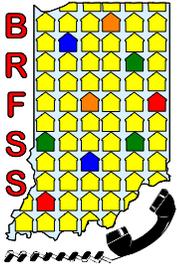


Indiana BRFSS Newsletter



Indiana State Department of Health
Epidemiology Resource Center
Data Analysis

Health Disparities

Healthy People 2010 has two overarching goals. The first goal is to increase quality and years of healthy life. The second goal is to eliminate health disparities. Health disparities include differences that occur by sex, race or ethnicity, education or income, disability, geographic location, or sexual orientation [Centers for Disease Control and Prevention].

This article will focus on health disparities among races and ethnicities for selected risk factors and reported conditions.

Many health conditions and behaviors are not reportable; hence, prevalence data must be obtained from another source. The Behavioral Risk Factor Surveillance System (BRFSS) is an annual, random digit-dial telephone survey of adults aged 18 years and older. The survey is conducted through a cooperative agreement with the Centers for Disease Control and Prevention (CDC). All 50 states and the District of Columbia participate.

The BRFSS relies on self-reported data. This type of survey has certain limitations that should be understood when interpreting the data. Many times, respondents have the tendency to underreport some behaviors that may be considered socially unacceptable (e.g., smoking, heavy alcohol use). Conversely, respondents may overreport behaviors that are desirable (e.g., physical activity, nutrition).

The information on the selected risk factors and reported conditions in this report was obtained from the 2005 BRFSS survey.

In this report, white refers to white, non-Hispanic respondents. Black refers to black or African American, non-Hispanic respondents. Hispanic respondents may be of any race.

Risk Factors

Tobacco



Cigarette smoking is the leading cause of preventable death in the United States. Respondents were asked about tobacco use. Overall, black adults were significantly more likely than white adults to be current smokers (36.8% vs. 26.1%, respectively).

There was no statistically significant difference between white, black and Hispanic respondents for smoking every day (see Figure 1). Black and Hispanic respondents were significantly more likely to smoke some days than white respondents (11.6% and 17.7% vs. 5.3%, respectively). White respondents were more likely than black respondents to have quit smoking (23.6% vs. 14.2%, respectively).

Hispanic females were significantly less likely to smoke than white females (10.0% vs. 20.1%, respectively). White females were significantly less likely to smoke some days than black females (4.9% vs. 13.3%, respectively). White females were also significantly more likely to have quit smoking than black females (19.4% vs. 12.6%, respectively).

Respondents who had received medical care in the past 12 months were asked how many times a doctor or health provider had advised them to quit smoking. There was no significant difference between white and black respondents for being advised to quit smoking three, four and five or more times. This information was not available for Hispanic respondents.

Overweight and Obese

Being overweight or obese increases the risk of many diseases and health conditions, including hypertension, Type 2 diabetes, coronary heart disease and stroke. Respondents were asked to report their height and weight, and this information was used to calculate their body mass index (BMI). A BMI between 18.0 and 24.9 is considered not overweight or obese. A BMI of 25.0-29.9 is considered overweight, and a BMI of 30.0 or greater is considered obese.

Overall, there was no significant difference between white, black and Hispanic respondents for the categories of not overweight or obese and overweight. Blacks were significantly more likely than whites to be obese (36.1% vs. 26.4%, respectively). Hispanic respondents were not significantly different from white or black respondents in the three BMI categories (see Figure 2).

Figure 1

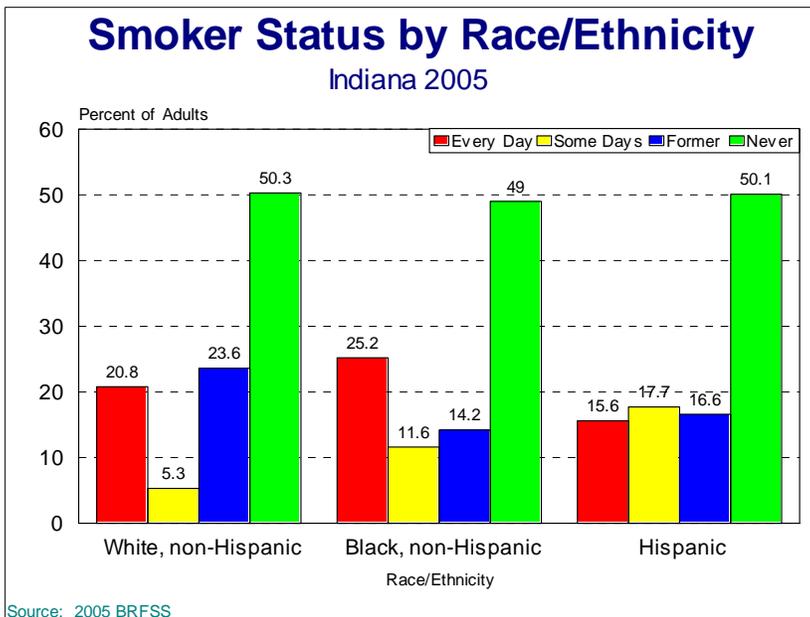
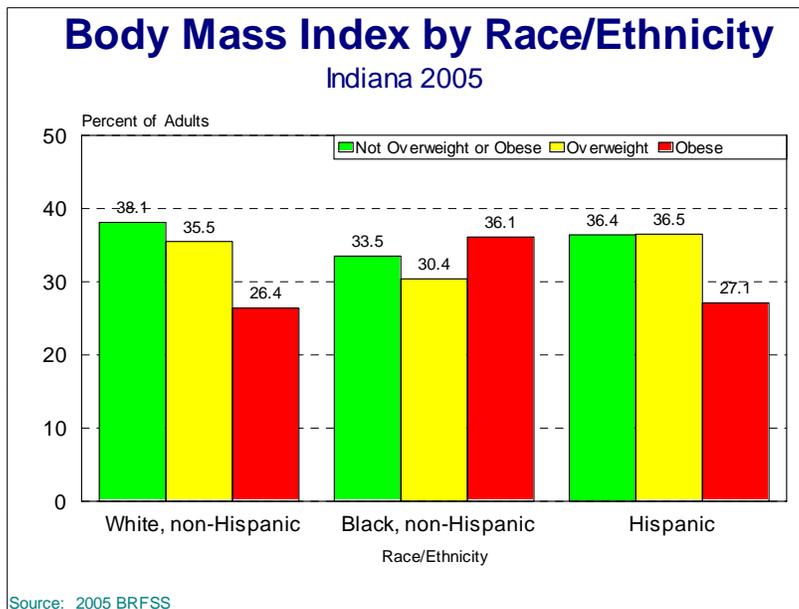


Figure 2



Hypertension

Respondents were asked if they had been told by a doctor, nurse, or other health professional that they had high blood pressure. Hispanic respondents were significantly less likely to report this condition than white or black respondents (16.2% vs. 25.9% and 35.0%, respectively). The difference between black and white respondents was also significant.



Health Care Access

Respondents were asked if they had any health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare. Hispanic respondents were significantly more likely than white or black respondents to have no health care coverage (46.8% vs. 12.9% and 25.1%, respectively). The difference between black and white respondents was also significant.

Respondents were also asked if there was a time in the past 12 months when they needed to see a doctor but could not because of cost. Black and Hispanic respondents were significantly more likely to report this than white respondents (20.6% and 22.7% vs. 12.0%, respectively).

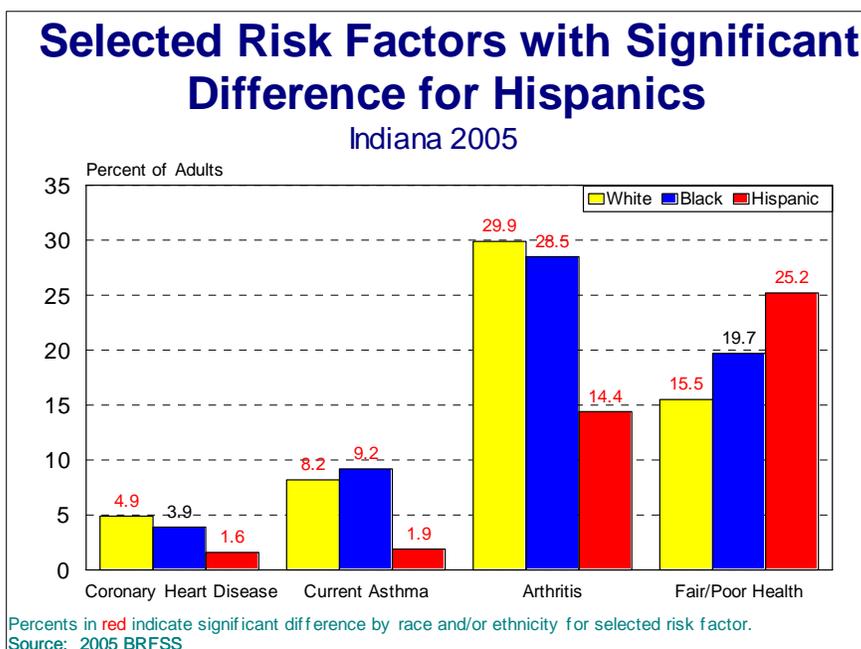
Other Risk Factors with Hispanic Difference

A few of the risk factors and conditions did not display significant differences between white and black respondents but did show significant differences between white and/or black respondents versus Hispanic respondents: coronary heart disease (Hispanic significantly lower than white); asthma (Hispanic significantly lower than white and black); arthritis (Hispanic significantly lower than white and black); current asthma (Hispanic significantly lower than white and black); and poor health status (Hispanic significantly higher than white) (see Figure 3).

Risk Factors and Conditions with No Statistical Differences

There were a number of risk factors and conditions where there was no significant difference between white and black residents. While the prevalence may be higher for white or black respondents, the differences were not significant. These self-reported risk factors and conditions are: diabetes, heart attack, coronary heart disease, stroke, high cholesterol, binge drinking, heavy drinking, five or more fruit/vegetable servings daily, fair or poor self-reported general health, insufficient moderate physical activity, flu shot in the past 12 months, and no leisure time physical activity.

Figure 3

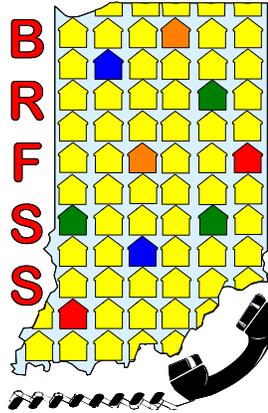




**Indiana State
Department of Health**

Epidemiology Resource Center
Data Analysis
2 North Meridian Street, 3-D
Indianapolis, IN 46204

Phone: 317.233.7416
Fax: 317.233.7378
E-mail: data-analysis@isdh.IN.gov



The Indiana BRFSS
Newsletter is published by
the Indiana State
Department of Health to
provide surveillance
information to Indiana
health professionals and
to the public health
community.

FIND US ON THE WEB AT:

www.IN.gov/isdh/dataandstatistics/brfss/brfss_index.htm

State Health Commissioner
Judith A. Monroe, MD

Deputy State Health Commissioner
Sue Uhl

State Epidemiologist
Robert Teclaw, DVM, MPH, PhD

Data Provider
Centers for Disease Control and Prevention

Editor
Linda Stemnock

Director, Data Analysis Team
Jon Lewis, PhD

Design/Layout
Kristy Holzhausen

Surveys
Clearwater Research, Inc.

Acknowledgments

The Epidemiology Resource Center gratefully acknowledges the efforts of the residents of the State of Indiana who took the time to respond to the questions asked in the telephone interviews conducted for this survey.

A special acknowledgment is also extended to the staff of Clearwater Research, Inc., who committed themselves to collecting the BRFSS data in an accurate and professional manner.

The Indiana BRFSS is completed through a cooperative agreement between the Centers for Disease Control and Prevention and the Indiana State Department of Health.

This publication was supported by cooperative agreement number U58/CCU522814-04 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

