



North Dakota: Cass County

Behavioral Risk Factors Report: 1999-2004



TABLE OF CONTENTS

Table of contents	1
Acknowledgements	2
Introduction	3
Key findings	5
Findings	7
Demographic characteristics of Cass County and North Dakota	7
Known major risk factors Cass County and North Dakota	7
Access to health care	8
Smoking	9
Binge drinking	10
Physical activity and nutrition	11
General health and quality of life	12
Preventive cancer screenings	13
Immunization	14
Risk factors and disease prevalence	15
Survey characteristics	16

ACKNOWLEDGEMENTS

The Department of Community Medicine at the University of North Dakota School of Medicine and Health Sciences acknowledges Stephen P. Pickard, M.D., North Dakota Department of Health, for providing the 1999-2004 data files that were the primary basis of this report. We appreciate his thoughtful comments on this county health report.

We would like to thank all the Cass County residents who participated in North Dakota Behavioral Risk Factor Surveillance System telephone surveys.

Report prepared by James R. Beal, Ph.D., Department of Family Medicine, UNDSMHS. Data analysis completed by Abe E. Sasmoun, Ph.D., Department of Internal Medicine, UNDSMHS. Questions regarding the content can be directed to the Department of Community Medicine at 701.777.2397 or shuus@medicine.nodak.edu.

INTRODUCTION

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual telephone survey conducted across the country. It is conducted continuously throughout each year as a collaborative effort between the U.S. Centers for Disease Control and Prevention (CDC) and each state's Department of Health. The survey collects information on a vast array of health conditions, health-related behaviors, and risk and protective factors about individual health. A detailed description of the BRFSS survey can be found at the following website: www.cdc.gov/brfss/.

This report summarizes results from the Cass County, N.D., BRFSS survey for 1999 to 2004. For each topic discussed, the report provides a summary of the findings, and graphs of selected findings. The main findings are summarized with bulleted statements that highlight data found in the graphs. The graphs for each topic draw attention to important findings that also may be mentioned in the bulleted statements. Tables on 11 county health indicators are shown detailing common demographic items and specific health topics for selected responses at the North Dakota Department of Health website: www.ndhealth.gov/brfss/CountyLevelSummaries/.

The report also compares Cass County data to the national goals and target health objectives from Healthy People 2010, the nationwide health promotion and disease prevention agenda, when available. The report notes when a topic is one of the 10 Leading Health Indicators identified in Healthy People 2010. Leading Health Indicators are described as “the major public health concerns in the United States and were chosen on their ability to motivate action, the availability of data to measure their progress, and their relevance as broad public health issues.” In addition to the 10 Leading Health Indicators, there are additional topics outlined in Healthy People 2010; each has an overall goal listed, as well as specific objectives to help

achieve that goal. The Health People 2010 goals and objectives are reported in the graphs when applicable. The report notes when Cass County data met the national targets.

The purpose of this report is to highlight the behavioral risk characteristics of the Cass County residents in order to develop policy and measure progress toward state and national health objectives. The county-level data give estimates of health conditions and risk behaviors among Cass County adult residents.

KEY FINDINGS

Behavior and lifestyle play an important part in determining our health status and life expectancy. Almost three of four deaths in North Dakota adults were attributable to chronic disease or injury. Lifestyle and behavioral factors that affect health include tobacco and alcohol use, physical activity, nutrition, and preventive health services use. Illness and death could be decreased substantially if better control of these behaviors were achieved.

The Behavioral Risk Factor Surveillance System from 1999 to 2004 was used to determine the prevalence of certain diseases and health behaviors within Cass County, N.D. These estimates were then compared to those of the state and the country. Finally, we identified the gaps in how the county and the state are performing to achieve the Healthy People 2010 objectives.

We found that the prevalence of some conditions and behavioral risks is lower or better in Cass County than in the state of North Dakota. For example:

- Percentage who reported their general health as fair or poor: 8.3 percent vs. 13.2 percent.
- Percentage who reported having some form of arthritis: 21.3 percent vs. 27.5 percent.
- Percentage who reported having no leisure-time physical activity: 19.2 percent vs. 23.7 percent.

On the other hand, the prevalence of some conditions and behavioral risks is higher or worse in Cass County than in the state of North Dakota:

- Percentage who reported binge drinking: 25.6 percent vs. 21.3 percent.
- Percentage who reported current cigarette smoking: 22.3 percent vs. 20.5 percent.
- Percentage who reported they did not have a personal health care provider: 28.2 percent vs. 23.6 percent.

For many behavioral risks, opportunity and resources exist to improve and reach the Healthy People 2010 objectives.

CASS COUNTY: DEMOGRAPHIC CHARACTERISTICS 2004

- **Total Population:** 123,138 (population ranked 1st in state).
- **Gender:** Approximately 50.1 percent are male and 49.9 percent are female.
- **Age:** Median age is 31.3; 9.7 percent are 65 or older.
- **Race:** The majority (98.7%) is white, 1.1 percent are American Indian, 0.8 percent African-American and 1.3 percent are Asian.
- **Education:** The majority (90.9%) of people 25 or older are high school graduates, and 31.3 percent hold a bachelor's degree or higher.
- **Income:** Median household income is about \$38,147; 10.1 percent of residents are below the poverty level.

KNOWN MAJOR RISK FACTORS: CASS COUNTY

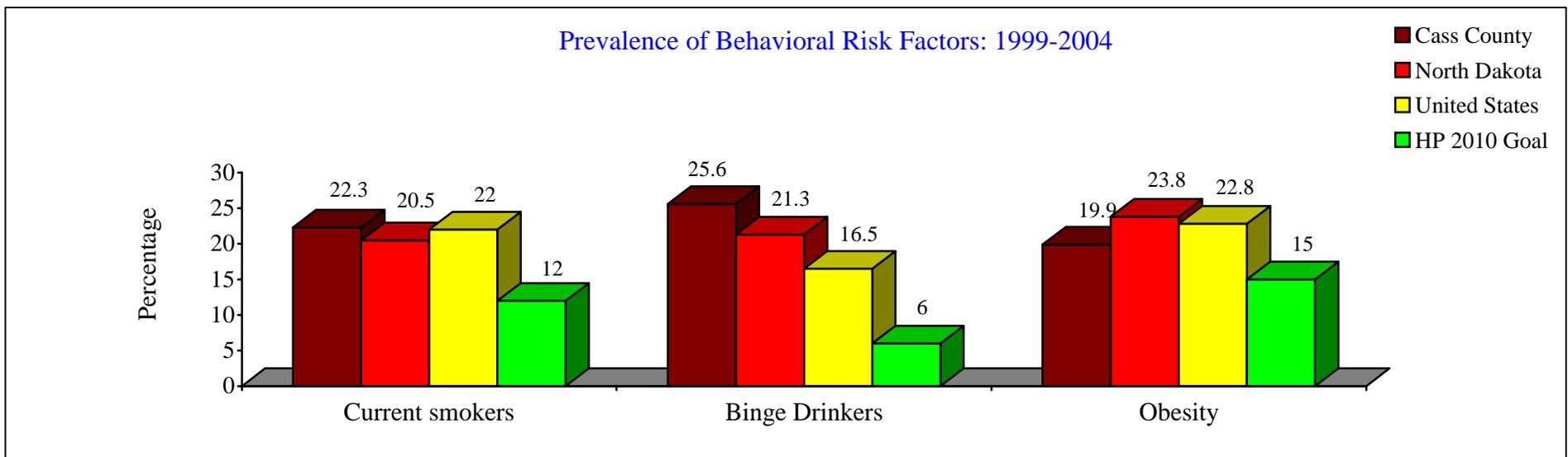
- **Current smokers:** 22.3 percent of the residents are smokers.
- **Binge drinkers:** 25.6 percent of the population are binge drinkers.
- **Obesity:** 19.9 percent of the population are obese.

NORTH DAKOTA: DEMOGRAPHIC CHARACTERISTICS 2004

- **Total Population:** 634,366.
- **Gender:** Approximately 49.9 percent are male and 50.1 percent are female.
- **Age:** Median age is 36.2; 14.7 percent are 65 or older.
- **Race:** The majority 92.4% is white, 4.9 percent are American Indian, 0.6 percent are Asian and 0.6 percent are African-American.
- **Education:** The majority (83.9%) of people 25 or older are high school graduates, and 22 percent hold a bachelor's degree or higher.
- **Income:** Median household income is about \$34,604; 11.9 percent of residents are below the poverty level.

KNOWN MAJOR RISK FACTORS: NORTH DAKOTA

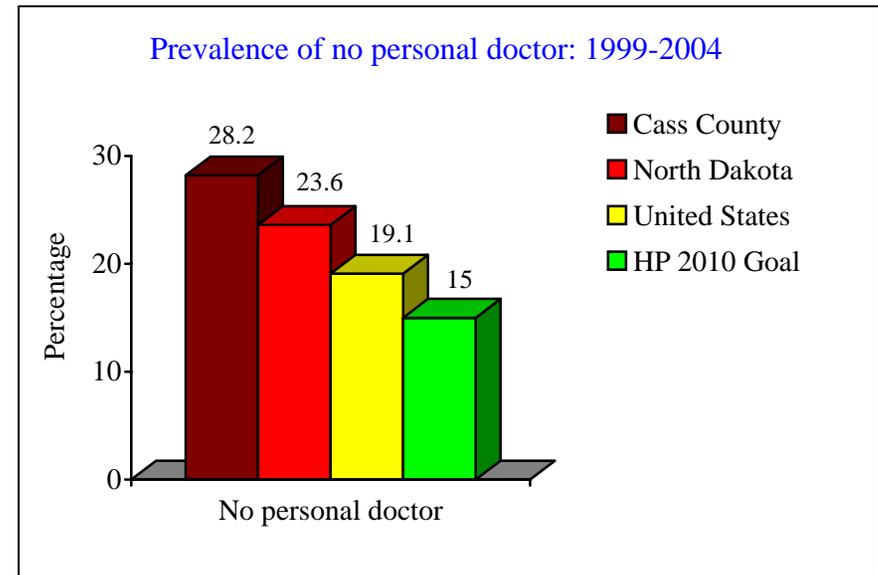
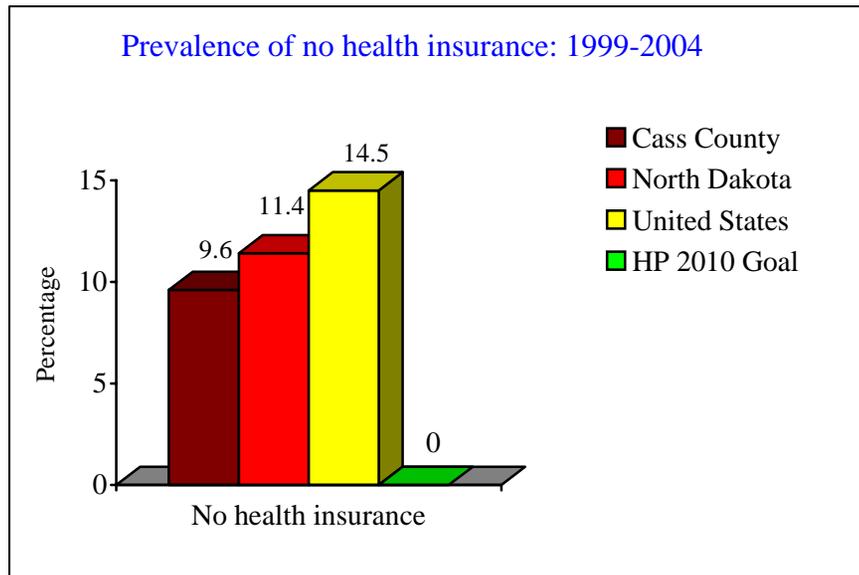
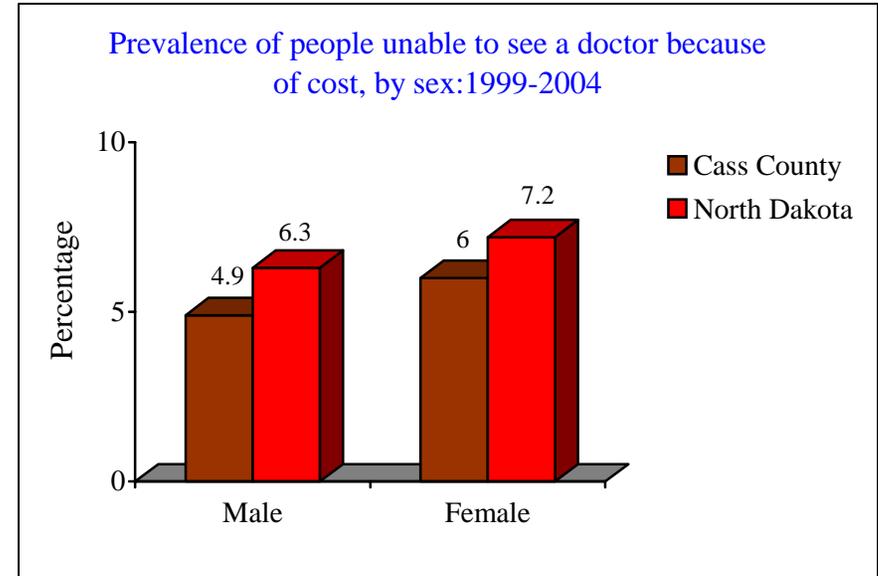
- **Current smokers:** 20.5 percent of the residents are smokers.
- **Binge drinkers:** 21.3 percent of the population are binge drinkers.
- **Obesity:** 23.8 percent of the population are obese.



HEALTH CARE ACCESS: INSURANCE, COST AND PERSONAL

- The prevalence of people without health insurance is lower in Cass County than in the whole state or in the country.
- Similarly, the prevalence of people who could not see a doctor due to cost one or more times within the previous year is lower in Cass County than in North Dakota and the U.S.
- Finally, the prevalence of people who did not have a personal health-care provider is significantly higher in Cass County than in North Dakota or the U.S.

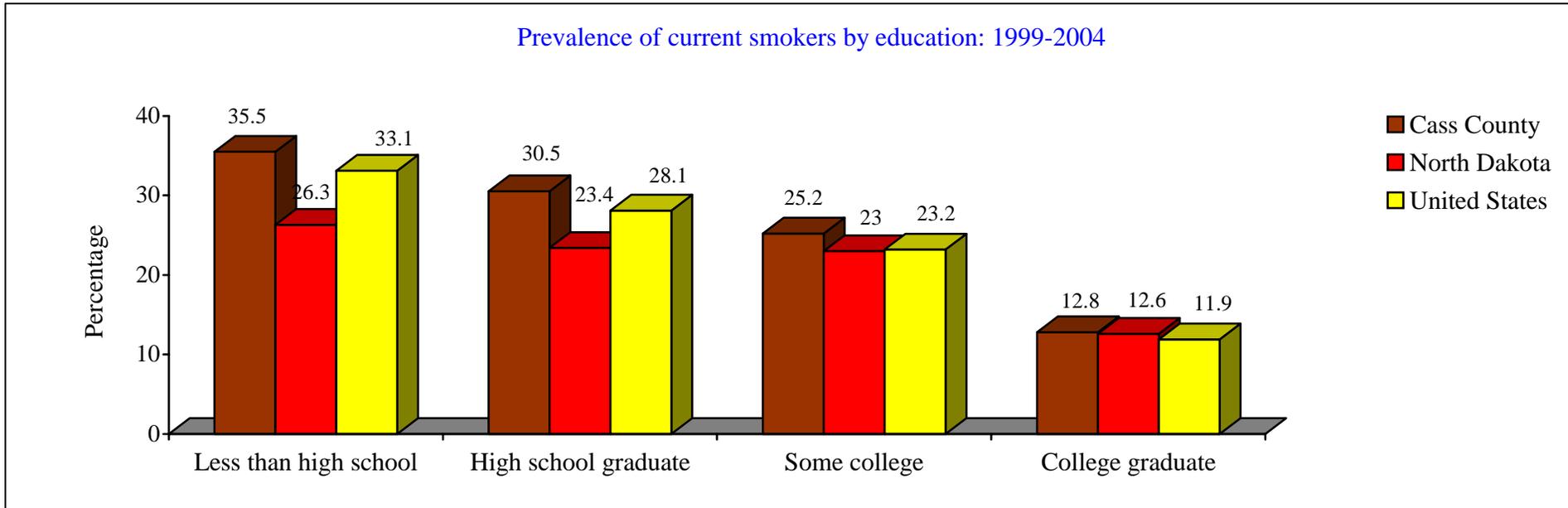
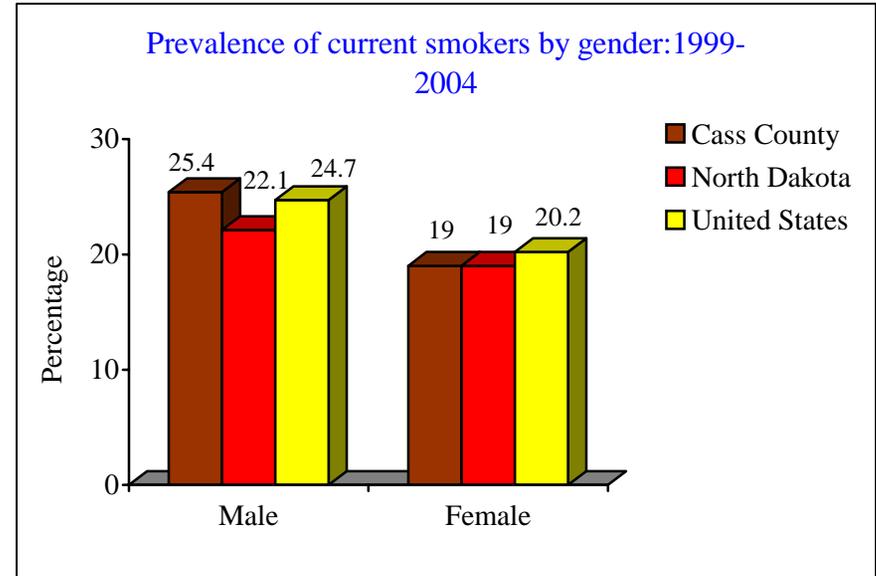
	Cass (%)	North Dakota (%)
No health insurance or other Health-care coverage:	9.6	11.4
Unable to see a doctor due to cost one or more times during the past 12 months:	5.5	6.8
Do not have one person that they consider to be their personal health-care provider:	28.2	23.6



CURRENT SMOKING BY EDUCATION AND GENDER

- The prevalence of male current smokers in Cass County is higher than in North Dakota, although similar to the U.S., and the rate of female current smokers in Cass County is similar to North Dakota and slightly lower than the U.S.
- The prevalence of current smokers in Cass County is higher than in North Dakota and the U.S among all education levels, except college graduates, where it is similar.

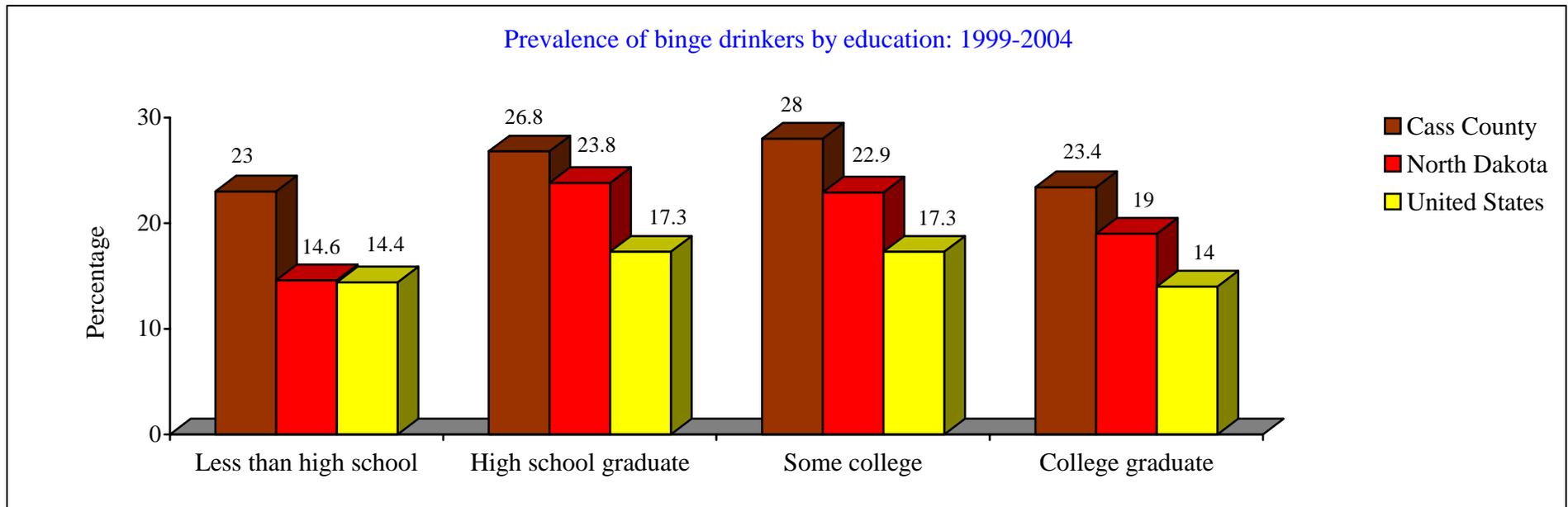
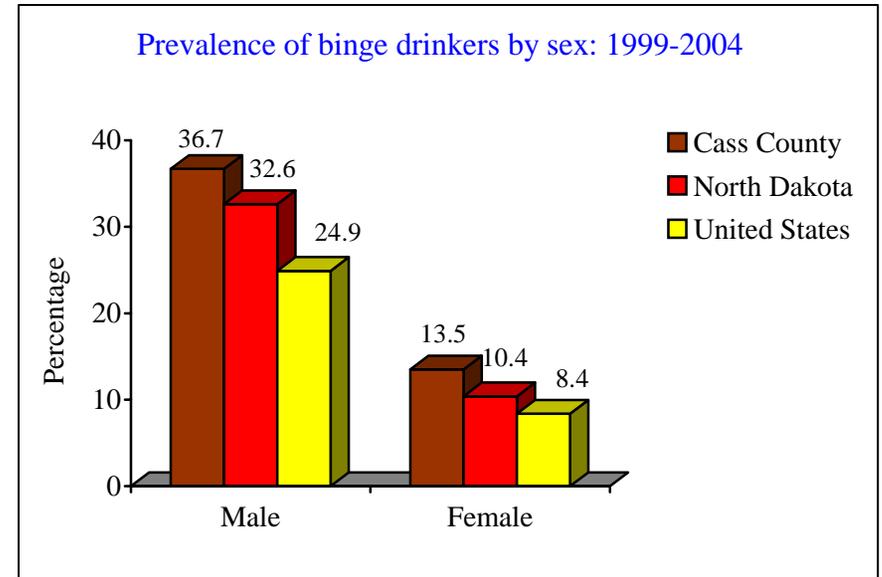
	Cass(%)	North Dakota(%)
Prevalence of male current smokers:	25.4	22.1
Prevalence of high school graduates who are current smokers:	30.5	23.4
Prevalence of current cigarette smoking some days or every day:	22.3	20.5



BINGE DRINKING BY EDUCATION AND GENDER

- Although females are less likely to be binge drinkers than are males in Cass County, the prevalence of binge drinkers in both genders in Cass County is higher than in North Dakota and the U.S.
- The prevalence of binge drinking in Cass County is higher than in North Dakota and the U.S. among all education levels.

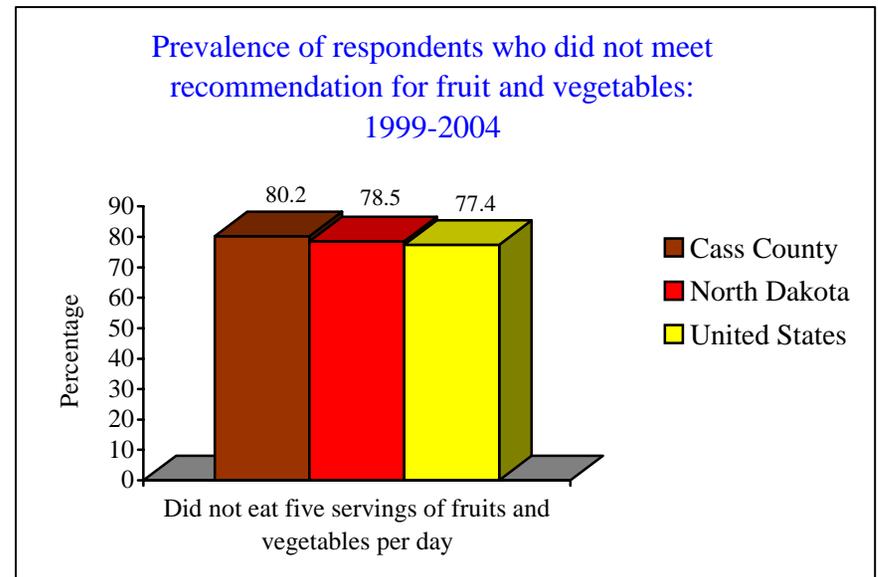
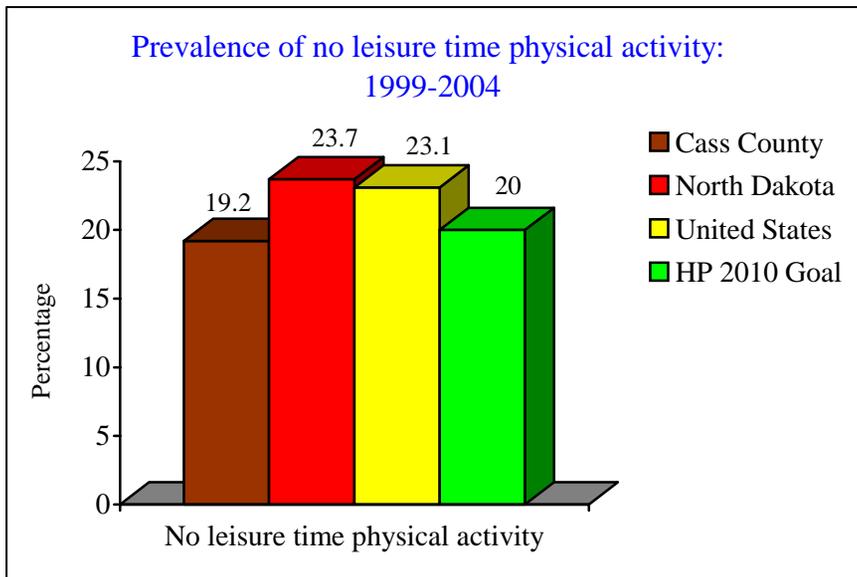
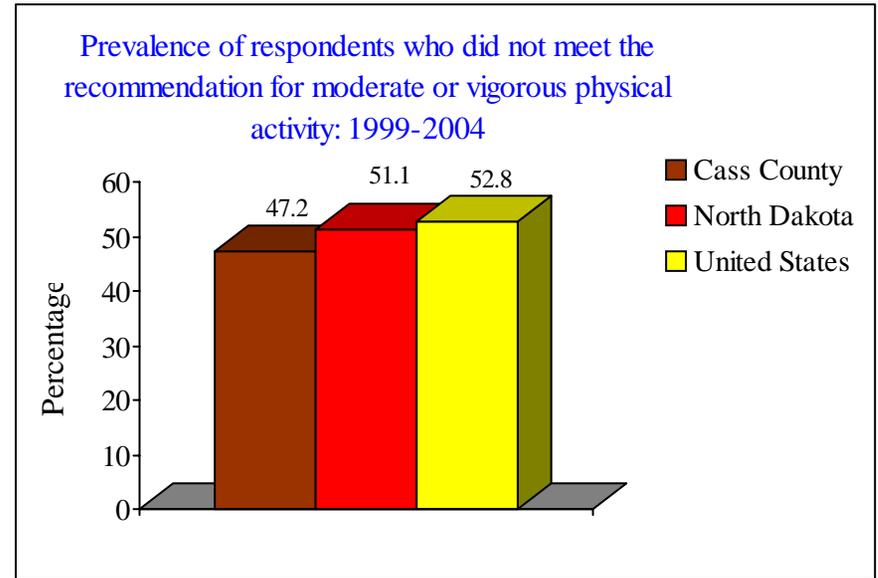
	Cass(%)	North Dakota(%)
Prevalence of binge drinking among females (five or more in one occasion):	13.5	10.4
Prevalence of binge drinking among college graduates:	23.4	19.0
Prevalence of binge drinking (five or more in one occasion):	25.6	21.3



PHYSICAL ACTIVITY AND NUTRITION

- The prevalence of people who had no leisure-time physical activity in Cass County is lower than in North Dakota or the U.S.
- The prevalence of those who did not meet moderate or vigorous physical activity recommendations is higher than in North Dakota and similar to the U.S.
- Finally, the prevalence of people who did not meet recommendations for fruit and vegetable consumption is higher than in North Dakota or the U.S.

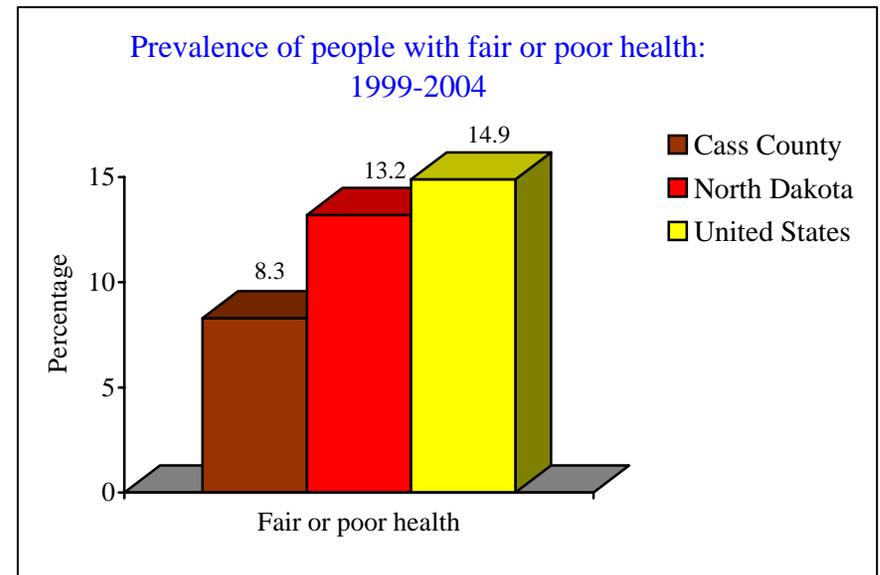
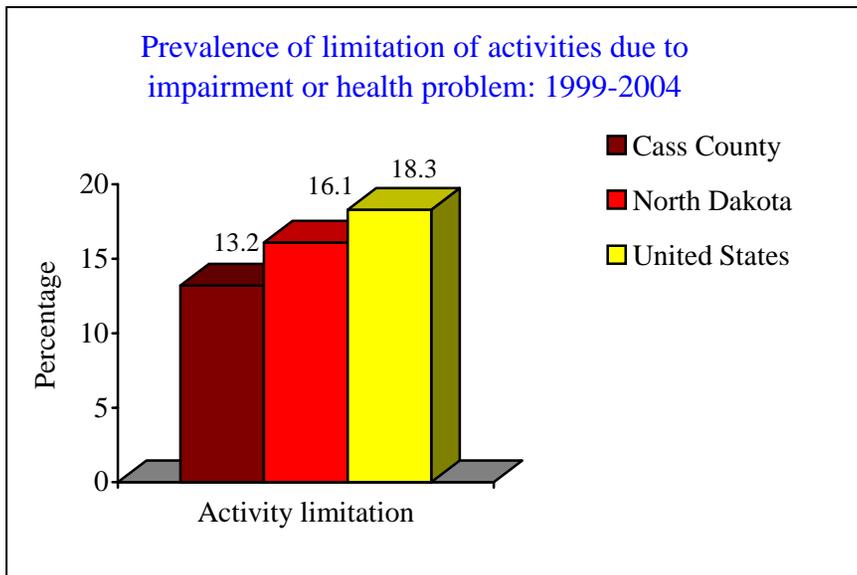
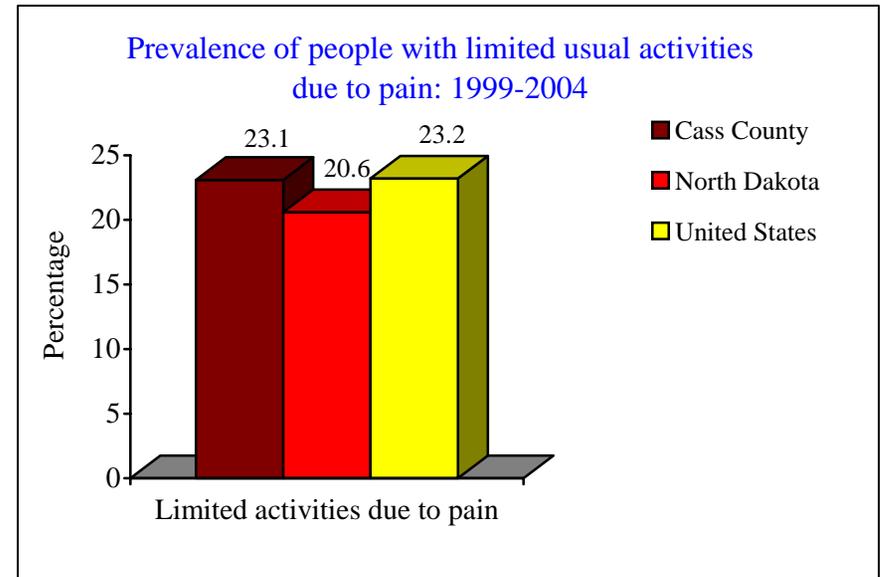
	Cass(%)	North Dakota(%)
No leisure-time physical activity:	19.2	23.7
Did not meet the recommendation for moderate or vigorous physical activity:	52.8	51.1
Did not eat five servings of fruits and vegetables per day:	80.2	78.5



GENERAL HEALTH AND QUALITY OF LIFE

- The prevalence of people with activity limitations due to impairment or health problems is lower in Cass County than in North Dakota and similar to the U.S.
- However, the prevalence of people who had pain during the previous month is higher in Cass County than North Dakota and similar to U.S.
- Finally, the prevalence of people whose general health is fair or poor is lower in Cass County than in North Dakota or the U.S.

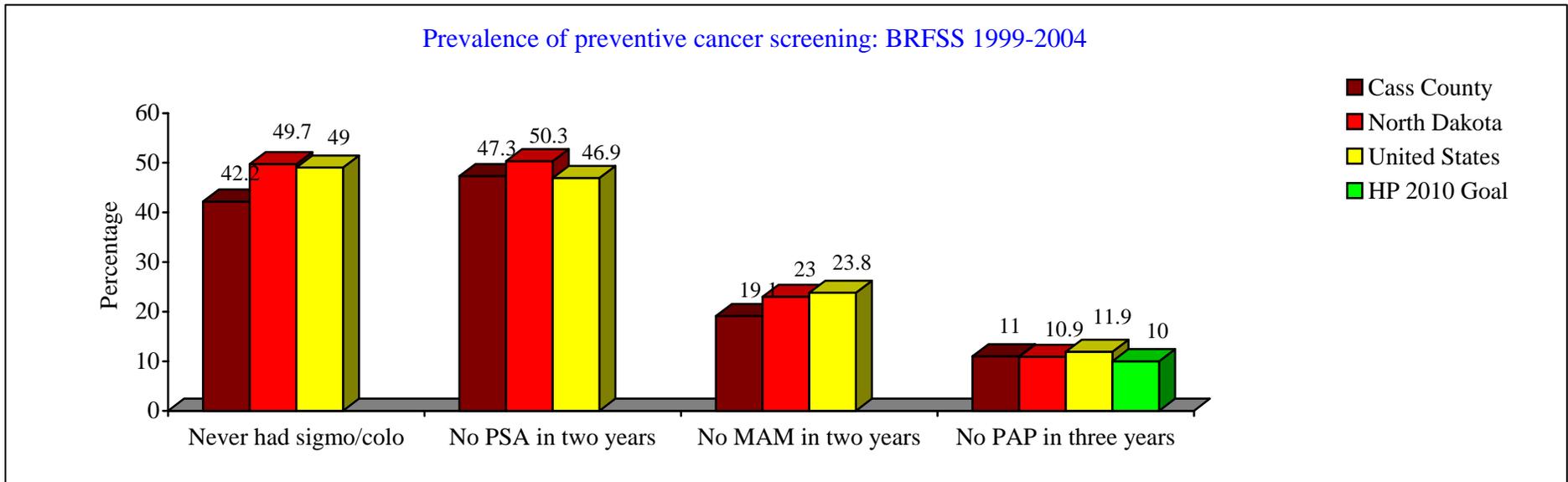
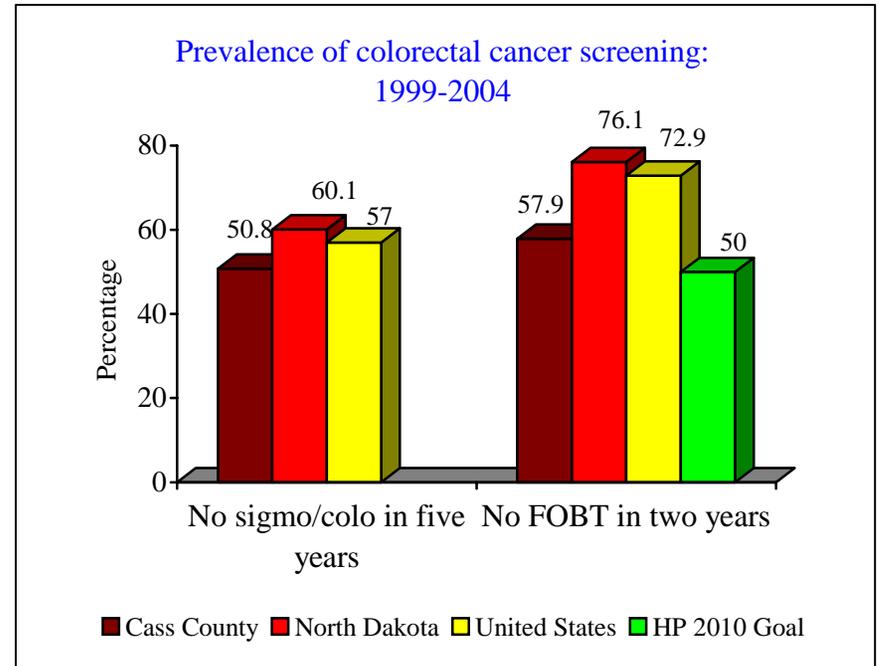
	Cass(%)	North Dakota(%)
Limitation in any activities due to impairment or health problem:	13.2	16.1
Any days in the previous month during which pain made it hard to do usual activities:	23.1	20.6
General health fair or poor:	8.3	13.2



PREVENTIVE CANCER SCREENINGS: COLORECTAL, PROSTATE AND CERVIX

- The prevalence of people age 50 and older who have never had a sigmoidoscopy is significantly lower in Cass County than in North Dakota or the U.S.
- The prevalence of men age 40 and older who have not had a PSA test in the previous two years is lower in Cass County than in North Dakota and similar to the U.S.
- Finally, the prevalence of women 18 and older who did not have a mammogram in the previous two years is lower in Cass County than in North Dakota or the U.S.

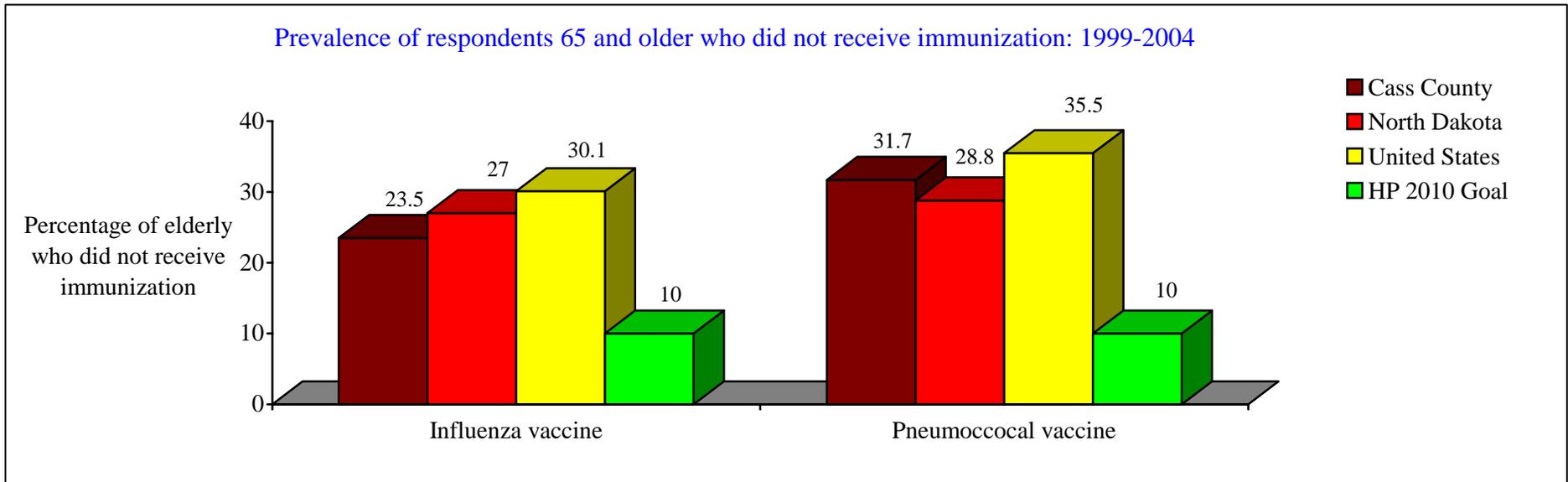
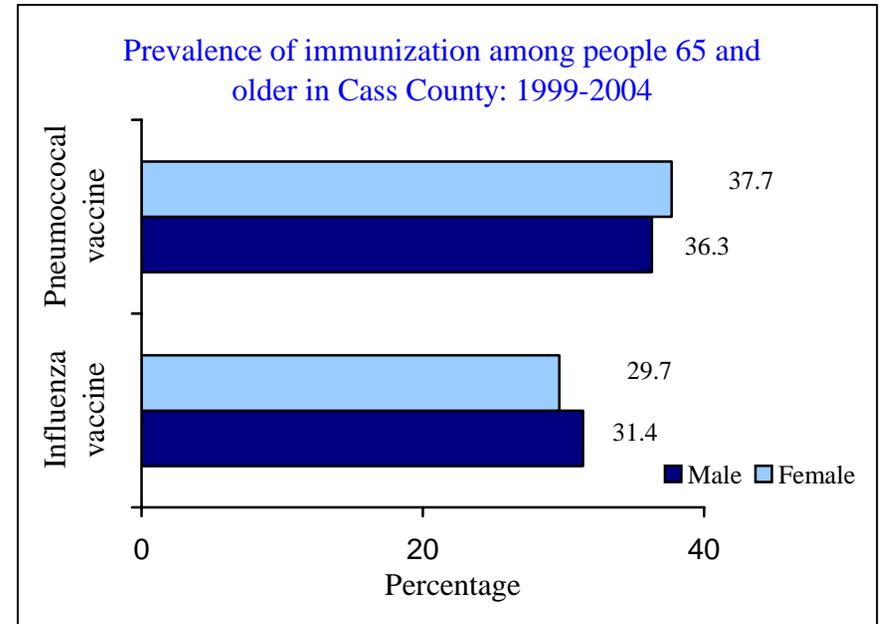
	Cass(%)	North Dakota(%)
Never had sigmoidoscopy, age 50 and older:	42.2	49.7
Have not had a PSA test within the last two years, men who are 40 and older	47.3	50.3
Women 18 and older who did not have a mammogram in two years:	19.1	23.0



IMMUNIZATION: INFLUENZA AND PNEUMOCOCCAL VACCINES

- The prevalence of people older than 65 who did not have an influenza vaccine in the previous year is lower in Cass County than in North Dakota or the U.S.
- The prevalence of people older than 65 who did not have a pneumococcal vaccine in the previous year is higher in Cass County than in North Dakota, but lower than the U.S.
- Finally, men and women in Cass County have a similar rate of influenza vaccination, but men have a significantly higher rate of pneumococcal vaccination than women.

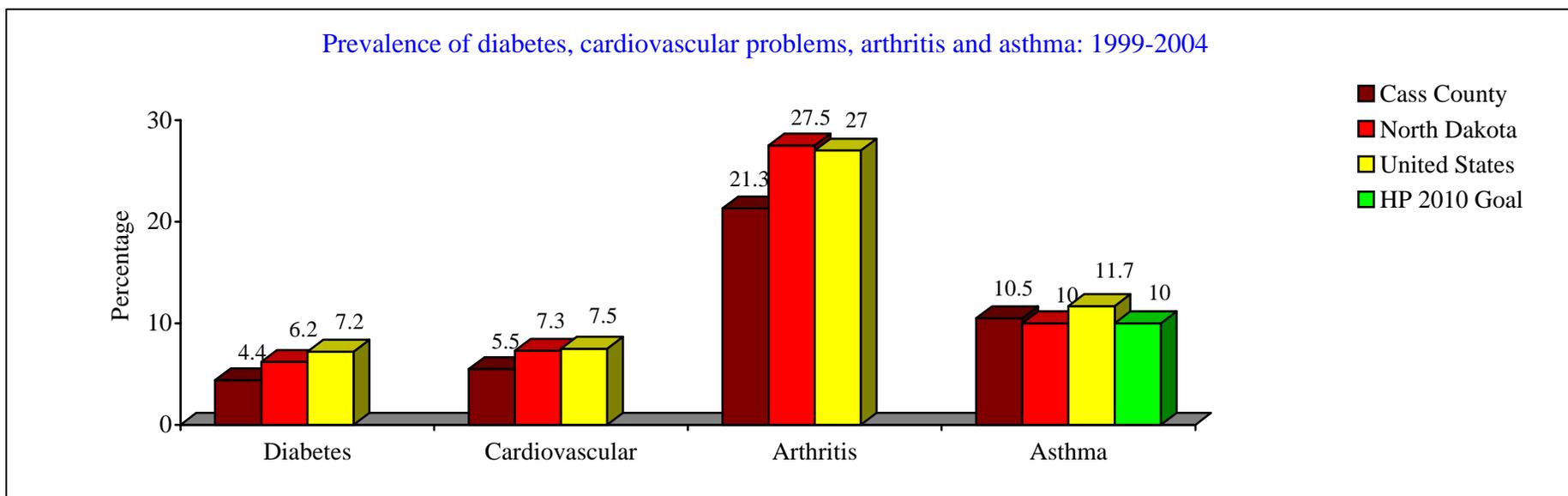
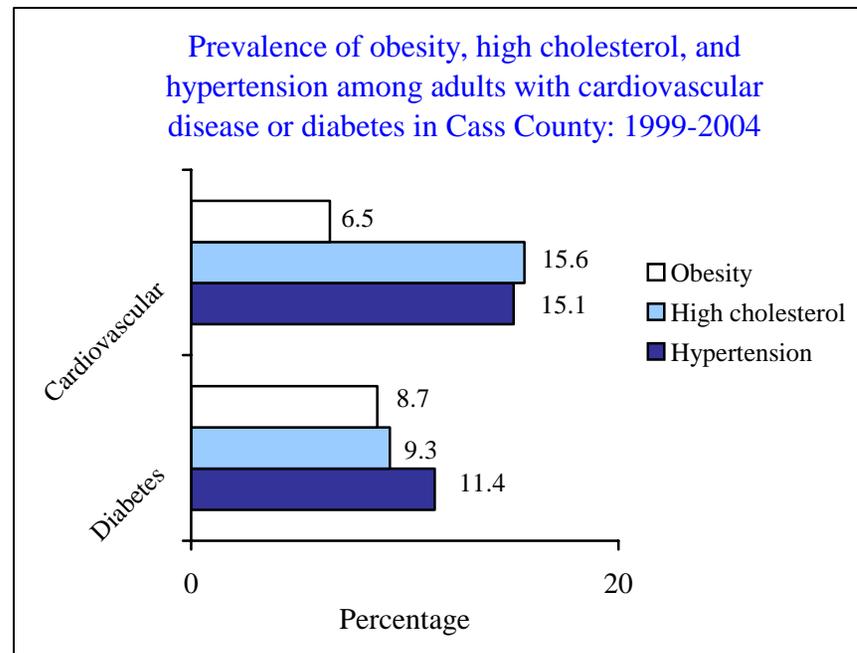
	Cass(%)	North Dakota(%)
Adults 65 and older who did not have an influenza vaccine within the past year:	23.5	27.0
Adults 65 and older who have never had a pneumococcal vaccination:	31.7	28.8



RISK FACTORS AND DISEASE PREVALENCE

- The prevalence of people who have diabetes other than during pregnancy is lower in Cass County than in North Dakota or the U.S.
- Similarly, the prevalence of people who reported heart attack, heart disease or stroke is lower in Cass County than in North Dakota or the U.S.
- Finally, the prevalence of people who had some form of arthritis is significantly lower in Cass County than in North Dakota or the U.S.

	Cass(%)	North Dakota(%)
Respondents who were told that they had diabetes except during pregnancy:	4.4	6.2
Respondents who reported heart attack, heart disease or stroke:	5.5	7.3
Respondents who were told they had some form of arthritis:	21.3	27.5



SURVEY CHARACTERISTICS

This sampling methodology produces scientifically valid and reproducible results, but must be interpreted in light of the limitations characteristic of this survey method. The survey was conducted by random telephone number selection; consequently, residents living in households without a telephone were not included. Cellular telephone numbers were not in the survey sampling, so households using only cellular service were not included. Potential respondents were not always available or willing to participate in the survey. This is a self-reporting survey, subject to recall and reporting biases. The data is weighted to account for sampling characteristics in order to make results more representative of the county population.

Data collected from the North Dakota statewide BRFSS surveys of Cass County residents between 1999 to 2004 were included. Despite the fact that analysis was conducted on six years of accumulated data, not all issues covered in the state survey could be presented for Cass County due the small sample size for those questions. It should be understood that each value presented is an estimate of the true percentage based on a scientific sample of the population.