

2009 BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY



Calhoun County Public Health Department
Calhoun County, Michigan

Acknowledgements



Calhoun County Public Health Department

2009

Data were collected for the 2009 Calhoun County Behavioral Risk Factor Surveillance Survey (BRFSS) by the Office for Survey Research (OSR) at the Michigan State University Institute for Public Policy and Social Research (IPPSR). The authors thank Larry A. Hembroff, Ph.D and staff for conducting this survey.

We also thank Annie Wendt, MPH, for conducting all statistical analysis of the 2009 Calhoun County BRFSS data.

Lastly, we thank the residents of Calhoun County for their participation in the 2009 Calhoun County BRFSS.



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I. Partners

This report presents estimates from the 2009 Calhoun County Behavioral Risk Factor Surveillance Survey (BRFSS), a county-wide telephone survey of Calhoun County residents. The BRFSS measures health risk behaviors, certain chronic conditions, and preventive health practices in a representative sample of adults age 18 years and older. The Calhoun County BRFSS is conducted every five years with assistance from the Office for Survey Research (OSR) at the Michigan State University Institute for Public Policy and Social Research (IPPSR). The results of this survey are used by various Calhoun County entities including, but not limited to, public health, academic researchers, and non-profit organizations, to identify health needs of our community and develop programs and policies that promote health.

II. Sampling Design

Data collection began in April, 2009 and was completed in February, 2010. The survey module consisted of 90 questions including a core set of questions developed by the Centers for Disease Control and Prevention (CDC). A stratified random sample of non-institutionalized, English-speaking adults was surveyed. The sampling methodology was designed to over-sample black residents in order to produce reliable estimates for this population. The final sample contained 740 participants including 206 non-Hispanic Blacks. Participants were contacted by random-digit dialing of landline telephones. Up to 20 call attempts were made to contact selected participants. Within selected households, one respondent was randomly selected to be interviewed from the eligible adults living in the household.

III. Data Analysis

The final data set was weighted to correct for unequal probabilities of selection and to maximize the representativeness of the sample findings. Post-stratification adjustments were made to match the gender, age, and race profile of the Calhoun County population based on the U.S. Census Bureau's 2006-08 American Community Survey. In general, the overall margin of sampling error for a sample of 740 is +/- 3.6%. The margin of sampling error will be larger for smaller segments of the sample. Unless otherwise stated, those who responded that they did not know or refused to answer were excluded from the analysis.

IV. Interpretation

The prevalence estimate for each health indicator is shown with a 95% confidence interval. A confidence interval is a measure of random error in the estimation and should be interpreted as follows: If the survey were repeated many times, the confidence interval will include the true value 95% of the time. If confidence intervals for two different subpopulations (i.e. males vs. females) do not overlap, this may be an indication that the difference is statistically significant.

This report has been published on the Calhoun County website at www.calhouncountymi.gov/publichealth. Additional data tables will soon be made available and posted to the website as well.



Executive Summary

2009

Calhoun County Public Health Department

Dear Calhoun County Citizens,

The Calhoun County Public Health Department (CCPHD) strives to fulfill its mission of promoting healthy lifestyles, protecting health, and preventing disease in Calhoun County citizens. The Behavioral Risk Factor Surveillance Survey (BRFSS) is commissioned by the CCPHD in order for community partners, organizations, and the CCPHD to look at Calhoun County citizens' health behaviors.

This report presents estimates from the 2009 Calhoun County BRFSS, a periodic randomized telephone survey that collects data on health conditions, risk factors, and behaviors among adults 18 years and older. The BRFSS is conducted annually by state departments of health in collaboration with the Centers for Disease Control and Prevention. The Calhoun County BRFSS is modeled after the Michigan BRFSS in order to provide comparisons of health indicators.

The Calhoun County BRFSS data is the best source of information about the overall health and well-being of our community. The data allow us to measure and track critical health behaviors and are essential for planning and evaluating programs, establishing program priorities, developing specific interventions and policies, shaping legislation, and identifying emerging public health issues. These data also enable us to shed light on health disparities and pinpoint areas of unmet need for specific populations.

A number of important themes emerged from the 2009 Calhoun County BRFSS report. First, areas of success largely focused on preventive health care practices. For example, in 2009 a greater proportion of Calhoun County residents received preventive services such as cancer and cholesterol screening than in 2004. Overall, health care access has improved in Calhoun County even as it has declined at the state and national level. However, Calhoun County continues to have a high prevalence of risk behaviors including physical inactivity and tobacco use. In order to reach our health goals, it is imperative that we engage a dual approach that connects both the health care sector and community-based primary prevention strategies.

Key findings from individual sections, Health Outcomes, Health Care Access and Utilization, Risk Behaviors, and Clinical Preventive Practices, are summarized at the beginning of their respective sections.

These data will be utilized to continue fulfillment of our 2009-developed Strategic Plan and community-wide healthy lifestyles program development. The CCPHD will continue monitoring health status and identifying, diagnosing, and investigating health issues.

Sincerely,

A handwritten signature in black ink that reads "James A. Rutherford".

James A. Rutherford, MPA
Health Officer
Calhoun County Public Health Department

Comparison Table



Calhoun County Public Health Department

2009

The following table demonstrates the relative performance of health indicators compared to the 2004 Calhoun County BRFSS, the 2009 State of Michigan BRFSS, and 2009 pooled data from all U.S. states and Washington D.C. **Blue text** indicates a better outcome than the 2009 Calhoun County BRFSS data. **Black text** indicates neither better nor worse. **Red text** indicates a worse outcome than 2009 Calhoun County BRFSS data.

BRFSS Indicator	2009 Calhoun County BRFSS		2004 Calhoun County BRFSS		2009 Michigan BRFSS		2009 US Median
	%	95% CI	%	95% CI	%	95% CI	%
Fair or poor general health	18.5	(14.8-22.8)	21.8	(17.6-26.0)	15.0	(14.1-16.0)	14.5
Poor physical health on 14+ days in past month	13.8	(10.6-17.7)	15.5	(11.7-19.3)	10.8	(10.0-11.7)	n/a
Poor mental health on 14+ days in past month	17.0	(13.2-21.8)	14.2	(10.4-17.9)	11.2	(10.3-12.2)	n/a
Obesity	38.4	(32.9-44.3)	30.8	(26.1-35.5)	30.9	(29.6-32.3)	26.9
Ever told had heart attack	5.0	(3.3-7.5)	n/a		4.5	(4.0-5.4)	4.0
Ever told had coronary heart disease or angina	5.3	(3.7-7.7)	n/a		4.4	(4.0-4.9)	3.8
Ever told had stroke	3.2	(1.9-5.3)	n/a		2.7	(2.4-3.0)	2.4
Ever told have high blood pressure	36.5	(31.5-41.8)	36.3	(31.2-41.3)	30.4	(29.2-31.6)	28.7
Ever told have high cholesterol	47.7	(41.8-53.7)	40.9	(35.1-46.6)	38.9	(37.5-40.2)	37.5
Ever told had diabetes	13.8	(10.5-18.1)	9.9	(7.3-12.6)	9.4	(8.8-10.1)	8.3
Experienced worse treatment due to race when seeking healthcare	1.9	(0.8-4.1)	3.6	(1.4-5.8)	n/a		n/a
No health care coverage	14.2	(10.3-19.3)	20.2	(16.1-24.3)	16.2	(14.8-17.6)	16.9
No health care access due to cost	16.1	(11.9-21.4)	15.7	(12.0-19.4)	13.9	(12.9-15.0)	n/a
Did not have a dental visit in past year	32.9	(27.2-39.2)	29.2	(24.5-33.9)	n/a		n/a
Inadequate fruit & vegetable consumption	87.9	(82.9-91.5)	91.2	(88.5-94.0)	77.8	(76.6-79.0)	76.6
No leisure-time physical activity	25.6	(19.5-32.9)	26.4	(21.9-30.8)	24.1	(22.9-25.3)	23.8
Adequate physical activity	48.8	(43.1-54.6)	n/a		51.4	(49.9-52.9)	n/a
Current smokers	25.8	(21.0-31.3)	29.5	(24.7-34.3)	19.8	(18.6-21.0)	17.9
Binge drinking in past 30 days	14.7	(10.9-19.5)	13.9	(10.1-17.6)	16.9	(15.8-18.1)	15.8
Diagnosed with a sexually transmitted disease (STD) in past five years	6.8	(3.3-13.9)	n/a		n/a		n/a
Had sunburn in past 12 months	40.7	(34.6-47.2)	31.0	(26.3-35.7)	n/a		n/a
Had flu shot in past 12 months (age 65+)	63.3	(54.2-71.5)	72.0	(63.2-80.8)	69.0	(67.0-70.9)	70.1
Ever been tested for HIV	41.5	(34.9-48.4)	50.4	(44.5-56.3)	38.2	(36.5-39.9)	n/a
Had sigmoidoscopy/colonoscopy in past five years (age 50+)	62.5	(55.3-69.1)	48.9	(42.0-55.8)	n/a		n/a
Had appropriately-timed clinical breast exam (women age 20+)	93.0	(87.8-96.1)	70.6	(64.7-76.5)	n/a		n/a
Had mammogram in past year (women age 40+)	56.0	(47.5-64.2)	58.3	(51.0-65.7)	n/a		n/a
Had appropriately-timed Pap test (women)	78.5	(71.3-84.2)	81.2	(75.6-86.7)	n/a		n/a
Had prostate-specific antigen (PSA) test in past year (men age 50+)	52.4	(42.6-62.1)	48.0	(36.4-59.7)	n/a		n/a



Demographics

2009

Calhoun County Public Health Department

	<u>Calhoun County¹</u>	<u>Michigan¹</u>	<u>United States¹</u>
Total Population	136,875	10,039,208	301,461,533
Households	54,198	3,860,160	112,611,029
Age Distribution			
18-24	9.3%	9.8%	9.9%
25-34	12.4%	12.2%	13.4%
35-44	13.4%	14.1%	14.2%
45-54	14.8%	15.3%	14.5%
55-64	11.6%	11.4%	10.8%
65-74	7.4%	6.7%	6.5%
75+	6.8%	6.2%	6.1%
Race & Ethnicity			
Non-Hispanic White	84.3%	79.7%	74.4%
Non-Hispanic Black	10.3%	14.0%	12.4%
American Indian/Alaska Native	0.6%	0.5%	0.8%
Asian/Pacific Islander	1.7%	2.4%	4.5%
Other race	0.7%	1.5%	5.6%
Two or more races	2.4%	3.0%	2.2%
Hispanic	4.0%	4.0%	15.1%
Gender			
Male	48.7%	49.2%	49.3%
Female	51.3%	50.8%	50.7%
Education Level			
Less than high school	14.1%	13.0%	15.7%
High school graduate	34.3%	31.5%	29.7%
Some college	26.0%	25.5%	22.5%
College graduate	25.5%	29.9%	32.2%
Percent Urban & Rural Population			
Urban	69.7%	74.7%	79.0%
Rural	30.3%	25.3%	21.0%
Percent of Residents below Federal Poverty Level	16.2%	14.5%	8.2%
Median Household Income	\$42,003	\$48,700	\$51,425

The Health Outcomes section reports on health quality and the prevalence of certain chronic conditions. Several key highlights are listed below.

General Health Status

- The overall proportion of adults who reported that their health was fair or poor was higher in Calhoun County (18.5%) than the Michigan average (15.0%) and the U.S. median (14.5%).
- Calhoun County residents with lower educational attainment and lower incomes were significantly more likely to report fair or poor health.

Health-Related Quality of Life

- In 2009, 13.8% of adults in Calhoun County reported poor physical health and 17.0% reported poor mental health on at least 14 days in the past month.

Weight Status

- One of the greatest challenges that Calhoun County faces is overweight and obesity. In 2009, roughly three out of four Calhoun County adults (75.8%) were either overweight or obese.
- The proportion of adults in Calhoun County who are overweight or obese has increased by 5.8% since 2004.

Cardiovascular Disease

- Among adults in Calhoun County, 5.0% had ever been told they had a heart attack, 5.3% had ever been told they had angina or coronary heart disease, and 3.2% had ever been told they had a stroke.

Diabetes

- The overall proportion of adults who had been told by a health professional that they had diabetes in 2009 was 13.8%.
- The proportion of adults with diabetes in Calhoun County was significantly higher than the state average of 9.4%.
- The prevalence of self-reported diabetes among obese individuals was 26.9%.

Reactions to Race

- In 2009, 20.6% of non-Hispanic Blacks reported emotional symptoms and 14.6% reported physical symptoms as a result of how they were treated based on their race.
- The majority of non-Hispanic Whites (83.9%) and non-Hispanic Blacks (75.2%) believed that they were treated the same as other races when seeking health care.



General Health Status

2009

Calhoun County Public Health Department

General health status is a self-rated assessment of an individual's perceived health. Research has demonstrated that self-rated health status is a reliable measure and a strong predictor of morbidity and mortality.² Factors including environment, community, access to health care, and risk behaviors may affect health status.

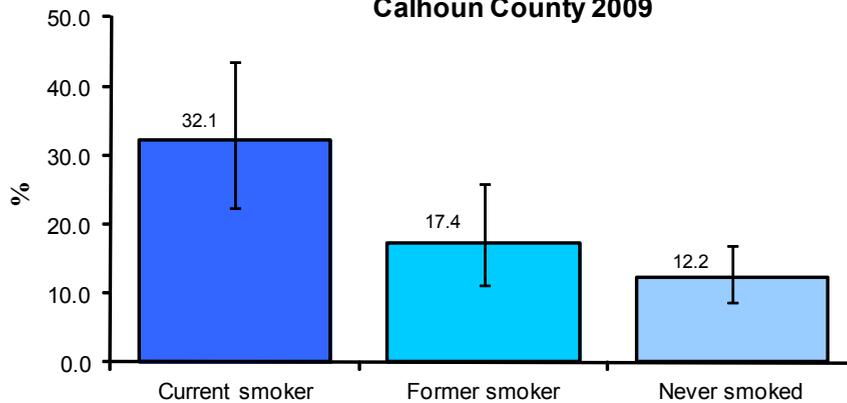
In 2009, 18.5% of Calhoun County residents reported that their health was either fair or poor. Although this indicator has improved from 2004 (21.8%, 95% CI: 17.6-26.0), it is worse than the 2009 Michigan average (15.0, 95% CI: 14.1-16.0). The proportion reporting fair or poor health increased with increasing age except for the 35-44 and 65-74 age groups. Non-Hispanic Blacks and females were more likely to report fair or poor health status, although these differences failed to meet statistical significance.

Socioeconomic status has been shown to be strongly correlated with overall health.³ Not surprisingly, Calhoun County residents with less than a high school education were significantly more likely to report fair or poor health compared to college graduates. Likewise, individuals making less than \$20,000 a year were significantly more likely to report poor or fair health than individuals making \$35,000 or more.

General Health is Fair or Poor ^a		
	%	95% CI
Total	18.5	(14.8-22.8)
Age		
18-24	11.7	(3.8-31.1)
25-34	16.1	(6.8-33.4)
35-44	4.1	(1.4-11.5)
45-54	20.9	(13.8-30.4)
55-64	26.8	(18.2-37.7)
65-74	24.6	(15.8-36.0)
75+	24.7	(15.6-36.8)
Gender		
Male	16.9	(11.7-24.0)
Female	19.6	(15.0-25.3)
Race		
Non-Hispanic White	18.1	(14.0-23.0)
Non-Hispanic Black	25.3	(15.7-38.0)
Education		
Less than HS	41.8	(22.0-64.7)
HS graduate	21.9	(15.7-29.6)
Some college	14.6	(8.8-23.2)
College graduate	12.4	(7.5-19.8)
Income		
Less than \$20K	40.5	(29.3-52.8)
\$20K-\$34,999	26.9	(16.7-40.5)
\$35K-\$49,999	9.4	(4.4-19.0)
\$50K-\$74,999	13.6	(6.6-26.0)
\$75K+	1.5	(0.3-6.1)

^a Among all adults, the proportion who reported that their health status, in general, was either fair or poor.

**General Health Status is Fair or Poor by Smoking Status
Calhoun County 2009**



One important risk factor that has been linked to general health status is tobacco use. In 2009, current smokers were significantly more likely to report poor or fair health than people who have never smoked. Results also indicated that current smokers may be more likely to report poor or fair health than former smokers, underscoring the importance of quitting smoking.

Health-Related Quality of Life



Calhoun County Public Health Department

2009

Health-related quality of life measures individuals' perceived health status over time. Tracking health-related quality of life can help determine which populations are experiencing unmet needs.

Overall, 13.8% of adults reported poor physical health on at least 14 days of the past month. This proportion increased with age. Conversely, poor mental health was more prevalent among younger age groups. Non-Hispanic Blacks were almost twice as likely to report poor mental health compared to non-Hispanic Whites. Females were almost twice as likely to report poor mental health as males.

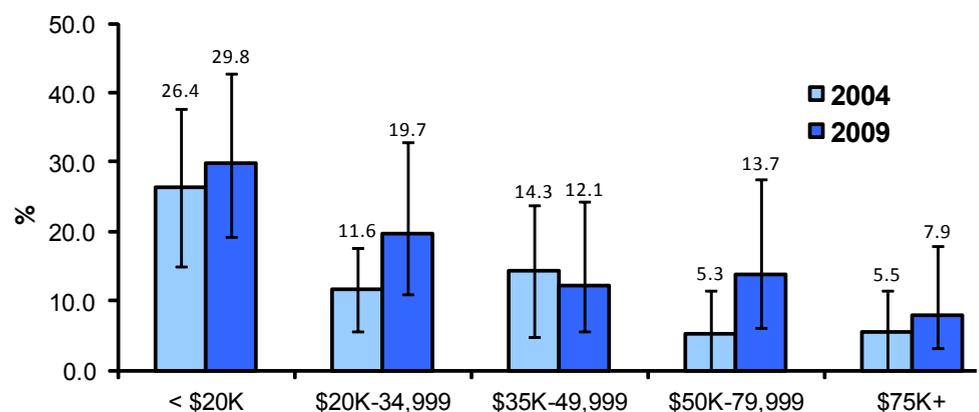
Poor physical and mental health was more prevalent among individuals with lower education and income levels. Over a quarter of people making less than \$20,000 experienced 14 or more days of poor physical or mental health in the last month. People with less education and lower income were also more likely to report that their health limited their usual activity such as self-care, work, and recreation.

In 2009, the estimated average number of poor physical health days per month was 4.3 and the average number of poor mental health days per month was 5.1. The average number of days of limited activity was 4.8. Both the estimated average poor mental health days and limited activity days were worse in Calhoun County compared to the Michigan average (3.7 and 2.3, respectively).

	Poor Physical Health ^a		Poor Mental Health ^b		Physical or Mental Limited Usual Activity ^c	
	%	95% CI	%	95% CI	%	95% CI
Total	13.8	(10.6-17.7)	17.0	(13.2-21.8)	16.2	(11.9-21.7)
Age						
18-34	4.0	(1.0-14.6)	24.8	(15.1-38.0)	8.0	(2.9-20.6)
35-54	16.6	(11.0-24.1)	16.5	(11.0-24.0)	20.6	(13.1-31.0)
55+	19.6	(14.4-26.1)	11.1	(7.3-16.6)	18.9	(12.3-27.9)
Gender						
Male	14.3	(9.5-21.1)	11.4	(6.8-18.4)	13.9	(7.8-23.5)
Female	13.1	(9.3-18.0)	21.9	(16.4-28.7)	17.5	(12.0-24.9)
Race						
Non-Hispanic White	14.0	(10.5-18.6)	15.4	(11.4-20.5)	15.8	(11.0-22.3)
Non-Hispanic Black	17.6	(9.6-30.2)	30.6	(17.0-48.7)	15.3	(7.8-27.9)
Education						
Less than HS	22.7	(9.4-45.3)	50.4	(27.9-72.7)	33.7	(15.1-59.3)
HS graduate	19.3	(13.2-27.2)	17.2	(11.4-25.0)	19.3	(12.2-29.3)
Some college	12.0	(7.1-19.7)	15.1	(8.7-24.8)	12.7	(6.1-24.3)
College graduate	6.3	(3.4-11.5)	11.1	(6.1-19.5)	7.9	(3.4-17.6)
Income						
Less than \$20K	26.7	(17.9-37.8)	29.8	(19.3-42.9)	33.9	(22.3-47.8)
\$20K-\$34,999	13.9	(7.6-24.0)	19.7	(11.0-32.9)	16.5	(7.4-32.8)
\$35K-\$49,999	13.4	(5.8-28.0)	12.1	(5.6-24.2)	7.0	(1.6-25.6)
\$50K-\$74,999	18.0	(8.9-33.0)	13.7	(6.2-27.6)	15.6	(5.1-38.7)
\$75K+	2.4	(0.6-8.5)	7.9	(3.2-17.9)	3.3	(0.5-19.9)

^a Among all adults, the proportion who reported 14 or more days of poor physical health, which includes physical illness and injury, during the past 30 days.
^b Among all adults, the proportion who reported 14 or more days of poor mental health, which includes stress, depression, and problems with emotions, during the past 30 days.
^c Among all adults, the proportion who reported 14 or more days of activity limitation due to poor physical or mental health during the past 30 days.

Poor Mental Health on 14+ Days in Past Month by Income Calhoun County





Weight Status

2009

Calhoun County Public Health Department

Obesity has been linked to many chronic conditions including cardiovascular disease, diabetes, infertility, and some forms of cancer.⁴ Obesity also places a huge financial burden on our health care system, with an estimated \$2.9 billion in obesity-related expenditures in Michigan in 2003.⁵

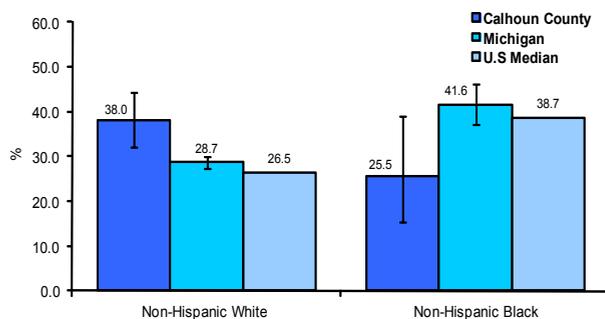
The prevalence of overweight and obesity has been increasing in the nation, state, and Calhoun County. In 2009, 38.4% of adults were obese and 37.4% were overweight (a combined prevalence of 75.8% of adults above a healthy weight). This represents a 5.8% increase in overweight and obesity from 2004. Calhoun County also ranks significantly worse than the nation and Michigan in obesity prevalence.

Obesity tends to affect some populations more than others. In Calhoun County, in contrast to state and national data, non-Hispanic White residents have a higher estimated prevalence of obesity compared to non-Hispanic Blacks. Obesity was also more common among individuals with lower income.

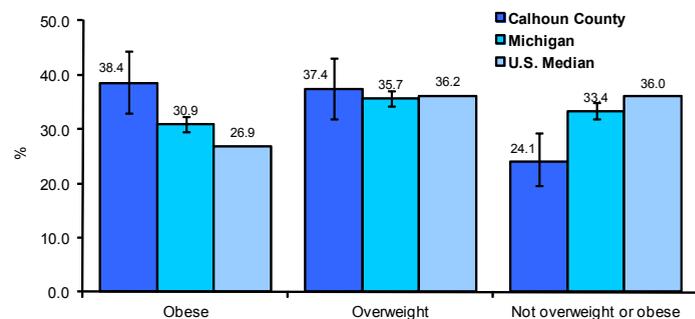
	Obese ^a		Overweight ^b		Not Overweight or Obese ^c	
	%	95% CI	%	95% CI	%	95% CI
Total	38.4	(32.9-44.3)	37.4	(32.0-43.2)	24.1	(19.6-29.4)
Age						
18-24	25.9	(11.3-49.0)	28.1	(12.7-51.2)	46.0	(25.3-68.2)
25-34	39.8	(21.8-61.0)	46.7	(27.7-66.6)	13.6	(4.7-33.3)
35-44	39.5	(25.5-55.4)	37.8	(24.5-53.2)	22.8	(13.3-36.1)
45-54	42.3	(32.1-53.1)	36.1	(26.3-47.2)	21.6	(14.3-31.3)
55-64	53.4	(42.2-64.3)	27.1	(18.1-38.4)	19.5	(12.6-29.0)
65-74	29.5	(20.0-41.1)	51.0	(39.0-62.9)	19.5	(11.8-30.6)
75+	20.8	(11.9-33.9)	42.9	(30.0-56.9)	36.2	(24.7-49.5)
Gender						
Male	33.6	(25.7-42.6)	42.1	(33.7-51.1)	24.2	(17.3-32.8)
Female	43.3	(36.0-50.9)	32.9	(26.2-40.4)	23.8	(18.3-30.4)
Race						
Non-Hispanic White	38.0	(32.1-44.3)	37.8	(31.8-44.2)	24.2	(19.2-30.0)
Non-Hispanic Black	25.5	(15.5-39.1)	40.8	(26.3-57.1)	33.7	(19.8-51.1)
Education						
Less than HS	39.3	(19.6-63.1)	30.1	(11.4-59.2)	30.6	(12.9-56.7)
HS graduate	38.4	(29.4-48.3)	33.5	(25.4-42.7)	28.1	(20.3-37.4)
Some college	42.4	(32.0-53.6)	40.2	(29.8-51.6)	17.3	(11.0-26.2)
College graduate	34.5	(25.2-45.1)	41.5	(31.4-52.4)	24.0	(16.2-34.1)
Income						
Less than \$20K	48.9	(36.5-61.5)	27.2	(18.0-38.8)	23.9	(15.5-35.0)
\$20K-\$34,999	42.8	(28.7-58.1)	39.2	(25.8-54.4)	18.0	(10.0-30.2)
\$35K-\$49,999	38.4	(26.0-52.6)	35.3	(23.3-49.5)	26.3	(15.2-41.5)
\$50K-\$74,999	38.1	(24.4-54.1)	37.1	(22.9-53.9)	24.8	(12.1-44.1)
\$75K+	33.2	(22.4-46.0)	43.1	(31.8-55.3)	23.7	(15.4-34.5)

Note: BMI, body mass index, is defined as weight (in kilograms) divided by height (in meters) squared [weight in kg/(height in meters)²]. Weight and height were self-reported. Pregnant women were excluded from this estimate.
^aThe proportion of respondents whose BMI was greater than or equal to 30.0.
^bThe proportion of respondents whose BMI was greater than or equal to 25.0, but less than 30.0.
^cThe proportion of respondents whose BMI was less than 25.0.

Obesity by Race 2009



Weight Status 2009



Cardiovascular Disease



Calhoun County Public Health Department

2009

In 2009, heart disease was the leading cause of mortality in Calhoun County with an age-adjusted rate of 185 deaths/100,000 residents.⁶ In that same year, stroke was the sixth leading cause of mortality with a rate of 41.5 deaths/100,000.⁶ Many health behaviors such as not smoking, maintaining a healthy diet, and exercising can prevent or delay these diseases.

Among Calhoun County residents, 5.0% had ever been told they had a heart attack, 5.3% had been told they had angina or coronary heart disease, and 3.2% had been told they had a stroke. The estimated prevalence of these indicators was higher in Calhoun County than in Michigan and the U.S., although the difference was not statistically significant.

Males and non-Hispanic Whites were more likely to report ever having been told they had a heart attack, angina, or coronary heart disease. Conversely, females and non-Hispanic Blacks were more likely to report ever having been told they had a stroke. These differences failed to meet statistical significance.

Large disparities were observed among lower education and lower income groups. Individuals with incomes under \$20,000 were significantly more likely to report ever having been told they had a heart attack, angina or coronary heart disease, and stroke compared to individuals with incomes above \$75,000. A similar pattern is observed at the state level, although the 'disparity gap' is wider in Calhoun County.

	Ever Told Had Heart Attack ^a		Ever Told Had Angina or Coronary Heart Disease ^b		Ever Told Had Stroke ^c	
	%	95% CI	%	95% CI	%	95% CI
Total	5.0	(3.3-7.5)	5.3	(3.7-7.7)	3.2	(1.9-5.3)
Age						
18-34	1.8	(0.3-12.0)	0.0	(0.0-0.0)	2.8	(0.6-11.2)
35-54	2.6	(1.0-6.6)	1.6	(0.5-5.0)	1.8	(0.6-5.1)
55+	10.4	(6.6-15.9)	13.6	(9.2-19.6)	5.3	(3.0-9.1)
Gender						
Male	6.0	(3.4-10.4)	6.0	(3.4-10.5)	2.0	(0.8-4.8)
Female	4.1	(2.2-7.6)	4.7	(2.9-7.5)	4.3	(2.3-7.9)
Race						
Non-Hispanic White	5.4	(3.4-8.5)	5.2	(3.4-8.0)	3.1	(1.6-5.7)
Non-Hispanic Black	1.9	(1.1-3.4)	4.7	(1.8-11.5)	5.9	(2.6-12.7)
Education						
Less than HS	18.8	(7.1-41.3)	16.3	(5.7-38.5)	5.1	(1.3-17.9)
HS graduate	3.2	(1.5-6.4)	4.1	(2.1-7.8)	2.4	(1.2-4.8)
Some college	4.5	(2.1-9.7)	6.2	(3.2-11.7)	4.2	(1.9-9.1)
College graduate	4.2	(1.6-10.7)	3.2	(1.4-7.1)	2.8	(0.7-11.2)
Income						
Less than \$20K	14.9	(8.1-25.8)	14	(8.0-23.3)	8.8	(4.2-17.7)
\$20K-\$34,999	5.7	(3.0-10.8)	6.6	(3.1-13.3)	1.3	(0.4-4.7)
\$35K-\$49,999	2.0	(0.3-12.3)	3.8	(1.1-12.6)	3.7	(1.0-13.1)
\$50K-\$74,999	3.1	(0.9-9.5)	2.7	(0.7-10.3)	0.0	(0.0-0.0)
\$75K+	0.7	(0.1-4.1)	1.2	(0.3-4.6)	0.0	(0.0-0.3)

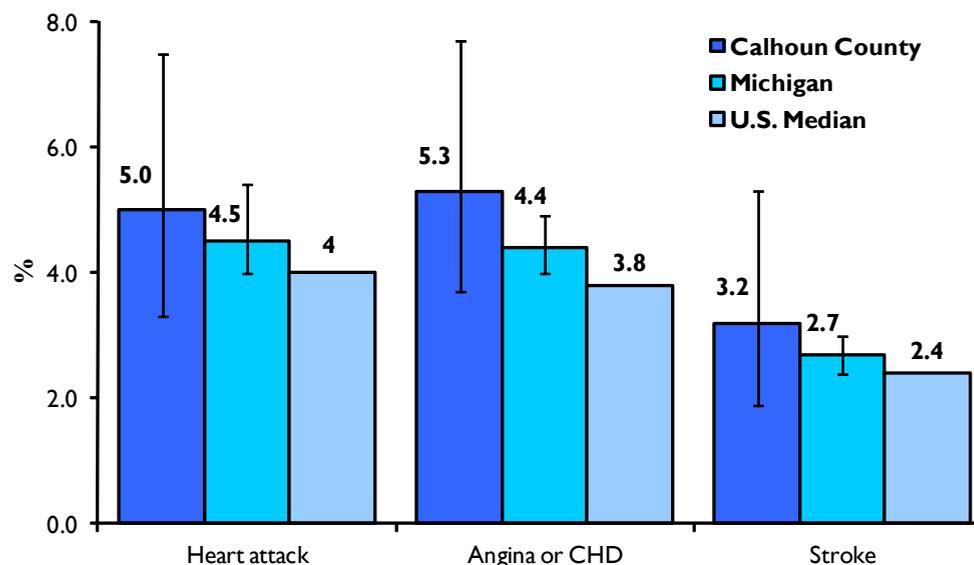
Among all adults, the proportion who had ever been told by a doctor that:

^a they had a heart attack or myocardial infarction,

^b they had angina or coronary heart disease, or

^c they had a stroke.

Prevalence of Self-Reported Heart Attack, Angina, or Coronary Heart Disease, and Stroke 2009





Diabetes

2009

Calhoun County Public Health Department

Diabetes Mellitus is a chronic disease which occurs when the body cannot produce enough insulin, cannot efficiently use the insulin it produces, or a combination of both.⁷ Among adults, the most common type of diabetes is Type 2.⁷ Diabetes can lead to heart attack, stroke, kidney disease, blindness, and loss of limbs. In 2009, diabetes was the fifth leading cause of death in Calhoun County with 45.5 deaths/100,000 residents.⁶

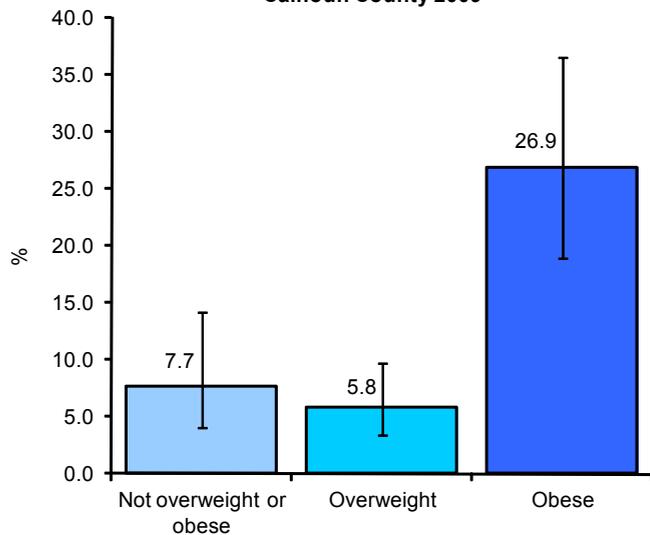
In 2009, an estimated 13.8% of Calhoun County residents had ever been told they had diabetes compared to only 9.4% of Michigan residents and 8.3% at the national level. The self-reported prevalence of diabetes increased with increasing age until age 75. Overall, individuals with lower incomes were more likely to report ever having been told they had diabetes. Individuals who were obese had a much higher risk of diabetes than individuals who were just overweight or not overweight or obese.

There is evidence that the proportion of Calhoun County residents with diabetes has increased since 2004. The total prevalence of self-reported diabetes was 9.9% in 2004. Increases were seen across all demographic and socioeconomic categories.

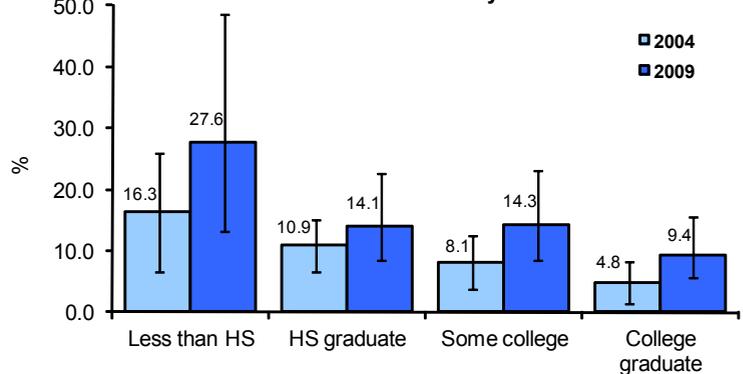
	Ever Told Had Diabetes ^a	
	%	95% CI
Total	13.8	(10.5-18.1)
Age		
18-24	0	(0.0-0.0)
25-34	12.3	(3.1-37.9)
35-44	4.5	(1.0-18.6)
45-54	13.1	(7.7-21.4)
55-64	17.7	(10.5-28.1)
65-74	32.6	(22.6-44.4)
75+	24.1	(14.7-36.8)
Gender		
Male	16.9	(11.1-24.8)
Female	10.9	(7.8-15.1)
Race		
Non-Hispanic White	12.2	(9.1-16.3)
Non-Hispanic Black	12.3	(6.9-21.0)
Education		
Less than HS	27.6	(13.3-48.5)
HS graduate	14.1	(8.4-22.7)
Some college	14.3	(8.5-23.2)
College graduate	9.4	(5.6-15.5)
Income		
Less than \$20K	22.7	(14.2-34.2)
\$20K-\$34,999	20.9	(10.5-37.4)
\$35K-\$49,999	5.4	(2.5-11.6)
\$50K-\$74,999	7.2	(2.9-16.8)
\$75K+	11.2	(5.9-20.2)

^a Among all adults, the proportion who reported that they were ever told by a doctor that they have diabetes. Adults who had been told they have prediabetes and women who had diabetes only during pregnancy were classified as not having been diagnosed.

Ever Told Had Diabetes by Weight Status
Calhoun County 2009



Ever Told Had Diabetes by Education
Calhoun County



Reactions to Race



Calhoun County Public Health Department

2009

Although there is no biological basis for race, socially-defined categories of race often impact our experiences and our health. When racism, whether personal or institutional, is rooted in a community, it can negatively influence the mental, physical, and emotional well-being of individuals. To assess the impact of racism on the health of our community, participants were asked if they had experienced physical or emotional symptoms in the past 30 days as a result of how they were treated based on their race.

The overall majority of Calhoun County adults reported no physical or emotional symptoms based on their treatment due to race. However, non-Hispanic Blacks were 6.9 times more likely to report emotional symptoms and 14.6 times more likely to report physical symptoms than non-Hispanic Whites.

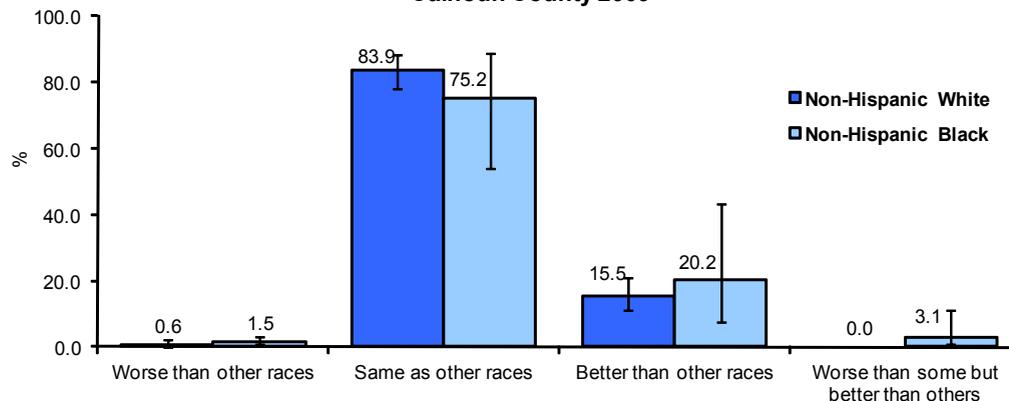
Individuals with less than a high school education were more likely to report physical symptoms than college graduates. Individuals with incomes below \$20,000 were more likely than individuals with incomes above \$35,000 to report physical symptoms as well.

	Experienced Emotional Symptoms in Past 30 Days ^a		Experienced Physical Symptoms in Past 30 Days ^b	
	%	95% CI	%	95% CI
Total	5.9	(3.8-9.0)	3.1	(1.5-6.3)
Age				
18-24	9.0	(2.5-27.4)	10.1	(2.4-33.8)
25-34	4.0	(0.9-15.6)	3.7	(0.8-15.8)
35-44	4.0	(0.6-20.9)	0.1	(0.0-0.8)
45-54	6.4	(2.9-13.5)	2.6	(1.0-6.3)
55-64	7.3	(3.0-16.4)	2.4	(0.7-7.6)
65-74	5.7	(2.1-14.7)	0.3	(0.1-1.2)
75+	0.3	(0.1-1.6)	0.7	(0.2-2.0)
Gender				
Male	6.9	(3.6-12.7)	3.6	(1.2-10.6)
Female	5.0	(2.7-8.8)	2.7	(1.2-6.0)
Race				
Non-Hispanic White	3.0	(1.5-5.7)	1.0	(0.4-2.4)
Non-Hispanic Black	20.6	(10.0-37.6)	14.6	(4.6-37.7)
Education				
Less than HS	5.6	(1.4-19.2)	16.9	(3.4-53.6)
HS graduate	9.9	(5.6-16.9)	4.4	(1.9-9.9)
Some college	4.9	(1.7-13.4)	0.6	(0.1-4.1)
College graduate	1.1	(0.3-3.5)	0.8	(0.2-3.3)
Income				
Less than \$20K	15.5	(8.1-27.3)	8.4	(3.7-18.2)
\$20K-\$34,999	4.9	(2.1-11.0)	1.9	(0.5-6.1)
\$35K-\$49,999	0.2	(0.1-0.6)	0.1	(0.0-0.5)
\$50K-\$74,999	3.5	(0.5-21.4)	0.0	(0.0-0.0)
\$75K+	4.3	(1.3-13.8)	0.8	(0.1-5.5)

^a The proportion who reported feeling emotionally upset (e.g., angry, sad, or frustrated) as a result of how they were treated based on their race during the past 30 days.

^b The proportion who reported experiencing physical symptoms (e.g., a headache, an upset stomach, tensing of muscles, pounding heart) as a result of how they were treated based on their race during the past 30 days.

Treatment When Seeking Health Care by Race
Calhoun County 2009





Health Care Access and Utilization

2009

Calhoun County Public Health Department

The Health Care Access and Utilization section of this report presents data on access to health care and dental health. Several key highlights for each are included below.

Access to Health Care

- Despite a weak economy, Calhoun County has increased the proportion of adults who have health care coverage since 2004. In 2009, an estimated 14.2% of adults age 18-64 in Calhoun County had no health care coverage compared to 20.2% in 2004.

Dental Health

- There continues to be substantial unmet need in Calhoun County for dental care services. Among adults in Calhoun County, 32.9% had no dental visit in the past year, 37.2% had no cleaning in the past year, and 37.0% had no dental insurance.

Access to Health Care



Calhoun County Public Health Department

2009

Access to health care services is a key component of improving quality of life for the community. Disparities in access can result in unmet needs, delays in receiving appropriate care, inability to get preventive services, and avoidable hospitalizations. Cost, lack of insurance, and lack of availability are often barriers to accessing health care services.

Calhoun County has decreased the overall proportion of uninsured adults age 18-64 from 20.2% (95% CI: 16.1-24.3) in 2004 to 14.2% in 2009. Calhoun County has a lower proportion of uninsured adults than Michigan or the U.S. Younger age groups and people with lower education attainment and income were more likely to have no health care coverage. Non-Hispanic Blacks were also more likely than non-Hispanic Whites to have no health care coverage.

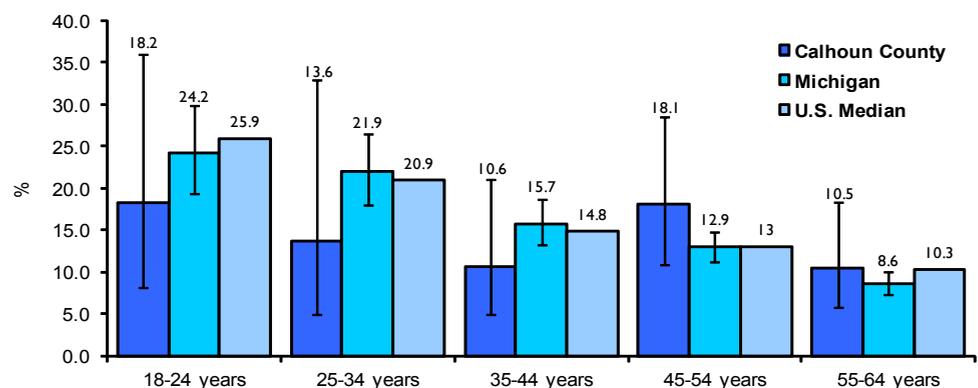
The proportion of people with no personal health care provider or no health care in the past year due to cost was slightly higher in Calhoun County than in the Michigan (13.4% and 13.9% respectively). Compared to 2004, the proportion with no personal health provider is slightly lower (2004: 15.7%, 95% CI: 11.7-19.7), but the proportion who had gone without care due to cost is higher (2004: 15.7%, 95% CI: 12.0-19.4). In 2009, 15.4% (95% CI: 11.4-20.6) did not fill a prescription in the past year due to cost and 10.6% (95% CI: 7.4-15.1) did not take a medication as prescribed in the year due to cost.

The most common types of health care coverage among residents of Calhoun County were: employer-sponsored (57.0%), Medicare (17.5%), and Medicaid (12.3%).

	No Health Care Coverage Among 18-64 Year Olds ^a		No Personal Health Care Provider ^b		No Health Care Access in Past 12 Months due to Cost ^c	
	%	95% CI	%	95% CI	%	95% CI
Total	14.2	(10.3-19.3)	14.9	(10.6-20.6)	16.1	(11.9-21.4)
Age						
18-24	18.2	(8.1-35.9)	31.5	(15.6-53.4)	25.4	(11.5-47.0)
25-34	13.6	(4.9-32.8)	43.3	(25.5-63.1)	28.9	(13.8-50.6)
35-44	10.6	(5.0-21.1)	7.5	(3.2-16.5)	15.6	(7.4-29.9)
45-54	18.1	(10.9-28.4)	6.8	(3.5-13.0)	16.0	(9.6-25.4)
55-64	10.5	(5.8-18.3)	6.1	(2.1-16.2)	11.2	(5.5-21.4)
65-74	--	--	0.6	(0.1-4.0)	6.8	(3.3-13.6)
75+	--	--	5.4	(1.4-18.3)	1.4	(0.2-8.8)
Gender						
Male	13.2	(7.7-21.7)	21.7	(14.1-31.8)	15.0	(8.9-24.3)
Female	15.2	(10.3-21.8)	8.9	(5.3-14.5)	17.1	(11.8-23.9)
Race						
Non-Hispanic White	13.0	(8.8-18.8)	14.1	(9.7-20.1)	13.3	(9.3-18.7)
Non-Hispanic Black	20.6	(10.8-35.9)	19.5	(8.2-39.6)	23.1	(12.5-38.6)
Education						
Less than HS	27.8	(9.7-58.1)	26.0	(9.5-54.2)	33.7	(14.0-61.3)
HS graduate	14.3	(8.9-22.1)	13.2	(7.2-22.9)	22.2	(14.4-32.6)
Some college	15.0	(7.6-27.5)	5.9	(2.5-13.2)	15.2	(8.8-25.1)
College graduate	11.0	(5.8-19.9)	15.5	(7.7-28.7)	4.7	(2.2-9.9)
Income						
Less than \$20K	18.9	(11.7-29.1)	14.1	(8.0-23.7)	38.2	(26.6-51.3)
\$20K-\$34,999	16.1	(7.8-30.5)	19.5	(9.0-37.1)	24.6	(12.4-43.0)
\$35K-\$49,999	16.9	(7.7-32.9)	8.9	(2.9-24.5)	17.7	(8.9-32.1)
\$50K-\$74,999	3.0	(0.7-11.5)	14.7	(4.5-38.5)	0.5	(0.1-3.5)
\$75K+	3.3	(0.5-18.3)	10.2	(4.2-22.8)	2.8	(0.4-16.7)

^a Among those age 18-64, the proportion who reported having no health care coverage, including health insurance, prepaid plans such as HMOs, or government-sponsored plans such as Medicaid.
^b The proportion who reported that they did not have anyone that they thought of as their personal doctor or health care provider.
^c The proportion who reported that in the past 12 months they could not see a doctor when they needed to due to the cost.

No Health Care Coverage by Age Group 2009





Dental Health

2009

Calhoun County Public Health Department

Dental and oral health has improved over the past 50 years due to innovations in preventive services and treatment.⁸ Unfortunately, many people in our community do not have access to dental care. In fact, almost a third of Calhoun County residents reported no dental visit in the past year and over a third reported no dental cleaning or dental insurance in the past year. Individuals without dental insurance were much more likely to report not having a dental visit or cleaning in the past year.

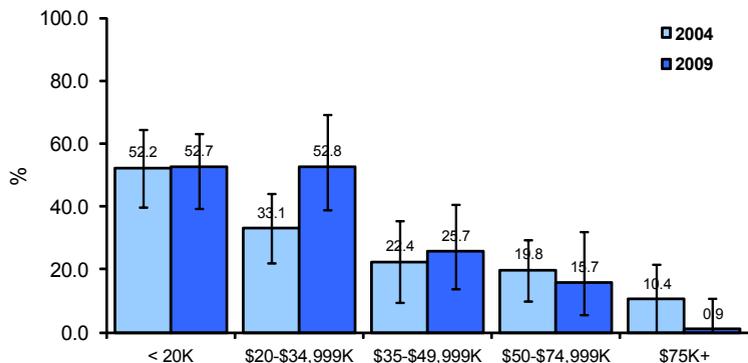
Individuals with less than a high school education were significantly more likely to not have a dental visit or cleaning in the past year compared to those with some college and college graduates. Similarly, individuals making less than \$20,000 per year were significantly more likely to not have a dental visit or cleaning in the past year than individuals making \$35,000 or more.

Overall, fewer people had dental care visits in 2009 compared to 2004. Most of this decrease was among middle income groups. There were no significant differences in the number of people with dental insurance between 2004 and 2009.

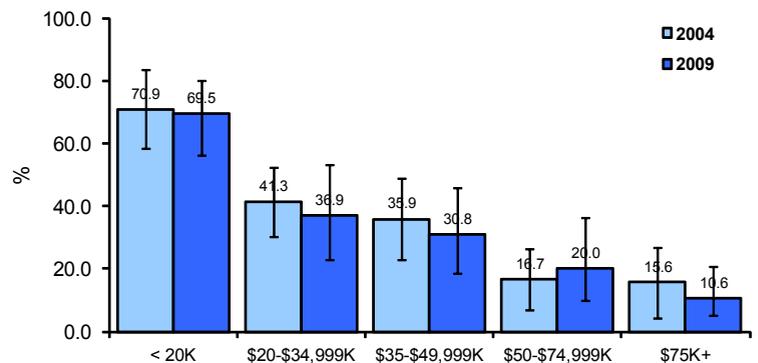
	No Dental Visit in Past Year ^a		No Cleaning in Past Year ^b		No Dental Insurance ^c	
	%	95% CI	%	95% CI	%	95% CI
Total	32.9	(27.2-39.2)	37.2	(31.3-43.6)	37.0	(31.3-43.1)
Age						
18-34	45.0	(30.3-60.6)	52.4	(37.1-67.2)	35.0	(21.9-50.7)
35-54	27.4	(20.0-36.3)	27.5	(20.1-36.3)	32.6	(24.5-41.9)
55 years+	30.0	(23.3-37.8)	35.8	(28.6-43.8)	44.2	(36.4-52.2)
Gender						
Male	35.4	(26.4-45.6)	38.4	(29.2-48.5)	36.2	(27.6-45.7)
Female	30.7	(23.9-38.5)	36.1	(28.7-44.3)	37.7	(30.3-45.8)
Race						
Non-Hispanic White	30.7	(24.6-37.5)	34.3	(27.9-41.3)	36.2	(30.1-42.9)
Non-Hispanic Black	38.9	(24.4-55.7)	45.4	(31.0-60.6)	33.6	(21.5-48.4)
Education						
Less than HS	76.3	(49.8-91.3)	85.2	(58.8-95.9)	39.6	(18.6-65.2)
HS graduate	41.9	(32.0-52.5)	49.0	(38.7-59.3)	47.8	(37.7-58.1)
Some college	34.8	(24.5-46.8)	36.0	(25.2-48.4)	37.1	(26.5-49.2)
College graduate	10.8	(6.1-18.4)	15.1	(9.5-23.2)	22.7	(15.4-32.1)
Income						
Less than \$20K	52.7	(39.4-65.6)	64.2	(50.6-75.8)	69.5	(56.2-80.2)
\$20K-\$34,999	52.8	(37.5-67.5)	59.7	(45.1-72.8)	36.9	(23.1-53.3)
\$35K-\$49,999	25.7	(14.0-42.3)	26.8	(15.0-43.3)	30.8	(18.8-46.0)
\$50K-\$74,999	15.7	(6.8-32.3)	15.7	(6.8-32.3)	20.0	(9.9-36.2)
\$75K+	0.9	(0.2-3.6)	4.9	(1.6-14.2)	10.6	(5.1-20.7)
Have Dental Insurance						
Yes	19.8	(13.8-27.5)	22.0	(15.8-29.8)	--	--
No	53.5	(43.5-63.1)	62.2	(52.5-71.0)	--	--

^aThe proportion who reported that they had not visited a dentist or dental clinic for any reason in the previous year.
^bThe proportion who reported that they had not had their teeth cleaned by a dentist or dental hygienist in the past year, excluding those who had lost all of their teeth.
^cThe proportion who reported that they do not have any dental insurance coverage.

No Dental Visit in Past Year by Income Calhoun County



No Dental Insurance by Income Calhoun County



The Risk Behaviors section of this report presents data on individual behaviors that can contribute to poor health outcomes. Several key highlights are included below.

Nutrition

- In 2009, the overwhelming majority (87.9%) of Calhoun County adults did not consume enough fruits and vegetables.
- Males were more likely than females to report inadequate fruit and vegetable consumption.

Physical Activity

- In 2009, 25.6% of Calhoun County adults did not participate in any leisure-time physical activity and 51.2% did not meet recommendations for physical activity.
- Individuals with lower educational attainment and lower incomes were more likely to have no leisure-time physical activity.
- More than half (53.3%) of Calhoun County adults reported that their occupation involved mostly sitting or standing.

Tobacco Use

- Smoking continues to be highly prevalent in Calhoun County. In 2009, roughly one in four adults (25.8%) were current smokers.
- The overall proportion of current smokers ranged from 54.9% of adults with less than a high school diploma to 9.1% of college graduates.
- Smokeless tobacco use was significantly higher in Calhoun County (8.0%) compared to the state average (3.4%).

Alcohol Consumption

- The overall proportion of Calhoun County adults who engaged in binge drinking was 14.7% and the proportion who engaged in heavy drinking was 5.9%.
- Males were more likely than females to engage in binge drinking during 2009 (23.2% vs. 7.3% respectively).

Sexual Behavior

- In 2009, 80.5% of Calhoun County adults age 18-49 reported having no new sexual partners in the past 12 months.
- Males and non-Hispanic Blacks were more likely than females and non-Hispanic Whites to report three or more new sexual partners in the past 12 months.
- Overall, 6.8% reported being treated for a sexually transmitted infection in the past five years.

Excessive Sun Exposure

- An estimated 40.7% of Calhoun County adults reported having a sunburn in the past 12 months and 11.8% reported having three or more sunburns in the past 12 months.



Nutrition

2009

Calhoun County Public Health Department

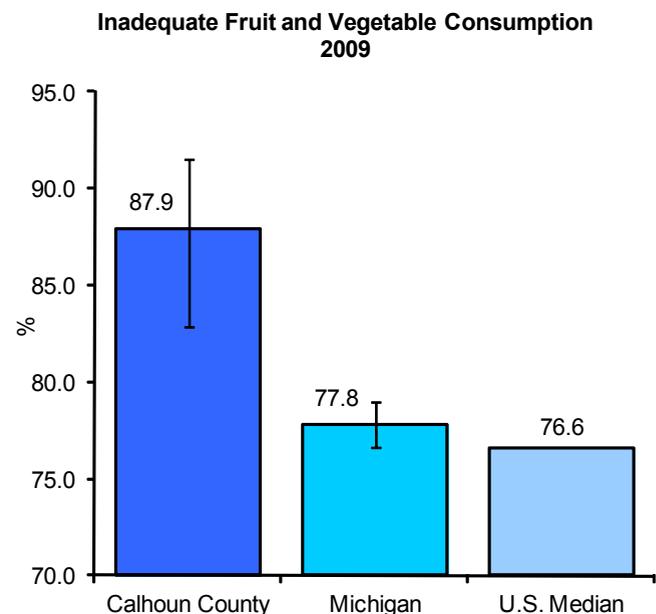
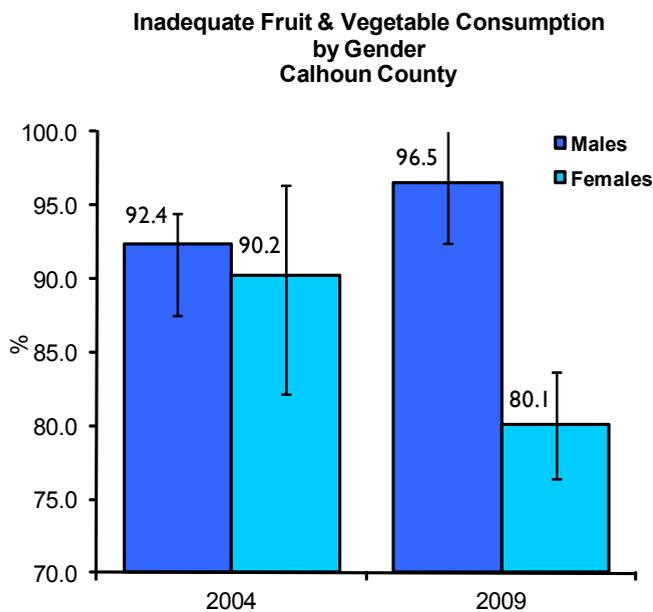
A diet rich in fruits and vegetables is essential for maintaining a healthy weight and may reduce the risk of many chronic diseases including heart disease and type 2 diabetes.⁹ The U.S. Department of Agriculture (USDA) recommends that most adults consume four to five cups of fruits and vegetables per day.⁹ Unfortunately, the overwhelming majority (87.9%) of Calhoun County residents do not consume enough fruits and vegetables.

Overall, Calhoun County scored worse than Michigan and the U.S. median for fruit and vegetable consumption in 2009. There was a slight improvement among Calhoun County residents compared to data from 2004; however this difference was not statistically significant. The total proportion of residents with inadequate fruit and vegetable consumption in 2004 was 91.2% (95% CI: 88.5%-94.0%).

Inadequate fruit and vegetable consumption affects all Calhoun County residents. There were no discernable patterns across age groups, racial categories, education levels, or income levels. However, males were much more likely to have inadequate fruit and vegetable consumption compared to females. This observed gender disparity increased dramatically between 2004 and 2009.

Inadequate Fruit and Vegetable Consumption ^a		
	%	95% CI
Total	87.9	(82.9-91.5)
Age		
18-24	85.9	(61.2-95.9)
25-34	83.3	(62.1-93.8)
35-44	86.0	(72.0-94.2)
45-54	91.1	(82.0-95.8)
55-64	89.3	(79.3-94.8)
65-74	91.8	(81.5-96.6)
75+	86.5	(69.7-94.7)
Gender		
Male	96.5	(91.6-98.6)
Female	80.1	(72.1-86.3)
Race		
Non-Hispanic White	87.7	(82.3-91.5)
Non-Hispanic Black	91.4	(76.8-97.2)
Education		
Less than HS	94.4	(74.8-99.0)
HS Graduate	87.3	(76.6-93.6)
Some college	89.2	(80.1-94.4)
College graduate	85.9	(76.9-91.8)
Income		
Less than \$20K	83.9	(68.8-92.4)
\$20K-\$34,999	93.5	(85.5-97.2)
\$35K-\$49,999	84.1	(66.9-93.2)
\$50K-\$74,999	93.1	(72.5-98.6)
\$75K+	87.9	(75.6-94.4)

^a The proportion whose total reported consumption of fruits (including juice) and vegetables was less than five times per day.



Physical Activity



Calhoun County Public Health Department

2009

Adequate physical activity has been shown to lower the risk of heart disease, stroke, hypertension, type 2 diabetes, breast and colon cancer, and depression.¹⁰ In 2009, 25.6% of Calhoun County residents did not participate in any leisure-time physical activity and less than half (48.8%) of residents had adequate levels of physical activity. The proportion of Calhoun County residents with no leisure-time physical activity was similar to the Michigan average of 24.1% (95% CI: 22.9-25.3) and the U.S. median of 23.8%. The proportion with adequate physical activity was also similar to the Michigan average of 51.4% (95% CI: 49.9-52.9) and the U.S. median of 51.0%.

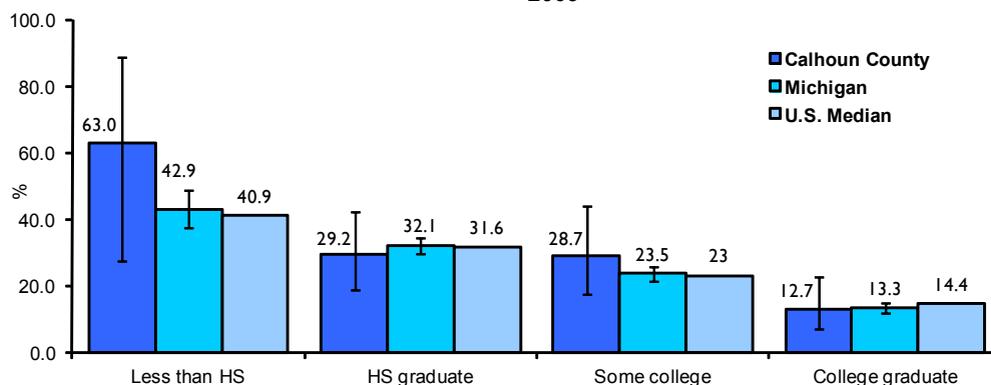
The 18-24 age group was significantly less likely to report no leisure-time physical activity than all other age groups except 35-44 year olds. Individuals with less than a high school education were more likely than college graduates and individuals with incomes less than \$20,000 were more likely than those making \$75,000 or more to report no leisure-time physical activity. Individuals who were overweight or obese were less likely than individuals who are at a healthy weight to report having adequate physical activity levels, although this difference failed to meet statistical significance in this sample.

The majority (53.3%, 95% CI: 44.6-61.8) of Calhoun County residents reported that their occupation involved mostly sitting or standing. Males and individuals making less than \$50,000 were more likely to report their occupation involved mostly heavy labor.

	No Leisure-Time Physical Activity ^a		Meet Recommendation for Physical Activity ^b	
	%	95% CI	%	95% CI
Total	25.6	(19.5-32.9)	48.8	(43.1-54.6)
Age				
18-24	2.7	(0.5-14.1)	70.2	(50.2-84.6)
25-34	41.7	(20.4-66.5)	53.0	(33.5-71.6)
35-44	8.0	(2.5-22.4)	48.9	(34.2-63.7)
45-54	24.5	(14.7-47.8)	43.4	(33.2-54.2)
55-64	32.1	(20.6-46.3)	46.8	(36.1-57.8)
65-74	35.3	(19.6-54.9)	40.6	(29.0-53.4)
75+	54.2	(33.9-73.2)	37.1	(24.3-52.0)
Gender				
Male	21.9	(13.6-33.4)	50.8	(41.9-59.7)
Female	29.6	(21.5-39.3)	46.9	(39.6-54.4)
Race				
Non-Hispanic White	23.7	(17.2-31.7)	47.9	(41.6-54.2)
Non-Hispanic Black	34.2	(17.6-55.9)	46.0	(30.7-62.0)
Education				
Less than HS	63.0	(27.2-88.6)	30.8	(12.5-58.1)
HS graduate	29.2	(18.8-42.3)	46.8	(37.2-56.6)
Some college	28.7	(17.3-43.7)	53.3	(42.9-63.5)
College graduate	12.7	(6.8-22.5)	50.9	(40.6-61.2)
Income				
Less than \$20K	49.2	(29.2-69.4)	43.4	(31.3-56.4)
\$20K-\$34,999	35.9	(19.0-57.2)	53.1	(38.4-67.3)
\$35K-\$49,999	30.2	(15.7-50.2)	50.6	(36.6-64.4)
\$50K-\$74,999	18.7	(7.8-38.5)	38.1	(23.4-55.4)
\$75K+	9.7	(4.6-19.3)	53.5	(41.5-65.1)

^a The proportion who reported not participating in any leisure-time physical activities or exercises such as running, calisthenics, golf, gardening, or walking during the past month.
^b Among all adults, the proportion who reported that they usually do moderate physical activities for 30 minutes on five or more days per week OR vigorous physical activities for at least 20 minutes on three or more days per week while not at work.

No Leisure-Time Physical Activity by Education Level
2009





Tobacco Use

2009

Calhoun County Public Health Department

Smoking continues to be the leading cause of preventable death in the United States.¹¹ Although smoking has declined dramatically over the past 50 years, the prevalence remains high in certain populations.¹² In 2009, roughly one in four adults in Calhoun County was a current smoker. The proportion of adult smokers in Calhoun County has declined since 2004 (29.5%, 95% CI: 24.7-34.3), but still remains higher than the estimated state average and U.S. median.

Individuals over the age 75 were less likely to be current smokers and more likely to be former smokers. College graduates and individuals making \$75,000 or more were significantly less likely to be current smokers.

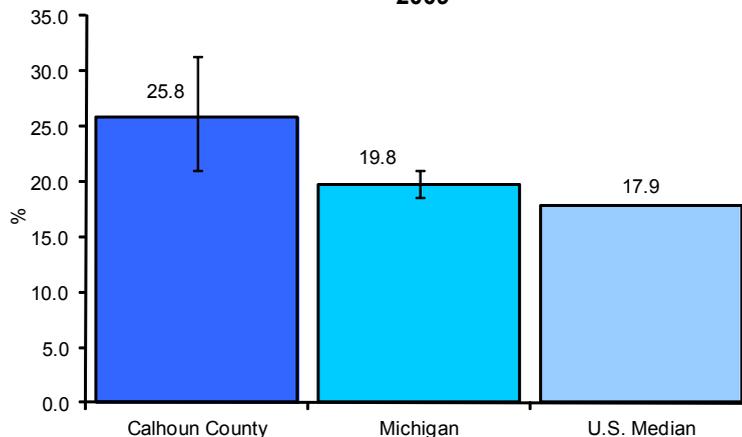
About half (47.3%) of current smokers had attempted to quit for at least one day in the past year and 62.1% of current smokers were aware of programs to help smokers quit. The average number of quit attempts in the past year was 6.0 (95% CI: 2.2-9.8).

In 2009, 8.0% (95% CI: 5.2-12.2) of Calhoun County adults used smokeless tobacco such as chewing tobacco, snuff, or snus. This proportion was significantly higher than the state average of 3.4% (95% CI: 2.9-4.0). Smokeless tobacco use was more common among males (16.3%) than females (0.3%).

	Current Smoker ^a		Former Smoker ^b		Tried to Quit Smoking One Day+ in Past Year ^c	
	%	95% CI	%	95% CI	%	95% CI
Total	25.8	(21.0-31.3)	22.8	(18.7-27.4)	47.3	(35.9-58.9)
Age						
18-24	33.0	(17.7-53.1)	4.3	(1.0-16.8)	46.6	(19.6-75.6)
25-34	40.0	(23.0-59.9)	13.5	(4.6-33.6)	24.1	(9.2-49.9)
35-44	19.5	(10.3-33.9)	14.4	(6.3-29.4)	81.9	(49.5-95.4)
45-54	34.5	(25.1-45.3)	21.4	(13.9-31.4)	45.2	(28.0-63.5)
55-64	21.4	(13.7-31.7)	25.9	(17.7-36.0)	67.6	(45.2-84.0)
65-74	10.3	(5.5-18.7)	52.7	(40.8-64.3)	69.7	(36.7-90.1)
75+	1.6	(0.4-6.2)	40.9	(28.4-54.7)	24.7	(4.0-72.1)
Gender						
Male	29.7	(21.7-39.0)	27.5	(20.8-35.4)	38.3	(23.7-55.5)
Female	22.3	(17.0-28.6)	18.6	(14.2-24.1)	57.3	(42.6-70.8)
Race						
Non-Hispanic White	23.6	(18.5-29.5)	25.2	(20.5-30.6)	45.5	(33.0-58.6)
Non-Hispanic Black	34.8	(22.1-50.0)	13.1	(6.6-24.3)	71.2	(46.6-87.5)
Education						
Less than HS	54.9	(32.4-75.6)	18.2	(7.4-38.5)	37.9	(14.1-69.4)
HS graduate	35.5	(26.8-45.3)	25.1	(18.5-33.0)	45.0	(29.5-61.6)
Some college	22.9	(15.2-32.8)	26.0	(17.9-36.1)	54.9	(33.6-74.6)
College graduate	9.1	(4.8-16.5)	17.8	(11.9-25.6)	53.3	(23.7-80.7)
Income						
Less than \$20K	41.7	(30.3-54.1)	20.6	(13.4-30.2)	59.1	(40.0-75.8)
\$20K-\$34,999	44.1	(30.0-59.2)	25.4	(16.4-37.1)	32.5	(15.1-56.6)
\$35K-\$49,999	31.2	(19.1-46.7)	21.7	(13.0-33.9)	34.4	(14.2-62.4)
\$50K-\$74,999	11.2	(4.6-24.7)	25.2	(14.6-39.9)	78.3	(29.1-97.0)
\$75K+	7.7	(3.9-14.7)	22.4	(14.1-33.8)	69.2	(33.2-91.0)

^a Among all adults, the proportion who reported that they had ever smoked at least 100 cigarettes (five packs) in their life and that they smoke cigarettes now, either every day or on some days.
^b Among all adults, the proportion who reported that they had ever smoked at least 100 cigarettes (five packs) in their life, but they do not smoke cigarettes now.
^c Among all current smokers, the proportion who reported that during the past 12 months, they had tried to quit smoking for one day or longer.

Current Cigarette Smoking Among Adults 2009



Alcohol Consumption



Excessive alcohol consumption has been linked to increased risk of injury and many chronic diseases including liver disease, dementia, depression, and some types of cancer.¹³ From 2005-2009, there was an average of 18.6 deaths per year related to alcohol use in Calhoun County.⁶ In 2009, the age-adjusted alcohol-induced mortality rate was 15.7 deaths per 100,000 residents.⁶

Overall, the proportion of adults who engaged in binge drinking in Calhoun County during 2009 was slightly higher than during 2004 (13.9, 95% CI: 10.2-17.6). Binge drinking decreased among younger age groups over the five-year period but increased among those 35 years and older. The 2009 prevalence of binge drinking was slightly lower than state and national figures. These differences did not meet statistical significance.

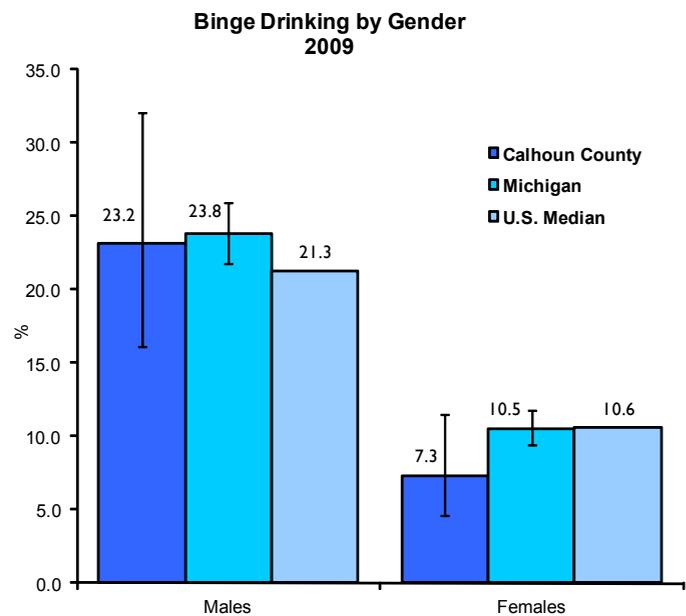
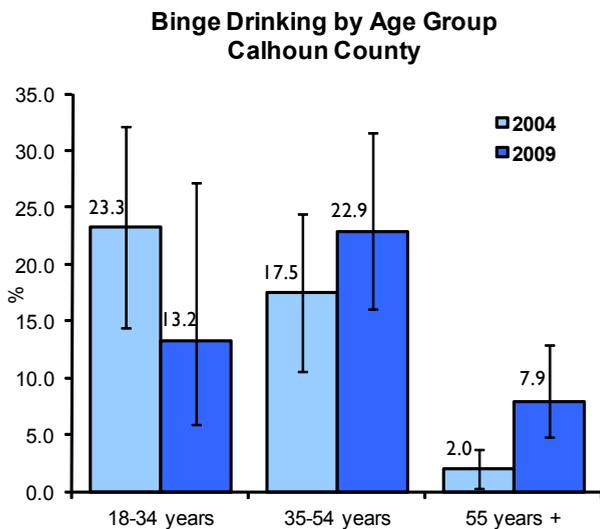
The overall prevalence of binge drinking among underage individuals (age 18-20) was 15.3% (95% CI: 2.5-56.4). Individuals age 75 and over were the least likely to engage in heavy or binge drinking. Males were over twice as likely as females to engage in binge drinking.

The average number of drinks per day was 1.0 (95% CI: 0.7-1.3) for men and 0.6 (95% CI: 0.3-0.9) for women. The proportion of days that men reported drinking any amount of alcohol was 33.1% (95% CI: 26.0-40.2) and the proportion of days that women reported drinking any amount of alcohol was 18.3% (95% CI: 13.6-23.0).

	Heavy Drinking ^a		Binge Drinking ^b	
	%	95% CI	%	95% CI
Total	5.9	(3.4-10.1)	14.7	(10.9-19.5)
Age				
18-24	7.6	(1.1-38.2)	16.9	(5.8-40.1)
25-34	7.4	(1.4-31.4)	10.3	(2.8-31.1)
35-44	10.7	(4.4-23.5)	25.0	(14.2-40.3)
45-54	5.5	(2.0-14.7)	21.7	(13.6-32.9)
55-64	5.4	(2.4-11.6)	12.5	(6.8-21.9)
65-74	3.2	(0.5-18.7)	5.3	(1.9-14.2)
75+	0.0	(0.0-0.4)	2.5	(0.4-13.5)
Gender				
Male	9.1	(4.4-17.9)	23.2	(16.1-32.1)
Female	3.2	(1.6-6.3)	7.3	(4.6-11.5)
Race				
Non-Hispanic White	6.3	(3.4-11.4)	15.8	(11.4-21.5)
Non-Hispanic Black	4.0	(1.4-11.0)	14.0	(6.4-28.1)
Education				
Less than HS	15.6	(2.7-55.3)	22.6	(6.8-53.7)
HS graduate	6.8	(3.3-13.4)	14.8	(9.0-23.2)
Some college	3.0	(1.2-7.3)	13.1	(7.9-20.9)
College graduate	5.3	(1.5-16.7)	14.3	(7.8-24.7)
Income				
Less than \$20K	3.1	(1.1-8.7)	8.7	(4.4-16.6)
\$20K-\$34,999	8.5	(2.2-27.5)	14.4	(6.1-30.2)
\$35K-\$49,999	5.9	(1.6-19.4)	20.4	(10.7-35.5)
\$50K-\$74,999	0.0	(0.0-0.3)	9.3	(3.6-22.3)
\$75K+	7.5	(3.5-15.5)	22.8	(14.2-34.4)

^a The proportion of respondents who reported consuming in the previous month, on average, more than two alcoholic beverages per day for men or more than one alcoholic beverage per day for women.

^b The proportion of respondents who reported consuming five or more drinks per occasion (for men) or four or more drinks per occasion (for women) at least once in the previous month.





Sexual Behavior

2009

Calhoun County Public Health Department

Risky sexual behavior can have many negative consequences including the spread of sexually transmitted infections (STIs) such as chlamydia, gonorrhea, and syphilis. STIs may result in infertility, fetal and perinatal health problems, and some types of cancer.¹⁴ Calhoun County has experienced a consistently higher rate of chlamydia and gonorrhea infection compared to Michigan.¹⁵

In 2009, 18.1% percent of adults age 18-49 had one to two new sex partners in the past year and 1.4% had three or more. Males and non-Hispanic Blacks were more likely to report three or more new sex partners in the past year.

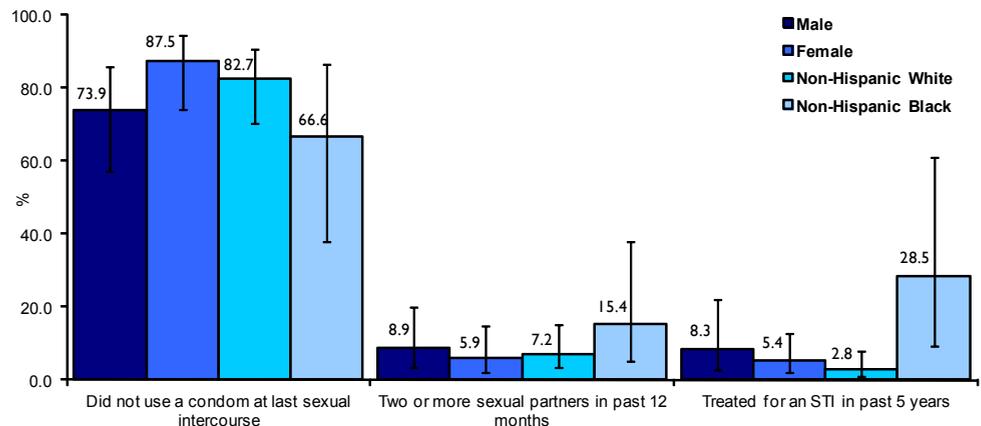
Data also indicate that individuals over the age of 30 were more likely than 18-24 year olds to not use a condom at last sexual intercourse. However, 18-24 year olds were the most likely to report being treated for an STI within the past five years (19.2% 95% CI: 6.5-45.1). A similar pattern was observed between males and females and between non-Hispanic Blacks and Whites.

Further analysis demonstrated that although older age groups, females, and non-Hispanic Whites were less likely to use a condom at last intercourse, these groups were more likely to report fewer new and total sex partners in the past 12 months. Individuals who had been treated for an STI were much more likely to report two or more sex partners in the past 12 months than people who were not treated for an STI (54.9% vs. 5.8%). These findings highlight the protective factors associated limiting the number of sexual partners.

	Number of New Sex Partners in Past 12 Months Among Adults Age 18-49 Years ^a					
	Zero		One-Two		Three or More	
	%	95% CI	%	95% CI	%	95% CI
Total	80.5	(71.2-87.3)	18.1	(11.5-27.4)	1.4	(0.4-4.4)
Age						
18-24	66.0	(43.1-83.2)	33.2	(16.1-56.2)	0.8	(0.2-3.8)
25-29	88.3	(54.5-97.9)	10.5	(1.6-46.5)	1.2	(0.2-5.4)
30-34	71.8	(42.8-89.7)	23.8	(7.5-54.5)	4.4	(0.6-26.1)
35-39	75.8	(41.2-93.3)	24.2	(6.7-58.8)	0.0	(0.0-0.0)
40-44	89.9	(73.1-96.7)	8.3	(2.3-25.8)	1.8	(0.2-12.0)
45-49	91.2	(75.2-97.2)	8.8	(2.8-24.8)	0.0	(0.0-0.0)
Gender						
Male	71.1	(55.6-82.8)	26.0	(14.7-41.7)	2.9	(0.9-9.3)
Female	88.8	(77.5-94.8)	11.2	(5.2-22.5)	0.0	(0.0-0.0)
Race						
Non-Hispanic White	79.7	(68.5-87.6)	19.8	(12.0-31.1)	0.5	(0.1-2.4)
Non-Hispanic Black	77.6	(52.0-91.7)	13.4	(3.4-40.2)	9.1	(2.0-32.7)
Education						
Less than HS	67.2	(21.6-93.8)	32.8	(6.2-78.4)	0.0	(0.0-0.0)
HS graduate	73.7	(57.4-85.3)	23.2	(12.2-39.7)	3.1	(0.8-11.4)
Some college	80.7	(60.8-91.9)	18.8	(7.7-38.9)	0.5	(0.1-3.6)
College graduate	92.2	(78.5-97.5)	7.6	(2.4-21.5)	0.2	(0.0-1.4)
Income						
Less than \$35K	71.3	(54.9-83.5)	25.6	(13.9-42.4)	3.1	(0.9-10.4)
\$35K+	86.0	(72.6-93.4)	13.8	(6.4-27.3)	0.2	(0.0-1.1)

^a New sex partners include anyone with whom the respondent had sex for the first time in the past 12 months.

Condom Use, Number of Sexual Partners, and STI Treatment Among Adults 18-49 Years Calhoun County 2009



Excessive Sun Exposure



Calhoun County Public Health Department

2009

Skin cancer remains the most common form of cancer in the United States, causing 8,461 deaths nationwide in 2007.¹⁶ About 65-90% of melanomas, the most deadly type of skin cancer, are caused by exposure to ultraviolet (UV) light.¹⁷ Reducing your exposure to UV light is the best way to prevent skin cancer.

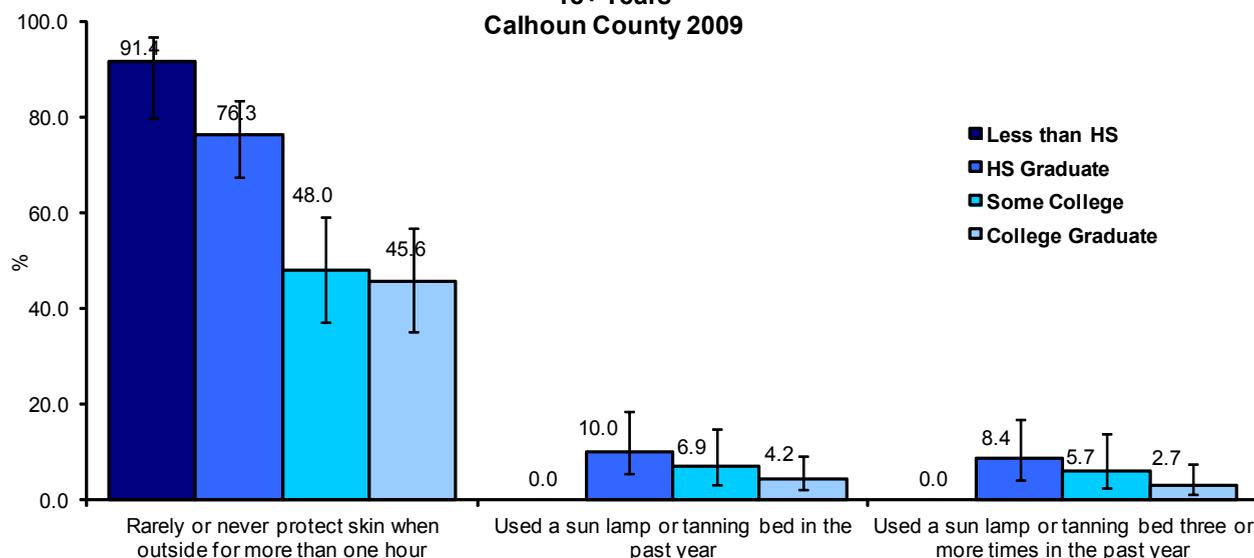
In 2009, 40.7% of Calhoun County adults reported having sunburn in the past year, and 11.8% reported having three or more sunburns. The overall proportion of residents who reported sunburn increased from 2004 (31.0%, 95% CI: 26.3-35.7). Younger adults (age 18-34) were more likely than adults 55 years or older to have had sunburn. Non-Hispanic Whites were 8.2 times more likely than non-Hispanic Blacks to report having sunburn and almost 50 times more likely to report three or more sunburns.

The majority (61.0%, 95% CI: 55.0-66.7) of Calhoun County residents reported that they rarely or never protect their skin when outside for more than one hour. This proportion decreased with increasing education level. Only 6.8% (95% CI: 4.4-10.5) of residents reported using a sun lamp or tanning bed in the past year. This proportion increased with increasing income.

	Had Sunburn in Past Year ^a		Had Three or More Sunburns in Past Year ^b	
	%	95% CI	%	95% CI
Total	40.7	(34.6-47.2)	11.8	(8.0-16.9)
Age				
18-34	54.2	(39.0-68.6)	14.1	(6.3-28.6)
35-54	54.2	(44.9-63.3)	18.1	(11.5-27.4)
55+	14.4	(9.4-21.5)	3.2	(1.2-8.2)
Gender				
Male	49.1	(39.7-58.6)	12.2	(7.0-20.2)
Female	33.0	(25.5-41.5)	11.4	(6.6-19.0)
Race				
Non-Hispanic White	46.8	(39.9-53.7)	14.5	(9.9-20.8)
Non-Hispanic Black	5.9	(1.6-19.7)	0.3	(0.0-2.1)
Education				
Less than HS	31.4	(10.6-64.0)	6.4	(1.5-23.2)
HS graduate	43.9	(33.7-54.8)	12.0	(5.9-22.9)
Some college	39.3	(28.5-51.2)	9.7	(4.7-18.9)
College graduate	40.4	(29.6-52.2)	14.9	(8.1-25.7)
Income				
Less than \$20K	36.8	(24.5-51.2)	6.8	(2.2-19.3)
\$20K-\$34,999	50.7	(35.5-65.8)	8.8	(2.9-23.6)
\$35K-\$49,999	41.4	(26.4-58.1)	14.3	(5.1-34.4)
\$50K-\$74,999	30.0	(16.2-48.6)	14.8	(5.5-33.8)
\$75K+	56.9	(43.6-69.2)	19.8	(11.1-32.8)

^a Among all adults, the proportion who had at least one sunburn during the past 12 months.
^b Among all adults, the proportion who had three or more sunburns in the past 12 months.

Excess UV Exposure by Education Among Adults 18+ Years Calhoun County 2009





Clinical Preventive Practices

The Clinical Preventive Practices section of this report presents data on methods of disease prevention. Several key highlights are included below.

Cholesterol and Hypertension Awareness

- The overall proportion of adults in Calhoun County who had appropriately-timed cholesterol screening has improved since 2004. In 2009, 80.6% of adults had their cholesterol checked in the past five years compared to only 69.7% of adults in 2004.

Adult Immunizations

- In 2009, fewer adults over the age of 65 received a flu vaccination than in 2004 (63.3% vs. 72.0% respectively).
- Vaccination levels in Calhoun County were lower than the estimated Michigan average and U.S. median.
- A large decrease was seen in the proportion of non-Hispanic Black adults age 65 and older who received a flu vaccination between 2004 and 2009. In 2004, 71.6% of non-Hispanic Blacks age 65+ reported receiving a flu vaccine whereas only 26.6% reported receiving a flu vaccine in 2009.
- It is unclear what role the 2009 novel H1N1 influenza virus pandemic played in vaccination rates during the 2009 BRFSS.

HIV Testing

- The overall proportion of adults who reported ever being tested for HIV was 41.5% in 2009.
- The proportion of non-Hispanic Black adults who were ever tested for HIV was significantly lower in 2009 (37.4%) than in 2004 (70.3%).

Cancer Screening

- A large increase was observed in the proportion of women age 20 and older who received an appropriately-timed clinical breast exam between 2004 (70.6%) and 2009 (93.0%).
- The proportion of Calhoun County adults age 50 and older who reported ever having a sigmoidoscopy or colonoscopy increased significantly between 2004 (58.5%) and 2009 (72.5%).
- The proportion of adults age 50-59 who received an appropriately-timed sigmoidoscopy or colonoscopy increased significantly between 2004 (33.9%) and 2009 (62.8%) as well.

Cholesterol and Hypertension Awareness



Calhoun County Public Health Department

2009

High blood cholesterol and high blood pressure are major risk factors for heart disease, the number one cause of death in Calhoun County and nationwide.^{6,18} The National Heart, Lung, and Blood Institute recommends that adults age 20 and over should be screened for high cholesterol every five years.¹⁹

In 2009, 80.6% of Calhoun County adults had their cholesterol checked in the past five years and 83.6% reported that their cholesterol had ever been checked. The proportion of adults who had appropriately-timed cholesterol screening was roughly equal to the proportion of adults at the state (79.8%, 95% CI: 78.3-81.2) and national (77.0%) level. When compared to 2004 data, the 2009 data indicate an improvement in cholesterol screening over the past five years. In 2004, only 69.7% (95% CI: 64.3-75.1) of adults had their cholesterol checked in the past five years.

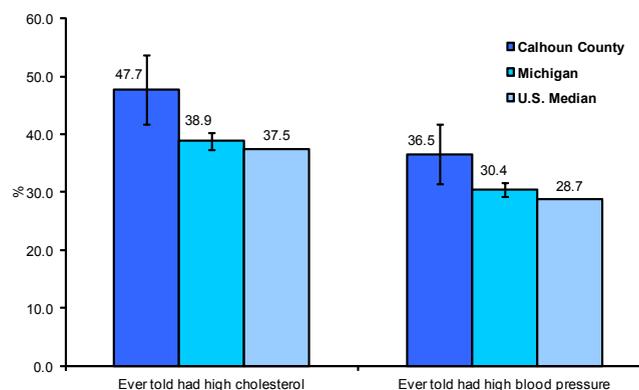
The proportion of adults in Calhoun County who had ever been told by a health professional that they had high cholesterol was higher than the proportion in Michigan and the U.S. median. The 2009 proportion was also slightly higher than the 2004 proportion; however it is not clear if this difference represents a true increase or if it is a reflection of higher screening rates.

There was no substantial difference in the proportion of adults who had ever been told they had high blood pressure between 2004 and 2009. However, the proportion of adults in Calhoun County who reported high blood pressure was slightly higher than the state average and U.S. median.

	Cholesterol Checked in Past Five Years ^a		Ever Told Had High Cholesterol ^b		Ever Told Had High Blood Pressure ^c	
	%	95% CI	%	95% CI	%	95% CI
Total	80.6	(75.1-85.2)	47.7	(41.8-53.7)	36.5	(31.5-41.8)
Age						
18-24	34.0	(17-56.1)	35.5	(9.9-73.5)	6.5	(1.3-26.1)
25-34	67.9	(48.2-82.8)	25.8	(8.9-55.4)	22.2	(9.5-43.8)
35-44	86.1	(71.0-94.0)	42.4	(27.5-58.9)	25.8	(14.1-42.5)
45-54	86.4	(77.9-92.0)	50.0	(39.0-61.0)	36.7	(27.2-47.4)
55-64	93.4	(84.9-97.3)	61.8	(50.2-71.9)	57.6	(46.4-68.0)
65-74	98.1	(92.3-99.5)	54.7	(42.6-66.3)	62.2	(49.8-73.1)
75+	94.6	(82.1-98.5)	49.9	(36.2-63.5)	59.5	(45.9-71.8)
Gender						
Male	79.3	(70.4-86.1)	51.2	(41.6-60.6)	39.2	(31.1-48.0)
Female	81.8	(74.4-87.4)	44.8	(37.7-52.1)	33.9	(28.0-40.3)
Race						
Non-Hispanic White	82.8	(76.9-87.5)	45.3	(39.0-51.8)	36.2	(30.8-42.0)
Non-Hispanic Black	65.8	(47.7-80.3)	55.8	(40.2-70.4)	39.0	(26.3-53.4)
Education						
Less than HS	69.2	(43.0-87.1)	40.0	(19.1-65.2)	40.8	(21.9-63.0)
HS graduate	71.5	(61.1-80.0)	50.5	(40.4-60.6)	40.6	(31.9-49.9)
Some college	90.6	(83.6-94.8)	45.7	(35.2-56.7)	40.6	(31.0-51.2)
College graduate	85.6	(74.7-92.3)	48.7	(38.3-59.2)	25.8	(19.0-34.1)
Income						
Less than \$20K	65.5	(52.1-76.8)	59.1	(45.3-71.6)	42.2	(31.0-54.4)
\$20K-\$34,999	79.8	(65.7-89.0)	44.5	(29.5-60.5)	41.7	(28.4-56.4)
\$35K-\$49,999	73.7	(51.2-85.5)	48.0	(34.0-62.4)	44.2	(31.1-58.1)
\$50K-\$74,999	95.9	(85.1-98.9)	40.1	(25.6-56.5)	27.0	(16.1-41.6)
\$75K+	94.3	(85.2-97.9)	42.1	(30.9-54.1)	29.4	(20.3-40.4)

^a Among all respondents, the proportion who reported that they have had their blood cholesterol checked within the past five years.
^b Among those who ever had their blood cholesterol checked, the proportion who reported that a doctor, nurse, or other health professional had told them that their cholesterol was high.
^c Among all respondents, the proportion who reported that they were ever told by a doctor, nurse, or other health professional that they have high blood pressure. Women who had high blood pressure during pregnancy and adults who were borderline hypertensive were considered to have not been diagnosed.

High Blood Cholesterol and Pressure Among Adults 18+ Years 2009





Adult Immunizations

2009

Calhoun County Public Health Department

The flu is a contagious respiratory illness caused by the influenza virus. The influenza virus can cause mild to severe illness and in some cases even death. Adults over the age 65 are especially at risk for complications due to the flu and therefore are strongly urged to be vaccinated against the flu each year.²⁰ Since February 2010, the CDC's Advisory Committee for Immunization Practices (ACIP) has recommended that everyone six months and older get a flu vaccine each year.²¹

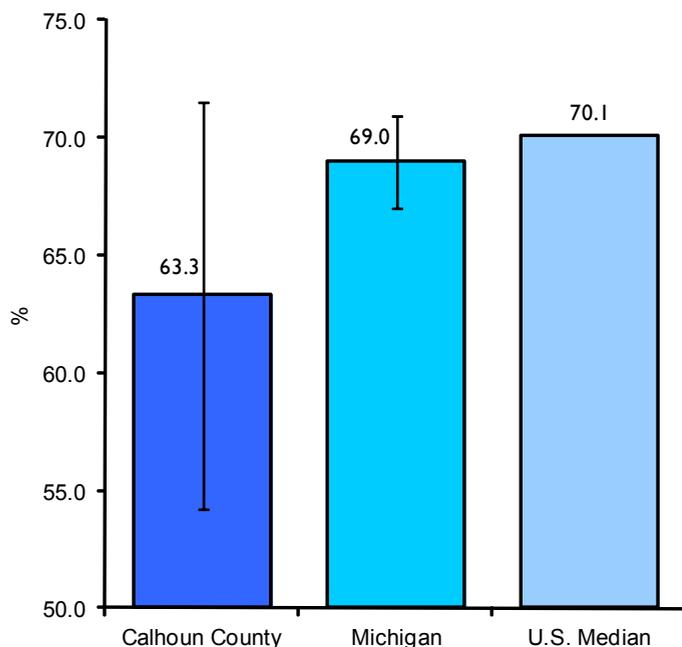
In 2009, the overall proportion of adults 65 years and older in Calhoun County who received a flu vaccination in the past year was 63.3%. This was slightly lower than the proportion in 2004 of 72.0% (95% CI: 63.2-80.8). A large decrease was seen in the proportion of non-Hispanic Blacks who received the flu vaccine over the past five years while only a small decrease in the proportion of non-Hispanic Whites who received the flu vaccine was observed.

Data from the state and national level indicate the proportion of older adults who received the flu vaccine was slightly lower in Calhoun County although this difference was not statistically significant.

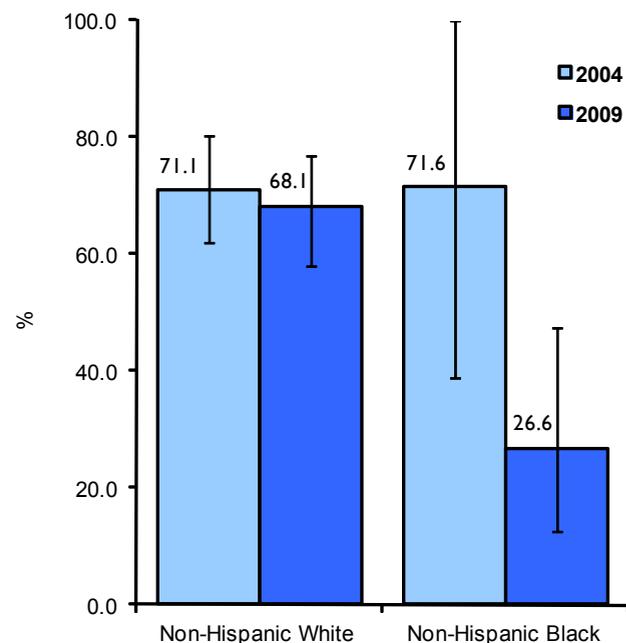
	Had Flu Vaccination In Past Year ^a	
	%	95% CI
Total	63.3	(54.2-71.5)
Age		
65-74	58.5	(46.3-69.7)
75+	70.5	(56.3-81.6)
Gender		
Male	65.5	(51.4-77.3)
Female	61.7	(49.6-72.4)
Race		
Non-Hispanic White	68.1	(58.0-76.8)
Non-Hispanic Black	26.6	(12.7-47.3)
Education		
Less than HS	47.8	(23.2-73.6)
HS graduate	70.4	(56.7-81.3)
Some college	60.2	(39.4-77.9)
College graduate	60.7	(43.0-76.0)
Income		
Less than \$20K	49.5	(31.5-67.6)
\$20K-\$34,999	74.7	(57.5-86.5)
\$35K-\$49,999	71.3	(48.9-86.6)
\$50K-\$74,999	46.6	(22.3-72.5)
\$75K+	66.8	(39.5-86.2)

^a Among those age 65 years and older, the proportion who reported that they had a flu shot or flu nasal spray during the past 12 months.

Had Flu Vaccination in Past Year 2009



Had Flu Vaccination in Past Year Calhoun County



There were an estimated 150 people living with HIV/AIDS in Calhoun County in January 2010, 26% of whom do not know they are infected.²² This represents a rate of 82 cases per 100,000 residents. Early detection and treatment of HIV infection can prevent transmission and improve clinical outcomes. In 1999 the Centers for Disease Control (CDC) issued guidelines that recommended routine HIV screening among high-risk populations.²³ However, in 2006 the CDC updated the guidelines, recommending that routine voluntary HIV screening be performed among all individuals 13-64 years old and repeat screening should be performed routinely for certain high-risk populations.²⁴

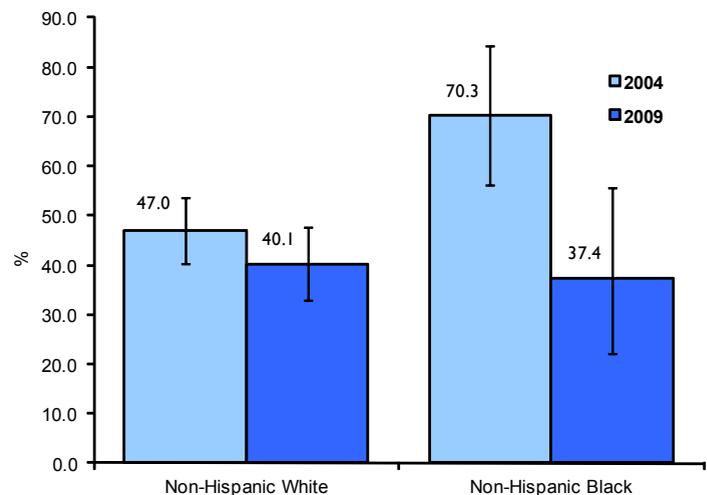
In 2009, 41.5% of adults age 18-64 in Calhoun County reported ever being tested for HIV. Although this proportion is higher than the state average of 38.2% (95% CI: 36.5-39.9), it is lower than the overall proportion in 2004 (50.4%, 95% CI: 44.5-56.3). HIV testing increased among 18-24 year olds, but declined among all other age groups between 2004 and 2009. A large decrease in the proportion of non-Hispanic Blacks who had ever been tested for HIV was also observed over this time period.

The most common reasons reported for receiving an HIV test among adults age 18-64 were because it was part of a routine medical check-up (28.9%, 95% CI: 19.7-40.4) and because of a pregnancy (26.7%, 95% CI: 16.9-39.6). Only 1.1% (95% CI: 0.3-4.4) of Calhoun County adults reported that they received an HIV test because they thought they had contracted HIV through sex or drug use.

	Ever Tested for HIV ^a	
	%	95% CI
Total	41.5	(34.9-48.4)
Age		
18-24	49.8	(29.9-69.7)
25-34	54.7	(34.9-73.2)
35-44	55.0	(39.9-69.2)
45-54	31.2	(22.0-42.1)
55-64	25.3	(16.6-36.6)
Gender		
Male	32.6	(23.8-42.8)
Female	50.0	(41.3-58.8)
Race		
Non-Hispanic White	40.1	(32.9-47.8)
Non-Hispanic Black	37.4	(22.1-55.7)
Education		
Less than HS	38.6	(15.6-68.0)
HS graduate	39.6	(28.6-51.6)
Some college	51.2	(39.3-63.0)
College graduate	35.0	(23.9-47.9)
Income		
Less than \$20K	62.2	(47.4-75.0)
\$20K-\$34,999	40.6	(24.9-58.5)
\$35K-\$49,999	32.9	(18.5-51.3)
\$50K-\$74,999	30.7	(16.7-49.4)
\$75K+	34.5	(22.9-48.2)

^a Among those age 18 - 64 years, the proportion who reported that they ever had been tested for HIV, not including tests that were part of a blood donation. Don't know was considered a valid response to this question.

Ever Been Tested for HIV by Race
Calhoun County





Breast Cancer Screening

2009

Calhoun County Public Health Department

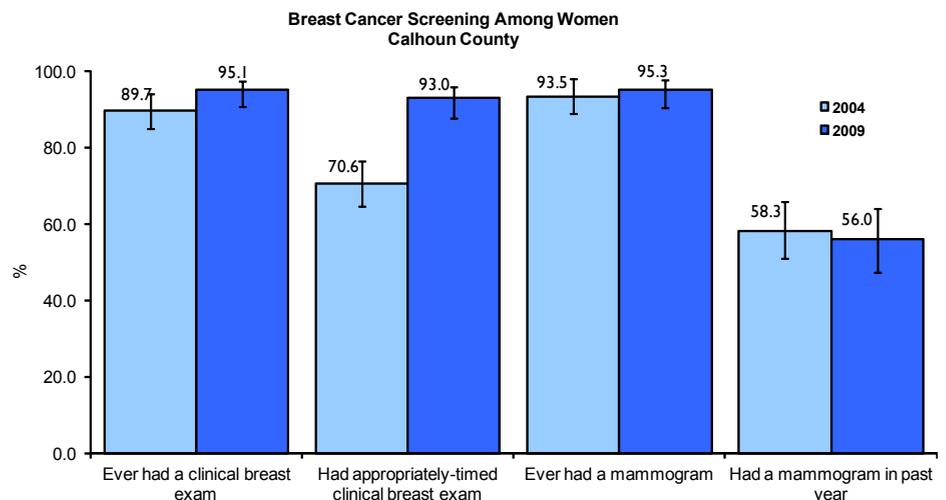
Breast cancer is the second most common type of cancer and one of the leading causes of death among American women.¹⁶ In 2009, the age-adjusted mortality rate due to breast cancer in Calhoun County was 32.7 deaths per 100,000 women.⁶ Early detection of breast cancer can greatly improve the prognosis for many women. Currently, the U.S. Preventive Task Force recommends that all women age 50 and over receive a mammogram every two years and that some women age 40-49 should receive biennial mammograms depending on their individual risk factors.²⁵

The proportion of women age 40 and older who had received a mammogram in the past year remained relatively unchanged between 2004 and 2009. However, the proportion of women age 20+ who received an appropriately-timed clinical breast exam increased significantly over the past five years. Increases were seen across all sociodemographic groups, but the largest increases were seen among women age 70 and older and among women with incomes below \$35,000.

In 2004, only 46.4% (95% CI: 32.0-60.8) of women 70+ had received an appropriately-timed clinical breast exam. Likewise, only 69.6% (95% CI: 58.1-81.1) of women with incomes between \$20,000 and \$34,000 and 56.2% of women with incomes less than \$20,000 (95% CI: 41.7-70.7) had an appropriately-timed clinical breast exam.

	Had Appropriately-Timed Clinical Breast Exam ^a		Had a Mammogram in Past Year ^b	
	%	95% CI	%	95% CI
Total	93.0	(87.8-96.1)	56.0	(47.5-64.2)
Age				
20-29	89.3	(62.5-97.7)	-	
30-39	99.5	(97.7-99.9)	-	
40-49	98.5	(90.0-99.8)	43.0	(27.6-59.8)
50-59	94.5	(76.8-98.9)	63.6	(48.1-76.8)
60-69	87.9	(65.6-96.5)	67.2	(48.6-81.6)
70+	88.0	(73.7-95.0)	55.9	(39.6-71.1)
Race				
Non-Hispanic White	92.1	(85.7-95.8)	56.1	(46.5-65.3)
Non-Hispanic Black	94.0	(82.4-98.1)	66.8	(47.0-82.0)
Education				
HS graduate or less	88.2	(76.4-94.5)	45.0	(33.2-57.3)
Some college	94.2	(85.0-97.9)	61.8	(45.7-75.6)
College graduate	99.7	(98.6-99.9)	67.0	(51.5-79.5)
Income				
Less than \$20K	91.2	(76.2-97.1)	36.5	(21.4-54.8)
\$20K-\$34,999	94.9	(85.0-98.4)	38.1	(23.0-56.0)
\$35K-\$49,999	91.7	(59.6-98.8)	71.1	(50.9-85.4)
\$50K-\$74,999	99.9	(99.0-100.0)	63.4	(39.4-82.2)
\$75K+	100.0	(100.0-100.0)	71.1	(50.1-85.8)

^a Among women 20 years and older, the proportion who reported having a clinical breast exam in the past three years for women age 20-39 years and within the previous year for women age 40 years and older.
^b Among women 40 years and older, the proportion who reported having a mammogram in the past year.



Cervical Cancer Screening



Calhoun County Public Health Department

2009

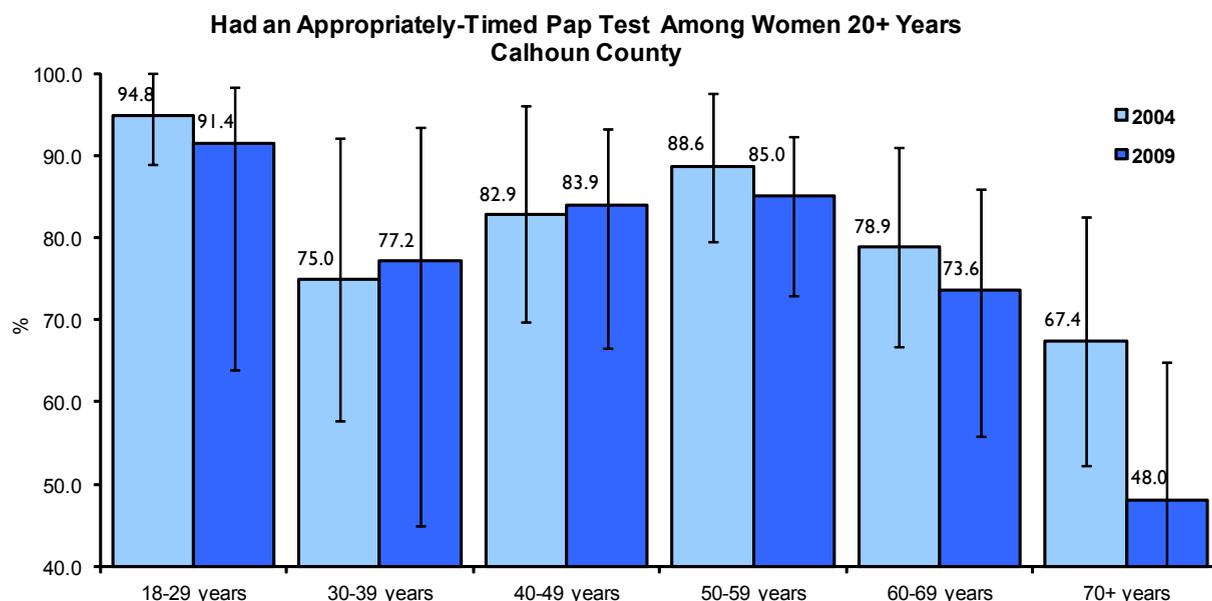
Cervical cancer mortality is highly preventable in most developed countries because screening tests such as Pap tests are widely available. When cervical cancer is detected early, it is highly treatable. The U.S. Preventive Services Task Force recommends that all women be screened within three years of the onset of sexual activity or by age 21, whichever comes first and that all women should receive Pap tests at least every three years until age 66.²⁶

The overall proportion of women who had an appropriately-timed Pap test in 2009 was 78.5%. Women age 70 years and older were significantly less likely to have an appropriately-timed Pap test than women in the 40-49 age group and women in the 50-59 age group.

In 2009, 27.0% (95% CI: 20.3-35.0) of women age 18 and older reported ever having an abnormal Pap test. No differences in the proportion with abnormal Pap tests were detected across sociodemographic groups.

	Ever Had a Pap Test ^a		Had an Appropriately-Timed Pap Test ^b	
	%	95% CI	%	95% CI
Total	94.7	(88.2-97.7)	78.5	(71.3-84.2)
Age				
18-29	91.4	(63.9-98.5)	91.4	(64.0-98.4)
30-39	88.7	(50.4-98.4)	77.2	(44.9-93.4)
40-49	97.0	(81.5-99.6)	83.9	(66.6-93.2)
50-59	99.6	(98.2-99.9)	85.0	(72.9-92.3)
60-69	99.5	(98.0-99.9)	73.6	(55.8-86.0)
70+	89.0	(77.4-95.0)	48.0	(31.6-64.8)
Race				
Non-Hispanic White	95.7	(90.2-98.1)	79.1	(71.5-85.1)
Non-Hispanic Black	98.9	(96.4-99.6)	74.2	(52.5-88.2)
Education				
HS graduate or less	93.4	(82.7-97.6)	72.4	(60.7-81.8)
Some college	92.9	(75.2-98.3)	79.9	(65.7-89.2)
College graduate	99.0	(94.0-99.8)	85.5	(70.8-93.5)
Income				
Less than \$20K	98.1	(93.6-99.5)	80.4	(68.2-88.7)
\$20K-\$34,999	87.8	(54.7-97.7)	71.2	(47.9-86.9)
\$35K-\$49,999	89.7	(62.1-97.9)	81.2	(58.4-93.0)
\$50K-\$74,999	98.0	(86.7-99.7)	77.7	(54.8-90.9)
\$75K+	96.8	(80.5-99.6)	84.0	(63.1-94.2)

^a Among women 18 years and older, the proportion who reported ever having a Pap test.
^b Among women 18 years and older, the proportion who reported having a Pap test with the previous three years.





Colorectal Cancer Screening

2009

Calhoun County Public Health Department

Colorectal cancer is a cancer that occurs in either the colon or the rectum. In the United States, it is the third most common form of cancer for both men and women.¹⁶ Screening can detect precancerous polyps (abnormal growths in the colon or rectum) so that they can be removed before turning into cancer. Screening also helps find colorectal cancer at an early stage, when it is most treatable. The U.S. Preventive Services Task Force recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy beginning at age 50 and continuing until age 75.²⁷

In 2009, 62.5% of adults age 50 and older had received an appropriately-timed sigmoidoscopy or colonoscopy. This was slightly higher than the overall proportion in 2004, but not statistically significant. The proportion of adults 50+ who reported ever having a sigmoidoscopy or colonoscopy did increase significantly from 2004. In 2004, only 58.5% (95% CI: 51.7-65.3) of adults 50+ had ever had a sigmoidoscopy or colonoscopy.

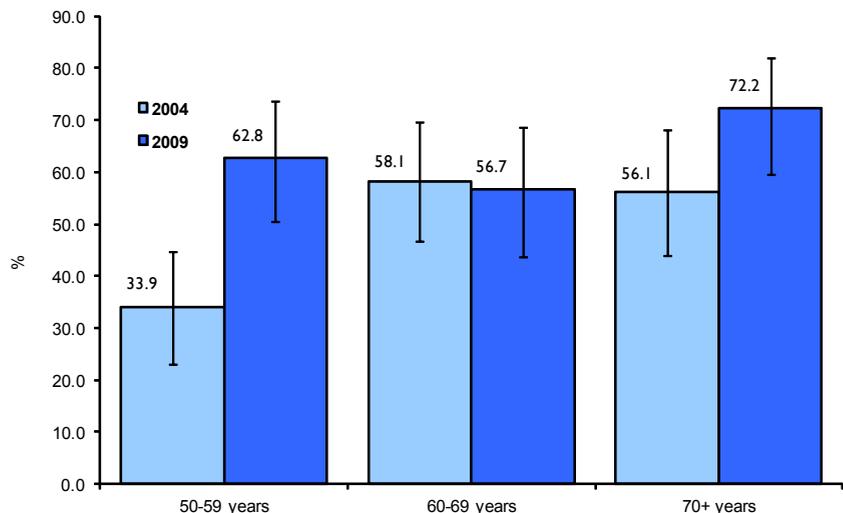
Increases in the proportion of adults age 50 and older who reported receiving an appropriately-timed sigmoidoscopy or colonoscopy were observed across all ages, genders, racial groups, education levels, and income levels between 2004 and 2009. The largest increase over the five-year interval was seen in the 50-59 year age group.

	Ever Had a Sigmoidoscopy or Colonoscopy ^a		Had a Sigmoidoscopy or Colonoscopy in Past Five Years ^b	
	%	95% CI	%	95% CI
Total	72.5	(65.7-78.4)	62.5	(55.3-69.1)
Age				
50-59	67.4	(55.2-77.6)	62.8	(50.6-73.6)
60-69	71.1	(57.7-81.5)	56.7	(43.8-68.6)
70+	83.3	(72.2-90.6)	72.2	(59.5-82.1)
Gender				
Male	76.7	(66.3-84.7)	67.6	(56.7-77.0)
Female	68.8	(59.5-76.8)	58.0	(48.5-67.0)
Race				
Non-Hispanic White	71.1	(63.3-77.9)	61.1	(52.9-68.7)
Non-Hispanic Black	79.6	(64.1-89.5)	71.6	(55.5-83.6)
Education				
HS graduate or less	69.0	(58.3-77.9)	58.1	(47.2-68.2)
Some college	72.9	(58.3-83.8)	59.0	(44.6-72.0)
College graduate	76.5	(64.4-85.5)	71.8	(59.3-81.6)
Income				
Less than \$20K	59.2	(43.3-73.3)	49.1	(34.3-64.1)
\$20K-\$34,999	73.2	(58.4-84.1)	58.7	(43.6-72.3)
\$35K-\$49,999	78.7	(59.8-90.1)	68.7	(49.9-82.8)
\$50K-\$74,999	77.4	(55.0-90.6)	75.3	(53.3-89.1)
\$75K+	76.2	(57.5-88.4)	69.1	(50.0-83.3)

^a Among those age 50 years and older, the proportion who reported 'Yes' to the question, "Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?"

^b Among those age 50 years and older, the proportion who had a sigmoidoscopy or a colonoscopy within the past five years.

Had a Sigmoidoscopy or Colonoscopy in Past Five Years
Calhoun County



Prostate Cancer Screening



Calhoun County Public Health Department

2009

Prostate cancer is the most common type of cancer and second leading cause of death due to cancer among men in the United States.¹⁶ The most common screening tests for prostate cancer are a digital rectal exam (DRE) and a prostate-specific antigen (PSA) test. Although not all health experts agree on exact prostate cancer screening guidelines, a potential benefit of prostate cancer screening is earlier detection.²⁸

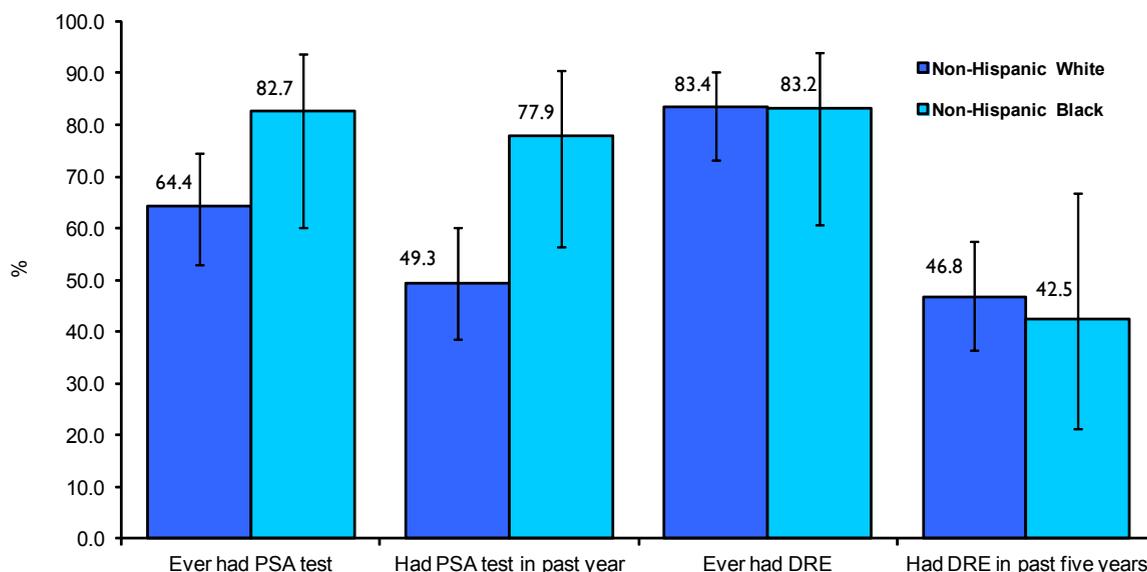
In 2009, 66.8% of men age 50 years and older had ever had a PSA test and 52.4% had a PSA test in the past year. There were no significant differences in the proportion of men receiving a PSA test between 2004 and 2009. In 2009, more men reported ever having a DRE than ever having a PSA test. Only 46.3% of men reported having a DRE within the past year. There were no significant differences detected in the proportion of men receiving a DRE between 2004 and 2009.

	Ever Had a PSA Test ^a		Had a PSA Test in Past Year ^b		Ever Had a DRE ^c		Had DRE in Past Year ^d	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Total	66.8	(56.6-75.6)	52.4	(42.6-62.1)	84.0	(75.3-90.0)	46.3	(37.0-55.8)
Age								
50-59	67.8	(49.0-82.2)	62.4	(44.2-77.7)	85.1	(67.5-94.0)	64.3	(45.3-79.6)
60+	87.4	(73.0-94.7)	66.2	(52.2-77.9)	96.6	(88.1-99.1)	63.5	(49.1-75.9)
Race								
Non-Hispanic White	64.4	(53.0-74.5)	49.3	(38.5-60.1)	83.4	(73.3-90.2)	46.8	(36.4-57.5)
Non-Hispanic Black	82.7	(60.2-93.8)	77.9	(56.5-90.5)	83.2	(60.7-94.1)	42.5	(21.4-66.7)
Education								
HS graduate or less	53.1	(37.8-67.9)	36.9	(24.0-52.0)	75.4	(59.0-86.7)	42.0	(28.4-56.9)
Some college or more	75.8	(62.6-85.4)	62.5	(49.4-74.0)	89.5	(79.6-94.9)	49.4	(37.2-61.7)
Income								
Less than \$35K	59.3	(43.9-73.0)	39.6	(26.3-54.7)	79.8	(66.0-89.0)	47.4	(33.1-62.2)
\$35K+	67.0	(52.0-79.2)	54.3	(40.4-67.6)	83.9	(69.9-92.1)	47.8	(34.9-61.0)

Note: Men who had been diagnosed with prostate cancer were excluded from these estimates. Among men age 50 years and older, the proportion who reported:

^a ever having a prostate-specific antigen (PSA) test.
^b having a PSA test in the past year.
^c ever having a digital rectal exam. (DRE).
^d having a DRE in the past year.

Prostate Cancer Screening Among Men 50+ Years
Calhoun County





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2009

Calhoun County Public Health Department

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The Calhoun County Public Health Department works to enhance our community's total well-being by promoting healthy lifestyles, protecting health, and preventing disease.



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