



NORTH DAKOTA

DEPARTMENT *of* HEALTH

North Dakota: Stark County Behavioral Risk Factors Report: 1999-2004



Department of Community Medicine



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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 Stark 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 Stark 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 Stark County data met the national targets.

The purpose of this report is to highlight the behavioral risk characteristics of the Stark 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 Stark 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 Stark 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 Stark County than in the state of North Dakota. For example:

- Percentage who reported having no leisure-time physical activity: 16.9 percent vs. 23.7 percent.
- Percentage who reported having some form of arthritis: 19.0 percent vs. 27.5 percent.
- Percentage who reported having diabetes: 3.7 percent vs. 6.2 percent.

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

- Percentage of women age 40 and over that have not had a mammogram in two years: 28.1 percent vs. 23.0 percent.
- Percentage age 65 and older that have never had a pneumococcal vaccine: 45.1 percent vs. 28.8 percent.
- Percentage age 50 and older that have never had a sigmoidoscopy or colonoscopy: 69.2 percent vs. 60.1 percent.

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

STARK COUNTY: DEMOGRAPHIC CHARACTERISTICS 2004

- **Total Population:** 22,636 (population ranked sixth in state).
- **Gender:** Approximately 49.2 percent are male and 50.8 percent are female.
- **Age:** Median age is 36.9; 15.5 percent are 65 or older.
- **Race:** The majority (97.5%) is white, 0.9 percent are American Indian, 0.2 percent are African-American and 0.2 percent are Asian.
- **Education:** The majority (79.9%) of people 25 or older are high school graduates, and 22.3 percent hold a bachelor's degree or higher.
- **Income:** Median household income is about \$32,526; 12.3 percent of residents are below the poverty level.

KNOWN MAJOR RISK FACTORS: STARK COUNTY

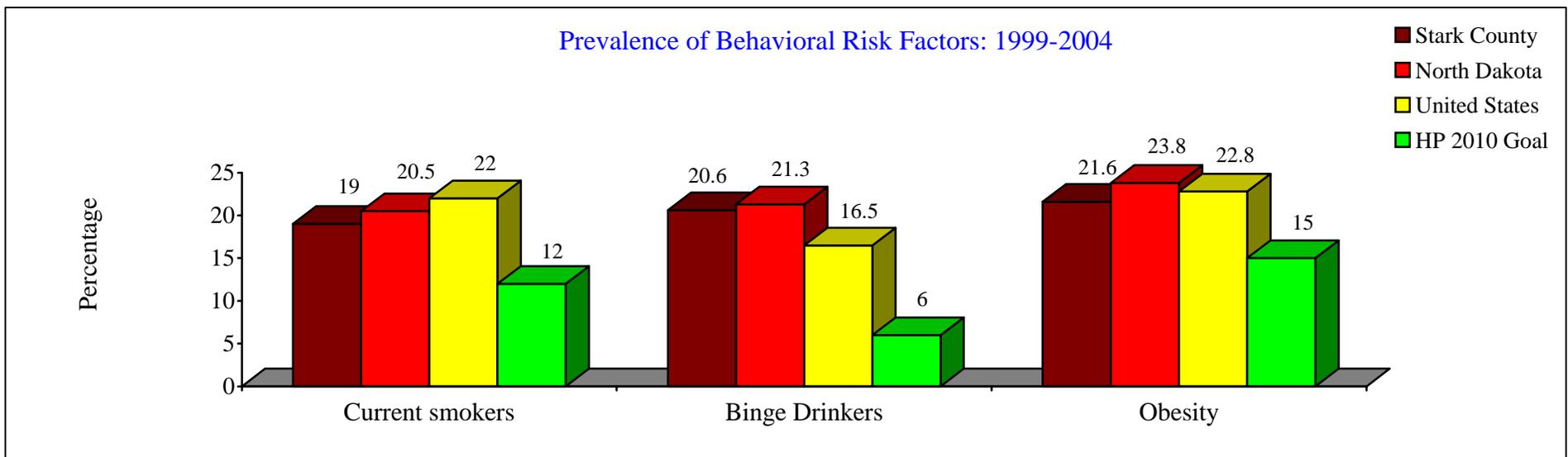
- **Current smokers:** 19.0 percent of the residents are smokers.
- **Binge drinkers:** 20.6 percent of the population are binge drinkers.
- **Obesity:** 21.6 percent of the population are obese.

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% 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

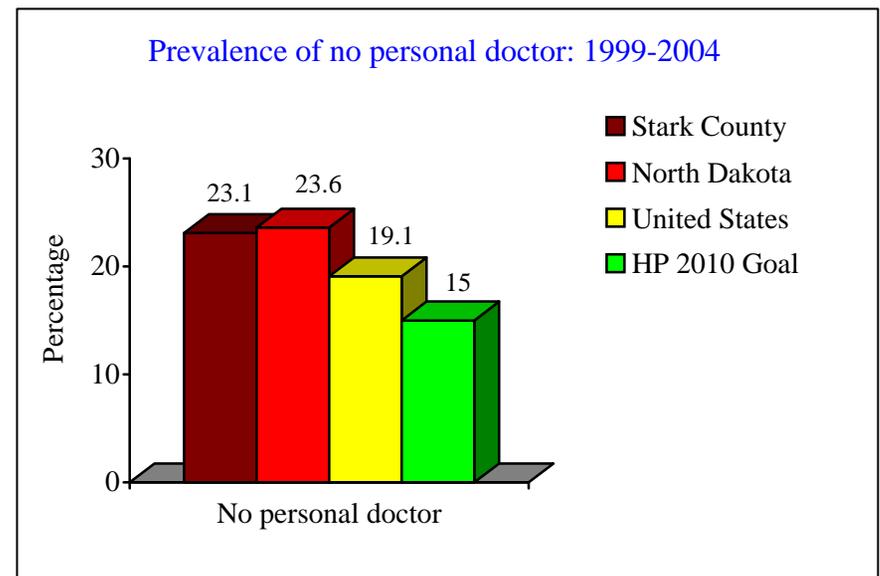
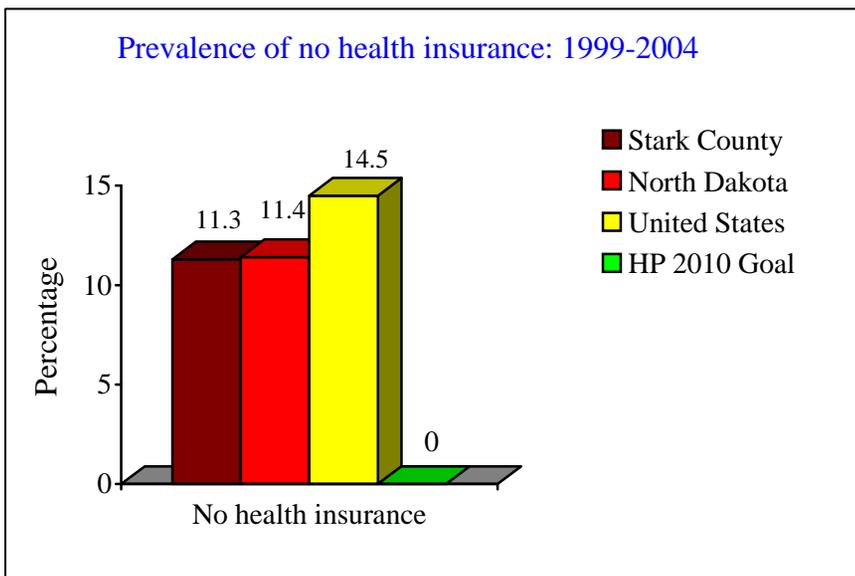
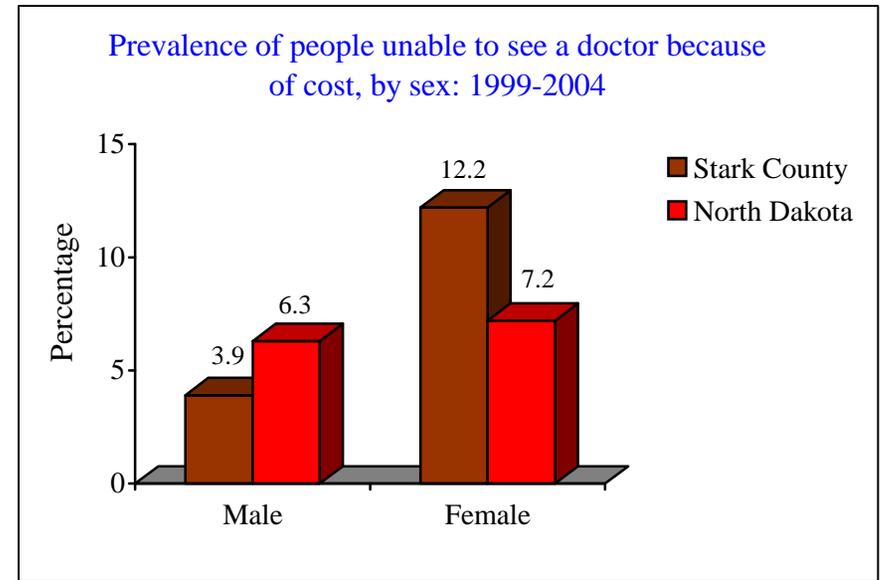
- **Current smokers:** 20.5 percent of the residents are smokers.
- **Binge drinkers:** 21.3 percent of the population are binge drinkers.
- **Obesity:** 23.8 percent of the population are obese.



HEALTH CARE ACCESS: INSURANCE, COST AND PERSONAL

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

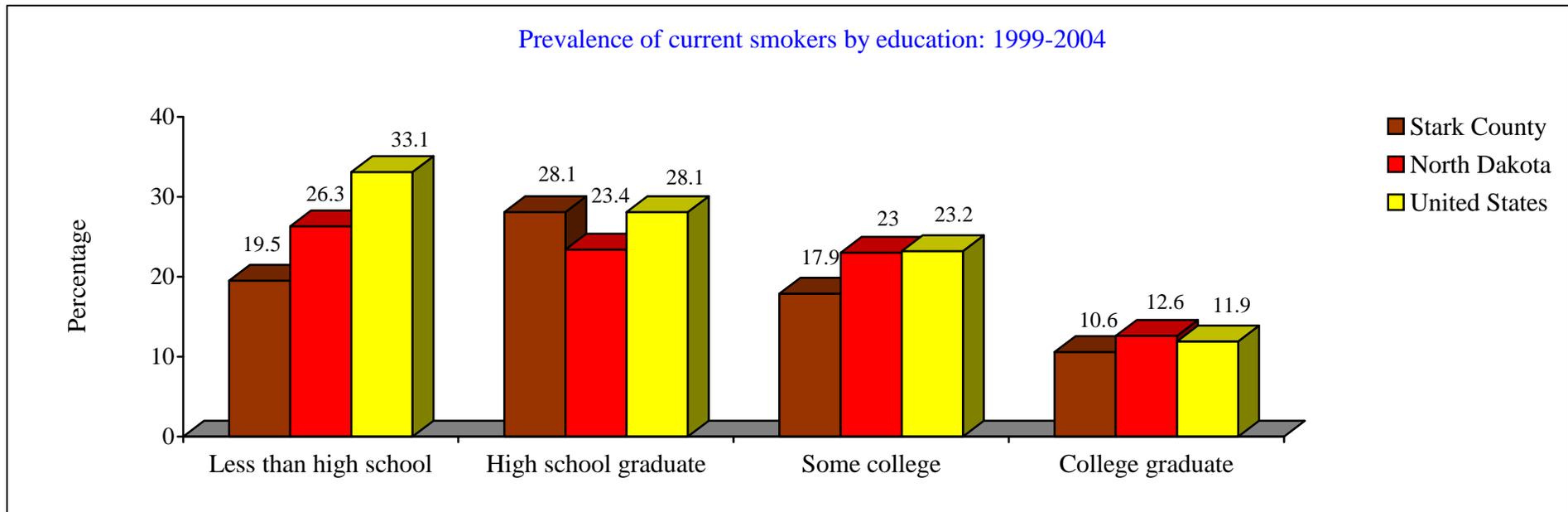
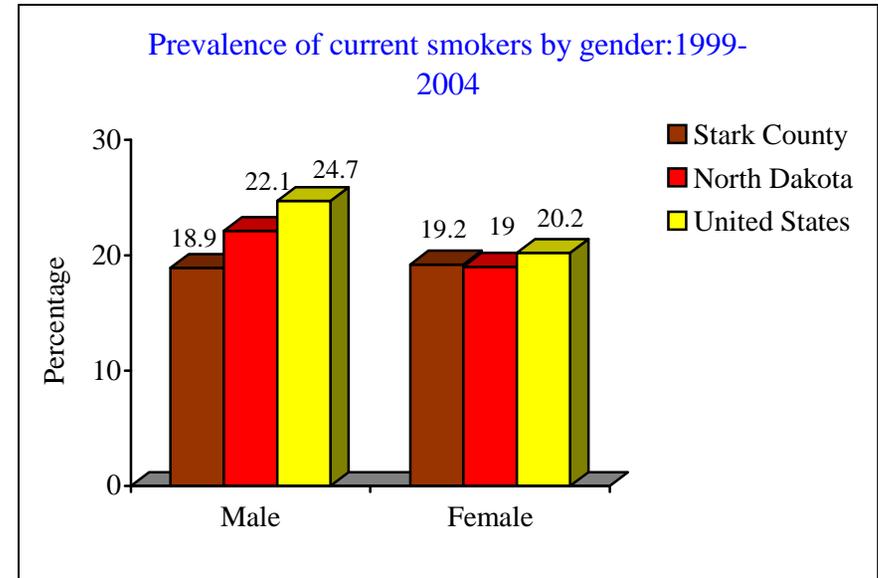
	Stark (%)	North Dakota (%)
No health insurance or other Health-care coverage:	11.3	11.4
Unable to see a doctor due to cost one or more times during the past 12 months:	8.0	6.8
Do not have one person that they consider to be their personal health-care provider:	23.1	23.6



CURRENT SMOKING BY EDUCATION AND GENDER

- Among females, current smoking is similar in Stark County to North Dakota and the U.S. However, among males, the prevalence of current smoking is lower than in North Dakota or the U.S.
- The prevalence of current smokers in Stark County is lower than in North Dakota and the U.S among all education levels except high school graduates.

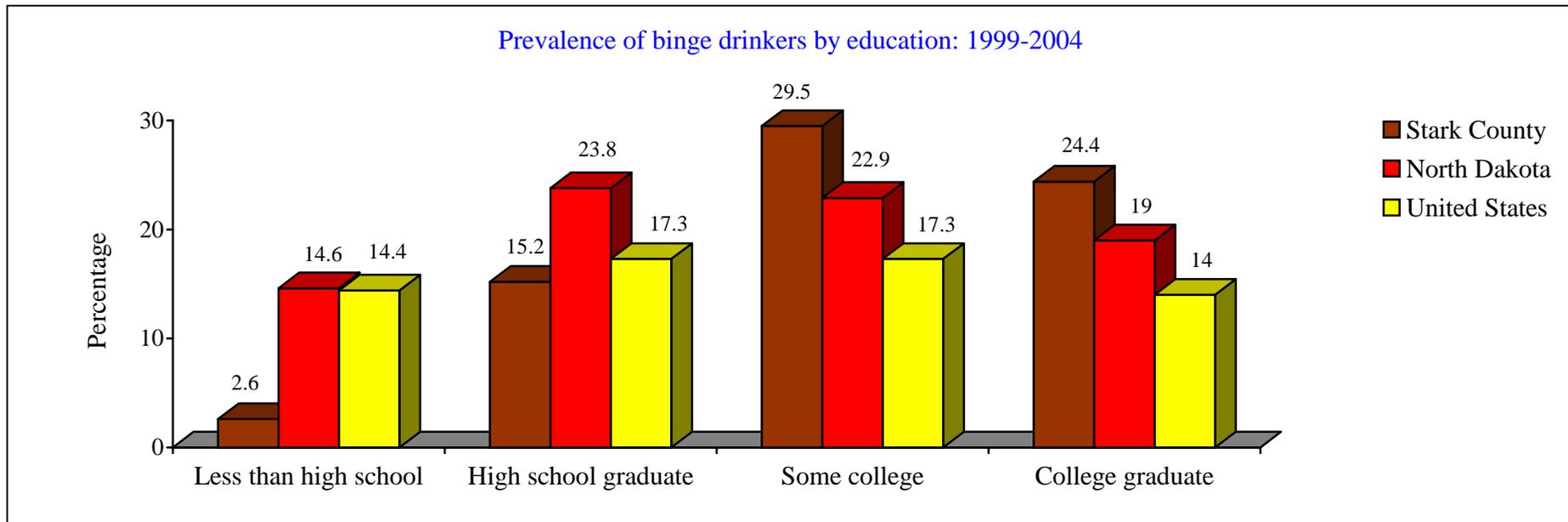
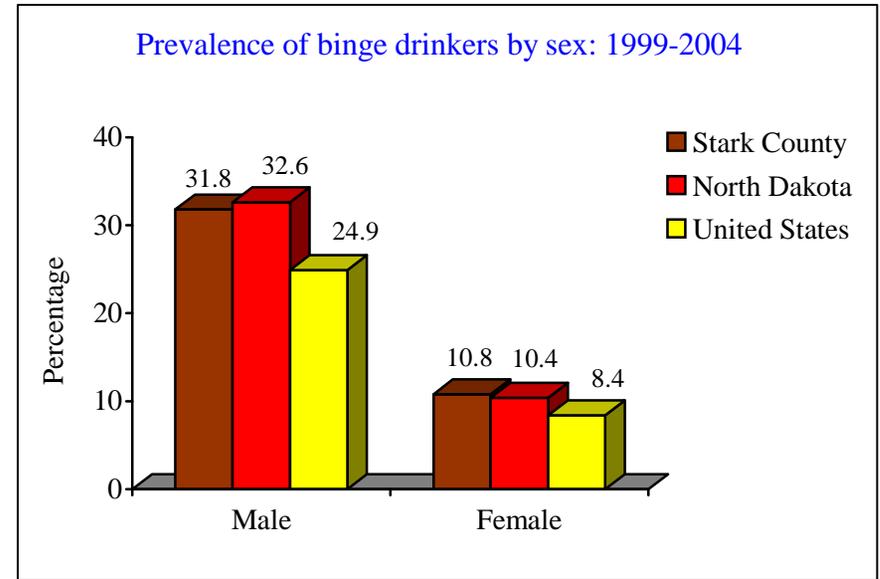
	Stark(%)	North Dakota(%)
Prevalence of female current smokers:	19.2	19.0
Prevalence of high school graduates who are current smokers:	28.1	23.4
Prevalence of current cigarette smoking some days or every day:	19.0	20.5



BINGE DRINKING BY EDUCATION AND GENDER

- Binge drinking among males and females in Stark County is similar to North Dakota and higher than the U.S.
- The prevalence of binge drinking in Stark County is higher than in North Dakota and the U.S. among people with some college and college graduates.

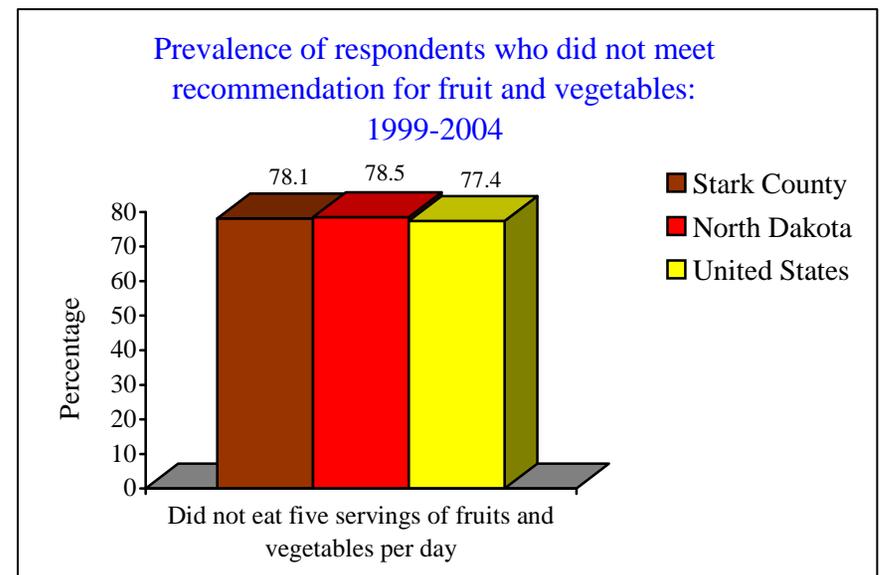
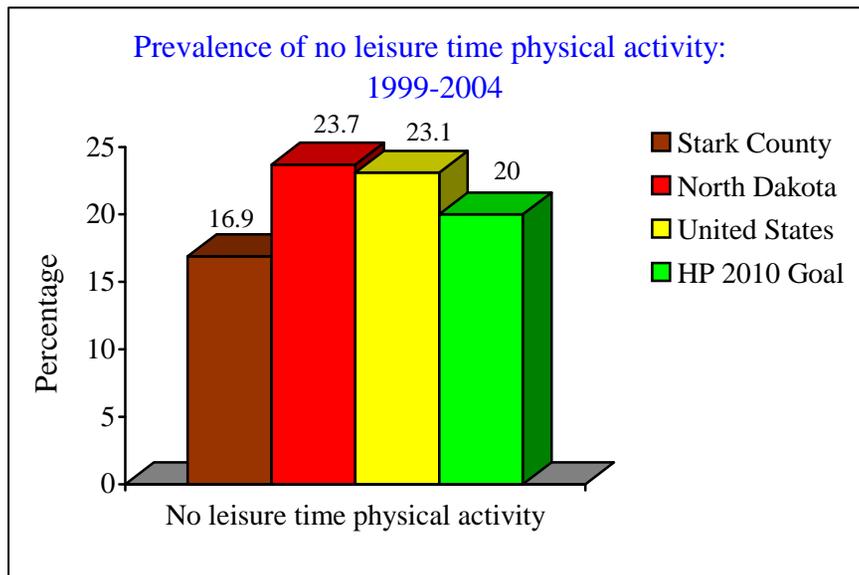
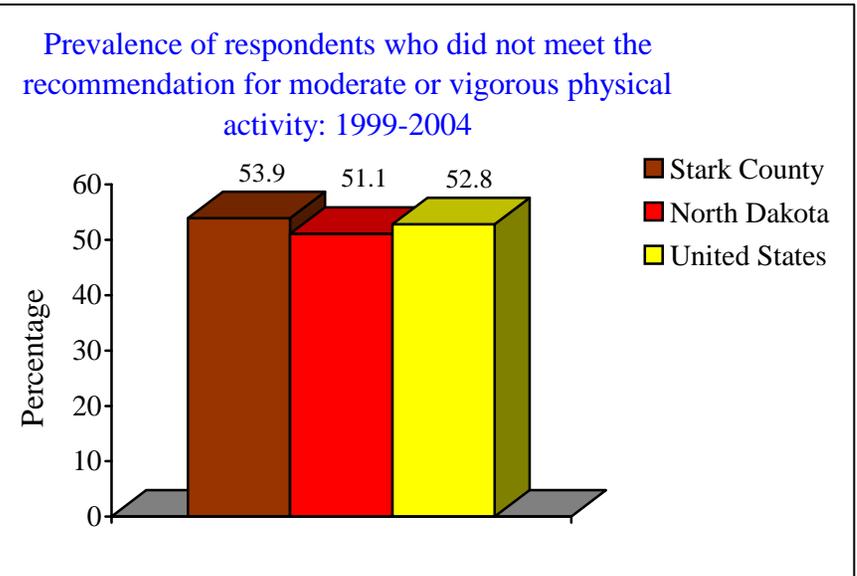
	Stark(%)	North Dakota(%)
Prevalence of binge drinking among females (five or more drinks in one occasion):	10.8	10.4
Prevalence of binge drinking among college graduates:	24.4	19.0
Prevalence of binge drinking (five or more drinks in one occasion):	20.6	21.3



PHYSICAL ACTIVITY AND NUTRITION

- The prevalence of people who had no leisure-time physical activity in Stark County is significantly lower than 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 in Stark County is similar to North Dakota and higher than the U.S.

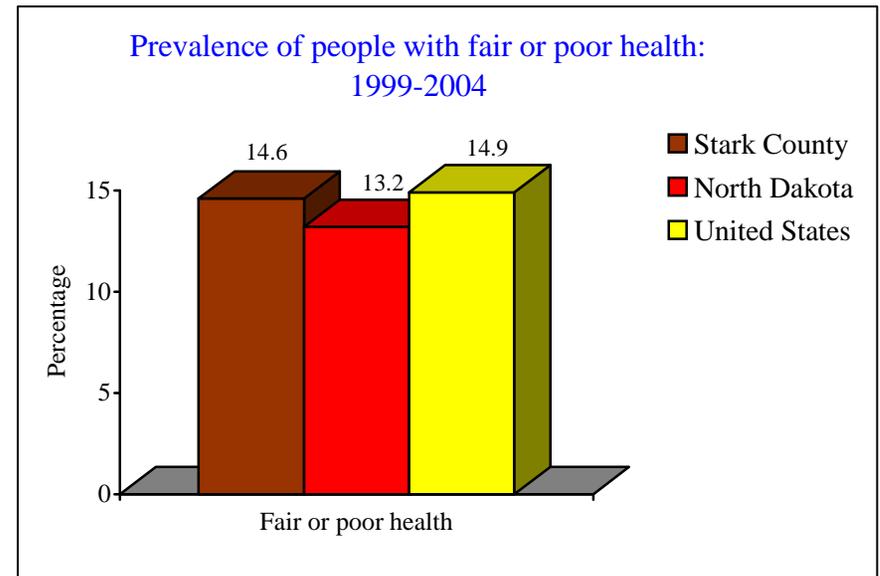
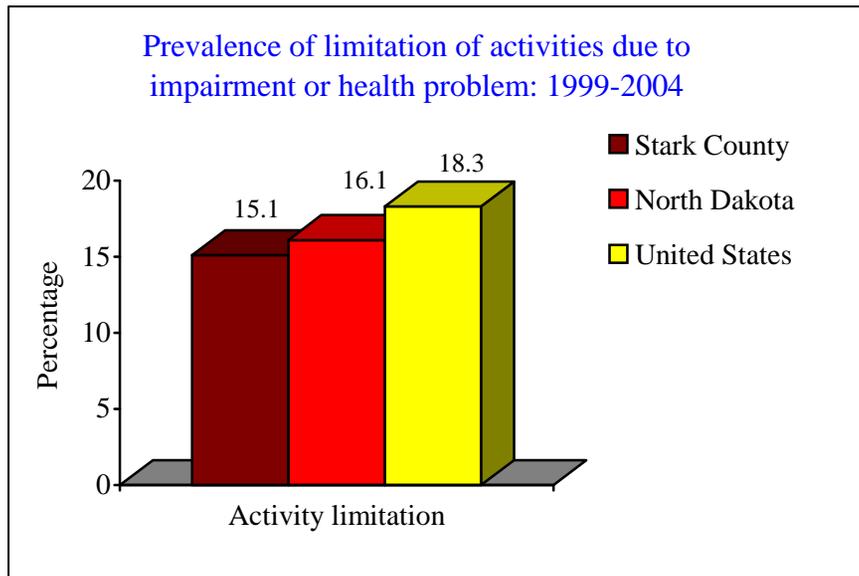
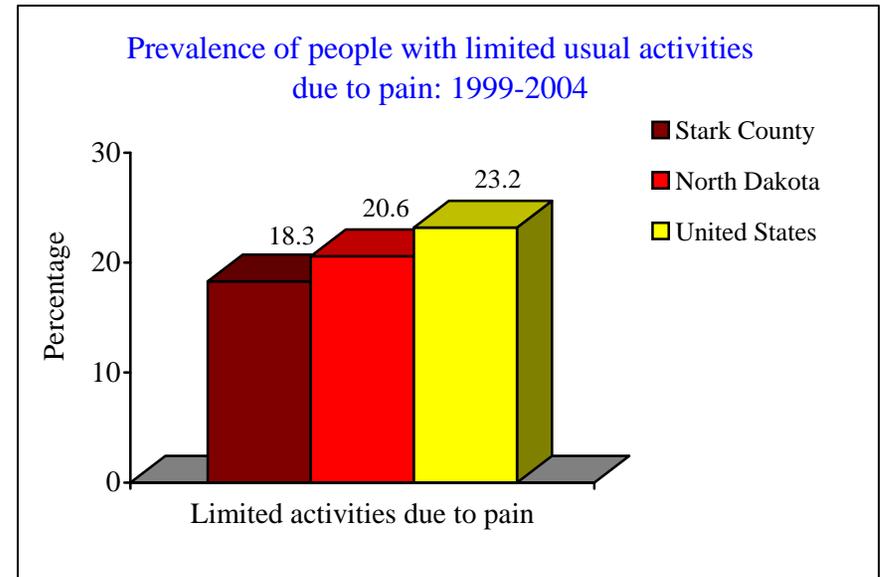
	Stark(%)	North Dakota(%)
No leisure-time physical activity:	16.9	23.7
Did not meet the recommendation for moderate or vigorous physical activity:	53.9	51.1
Did not eat five servings of fruits and vegetables per day:	78.1	78.5



GENERAL HEALTH AND QUALITY OF LIFE

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

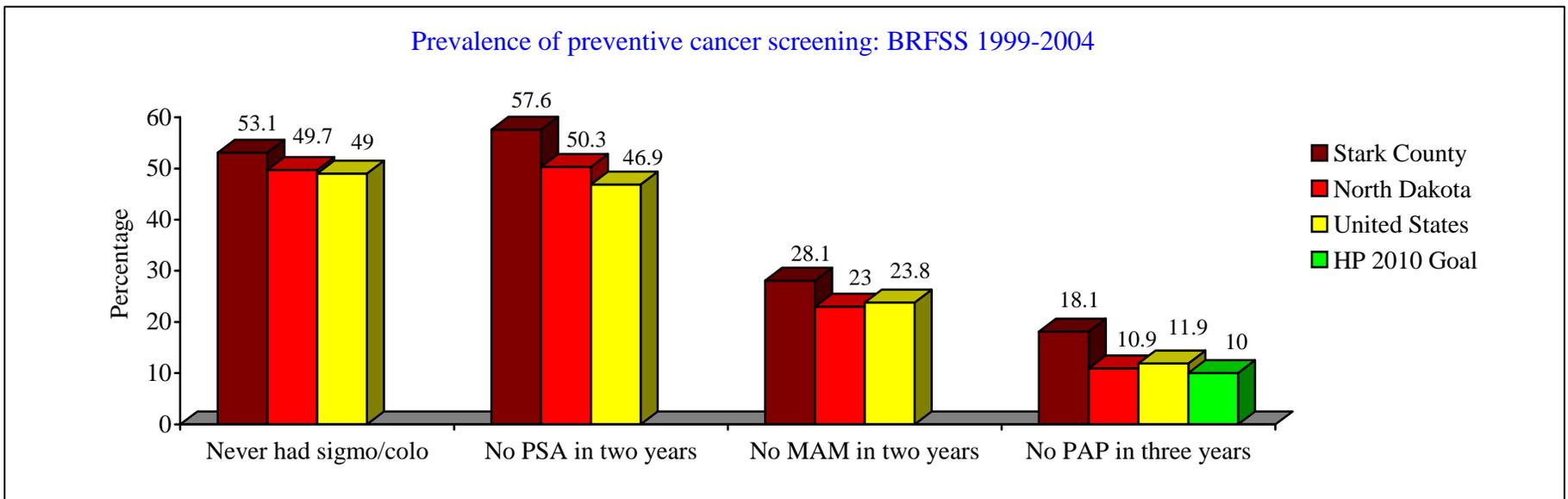
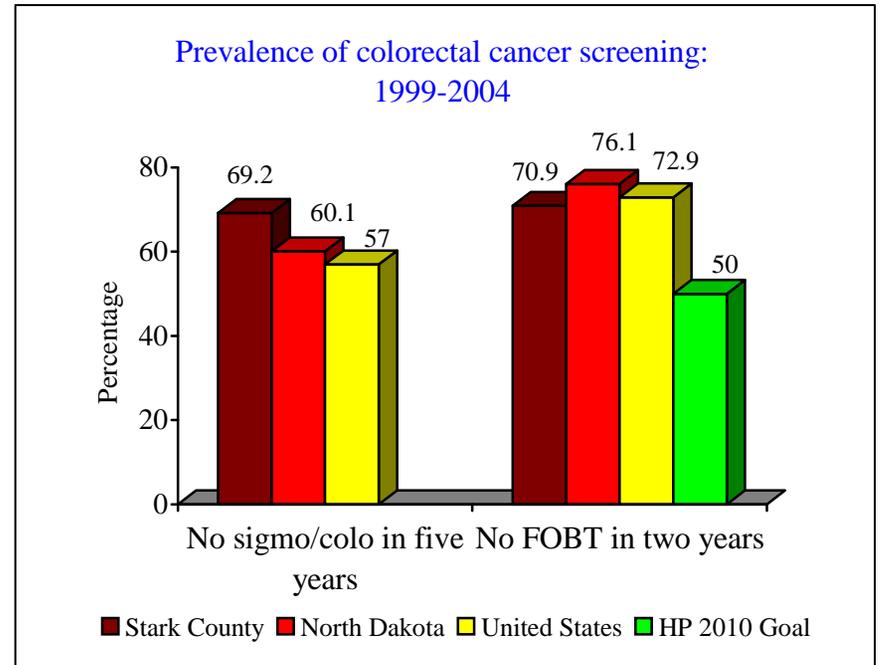
	Stark(%)	North Dakota(%)
Limitation in any activities due to impairment or health problem:	15.1	16.1
Any days in the previous month during which pain made it hard to do usual activities:	18.3	20.6
General health fair or poor:	14.6	13.2



PREVENTIVE CANCER SCREENINGS: COLORECTAL, PROSTATE AND CERVIX

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

	Stark(%)	North Dakota(%)
Never had sigmoidoscopy, age 50 and older:	53.1	49.7
Have not had a PSA test within the last two years, men who are 40 and older	57.6	50.3
Women 40 and older who did not have a mamogram in two years:	28.1	23.0



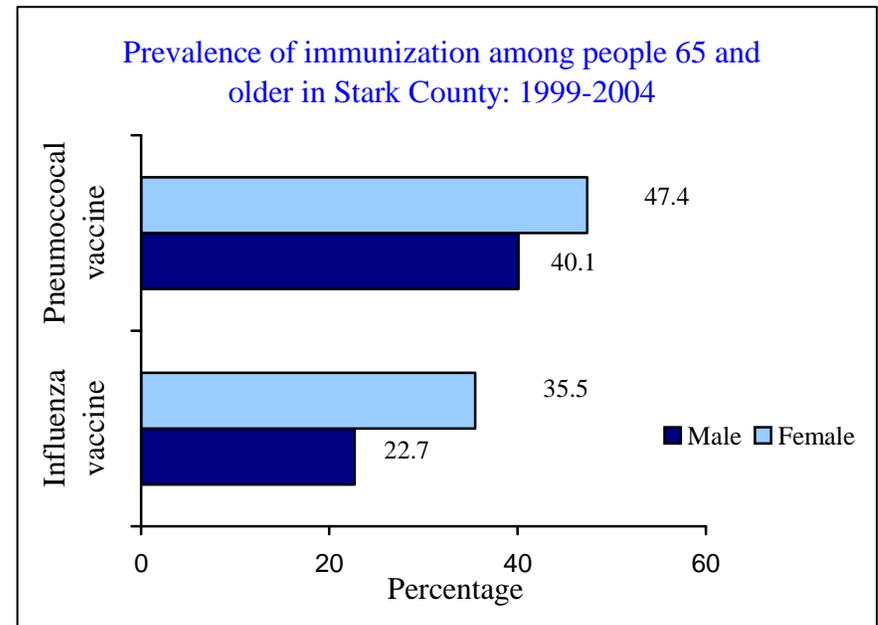
IMMUNIZATION: INFLUENZA AND PNEUMOCOCCAL VACCINES

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

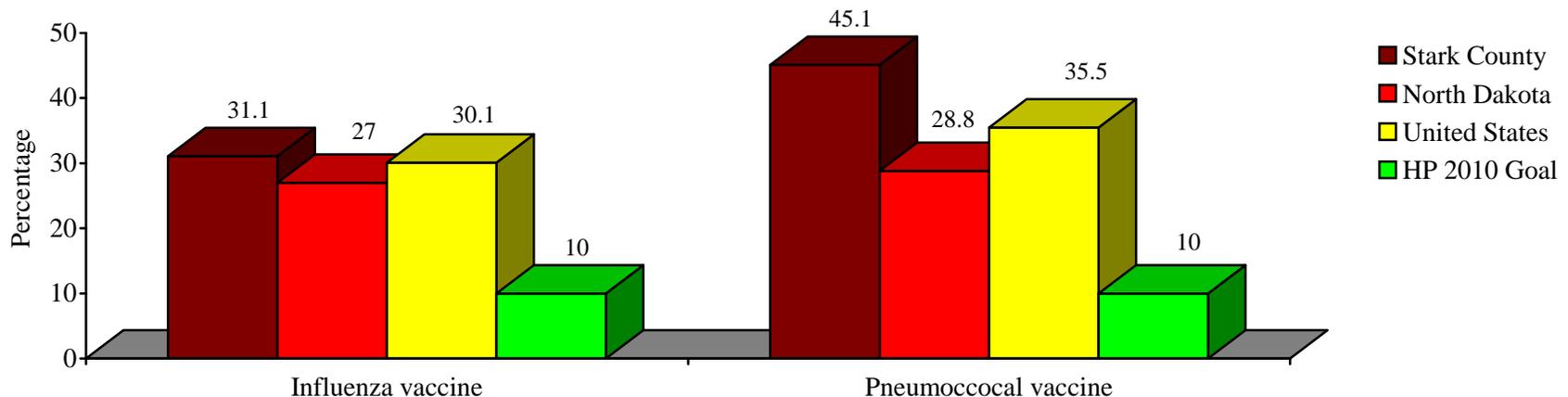
Stark(%) North Dakota(%)

Adults 65 and older who did not have an influenza vaccine within the past year: 31.1 27.0

Adults 65 and older who have never had a pneumococcal vaccination: 45.1 28.8



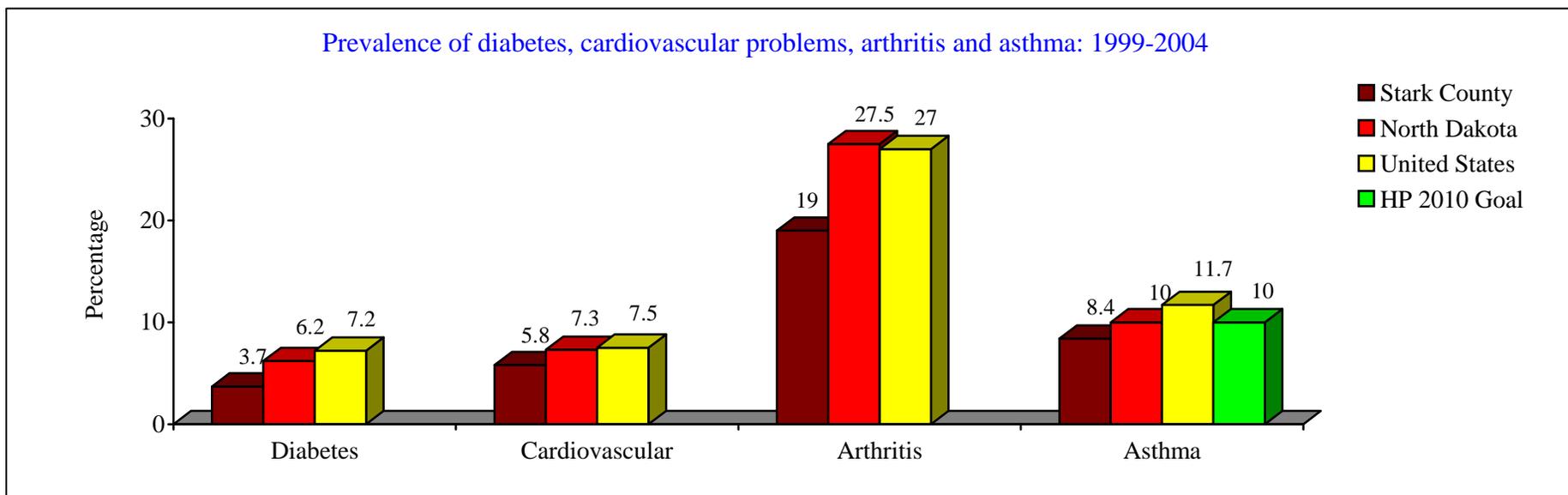
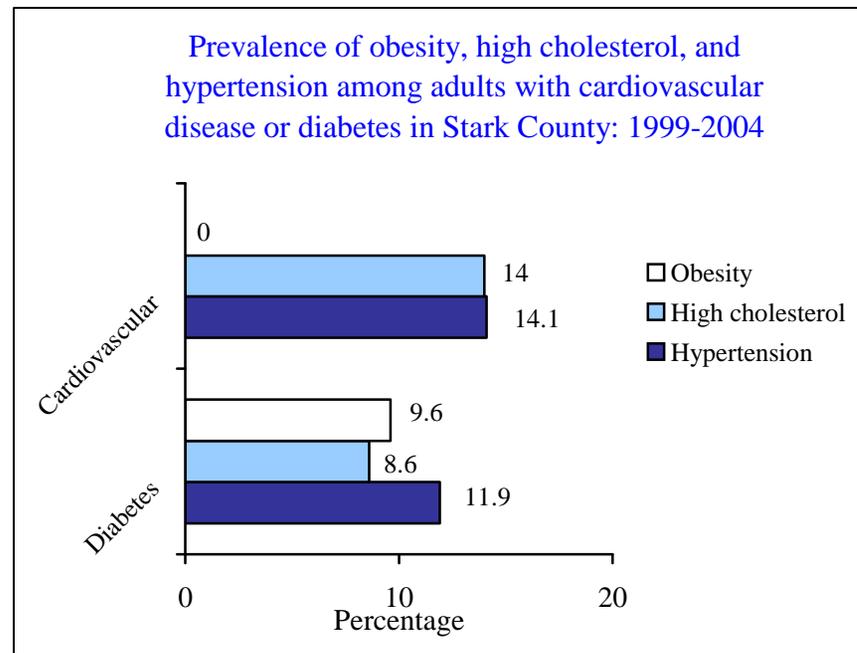
Prevalence of respondents 65 and older who did not receive immunization: 1999-2004



RISK FACTORS AND DISEASE PREVALENCE

- The prevalence of people who have diabetes other than during pregnancy is lower in Stark 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 Stark County than in North Dakota or the U.S.
- Finally, the prevalence of people who had some form of arthritis is significantly lower in Stark County than in North Dakota or the U.S.

	Stark(%)	North Dakota(%)
Respondents who were told that they had diabetes except during pregnancy:	3.7	6.2
Respondents who reported heart attack, heart disease or stroke:	5.8	7.3
Respondents who were told they had some form of arthritis:	19.0	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 Stark 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 Stark 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.