Tarrant County Public Health

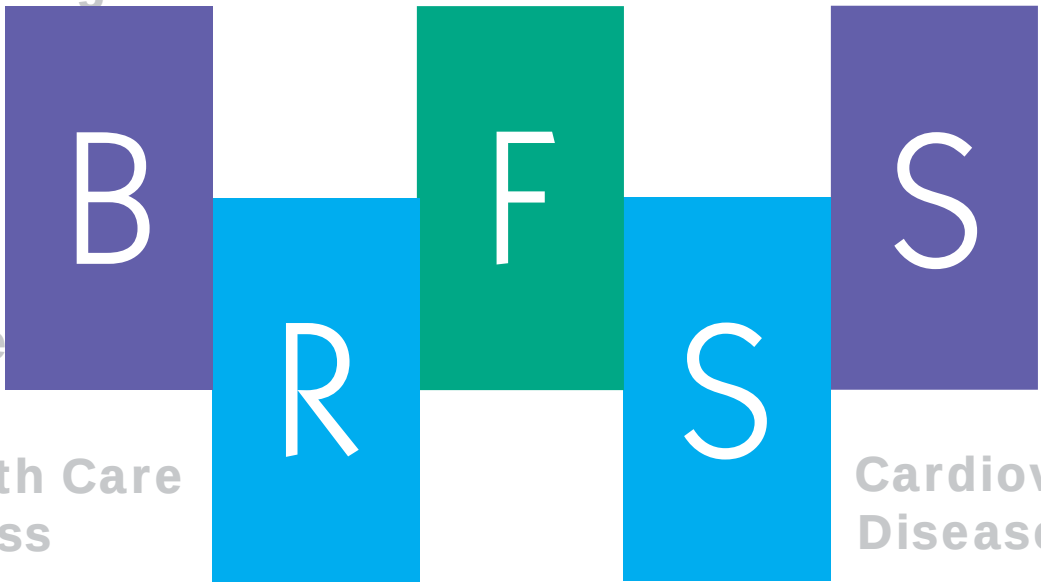
Adult Immunizations

Women's Health

Cancer Screening

Asthma

Health Status



Diabete

Health Care Access

Cardiovascular Disease

Physical Activity

Behavioral Risk Factor Surveillance System 2004

Tobacco and Alcohol Use

Overweight and Obesity

Executive Summary

BRFSS
Turning Information Into Health

Tarrant County
Behavioral Risk Factor Surveillance System
2004-2005
Executive Summary

Tarrant County Public Health

Lou K. Brewer, RN, MPH
Director

Division of Epidemiology and Health Information
Tarrant County Public Health
1101 S. Main Street
Fort Worth, TX 76104

(817) 321-5350
24-hour cell: (817) 994-3708
24-hour pager: (817) 418-1065

http://health.tarrantcounty.com

Acknowledgements

Tarrant County BRFSS Investigators:

Carol Lee Hamilton, J.D., M.P.A., R.N., Project Lead
Associate Director, Prevention and Public Health Practice, Tarrant County Public Health

Kathryn J. Dolan, Ph.D., Project Coordinator
Health Planner, Tarrant County Public Health

Adeola Jaiyeola, M.D., M.H.Sc., Co-Author
Research Epidemiologist, Tarrant County Public Health

Anita Kurian, M.B.B.S., M.P.H., Data Analyst and Co-Author
Statistical Consultant, Tarrant County Public Health

Michelle S. Markham, M.S., GIS Analyst
GIS Analyst, Tarrant County Public Health

Patrick K. Moonan, Dr.P.H., M.P.H., Co-Author and Data Analyst
Biostatistician, Tarrant County Public Health

Tarrant County BRFSS Editorial Review Board:

Lou K. Brewer, M.P.H., R.N.
Director, Tarrant County Public Health

Elvin Adams, M.D., M.P.H.
Health Authority and Medical Director, Tarrant County Public Health

Vanassa Joseph, B.A.
Senior Public Information Officer, Tarrant County Public Health

Tarrant County BRFSS Task Team Members:

Barbara Beck
Texas Health Resources

Jimmie Blanton, M.P.Aff.
Texas Department of State Health Services

Julie Hatfield
Health Industry Council of Dallas and Fort Worth

Mike Kazda, M.A.
City of Fort Worth Public Health

Charles McGhee, Ph.D.
Tarrant County Public Health (2003 - 2004)

Marilyn Napier, M.S.S.W
United Way of Tarrant County

Sue Pickens, M.Ed.
Parkland Hospital District

Linda Pugh, B.S., M.S.
John Peter Smith Health Network

Andrea P. Schram, R.N., M.S., F.N.P.
University of Texas at Arlington

Financial Support:

United Way of Tarrant County
Mental Health Mental Retardation of Tarrant County

Introduction

In 2004, Tarrant County Public Health conducted its second Behavioral Risk Factor Surveillance Survey (BRFSS) and for the first time reports results at a sub-county level. The BRFSS is a standardized instrument developed by the Centers for Disease Control and Prevention (CDC) for use nationwide. Using a standardized telephone survey methodology, the results provide baseline prevalence estimates of behaviors and conditions that place adults at risk for chronic disease, injury and preventable infectious diseases. The BRFSS is conducted annually by the CDC and by all 50 states and Guam and Puerto Rico. Texas has participated since 1987. Tarrant County Public Health, in addition to conducting an initial BRFSS in 1998, has relied upon Texas Department of State Health Services data collected at the county level. Because the Texas BRFSS is administered statewide, sample sizes for Tarrant County are not large enough to be able to draw meaningful conclusions, particularly below the county level. Therefore, the 2004 BRFSS project was developed specifically to assure a sufficient sample size and methodology that would enable a sub-county level analysis. This report provides the first-ever BRFSS results for five sub-county areas, as well as comparisons to Texas and the nation, and where relevant, to Healthy People 2010 objectives for the nation.

Methods

Questions for the Tarrant County BRFSS were derived from the CDC 2004 BRFSS questionnaire, the Texas Department of State Health Services (DSHS) 2004 BRFSS and one module from the 2003 BRFSS. The 2004 BRFSS taskforce, representing community partners who have a special interest in health-related data gathering, guided the selection of questions for the Tarrant County BRFSS and the implementation of the survey. Overall, the Tarrant County BRFSS questionnaire has 28 sections containing 105 questions. All interviews were conducted using a computer-assisted telephone interview (CATI) program. CATI programs use interactive computing systems for data collection. As questions are displayed, the interviewer reads them to the respondent and keys in the response. The CATI program automatically skips inappropriate questions and checks for the acceptability of responses, such as mammograms in males.

Respondents to the BRFSS were selected from five sections of Tarrant County using the disproportionate stratified random sampling method. This method stratifies blocks of telephone numbers into groups that are “likely” or “unlikely” to contain residential numbers based on information from previous surveys or telephone listings. Individual telephone numbers in the likely stratum are then sampled at a higher rate than numbers in the unlikely stratum. Individual respondents are randomly selected from all non-institutionalized adults, age 18 and older, living in a household. They are interviewed in accordance with BRFSS protocol until the target number of interviews is completed.

The quality of data collected is assured by several procedures. These include monitoring of interviewers through an unobtrusive telephone dial-in, conducting verification callbacks on a random sample of all interviews, and assessing other quality assurance indicators, such as interviewer statistics, frequency distribution of disposition, response rate and percentage of interviews completed on the first day.

The BRFSS adds weighting factors to each record to provide unbiased, representative prevalence estimates. Weighting compensates for over-representation or under-representation of specific groups in the study sample.

For 2004, the sample size goal of 2,000 completed interviews was exceeded by 431, for a total of 2,431 completed interviews. An additional 134 individuals partially completed interviews for a total of 2,565 total subjects.

Tarrant County BRFSS data was compared to that of the State of Texas, the United States and Healthy People 2010 objectives.

Results

Demographics

- **The demographic distribution of the sample population was similar to that of the general Tarrant County adult population**
- **Adults age 25 - 44 were over-represented**

Overall, 2,565 adults age 18 and older were interviewed for the Tarrant County BRFSS. The weighted percent distribution of the respondents was similar to that of the Tarrant County 2000 census population according to gender, education, annual income, race/ethnicity and employment. Adults age 25-44 were over-represented in the population sample. The gender distribution is similar to that of Texas and the average for the nation. The proportion of Hispanics (22.2%) in the survey population was lower than that of Texas (29.6%) but higher than in the nation (4.7%).

Health Status

- **Eighty-four percent of respondents reported their general health status to be "excellent", "very good" and "good"**
- **Fair to poor health status was significantly higher in central Tarrant County, individuals 55 years and older, Hispanics, and in persons out of work for more than one year**
- **Overall, approximately 19% of the respondents reported that their mental health was 'not good for 5 or more days during the past 30 days'**
- **Less than 10% of the respondents reported physical activity limitation for 5 or more days**

Overall, 84% of the respondents reported excellent to good general health status, 16% reported fair to poor general health status, 15.7% reported that their physical health was not good for 5 or more days during the past 30 days, 9.6% reported physical activity limitation and 18.7% reported that their mental health was not good for 5 or more days during the past 30 days.

Of those who reported fair to poor general health status, the prevalence was highest in central Tarrant County (34.3%), individuals 55 years and older (51.8%), Hispanics (26.5%), individuals with income less than $15,000 (38%) and in persons out of work for more than one year (27.4%). Fair to poor general health status decreased with increasing income. Of those who reported physical health not good for 5 or more days during the past 30 days, the prevalence was highest in central Tarrant County (23.9%), individuals 55 years and older (49.7%), females (18.3%), African Americans (19.3%), retirees (25.4%), those

unable to work (82.9%) and individuals with an income less than $15,000 (29.4%). Both fair to poor health (5.8%) and physical health not good responses (8.3%) were significantly lower in those with college degrees. Of people who reported mental health not good for 5 or more days during the past 30 days, the prevalence was highest in central Tarrant County (24.1%), individuals age 18 to 24 (27.0%), females (24.4%), those unable to work (66.4%), and other races/ethnicities (24.6%). Reporting "mental health not good" was significantly lower in respondents 65 and older (12.1%), those with a college degree (11.5%), and retired persons (11.9%). Physical health and mental health not good for 5 or more days in the past 30 days were significantly related to general health status.

Health Care Access

- **Approximately 24% of Tarrant County residents do not have any type of health insurance coverage**
- **Age, education, income, race/ethnicity and employment are significant determining factors for health insurance coverage**
- **Approximately 15% of Tarrant County residents could not see a doctor in the past 12 months because of cost**

Overall, 76% of Tarrant County residents have some type of health insurance, 23.8% have none and 14.7% could not see a doctor in the past 12 months because of cost. Of those with no health insurance, the highest prevalence was in central Tarrant County (44.1%), males (26.1%), adults age 18-24 (39.8%), individuals with less than a high school education (59.7%), individuals earning less than $25,000 (>50%), Hispanics (53.0%), those out of work for less than one year (58.2%). Of those who could not see a doctor because of cost, the highest prevalence was in central Tarrant County (22.7%), females (18.6%), those with less than high school education (29.8%), those earning less than $35,000 (>25%), African-American (22.8%) and those out of work for more than one year (34.6%).

The proportion of Tarrant County residents with no health insurance coverage was lower than state of Texas figures (26.6%), but higher than the average for the nation (14.5%). Among Tarrant County residents, having health insurance coverage was strongly associated with good health status and preventive health practices such as sigmoidoscopy, mammogram, clinical breast examination (CBE), Papanicolau test, prostate specific antigen (PSA) test, and having influenza and pneumococcal shots.

Overweight and Obesity

- **Sixty-four percent of adults in Tarrant County are overweight or obese**
- **Overweight and obese people are more likely to suffer from chronic conditions such as diabetes, hypertension and high blood cholesterol**
- **The prevalence of overweight and obesity in Tarrant County is higher than figures for Texas and the United States**

Overall, 64% of adults age 18 and older in Tarrant County were overweight or obese. Of these, 26.2% of respondents were obese, while 37.8% were overweight. Obesity was highest in central Tarrant County (32.3%), males (46.8%), adults age 34-54 (30.8%),

African-Americans (42.6%), people with less than a high school education (34.0%), and people unable to work (73.8%). Overweight or obese individuals were 2.3 times more likely to be diabetic, 2.3 times more likely to be hypertensive, 1.5 times more likely to be diagnosed with high blood cholesterol and 1.2 times more likely to live a sedentary lifestyle. The prevalence of overweight and obesity in Tarrant County is higher than that of Texas (61.5%) and the United States (59.5%). Tarrant County's obesity rate is 75% higher than the Healthy People 2010 objective.

Physical Activity

- **Forty-five (44.7%) percent of Tarrant County residents meet CDC's recommendation for physical activity**
- **Meeting the recommendation for physical activity was significantly related to higher levels of education, income and employment**
- **Physical inactivity is a risk factor for poor health status, hypertension, hypercholesterolemia, and overweight and obesity**

Overall, 76% of Tarrant County residents report participating in physical activities or exercise outside of their jobs during the past month and more than 60% report mostly sitting or standing during work hours. More than 45% of Tarrant County residents spend more than two hours watching television or videos or using a computer outside of work on a typical day. Only 44% of Tarrant County residents, however meet the CDC recommendation for regular physical activity, while 11% report no physical activity within the month prior to the survey. The prevalence of meeting recommendations for physical activity was highest in northeast Tarrant County (49.1%), males (46.1%), people age 25-34 (50.2%), people with college education (52.4%), people with an income above $50,000 (50.8%) and people who are self-employed (56.0%). Physically inactive Tarrant County residents are 3.42 times more likely to report poor health status, 1.33 times more likely to be hypertensive, 1.21 times more likely to have high blood cholesterol and 1.17 times more likely to be overweight or obese. Tarrant County residents still fall short of the Healthy People 2010 objective for moderate and vigorous physical activity combined (60%).

Consumption of Fruits and Vegetables

- **Only 25% of Tarrant County residents consume 5 or more servings of fruits and vegetables per day**
- **Inadequate fruit and vegetable consumption increases the risk for stroke**
- **The proportion of Tarrant County residents consuming 5 or more servings of fruits and vegetables per day falls short of the Healthy People 2010 objective**

Overall, about a quarter of Tarrant County residents meet the recommended daily consumption of 5 or more servings of vegetables and fruits per day. The proportion of Tarrant County residents who meet the recommendations for fruit and vegetable consumption was highest in northwest Tarrant County (28.1%), females (29.6%), individuals age 65 and older (31.1%), Whites (27.4%), individuals with a college degree (29.7%) and retired persons (32.6%). Tarrant County residents who ate less than 5 servings of fruits and vegetables per day were 2.6 times more likely to have a stroke and 1.3 times more likely to live a sedentary or inactive lifestyle. The proportion of Tarrant

County residents (25.9%) who met the recommended daily consumption of fruits and vegetables was slightly higher than that of Texas (22.6%) and the nation (22.5%). Tarrant County residents, however still fall short of the Healthy People 2010 national objectives for fruit (75%) and vegetable (50%) consumption.

Tobacco Use and Alcohol Consumption

- **Twenty-two percent of Tarrant County residents are current smokers and 4.3% are heavy drinkers**
- **More than 40% of current smokers did not receive advice to stop smoking in the past 12 months**
- **Over half (55%) of all current smokers have attempted to quit smoking in the past 12 months**

Overall, 43% of Tarrant County residents have smoked at least 100 cigarettes in their lifetime and 4.3% of all Tarrant County residents engage in heavy alcohol consumption. Of those who have smoked at least 100 cigarettes, over half are current smokers. About 22% of Tarrant County residents are current smokers. Current smoking was highest in northeast Tarrant County (26.0%), males (26.7%), people age 35-44 (26.1%), those with less than high school (31.7%), those with annual incomes of $25,000 to $35,000 (28.8%), Whites (23.2%), those unable to work (37.3%) and those out of employment for more than one year (37.1%). Of all the current smokers, over half (55%) have attempted to quit smoking in the past 12 months. Current smokers are 3.4 times more likely to suffer from coronary artery disease. Tarrant County residents are 63% over the Healthy People 2010 objective for current smokers.

The prevalence of heavy alcohol consumption is highest in northeast Tarrant County (7.7%), males (5.8%), teenagers and young adults (8.2%), individuals who finished high school or a GED (6.7%), Hispanics (5.3%) and students (12.0%).

Firearms

- **Approximately 9% of the Tarrant County population has a loaded firearm within their residence**
- **Approximately 5% of the Tarrant County population has a loaded and unlocked firearm within their residence**
- **Self-employed (9.6%) and retired persons (8.9%) reported the highest prevalence of loaded and unlocked firearms within their residence**

Overall, about 8.7% of Tarrant County residents have a loaded firearm within their residence and the prevalence of living at home with a loaded and unlocked firearm in Tarrant County is 4.8%. The prevalence of having loaded and unlocked firearms was highest for males (6.3%), those age 55 to 64 (8.9%), those with income over $34,999 (13.4%), Whites (6.8%) and self-employed individuals (18.5%).

Women's Health

- **About three-fourths of women age 40 and older have had a mammogram within the past two years**
- **About 84% of women with an intact cervix have had a Pap test within the past three years**
- **Having a clinical breast examination (CBE), a mammogram within the past two years and a Pap test within the past three years were associated with increasing age, education and income**

Overall, 89.5% of Tarrant County women have ever had a CBE, 74% of women age 40 and older had a mammogram within the past two years and 84% of all women with an intact cervix have had a Pap test within the past three years. The prevalence of having had a CBE was highest in southwest Tarrant County (93.4%), women age 45-54 (96.0%), women with a college degree (95.3%), women with an income of $50,000 and over (97.5%), Whites (95.4%) and women who were retired (95.5%). The prevalence of women who have had a mammogram within the past two years was highest in northwest Tarrant County (76.6%), age 65 and older (82.6%), women with a college education (81.9%), women with an annual income of $50,000 and over (81.1%), Whites (74.6%) and women who were retired (83.7%). The prevalence of having a Pap test within the past three years was highest in central Tarrant County (86.2%), women age 25-34 (89.2%), women with a college education (91.6%), women with an annual income of $35,000 and over (93.9%), White women (87.0%) and women who are currently employed (88.3%).

The prevalence of Tarrant County women who have ever had a CBE, had a mammogram within the past two years and had a Pap test within the past three years were higher than that of Texas. The prevalence of CBE, however was lower than the average for the United States and the Pap test was higher than the average for the United States. Tarrant County meets and exceeds the Healthy People 2010 objective for having a mammogram within the past two years (70.0%) but falls short of the objective for having a Pap test within the past three years (90.0%).

Cancer Screening

- **About 47% of male Tarrant County residents age 40 and older had prostate specific antigen (PSA) tests within the past two years**
- **About 70% of male Tarrant County residents age 40 and older have ever had a digital rectal exam (DRE)**
- **About 30% of all Tarrant County residents age 50 and older had a blood stool test within the past two years**
- **About 50% of all Tarrant County residents age 50 and older have ever had sigmoidoscopy or colonoscopy**

Overall, 46.9% percent of male Tarrant County residents age 40 and older had a PSA test within the past two years, 69.3% have ever had a Digital Rectal Examination (DRE). Among

Tarrant County residents age 50 and older, 29.6% reported having blood stool tests within the past two years and 50.4% have ever had a sigmoidoscopy or colonoscopy. The prevalence of PSA was highest for southwest Tarrant County (51.8%), age 65 and older (78.5%), men with college education (53.2%), men with annual income of $35,000 and over (55.7%), African-American males (55.6%) and retired individuals (77.9%). The prevalence of DRE was highest for southwest Tarrant County (73.4%) and northeast Tarrant County (73.9%), for males age 65 and older (92.4%), those with a college degree (81.2%), those with income $50,000 and over (82.1%), Whites (78.7%) and retirees (92.9%). The prevalence of having blood stool tests within the past two years was highest for northeast (33.8%), females (32.6%), respondents age 65 and older (34.7%), those with a college degree (32.5%), Whites (31.8%), those with an income of $50,000 and over (33.1%) and retirees (37.5%). The prevalence of people who ever had a sigmoidoscopy or colonoscopy was highest for southwest Tarrant County (57.8%), females (52.1%), age 65 and older (61.6%), those with less than high school (53.6%), those with an income of $50,000 and over (54.4%), Whites (52.5%) and for retirees (62.7%).

The prevalence of having a blood stool test within the past two years or having ever had a sigmoidoscopy or colonoscopy in Tarrant County are higher than those for Texas, but comparable to the nation. Tarrant County residents meet the Healthy People 2010 objective for sigmoidoscopy or colonoscopy, but fall 40% short of the Healthy People 2010 objective for blood stool test.

Adult Immunizations

- **Fifty-eight percent of adults 65 and older in Tarrant County had a flu shot in the past 12 months**
- **Sixty-six percent or respondents have ever had a pneumococcal vaccine**
- **More people with chronic diseases are getting flu and pneumoccocal vaccinations**

Overall, 58% of the respondents age 65 and over received an influenza shot in the past 12 months while the prevalence of persons who had ever received pnuemococcal shots was 66%. The prevalence of influenza shot in the past 12 months was highest for southwest Tarrant County (66.9%), males (60.6%), those with a college degree (76.3%), those with an income of $50,000 and over (66.5%), other races/ethnicities (82.8%) and homemakers (70.7%). The prevalence of ever receiving a pneumococcal vaccine was highest for northeast Tarrant County (75.0%), females (68.5%), those with high school or GED (64.2%), those with incomes $25,000 to $35,000 (89.6%) and Whites (68.5%).

The influenza vaccination status among persons 65 and over in Tarrant County (58.2%) was lower than that of Texas (67.7%) and the United States (69.9%). Pneumococcal vaccination status among older Tarrant County residents was slightly higher than that of the state (62.0%) and the nation (64.5%). Both influenza and pneumococcal vaccinations were substantially below the Healthy People 2010 objectives of 90%.

Cardiovascular Health

- **About 6% of Tarrant County's population has been diagnosed with heart disease**

- **About 23% of Tarrant County's population has been diagnosed with high blood pressure**
- **Persons with high blood pressure are 8.8 times more likely to have heart disease**
- **Persons with high blood cholesterol are 5.1 times more likely to have heart disease**
- **Prevalence of high blood pressure in African-Americans and Whites is significantly higher than in Hispanics and other races/ethnicities**

Overall, 5.5% of Tarrant County residents have been diagnosed by a physician with heart disease and 23% have been diagnosed with high blood pressure (hypertension). The prevalence of heart disease was highest in central Tarrant County (7.9%), individuals age 65 and older (24.6%), those who earn less than $15,000 per year (9.4%), those with less than high school (6.4%), Whites and African-Americans (6.5%) and those unable to work (29.9%). The prevalence of hypertension was highest for central Tarrant County (28.5%), individuals age 65 and older (60.0%), those who earn less than $15,000 per year (31.0%), those with high school or GED (27.2%), Whites (32.2%) and those unable to work (65.2%). Age was also a significant risk factor for myocardial infarction, coronary heart disease and stroke. Persons over the age of 65 reported the highest prevalence of myocardial infarction (11.6%), coronary heart disease (11.8%) and stroke (7.3%). Hispanics consistently reported the lowest prevalence of cardiovascular disease such as heart disease (1.4%), myocardial infarction (0.4%) and stroke (0.2%). Three out of four Tarrant County residents diagnosed with hypertension are currently taking medication to control their blood pressure.

The prevalence of heart disease in Tarrant County residents (5.5%) did not differ significantly from the prevalence reported in Texas (7.6%). The prevalence of high blood pressure in Tarrant County residents (23.1%) is lower than that reported in Texas (24.6%) and the nation (24.8%), but falls short of the Health People 2010 objective of 16.0%. Tarrant County residents who are diabetic, hypertensive or have high blood cholesterol were significantly more likely to suffer from heart disease, myocardial infarction, coronary heart disease, and stroke. Persons that reported that they have never smoked were significantly less likely to have doctor-diagnosed heart disease, heart attacks, coronary heart disease, and stroke.

Diabetes

- **5.9% of the Tarrant County population has been diagnosed with diabetes**
- **One out of four diabetics are insulin dependent**
- **Diabetes was highest among African-Americans**
- **Diabetics tend to have a poor health status and are more likely to be overweight or obese**

Overall, about 6% of Tarrant County residents have been diagnosed by a physician with diabetes. The prevalence of diabetes was highest for central Tarrant County (10.4%), females (6.2%), those age 65 and older (18.9%), those who earn less than $25,000 per

year (10.4%), African-Americans (9.2%), those unable to work (18.7%). The prevalence of diabetes in Tarrant County (5.9%) is lower than both the state (7.0%) and national rates (7.2%) [Table 1.2].

Compared to Tarrant County non-diabetics, those with diabetes are 6.3 times more likely to have suffered from myocardial infarction, 6.2 times more likely to have suffered a stroke, 2.4 times more likely to be hypertensive, 6.3 times more likely to have high blood cholesterol and 2.4 times more likely to be overweight or obese.

Asthma

- **Over 8% of adults in Tarrant County are currently asthmatic**
- **More females than males are asthmatic**
- **Asthma is higher in teenagers and young adults age 18-24 than in adults**
- **Asthma prevalence was highest among those earning less than $15,000 and lowest among those earning $50,000 or more**

Overall, 13.4% of Tarrant County residents have been told that they have asthma by a health professional. The prevalence of current asthma in Tarrant County adults is 8.5%. The prevalence was highest in southeast Tarrant County (9.4%), females (10.8%), adults age 18-24 (16.7%), those with less than a high school education (11.3%), those with income less than $15,000 (12.7%), African-Americans (10.0%) and those unable to work (29.0%). The proportion of those who reported that they currently have asthma in Tarrant County (8.5%) was higher that that of Texas (6.9%) and the United States (7.5%). Those who report current asthma are 1.8 times more likely to report poor health status and 1.5 times more likely to be smokers.

Risk Factors with Significant Geographic Differences

Health Status

- Fair and poor health status was higher in central Tarrant County (34.3%) than northeast (10.8%), southeast (14.4%), southwest (15.3%) and northwest (15.6%).
- Physical health not good for five or more days during the past 30 days was higher in central Tarrant County (23.9%) than northeast (13.1%), southeast (12.4%) and northwest (15.3%).
- Activities limited by health impairment was higher in central Tarrant County (14.4%) than northeast (6.1%).

Health Care Access

- Central Tarrant County had a higher proportion of respondents with no health insurance (44.1%) than northeast (16.5%), southeast (23.8%), southwest (21.6%) and northwest (23.0%).
- Respondents who could not see a doctor because of cost was higher in central Tarrant County (22.7%) than northeast (13.7%), southeast (13.9%), southwest (14.9%) and northwest (13.6%).

Overweight and Obesity

- Obesity was higher in central Tarrant County (32.2%) than northeast (20.5%) and southwest (22.2%).

Physical Activity

- Central Tarrant County had a higher proportion of respondents with no physical activity in the past 30 days (19.2%) than northeast (10.1%) and southeast (8.5).

Women's Health

- Those who ever had a clinical breast exam was lower in central Tarrant County (79.1%) than southwest (93.4%) and northwest (91.0%).

Cancer Screening

- Digital rectal exam in males age 40 and older was lower in central Tarrant County (54.1%) than northeast (73.9%) and southwest (73.4%).
- Ever had sigmoidoscopy or colonoscopy was lower in central Tarrant County (40.6%) than Southwest (57.8%).

Cardiovascular Health

- High blood pressure in central Tarrant County (28.5%) was higher than northeast (19.0%).

Diabetes

- Diabetes was higher in central Tarrant County (10.4%) than northeast (5.5%), southeast (4.5%) and northwest (5.2%).

Risk Factors with Significant Gender Differences

Health Care Access

- Females (18.6%) were more likely to report that they could not see a doctor in the past 12 months because of cost than males (10.7%).

Overweight and Obesity

- Males (46.8%) were more likely to be overweight than females (28.7%).

Fruits and Vegetables

- Females (29.6%) were more likely to report consumption of five or more servings of fruit and vegetables per day than males (22.0%).

Tobacco and Alcohol Use

- Tobacco use was higher in males (26.7%) than females (18.0%).

Cardiovascular Health

- Among those diagnosed with high blood pressure, females (83.5%) were more likely to report taking medication than males (68.9%).

Asthma

- Current asthma was higher in females (10.8%) than males (6.1%).

Risk Factors with Significant Age Differences

Health and Mental Health Status

- Fair or poor health status in age 65 and older (27.7%) and 55-64 (24.4%) was higher than 18-24 (10.7%) and 25-34 (9.6%).
- Physical health not good for 5 or more days during the past 30 days was higher in persons age 65 and older (28.3%) than in those 18-24 (13.5%), 25-34 (10.7%), 35-44 (14.3%) and 45-54 (14.8%).
- Activities limited by health impairment was higher in persons age 65 and older (14.7%) than those age 25-34 (6.7%).
- Mental health not good for five or more days during the past 30 days in 18-24 (27.0%) was higher than age 65 and older (12.1%).

Health Care Access

- Respondents with no health insurance in age 65 and older (3.2%), age 55-64 (17.5%) and age 45-54 (17.5%) were lower than age 35-44 (29.5%) age 25-24 (28.4%) and age 18-24 (39.8%).
- Respondents who could not see a doctor because of cost in age 65 and older (6.0%) were lower than age 55-64 (13.0%), 45-54 (13.0%) 35-44 (17.6%) age 25-34 (16.9%) and age 18-24 (16.2%).

Overweight and Obesity

- Obesity was less prevalent in age 18-24 (12.7%) than age 25-34 (25.8%), 35-44 (30.5%), 45-54 (30.8%), 55-64 (28.8%), and 65 and older (21.3%).

Physical Activity

- Meeting recommendation for physical activity was higher in age 25-34 (50.2%) than age 55-64 (35.5%) and 65 and older (38.2%).
- Respondents with no physical activity in the past 30 days in age 65 and older (18.2%) was higher than age 45-54 (9.1%), 25-34 (9.4%) and 18-24 (6.4%).

Tobacco Use

- Current smokers in age 65 and older (9.9%) was lower than age 55-64 (25.5%), 45-54 (22.3%), 35-44 (26.5%), 25-34 (22.8%) and 18-24 (22.5%).

Firearms

- Living in a home with a loaded firearm was higher in age 55-65 (15.5%) than age 45-54 (9.1%), 35-44 (8.0%), 25-34 (6.9%) and 18-24 (4.3%).

Women's Health

- Those who ever had a clinical breast exam was lower in age 18-24 (74.8%) than age 35-44 (90.5%), 45-54 (96.0%), 55-64 (93.0%) and 65 and older (94.4%).

Cancer Screening

- Those who had a prostate specific antigen test within the past two years was higher in 65 and older (78.5%) and 55-64 (67.6%) than 45-54 (39.4%).

Cardiovascular Health

- Heart disease was higher in 65 and older (24.6%) than age 55-64 (9.0%), 45-54 (4.0%), 35-44 (3.9%), 25-34 (0.8%) and 18-24 (0.4%).
- Myocardial infarction was higher in persons 65 and older (11.6%) than in those age 55-64 (3.9%), 45-54 (0.7%), 35-44 (1.3%), 25-34 (0.2%) and 18-24 (0.0%).
- Coronary heart disease was higher in persons 65 and older (11.8%) than in those age 55-64 (3.7%), 45-54 (2.2%), 35-44 (2.0%), 25-34 (0.3%) and 18-24 (0.2%).
- Stroke was higher in persons 65 and older (7.3%) than in those age 55-64 (3.6%), 45-54 (1.5%), 35-44 (0.9%), 25-34 (0.4%) and 18-24 (0.1%).
- High blood pressure was higher in persons 65 and older (60.0%) than in those age 55-64 (43.6%), 45-54 (29.2%), 35-44 (17.5%), 25-34 (8.8%) and 18-24 (1.4%).
- Among those diagnosed with high blood pressure, taking medication was higher in persons age 65 and older (95.8%) than in those age 55-64 (86.6%), 45-54 (74.9%), 35-44 (60.7%), 25-34 (31.2%) and 18-24 (15.1%).

Diabetes

- Diabetes was higher in persons age 65 and older (18.9%) than in those age 45-54 (7.5%), 35-44 (3.0%), 25-34 (1.3%) and 18-24 (0.0%).

Asthma

- Current asthma was higher in persons age 18-24 (16.7%) than in those age 25-34 (5.7%).

Risk Factors with Significant Racial/Ethnic Differences

Health Status

- Fair or poor health status was higher in Hispanics (26.5%) than Whites (12.2%) and other races/ethnicities (9.1%).
- Physical health not good for 5 or more days during the past 30 days was higher in African-Americans (19.3%) and Whites (16.0%) than other races/ethnicities (5.6%).
- Activities limited by health impairment was higher in Whites (10.6%) and African-Americans (10.1%) than other races/ethnicities (2.1%).

Health Care Access

- Respondents with no health insurance was higher among Hispanics (53.0%) than Whites (13.2%), African-Americans (26.3%) and other races/ethnicities (19.0%).
- Respondents who could not see a doctor because of cost were more frequent in Hispanics (22.8%) and African-Americans (21.1%) than among Whites (11.1%).

Overweight and Obesity

- Obesity was higher in African-Americans (42.6%) than Whites (23.5%), Hispanics (27.7%) and other races/ethnicities (15.8%).

Physical Activity

- Respondents with no physical activity in the past 30 days were less frequent among Whites (7.9%) than Hispanic (19.1%).

Tobacco and Alcohol Use

- Heavy alcohol consumption was higher in Whites (4.9%) than African-Americans (1.0%) and other races/ethnicities (0.0%).

Firearms

- Living in a home with a loaded firearm was higher in Whites (11.8%) than Hispanics (2.5%).

Women's Health

- Those who had ever had a clinical breast exam was higher in Whites (95.4%) than African-Americans (85.0%), Hispanics (77.9%) and other races/ethnicities (68.4%).
- Pap test within the past three years in women with an intact cervix was higher in Whites (87.0%) than other races/ethnicities (58.4%).

Cancer Screening

- Having a prostate specific antigen test within the past 2 years was higher in Whites (52.5%) than Hispanics (32.4%) and other races/ethnicities (19.8%).
- Having a digital rectal exam was higher in Whites (78.7%) than African-Americans (58.4%) and Hispanics (39.7%).
- Having a blood stool test was higher in Whites (31.8%) than Hispanics (12.8%).

Adult Immunizations

- Influenza vaccination was higher in Whites (60.0%) than African-Americans (38.4%).

Cardiovascular Health

- Myocardial infarction was higher in Whites (2.3%) and African-Americans (2.6%) than Hispanics (0.4%).
- Coronary heart disease was higher in Whites (3.4%) and African-Americans (3.2%) than Hispanics (0.9%).
- Stroke was higher in Whites (2.2%) and African-Americans (2.3%) than Hispanics (0.2%).
- High blood pressure was more prevalent in Whites (25.8%) and African-Americans (32.2%) than Hispanics (12.5%).

Risk Factors with Significant Annual Income Differences

Health and Mental Health Status

- Fair or poor health status was higher in individuals with income less than $15,000 (38.0%) than those with incomes of $25,000-$34,999 (18.5%), $35,000-$49,999 (9.7%) and $50,000 and over (5.7%).
- Respondents who answered physical health not good for 5 or more days during the past 30 days was higher in individuals with income less than $15,000 (29.4%) than those with incomes of $35,000-$49,999 (17.9%) and $50,000 and over (8.8%).
- Activities limited by health impairment was higher in individuals with income less than $15,000 (22.5%) than those with incomes of $35,000-$49,999 (8.8%) and $50,000 and over (4.8%).
- Respondents who answered mental health not good for 5 or more days during the past 30 days was higher in individuals with income less than $15,000 (29.7%) than those with incomes of $35,000-$49,999 (16.1%) and $50,000 and over (13.9%).

Health Care Access

- Having no health insurance was higher among individuals with income less than $15,000 (50.7%) and $15,000-$24,999 (52.5%) than among those with incomes of $25,000-$34,999 (29.8%), $35,000-$49,999 (14.8%) and $50,000 and over (5.1%).
- Respondents who could not see a doctor because of cost were more frequent among individuals with an income less than $15,000 (29.2%), $15,000-$24,999 (27.9%) and $25,000-$34,999 (25.6%) than those with income of $35,000-$49,999 (12.2%) and $50,000 and over (3.6%).

Physical Activity

- Meeting recommendations for physical activity was lower in individuals earning less than $15,000 (30.8%) than those with incomes of $35,000-$49,999 (47.6%) and $50,000 and over (50.8%).
- Respondents with no physical activity in the past 30 days was higher in individuals with an income less than $15,000 (30.9%) than those with incomes of $15,000-$24,999 (15.1%), $25,000-$34,999 (11.9%), $35,000-$49,999 (9.2%) and $50,000 and over (4.2%).

Firearms

- Living in a home with a loaded firearm was higher in individuals with an income of $50,000 and over (12.1%) and $35,000-$49,999 (12.7%) than in individuals with incomes $25,000-$34,999 (4.8%), $15,000-$24,999 (2.7%), and less than $15,000 (4.8%).

Women's Health

- Those who had ever had a clinical breast exam was higher in individuals with incomes of $50,000 and over (95.4%) than in individuals with incomes $35,000-$49,999 (95.3%), $25,000-$34,999 (84.3%), $15,000-$24,999 (87.2%), and less than $15,000 (79.7%).
- Having a mammogram in the past two years was higher in individuals with income $50,000 and over (81.1%) than individuals with income less than $15,000 (57.6%).
- Pap test within the past three years in women with an intact cervix was higher in individuals with incomes of $50,000 and over (92.9%) and $35,000-$49,999 (93.5%) than individuals with incomes $25,000-$34,999 (72.8%), $15,000-$24,999 (76.7%), and less than $15,000 (72.4%).

Cancer Screening

- Having a digital rectal exam was higher in individuals with an income of $50,000 and over (82.1%) than in individuals with incomes of $25,000-$34,999 (51.6%), $15,000-$24,999 (50.4%), and less than $15,000 (52.2%).
- Blood stool test was higher in individuals with an income of $50,000 and over (33.1%) than in individuals with incomes of $15,000-$24,999 (18.9%).

Cardiovascular Health

- Heart disease was lower in individuals with an income of $50,000 and over (3.9%) than those with incomes of 35,000-$49,999 (4.9%), $25,000-$34,999 (7.9%), $15,000-$24,999 (7.0%), and less than $15,000 (9.4%).
- Myocardial infarction was lower in individuals with an income of $50,000 and over (1.3%) and $35,000-$49,999 (0.4%) than in those with incomes less than $15,000 (5.6%).
- High blood pressure was higher in individuals with an income of $50,000 and over (20.9) than in those with an income less than $15,000 (31.0%).

Diabetes

- Diabetes was higher in individuals with an income of less than $15,000 (10.0%) and $15,000-$24,999 (10.4%) than in individuals with incomes of $50,000 and over (3.3%) and $35,000-$49,999 (3.9%).

Asthma

- Current asthma was higher in individuals with an income of less than $15,000 (12.7%) than in individuals with incomes of $50,000 and over (5.9%).

Risk Factors with Significant Education Status Differences

Health and Mental Health Status

- Fair and poor health status was higher in individuals with less than a high school education (34.6%) than individuals who finished high school or a GED (20.0%), technical school/some college (13.4%) and a college degree (5.8%).
- Physical health not good for 5 or more days during the past 30 days was lower in individuals with a college degree (8.3%) than technical school/some college (18.1%), finished high school or a GED (19.0%) and less than a high school education (21.1%).
- Activities limited by health impairment was lower in individuals with a college degree (5.3%) than technical school/some college (10.9%), finished high school or a GED (11.5%) and less than a high school education (13.6%).
- Mental health not good for 5 or more days during the past 30 days was lower in individuals with a college degree (11.5%) than technical school/some college (21.6%), finished high school or a GED (22.4%) and less than a high school education (22.7%).

Health Care Access

- Reporting no health insurance was higher in individuals with less than a high school education (59.7%) than individuals who finished high school or a GED (29.0%), technical school/some college (15.5%) and a college degree (8.7%).
- Respondents who could not see a doctor because of cost was higher among individuals with less than a high school education (25.8%) than individuals who finished high school or a GED (15.7%), technical school/some college (16.7%) and a college degree (6.6%).

Overweight and Obesity

- Obesity was higher in individuals with less than a high school education (34.0%) than individuals who finished high school or a GED (22.1%) and a college degree (22.0%).

Physical Activity

- Meeting recommendations for physical activity was lower in individuals with less than a high school education (35.5%) than individuals who finished high school or a GED (40.5%), technical school/some college (44.8%) and a college degree (52.4%).
- Respondents with no physical activity in the past 30 days was higher in individuals with less than a high school education (24.5%) than individuals who finished high school or a GED (10.6%), technical school/some college (8.3%) and a college degree (7.2%).

Fruits and Vegetables

- Consumption of 5 or more servings of fruits and vegetables per day was higher in individuals with a college degree (29.7%) and technical school/some college (28.0%) than in individuals with less than a high school education (17.3%).

Tobacco and Alcohol Use

- Current smoking was lower in individuals with a college degree (13.7%) than those with technical school/some college (22.7%), finished high school or a GED (27.0%), and less than a high school education (31.7%).
- Heavy alcohol consumption was lower in individuals with a college degree (2.7%) than in those who finished high school or a GED (6.7%).

Firearms

- Living in a home with a loaded firearm was higher in individuals with a college degree (10.9%), technical school/some college (11.1%) and high school or GED (7.7%) than individuals with less than a high school education (2.2%).

Women's Health

- Clinical breast examination was higher in individuals with a college degree (95.3%), technical school/some college (90.7%) and finished high school or a GED (87.8%) than individuals with less than a high school education (77.5%).
- Having a mammogram in the past two years was higher in individuals with a college degree (81.9%) than individuals with less than a high school education (59.2%).
- Having a Pap test was higher in individuals with a college degree (91.6%) than technical school/some college (77.9%) and less than a high school education (77.2%).

Cancer Screening

- Having a digital rectal exam was higher in individuals with a college degree (81.2%), technical school/some college (68.5%) and high school or GED (67.3%) than individuals with less than a high school education (42.0%).

Risk Factors That Show Significant Difference Between Tarrant County and Texas

Health Status

- Fair or poor health status was lower in Tarrant County (16.0%) than in Texas (20.4%).

Fruits and Vegetables

- Consumption of 5 or more servings of fruits and vegetables per day was higher in Tarrant County (25.9%) than in Texas (22.5%).

Women's Health

- Mammogram within the past two years in females age 40 and older was higher in Tarrant County (74.0%) than in Texas (67.8%).

Cancer Screening

- Blood stool test within the past two years in adults age 50 and older was higher in Tarrant County (29.6%) than in Texas (23.4%).

Adult Immunizations

- Influenza vaccination in adults age 65 and older during the past 12 months was lower in Tarrant County (58.2%) than in Texas (67.1%).

Risk Factors That Meet the Healthy People 2010 Objectives

Women's Health

- Tarrant County (74.0%) exceeded the Healthy People 2010 objective (70%) for mammogram within the past two years in females age 40 and older.

Cancer Screening

- Tarrant County (50.4%) met the Healthy People 2010 objective (50%) for sigmoidoscopy or colonoscopy in adults age 50 and older.

Results

Table 1 Summary of Risk Factors at Sub-County Level

Risk Factors	North-east	South-east	Central	North-west	South-west	Tarrant County
Demographics						
Sample Size	512	442	610	507	494	2565
Health and Mental Health Status						
Fair or Poor Health Status	10.8%	14.4%	34.3%	15.3%	15.6%	16.0%
Physical Health Not Good	13.1%	12.4%	23.9%	19.6%	15.3%	15.7%
Activities Limited by Health Impairment	6.1%	8.8%	14.4%	10.4%	10.5%	9.6%
Mental Health Not Good	15.9%	18.9%	24.1%	19.3%	17.8%	18.7%
Health Care Access						
No Health Insurance	16.5%	23.8%	44.1%	21.6%	23.0%	23.8%
Could Not See a Doctor Because of Cost	13.7%	13.9%	22.7%	14.9%	13.6%	14.7%
Overweight and Obesity						
BMI 25.0 - 29.9	42.0%	36.6%	38.9%	33.3%	40.0%	37.8%
BMI 30.0 - 99.9	20.5%	27.5%	32.2%	22.2%	29.3%	26.2%
Physical Activity						
Meets Recommendations for Physical Activity	49.1%	45.1%	42.5%	46.3%	41.1%	44.7%
No Physical Activity Within Past 30 Days	10.1%	8.5%	19.2%	12.5%	11.2%	11.1%
Fruits and Vegetables						
Consume 5 or More Servings Per Day	26.3%	24.0%	26.4%	24.1%	28.1%	25.9%
Tobacco and Alcohol Use						
Current Smokers	26.0%	21.7%	19.9%	19.5%	23.7%	22.2%
Heavy Alcohol Consumers	7.7%	3.8%	1.9%	3.6%	4.2%	4.3%
Firearms						
Living in a Home With a Loaded Firearm	7.9%	8.2%	5.5%	9.4%	10.1%	8.7%
Living in a Home With a Loaded and Unlocked Firearm	4.2%	5.0%	3.3%	5.0%	5.4%	4.8%
Women's Health						
Clinical Breast Exam in Women Age 18 and Older	88.8%	88.8%	79.1%	93.4%	91.0%	89.0%
Mammogram Within the Past 2 Years in Women Age 40 and Older	69.4%	74.9%	69.8%	74.3%	76.6%	74.0%
Pap Test Within the Past 3 Years in Women Age 18 and Older With Intact Cervix	84.7%	81.5%	86.2%	85.7%	83.1%	83.7%
Cancer Screening						
Prostate-Specific Antigen Test Within The Past 2 Years in Males Age 40 and Older	51.4%	49.4%	37.9%	51.8%	41.0%	46.9%
Digital Rectal Exam in Males Age 40 and Older	73.9%	71.1%	54.1%	73.4%	66.6%	69.3%
Blood Stool Test Within the Past 2 Years in Adults Age 50 and Older	33.8%	32.9%	26.0%	32.8%	22.8%	29.6%
Sigmoidoscopy or Colonoscopy in Adults Age 50 and Older	50.7%	50.4%	40.6%	57.8%	47.3%	50.4%
Adult Immunizations						
Flu Vaccination Within the Past 12 Months in Age 65 and Older	52.2%	60.8%	51.5%	66.9%	52.1%	58.2%
Pneumococcal Vaccination in Age 65 and older	75.0%	67.0%	56.5%	66.3%	62.8%	66.0%
Cardiovascular Health						
Doctor-Diagnosed Heart Disease	4.8%	5.6%	7.9%	6.2%	4.5%	5.5%
Myocardial Infarction	2.0%	1.4%	3.7%	2.6%	2.3%	2.2%
Coronary Heart Disease	1.7%	3.0%	3.1%	3.2%	2.1%	2.6%
Stroke	1.9%	1.7%	2.4%	1.7%	1.7%	1.8%
Diagnosed With High Blood Pressure	19.0%	22.7%	28.5%	22.7%	24.3%	23.1%
Diabetes						
Diagnosed With Diabetes	5.5%	4.5%	10.4%	7.3%	5.2%	5.9%
Asthma						
Current Asthma	8.5%	9.4%	8.2%	7.5%	8.2%	8.5%

Table 2 Summary of Risk Factors by Gender

Risk Factors	Males	Females
Demographics		
Sample Size	988	1574
Health and Mental Health Status		
Fair or Poor Health Status	15.4%	16.6%
Physical Health Not Good	12.9%	18.3%
Activities Limited by Health Impairment	7.9%	11.4%
Mental Health Not Good	12.8%	24.4%
Health Care Access		
No Health Insurance	26.1%	21.6%
Could Not See a Doctor Because of Cost	10.7%	18.6%
Overweight and Obesity		
BMI 25.0 - 29.9	46.8%	28.7%
BMI 30.0 - 99.9	26.9%	25.5%
Physical Activity		
Meets Recommendations for Physical Activity	46.1%	43.4%
No Physical Activity Within Past 30 Days	9.7%	12.4%
Fruits and Vegetables		
Consume 5 or More Servings Per Day	22.0%	29.6%
Tobacco and Alcohol Use		
Current Smokers	26.7%	18.0%
Heavy Alcohol Consumers	5.8%	2.9%
Firearms		
Living in a Home With a Loaded Firearm	11.0%	6.4%
Living in a Home With a Loaded and Unlocked Firearm	6.3%	3.5%
Women's Health		
Clinical Breast Exam in Women Age 18 and Older	NA	89.5%
Mammogram Within the Past 2 Years in Women Age 40 and Older	NA	74.0%
Pap Test Within the Past 3 Years in Women Age 18 and Older With Intact Cervix	NA	83.7%
Cancer Screening		
Prostate-Specific Antigen Test Within the Past 2 Years in Males Age 40 and Older	46.9%	NA
Digital Rectal Exam in Males Age 40 and Older	69.3%	NA
Blood Stool Test Within the Past 2 Years in Adults Age 50 and Older	26.0%	32.6%
Sigmoidoscopy or Colonoscopy in Adults Age 50 and Older	48.4%	52.1%
Adult Immunizations		
Flu Vaccination Within the Past 12 Months in Age 65 and Older	60.6%	56.6%
Pneumococcal Vaccination in Age 65 and older	62.0%	68.5%
Cardiovascular Health		
Doctor-Diagnosed Heart Disease	5.8%	5.3%
Myocardial Infarction	2.4%	1.9%
Coronary Heart Disease	2.7%	2.6%
Stroke	1.7%	1.9%
Diagnosed With High Blood Pressure	23.1%	23.0%
Diabetes		
Diagnosed With Diabetes	6.2%	5.6%
Asthma		
Current Asthma	6.1%	10.8%

Table 3 Summary of Risk Factors By Race/Ethnicity

Risk Factors	White	African-American	Hispanic	Other Races/ Ethnicities
Demographics				
Sample Size	1578	433	459	76
Health and Mental Health Status				
Fair or Poor Health Status	12.2%	19.7%	26.5%	9.1%
Physical Health Not Good	16.0%	19.3%	15.1%	5.6%
Activities Limited by Health Impairment	10.6%	10.1%	8.2%	2.1%
Mental Health Not Good	17.6%	23.1%	18.6%	24.6%
Health Care Access				
No Health Insurance	13.2%	26.3%	53.0%	19.0%
Could Not See a Doctor Because of Cost	11.1%	21.1%	22.8%	8.0%
Overweight and Obesity				
BMI 25.0 - 29.9	37.4%	33.9%	42.9%	29.3%
BMI 30.0 - 99.9	23.5%	42.6%	27.7%	15.8%
Physical Activity				
Meets Recommendations for Physical Activity	46.6%	46.2%	38.8%	43.5%
No Physical Activity Within Past 30 Days	7.9%	12.2%	19.1%	14.4%
Fruits and Vegetables				
Consume 5 or More Servings Per Day	27.2%	26.9%	21.4%	27.3%
Tobacco and Alcohol Use				
Current Smokers	23.2%	19.6%	20.7%	22.7%
Heavy Alcohol Consumers	4.9%	1.0%	5.3%	0.0%
Firearms				
Living in a Home With a Loaded Firearm	11.8%	5.8%	2.5%	6.0%
Living in a Home With a Loaded and Unlocked Firearm	6.8%	3.6%	1.0%	1.0%
Women's Health				
Clinical Breast Exam in Women Age 18 and Older	95.4%	85.0%	77.9%	68.4%
Mammogram Within the Past 2 Years in Women Age 40 and Older	74.6%	71.3%	74.1%	66.1%
Pap Test Within the Past 3 Years in Women Age 18 and Older With Intact Cervix	87.0%	82.4%	80.1%	58.4%
Cancer Screening				
Prostate-Specific Antigen Test Within the Past 2 Years in Males Age 40 and Older	52.5%	55.6%	32.4%	19.8%
Digital Rectal Exam in Males Age 40 and Older	78.7%	58.4%	39.7%	61.9%
Blood Stool Test Within the Past 2 Years in Adults Age 50 and Older	31.8%	29.4%	12.8%	28.7%
Sigmoidoscopy or Colonoscopy in Adults Age 50 and Older	52.5%	49.0%	46.3%	23.7%
Adult Immunizations				
Flu Vaccination Within the Past 12 Months in Age 65 and Older	60.0%	38.4%	55.4%	82.8%
Pneumococcal Vaccination in Age 65 and older	68.5%	51.0%	60.0%	48.0%
Cardiovascular Health				
Doctor-Diagnosed Heart Disease	6.5%	6.6%	1.4%	9.1%
Myocardial Infarction	2.3%	2.6%	0.4%	6.7%
Coronary Heart Disease	3.4%	3.2%	0.9%	0.0%
Stroke	2.2%	2.3%	0.2%	3.4%
Diagnosed With High Blood Pressure	25.8%	32.2%	12.5%	14.6%
Diabetes				
Diagnosed With Diabetes	5.8%	9.2%	5.2%	1.5%
Asthma				
Current Asthma	9.4%	10.0%	5.2%	9.2%

Table 4 Comparison of Tarrant County, Texas, the United States and Healthy People 2010 Objectives

Risk Factors	Tarrant County	Texas	United States	HP 2010 Objectives
Demographics				
Sample Size	2565[1]			
Health and Mental Health Status				
Fair or Poor Health Status	16.0%	20.4%	15.1%	NA
Physical Health Not Good	15.7%	NA	NA	NA
Activities Limited by Health Impairment	9.6%	NA	NA	NA
Mental Health Not Good	18.7%	NA	NA	NA
Health Care Access				
No Health Insurance	23.8%	26.8%	14.9%	NA
Could Not See a Doctor Because of Cost	14.7%	NA	NA	NA
Overweight and Obesity				
BMI 25.0 - 29.9	37.8%	37.2%	36.9%	NA
BMI 30.0 - 99.9	26.2%	25.8%	23.2%	15.0%
Physical Activity				
Meets Recommendations for Physical Activity	44.7%	44.7%	47.2%	60.0%
No Physical Activity Within Past 30 Days	11.1%	NA	NA	NA
Fruits and Vegetables				
Consume 5 or More Servings Per Day	25.9%	22.5%	22.6%	75%/50%
Tobacco and Alcohol Use				
Current Smokers	22.2%	20.5%	20.8%	12.0%
Heavy Alcohol Consumers	4.3%	5.2%	4.8%	NA
Firearms				
Living in a Home With a Loaded Firearm	8.7%	NA	NA	NA
Living in a Home With a Loaded and Unlocked Firearm	4.8%	NA	NA	NA
Women's Health				
Clinical Breast Exam in Women Age 18 and Older	89.5%	86.6%	91.0%	NA
Mammogram Within the Past 2 Years in Women Age 40 and Older	74.0%	67.8%	74.6%	70.0%
Pap Test Within the Past 3 Years in Women Age 18 and Older With Intact Cervix	83.7%	82.2%	85.9%	90.0%
Cancer Screening				
Prostate-Specific Antigen Test Within the Past 2 Years in Males Age 40 and Older	46.9%	NA	NA	NA
Digital Rectal Exam in Males Age 40 and Older	69.3%	NA	NA	NA
Blood Stool Test Within the Past 2 Years in Adults Age 50 and Older	29.6%	23.4%	26.5%	50.0%
Sigmoidoscopy or Colonoscopy in Adults Age 50 and Older	50.4%	48.4%	53.0%	50.0%
Adult Immunizations				
Flu Vaccination Within the Past 12 Months in Age 65 and Older	58.2%	67.1%	67.9%	90.0%
Pneumococcal Vaccination in Age 65 and older	66.0%	61.4%	64.6%	90.0%
Cardiovascular Health				
Doctor-Diagnosed Heart Disease	5.5%	7.6%	NA	NA
Myocardial Infarction	2.2%	NA	NA	NA
Coronary Heart Disease	2.6%	NA	NA	NA
Stroke	1.8%	NA	NA	NA
Diagnosed With High Blood Pressure	23.1%	24.6%	24.8%	16.0%
Diabetes				
Diagnosed With Diabetes	5.9%	7.7%	7.9%	NA
Asthma				
Current Asthma	8.5%	7.1%	8.3%	NA

1. Total number of completed interviews for 2004 Tarrant County BRFSS was 2,431. An additional 134 individuals had partially completed interviews, and so the sample size for some variables was 2,565.

Adult Immunizations

Women's Health

Cancer Screening

Asthma

Health Status

Diabetes

Cardiovascular Disease

Health Care Access

Physical Activity

Overweight and Obesity

Tobacco and Alcohol Use

Tarrant County Public Health
1101 S. Main Street, Fort Worth, Texas 76104
817-321-4700
http://health.tarrantcounty.com