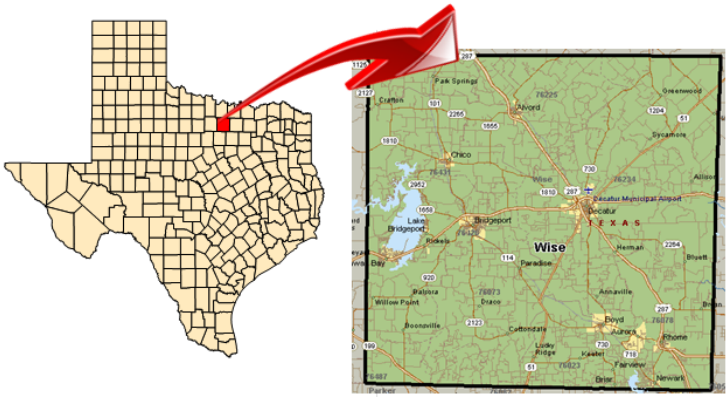
Wise County Health Assessment 2010:

Community Survey Results and Analysis



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Wise County Health Assessment 2010
Community Survey Results and Analysis

Introduction

The WCHA 2010 conducted a survey of 356 low income community residents to determine their health status and interest in having a low income community health clinic available to address their needs. The survey used a variation on the Behavioral Risk Factor Surveillance System survey (BRFSS) used by the CDC and state health departments. The survey was distributed through local emergency departments, community agencies participating in the Wise County Health Form, local school districts and churches. The survey received an excellent response and proportional representation from Hispanics, the elderly, and almost twice as many low income residents as estimated by other sources for residing in the county. Although the survey was distributed in both English and Spanish in order to be as inclusive as possible, the vast majority of surveys were filled out in English, suggesting that most Hispanic residents were able to read English and respond in English. Although only 14 surveys out of over 1,000 distributed in Spanish were returned, 67 Hispanics responded to the survey, which was a representative sample based on comparisons with census and school district data.

Table 1: Collected and tabulated surveys

	Surveys	Hispanic	
English	342		
Spanish	14	67	19%
Our Survey	356		
State BRFSS sample	90		
Total	446		

The survey targeted low income populations through its distribution and organization. The responses from the residents indicated a strong representation from low income community. Approximately 34.8% of the respondents would be considered below the 100% poverty level and 67% of all the respondents would be considered at or below the 200% poverty level. Originally the staff contacted the Texas Department of State Health Services and considered using 90 survey responses conducted by the state in Wise County which would have created a larger and more reliable statistical sample, but would dilute the focus on the low income population. After discussions with the Wise County Health Forum it was decided that including the random sample from the state surveys with the targeted sample from the Forum survey would not be necessary.

The Behavioral Risk Factor Surveillance System survey (BRFSS)

The BRFSS is comprehensive and complex and covers a number of different health issues. In order to improve the response rate, the questions were reviewed, in some cases consolidated, and in other areas questions were dropped. The overall structure of the questionnaire was maintained so that the data would be comparable to state or national survey results on more general questions. The survey results were segmented by different subgroups based on factors that are known to have a high impact on

health outcomes. In some cases the survey results were combined to give a more consistent perspective on healthcare issues and to make the survey easier to evaluate for community planners. A summary of the survey results are provided below with more detail provided later in the appendices. Since the survey focused on the low income population and individuals with greater healthcare needs the results of the local survey showed a much higher incidence for most health issues than the national and state results.

The Survey Format and Methodology

The Behavioral Risk Factor Surveillance System survey (BRFSS) has been used by the CDC and state health departments for over 30 years and is updated and modified on a regular basis (for more information see http://www.dshs.state.tx.us/chs/brfss/query/brfss_form.shtm). Each state can modify the survey to address regional variations. For this reason, the comparative results were taken from the Texas Department of State Health Services. In most cases, the state survey is conducted by random telephone interviews. The local survey was conducted by direct distribution through a number of local channels to target low income populations, the elderly, and other specific groups of interest to the Wise County Health Forum. A letter of introduction was included with the survey with instructions on how to complete and return the survey. A prize drawing was offered with a $100 Wal-Mart gift certificate as a incentive for participating in the survey. The surveys were returned directly to the consultant by business reply mail and the entry in the price drawing sent to the Wise County United Way to conduct the drawing. The survey requested the respondent's ZIP code, but many respondents also provided their mailing address as well.

The BRFSS survey is divided into 13 sections with the following headings.

A. Your General Health
B. Health Problems
C. Tobacco Use
D. General Information
E. Caregiver Status and Disability
F. Alcohol Use
G. Immunization
H. Arthritis Problem
I. Fruits and Vegetables
J. Physical Activity
K. HIV/AIDS
L. Life Satisfaction
M. Cancer

Many survey questions were formatted for a yes or no response while others offered a number of options for the respondent to provide more information and shades of meaning. Although this structure offers more information, it also greatly complicates the survey format and tabulation. In order to summarize the more complex responses, the survey tabulation below focuses on groups of responses

more likely to be of interest in addressing health issues and more likely to indicate the health problems of the community. As an example, on the question "would you say that in general your health is..." the respondent could answer on a six point scale with the following possible responses.

1 Excellent
2 Very Good
3 Good
4 Fair
5 Poor
6 Don't know

For purposes of this summary a response of fair and poor were combined to give a general indication of those individuals having the most difficulty. The full tabulated results are provided in the appendices with a number of different breakouts or subgroups and with and without blank responses. Histograms are also provided on most of these breakouts in the appendices.
Some questions are also more open to a value interpretation which makes looking at a simplified answer more difficult. Again the detailed responses are provided in the appendices for further review and study. A copy of the surveys and cover letter were included for reference in both English and Spanish.

A number of subgroups are known to have more difficulty accessing healthcare services or needing medical services. Specific tabulations were run on the population most likely to have unique health responses. These segments included comparing the responses of the Hispanic population, the elderly population (those over 65 years of age), the population with less than a high school education, gender responses based on males, and two income categories (those below $25,000 a year and those below $50,000 per year in annual household income).

Table 2: Structure of survey questions outline and selected areas for inclusion

Question Areas												
1	2	3	4	5	6	7	8	9	10	11	12	13
General Health			General Information			Immunizations			Physicial Activity			Cancer
	Health Problems			Care Giver Status			Arthritis			HIV/AIDS		
		Tabocco Use			Alcohol Use			Fruits & Vegetables			Life Satisifaction	
A	B	C	D	E	F	G	H	I	J	K	L	M
1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	a	2	2	a	2	2	a	2	a	2	2
3	a	b	3	3	b	3	3	b	a	b		3
4		c	4		c	4	4	c	b	c		4
5		2	5		d	5	5	d	3	2		Make
6			6					e	a			Open
7			7					f	b			Ended
8			8									
9			9									
10			10									
11			11									
12			12									
a			13									
13			14									
a			15									
b			16									
			17									
			18									
			19									
			20									
			21									
			22									
			23									
			24									

Key

Areas recommended for exclusion or consolidation

Areas of poor or questionable results

The length of the survey was considered a major issue in getting an adequate response. Some questions were either consolidated or eliminated in order to reduce the number of pages in the survey (from 20 to 10 pages). The survey structure was analyzed by the major categories and sub questions. It was determined that some sub questions could be eliminated without affecting the overall response. Other questions, such as those related to smoking cigarettes and using smokeless tobacco, were consolidated into using tobacco products. In most cases, these changes did not affect the overall quality of the survey or the ability to compare the results to other populations. The state of Texas only offers comparative results on the highest level responses and does not provide information on all of the categories and questions (responses are provided in the appendices).

Even with these reductions, some segments of the survey proved very difficult to tabulate in a meaningful manner. The questions on weight and height used to calculate body mass index (BMI) and the questions on fruits and vegetables proved very difficult to tabulate in any meaningful manner and were therefore left out of this summary.

Respondent Demographics

A review of respondent demographics show that the survey achieved a broad distribution and the responses reflect the characteristics of major segments of the population. The Wise County Health Form wanted to target low income residents, the elderly, and the Hispanic population as being likely users of the proposed health clinic. All of the segments were captured to a reasonable degree in the survey. The vast majority of the Wise County population is either white or Hispanic. The survey was distributed in both English and Spanish with approximately 1000 surveys printed in Spanish. Of these only 14 responses were returned in Spanish, although 19% of the respondents indicated that they were Hispanic. This suggests that most Hispanics in the area can read and write in English or had assistance in responding to the survey.

Table 3: What is your age in years?

Under 30	67	19%
30 to 44	128	36%
45 to 64	109	31%
65+	45	13%
N/A	6	2%
	355	100%

Table 4: Are you Hispanic or Latino?

Yes	67	19%
No	285	80%
Don't know	1	0%
Responded	353	99%
No Response	3	1%

The survey targeted low income populations through its distribution and organization. The responses from the residents indicated a strong representation from low income populations. Approximately 34.8% of the respondents would be considered below the 100% poverty level, and 67% of all the

respondents were below the $50,000 annual income. Generally the 200% poverty level would be considered at, or below, $42,500 per year, and is the income level used to qualify for a number of federal programs.

Table 5:
Is your annual household income from all sources.....?

	Responses		Estimated 200% Below Poverty
Less than $10,000	74	21%	74
$10 to $14,999	50	14%	50
$15 to $19,999	41	12%	41
$20 to $24,999	27	8%	27
$25 to $34,999	29	8%	29
$35 to $49,999	36	10%	18
$50 to $74,999	32	9%	
$75,000 or more	23	6%	
Don't know	33	9%	
N/A	11	3%	
Responses	356	100%	239
Percent of Sample 200% Below Poverty			67%

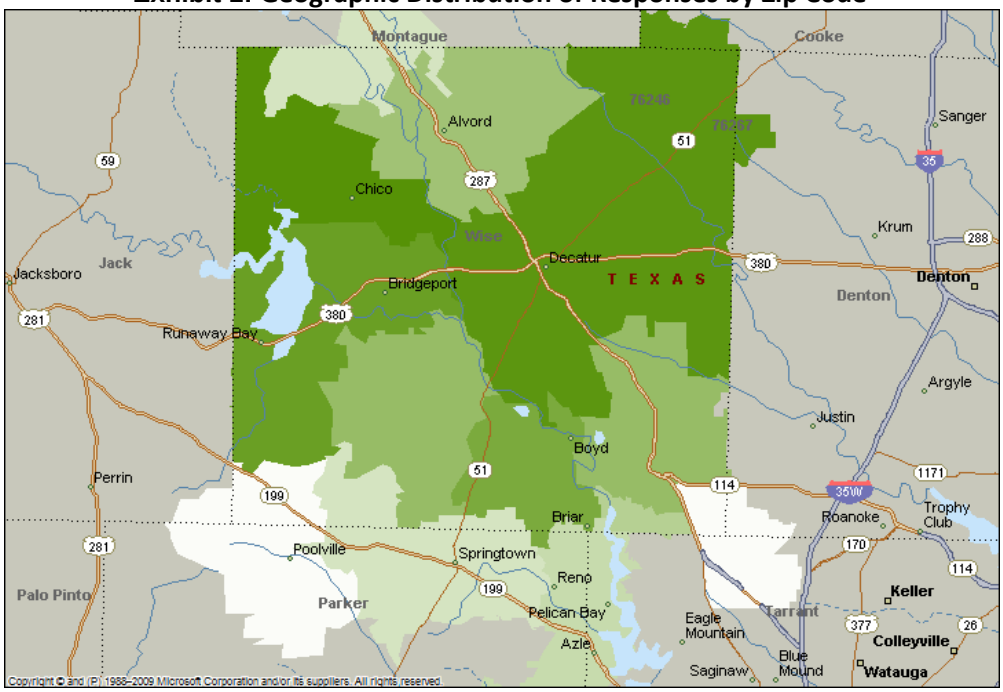
On a geographic basis the survey was widely distributed across Wise County and even received some responses from outside of the county, where individuals generally seek services within the county. The most respondents came from Chico, Decatur and Bridgeport. Census data would suggest that all of these communities have a larger percentage of the low income population.

Table 6: Geographic Distribution of Responses by Zip Code

Area	County	Zip Code	Responses	%
Azle	Tarrant	76020	4	1%
Boyd	**Wise**	76023	33	9%
		76051	1	0%
Haslet	Tarrant	76052	1	0%
Newark	**Wise**	76071	7	2%
Paradise	**Wise**	76073	16	5%
Rhome	**Wise**	76078	16	5%
Springtown	Parker	76082	3	1%
		76203	1	0%
Alvord	**Wise**	76225	13	4%
		76230	5	1%
Decatur	**Wise**	76234	83	24%
Greenwood	**Wise**	76246	1	0%
		76249	1	0%
Slidell	**Wise**	76267	6	2%
Sunset	Montague	76270	3	1%
Bridgeport	**Wise**	76426	55	16%
Chico	**Wise**	76431	98	28%
Poolville	Parker	76487	1	0%
			348	98%
All Responses			356	

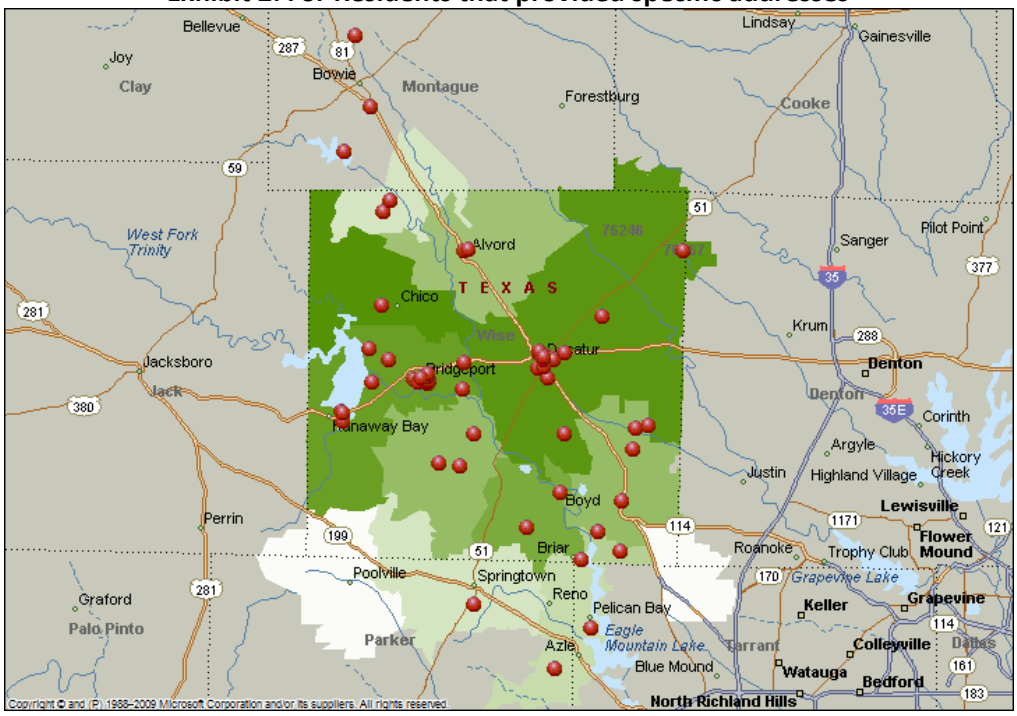
When mapped, a similar geographic distribution can be seen with some respondents from all parts of the county.

Exhibit 1: Geographic Distribution of Responses by Zip Code



For those respondents that provided a specific address, the geographic distribution is very similar, showing broad distribution of the survey.

Exhibit 2: For Residents that provided specific addresses



Selected survey results

One of the most important questions related to the need to have access to a medical clinic for low income residents. *78.3% of the respondents indicated that they were interested in and would use a community clinic for low income populations if it were available*. A related question focused on the need for obstetrics care for low income residents. Six percent of the households indicated that someone was pregnant in the household and of these 23 families, 9 or 39.1%, needed and were not receiving care.

Table 7: Survey respondents interested in using a low income medical clinic

A. If a community clinic for low income residents was available, would you use it?

	Responses	
Yes	274	78.3%
No	48	13%
Don't know	27	8%
	349	98%
No Response	7	2%

B. To your knowledge, is someone in your household now pregnant?

	To your knowledge, is someone in your household now pregnant? Responses		Do they need obstetrical care? Responses	
Yes	23	6%	9	3%
No	322	90%	41	12%
Don't know	1	0%	0	0%
Responded	346	97%	50	14%
No Response	3	1%	306	86%

Table 8:
Have you had cancer?

Yes	39	11%
No	297	83%
Don't know	6	2%
Responded	342	96%
No Response	14	4%

With your most recent diagnosis of cancer, what type of cancer was it?

	Responded	Cancer
Barretts Esophagitis	1	1
Basal Cell Skin	1	1
Bone	1	1
Breast	5	5
Cervical	7	7
female organs	1	1

Heart	1	1
Hodgin's Lymphoma	1	1
Leukemia	1	1
lung	3	3
melanoma	3	3
N/A	295	
ovarian	2	2
precancerous lesions	1	1
Prostate	2	2
S. Cell	1	1
skin	4	4
Tonsil	1	1
tumor	1	1
Uterine	1	1
	333	38

The community health survey and comparisons to state and national survey results

Several general questions could be compared to state and national results from the Texas Department of State Health Services. These results suggest the local survey respondents were much sicker and in poorer health than the state and national comparison groups, which is consistent with lower socio-economic groups and studies in other areas.

Table 9: Results of the community health survey and comparisons to state and national survey results

				General			Education			
Question	Response	U.S.	Texas		Hispanic		Age	Male	< $25	< $50
A1 General health	Fair & Poor	16%	16%	33%	36%	49%	42%	34%	38%	37%
A2 Physical health	Not Good	19%	18%	36%	35%	36%	40%	37%	46%	41%
A3 Mental health	Not Good	20%	20%	41%	38%	41%	27%	37%	48%	42%
A4 Healthcare coverage	Yes	85%	75%	50%	21%	36%	93%	50%	38%	43%
A10 Diabetes	Yes & Borderline	9%	9%	16%	14%	15%	24%	19%	18%	15%
A11 High blood pressure	Yes & Borderline	29%	29%	36%	30%	35%	64%	44%	41%	36%
A12 Bld cholesterol chked	Yes	23%	28%	52%	38%	42%	82%	57%	50%	47%
A12a Blood cholesterol high	Yes	38%	41%	36%	14%	25%	53%	27%	28%	25%
a Heart Attack	Yes	4%	3%	5%	3%	9%	18%	10%	7%	6%
b Angina or heart disease	Yes	4%	4%	7%	1%	11%	24%	7%	10%	8%
c A stroke	Yes	3%	2%	5%	4%	8%	13%	10%	6%	1%
C1a Do you now smoke	Yes Every Day	18%	18%	14%	17%	32%	9%	30%	35%	32%

Questions on heart disease, strokes and smoking were fairly comparable to the state and national results, suggesting that these characteristics may be better than in other populations, some of which

may be due to the rural character of the county. These conditions were much more severe in the elderly survey population which may relate to the fact that many of these conditions are symptoms of the aging process.

Cluster Analysis

Results of the survey were reviewed on an individual question basis but also on a cluster basis to consider characteristics that might be associated across a range of individual responses. The different subgroup populations were compared to the general response on the survey to determine which groups had less favorable responses to the questions on an individual and collective basis. Such an analysis shows that Hispanics, as an example, are much more likely to not have health insurance, a personal physician, and to have difficulty in affording their care. The lowest income populations (those below $25,000) tend to have more difficulty with a number of characteristics.

For analytical purposes the sections were regrouped into 5 categories based on the type of information provided with the 13 subsections listed below. Tobacco Use, Alcohol Use, Immunizations, HIV/AIDS, Physical Activity, and Fruits and Vegetables were grouped together under the general heading of Life Style and Behavior. Fruits and Vegetables, however, proved to be too difficult to tabulate in a meaningful manner and were dropped.

Your General Health

General Information

Life Satisfaction
Arthritis Problem
Caregiver Status and Disability

Life Style and Behavior
Tobacco Use
Alcohol Use
Immunizations
HIV/AIDS
Physical Activity
Fruits and Vegetables

Health Problems
Cancer

Your General Health

Grouping the questions in a table format proved more meaningful in analysis than converting the results to charts because it is easier to compare responses on a number of questions all at one time rather than reviewing them individually. As an example the elderly respondents rated their general health and physical health lower, but the poorest (lowest income) respondents rated their general health, physical health and mental health the lowest.

Generally, in these tables a negative percentage means that the subgroup with a negative was in a poorer health condition than the general population in the survey. Some of these variations have been blocked in bold for the magnitude of the variation or the pattern. As an example, the Hispanic population has the least health coverage from an insurance stand point (28.5% lower than the general survey respondents with 49.7%), as well as lower access to physicians (13.8% lower than the general survey respondents with 42.3%), and more difficulty with costs (11.1% lower than the general survey respondents with 60.1%). Another way to compare the pattern is in the General Information category on the demographic questions. Where the Hispanic population in the general category in 18.1% of the general responses, in the Hispanic subcategory the percentage is a negative (-)81.9% or 81.9% of the survey respondents indicated that they were not Hispanic.

Table 10: A comparison of survey responses and subgroup responses

Wise County Health Survey								
Summary Question and Responses Selected		General		Education			Income	
Most in Need			Hispanic		Age	Male	< $25	< $50
Summary Question	Responses	%	%	%	%	%	%	%
A. Your General Health			Variance from the General Response					
A1 General health	**Fair & Poor**	33.4%	-3.0%	0.4%	-8.8%	-3.7%	-6.0%	-4.9%
A2 Physical health	**Not Good**	36.3%	1.5%	0.0%	-3.7%	-0.8%	-9.4%	-4.8%
A3 Mental health	**Not Good**	40.5%	2.6%	-0.2%	13.8%	3.4%	-7.4%	-1.4%
A4 Healthcare coverage	**Yes**	49.7%	28.5%	13.4%	-44%	-0.3%	11.9%	7.0%
A5 Personal doctor	**No or More than 1**	42.3%	-13.8%	0.5%	15.6%	-9.1%	-1.3%	0.0%
A6 Cost	**Yes**	60.1%	-11.1%	-3.6%	46.8%	13.0%	-11.7%	-9.1%
A7 Last visit	**More than 2 years**	38.7%	0.8%	3.5%	20.9%	-4.2%	-1.7%	-4.0%
A8 Sleep	**Yes**	61.7%	10.2%	7.9%	1.7%	6.0%	-4.3%	-2.3%
A9 Physical activities	**Yes**	50.7%	11.3%	14.4%	-2.6%	0.7%	4.4%	3.7%
A10 Diabetes	**Yes & Boarderline**	16.0%	2.4%	0.6%	-8.4%	-2.6%	-2.1%	0.6%
A11 High blood pressure	**Yes & Boarderline**	36.2%	5.9%	1.0%	-28%	-8.1%	-4.8%	-0.2%
A11a Taking med HBP	**Yes**	52.9%	22.9%	8.5%	-47.1%	-11.0%	-2.2%	-2.2%
A12 Blood cholesterol chked	**Yes**	52.1%	14.2%	10.3%	-30.1%	-5.0%	2.1%	4.7%
A12a Blood cholesterol is high	**Yes**	36.4%	22.8%	11.1%	-16.9%	9.3%	8.7%	11.1%

General Information (and demographics)

The General Information section provided demographic information on the respondent in terms of ZIP code, age, sex, race, and ethnicity, the number of adults and children in the home, access to telephones,

and communications. These questions are generally addressed in other sections of the report and in relation to other questions.

Table 11: A comparison of survey responses and subgroup responses

Summary Question and Responses Selected		General		Education		Gender	Income	
Most in Need			Hispanic		Age	Male	< $25	< $50
Summary Question	Responses	%	%	%	%	%	%	%
D. General Information								
D2 Are you Hispanic	**Yes**	18.9%	-81.1%	-21%	14.5%	4.6%	-1.3%	-2.0%
D4 Are you…	**Married**	57.3%	-12.4%	3.5%	10.6%	1.6%	15.3%	6.3%
D6 What school completed	**Less than HS**	25.0%	-30%	-75%	0.6%	0.7%	-5.3%	-3.1%
D7 Are you currently	**Empl.**	25.0%	9.8%	-10%	13.9%	-25%	-13%	-18%
D8 Household income	**< $50**	64.0%	-16.3%	-14%	-2.7%	-7.4%	-36%	-36%
D12 Do you have telephone	**Yes**	13.1%	-2.1%	1.0%	4.2%	0.2%	1.9%	1.6%
D13 Have a cell phone	**Yes**	84.0%	3.7%	10.4%	21.8%	-0.3%	4.2%	0.6%
D14 Without telephone	**Yes**	29.3%	-5.5%	-0.4%	24.9%	7.9%	-6.3%	-6.3%
D15 Gender	**Female**	80.1%	-6.3%	-0.1%	4.5%	-19.9%	-2.3%	-0.1%
D16 Pregnant	**Yes**	6.6%	-7.0%	-3.3%	4.4%	2.3%	-0.8%	-0.5%
D16a Do they need OB care	**Yes**	39.1%	*					
D17 Use a community clinic	**Yes**	78.3%	-8.1%	-6.3%	29.4%	11.2%	-11.6%	-9.4%

* The percent of those needing OB care is of those individuals who indicated there was someone expecting in their household. Subtotals were not calculated on this basis.

Life Satisfaction, Arthritis Problem, Caregiver Status and Disability

Income appears to have a direct bearing on life satisfaction, and although the Hispanic population appears to get less social and emotional support than other groups, they are less dissatisfied with their situation. The elderly have the most difficulty with arthritis and its limitations, while they also provide the most assistance to friends.

Table 12: A comparison of survey responses and subgroup responses

Summary Question and Responses Selected		General		Education		Gender	Income	
Most in Need			Hispanic		Age	Male	< $25	< $50
Summary Question	Responses	%	%	%	%	%	%	%
L. Life Satisfaction								
L1 Social & emotional support	**Rarely/Never**	19.1%	-5.1%	0.4%	3.5%	2.0%	-2.7%	-2.6%
L2 In general, how satisfied	**Dissatisfind**	19.1%	7.0%	-1.8%	8.0%	9.1%	-7.0%	-4.2%
H. Arthritis Problem								
H1 Some form of arthritis	**Yes**	34.6%	13.4%	1.6%	-30%	8.9%	-5.3%	-2.2%
H2 Limited by arthritis	**Yes**	31.7%	15.0%	-1.3%	-28%	6.0%	-5.0%	-3.1%
E. Caregiver Status and Disability								
E1 Assistance to a friend	**Yes**	31.1%	3.8%	8.0%	17.8%	5.4%	-2.9%	-1.7%
E2 Are you limited	**Yes**	33.6%	20.0%	1.7%	-26%	-2.1%	-6.3%	-3.6%
E3 Special equipment	**Yes**	13.5%	5.9%	-0.8%	-24%	-3.6%	-3.0%	0.1%

Life style and behavior (Tobacco Use, Alcohol Use, Immunizations, Physical Activity, HIV/AIDS, and Fruits and Vegetables)

The lowest incomes, least educated, and men are the most likely to smoke while the elderly appear to have been more likely to have tried to quit smoking. Men are also the most likely to drink. In one of the questions that inverts the typical structure, low income populations are the most likely not to get immunized as often as the general survey population.

Most residents appear to be fairly active which may be more typical of a rural population. Although there were questions on the survey related to fruits and vegetables these questions were very complex and proved almost impossible to tabulate and get a meaningful result, so they were not summarized here.

Table 13: A comparison of survey responses and subgroup responses

Summary Question and Responses Selected		General		Education		Gender	Income	
Most in Need			Hispanic		Age	Male	< $25	< $50
Summary Question	Responses	%	%	%	%	%	%	%
C. Tobacco Use								
C1 Have you smoked	**Yes**	53.9%	32.7%	2.3%	0.6%	-11.8%	-5.7%	-3.4%
C1a Do you now smoke	**Yes Every Day**	14.3%	-2.3%	-18%	5.4%	-16%	-20%	-18.1%
C1b Trying to quit smoking	**Yes**	23.3%	8.2%	2.4%	12.2%	0.5%	-4.3%	-2.4%
C1c How long has it been	**Within 6 mos.**	23.3%	11.2%	1.3%	16.6%	-1.0%	-4.3%	-3.2%
F. Alcohol Use								
F1 Alcoholic beverage	**Yes**	29.8%	14.6%	13.3%	9.8%	-7.3%	1.1%	1.3%
F2 Number of drinks	**Yes**	23.0%	16.9%	17.5%	20.8%	11.6%	13.4%	14.7%
G. Immunization								
G1 Have you been immunized	**Yes**	39.1%	-17.0%	-8.2%	-23.1%	-2.3%	3.5%	2.7%
J. Physical Activity								
J1 When you are at work	**Walking to heavy**	49.6%						
J2 Moderate activities	**Yes**	73.2%	0.5%	13.9%	8.8%	-8.2%	4.1%	0.5%
J2a Moderate activities	**Yes Days >3**	84.6%	11.8%	25.2%	20.1%	3.1%	15.4%	11.8%
J3 Vigorous activities	**Yes**	36.0%	-7.9%	6.3%	2.7%	-13%	-0.7%	-3.1%
J3a Vigorous activities	**Yes Days >3**	83.7%	39.8%	54.0%	50.4%	35.1%	47.0%	44.6%
K. HIV/AIDS								
K1 Tested for HIV	**Yes**	42.8%	14.0%	10.9%	40.6%	12.8%	0.2%	1.7%
K2 Situations apply to you	**Yes**	8.2%	-0.9%	0.5%	6.0%	-1.8%	0.8%	0.7%

Health Problems and Cancer

In terms of health care problems, the elderly are significantly more likely to have major health care issues than other groups, which may be simply due to the fact that many of these conditions are symptoms of the aging process. The elderly had twice the number of cancers, 2.5 times the number of heart attacks, and were three times as likely to have heart disease as the general survey population.

Table 14: A comparison of survey responses and subgroup responses

Summary Question and Responses Selected		General		Education		Gender	Income	
Most in Need			Hispanic		Age	Male	< $25	< $50
Summary Question	Responses	%	%	%	%	%	%	%
B. Health Problems								
B1 Has a health professional EVER told you you had								
a Heart Attack	**Yes**	5.1%	2.1%	-3.7%	-12.7%	-4.9%	-2.3%	-0.8%
b Angina or heart disease	**Yes**	6.5%	5.0%	-4.5%	-17.9%	-0.6%	-3.1%	-1.4%
c A stroke	**Yes**	5.4%	0.9%	-2.3%	-7.9%	-4.6%	-1.0%	4.2%
B2 Told you had asthma	**Yes**	22.0%	11.4%	4.4%	-2.4%	6.3%	-2.5%	-1.3%
B2a Do you still have asthma	**Yes**	14.3%	8.3%	5.5%	-5.7%	4.3%	-2.7%	-2.3%
M. Cancer								
M1 Had cancer	**Yes**	11.6%	8.6%	3.9%	-10.6%	-1.3%	-0.6%	-0.3%