

# Community Health Behavior Survey 2001

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# Community Health Behavior Survey 2001

Line of Business: Epidemiology, Surveillance, and  
Response

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# **Community Health Behavior Survey 2001**

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## **Community Health Behavior Survey**

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# Message from the Director of Health



Stephanie B.C. Bailey, MD, MSHSA  
Director of Health

I am pleased to present the latest Community Health Behavior Survey (CHBS) Report to the community. Our report is modeled after the Behavior Risk Factor Surveillance System (BRFSS) developed by the Centers for Disease Control and Prevention (CDC).

The CHBS is the primary source of information which examines and estimates the risky behaviors practiced by the adult population (18 years and older) in Nashville in 2001. These risky behaviors, which are largely preventable, are responsible for major causes of disease and disability in the Nashville/Davidson County area. The data are collected on actual behaviors (rather than on attitudes or knowledge). This allows our department to plan, initiate, support, and evaluate health promotion and disease prevention programs, and to look at health disparities in our population.

This report comes to you at a time when Metropolitan Public Health Department has begun to implement the objectives of its strategic plan and set the targets to meet the goals of Healthy People 2010. A number of indicators in our strategic plan and Healthy People 2010 directly originate from the data reported in the CHBS. In addition, the CHBS data validate and confirm our efforts to provide appropriate education and prevention opportunities so that Nashvillians will be able to make informed decisions in matters related to their personal health.

As you leaf through this report, you will become aware of important information associated with access to appropriate health care, smoking, nutrition, sexual behavior, etc. The report examines these and many other behaviors according to age, gender, race, income, and educational attainment of our population. I hope the information narrated in this report will encourage our residents to adopt healthier life styles.

Please do not hesitate to call (615-340-5622) or email ([stephanie.bailey@nashville.gov](mailto:stephanie.bailey@nashville.gov)) me with questions or comments. Thank you and enjoy!

# Executive Summary

## Access to Health Care

The Community Health Behavior Survey 2001 found that nearly eleven percent of the respondents reported having no health insurance; eighty-nine percent had some form of health care coverage. Seventy four percent reported having a usual source of primary care; someone they thought of as their personal doctor or provider.

## Morbidity

### *Diabetes*

Six and a half percent of respondents reported having been diagnosed with diabetes, excluding gestational diabetes. The prevalence of diabetes was significantly higher among African Americans; 8.7% compared to 5.6% for Whites and 5.1% for other races. Lower income was associated with higher rates of diabetes.

### *Asthma*

Eleven percent of respondents reported having been diagnosed with asthma at some time. Sixty six percent of those said they still had asthma at the time of the survey. African Americans reported higher rates of asthma diagnosis and current asthma. Household income was not significantly associated with higher rates of asthma diagnosis, but lower income respondents who had ever been told they had asthma were more likely to say they still had asthma.

## Preventive Behavior

### *Immunization*

Thirty-two percent of respondents said they had a flu shot in the past 12 months. The prevalence of flu immunization was 69% among adults over age 65. Twenty-two percent of all respondents said they had received a pneumonia vaccination. Of respondents 65 or over, 60% had been immunized against pneumonia.

### *Exercise*

Of the respondents polled, 75% reported engaging in some physical activity or exercise in the past month. Men were more likely than women to report engaging in physical activity in the past month, but both men and women were equally likely to say they were exercising to lose weight.

### *Nutrition*

More than half (57%) of respondents reported that they did not eat the recommended daily amount of fruits and vegetables. Most (67%) reported that they tried to avoid eating foods that were high in fat. Fifty-two percent of respondents reported taking a multivitamin daily. Women were more likely than men to eat the recommended daily value of fruit and vegetables, avoid foods high in fat, and take a multivitamin.

### *Cancer Screenings*

Ninety-four percent of female respondents reported having had a Pap test, and eighty three percent reported having one within the past three years. Ninety two percent of female respondents age 45 and over reported having had a mammogram; seventy four percent reported having had a mammogram within the past year, and eighty nine percent within the past two years. Women with health insurance coverage were more likely to report having had a mammogram in the past two years compared to women

# Executive Summary

with no health coverage. Of men age 45 and over, eighty six percent reported having had a digital rectal exam; and fifty nine percent a prostate specific antigen test (PSA).

## **Risk Factors**

### *Weight*

Twenty one percent of respondents were classified obese based on the calculation of body mass index (BMI) from height and weight information they provided. An additional thirty three percent were considered overweight. Males and females were equally likely to be characterized as obese. However, men were more likely than women to be overweight. African Americans were more likely to be classified obese than Whites or Other races.

### *High Blood Pressure*

Twenty-nine percent of survey respondents said they had been told by a health professional they had high blood pressure. The most notable percentages were reported by the following subgroups: African Americans, persons age 65 and older, persons with household incomes less than \$10,000 and those who reported less than high school education.

### *High Blood Cholesterol*

Twenty-eight percent of respondents said they had been told by a health professional that their blood cholesterol was high. The most notable percentages were reported by the following subgroups: African Americans, persons age 65 and older, persons with household incomes less than \$10,000, and those with health insurance.

## **Risk Behaviors**

### *Tobacco*

Twenty six percent of respondents reported they currently smoke cigarettes. Seventy three percent of those who reported smoking cigarettes said they had been advised by a doctor or other health professional to quit smoking, and sixty seven percent said they planned to quit smoking. Sixty four percent said they had quit smoking for one day or longer in the past year. Three percent of all respondents said they used some form of smokeless tobacco (chewing tobacco, snuff, etc.). Ninety five percent of smokeless tobacco users were male. Sixty-five percent of respondents reported being exposed to second hand smoke in the past 30 days.

### *Alcohol*

Forty percent of the respondents said that they had at least one drink during an average week in the past month. Thirty six percent of these current drinkers reported having five or more drinks on an occasion at least once during the past month.

### *HIV/AIDS Risk (Sexual Risk Behavior)*

Sixty-eight percent of respondents reported having one or more sexual partners in the past 12 months. Only one and a half percent reported having more than one sexual partner. Twenty-seven percent of sexually active respondents said they always used condoms for protection. The most notable percentages for condom use were reported by the following subgroups of respondents: Younger respondents (age 18 to 24), African Americans, males, single persons, respondents who live in households with incomes below \$25,000, and uninsured persons.

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## **Health Insurance Coverage**

Most respondents reported having some type of health insurance coverage (89%). Respondents with health insurance coverage were more likely to report having a usual source of primary care, an important factor in maintaining health. In addition, respondents with health insurance were more likely to have cancer screenings and immunizations for influenza and pneumonia.

## **Race**

Whites were more likely to report tobacco and alcohol use (both current drinking and binge drinking). Based on reported height and weight, higher rates of obesity were found for African Americans. A greater percentage of African Americans reported having diabetes and high blood pressure compared to Whites. Fewer African American respondents reported having had influenza and pneumonia vaccinations.

## **Gender**

Women were more likely to have health insurance coverage, to eat nutritionally (eating five or more servings of fruits and vegetables a day and avoiding high fat foods) and to take a multivitamin daily. Smaller percentages of women reported exercising, having had a sexual partner in the past year, and smoking.

## **Income**

Respondents with higher incomes were more likely to report having health insurance coverage, to have a personal doctor, to exercise, and to have the recommended cancer screenings for their age and gender (Pap test, mammography, digital rectal exam, and prostate-specific antigen test). Individuals who reported a household income of \$50,000 or more were more likely to report binge drinking (five or more drinks on an occasion). Lower income groups had higher rates of current asthma, smoking, diabetes, and high blood pressure.

# Introduction and Methodology

The Nashville and Davidson County Community Health Survey is a cross-sectional telephone survey that was conducted over a 6-month period from January through May 2001. The target population was non-institutionalized adults age 18 and over with telephones in Davidson County. The survey used a stratified sample in order to produce citywide as well as neighborhood specific estimates. Neighborhoods were defined using the Council District. There are a total of 36 council district neighborhoods in Davidson County, each defined by several adjoining zip codes.

## *Methods*

A computer-assisted telephone interviewing (CATI) system was used to collect the survey data. The sampling frame was constructed through a list of telephone numbers provided by a commercial vendor. Households were then selected randomly using a random digit dialing method; 10 attempts were made to reach each household. Upon agreement to participate in the survey, one adult was randomly selected from each household. Interviews were conducted in English. All data collected were self-reported.

The survey was designed as a stratified random sample, where Council District neighborhoods acted as strata. Approximately 200 complete interviews were conducted in each of the 36 strata, resulting in a total sample size of 7,200. One hundred thirty seven interviews were discarded, as they were deemed incomplete. An incomplete survey is defined as a respondent who begins the interview but terminates it without answering several key demographic questions (i.e. age, sex, race).

## *Survey Instrument*

The survey was based on the CDC's Behavioral Risk Surveillance Survey. Of the 55 questions on the survey, topics included: access to health care, cardiovascular disease risks, mental health, nutrition and exercise, clinical preventative services, smoking, and alcohol among others. Most questions were identical or very similar to those asked in either the BRFSS or the National Health Interview Survey. Additional questions on topics such as intent to change behavior in the areas of smoking, exercising, and eating fruits and vegetables were included.

## *Data Analysis*

In order to appropriately analyze the data, weights were applied to each record. The weight consisted of a post-stratification weight. The post-stratification weights were created by weighting each record to the population of the Council District while taking into account the respondent's age, sex, and race. The statistical package, SAS, was used to obtain appropriate standard errors for the point estimates.





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