9	36.5-53.3	98	55.1	46.7-63.5
$75,000+	373	137,659	181	40.3	34.4-46.2	192	59.7	53.8-65.6

TABLE 13. Colorectal Screening

Denominator excludes respondents with do not know/refused or with missing responses
**Not At Risk* *signifies that men and women received a colonoscopy in the past 10 years.*

DEMOGRAPHIC	RESPONDENTS		*Not At Risk			At Risk		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	2789	804,919	1762	60.1	57.7-62.5	1027	39.9	37.5-42.3
Male	1170	380,406	697	56.4	52.7-60.1	473	43.6	39.9-47.3
Female	1619	424,514	1065	63.4	60.5-66.3	554	36.6	33.7-39.5
White/Non-Hisp	1626	520,774	1025	60.8	57.9-63.7	601	39.2	36.3-42.1
Black or Afr. Am./Non-Hisp	1060	250,759	680	60.2	56.1-64.3	380	39.8	35.7-43.9
50-54	448	172,534	185	39.1	33.4-44.8	263	60.9	55.2-66.6
55-64	1201	348,176	740	59.7	56.2-63.2	461	40.3	36.8-43.8
65+	1140	284,209	837	73.2	70.1-76.3	303	26.8	23.7-29.9
Less Than H.S.	391	164,249	204	50.5	44.2-56.8	187	49.5	43.2-55.8
H.S. or G.E.D.	891	248,674	528	56.6	52.5-60.7	363	43.4	39.3-47.5
Some Post-H.S.	744	236,373	481	62.6	58.1-67.1	263	37.4	32.9-41.9
College Graduate	759	154,903	546	71.7	67.8-75.6	213	28.3	24.4-32.2
Less than $15,000	414	109,491	232	51.2	44.9-57.5	182	48.8	42.5-55.1
$15,000- 24,999	524	156,870	322	57.1	51.2-63.0	202	42.9	37.0-48.8
$25,000- 34,999	294	89,721	180	53.2	45.8-60.6	114	46.8	39.4-54.2
$35,000- 49,999	315	90,047	208	65.7	59.4-72.0	107	34.3	28.0-40.6
$50,000- 74,999	294	84,679	196	65.6	58.7-72.5	98	34.4	27.5-41.3
$75,000+	486	140,554	353	70.6	65.5-75.7	133	29.4	24.3-34.5

TABLE 14. Cigarette/Tobacco Use

Denominator excludes respondents with do not know/refused or with missing responses

DEMOGRAPHIC	RESPONDENTS		No			Yes		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	5674	2,203,813	4598	79.5	78.1-80.9	1076	20.5	19.1-21.9
Male	2286	1,050,092	1781	76.8	74.4-79.2	505	23.2	20.8-25.6
Female	3388	1,153,721	2817	81.9	80.1-83.7	571	18.1	16.3-19.9
White/Non-Hisp	3261	1,300,205	2635	78.6	76.6-80.6	626	21.4	19.4-23.4
Black or Afr. Am./Non-Hisp	2181	772,290	1785	81.2	78.8-83.6	396	18.8	16.4-21.2
Oth. Race/Non-Hisp.	91	50,631	67	75.5	64.3-86.7	24	24.5	13.3-35.7
18-24	321	285,598	288	89.2	85.3-93.1	33	10.8	6.9-14.7
25-34	575	376,321	429	73.2	68.7-77.7	146	26.8	22.3-31.3
35-44	725	358,428	557	76.4	72.5-80.3	168	23.6	19.7-27.5
45-54	937	353,483	716	74.4	70.7-78.1	221	25.6	21.9-29.3
55-64	1261	365,812	958	74.2	71.1-77.3	303	25.8	22.7-28.9
65+	1855	464,172	1650	88.9	86.9-90.9	205	11.1	9.1-13.1
Less Than H.S.	726	365,305	495	65.0	60.3-69.7	231	35.0	30.3-39.7
H.S. or G.E.D.	1719	661,964	1340	77.4	74.7-80.1	379	22.6	19.9-25.3
Some Post-H.S.	1671	747,721	1350	81.3	78.9-83.7	321	18.7	16.3-21.1
College Graduate	1544	423,515	1400	91.6	90.0-93.2	144	8.4	6.8-10.0
Less than $15,000	769	264,423	533	67.0	62.5-71.5	236	33.0	28.5-37.5
$15,000- 24,999	1117	444,076	839	71.2	67.3-75.1	278	28.8	24.9-32.7
$25,000- 34,999	584	224,168	462	76.3	71.6-81.0	122	23.7	19.0-28.4
$35,000- 49,999	654	261,763	541	83.0	79.5-86.5	113	17.0	13.5-20.5
$50,000- 74,999	560	225,272	493	87.0	83.3-90.7	67	13.0	9.3-16.7
$75,000+	976	394,112	877	89.3	86.6-92.0	99	10.7	8.0-13.4

TABLE 15. Alcohol Consumption (Binge Drinking)

Denominator excludes respondents with do not know/refused or with missing responses

DEMOGRAPHIC	RESPONDENTS		No			Yes		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	5518	2,143,667	4985	87.3	85.9-88.7	533	12.7	11.3-14.1
Male	2198	1,013,942	1841	80.7	78.3-83.1	357	19.3	16.9-21.7
Female	3320	1,129,725	3144	93.2	92.0-94.4	176	6.8	5.6- 8.0
White/Non-Hisp	3203	1,279,590	2901	87.3	85.5-89.1	302	12.7	10.9-14.5
Black or Afr. Am./Non-Hisp	2094	738,336	1887	87.9	85.9-89.9	207	12.1	10.1-14.1
Oth. Race/Non-Hisp.	88	49,253	79	87.7	78.7-96.7	9	12.3	3.3-21.3
18-24	312	276,653	263	84.3	79.6-89.0	49	15.7	11.0-20.4
25-34	559	367,684	457	77.9	73.4-82.4	102	22.1	17.6-26.6
35-44	700	346,444	594	83.2	79.5-86.9	106	16.8	13.1-20.5
45-54	910	342,142	786	85.3	82.6-88.0	124	14.7	12.0-17.4
55-64	1216	353,435	1113	92.9	91.3-94.5	103	7.1	5.5- 8.7
65+	1821	457,308	1772	96.9	95.5-98.3	49	3.1	1.7- 4.5
Less Than H.S.	701	354,311	635	85.8	81.5-90.1	66	14.2	9.9-18.5
H.S. or G.E.D.	1671	643,173	1515	88.5	86.3-90.7	156	11.5	9.3-13.7
Some Post-H.S.	1613	723,407	1451	87.6	85.4-89.8	162	12.4	10.2-14.6
College Graduate	1516	416,700	1367	85.9	83.4-88.4	149	14.1	11.6-16.6
Less than $15,000	748	258,555	682	89.4	86.3-92.5	66	10.6	7.5-13.7
$15,000- 24,999	1086	431,343	987	88.6	85.5-91.7	99	11.4	8.3-14.5
$25,000- 34,999	563	209,929	498	84.6	80.1-89.1	65	15.4	10.9-19.9
$35,000- 49,999	642	257,574	581	85.6	81.5-89.7	61	14.4	10.3-18.5
$50,000- 74,999	547	220,221	476	83.6	79.3-87.9	71	16.4	12.1-20.7
$75,000+	958	387,094	827	83.6	80.3-86.9	131	16.4	13.1-19.7

TABLE 16. Immunizations (Flu Shot)

Denominator excludes respondents with do not know/refused or with missing responses
Denominator excludes respondents aged 64 or younger

DEMOGRAPHIC	RESPONDENTS		Yes			No		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	1853	464,947	1064	60.0	57.3-62.7	789	40.0	37.3-42.7
Male	680	203,974	407	61.0	56.3-65.7	273	39.0	34.3-43.7
Female	1173	260,973	657	59.3	55.8-62.8	516	40.7	37.2-44.2
White/Non-Hisp	1248	332,162	778	63.6	60.3-66.9	470	36.4	33.1-39.7
Black or Afr. Am./Non-Hisp	553	118,651	262	51.3	45.6-57.0	291	48.7	43.0-54.4
65+	1853	464,947	1064	60.0	57.3-62.7	789	40.0	37.3-42.7
Less Than H.S.	297	108,254	172	62.9	56.0-69.8	125	37.1	30.2-44.0
H.S. or G.E.D.	580	143,758	322	58.4	53.5-63.3	258	41.6	36.7-46.5
Some Post-H.S.	508	137,565	284	58.0	52.7-63.3	224	42.0	36.7-47.3
College Graduate	462	73,953	283	63.1	57.8-68.4	179	36.9	31.6-42.2
Less than $15,000	230	51,522	119	58.9	50.9-66.9	111	41.1	33.1-49.1
$15,000- 24,999	370	94,226	205	57.2	50.7-63.7	165	42.8	36.3-49.3
$25,000- 34,999	214	58,503	125	63.4	54.8-72.0	89	36.6	28.0-45.2
$35,000- 49,999	196	48,924	105	57.8	49.2-66.4	91	42.2	33.6-50.8
$50,000- 74,999	156	37,812	86	57.5	47.9-67.1	70	42.5	32.9-52.1
$75,000+	220	53,113	139	62.6	54.6-70.6	81	37.4	29.4-45.4

TABLE 17. Immunizations (Pneumonia Shot)

Denominator excludes respondents with do not know/refused or with missing responses
Denominator excludes respondents aged 64 or younger

DEMOGRAPHIC	RESPONDENTS		Yes			No		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	1816	453,757	1221	68.7	66.0-71.4	595	31.3	28.6-34.0
Male	667	198,202	426	65.6	60.9-70.3	241	34.4	29.7-39.1
Female	1149	255,555	795	71.1	68.0-74.2	354	28.9	25.8-32.0
White/Non-Hisp	1229	325,372	905	73.2	70.1-76.3	324	26.8	23.7-29.9
Black or Afr. Am./Non-Hisp	536	114,460	288	57.7	52.2-63.2	248	42.3	36.8-47.8
65+	1816	453,757	1221	68.7	66.0-71.4	595	31.3	28.6-34.0
Less Than H.S.	287	105,824	166	62.2	55.1-69.3	121	37.8	30.7-44.9
H.S. or G.E.D.	566	139,930	365	67.8	63.1-72.5	201	32.2	27.5-36.9
Some Post-H.S.	498	134,528	359	73.7	69.0-78.4	139	26.3	21.6-31.0
College Graduate	459	72,058	328	71.2	66.1-76.3	131	28.8	23.7-33.9
Less than $15,000	228	51,221	129	62.6	54.8-70.4	99	37.4	29.6-45.2
$15,000- 24,999	364	91,647	233	63.3	57.0-69.6	131	36.7	30.4-43.0
$25,000- 34,999	209	57,358	150	73.0	64.2-81.8	59	27.0	18.2-35.8
$35,000- 49,999	195	48,721	138	75.1	68.2-82.0	57	24.9	18.0-31.8
$50,000- 74,999	151	36,541	109	76.9	69.1-84.7	42	23.1	15.3-30.9
$75,000+	217	51,968	151	70.0	62.4-77.6	66	30.0	22.4-37.6

TABLE 18. HIV/AIDS (Testing)

Denominator excludes respondents with do not know/refused or with missing responses

DEMOGRAPHIC	RESPONDENTS		Yes			No		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	5351	2,083,845	1984	41.0	39.2-42.8	3367	59.0	57.2-60.8
Male	2161	998,359	825	41.0	38.3-43.7	1336	59.0	56.3-61.7
Female	3190	1,085,486	1159	41.0	38.6-43.4	2031	59.0	56.6-61.4
White/Non-Hisp	3054	1,221,113	828	30.1	27.9-32.3	2226	69.9	67.7-72.1
Black or Afr. Am./Non-Hisp	2073	734,504	1044	56.5	53.6-59.4	1029	43.5	40.6-46.4
Oth. Race/Non-Hisp.	86	47,899	44	66.5	53.8-79.2	42	33.5	20.8-46.2
18-24	307	273,215	116	36.9	30.6-43.2	191	63.1	56.8-69.4
25-34	544	356,847	329	58.9	53.8-64.0	215	41.1	36.0-46.2
35-44	683	336,018	422	56.9	52.2-61.6	261	43.1	38.4-47.8
45-54	878	330,964	421	48.3	44.2-52.4	457	51.7	47.6-55.8
55-64	1197	351,530	424	35.6	32.1-39.1	773	64.4	60.9-67.9
65+	1742	435,272	272	15.4	13.0-17.8	1470	84.6	82.2-87.0
Less Than H.S.	684	344,272	248	37.3	32.6-42.0	436	62.7	58.0-67.4
H.S. or G.E.D.	1620	625,126	531	36.9	33.6-40.2	1089	63.1	59.8-66.4
Some Post-H.S.	1573	709,252	657	45.9	42.6-49.2	916	54.1	50.8-57.4
College Graduate	1460	399,615	545	42.2	38.9-45.5	915	57.8	54.5-61.1
Less than $15,000	724	246,983	324	53.6	48.7-58.5	400	46.4	41.5-51.3
$15,000- 24,999	1053	420,524	438	44.2	39.9-48.5	615	55.8	51.5-60.1
$25,000- 34,999	547	209,600	232	47.3	41.6-53.0	315	52.7	47.0-58.4
$35,000- 49,999	630	253,250	234	42.6	37.5-47.7	396	57.4	52.3-62.5
$50,000- 74,999	535	219,134	188	37.6	32.1-43.1	347	62.4	56.9-67.9
$75,000+	918	371,316	344	39.9	35.8-44.0	574	60.1	56.0-64.2

TABLE 19. Seat Belt Usage

Denominator excludes respondents with do not know/refused or with missing responses

**Not At Risk* signifies that respondents always wear seat belts

DEMOGRAPHIC	RESPONDENTS		*Not At Risk			At Risk		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	5677	2,203,928	4835	82.9	81.5-84.3	842	17.1	15.7-18.5
Male	2281	1,045,071	1842	78.0	75.6-80.4	439	22.0	19.6-24.4
Female	3396	1,158,857	2993	87.4	85.8-89.0	403	12.6	11.0-14.2
White/Non-Hisp	3263	1,300,659	2787	83.8	82.0-85.6	476	16.2	14.4-18.0
Black or Afr. Am./Non-Hisp	2178	768,875	1840	81.4	79.0-83.8	338	18.6	16.2-21.0
Oth. Race/Non-Hisp.	91	50,541	81	80.9	67.8-94.0	10	19.1	6.0-32.2
18-24	322	286,992	225	70.2	64.3-76.1	97	29.8	23.9-35.7
25-34	569	371,641	434	74.7	70.2-79.2	135	25.3	20.8-29.8
35-44	717	353,169	594	82.8	79.5-86.1	123	17.2	13.9-20.5
45-54	939	353,887	803	86.5	83.8-89.2	136	13.5	10.8-16.2
55-64	1262	368,851	1103	88.4	86.2-90.6	159	11.6	9.4-13.8
65+	1868	469,387	1676	90.3	88.7-91.9	192	9.7	8.1-11.3
Less Than H.S.	725	364,448	612	83.3	79.6-87.0	113	16.7	13.0-20.4
H.S. or G.E.D.	1720	662,405	1447	80.6	77.9-83.3	273	19.4	16.7-22.1
Some Post-H.S.	1672	747,057	1412	82.9	80.4-85.4	260	17.1	14.6-19.6
College Graduate	1543	423,942	1347	86.1	83.9-88.3	196	13.9	11.7-16.1
Less than $15,000	762	262,520	645	82.8	79.1-86.5	117	17.2	13.5-20.9
$15,000- 24,999	1116	443,034	945	81.8	78.3-85.3	171	18.2	14.7-21.7
$25,000- 34,999	580	221,295	483	80.1	75.6-84.6	97	19.9	15.4-24.4
$35,000- 49,999	652	260,536	540	80.1	76.0-84.2	112	19.9	15.8-24.0
$50,000- 74,999	564	229,375	471	81.0	76.5-85.5	93	19.0	14.5-23.5
$75,000+	975	391,821	834	83.7	80.6-86.8	141	16.3	13.2-19.4

TABLE 20. Oral Health (Visits Within One Year)

Denominator excludes respondents with do not know/refused or with missing responses

DEMOGRAPHIC	RESPONDENTS		Yes			No		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	5728	2,233,798	3072	54.1	52.3-55.9	2656	45.9	44.1-47.7
Male	2312	1,062,131	1176	51.9	49.2-54.6	1136	48.1	45.4-50.8
Female	3416	1,171,667	1896	56.0	53.8-58.2	1520	44.0	41.8-46.2
White/Non-Hisp	3283	1,305,845	1897	56.1	53.9-58.3	1386	43.9	41.7-46.1
Black or Afr. Am./Non-Hisp	2201	791,388	1057	51.5	48.6-54.4	1144	48.5	45.6-51.4
Oth. Race/Non-Hisp.	93	50,153	46	44.7	31.0-58.4	47	55.3	41.6-69.0
18-24	338	302,083	209	63.2	57.1-69.3	129	36.8	30.7-42.9
25-34	582	379,611	329	53.9	49.0-58.8	253	46.1	41.2-51.0
35-44	735	357,316	425	57.0	52.7-61.3	310	43.0	38.7-47.3
45-54	948	358,250	506	54.4	50.5-58.3	442	45.6	41.7-49.5
55-64	1273	370,391	627	47.7	44.2-51.2	646	52.3	48.8-55.8
65+	1852	466,147	976	50.9	48.0-53.8	876	49.1	46.2-52.0
Less Than H.S.	720	364,256	202	32.2	27.5-36.9	518	67.8	63.1-72.5
H.S. or G.E.D.	1750	675,540	802	49.9	46.8-53.0	948	50.1	47.0-53.2
Some Post-H.S.	1682	755,530	936	58.0	54.9-61.1	746	42.0	38.9-45.1
College Graduate	1561	433,042	1124	72.0	69.1-74.9	437	28.0	25.1-30.9
Less than $15,000	759	262,869	265	36.3	31.4-41.2	494	63.7	58.8-68.6
$15,000- 24,999	1116	444,436	454	43.4	39.3-47.5	662	56.6	52.5-60.7
$25,000- 34,999	579	222,045	299	50.3	44.8-55.8	280	49.7	44.2-55.2
$35,000- 49,999	661	265,895	391	57.3	52.4-62.2	270	42.7	37.8-47.6
$50,000- 74,999	571	233,305	384	66.3	61.2-71.4	187	33.7	28.6-38.8
$75,000+	985	395,871	748	74.8	71.3-78.3	237	25.2	21.7-28.7

APPENDIX B: STATE MODULE QUESTIONS

TABLE 1. Pre-diabetes (Testing)

Denominator excludes respondents with do not know/refused or with missing responses
Denominator excludes respondents that report YES to having been told they have diabetes

DEMOGRAPHIC	RESPONDENTS		Yes			No		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	4443	1,813,606	2639	53.6	51.6-55.6	1804	46.4	44.4-48.4
Male	1808	869,206	1013	49.5	46.6-52.4	795	50.5	47.6-53.4
Female	2635	944,400	1626	57.2	54.7-59.7	1009	42.8	40.3-45.3
White/Non-Hisp	2588	1,067,466	1546	54.0	51.5-56.5	1042	46.0	43.5-48.5
Black or Afr. Am./Non-Hisp	1674	641,606	1000	54.5	51.2-57.8	674	45.5	42.2-48.8
Oth. Race/Non-Hisp.	68	36,791	33	47.1	31.4-62.8	35	52.9	37.2-68.6
18-24	311	272,515	99	33.0	26.7-39.3	212	67.0	60.7-73.3
25-34	518	334,192	252	45.1	39.8-50.4	266	54.9	49.6-60.2
35-44	646	314,182	367	55.2	50.5-59.9	279	44.8	40.1-49.5
45-54	785	305,555	471	59.7	55.6-63.8	314	40.3	36.2-44.4
55-64	939	277,249	628	63.0	58.9-67.1	311	37.0	32.9-41.1
65+	1244	309,913	822	64.7	61.2-68.2	422	35.3	31.8-38.8
Less Than H.S.	508	278,054	257	44.4	38.9-49.9	251	55.6	50.1-61.1
H.S. or G.E.D.	1327	540,591	726	49.2	45.7-52.7	601	50.8	47.3-54.3
Some Post-H.S.	1338	634,545	810	56.7	53.2-60.2	528	43.3	39.8-46.8
College Graduate	1258	355,106	836	61.5	58.0-65.0	422	38.5	35.0-42.0
Less than $15,000	530	194,086	274	47.7	41.8-53.6	256	52.3	46.4-58.2
$15,000- 24,999	835	356,459	469	48.6	43.9-53.3	366	51.4	46.7-56.1
$25,000- 34,999	460	186,282	281	58.5	52.6-64.4	179	41.5	35.6-47.4
$35,000- 49,999	521	220,092	327	54.9	49.2-60.6	194	45.1	39.4-50.8
$50,000- 74,999	446	188,952	284	58.7	52.6-64.8	162	41.3	35.2-47.4
$75,000+	832	340,353	558	61.8	57.3-66.3	274	38.2	33.7-42.7

TABLE 2. Pre-Diabetes (Diagnosed by Health Professional)

Denominator excludes respondents with do not know/refused or with missing responses

DEMOGRAPHIC	RESPONDENTS		Yes			Yes, during pregnancy			No		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	4594	1,876,212	459	8.3	07.3-09.3	51	0.9	00.5-01.3	4084	90.8	89.8-91.8
Male	1867	903,080	179	7.5	06.1-08.9				1688	92.5	91.1-93.9
Female	2727	973,131	280	9.1	07.7-10.5	51	1.8	01.2-02.4	2396	89.1	87.5-90.7
White/Non-Hisp	2688	1,107,355	244	7.8	06.6-09.0	36	1.2	00.6-01.8	2408	91.0	89.6-92.4
Black or Afr. Am./Non-Hisp	1719	660,369	202	9.6	07.8-11.4	14	0.6	00.2-01.0	1503	89.8	88.0-91.6
Oth. Race/Non-Hisp.	69	36,671	5	5.5	00.0-11.8	1	0.6	00.0-01.8	63	93.9	87.6-0100
18-24	318	279,715	11	4.0	01.5-06.5	2	0.7	00.0-01.7	305	95.3	92.6-98.0
25-34	536	347,160	31	4.4	02.6-06.2	8	1.2	00.2-02.2	497	94.3	92.3-96.3
35-44	663	324,101	37	5.1	03.3-06.9	12	1.3	00.3-02.3	614	93.6	91.4-95.8
45-54	808	314,233	84	11.4	08.7-14.1	11	0.9	00.3-01.5	713	87.7	84.8-90.6
55-64	969	286,069	120	11.7	09.3-14.1	4	0.6	00.0-01.4	845	87.7	85.2-90.2
65+	1300	324,933	176	13.4	10.9-15.9	14	0.8	00.2-01.4	1110	85.8	83.3-88.3
Less Than H.S.	527	286,978	64	9.8	06.9-12.7	4	0.8	00.0-01.6	459	89.4	86.3-92.5
H.S. or G.E.D.	1367	560,544	134	8.2	06.4-10.0	16	1.0	00.4-01.6	1217	90.8	89.0-92.6
Some Post-H.S.	1387	656,942	141	8.5	06.7-10.3	16	1.0	00.4-01.6	1230	90.5	88.7-92.3
College Graduate	1300	366,179	118	7.0	05.4-08.6	15	0.8	00.4-01.2	1167	92.2	90.6-93.8
Less than $15,000	544	200,674	61	9.7	06.6-12.8	4	0.7	00.0-01.5	479	89.6	86.3-92.9
$15,000- 24,999	861	368,448	92	7.9	05.7-10.1	10	1.3	00.3-02.3	759	90.9	88.5-93.3
$25,000- 34,999	469	190,455	70	13.3	09.6-17.0	7	1.0	00.0-02.0	392	85.7	81.8-89.6
$35,000- 49,999	537	226,582	55	8.8	06.1-11.5	8	1.2	00.2-02.2	474	90.0	87.3-92.7
$50,000- 74,999	458	193,003	40	7.9	05.0-10.8	6	1.3	00.0-02.7	412	90.8	87.5-94.1
$75,000+	857	353,823	74	7.0	05.2-08.8	5	0.6	00.0-01.2	778	92.4	90.4-94.4

TABLE 3. Diabetics (Currently Taking Insulin)

Denominator excludes respondents with do not know/refused or with missing responses
Denominator excludes respondents that reported not being diagnosed with diabetes
Denominator excludes women that reported being diagnosed with diabetes ONLY during pregnancy

DEMOGRAPHIC	RESPONDENTS		Yes			No		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	1107	318,715	365	33.1	29.4-36.8	742	66.9	63.2-70.6
Male	426	138,024	124	27.4	22.1-32.7	302	72.6	67.3-77.9
Female	681	180,692	241	37.5	32.4-42.6	440	62.5	57.4-67.6
White/Non-Hisp	555	175,120	163	30.7	25.8-35.6	392	69.3	64.4-74.2
Black or Afr. Am./Non-Hisp	505	128,987	185	37.4	31.5-43.3	320	62.6	56.7-68.5
35-44	58	28,036	14	20.9	08.9-32.9	44	79.1	67.1-91.1
45-54	139	42,112	49	38.5	28.7-48.3	90	61.5	51.7-71.3
55-64	301	82,508	113	32.6	25.9-39.3	188	67.4	60.7-74.1
65+	581	147,722	177	32.5	27.4-37.6	404	67.5	62.4-72.6
Less Than H.S.	215	87,424	81	39.8	31.0-48.6	134	60.2	51.4-69.0
H.S. or G.E.D.	391	109,470	125	30.5	24.8-36.2	266	69.5	63.8-75.2
Some Post-H.S.	282	81,445	96	32.4	25.9-38.9	186	67.6	61.1-74.1
College Graduate	215	39,822	62	27.2	20.1-34.3	153	72.8	65.7-79.9
Less than $15,000	223	61,139	92	37.4	29.0-45.8	131	62.6	54.2-71.0
$15,000- 24,999	262	77,778	91	36.5	29.1-43.9	171	63.5	56.1-70.9
$25,000- 34,999	110	29,726	33	28.8	18.8-38.8	77	71.2	61.2-81.2
$35,000- 49,999	114	32,240	31	26.4	16.4-36.4	83	73.6	63.6-83.6
$50,000- 74,999	87	22,425	24	21.4	12.6-30.2	63	78.6	69.8-87.4
$75,000+	101	30,146	25	21.8	12.6-31.0	76	78.2	69.0-87.4

TABLE 4. Diabetics (Retinopathy)

Denominator excludes respondents with do not know/refused or with missing responses
Denominator excludes respondents that reported not being diagnosed with diabetes
Denominator excludes women that reported being diagnosed with diabetes ONLY during pregnancy

DEMOGRAPHIC	RESPONDENTS		Yes			No		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	1092	315,985	221	19.2	16.3-22.1	871	80.8	77.9-83.7
Male	424	138,075	82	16.9	12.8-21.0	342	83.1	79.0-87.2
Female	668	177,910	139	21.1	17.2-25.0	529	78.9	75.0-82.8
White/Non-Hisp	548	173,872	106	18.8	14.9-22.7	442	81.2	77.3-85.1
Black or Afr. Am./Non-Hisp	498	127,562	107	21.1	16.4-25.8	391	78.9	74.2-83.6
35-44	58	28,036	12	22.5	09.8-35.2	46	77.5	64.8-90.2
45-54	138	41,992	32	22.8	14.4-31.2	106	77.2	68.8-85.6
55-64	296	81,904	68	20.1	14.6-25.6	228	79.9	74.4-85.4
65+	572	145,714	104	18.0	14.3-21.7	468	82.0	78.3-85.7
Less Than H.S.	213	87,032	43	17.3	11.4-23.2	170	82.7	76.8-88.6
H.S. or G.E.D.	387	108,707	75	18.3	13.6-23.0	312	81.7	77.0-86.4
Some Post-H.S.	275	79,969	65	23.5	17.4-29.6	210	76.5	70.4-82.6
College Graduate	213	39,723	38	17.9	11.6-24.2	175	82.1	75.8-88.4
Less than $15,000	219	60,183	42	17.9	11.0-24.8	177	82.1	75.2-89.0
$15,000- 24,999	257	76,811	58	22.4	16.3-28.5	199	77.6	71.5-83.7
$25,000- 34,999	110	29,726	24	21.6	12.0-31.2	86	78.4	68.8-88.0
$35,000- 49,999	113	32,017	23	22.1	12.7-31.5	90	77.9	68.5-87.3
$50,000- 74,999	87	22,425	15	16.2	07.8-24.6	72	83.8	75.4-92.2
$75,000+	100	30,082	20	16.3	08.3-24.3	80	83.7	75.7-91.7

TABLE 5. Diabetics (Management Class)

Denominator excludes respondents with do not know/refused or with missing responses
Denominator excludes respondents that reported not being diagnosed with diabetes
Denominator excludes women that reported being diagnosed with diabetes ONLY during pregnancy

DEMOGRAPHIC	RESPONDENTS		Yes			No		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	1105	318,648	459	40.1	36.4-43.8	646	59.9	56.2-63.6
Male	425	137,991	171	36.8	31.1-42.5	254	63.2	57.5-68.9
Female	680	180,656	288	42.7	37.6-47.8	392	57.3	52.2-62.4
White/Non-Hisp	554	175,448	203	35.5	30.6-40.4	351	64.5	59.6-69.4
Black or Afr. Am./Non-Hisp	505	128,987	237	47.4	41.5-53.3	268	52.6	46.7-58.5
35-44	58	28,036	29	48.4	32.3-64.5	29	51.6	35.5-67.7
45-54	138	42,010	60	41.3	31.7-50.9	78	58.7	49.1-68.3
55-64	301	82,508	124	38.5	31.4-45.6	177	61.5	54.4-68.6
65+	580	147,756	236	40.0	34.7-45.3	344	60.0	54.7-65.3
Less Than H.S.	216	87,889	65	34.9	26.1-43.7	151	65.1	56.3-73.9
H.S. or G.E.D.	390	109,075	147	34.9	28.6-41.2	243	65.1	58.8-71.4
Some Post-H.S.	282	81,445	130	44.9	37.8-52.0	152	55.1	48.0-62.2
College Graduate	213	39,685	114	55.8	47.8-63.8	99	44.2	36.2-52.2
Less than $15,000	223	61,139	82	36.1	27.1-45.1	141	63.9	54.9-72.9
$15,000- 24,999	262	77,847	101	36.5	29.1-43.9	161	63.5	56.1-70.9
$25,000- 34,999	110	29,726	42	35.9	24.9-46.9	68	64.1	53.1-75.1
$35,000- 49,999	114	32,240	58	49.4	37.8-61.0	56	50.6	39.0-62.2
$50,000- 74,999	87	22,425	44	47.7	35.0-60.4	43	52.3	39.6-65.0
$75,000+	101	30,146	46	42.9	31.7-54.1	55	57.1	45.9-68.3

TABLE 5. E-Cigarettes/Vaping (Ever Used)

Denominator excludes respondents with do not know/refused or with missing responses

DEMOGRAPHIC	RESPONDENTS		Yes			No		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	5484	2,103,549	1032	25.0	23.4-26.6	4452	75.0	73.4-76.6
Male	2206	997,368	460	27.1	24.6-29.6	1746	72.9	70.4-75.4
Female	3278	1,106,181	572	23.0	20.8-25.2	2706	77.0	74.8-79.2
White/Non-Hisp	3148	1,245,693	676	28.0	25.8-30.2	2472	72.0	69.8-74.2
Black or Afr. Am./Non-Hisp	2118	742,694	302	19.1	16.6-21.6	1816	80.9	78.4-83.4
Oth. Race/Non-Hisp.	83	40,565	21	34.5	20.2-48.8	62	65.5	51.2-79.8
18-24	306	268,526	132	44.4	37.9-50.9	174	55.6	49.1-62.1
25-34	530	339,870	196	38.4	33.3-43.5	334	61.6	56.5-66.7
35-44	684	335,144	174	28.8	24.5-33.1	510	71.2	66.9-75.5
45-54	906	342,165	192	23.4	19.9-26.9	714	76.6	73.1-80.1
55-64	1226	357,216	205	18.5	15.6-21.4	1021	81.5	78.6-84.4
65+	1832	460,629	133	7.1	05.5-08.7	1699	92.9	91.3-94.5
Less Than H.S.	709	353,319	141	25.7	21.2-30.2	568	74.3	69.8-78.8
H.S. or G.E.D.	1677	638,050	328	26.8	23.7-29.9	1349	73.2	70.1-76.3
Some Post-H.S.	1614	714,278	359	27.3	24.4-30.2	1255	72.7	69.8-75.6
College Graduate	1468	391,961	202	17.4	14.9-19.9	1266	82.6	80.1-85.1
Less than $15,000	744	252,823	163	28.3	23.6-33.0	581	71.7	67.0-76.4
$15,000- 24,999	1082	426,388	232	28.9	25.0-32.8	850	71.1	67.2-75.0
$25,000- 34,999	557	208,878	126	30.1	24.6-35.6	431	69.9	64.4-75.4
$35,000- 49,999	635	250,674	132	25.6	20.9-30.3	503	74.4	69.7-79.1
$50,000- 74,999	533	210,133	92	24.2	18.9-29.5	441	75.8	70.5-81.1
$75,000+	940	374,922	151	21.1	17.2-25.0	789	78.9	75.0-82.8

TABLE 6. E-Cigarettes/Vaping (Currently Use)

Denominator excludes respondents with do not know/refused or with missing responses

DEMOGRAPHIC	RESPONDENTS		Every day			Some days			Not at all		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	1029	524,532	80	9.2	06.8-11.6	126	13.3	10.6-16.0	823	77.4	74.1-80.7
Male	460	270,775	49	13.3	09.2-17.4	61	12.7	09.0-16.4	350	74.0	68.9-79.1
Female	569	253,757	31	4.9	02.9-06.9	65	14.0	10.1-17.9	473	81.1	76.8-85.4
White/Non-Hisp	674	348,891	65	11.7	08.4-15.0	90	14.4	11.1-17.7	519	73.9	69.6-78.2
Black or Afr. Am./Non-Hisp	301	141,533	10	3.1	00.9-05.3	32	13.0	07.7-18.3	259	83.9	78.2-89.6
18-24	132	119,183	15	10.7	04.6-16.8	20	15.6	08.3-22.9	97	73.7	65.1-82.3
25-34	196	130,670	16	10.9	05.0-16.8	30	15.3	09.2-21.4	150	73.8	66.2-81.4
35-44	173	96,337	16	9.7	04.6-14.8	24	14.8	08.5-21.1	133	75.5	67.9-83.1
45-54	191	79,886	12	7.3	03.0-11.6	20	8.3	04.4-12.2	159	84.4	78.7-90.1
55-64	205	65,926	14	6.9	02.4-11.4	19	11.0	04.7-17.3	172	82.2	74.9-89.5
65+	132	32,530	7	4.6	00.1-09.1	13	10.2	03.9-16.5	112	85.2	77.8-92.6
Less Than H.S.	140	90,809	4	5.0	00.0-10.5	14	9.9	04.2-15.6	122	85.1	77.5-92.7
H.S. or G.E.D.	328	170,765	22	10.1	05.2-15.0	46	14.8	09.9-19.7	260	75.1	68.8-81.4
Some Post-H.S.	357	194,405	39	11.2	07.3-15.1	44	13.6	08.7-18.5	274	75.1	69.4-80.8
College Graduate	202	68,280	15	6.8	02.7-10.9	22	13.4	07.3-19.5	165	79.8	72.9-86.7
Less than $15,000	161	71,165	6	4.5	00.4-08.6	20	14.3	06.9-21.7	135	81.2	73.0-89.4
$15,000- 24,999	232	123,177	11	5.6	01.9-09.3	29	14.2	08.1-20.3	192	80.1	73.2-87.0
$25,000- 34,999	126	62,883	11	8.0	02.3-13.7	21	17.3	08.3-26.3	94	74.6	64.6-84.6
$35,000- 49,999	132	64,257	10	7.1	02.2-12.0	19	15.5	07.9-23.1	103	77.3	68.7-85.9
$50,000- 74,999	92	50,933	12	14.9	05.1-24.7	10	13.2	04.2-22.2	70	71.8	59.6-84.0
$75,000+	151	79,101	13	10.8	03.4-18.2	11	7.0	01.9-12.1	127	82.1	73.5-90.7

TABLE 7. Human Papillomavirus (HPV) Vaccination

Denominator excludes respondents with do not know/refused or with missing responses

DEMOGRAPHIC	RESPONDENTS		Yes			No			Doctor refused when asked		
GROUPS	TOTAL	WEIGHTED	N	%	C.I. (95%)	N	%	C.I. (95%)	N	%	C.I. (95%)
TOTAL	1764	998,611	189	12.3	10.1-14.5	1573	87.6	85.4-89.8	2	0.2	00.0-00.4
Male	746	492,084	34	4.9	02.9-06.9	710	94.8	92.6-97.0	2	0.3	00.0-00.9
Female	1018	506,526	155	19.4	15.9-22.9	863	80.6	77.1-84.1			
White/Non-Hisp	920	536,439	97	11.6	08.9-14.3	823	88.4	85.7-91.1			
Black or Afr. Am./Non-Hisp	768	400,193	86	13.2	09.9-16.5	680	86.4	83.1-89.7	2	0.4	00.0-01.0
18-24	276	240,740	76	27.1	20.6-33.6	199	72.4	65.9-78.9	1	0.5	00.0-01.5
25-34	478	311,521	83	15.1	11.4-18.8	395	84.9	81.2-88.6			
35-44	619	302,621	23	2.6	01.4-03.8	596	97.4	96.2-98.6			
45-54	391	143,728	7	1.5	00.1-02.9	383	98.1	96.5-99.7	1	0.4	00.0-01.2
Less Than H.S.	150	117,393	8	5.8	00.9-10.7	142	94.2	89.3-99.1			
H.S. or G.E.D.	494	299,912	46	10.8	07.3-14.3	448	89.2	85.7-92.7			
Some Post-H.S.	606	383,650	79	15.5	11.6-19.4	527	84.5	80.6-88.4			
College Graduate	512	195,632	56	12.3	08.8-15.8	454	86.9	83.4-90.4	2	0.9	00.0-02.1
Less than $15,000	204	102,709	16	10.2	04.5-15.9	188	89.8	84.1-95.5			
$15,000- 24,999	370	214,185	49	16.1	10.6-21.6	321	83.9	78.4-89.4			
$25,000- 34,999	171	89,303	22	13.0	07.1-18.9	148	86.4	80.5-92.3	1	0.6	00.0-01.8
$35,000- 49,999	225	129,137	26	11.1	06.4-15.8	198	88.0	83.1-92.9	1	0.9	00.0-02.7
$50,000- 74,999	185	106,579	14	6.4	02.7-10.1	171	93.6	89.9-97.3			
$75,000+	384	209,678	35	11.6	06.9-16.3	349	88.4	83.7-93.1			

APPENDIX C

Summary of Terms and Risk Factors

Alcohol Consumption

Binge Drinking Risk Factor – Respondents who report that they have had at least five drinks on one or more occasion during the past thirty days.

Heavy Drinking Risk Factor – Male respondents who report having more than fourteen drinks per week and female respondents who report having more than seven drinks per week.

Arthritis

Arthritis Awareness – Respondents who have been told by a doctor or other health professional that they have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.

Limited Activity – Respondents who report that their usual activities are limited because of joint pain caused by arthritis.

Limited Work – Respondents whose joint symptoms because of arthritis affect whether they can work or affects the amount and type of work they do.

Asthma

Asthma Awareness – Respondents who report being told they have asthma by a doctor, nurse or other health professional.

Current Asthma - Respondents who report that being told they have asthma by a doctor, nurse or other health professional and who still suffer from the condition.

Cancer Screenings

Mammograms – Respondents who reported ever having a mammogram.

Cervical– Respondents who reported ever having a pap test and/or how long its been since the last pap test.

Prostate – Respondents who reported ever having a prostate-specific antigen test (P.S.A.).

Cardiovascular Disease

Heart Attack – Respondents who report that they have ever been diagnosed with a heart attack.

Stroke – Respondents who report that they have ever been diagnosed with a stroke.

Coronary Heart Disease – Respondents who have ever been diagnosed with angina or coronary heart disease.

Cigarette Smoking

Cigarette Smoker – Respondents who have ever smoked 100 cigarettes in their lifetime and report currently smoking every day or some days. This relates to Healthy People 2020 Objective 27 – Target ≤12%.

E-Cigarette Smoker – Respondents who have ever used an e-cigarette or other electronic vaping product.

Diabetes

Diabetes Awareness – Respondents who report they have ever been told by a doctor that they have diabetes. Female respondents diagnosed with diabetes only during pregnancy are not included.

At Risk for Diabetes (Pre-Diabetes) – Respondents age 18 to 44 who are obese and report no exercise in the past 30 days, or respondents age 45 to 64 who are either obese or report no exercise in the past 30 days, or respondents age 65 and older who are obese.

Disability

Limited Activity – Respondents who report that their activity is limited in any way because of physical, mental or emotional problems.

Special Equipment Requirements – Respondents who report having health problems that require the use of special equipment such as a cane, wheelchair, special bed or special telephone.

Exercise

Exercise in Last 30 Days – Respondents who report that, excluding their regular job, in the past 30 days they participated in any physical activity or exercise such as running, walking, calisthenics, golf, or gardening.

Health Insurance

Health Care Coverage – Respondents who report they have no health care coverage, including health insurance, Health Maintenance Organizations, or Medicare.

Unable to See a Doctor – Respondents who report they needed to see a doctor within the past 12 months but were unable because of the cost.

Health Status

Self-Reported Health Status – Respondents who report that their general health status is fair or poor.

Healthy Days

Physical Health – Respondents who report more than seven days during the past month when their physical health was not good.

Mental Health – Respondents who report more than seven days during the past month when their mental health was not good.

Activities Limited – Respondents who report more than seven days during the past month when they could not perform their normal activities because of poor physical or mental health.

HIV/AIDS

Ever Tested for HIV – Respondents age 18 to 64 who report that they have ever been tested for HIV, excluding tests done as part of a blood donation.

High Risk Behavior – Respondents age 18 to 64 who report that they have used intravenous drugs, have been treated for a sexually transmitted or venereal disease, have given or received drugs or money in exchange for sexual favors, or have had anal intercourse without a condom during the past year.

Hypertension

Hypertension Awareness – Respondents who have ever been told they have high blood pressure by a doctor, nurse or other health professional.

Taking Blood Pressure Medicine – Respondents who have been told they have high blood pressure by a doctor, nurse or other health professional and who are taking medication to control it.

Immunization

Flu Shots – Respondents who report receiving a flu shot or the flu spray vaccine within the last twelve months.

Pneumonia Shots – Respondents who report ever receiving a vaccination for pneumonia.

Mental Health

Depression Awareness – Respondents who report they have been diagnosed by a health professional with depression.

Physical Activity

Highly Active – Respondents who report doing enough physical activity to meet the 300-minute per week (or vigorous equivalent) aerobic recommendation.

Active – Respondents who report doing 150 - 300 minutes per week (or vigorous equivalent) of physical activity.

Insufficiently Active – Respondents who report doing insufficient physical activity (11–149 minutes per week).

Inactive – Respondents who report doing no physical activity.

Seat Belts Usage

Respondents who report they always, or nearly always wear seat belts.

Weight Based on Body Mass Index (BMI)

Body Mass Index (BMI) – Weight in kilograms divided by height in meters squared (kg/m2).

Healthy Weight – Respondents with a BMI 18.5 ≤ BMI ≤ 24.9.

Healthy People 2020 Objective 19.1 – Target ≥60%.

Overweight – Respondents with a BMI 25.0 ≤ BMI ≤ 29.9.

Obese – Respondents with a BMI ≥30.0. This measures Healthy People 2020

Objective 19.2 – Target ≤15%.

APPENDIX D

References

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