



2014

***Behavioral Risk Factor Surveillance System
Annual Prevalence Report***

Mississippi State Department of Health
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MISSISSIPPI STATE DEPARTMENT OF HEALTH

Mississippi Behavioral Risk Factor Surveillance Survey

2014 Prevalence Report

August 19, 2015



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Table of Contents

Table of Contents	iii
Introduction	v
Methodology	vi
Definition of Terms and Risk Factors	ix
Survey Results	1
Health Status.....	2
Health Care Coverage.....	5
Healthy Days	9
Tobacco Use	14
Diabetes	16
Cardiovascular Disease.....	19
Asthma.....	23
Arthritis.....	28
Depression	31
Cancer Prevalence	34
Chronic Obstructive Pulmonary Disease.....	39
Kidney Disease	42
Breast Cancer Screening.....	45
Cervical Cancer Screening	49
Prostate Cancer Screening.....	53
Colorectal Cancer Screening	57
Immunization.....	61
Overweight and Obesity	67
Exercise	71
Oral Health	74
Disability	78
Alcohol Consumption.....	82
Drinking and Driving	86

Falls	88
Seat Belt Use	93
Sleep	96
HIV/AIDS.....	99

Introduction

It is generally agreed among health care professionals that certain conditions and behavior patterns are associated with disease, injury and death. Some examples are cigarette smoking, physical inactivity, obesity, alcohol consumption and risky sexual behavior. The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey designed to estimate the prevalence of these and other health risk factors in all states in the United States. The results provide a tool for evaluating health trends, assessing the impact of chronic disease, along with measuring the effectiveness of policies, programs, intervention strategies and awareness campaigns.

The BRFSS is a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and the Mississippi State Department of Health (MSDH). The first survey was completed in 1984 when the data was collected at one given point in time. The survey was repeated in 1988 using the same methodology. Beginning in 1990 there has been an annual survey with the data being collected monthly.

The BRFSS survey contains a set of core questions provided by the CDC to gather comprehensive standard information nationwide. The questions are related to health status, access to health care, health awareness, lifestyle, preventive health and chronic health conditions. Individual states are allowed to include optional module questions addressing specific issues that may be of particular interest to that state.

Methodology

A. SAMPLING DESIGN

The Mississippi BRFSS is a random sample telephone survey. Utilizing a disproportionate stratified sample (DSS) design with random digit dialing and the Computer Assisted Telephone Interviewing (CATI) system, the survey has the potential to represent all households in Mississippi that have telephones which according to the United States Census Bureau, Housing and Household Economic Statistics Division is approximately 94.5 percent. A sample size of 4,205 interviews over a 12-month period was selected to obtain a 95 percent confidence interval of $\pm 2.5\%$ on risk factor prevalence estimates in the adult population. Prevalence estimates by individual demographic variables, comprising smaller sample sizes, do not achieve the same level of accuracy as the total sample.

Until the 2011 survey, the BRFSS had relied exclusively on interviews of households with only land line phones. But the number of households with only cell phones increased by more than 700 percent between 2003 and 2009. Approximately three in ten American homes now have only cellular telephones; in Mississippi the rate is 35.1 percent. This trend has been especially strong among younger adults and those in social and ethnic minority groups. The 2014 Mississippi BRFSS has approximately 62 percent land line and 38 percent cell phone households in the survey.

For land line surveys, interviewers, contracted by the MSDH, contact the residences during weekdays between 9:00 a.m. and 9:00 p.m. and Saturdays between 10:00 a.m. and 4:30 p.m. After a residence has been contacted, one adult (18 years of age or older) is randomly selected to be interviewed from all adults residing in the household. The majority of interviews are collected over a two-week period each month of the survey year.

For cell phone surveys, the same protocol is followed except that the interviewer establishes that the person answering the phone is at least 18 years old, that it is safe for the respondent to be interviewed and that the person uses the cell phone for at least 90 percent of their telephone service.

B. QUESTIONNAIRE

The questionnaire, designed through cooperative agreements with the CDC, is divided into three sections. The first section contains questions on health risk behavior; the second section contains demographic information; and the third contains optional modules covering topics of particular interest to the state.

C. DATA ANALYSIS

The other significant change that has been introduced to the BRFSS is a new weighting method called iterative proportional fitting, also known as “raking.” The procedure, while not new, has been made feasible through the development of ultra-fast computer processors. The new weighting methodology began with the 2011 survey.

In addition to the standard age, gender, race and ethnicity variables, the use of raking allows for consideration of demographic variables such as education level, marital status, renter or owner status, and phone source. Inclusion of these additional variables in the weighting process will allow the survey to more accurately reflect Mississippi’s adult population. The data collected by the MSDH Office of Public Health Statistics was edited and weighted by the CDC. Weighted counts were based on the 2013 Mississippi population estimates to accurately reflect the population demographics.

Therefore, the estimated prevalence of any risk factor from the survey represents the total population of Mississippi residents very well. The reader should be aware that the numbers presented in the tables of this report reflect the actual, non-weighted observations for each cell while the percentages in each cell represent the weighted prevalence.

This report presents the weighted percentage of high-risk behaviors, conditions and certain chronic diseases by gender, age group, race, education level, annual household income, and employment status. Respondents who either refused to answer or did not know the answer to the questions on demographics were excluded from the tables. For this reason the total for each of the demographic sections may not be equal to the total for the entire table.

D. LIMITATIONS OF THE DATA

All data collection systems are subject to error, and records may be incomplete or contain inaccurate information. All information in this survey is self-reported; people may not remember essential information, a question may not mean the same thing to different respondents, and some individuals may not respond at all. It is not always possible to measure the magnitude of these errors or their impact on the data. The user must be the final arbiter in evaluating the data.

E. SAMPLE SIZE

In the 2014 BRFSS, 4,206 people were sampled: 2,617 landline surveys and 1,589 cell phone surveys. The reader should note that sample sizes by question and response category may vary because of non-response and skip patterns within the survey instrument. Overall estimates generally have relatively small sampling errors, but estimates for certain population subgroups may be based on small numbers and have relatively large sampling errors. Interpreting estimates that are based on small numbers can mislead the reader into believing that a given finding is more precise than it actually is. When the number of events is small and the probability of such an event is small, considerable caution should be observed in interpreting the estimates or differences

among groups. The BRFSS recommends not interpreting percentages where the denominator is based upon fewer than 50 non-weighted respondents. In the tables of the report, such results are marked with an asterisk that indicates a sample size less than 50 for the particular cell in the table.

Definition of Terms and Risk Factors

Alcohol Consumption

Binge Drinking Risk Factor – Respondents who report they have had at least five drinks on one or more occasion during the past thirty days.

Heavy Drinking Risk Factor – Male respondents who report having more than two drinks per day and female respondents who report having more than one drink per day during the past thirty days.

Drinking and Driving – Respondents who report they have driven a vehicle after they have had too much to drink

Arthritis

Diagnosed with Arthritis – Respondents who report they have been diagnosed with arthritis by a health care professional.

Asthma

Asthma Awareness – Respondents who report being told they have asthma by a doctor, nurse or other health professional.

Current Asthma – Respondents who report being told they have asthma by a doctor, nurse or other health professional and who still suffer from the condition.

Breast Cancer Screening

Mammogram and Clinical Breast Examination (CBE) – Female respondents, age 40 and older, who report they have ever had a mammogram and CBE,

Mammogram and CBE within 2 years – Female respondents, age 40 and older, who report they have had a mammogram and a CBE within the last two years.

Mammogram and CBE within 2 years – Female respondents, age 50 and older, who report they have had a mammogram and a CBE within the last two years.

Cancer

Skin Cancer – Respondents who report a diagnosis of skin cancer by a health care professional.

Other Cancer – Respondents who report a diagnosis of cancer other than skin cancer by a health care professional.

Cervical Cancer Screening

Pap Smear – Female respondents, age 18 and older, who have not had a hysterectomy and who report they have ever had a pap smear.

Pap Smear Within 3 Years – Female respondents, age 18 and older, who have not had a hysterectomy and who report they have a pap smear within the last three years.

Colorectal Cancer Screening

Colonoscopy or Sigmoidoscopy – Respondents age 50 and older who report they have ever had a sigmoidoscopy or colonoscopy test.

Blood Stool Test – Respondents age 50 and older who report they have not had a blood stool test in the past two years.

Cardiovascular Disease

Heart Attack – Respondents who report they have ever been diagnosed with a heart attack.

Stroke – Respondents who report they have ever been diagnosed with a stroke.

Coronary Heart Disease – Respondents who report they have ever been diagnosed with angina or coronary heart disease.

Chronic Obstructive Pulmonary Disease (COPD)

COPD – Respondents who report ever being diagnosed with COPD by a health care professional.

Diabetes

Diabetes Awareness – Respondents who report they have ever been told by a doctor they have diabetes. Female respondents diagnosed with diabetes only during pregnancy are not included.

Disability

Limited Activity – Respondents who report that their activity is limited in any way because of physical, mental or emotional problems.

Special Equipment Requirements – Respondents who report having health problems that require the use of special equipment such as a cane, wheelchair, special bed or special telephone.

Exercise

Exercise in Last 30 Days – Respondents who report that, excluding their regular job, in the past 30 days they participated in any physical activity or exercise such as running, walking, calisthenics, golf, or gardening.

Falls

Falls – Respondents, age 45 and older, who report they have sustained one or more falls in the past twelve months.

Injury From Falls – Respondents, age 45 and older, who report that the fall limited their regular activities for at least one day or required them to see a doctor.

Health Insurance

Health Care Coverage – Respondents age 18 to 64 who report they have no health care coverage, including health insurance, Health Maintenance Organizations, or Medicare.

Unable to See a Doctor – Respondents who report they needed to see a doctor within the past 12 months but who were unable because of the cost.

Health Status

Self-Reported Health Status – Respondents who report their general health status is fair or poor.

Healthy Days

Physical Health – Respondents who report their physical health was not good for more than seven days during the past month.

Mental Health – Respondents who report their mental health was not good for more than seven days during the past month.

Activities Limited – Respondents who report they could not perform their normal activities because of poor physical or mental health for more than seven days during the past month.

HIV/AIDS

Never Tested for HIV – Respondents age 18 to 64 who report they have never been tested for HIV, excluding tests done as part of a blood donation.

Immunization

Flu Shots – Respondents who report they received a flu shot or the flu spray vaccine within the last twelve months.

Pneumonia Shots – Respondents who report they have ever received a pneumonia shot.

Kidney Disease

Kidney Disease – Respondents who report being diagnosed with kidney disease other than kidney stones, bladder infections or incontinence.

Mental Health

Depression Disorder – Respondents who report they have ever been diagnosed with a depressive disorder.

Oral Health

Permanent Teeth Extracted – Respondents who report they have had at least one of their permanent teeth extracted excluding extraction because of injury or orthodontics.

Dental Visits – Respondents who report that their last visit to a dentist was more than one year ago.

Prostate Cancer

Prostate Cancer Screening – Males, age 40 and older, who report they have ever had a prostate specific antigen (PSA) test.

Seat Belt Use

Seat Belt Usage – Respondents who report always or nearly always wearing seat belts.

Sleep

Inadequate Sleep – Respondents age 18 - 21 who report less than eight hours of sleep per day and respondents age 22 and older who report less than seven hours per day.

Tobacco Use

Cigarette Smoker – Respondents who have ever smoked 100 cigarettes in their lifetime and report currently smoking every day or some days. The Healthy People 2020 Objective is $\leq 12\%$.

Weight Based on Body Mass Index (BMI)

Healthy Weight: – Respondents whose body mass index (BMI) is $18.5 \leq \text{BMI} < 25$. This measures Healthy People 2020 Objective 19.1 – Target $\geq 60\%$.

Overweight – Respondents whose body mass index (BMI) is $25.0 \leq \text{BMI} < 30$.

Obese – Respondents whose body mass index (BMI) ≥ 30.0 . This measures Healthy People 2020 Objective 19.2 – Target $\leq 15\%$

Survey Results

Health Status

Survey Question

Would you say that in general your health is excellent, very good, good, fair, or poor?

The questions related to general health in the survey attempt to determine how people view their personal health and how well they function physically, psychologically and socially while engaged in normal, daily activities. The questions are important because they may indicate dysfunction and disability not measured in standard morbidity and mortality data.

Both white and black females reported their health as worse than males

General Health Fair or Poor

By Race and Sex

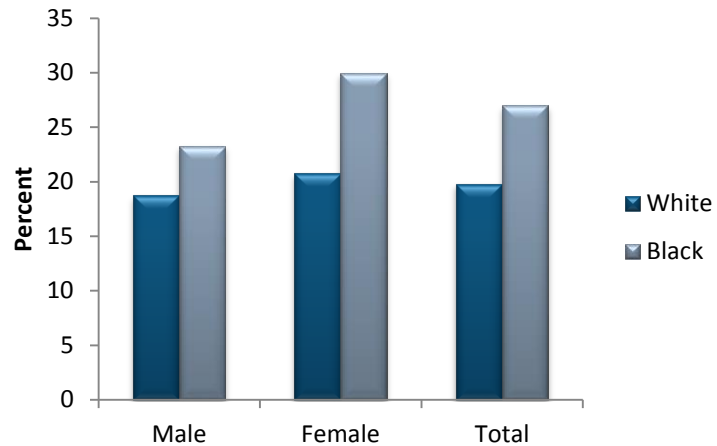


Figure 1

General Health Fair or Poor

By Race and Income Groups

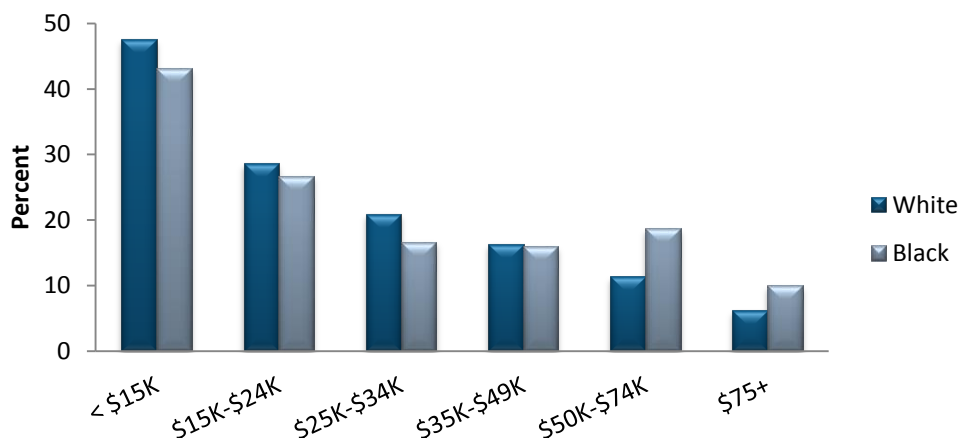


Figure 2

(Figure 1). Black respondents report their health as worse than whites. Black respondents reported fair or poor health at a rate of 27.0 percent compared to 19.8 percent for whites. Older respondents reported fair or poor health at a much higher rate than the younger ones. Persons in the 18 to 24 age group reported a rate of 7.3 percent while those more than 65 years of age reported a rate of 33.0 percent (Table 1).

Table 1: General Health Fair or Poor

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	214	18.7	143	23.3	363	20.0
Female	394	20.8	335	30.0	744	24.4
Age Group						
18-24	4	2.9	7	12.8	13	7.2
25-34	15	8.3	20	13.5	37	11.2
35-44	29	13.9	50	24.3	81	17.9
45-54	82	25.9	87	30.1	170	27.1
55-64	138	27.0	144	43.3	291	33.3
65+	338	29.6	168	46.0	511	33.1
Education						
< High School Graduate	127	34.6	143	40.5	274	36.5
High School Graduate or GED	227	23.5	191	29.7	425	26.0
Some College or Technical School	165	17.4	87	18.6	258	17.9
College Graduate	88	7.7	53	12.2	144	8.7
Income						
< \$15,000	129	47.5	203	43.1	338	44.7
\$15-\$24,999	155	28.6	124	26.7	282	27.9
\$25-\$34,999	77	20.9	37	16.6	115	18.2
\$35-\$49,999	58	16.3	25	16.0	85	15.9
\$50-\$74,999	49	11.3	17	18.7	67	12.8
\$75,000+	36	6.2	11	10.0	48	6.7
Employment Status						
Employed	82	8.7	85	13.3	171	10.4
Not Employed	21	18.1	31	21.6	55	20.6
Student/Homemaker	38	11.1	17	25.1	59	15.2
Retired/Unable to Work	467	40.9	345	55.1	822	45.6
Total	608	19.8	478	27.0	1,107	22.3

¹Unweighted

²Weighted

Health Care Coverage

Survey Question

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

The questions in this section are designed to estimate the number of people who cannot obtain the health care they need because they are not covered by a health care plan or other health insurance. The survey limits this question to those between the ages of 18 and 64 since most people age 65 and older have some kind of health insurance coverage.

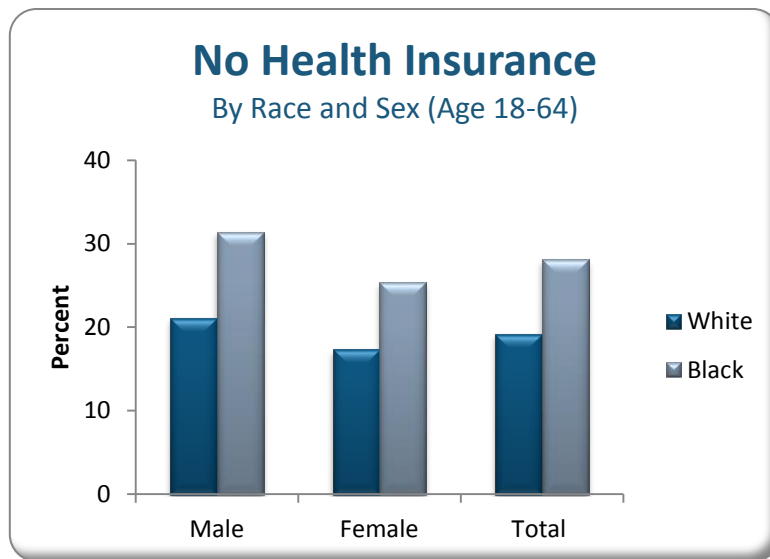


Figure 3

In 2014, 23.1 percent of respondents between the ages of 18 and 64 indicated they had no health care plan. According to the survey, black

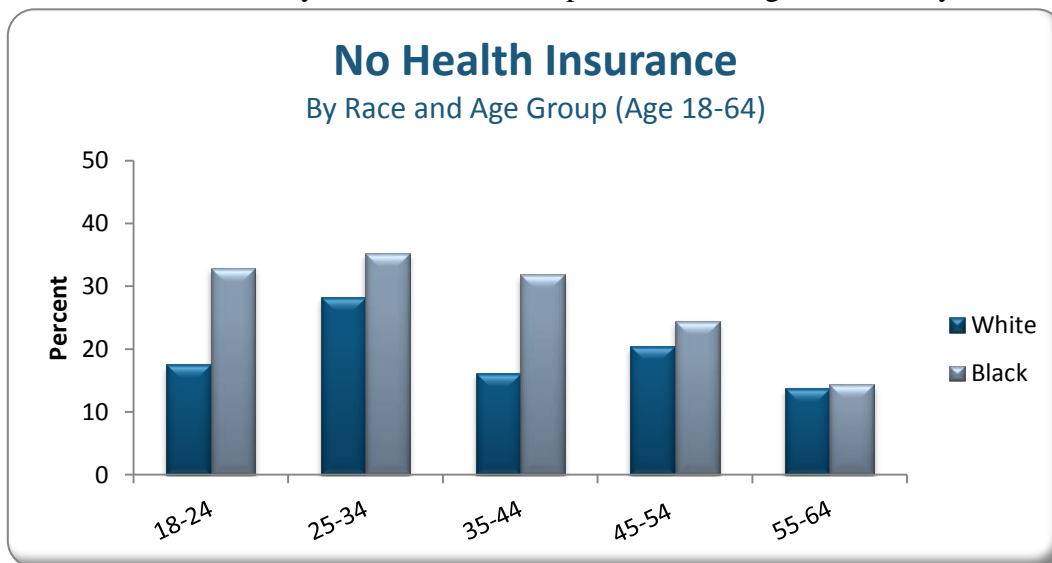


Figure 4

males have the highest rate of non-coverage at 31.3 percent; black females were next at 25.6 percent (Figure 3). When viewed by levels of income, white respondents reporting an annual income between \$15,000 and \$25,000 had a non-coverage rate of 41.4 percent followed by blacks reporting an annual income of less than \$15,000 with a rate of 38.6 percent.

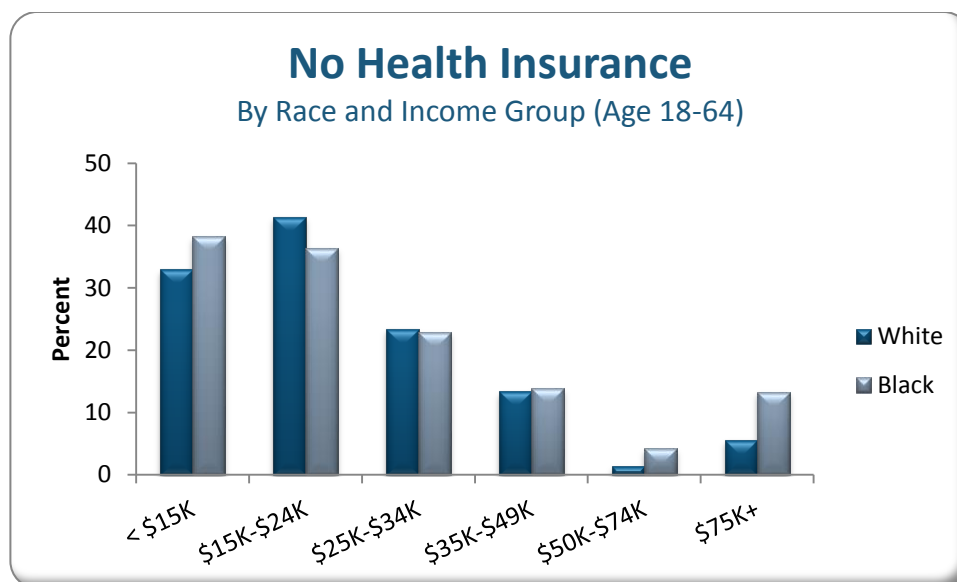


Figure 5

With respect to age groups, blacks age 25-34 reported the highest rate non-coverage at 35.7 percent. With respect to levels of education, whites who did not complete high school reported a rate of 40.1 percent (Table 2). Overall blacks with no health insurance had a rate of 28.2 percent while whites reported a rate of 19.2 percent.

Table 2: Have No Health Care Coverage

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	90	21.1	103	31.3	203	25.4
Female	110	17.3	143	25.6	259	20.9
Age Group						
18-24	17	17.6	27	32.9	50	25.1
25-34	37	28.2	49	35.7	89	31.8
35-44	35	16.0	52	31.8	88	22.0
45-54	57	20.5	61	24.5	121	22.7
55-64	54	13.8	57	14.4	114	14.0
Education						
< High School Graduate	45	40.1	49	38.6	96	38.7
High School Graduate or GED	71	22.6	107	27.0	184	25.4
Some College or Technical School	53	16.0	62	28.9	122	21.4
College Graduate	31	6.4	28	12.3	60	7.8
Income						
< \$15,000	42	32.8	91	38.6	136	36.5
\$15-\$24,999	64	41.4	77	36.3	148	39.7
\$25-\$34,999	28	23.4	29	22.8	57	21.1
\$35-\$49,999	17	13.4	10	13.7	28	13.6
\$50-\$74,999	5	1.4	5	4.3	11	3.5
\$75,000+	17	5.6	7	13.3	24	6.7
Employment Status						
Employed	105	16.9	112	23.7	224	19.7
Not Employed	41	52.2	74	63.7	119	59.2
Student/Homemaker	27	21.6	15	31.0	47	25.4
Retired/Unable to Work	27	11.3	44	12.8	71	11.8
Total	200	19.2	246	28.2	462	23.1

¹Unweighted

²Weighted

Table 3: Unable to See Doctor in Past 12 Month Because of Cost

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	93	13.9	98	22.0	200	17.0
Female	194	17.5	230	28.6	433	21.7
Age Group						
18-24	19	18.5	18	21.3	39	18.7
25-34	30	19.0	41	27.4	74	23.2
35-44	47	21.2	72	38.5	123	28.3
45-54	74	24.3	75	29.3	151	26.6
55-64	71	14.7	79	19.3	154	16.7
65+	46	3.7	42	11.1	91	5.5
Education						
< High School Graduate	61	30.0	64	32.4	130	31.4
High School Graduate or GED	106	18.1	142	27.2	253	22.0
Some College or Technical School	67	11.5	75	21.8	147	14.9
College Graduate	52	9.0	46	17.5	101	11.1
Income						
< \$15,000	75	40.0	137	38.6	216	38.8
\$15-\$24,999	86	28.3	94	28.2	185	28.9
\$25-\$34,999	31	14.3	32	20.4	65	16.1
\$35-\$49,999	26	10.1	12	13.9	38	10.7
\$50-\$74,999	24	10.1	7	8.2	32	10.6
\$75,000+	14	4.9	7	6.3	22	5.4
Employment Status						
Employed	111	14.4	123	20.4	243	17.0
Not Employed	34	37.6	67	54.8	102	46.3
Student/Homemaker	30	17.5	14	26.0	46	18.5
Retired/Unable to Work	112	13.4	124	20.9	242	16.2
Total	287	15.7	328	25.7	633	19.4

¹Unweighted

²Weighted

Healthy Days

Survey Question

1. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

In both public and private medicine, the concept of health-related quality of life refers to the physical and mental health perceived by a person or a group of persons. Health care professionals have often used health-related quality of life to measure the effects of chronic illness in patients to better understand how an illness interferes with the day-to-day life activities of an individual.

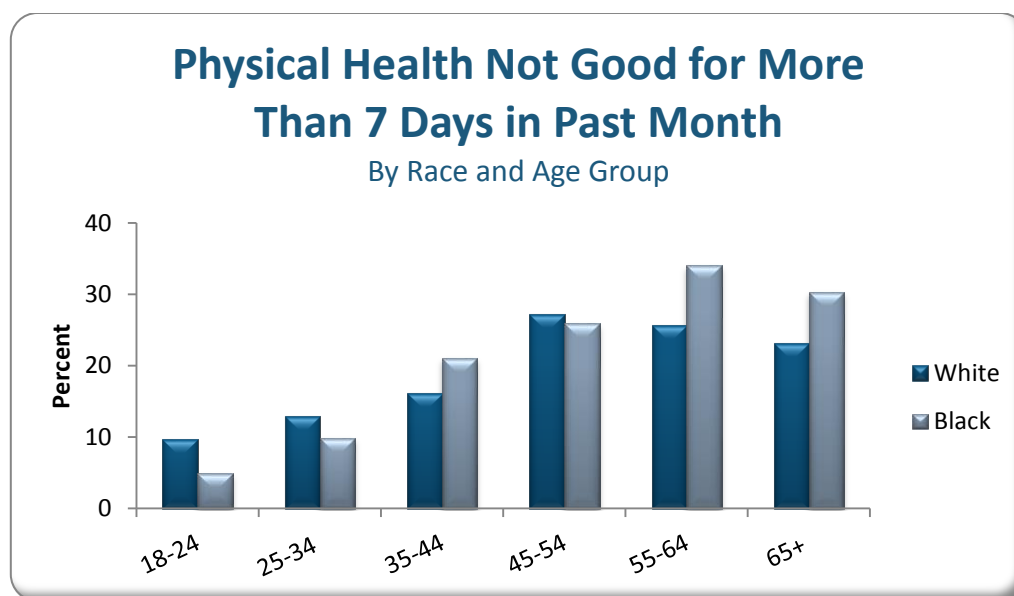


Figure 6

Similarly, health professionals use health-related quality of life to measure the effects of numerous disorders, short-term and long-term disabilities, and diseases in different populations. Tracking health-related quality of life in different populations can aid in identifying subgroups with poor physical or mental health and can help in developing policies or interventions to improve their health.

In Mississippi, the 2014 BRFSS survey showed that days of poor physical health tends to increase with age while the bad days of poor mental health were more evenly distributed. Table 4 shows that people in the 55 to 64 age category reported the highest percentage (28.5) of more than seven days when their physical health was not good. White respondents in this age group had a rate of 25.6 percent compared to 34.0 percent for blacks. For those 65 years of age and older, whites reported a rate of 23.1 percent compared to 30.3 for blacks.

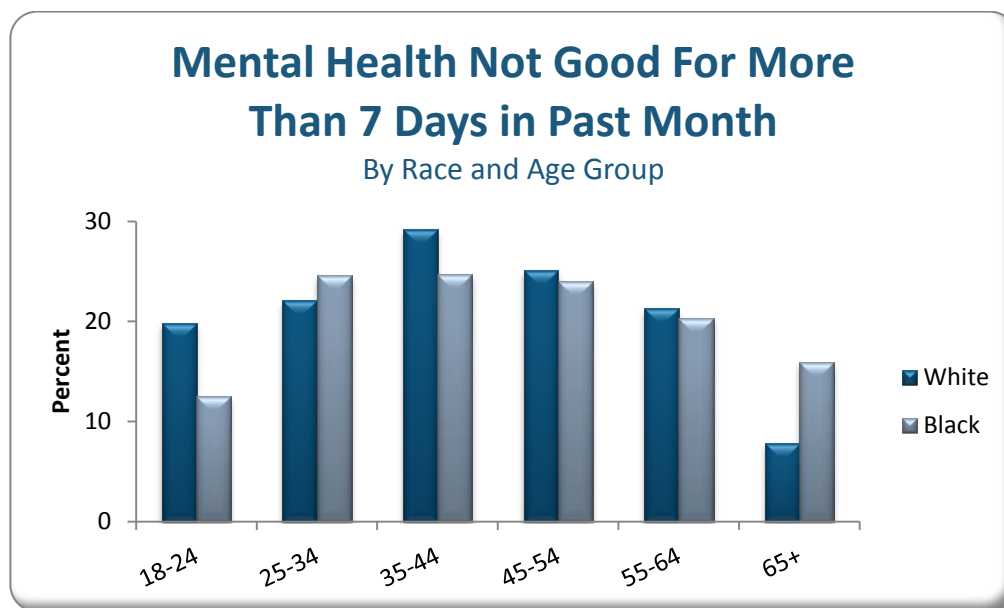


Figure 7

People in the 35 to 44 year old age group had the highest percentage of seven or more days when their mental health was not good with a rate of 26.6 percent– 29.0 for whites and 24.7 for blacks (Figure 7).

The highest category of respondents with more than seven days of poor mental health in the past month, are people that have incomes below \$15,000 annually with a rate of 38.3 percent: 49.4 percent for whites and 31.6 percent for blacks. People who are unemployed report a rate of 31.0 percent for more than seven days of poor mental health in the past month (Table 5).

Table 4: Physical Health Not Good for More Than 7 Days in Past Month

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	150	17.6	89	16.1	242	16.6
Female	317	22.5	206	24.1	532	22.8
Age Group						
18-24	7	9.6	4	4.9	11	7.0
25-34	14	12.9	11	9.7	25	11.3
35-44	30	16.0	43	21.0	73	17.3
45-54	78	27.2	63	25.8	143	26.9
55-64	110	25.6	93	34.0	209	28.5
65+	228	23.1	80	30.3	312	24.6
Education						
< High School Graduate	85	29.9	88	33.0	175	30.4
High School Graduate or GED	155	19.7	113	22.3	274	20.6
Some College or Technical School	141	22.6	52	11.0	195	18.3
College Graduate	84	8.8	39	12.2	125	9.5
Income						
< \$15,000	89	42.7	123	31.9	216	35.7
\$15-\$24,999	110	23.5	76	22.1	187	22.8
\$25-\$34,999	58	20.2	18	9.1	77	15.3
\$35-\$49,999	49	18.0	18	16.2	68	16.9
\$50-\$74,999	48	19.9	9	9.3	57	17.1
\$75,000+	41	8.6	15	14.4	57	9.4
Employment Status						
Employed	68	8.1	52	8.1	121	7.9
Not Employed	10	14.5	23	19.7	33	16.9
Student/Homemaker	42	23.9	8	11.2	53	20.0
Retired/Unable to Work	347	38.8	212	46.4	567	41.0
Total	467	20.1	295	20.3	774	19.7

¹Unweighted

²Weighted

Table 5: Mental Health Not Good for More Than 7 Days in Past Month

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	94	15.4	76	17.0	175	16.0
Female	237	23.4	173	24.6	415	23.5
Age Group						
18-24	15	19.8	8	12.5	24	16.2
25-34	22	22.1	29	24.4	53	23.6
35-44	50	29.0	45	24.7	97	26.6
45-54	67	25.1	59	24.0	127	24.7
55-64	94	21.2	61	20.3	159	20.5
65+	83	7.8	46	15.9	129	9.4
Education						
< High School Graduate	70	39.1	63	31.3	135	35.0
High School Graduate or GED	103	20.0	100	20.4	206	20.1
Some College or Technical School	88	16.1	44	15.3	134	15.7
College Graduate	69	9.7	42	15.8	114	11.2
Income						
< \$15,000	79	49.4	103	31.6	184	38.3
\$15-\$24,999	78	25.9	68	23.9	148	24.9
\$25-\$34,999	31	12.8	22	15.9	53	13.4
\$35-\$49,999	42	19.1	12	11.8	55	16.7
\$50-\$74,999	30	8.9	13	16.6	44	10.9
\$75,000+	35	11.8	9	10.1	46	11.9
Employment Status						
Employed	94	14.4	64	12.9	163	14.0
Not Employed	20	26.1	41	36.0	61	31.0
Student/Homemaker	27	22.0	11	20.9	40	21.2
Retired/Unable to Work	190	25.1	133	28.5	326	26.0
Total	331	19.4	249	21.0	590	19.8

¹Unweighted

²Weighted

Table 6: Activities Limited More Than 7 Days in Past Month Due to Physical or Mental Health*

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	92	11.3	65	10.1	158	10.5
Female	213	14.2	138	13.3	358	13.6
Age Group						
18-24	7	6.6	1	1.7	8	4.3
25-34	13	11.5	10	6.6	23	9.1
35-44	21	9.5	31	15.0	53	11.5
45-54	62	19.2	54	16.4	117	18.0
55-64	76	16.5	55	16.0	133	15.9
65+	124	11.5	51	16.1	179	12.6
Education						
< High School Graduate	66	26.7	55	20.6	124	23.3
High School Graduate or GED	93	12.2	87	12.3	183	12.1
Some College or Technical School	97	12.2	35	7.3	132	10.1
College Graduate	49	4.1	24	4.5	75	4.1
Income						
< \$15,000	66	33.4	96	22.7	164	26.1
\$15-\$24,999	69	15.1	51	10.8	120	12.7
\$25-\$34,999	39	11.8	13	4.7	53	8.8
\$35-\$49,999	37	11.9	13	9.4	50	10.8
\$50-\$74,999	27	8.5	6	7.5	34	8.1
\$75,000+	20	3.3	2	1.9	22	3.0
Employment Status						
Employed	36	4.7	22	2.6	60	3.8
Not Employed	16	17.1	30	19.9	47	18.5
Student/Homemaker	23	10.2	4	4.5	27	7.8
Retired/Unable to Work	229	25.9	147	27.2	381	26.1
Total	305	12.8	203	11.9	516	12.1

¹Unweighted

²Weighted

* Denominator is those who had more than 7 days of poor physical or mental health in past month

Tobacco Use

Survey Question

Have you smoked at least 100 cigarettes in your entire life and do you now smoke cigarettes every day, some days, or not at all?

Tobacco use is the single leading preventable cause of death in Mississippi and the United States. Each year, about one-fifth of the deaths in Mississippi are from tobacco-related causes. Health problems related to tobacco use include cancers, lung disease, and heart disease. Over the past decade the percentage of current adult smokers has not changed significantly. During the same period smokeless tobacco and cigar use among adults has increased. Mississippi was the first state to reach a settlement with the tobacco industry. The Mississippi State Department of Health has drafted a state tobacco plan that includes strategies to prevent initiation of tobacco use among youth, promote cessation among youth and adults, and eliminate exposure to environmental tobacco smoke

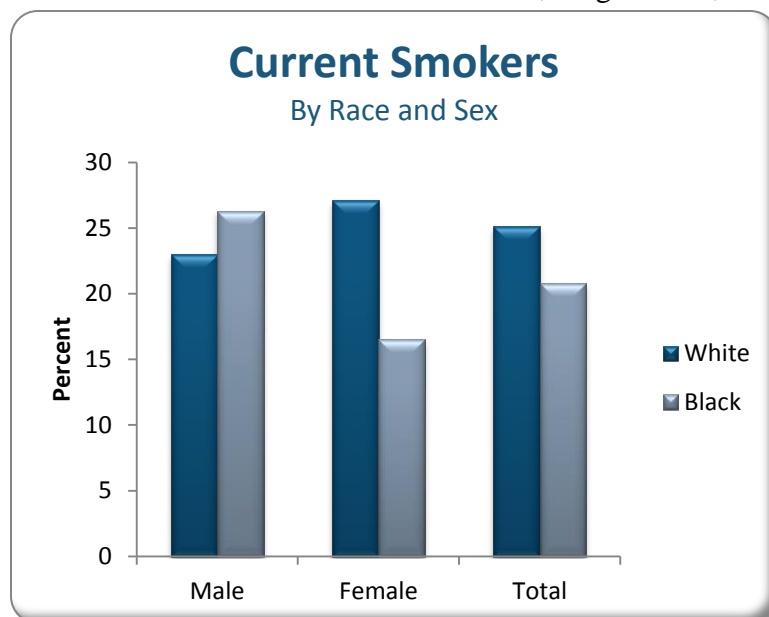


Figure 8

According to the 2014 BRFSS report, the group with the highest percentage of current smokers is white respondents that are unemployed who report a rate of 57.7 percent. The second highest are white respondents with an annual income of less than \$15,000 annually who report a rate of 49.0 percent. The group with the lowest percentage in demographic groups for current smokers is black respondents 65 years of age and older with a rate of 8.4 percent (Table 7). Overall, the rate of current smoking in Mississippi is 23.0 percent, a decrease from 24.9 reported in 2013. The Healthy People 2020 objective is 12 percent or less.

Table 7: Current Smokers

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	157	22.9	119	26.3	281	23.2
Female	286	27.0	130	16.4	423	22.7
Age Group						
18-24	32	34.8	8	10.9	40	23.1
25-34	45	32.3	37	30.7	84	31.1
35-44	67	32.0	38	22.9	107	27.6
45-54	101	33.4	54	21.4	155	28.6
55-64	87	17.4	76	22.6	169	19.5
65+	110	11.2	34	8.4	146	10.5
Education						
< High School Graduate	81	43.8	62	27.2	148	35.4
High School Graduate or GED	149	28.1	98	22.0	248	25.0
Some College or Technical School	126	22.3	55	18.6	184	20.5
College Graduate	85	11.5	33	10.9	121	11.2
Income						
< \$15,000	79	49.0	96	26.1	178	34.1
\$15-\$24,999	95	30.6	68	26.8	164	28.0
\$25-\$34,999	50	21.2	34	22.2	85	20.5
\$35-\$49,999	47	24.3	12	7.3	62	20.1
\$50-\$74,999	51	18.8	11	16.4	62	17.6
\$75,000+	62	15.3	4	4.6	67	13.4
Employment Status						
Employed	193	23.9	89	19.2	285	21.6
Not Employed	36	57.7	34	26.4	72	39.0
Student/Homemaker	37	22.0	5	7.9	43	16.8
Retired/Unable to Work	177	21.9	121	23.8	304	22.6
Total	443	25.0	249	20.8	704	23.0

¹Unweighted

²Weighted

Diabetes

Survey Question

Have you ever been told by a doctor that you have diabetes? (Females diagnosed only during pregnancy are excluded.)

Diabetes was the sixth leading cause of death in Mississippi for the year 2013 with a death rate of 35.7 per 100,000 population. According to the 2014 BRFSS survey, 13.0 percent of all respondents reported being told by a doctor that they have diabetes. In 2013 the reported rate was 12.9 percent.

Black females continue to comprise the largest group having a rate of 17.9 percent followed by black males with a rate of 13.1 percent. White males reported a rate of 12.9 percent and white females were the lowest at 11.0 percent (Figure 9).

The rate of diabetes showed a marked difference by categories of education. Respondents who did not complete high school reported rates of 20.5 percent which is more than 47 percent

higher than those with a high school degree. Those with a high school education reported a rate of 13.9 percent; those with some college work, a rate of 10.5 percent; and college graduates a rate of 8.2 percent. Blacks with no high school education reported a diabetes rate of 25.1 percent (Table 8).

There are obvious differences seen by age of the respondent in the rate of diabetes. There were no reports of diabetes for respondents between the age of 18 and 24 but 26.8 percent of those older than age 65 reported they had diabetes (Figure 10).

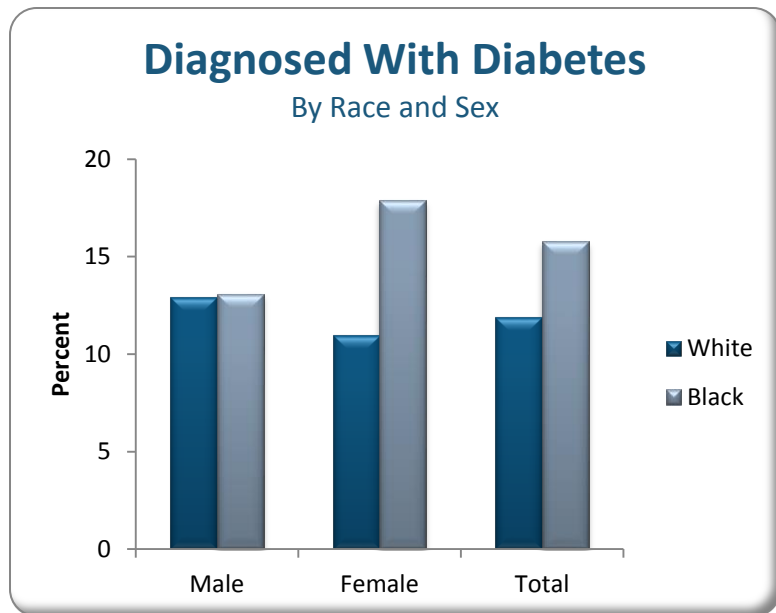


Figure 9

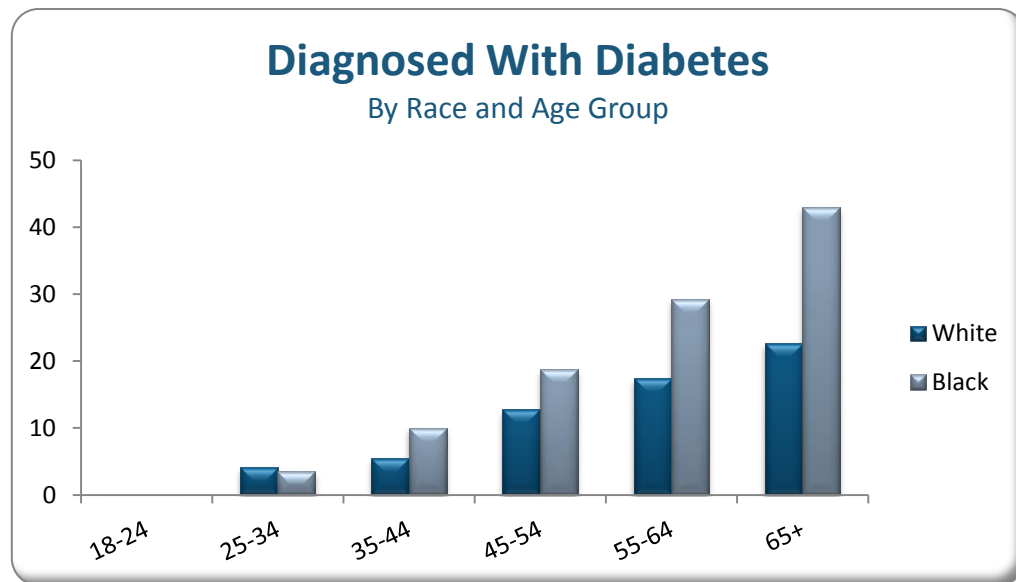


Figure 10

Table 8: Diabetes

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	157	12.9	98	13.1	260	12.6
Female	245	11.0	247	17.9	498	13.4
Age Group						
18-24	0	0.0	0	0.0	0	0.0
25-34	5	4.2	7	3.5	12	3.8
35-44	12	5.7	22	10.0	36	7.5
45-54	39	12.6	54	18.7	94	14.5
55-64	97	17.4	99	29.1	199	21.5
65+	249	22.5	163	43.0	417	26.8
Education						
< High School Graduate	60	17.7	108	25.1	170	20.5
High School Graduate or GED	132	13.5	126	15.1	259	13.9
Some College or Technical School	117	11.2	59	10.1	179	10.5
College Graduate	92	7.0	48	11.8	145	8.2
Income						
< \$15,000	44	11.4	141	22.1	187	17.7
\$15-\$24,999	102	17.7	78	15.6	182	16.4
\$25-\$34,999	61	17.3	35	13.2	97	14.9
\$35-\$49,999	58	15.5	20	8.7	80	13.6
\$50-\$74,999	39	7.6	19	15.5	58	8.8
\$75,000+	50	8.4	8	4.9	58	7.7
Employment Status						
Employed	100	8.2	62	8.6	167	8.2
Not Employed	10	9.6	15	4.7	27	7.1
Student/Homemaker	13	2.4	16	13.5	29	4.7
Retired/Unable to Work	279	21.5	252	34.7	535	25.6
Total	402	12.0	345	15.8	758	13.0

¹Unweighted

²Weighted

Cardiovascular Disease

Survey Question

Has a doctor, nurse, or other health professional ever told you that you had any of the following: A heart attack, also called a myocardial infarction? Angina or coronary heart disease? A stroke?

Cardiovascular disease (CVD) includes coronary heart disease, stroke, complications of hypertension, and diseases of the arterial blood vessels. In addition to causing almost half of all deaths in Mississippi, CVD is a major cause of premature, permanent disability among working adults. Stroke alone disables almost 2,000 Mississippians each year. In the 2014 BRFSS survey approximately 10.8 percent of Mississippi adults or more than 244,000 people report having some kind of CVD,

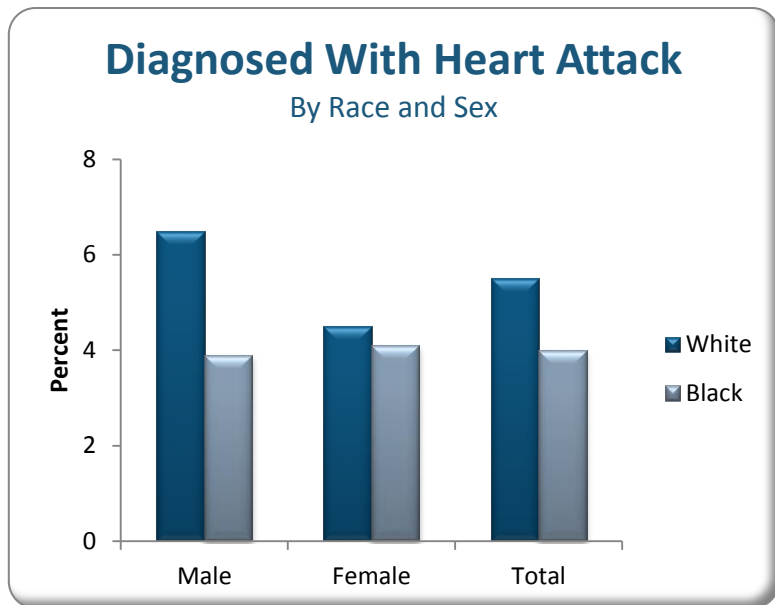


Figure 11

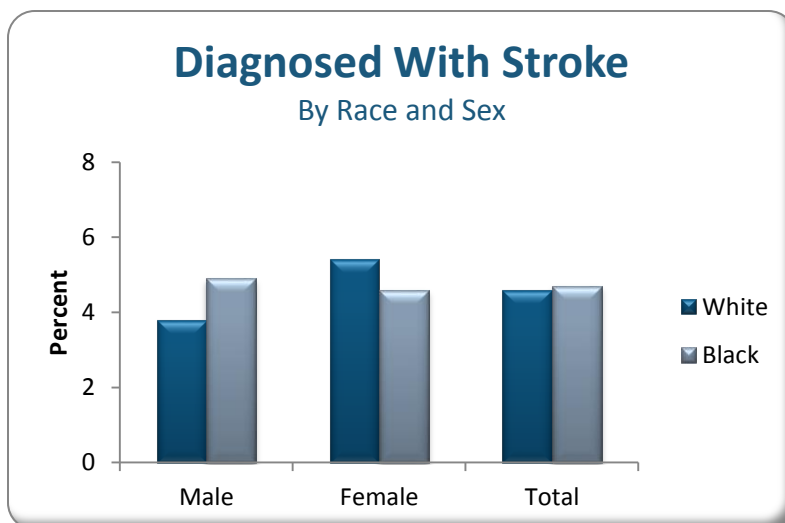


Figure 12

such as coronary heart disease, angina, previous heart attack, or stroke.

In 2013 Mississippi reported 7,720 deaths from heart disease and 1,496 from cerebrovascular disease (stroke). The two combined accounted for approximately thirty percent of all the deaths reported that year and more than thirty-nine

percent of the total from the ten leading causes of death.

The 2014 BRFSS survey revealed that 13.6 percent of the population 65 years of age or older reported that they have been diagnosed as having had a heart attack: 14.1 for white respondents and 11.7 for blacks. The second highest age group that reported being diagnosed with a heart attack was the 55 to 64 category. White respondents reported a rate of 6.6 percent while blacks reported a rate of 8.6 percent (Table 9).

Table 10 shows that the rate for those who had been diagnosed with a stroke age 65 and greater was 8.5 percent for whites and 9.9 percent for blacks. In the 55 to 64 group the rates were 6.0 and 10.3 for whites and blacks respectively.

Those in the older age groups also reported a higher rate of coronary artery disease.

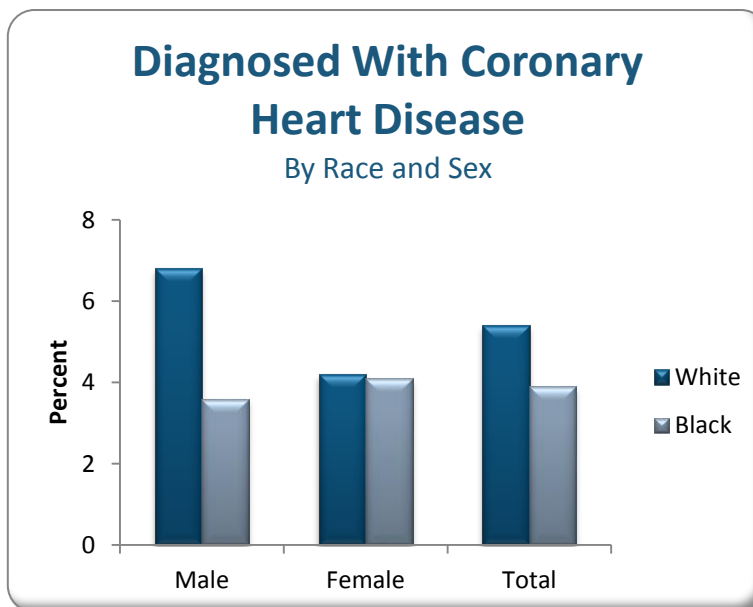


Figure 13

People in the age group 65 and older reported a rate of 12.2 percent with white respondents having a rate of 13.0 percent compared to 9.7 for blacks. The 55 to 64 age category had an overall rate of 7.6 percent: 6.4 for whites and 9.7 for blacks (Table 11).

Table 9: Ever Diagnosed With a Heart Attack

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	94	6.5	37	3.9	132	5.4
Female	82	4.5	58	4.1	143	4.4
Age Group						
18-24	1	1.4	0	0.0	1	0.8
25-34	1	0.6	0	0.0	1	0.3
35-44	3	1.4	7	2.7	10	1.9
45-54	13	3.1	9	3.6	23	3.5
55-64	33	6.6	35	8.6	69	7.2
65+	125	14.1	42	11.7	169	13.6
Education						
< High School Graduate	33	8.7	25	5.1	60	6.9
High School Graduate or GED	59	6.5	33	3.7	94	5.5
Some College or Technical School	45	4.7	22	3.6	67	4.2
College Graduate	39	3.2	15	3.6	54	3.2
Income						
< \$15,000	20	4.3	42	5.4	64	5.2
\$15-\$24,999	46	9.0	19	3.4	66	6.4
\$25-\$34,999	24	8.4	8	3.1	32	6.0
\$35-\$49,999	19	3.9	8	4.0	27	3.8
\$50-\$74,999	25	4.4	5	2.6	30	3.9
\$75,000+	21	3.7	2	0.9	23	3.2
Employment Status						
Employed	29	2.2	12	1.4	41	1.8
Not Employed	1	0.1	5	2.9	6	1.6
Student/Homemaker	7	3.5	2	0.5	10	3.0
Retired/Unable to Work	139	12.5	75	9.9	217	11.7
Total	176	5.5	95	4.0	275	4.9

¹Unweighted

²Weighted

Table 10: Ever Diagnosed With a Stroke

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	53	3.8	36	4.9	90	4.0
Female	110	5.4	61	4.6	175	5.1
Age Group						
18-24	4	3.9	0	0.0	4	2.1
25-34	1	0.6	2	0.7	3	0.6
35-44	7	4.5	10	5.8	17	4.8
45-54	9	1.9	12	3.2	21	2.3
55-64	33	6.0	38	10.3	72	7.4
65+	108	8.5	35	9.9	147	9.2
Education						
< High School Graduate	31	6.6	37	8.6	69	7.4
High School Graduate or GED	53	5.8	30	4.6	86	5.4
Some College or Technical School	41	4.0	14	2.4	56	3.4
College Graduate	38	2.6	15	2.5	53	2.5
Income						
< \$15,000	22	6.0	44	9.1	68	8.1
\$15-\$24,999	49	7.9	32	5.0	81	6.4
\$25-\$34,999	25	5.3	4	0.8	29	3.4
\$35-\$49,999	15	4.1	4	4.0	19	3.9
\$50-\$74,999	13	3.4	2	0.5	15	2.7
\$75,000+	16	3.5	2	3.4	18	3.4
Employment Status						
Employed	16	1.7	9	1.2	25	1.5
Not Employed	5	3.1	5	3.3	10	3.1
Student/Homemaker	13	5.5	2	1.4	15	4.0
Retired/Unable to Work	129	9.4	81	12.4	215	10.6
Total	163	4.6	97	4.7	265	4.6

¹Unweighted

²Weighted

Table 11: Ever Diagnosed With Coronary Artery Disease

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	99	6.8	26	3.6	126	5.5
Female	95	4.2	59	4.1	156	4.1
Age Group						
18-24	1	1.4	0	0.0	1	0.8
25-34	1	0.4	0	0.0	1	0.2
35-44	4	1.9	6	2.4	10	2.0
45-54	17	4.4	8	4.0	25	4.2
55-64	37	6.4	37	9.7	75	7.6
65+	133	13.0	34	9.7	169	12.2
Education						
< High School Graduate	25	5.3	18	4.0	44	4.6
High School Graduate or GED	59	6.1	32	4.1	91	5.1
Some College or Technical School	57	5.3	23	4.3	82	4.9
College Graduate	52	4.7	12	2.4	64	4.0
Income						
< \$15,000	17	3.1	35	5.2	53	4.4
\$15-\$24,999	46	7.9	22	3.8	68	5.8
\$25-\$34,999	33	7.3	4	1.6	38	5.0
\$35-\$49,999	23	5.6	7	3.4	30	4.8
\$50-\$74,999	26	5.1	5	3.6	31	4.6
\$75,000+	24	4.1	3	3.5	27	3.9
Employment Status						
Employed	34	2.3	11	1.6	46	2.0
Not Employed	3	1.8	2	1.5	6	1.9
Student/Homemaker	9	3.4	2	1.7	11	2.7
Retired/Unable to Work	148	11.9	70	9.8	219	11.0
Total	194	5.4	85	3.9	282	4.8

¹Unweighted

²Weighted

Asthma

Survey Question

Have you ever been told by a doctor, nurse, or other health professional that you had asthma? If yes: Do you still have asthma?

According to the U. S. Department of Health and Human Services, Healthy People 2020 publication, asthma is a serious and growing health problem. Asthma is a chronic lung disease that affects more than 17 million Americans. The disease is characterized by inflammation of the airways with intermittent bronchospasm which is a narrowing of the bronchial tubes. The inflammation makes the airways smaller making it more difficult for air to move in and out of the lung. In some cases, breathing may be so labored that an asthma attack becomes life-threatening.

Most of the problems caused by asthma could be averted if persons with asthma and their health care providers managed the disease according to established guidelines. Effective management of asthma comprises four major components: controlling exposure to factors that trigger asthma episodes, adequately managing asthma with medicine, monitoring the disease by using objective measures of lung function and educating asthma patients to become partners in their own care. Such prevention efforts are essential to interrupt the progression from disease to functional limitation and disability and to improve the quality of life for persons with asthma.

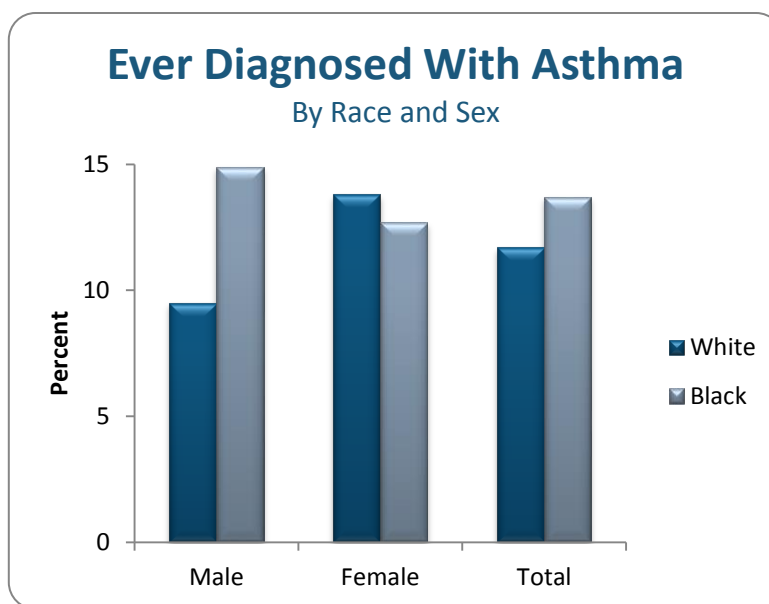


Figure 14

In the 2014 BRFSS survey for Mississippi, the overall prevalence rate for asthma was 12.4 percent. The black rate was 13.6 percent compared to 11.7 percent for white respondents. Women reported a higher rate than men although black males reported the highest rate at 14.9 percent (Figure 14 and Table 12).

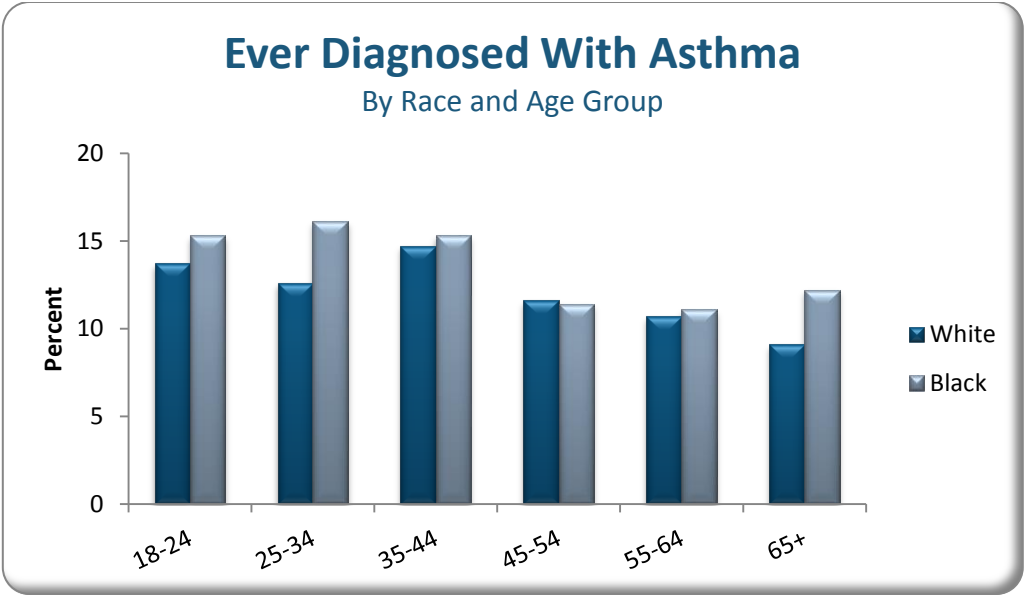


Figure 15

Table 12: Ever Diagnosed With Asthma

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	81	9.5	63	14.9	149	11.5
Female	208	13.7	115	12.7	332	13.3
Age Group						
18-24	15	13.7	12	15.3	29	14.6
25-34	21	12.6	21	16.0	43	14.2
35-44	29	14.6	30	15.2	62	14.8
45-54	46	11.6	32	11.4	78	11.3
55-64	64	10.7	41	11.1	109	11.0
65+	114	9.1	41	12.2	159	9.8
Education						
< High School Graduate	44	13.7	36	14.0	84	14.1
High School Graduate or GED	73	9.7	75	16.4	151	12.5
Some College or Technical School	87	12.8	40	11.9	130	12.7
College Graduate	85	11.0	26	9.6	115	10.5
Income						
< \$15,000	41	24.7	66	16.7	109	19.4
\$15-\$24,999	68	12.5	44	12.8	114	12.6
\$25-\$34,999	45	13.4	18	10.6	65	12.2
\$35-\$49,999	27	8.5	9	10.0	39	9.6
\$50-\$74,999	36	13.8	8	5.7	44	11.6
\$75,000+	45	8.9	8	16.8	53	9.9
Employment Status						
Employed	96	9.5	46	9.1	147	9.3
Not Employed	16	16.7	21	19.3	38	18.0
Student/Homemaker	21	9.9	9	21.0	33	14.3
Retired/Unable to Work	156	14.8	102	17.7	263	15.7
Total	289	11.7	178	13.6	481	12.4

¹Unweighted

²Weighted

Table 13: Currently Have Asthma

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	48	4.6	34	6.8	84	5.2
Female	140	8.9	88	9.7	234	9.1
Age Group						
18-24	5	4.2	5	5.7	10	4.3
25-34	7	5.2	13	10.5	21	7.8
35-44	21	9.5	18	7.7	40	8.4
45-54	35	9.3	27	9.4	62	9.1
55-64	49	7.2	29	7.3	81	7.4
65+	71	5.3	29	9.1	103	6.2
Education						
< High School Graduate	34	9.8	26	8.9	61	9.1
High School Graduate or GED	49	5.7	54	10.4	106	7.8
Some College or Technical School	54	7.1	27	7.0	82	6.9
College Graduate	51	5.3	14	5.3	68	5.2
Income						
< \$15,000	35	19.3	49	12.2	85	14.7
\$15-\$24,999	47	7.3	33	9.2	82	8.3
\$25-\$34,999	32	7.7	13	6.9	46	7.1
\$35-\$49,999	18	4.9	5	4.6	24	4.9
\$50-\$74,999	19	7.3	4	3.9	23	6.3
\$75,000+	25	4.3	2	4.7	27	4.2
Employment Status						
Employed	57	5.0	30	5.3	91	5.1
Not Employed	11	11.4	12	10.1	23	10.3
Student/Homemaker	12	5.0	6	11.3	19	6.2
Retired/Unable to Work	108	9.4	74	12.6	185	10.4
Total	188	6.7	122	8.4	318	7.2

¹Unweighted

²Weighted

Arthritis

Survey Question

Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

According to the *Healthy People 2020* publication, arthritis affects one in five adults in the United States and continues to be the most common cause of disability and generates more than \$128 billion per year to the cost of health care. All of the human and economic costs are projected to increase over time as the population ages.

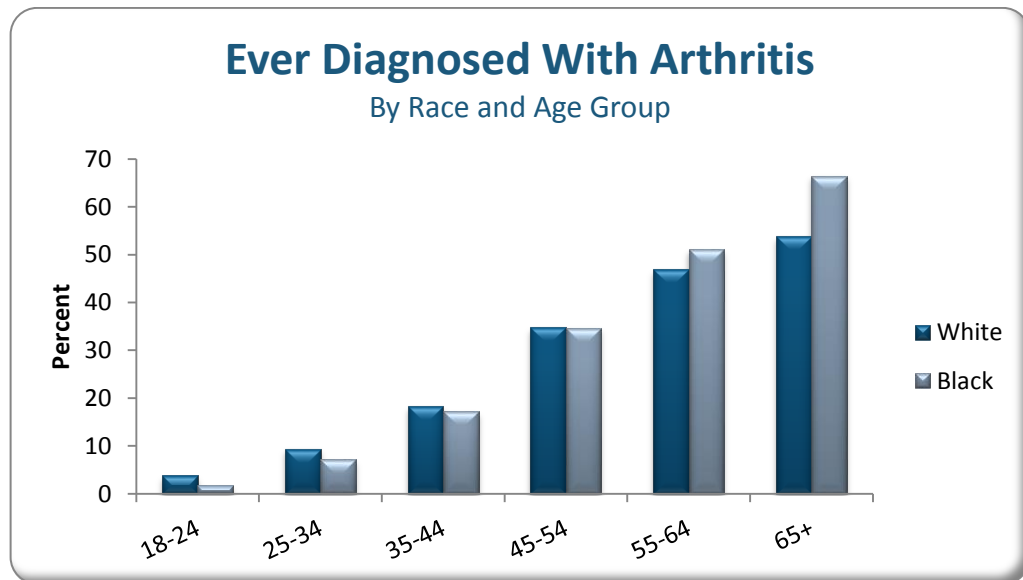


Figure 16

There are more than 100 types of arthritis which commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active.

The significant public health impact of arthritis is reflected in a variety of measures. First, arthritis is the leading cause of disability. Arthritis limits major activities such as regular work, housekeeping and school for nearly three percent of the U. S. population and almost twenty percent of those who are afflicted with the condition. Arthritis trails only heart disease as a cause of work disability. As a consequence, arthritis limits the independence of affected persons and disrupts the lives of family members and other care givers.

Health-related quality of life measures are consistently worse for persons with arthritis, whether the measure is healthy days in the past 30 days, days without severe pain, “ability days” (that is, days without activity limitations), or difficulty in performing personal care activities.

In Mississippi, the 2014 BRFSS survey showed that 29.4 percent of the population had been diagnosed with arthritis by a health care professional. As noted in the “Definitions of Terms and Risk Factors,” the question in the current report has been amended so that only those who have actually been diagnosed with arthritis by a health care professional are being reported. Until 2003, the report included those who had reported pain or stiffness in the joints for at least 30 days during the previous year.

As seen in Figure 16, the proportion increases with age. Respondents over the age of 65 reported being diagnosed with arthritis at a rate of 56.9 percent. The rate for blacks within this age group was higher than for whites. Blacks reported a rate of 66.5 percent while whites only 53.8 percent. Only 2.7 percent of those 18-24 years old reported this condition.

Table 14: Ever Diagnosed Arthritis

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	328	27.2	170	23.2	505	25.1
Female	734	35.3	431	30.7	1,183	33.4
Age Group						
18-24	4	3.8	3	1.8	7	2.7
25-34	16	9.4	13	7.0	30	8.2
35-44	38	18.4	42	17.0	82	17.6
45-54	113	34.8	100	34.7	214	34.3
55-64	243	46.7	186	51.0	438	48.2
65+	643	53.8	253	66.5	907	56.9
Education						
< High School Graduate	133	35.7	163	40.3	300	37.1
High School Graduate or GED	378	37.5	214	26.6	603	33.0
Some College or Technical School	312	31.7	118	20.0	435	27.3
College Graduate	237	19.5	101	20.6	343	19.3
Income						
< \$15,000	143	46.3	226	38.2	375	40.9
\$15-\$24,999	229	36.5	147	27.9	381	32.0
\$25-\$34,999	128	30.6	58	19.6	189	25.5
\$35-\$49,999	128	30.5	43	25.4	176	29.7
\$50-\$74,999	125	29.1	37	20.7	162	26.3
\$75,000+	136	22.6	20	14.8	156	21.0
Employment Status						
Employed	239	18.4	121	13.4	365	16.3
Not Employed	22	22.1	33	16.8	58	19.0
Student/Homemaker	80	23.1	18	11.7	101	19.0
Retired/Unable to Work	721	56.7	429	61.2	1,164	58.3
Total	1,062	31.3	601	27.4	1,688	29.4

¹Unweighted

²Weighted

Depression

Survey Question

Has a doctor or other healthcare provider ever told you that you have a depressive disorder including depression, major depression, dysthymia, or minor depression?

Affective disorders, which encompass major depression and manic depressive illness, constitute a second category of severe mental illness. The World Health Organization found major depression to be the leading cause of disability among adults in developed nations such as the United States. About 6.5 percent of women and 3.3 percent of men will have major depression in any year. Manic depressive illness affects around one percent of adults, with comparable rates of occurrence in men and women. A high rate of suicide is associated with such mood disorders.

Almost all adults will at some time experience a tragedy or times of profound sadness, grief, or distress. Major depressive disorder, however, differs both quantitatively and qualitatively from episodes of normal sadness or grief. Depression disrupts the lives of depressed persons and their families and reduces economic productivity. Depression also can result in suicide and has an especially severe impact on women.

Depression also has a negative impact on the economy, costing the United States over \$40 billion each year, both in diminished productivity and in use of health care resources. In the workplace, depression is a leading cause of absenteeism and diminished productivity. Although only a minority seek professional help to relieve a mood disorder, depressed people are significantly more likely than others to visit a physician for some other reason.

The 2014 Mississippi BRFSS revealed that 20.0 percent of those surveyed said they had been diagnosed with a depressive disorder. The rate for women was almost twice the

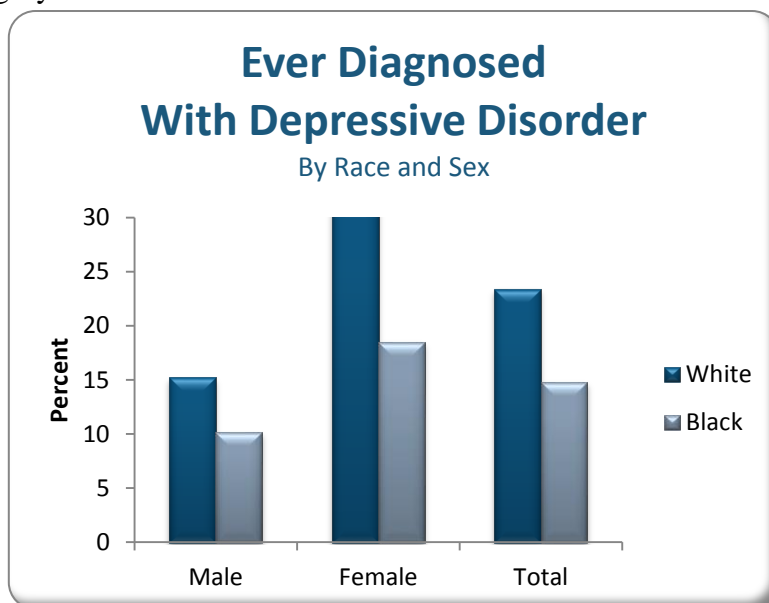


Figure 17

rate for men. Females reported a rate of 25.9 percent to only 13.5 for males, a difference of almost 48 percent (Figure 17). Similarly, the respondents in lower income categories

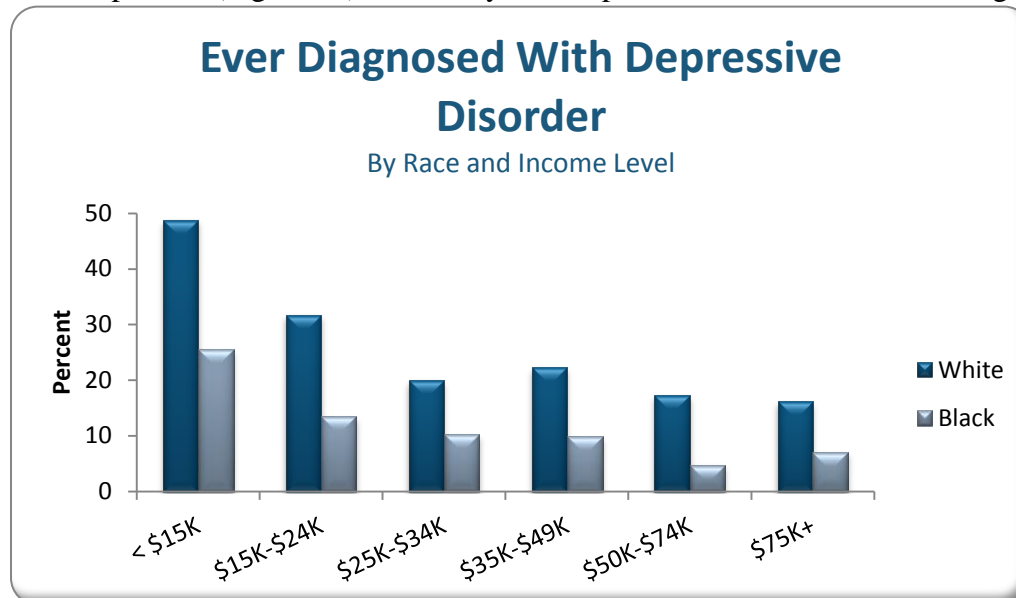


Figure 18

reported a much higher rate of diagnosed depression than those in the upper income groups. The group with the highest rate of depression was whites whose income was less than \$15 thousand annually with a rate of 48.6 percent (Figure 18 and Table 15).

Table 15: Ever Diagnosed With Depression

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	130	15.2	65	10.2	201	13.5
Female	427	31.2	172	18.5	607	25.9
Age Group						
18-24	15	15.4	3	5.1	19	11.1
25-34	49	32.9	22	16.8	72	25.1
35-44	56	23.3	33	14.8	92	19.1
45-54	99	27.2	56	16.9	158	24.2
55-64	142	25.1	66	17.9	213	22.5
65+	196	18.1	56	15.3	253	17.3
Education						
< High School Graduate	87	38.5	54	19.8	144	29.6
High School Graduate or GED	174	22.0	90	14.9	266	18.8
Some College or Technical School	162	21.9	50	11.8	217	18.5
College Graduate	133	16.1	43	11.8	180	14.8
Income						
< \$15,000	101	48.6	100	25.3	204	33.6
\$15-\$24,999	129	31.8	58	13.5	190	23.0
\$25-\$34,999	62	20.0	20	10.4	85	16.3
\$35-\$49,999	69	22.2	16	9.9	85	18.4
\$50-\$74,999	58	17.2	7	4.7	66	15.3
\$75,000+	79	16.2	7	7.2	88	14.7
Employment Status						
Employed	165	15.8	45	7.0	215	12.7
Not Employed	35	42.8	22	22.4	61	31.3
Student/Homemaker	48	25.5	7	9.3	58	20.1
Retired/Unable to Work	309	31.4	162	26.3	473	29.4
Total	557	23.4	237	14.8	808	20.0

¹Unweighted

²Weighted

Cancer Prevalence

Survey Question

Ever told you had skin cancer?

Ever told you had any other types of cancer?

Skin Cancer

According to the American Cancer Society (ACS) basal cell and squamous cell cancers are the most common cancers of the skin. They develop from skin cells called *keratinocytes*. Both basal cell and squamous cell cancers are found mainly on parts of the body exposed to the sun, such as the head and neck. These cancers are strongly related to the amount of sun exposure a person has had.

Basal and squamous cell cancers are much less likely than melanomas to spread to other parts of the body and become life threatening. Still, it is important to find and treat them early. If left untreated, they can grow quite large and invade into nearby tissues and organs, causing scarring, deformity, or even loss of function in some parts of the body. Some of these cancers (especially squamous cell cancers) may even spread and if not treated can be fatal.

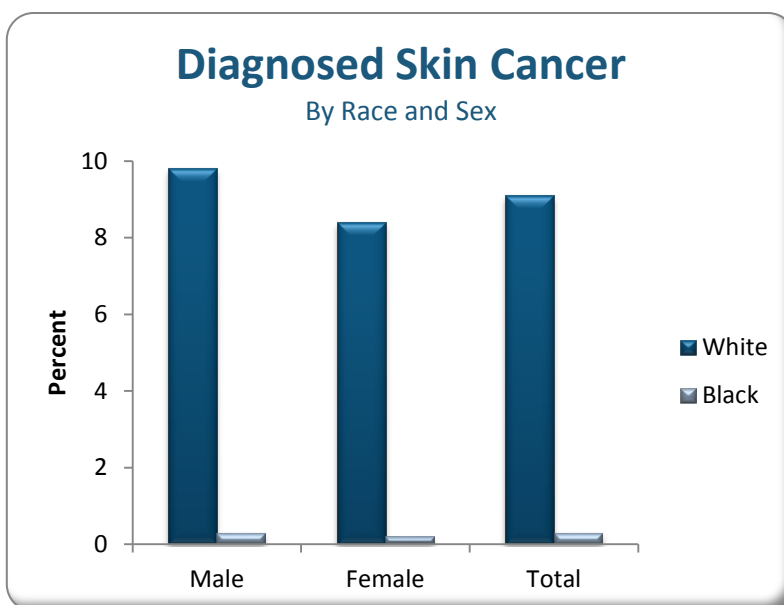


Figure 19

Melanomas are cancers that develop from melanocytes, the cells that make the brown pigment that gives skin its color. Melanocytes can also form benign (non-cancerous) growths called *moles*. Melanomas can occur anywhere on the body, but are more likely to start in certain locations. The chest and back are the most common sites in men. In females, the legs are the most common site with the neck and face being other common sites.

Melanomas are not as common as basal cell and squamous cell skin cancers, but they can be far more serious. Like basal cell and squamous cell cancers, melanoma is almost always curable in its early stages. Left alone, melanoma is much more likely to spread to other parts of the body, where it can be extremely difficult to treat.

In Mississippi 5.7 percent of the BRFSS respondents reported they have had skin cancer. The rate among whites was 9.1 percent with blacks reporting a rate of only 0.3 percent. Nationally, skin cancer accounts for only one to two percent of all cancers in the black population.

Other Cancer

Cancer is the general name for a group of more than 100 diseases. Although there are many kinds of cancer, all cancers start because abnormal cells grow out of control. Untreated cancers can cause serious illness and death.

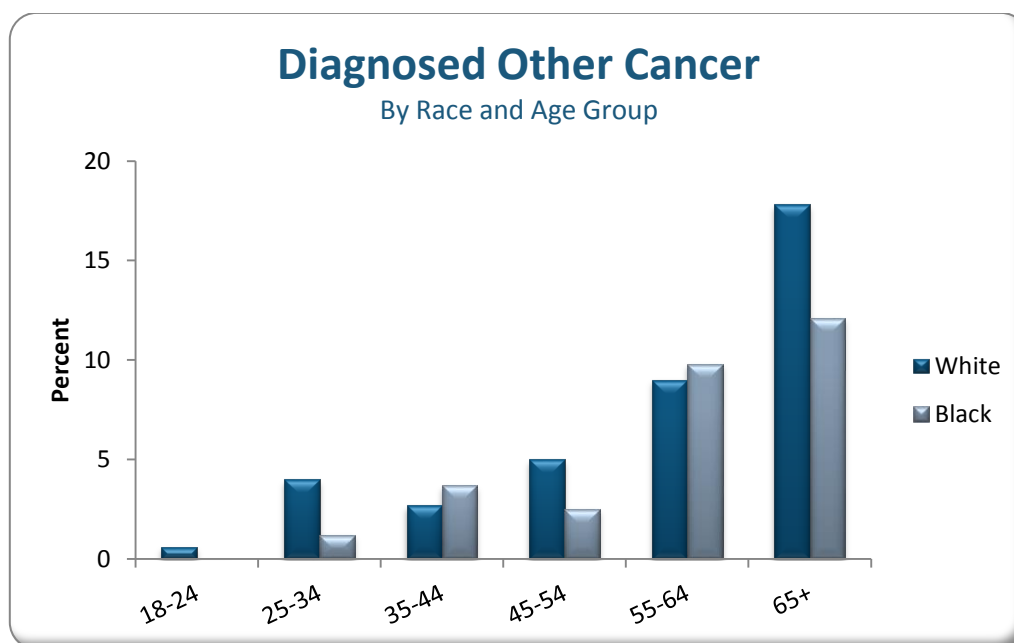


Figure 20

The human body contains trillions of living cells. Normal body cells grow, divide, and die in an orderly fashion. Cancer starts when cells in a part of the body start to grow out of control. Cells become cancer cells because of deoxyribonucleic acid (DNA) damage. In a normal cell, when DNA gets damaged the cell either repairs the damage or the cell dies. In cancer cells, the damaged DNA is not repaired, and the cell does not die but goes on making new cells that the body does not need. These new cells all have the same abnormal DNA as the first cell does.

In most cases, the cancer cells form a tumor. Some cancers, like leukemia, rarely form tumors. Instead, these cancer cells involve the blood and blood-forming organs and circulate through other tissues where they reproduce.

The ACS states that half of all men and one-third of all women in the United States will develop cancer during their lifetimes.

The rate for people who reported having cancer other than skin cancer was 6.5 percent. Whites reported a rate of 7.8 percent which was more than forty percent higher than the rate for blacks who reported a rate of 4.4 percent. As may be observed from Figure 20, the rate for cancer increases dramatically with age.

Table 16: Ever Diagnosed Skin Cancer

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	157	9.8	4	0.3	163	6.3
Female	205	8.5	5	0.2	213	5.2
Age Group						
18-24	0	0.0	0	0.0	0	0.0
25-34	2	1.1	0	0.0	2	0.6
35-44	2	0.9	1	0.3	3	0.6
45-54	25	6.5	1	0.4	26	4.3
55-64	52	10.1	3	0.3	57	6.3
65+	277	24.7	3	0.5	283	19.3
Education						
< High School Graduate	36	8.6	1	0.1	38	4.5
High School Graduate or GED	100	9.1	2	0.2	103	5.3
Some College or Technical School	108	9.1	2	0.2	111	6.0
College Graduate	116	9.2	3	0.8	121	6.9
Income						
< \$15,000	41	11.4	3	0.4	45	4.5
\$15-\$24,999	55	8.6	0	0.0	56	4.4
\$25-\$34,999	45	10.5	0	0.0	45	6.2
\$35-\$49,999	44	8.5	2	0.6	46	6.3
\$50-\$74,999	47	7.7	1	0.3	48	5.9
\$75,000+	59	6.7	2	1.4	62	5.8
Employment Status						
Employed	76	4.7	1	0.1	78	2.9
Not Employed	2	0.7	1	0.5	3	0.5
Student/Homemaker	14	2.7	0	0.0	14	1.8
Retired/Unable to Work	270	19.9	6	0.4	280	13.3
Total	362	9.1	9	0.3	376	5.7

¹Unweighted

²Weighted

Table 17: Ever Diagnosed Other Cancer

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	97	5.9	35	4.2	135	5.3
Female	201	9.5	70	4.6	274	7.6
Age Group						
18-24	1	0.6	0	0.0	1	0.3
25-34	6	3.9	2	1.1	8	2.6
35-44	6	2.7	8	3.7	16	3.8
45-54	22	5.0	7	2.5	29	4.1
55-64	45	9.0	43	9.8	90	9.3
65+	218	18.0	45	12.1	265	16.6
Education						
< High School Graduate	38	9.9	26	4.6	66	7.2
High School Graduate or GED	82	6.8	37	4.8	119	5.8
Some College or Technical School	92	8.6	21	3.6	115	7.0
College Graduate	85	5.7	20	5.0	107	5.8
Income						
< \$15,000	45	12.8	38	5.5	85	8.2
\$15-\$24,999	50	8.3	25	4.2	75	6.2
\$25-\$34,999	40	10.0	9	2.4	49	6.7
\$35-\$49,999	41	8.9	11	7.1	53	8.8
\$50-\$74,999	32	5.8	6	2.7	38	5.0
\$75,000+	38	4.6	6	4.0	45	4.7
Employment Status						
Employed	55	3.8	24	2.4	82	3.5
Not Employed	6	5.1	3	2.9	9	3.7
Student/Homemaker	10	2.0	1	0.3	11	1.4
Retired/Unable to Work	227	16.5	77	9.8	307	14.1
Total	298	7.8	105	4.4	409	6.5

¹Unweighted

²Weighted

Chronic Obstructive Pulmonary Disease

Survey Question

Ever told you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?

Chronic Obstructive Pulmonary Disease or COPD is a progressive disease that makes breathing difficult. It can cause coughing that produces large amounts of mucus, wheezing, shortness of breath, chest tightness, and other symptoms.

COPD is a major cause of disability, and is the third leading cause of death in the United States as well as in Mississippi. Currently, millions of people are diagnosed with COPD and the National Heart, Lung and Blood Institute states that many more people may have the disease without knowing it.

Cigarette smoking is the leading cause of COPD. Most people who have the disease either smoke or have a history of smoking. Long-term exposure to other lung irritants such as air pollution, chemical fumes, or dust also may contribute to COPD.

COPD symptoms develop slowly and often become more severe over time and can limit the ability to do routine activities. Severe COPD may prevent even basic activities like walking, cooking, or personal care. Most of the time, COPD is diagnosed in middle-aged or older adults. The disease isn't passed from person to person—it cannot be caught from someone else.

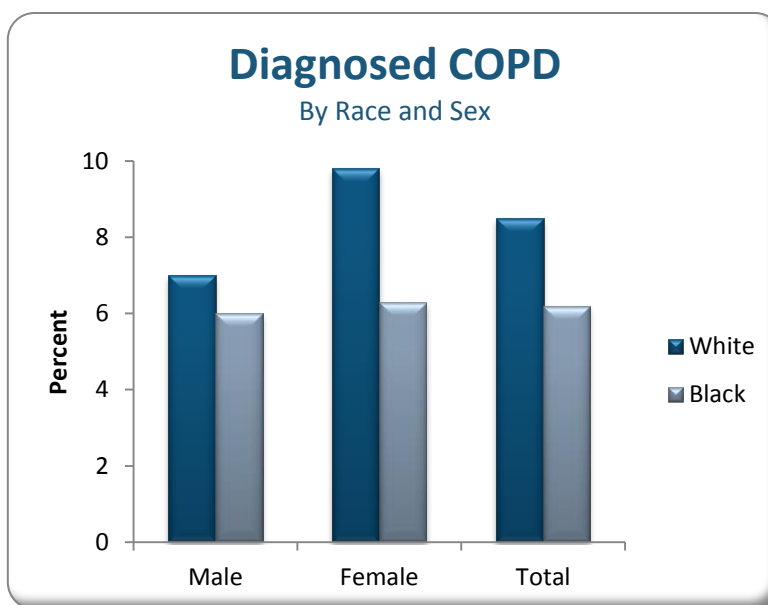


Figure 21

Presently there is no cure and damage to the lungs and airways cannot be reversed. Certain treatments and lifestyle changes can be of benefit in slowing the progress of COPD.

The 2014 BRFSS survey revealed that Mississippians have a COPD rate of 7.4 percent. White respondents who reported a rate of 8.4 percent have a higher rate than blacks who had a rate of 6.1 percent. In the gender category, white females show the highest prevalence at 9.8 percent followed by white males at 7.0 percent.

As may be seen in Table 18, there is an inverse relationship between the rate of COPD and the level of education among the respondents. Those who did not graduate from high school have a COPD rate more than three times higher than college graduates.

Table 18: Ever Diagnosed COPD

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	81	7.0	35	6.0	117	6.4
Female	189	9.8	77	6.2	273	8.4
Age Group						
18-24	2	1.0	4	5.2	6	2.3
25-34	7	4.9	4	2.3	12	3.7
35-44	16	6.7	12	5.5	28	5.9
45-54	31	9.4	24	6.8	55	8.3
55-64	67	12.8	37	10.9	108	12.1
65+	147	11.9	30	7.8	180	11.1
Education						
< High School Graduate	59	15.2	29	8.7	90	11.7
High School Graduate or GED	91	8.8	38	6.3	131	7.6
Some College or Technical School	76	8.0	27	4.8	104	6.7
College Graduate	42	3.6	18	4.1	62	3.7
Income						
< \$15,000	55	19.0	46	8.6	102	12.3
\$15-\$24,999	83	16.5	31	6.8	114	11.6
\$25-\$34,999	30	6.5	14	6.4	44	6.0
\$35-\$49,999	25	6.3	6	4.8	33	5.8
\$50-\$74,999	20	5.0	2	2.0	22	4.2
\$75,000+	16	2.4	3	2.7	20	2.4
Employment Status						
Employed	51	4.6	16	2.3	68	3.7
Not Employed	7	3.2	9	7.2	17	5.7
Student/Homemaker	19	4.2	3	2.1	23	3.4
Retired/Unable to Work	193	17.0	84	13.5	282	15.7
Total	270	8.4	112	6.1	390	7.4

¹Unweighted

²Weighted

Kidney Disease

Survey Question

Ever told you have kidney disease (excluding kidney stones, bladder infections or incontinence)?

Chronic kidney disease includes conditions that damage the kidneys and decrease their ability to function normally. If untreated it can allow waste to accumulate in the blood and produce sickness that can develop into more severe complications such as high blood pressure, bone degeneration, and nerve damage.

Kidney disease also increases the risk of heart and blood vessel disease. These problems may develop slowly over a long period of time. Chronic kidney disease may be caused by diabetes, high blood pressure, and other disorders. Early detection and treatment can often keep chronic kidney disease in check. If the disease progresses, it may eventually lead to kidney failure, requiring dialysis or a kidney transplantation to maintain life.

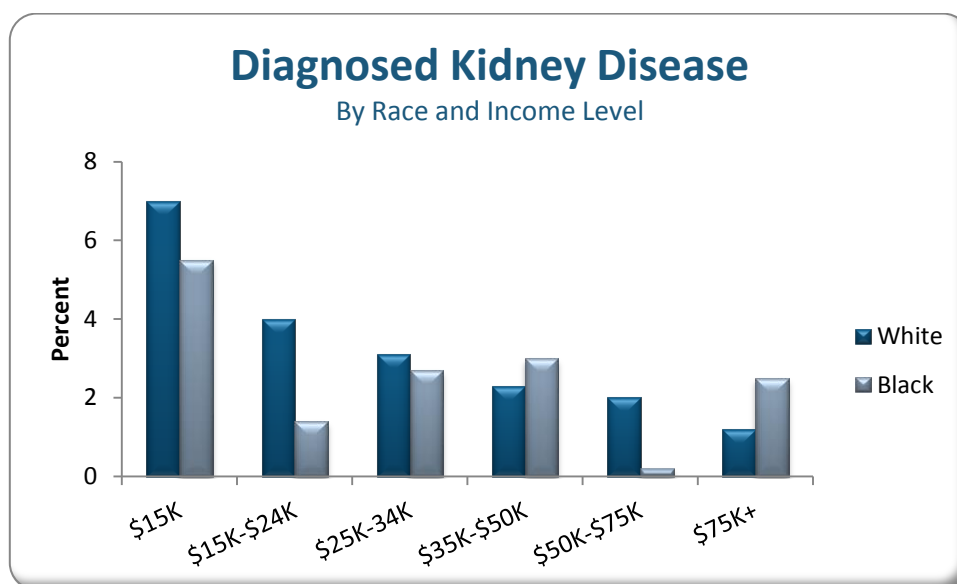


Figure 22

In 2014, kidney disease was the ninth leading cause of death both nationally and in the state of Mississippi. The Mississippi BRFSS survey revealed that 2.9 percent of the respondents reported having been diagnosed with some form of kidney disease. There was little difference between blacks and whites: 3.0 percent for whites compared to 2.8 percent for blacks (see Table 19).

As seen in Figure 22, kidney disease is higher among low income groups. Those reporting an income of less than \$15,000 per year were nearly four times as likely to have kidney disease than those making \$50,000 per year or higher.

Table 19: Ever Diagnosed With Kidney Disease

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	35	2.4	23	2.2	59	2.3
Female	64	3.7	47	3.2	114	3.5
Age Group						
18-24	3	1.4	0	0.0	3	0.8
25-34	3	3.9	2	0.5	5	2.3
35-44	3	1.2	6	2.1	9	1.5
45-54	6	1.2	15	4.6	22	2.6
55-64	21	3.2	19	3.8	41	3.5
65+	63	5.7	28	7.4	93	6.0
Education						
< High School Graduate	14	4.7	22	4.3	37	4.4
High School Graduate or GED	32	3.2	18	2.3	51	2.9
Some College or Technical School	30	2.9	16	2.2	47	2.7
College Graduate	23	1.9	14	2.2	38	1.9
Income						
< \$15,000	11	7.1	36	5.5	48	6.0
\$15-\$24,999	30	4.0	12	1.4	44	2.9
\$25-\$34,999	12	3.1	6	2.7	18	2.8
\$35-\$49,999	10	2.3	6	3.0	16	2.4
\$50-\$74,999	9	2.0	1	0.2	10	1.6
\$75,000+	9	1.2	4	2.5	13	1.3
Employment Status						
Employed	17	1.1	8	0.5	26	0.9
Not Employed	2	5.6	3	0.6	6	3.0
Student/Homemaker	3	1.6	0	0.0	4	1.6
Retired/Unable to Work	77	6.2	59	8.5	137	6.9
Total	99	3.0	70	2.8	173	2.9

¹Unweighted

²Weighted

Breast Cancer Screening

Survey Question

**A mammogram is an x-ray of each breast to look for breast cancer.
Have you ever had a mammogram?**

A mammogram and a breast examination by a medical professional (clinical breast exam or CBE) are recommended yearly by the American Cancer Society and the National Cancer Advisory Board for women over the age of 40. The American Cancer

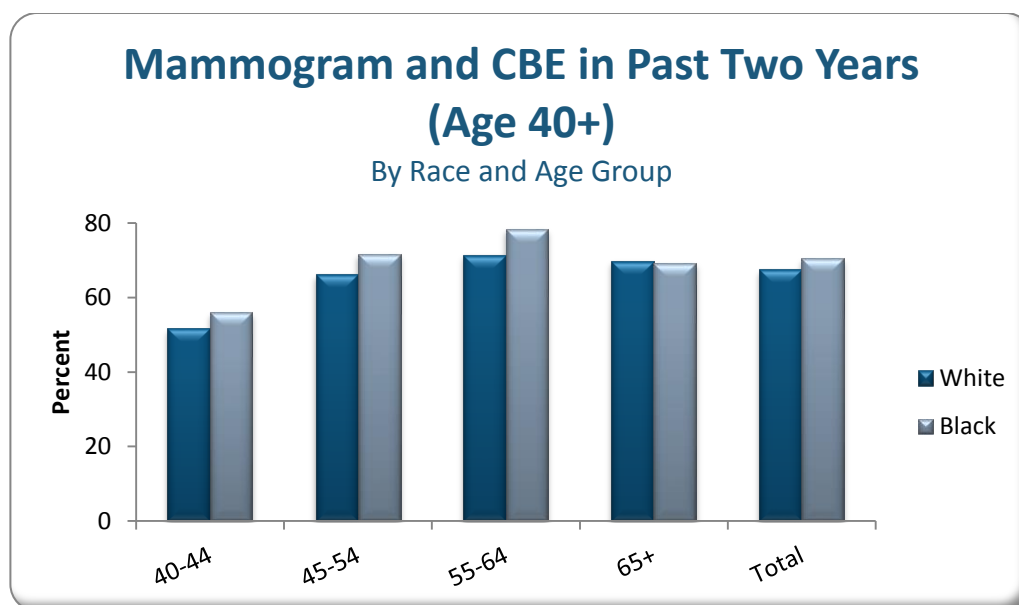


Figure 23

Society states that women between the ages of 20 and 39 should have a clinical breast examination every three years, and all women over age 20 should do breast self-examinations (BSE) every month

The 2014 BRFSS survey indicated that 77.7 percent of the women in Mississippi age 40 and above had ever had a mammogram and a clinical breast examination (CBE). In women age 50 and older, white respondents had a mammogram and CBE within two years at a rate of 53.2 percent compared to a rate of 56.2 percent for blacks.

Year 2020 National Health Objective

Increase to at least 81.1 percent the proportion of women who have received breast cancer screening.

The 2014 BRFSS data revealed that 77.7 percent of Mississippi women age 40 and older had received a clinical breast examination and mammogram at least once.

Centers for Disease Control surveys reveal that early detection of breast cancer has increased considerably in recent years. The CDC reports that in 2013, 71.4 percent of the women aged 50-64 years and 66.9 percent of women aged 65 years or older reported having mammogram within the past two years.

The Breast and Cervical Cancer Early Detection Program follows the National Cancer Advisory Board recommendations; however, because of increased incidence and mortality among older women, the program targets women aged 50 to 64.

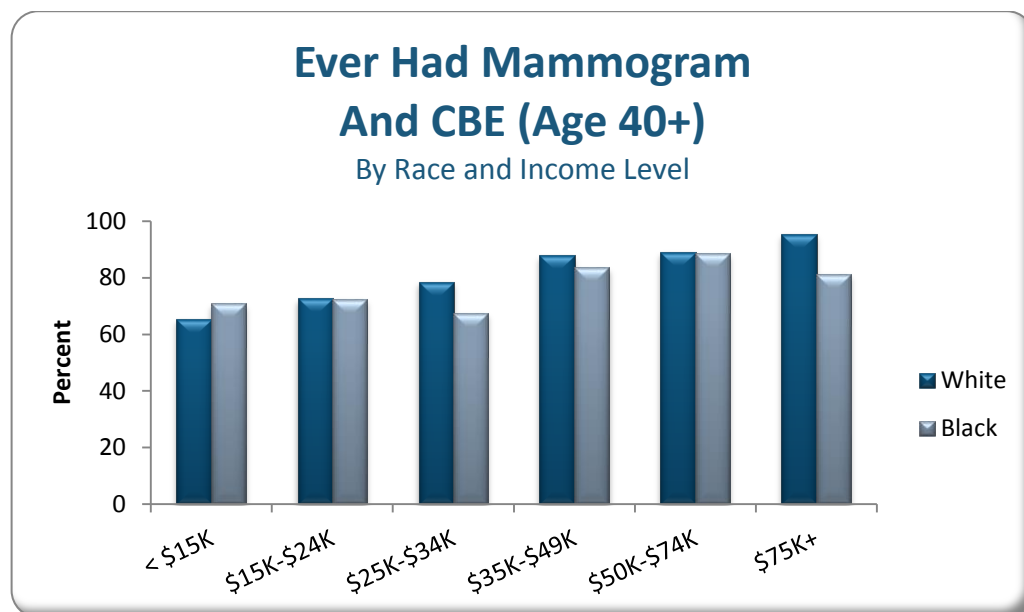


Figure 24

Table 20: Ever Had Mammogram and CBE (Females Age 40+)

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Age Group						
40-44	53	64.1	46	56.5	102	61.5
45-54	176	82.8	128	74.2	307	79.1
55-64	307	88.3	201	83.0	516	85.3
65+	615	78.8	180	69.4	807	76.9
Education						
< High School Graduate	96	63.5	105	69.8	205	65.7
High School Graduate or GED	366	75.9	188	67.3	564	73.1
Some College or Technical School	320	85.9	121	77.4	447	83.5
College Graduate	365	94.8	138	84.9	508	91.4
Income						
< \$15,000	105	65.4	190	70.8	300	68.5
\$15-\$24,999	205	72.6	117	72.6	326	73.1
\$25-\$34,999	146	78.5	57	67.4	208	76.1
\$35-\$49,999	138	87.9	45	83.6	186	86.4
\$50-\$74,999	152	89.1	48	88.9	202	88.9
\$75,000+	211	95.8	34*	81.5	246	91.4
Employment Status						
Employed	359	85.1	186	77.6	554	81.7
Not Employed	22	62.7	35*	68.8	58	66.8
Student/Homemaker	127	83.2	24*	66.3	154	79.6
Retired/Unable to Work	643	78.2	310	70.3	966	75.5
Total	1,151	80.7	555	72.7	1,732	77.7

¹Unweighted

²Weighted

* Denominator < 50

Table 21: Had CBE and Mammogram In Past 2 Years (Females 50+)

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Age Group						
50-54	68	49.9	75	60.1	143	53.2
55-64	219	63.3	163	65.1	387	62.7
65+	375	48.6	131	47.6	511	48.1
Education						
< High School Graduate	46	32.6	65	42.1	113	36.4
High School Graduate or GED	204	48.9	127	59.9	333	51.3
Some College or Technical School	186	58.6	78	68.6	266	60.6
College Graduate	223	74.5	97	74.0	323	74.0
Income						
< \$15,000	49	28.9	116	46.3	166	38.3
\$15-\$24,999	100	40.0	79	61.7	181	48.3
\$25-\$34,999	84	46.6	35	63.3	120	50.4
\$35-\$49,999	81	64.2	34*	79.0	116	65.7
\$50-\$74,999	100	68.3	40*	80.8	142	71.0
\$75,000+	124	78.0	18*	75.0	143	75.2
Employment Status						
Employed	198	63.0	118	71.4	320	65.3
Not Employed	14	54.1	18*	45.0	33	50.1
Student/Homemaker	65	55.3	15*	60.0	81	54.1
Retired/Unable to Work	385	48.2	218	51.6	607	48.5
Total	662	53.4	369	58.1	1,041	54.2

¹Unweighted

²Weighted

* Denominator < 50

Cervical Cancer Screening

Survey Question

A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

According to the National Cancer Institute (NCI), cervical cancer—once one of the most common cancers affecting U.S. women—now ranks 14th in frequency. Because precancerous lesions found by Pap smears can be treated and cured before they develop into cancer, and because cervical cancer is often detected before it becomes advanced, the incidence and death rates for this disease are relatively low. In 2012, according to National Cancer Institute the incidence rate for cervical cancer was 7.7 cases per 100,000 women per year in the United States. The mortality rate was 2.3 deaths per 100,000 women per year. In 2015, an estimated 12,900 women in the United States will be diagnosed with cervical cancer and an estimated 4,100 will die from the disease. In contrast, the lifetime risk of cervical cancer would be an estimated 3.7 percent in the absence of cervical cancer screening.

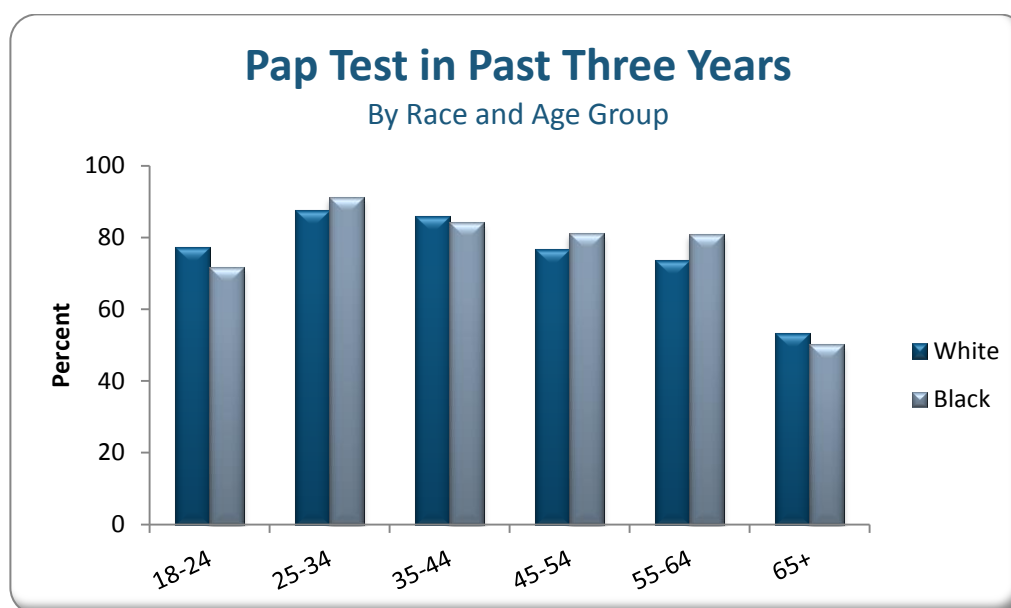


Figure 25

There is ample epidemiological evidence to suggest that screening can reduce the number of deaths from cervical cancer. Invasive cervical cancer is preceded in a large proportion of cases by pre-cancerous changes in cervical tissue that can be identified with a Pap test. If cervical cancer is detected early, the likelihood of survival is almost 100

percent with appropriate treatment and follow-up. Risk is substantially decreased among former smokers in comparison to continuing smokers.

The 2020 National Health Objectives call for an increase to at least 93.0 percent the proportion of women who receive a cervical cancer screening.

2014 BRFSS data indicate that 89.6 percent of Mississippi women aged 18 and older has received a Pap test (Table 22). This figure represents a decrease from 92.8 percent reported in 2012 and also a decrease from 93.2 percent reported in 2010.

The 2014 BRFSS data indicate that 77.8 percent of Mississippi women aged 18 and older have received a Pap test within the preceding one to three years which is a slight decrease from 78.3 percent reported in 2012.

The rate of Pap screening within three years among women ages 65 and older was substantially lower in 2014 than in 2012. The rate in 2012 was 59.0 percent compared to 52.3 percent in 2014. White females in this age category reported a higher rate at 53.3 percent than did black females who reported a rate of 50.1 percent.

Table 22: Female Respondents Who Have Ever Had a Pap Test³

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Age Group						
18-24	39	79.6	29*	69.7	70	73.4
25-34	78	94.9	90	93.8	171	94.4
35-44	113	97.5	103	96.0	225	96.6
45-54	127	95.0	93	89.4	224	92.3
55-64	160	92.0	110	94.8	275	91.4
65+	255	90.8	92	78.1	354	87.5
Education						
< High School Graduate	58	86.6	81	90.5	141	87.6
High School Graduate or GED	211	90.1	168	82.0	386	85.3
Some College or Technical School	208	91.2	124	87.6	338	89.0
College Graduate	296	97.3	144	99.5	454	97.6
Income						
< \$15,000	76	93.5	177	88.9	256	89.9
\$15-\$24,999	122	92.2	123	88.2	249	89.2
\$25-\$34,999	84	88.0	64	95.7	155	91.6
\$35-\$49,999	94	94.9	42*	100.0	142	96.3
\$50-\$74,999	107	93.7	31*	100.0	142	95.0
\$75,000+	181	92.4	36*	88.7	218	89.9
Employment Status						
Employed	344	92.7	247	93.6	610	93.1
Not Employed	30	97.9	54	89.0	86	89.9
Student/Homemaker	115	89.9	36*	63.8	153	80.3
Retired/Unable to Work	286	89.2	183	89.0	476	88.4
Total	775	91.8	520	88.4	1,325	89.6

¹Unweighted

²Weighted

³Denominator is females who have never had a hysterectomy

* Denominator < 50

Table 23: Had a Pap Test in Past 3 Years

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Age Group						
18-24	41	77.2	31*	71.8	74	73.0
25-34	81	87.7	91	91.3	176	89.6
35-44	99	85.9	90	84.2	196	84.0
45-54	104	76.7	85	81.3	192	78.2
55-64	121	73.6	95	81.0	219	74.0
65+	139	53.3	57	50.1	199	52.3
Education						
< High School Graduate	39	69.7	61	77.3	100	71.7
High School Graduate or GED	140	70.7	143	74.3	288	72.0
Some College or Technical School	156	76.5	113	82.8	274	77.7
College Graduate	249	88.1	131	95.3	391	90.2
Income						
< \$15,000	42	74.7	146	77.5	190	76.6
\$15-\$24,999	75	66.7	106	80.9	184	74.0
\$25-\$34,999	58	60.5	56	88.5	119	71.3
\$35-\$49,999	79	87.5	40*	99.0	125	90.8
\$50-\$74,999	87	84.8	29*	96.8	119	86.9
\$75,000+	161	86.0	34*	86.0	196	84.1
Employment Status						
Employed	298	83.3	230	89.3	543	85.5
Not Employed	29	84.9	50	82.8	81	81.8
Student/Homemaker	93	77.3	28	53.8	124	69.4
Retired/Unable to Work	165	59.7	141	73.2	308	63.6
Total	585	77.0	449	80.9	1,056	77.8

¹Unweighted

²Weighted

³Denominator is females who have never had a hysterectomy

* Denominator < 50

Prostate Cancer Screening

Survey Question

A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

The public health burden of prostate cancer is substantial. For the United States in 2015, the American Cancer Society estimates there will be 220,800 new cases of prostate cancer and 27,540 deaths from the disease making it the most frequent cancer among men with the exception of skin cancer. For a male, the lifetime risk of prostate cancer is one in six. Prostate cancer is the second leading cause of cancer death in men, exceeded only by lung cancer.

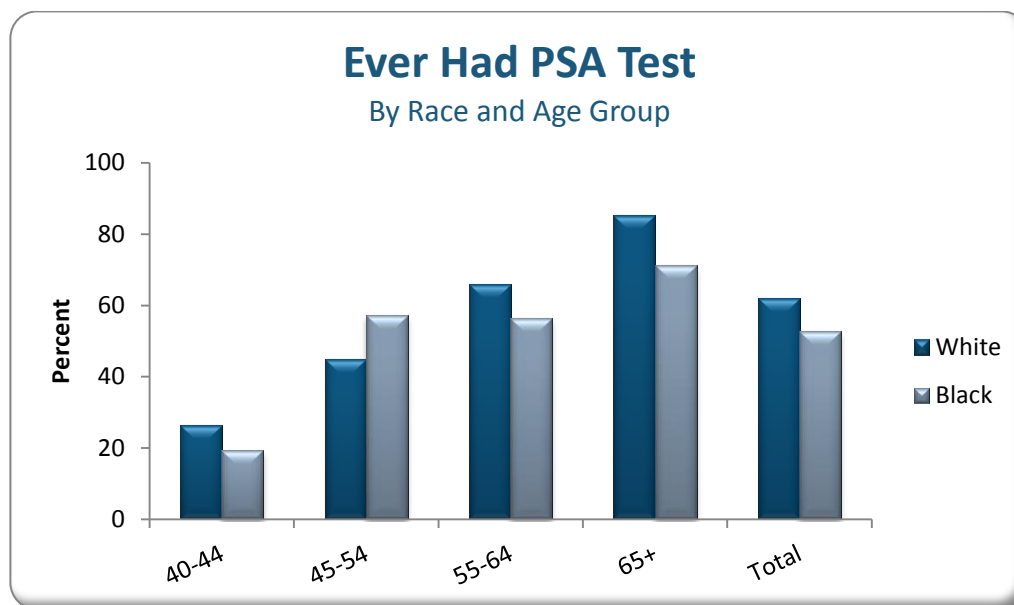


Figure 26

Some men with prostate cancer remain asymptomatic and die from unrelated causes rather than as a result of the cancer itself. This may be due to the advanced age of many men at the time of diagnosis, slow tumor growth, or response to therapy. The estimated number of men with latent prostate carcinoma (i.e., prostate cancer that is present in the prostate gland but never detected or diagnosed during a patient's life) is greater than the number of men with clinically detected disease. A better understanding is needed of the genetic and biologic mechanisms that determine why some prostate carcinomas remain clinically silent, while others cause serious, even life-threatening illness.

In 2013 the death rate in Mississippi among males for prostate cancer was 21.1 per 100,000 male population which is a decrease from 23.0 reported in 2012. The mortality

rate for whites was 19.3 and 18.0 respectively for 2012 and 2013 and for blacks it was 28.7 and 25.9 in the same years.

Prostate cancer is most common in men aged 65 years and older, who account for approximately 80 percent of all cases of prostate cancer. Digital rectal examination (DRE) and the prostate-specific antigen (PSA) test are two commonly used methods for detecting prostate cancer.

The 2014 BRFSS survey for Mississippi indicated that 58.7 percent of males more than 40 years of age reported ever having had a PSA test. The overall rate for white respondents was 62.0 percent while blacks reported a rate of 52.6 percent. There was a greater difference in rates for men age 65 and older. In the 65 and older age group, the screening rate for whites was 85.3 percent compared to 71.3 percent for blacks.

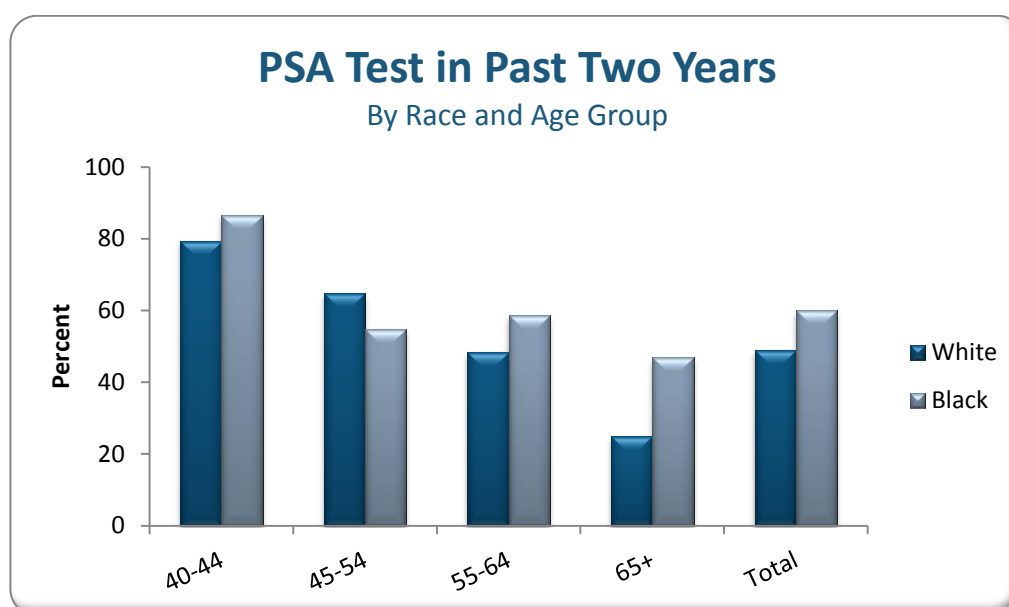


Figure 27

Only 52.7 percent of males over 40 years of age reported having a PSA test within the past two years. The rate for white respondents was 48.9 percent compared to 60.0 percent for blacks. There was a notable difference by race in rates for men more than 65 years of age. White males reported a rate of only 24.9 percent while in the black group the rate was 46.6 percent.

Table 24: Ever Had a PSA Test (Males Age 40+)

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Age Group						
40-44	12	26.1	7*	19.3	21	25.0
45-54	73	44.9	51	57.2	125	47.4
55-64	125	66.4	71	56.5	199	61.9
65+	317	85.3	81	71.3	401	82.5
Education						
< High School Graduate	39	43.5	40	36.5	79	38.7
High School Graduate or GED	126	55.2	74	52.1	203	54.4
Some College or Technical School	162	70.1	50	68.3	214	69.1
College Graduate	201	73.4	45	76.6	250	73.4
Income						
< \$15,000	20	30.0	32	38.8	53	35.1
\$15-\$24,999	63	51.9	54	53.5	117	52.2
\$25-\$34,999	70	74.2	24*	55.2	95	68.9
\$35-\$49,999	69	49.1	26*	56.3	97	50.6
\$50-\$74,999	92	70.9	25*	46.4	117	63.4
\$75,000+	154	72.2	27*	74.6	184	72.2
Employment Status						
Employed	213	53.0	80	48.7	297	51.1
Not Employed	9*	33.7	8*	36.7	17	35.1
Student/Homemaker	0*	0.0	1*	10.2	1	7.7
Retired/Unable to Work	307	76.4	122	59.7	434	71.0
Total	529	62.0	212	52.6	750	58.7

¹Unweighted

²Weighted

* Denominator < 50

Table 25: Had PSA Test in Past 2 Years (Males 40+)

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Age Group						
40-44	29*	79.6	25*	86.5	55	80.5
45-54	95	64.8	48	54.7	148	63.0
55-64	82	48.0	54	58.6	143	52.4
65+	83	24.9	47	46.6	132	29.3
Education						
< High School Graduate	45	63.5	60	76.6	109	70.6
High School Graduate or GED	86	54.2	73	59.2	161	55.9
Some College or Technical School	72	43.6	26	48.2	101	45.0
College Graduate	85	38.4	15	35.6	106	38.2
Income						
< \$15,000	34*	76.0	55	71.7	91	73.4
\$15-\$24,999	47	61.8	39	52.6	87	58.4
\$25-\$34,999	34	39.4	20*	61.7	56	46.0
\$35-\$49,999	46	58.2	16*	62.8	67	59.6
\$50-\$74,999	30	38.6	16*	74.6	47	48.2
\$75,000+	67	39.2	7*	34.6	76	38.7
Employment Status						
Employed	161	57.2	66	63.0	236	59.4
Not Employed	15*	76.6	13*	79.8	28	78.1
Student/Homemaker	1*	100.0	3*	100.0	4*	100.0
Retired/Unable to Work	111	35.3	91	53.5	208	41.4
Total	289	48.9	174	60.0	478	52.7

¹Unweighted

²Weighted

* Denominator < 50

Colorectal Cancer Screening

Survey Question

A sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

According to CDC, of cancers affecting both men and women, colorectal cancer (CRC), cancer of the colon and rectum, is the second leading cancer killer in the United States. In the U.S. in 2011, there were 135,260 people who were diagnosed with colorectal cancer, and 51,783 deaths from it. CDC estimates that screening could prevent up to 60 percent of the deaths from this form of cancer.

In the past 15 years there have been fewer cases of colorectal cancer with a consequent decrease in death rates. Screening tests help identify polyps that can be removed before they develop into cancer. When detected early the cancer is easier to cure. Improved treatment protocols have also contributed to the decrease in mortality.

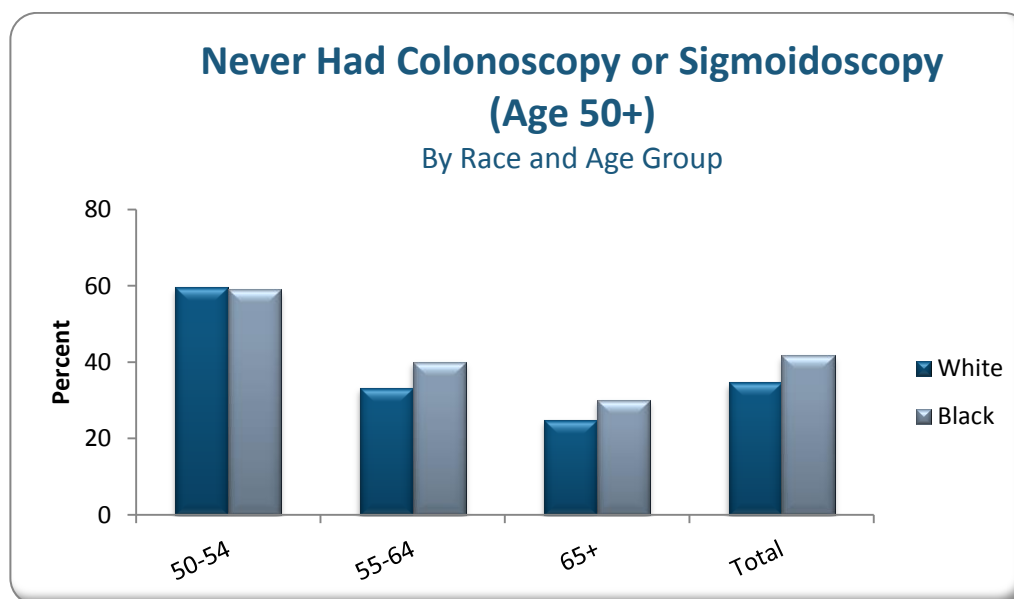


Figure 28

Risk factors for CRC may include age, personal and family history of polyps or colorectal cancer, inflammatory bowel disease, inherited syndromes, physical inactivity (colon only), obesity, alcohol use and a diet high in fat and low in fruits and vegetables. Fecal Occult Blood Testing and sigmoidoscopy are widely used to screen for CRC, along with barium enema and colonoscopy tests.

In 2013 the death rate for colorectal cancer in Mississippi was 93.2 per 100,000 among people age sixty-five and older; in 2012 it was 94.3. Colonoscopy and sigmoidoscopy examinations are designed to detect colorectal cancer and other problems at an early stage to enhance the success of medical intervention. Regular screening, beginning at age 50, is the key to preventing colorectal cancer. The U.S. Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer using high-sensitivity fecal occult blood testing, sigmoidoscopy, or colonoscopy beginning at age 50 years and continuing until age 75 years.

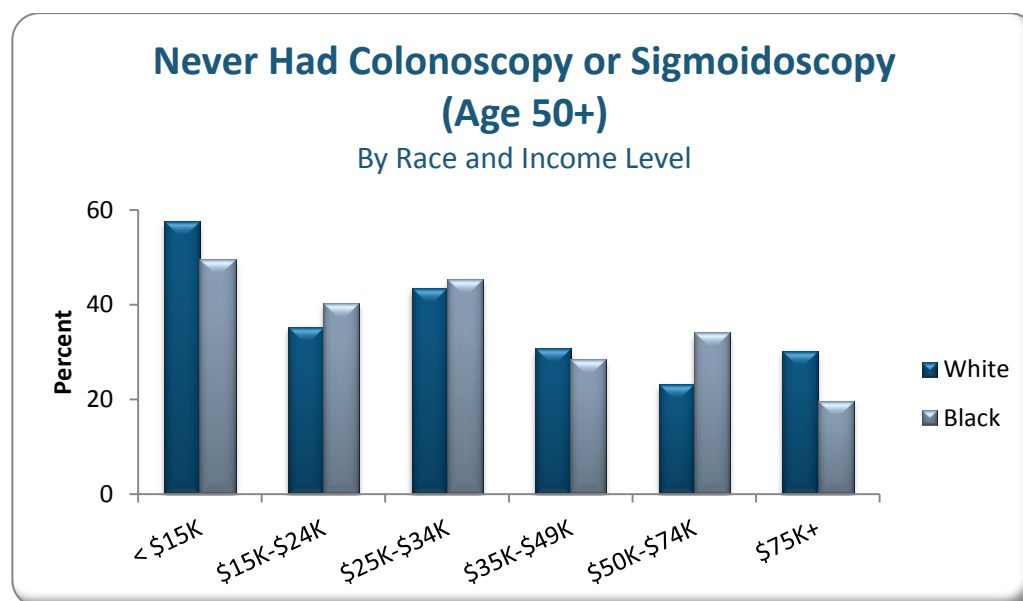


Figure 29

The 2014 BRFSS data for Mississippi indicates that for people age 50 and older 37.1 percent of those surveyed had never had sigmoidoscopy or colonoscopy examination. In the 2012 survey the rate was 39.7 percent. The survey showed that black respondents were more than 1.2 times more likely to have never had an examination.

The rate for blacks was 41.8 percent compared to 34.7 percent for whites. Blacks who are age 65 or older were also 1.2 times more likely to have never had a sigmoidoscopy or colonoscopy: 41.8 for blacks and 34.7 for whites (Figure 28 and Table 26).

Table 26: Never Had Colonoscopy or Sigmoidoscopy (Age 50+)

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	212	37.5	117	42.6	337	39.2
Female	339	32.2	223	41.2	574	35.4
Age Group						
50-54	113	59.6	90	59.0	209	60.1
55-64	168	33.2	131	40.0	310	36.4
65+	270	24.9	119	30.0	392	25.9
Education						
< High School Graduate	87	46.2	102	48.4	194	47.9
High School Graduate or GED	190	38.6	142	48.3	338	41.8
Some College or Technical School	146	31.1	54	30.3	204	31.3
College Graduate	127	23.4	41	26.4	173	24.4
Income						
< \$15,000	84	57.6	123	49.7	212	53.3
\$15-\$24,999	103	35.3	84	40.3	189	37.5
\$25-\$34,999	91	43.5	42	45.4	135	44.1
\$35-\$49,999	58	30.8	14	28.4	75	30.5
\$50-\$74,999	54	23.0	20	34.2	74	24.7
\$75,000+	81	30.2	9*	19.8	94	29.7
Employment Status						
Employed	197	40.6	106	50.1	310	43.5
Not Employed	17*	52.7	33*	65.7	50	57.7
Student/Homemaker	37	33.6	18*	62.0	59	42.9
Retired/Unable to Work	299	29.7	183	33.1	491	31.0
Total	551	34.7	340	41.8	911	37.1

¹Unweighted

²Weighted

* Denominator < 50

Table 27: No Blood Stool Test in Past 2 Years (Age 50+)

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	528	81.9	218	78.9	760	81.4
Female	975	84.5	508	86.5	1,508	85.2
Age Group						
50-54	188	89.7	149	92.1	343	90.7
55-64	444	84.2	275	79.2	736	82.5
65+	871	79.9	302	81.9	1,189	80.5
Education						
< High School Graduate	171	85.0	186	87.5	365	86.4
High School Graduate or GED	491	84.0	264	83.0	766	83.9
Some College or Technical School	397	80.9	141	80.0	547	81.0
College Graduate	439	84.3	130	79.0	580	83.2
Income						
< \$15,000	160	90.1	232	85.1	401	87.5
\$15-\$24,999	276	85.9	175	82.5	455	84.7
\$25-\$34,999	199	77.9	77	87.4	280	80.3
\$35-\$49,999	181	81.2	53	83.8	242	82.2
\$50-\$74,999	187	77.6	54	72.0	243	76.6
\$75,000+	264	85.8	37*	72.4	306	84.2
Employment Status						
Employed	474	85.4	203	86.5	692	85.9
Not Employed	31*	83.8	44*	91.4	75	85.8
Student/Homemaker	103	89.3	28*	83.5	134	88.1
Retired/Unable to Work	894	81.3	451	80.7	1,366	81.4
Total	1,503	83.3	726	83.4	2,268	83.5

¹Unweighted

²Weighted

* Denominator < 50

Immunization

Survey Question

A flu shot is an influenza vaccine injected in your arm. During the past 12 months, have you had a flu shot or have you had a flu vaccine that was sprayed in your nose?

Influenza and pneumonia was the eighth leading cause of death in Mississippi for 2013 producing a death rate of 25.7 per 100,000 population.

The *Healthy People 2020* goal for influenza vaccinations is that 90 percent of the non-institutionalized people age 65 and older have been vaccinated in the preceding twelve months. The target for those in the 18 to 64 age group who are non-institutionalized is 80 percent. Influenza vaccine can prevent the disease and its complications. In the elderly, the vaccine is less effective in disease prevention, but reduces severity of disease and the incidence of complications and death. It is an important intervention to reduce hospitalizations due to complications of influenza. Influenza vaccine is recommended for all persons 65 years of age and older, and for those with chronic health problems which put them at risk for complications.

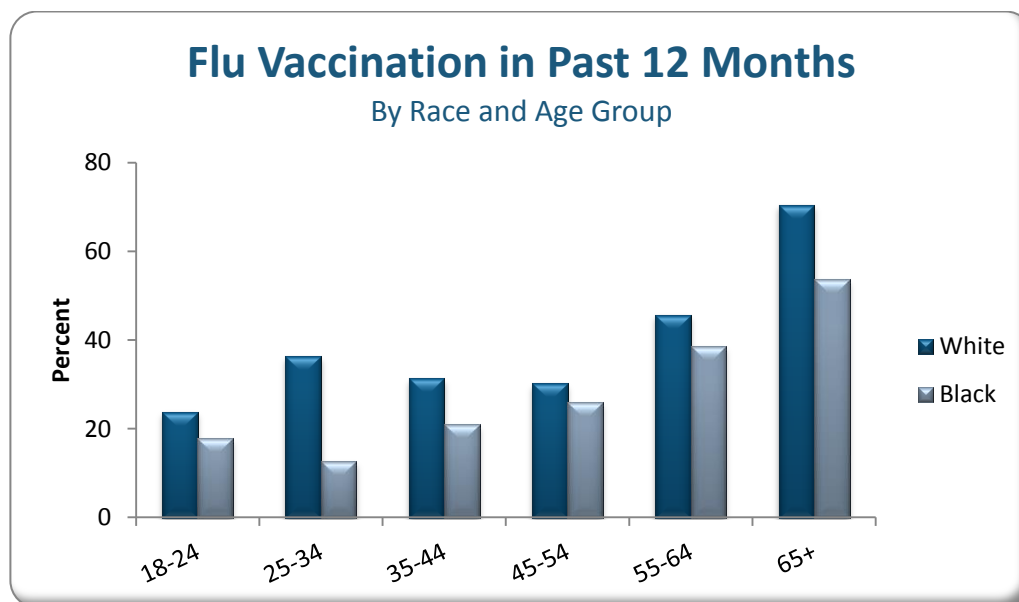


Figure 30

In the 2014 BRFSS survey, 66.7 percent of the respondents age 65 and older reported they had received the influenza vaccine in the last 12 months. The proportion vaccinated in this age group reflected a substantial difference according to race: 70.4

percent of whites reported having been vaccinated compared to only 53.8 percent for blacks. For the total population the vaccination rate among females was 40.0 percent compared to a rate of 34.0 percent for males.

Only 28.7 percent of the respondents said that they had ever received a pneumonia vaccination. Respondents over the age of 65 reported a vaccination rate of 67.2 percent. As was the case with influenza vaccinations there was a marked difference in this age category with respect to race: 73.4 percent for whites but only 44.4 percent for blacks.

Table 28: Flu Vaccination in Past 12 Months

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	460	39.7	157	23.3	629	34.0
Female	899	46.5	346	29.4	1,269	40.0
Age Group						
18-24	25	23.7	13	17.8	43	22.7
25-34	66	36.4	27	12.7	97	26.0
35-44	77	31.6	48	20.9	129	26.6
45-54	137	30.4	76	25.9	216	28.8
55-64	253	45.8	141	38.6	403	43.3
65+	793	70.4	190	53.8	993	66.7
Education						
< High School Graduate	120	31.1	110	29.7	234	30.7
High School Graduate or GED	397	42.5	165	26.2	571	35.7
Some College or Technical School	380	44.5	111	24.4	500	37.5
College Graduate	460	50.8	114	28.4	587	45.6
Income						
< \$15,000	114	35.4	138	28.4	256	31.4
\$15-\$24,999	219	38.3	108	20.7	332	30.0
\$25-\$34,999	158	45.1	55	25.4	219	38.6
\$35-\$49,999	183	45.9	40	29.1	230	41.5
\$50-\$74,999	184	44.2	47	33.2	234	40.9
\$75,000+	276	46.6	41	34.2	321	44.7
Employment Status						
Employed	462	36.6	163	19.4	641	30.2
Not Employed	24	23.8	19	16.4	47	20.6
Student/Homemaker	90	34.0	12	16.6	108	31.3
Retired/Unable to Work	782	59.8	309	46.4	1,101	55.1
Total	1,359	43.1	503	26.7	1,898	37.1

¹Unweighted

²Weighted

Table 29: Flu Vaccination in Past 12 Months (Age 65+)

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	254	65.4	61	57.3	316	63.7
Female	539	74.4	129	51.5	677	68.9
Education						
< High School Graduate	89	73.4	70	54.3	160	65.2
High School Graduate or GED	279	71.6	59	59.7	343	69.5
Some College or Technical School	232	69.3	24	40.4	257	65.5
College Graduate	192	69.8	36	59.9	231	68.0
Income						
< \$15,000	71	65.7	63	49.4	136	56.5
\$15-\$24,999	159	69.8	41	51.5	201	65.1
\$25-\$34,999	119	66.0	18*	46.6	137	63.3
\$35-\$49,999	105	74.8	11*	59.6	119	73.8
\$50-\$74,999	99	78.0	15*	77.5	116	78.2
\$75,000+	82	68.7	7	75.8	89	69.2
Employment Status						
Employed	109	66.0	11*	44.6	122	63.5
Not Employed	2*	34.8	3*	79.0	5*	55.5
Student/Homemaker	49	69.6	2*	12.4	51	63.6
Retired/Unable to Work	633	71.7	174	54.5	815	67.5
Total	793	70.4	190	53.8	993	66.7

¹Unweighted

²Weighted

* Denominator < 50

Table 30: Ever Had Pneumonia Vaccination

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	391	34.9	124	19.6	523	28.8
Female	712	34.3	244	19.6	971	28.6
Age Group						
18-24	17	22.2	9	11.1	26	15.3
25-34	21	17.9	14	10.3	36	14.5
35-44	28	14.4	27	10.9	58	13.4
45-54	67	19.6	57	20.2	125	19.6
55-64	158	28.2	100	29.5	263	28.7
65+	808	73.4	157	44.4	977	67.2
Education						
< High School Graduate	119	35.0	83	26.6	204	30.1
High School Graduate or GED	369	39.7	127	18.9	506	31.1
Some College or Technical School	313	32.5	70	13.7	388	25.8
College Graduate	300	31.2	88	22.5	394	28.5
Income						
< \$15,000	120	42.3	121	22.4	245	29.6
\$15-\$24,999	221	38.3	85	18.7	310	28.2
\$25-\$34,999	157	44.2	39	15.8	198	32.2
\$35-\$49,999	129	30.0	28	20.8	163	28.9
\$50-\$74,999	139	30.6	25	16.3	166	27.4
\$75,000+	140	23.6	19	10.9	159	21.1
Employment Status						
Employed	217	17.1	84	11.7	310	15.2
Not Employed	25	34.4	21	17.1	47	23.3
Student/Homemaker	71	30.2	10	11.9	82	23.8
Retired/Unable to Work	789	62.1	253	36.3	1,054	53.3
Total	1,103	34.6	368	19.6	1,494	28.7

¹Unweighted

²Weighted

Table 31: Ever Had Pneumonia Vaccination (Age 65+)

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	270	72.8	46	42.4	319	67.0
Female	538	73.8	111	45.6	658	67.4
Education						
< High School Graduate	90	75.0	51	40.4	142	60.5
High School Graduate or GED	285	74.2	51	52.5	342	70.7
Some College or Technical School	237	73.2	20	33.2	258	68.2
College Graduate	194	71.6	35	62.0	233	70.1
Income						
< \$15,000	79	74.1	54	35.6	136	52.9
\$15-\$24,999	168	74.2	36	43.0	205	66.2
\$25-\$34,999	124	75.0	15*	48.0	139	71.3
\$35-\$49,999	94	74.1	8*	33.2	105	71.3
\$50-\$74,999	105	80.1	12*	71.4	118	79.1
\$75,000+	77	65.7	5*	70.9	82	66.1
Employment Status						
Employed	94	59.9	10*	43.9	105	57.9
Not Employed	3*	76.6	2*	64.2	5*	70.8
Student/Homemaker	47	64.5	3*	21.3	50	60.3
Retired/Unable to Work	664	76.4	142	44.2	817	69.0
Total	808	73.4	157	44.4	977	67.2

¹Unweighted

²Weighted

* Denominator < 50

Overweight and Obesity

Survey Question

There is no survey question that solicits the respondent to provide his body mass index (BMI) rather it is calculated from the reported height and weight. See the “Definitions” section for the formula.

The proportion of overweight persons has increased substantially during the past twenty-five years. Morbidity related to being overweight is the second leading cause of death in the United States and causes approximately 300,000 deaths each year. Overweight persons substantially increase their risk of illness from hypertension, high cholesterol, Type 2 diabetes, heart disease and stroke, gallbladder disease, cancer of the endometrium, breast, prostate and colon as well as arthritis. Overweight people may also suffer from social stigmatization, discrimination and low self-esteem.

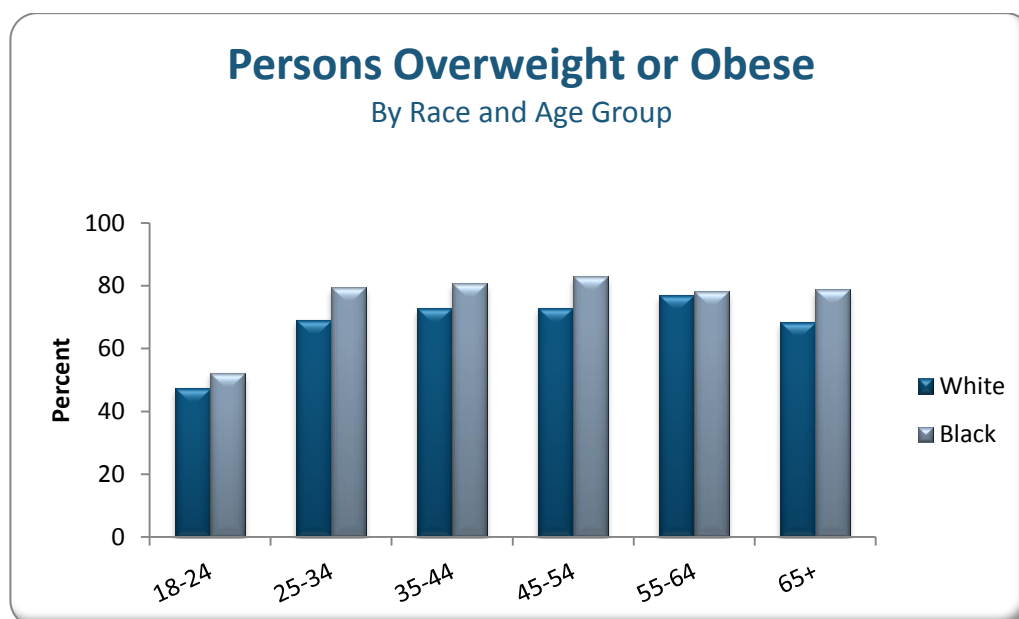


Figure 31

Weight may be controlled by dietary changes such as decreasing caloric intake and by increasing physical activity. According to the 2014 BRFSS study 70.7 percent of those surveyed in Mississippi reported themselves as being either overweight (BMI \geq 25) or obese (BMI \geq 30). The rate for whites was 68.7 percent compared to 76.3 percent for blacks (Table 32). In year 2013 the self-reported rate was 69.2 percent and in 2012 it was 68.9 percent.

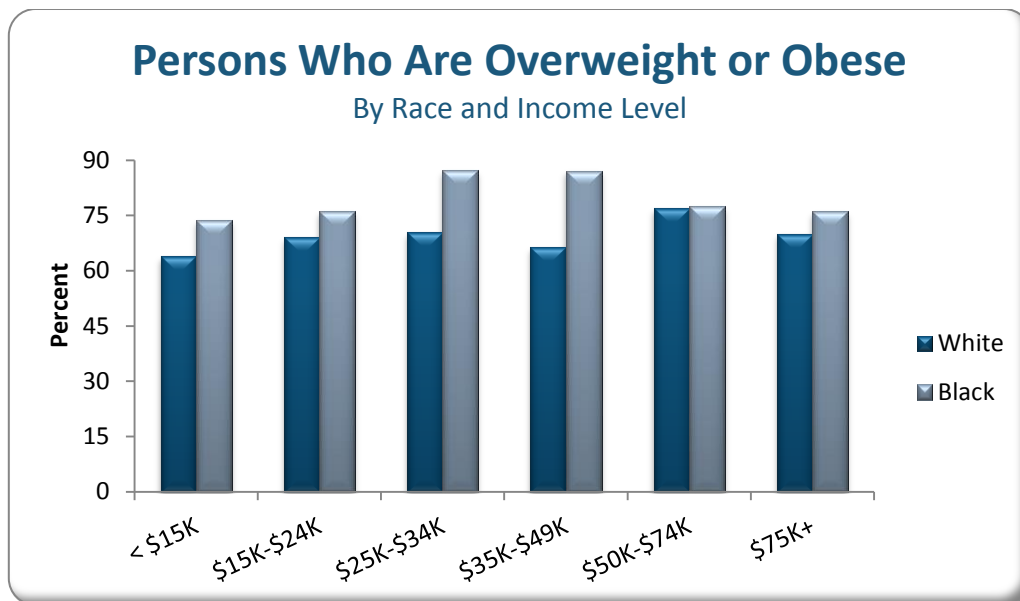


Figure 32

Table 32: Overweight or Obese

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	713	73.8	373	72.9	1,109	72.5
Female	952	63.5	748	79.1	1,725	69.0
Age Group						
18-24	46	47.5	37	52.4	89	48.9
25-34	102	69.4	120	79.6	225	73.0
35-44	145	72.5	171	80.7	326	74.8
45-54	254	72.6	217	83.0	475	75.4
55-64	389	77.1	287	78.2	689	77.4
65+	723	68.4	284	78.9	1,018	70.6
Education						
< High School Graduate	175	70.5	205	72.1	387	69.7
High School Graduate or GED	506	71.7	401	76.7	919	73.3
Some College or Technical School	472	67.9	266	78.5	754	70.9
College Graduate	508	64.6	243	77.5	764	66.9
Income						
< \$15,000	160	63.9	320	73.5	487	69.5
\$15-\$24,999	291	68.9	269	76.3	569	72.3
\$25-\$34,999	199	70.4	137	87.3	344	74.2
\$35-\$49,999	211	66.4	106	87.1	324	70.6
\$50-\$74,999	250	76.9	87	77.5	341	75.1
\$75,000+	348	69.9	77	75.8	429	70.6
Employment Status						
Employed	687	71.0	471	77.0	1,185	72.3
Not Employed	52	52.4	92	70.2	145	60.9
Student/Homemaker	108	56.8	50	73.6	163	59.7
Retired/Unable to Work	817	71.3	507	78.4	1,339	73.8
Total	1,665	68.7	1,121	76.3	2,834	70.7

¹Unweighted

²Weighted

Table 33: Obese

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	290	33.9	171	33.8	469	32.9
Female	436	30.2	478	51.6	929	37.9
Age Group						
18-24	20	21.8	18	25.8	40	22.0
25-34	52	36.5	76	47.5	129	40.5
35-44	77	39.7	113	49.4	194	42.5
45-54	127	37.8	131	48.8	261	41.3
55-64	173	33.2	158	42.7	337	36.5
65+	276	25.4	150	41.0	433	28.8
Education						
< High School Graduate	83	32.7	122	44.3	208	36.9
High School Graduate or GED	227	33.7	236	43.6	471	37.7
Some College or Technical School	219	35.1	152	42.4	375	36.2
College Graduate	197	24.8	136	44.3	341	29.4
Income						
< \$15,000	79	33.2	197	46.6	281	41.3
\$15-\$24,999	145	34.1	169	46.7	319	39.5
\$25-\$34,999	98	33.6	69	43.6	171	35.9
\$35-\$49,999	102	33.9	58	46.1	163	36.0
\$50-\$74,999	99	35.9	44	33.8	144	34.0
\$75,000+	128	27.9	45	43.9	174	30.1
Employment Status						
Employed	305	34.0	269	41.8	586	35.9
Not Employed	34	30.2	57	46.7	92	38.6
Student/Homemaker	45	25.2	31	40.4	78	27.6
Retired/Unable to Work	342	31.4	292	45.8	642	36.2
Total	726	32.1	649	43.5	1,398	35.5

¹Unweighted

²Weighted

Exercise

Survey Question

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

On average, physically active people outlive those who are inactive. Regular physical activity helps to maintain the functional independence of older adults and enhances the quality of life for people of all ages. The role of physical activity in preventing coronary heart disease (CHD) is of particular importance, given that CHD is the leading cause of death and disability in the United States and in Mississippi. Physically inactive people are almost twice as likely to develop CHD as persons who engage in regular physical activity. The risk posed by physical inactivity is almost as high as several well-known CHD risk factors such as cigarette smoking, high blood pressure and high blood cholesterol. Physical inactivity is more prevalent than any other of these risk factors.

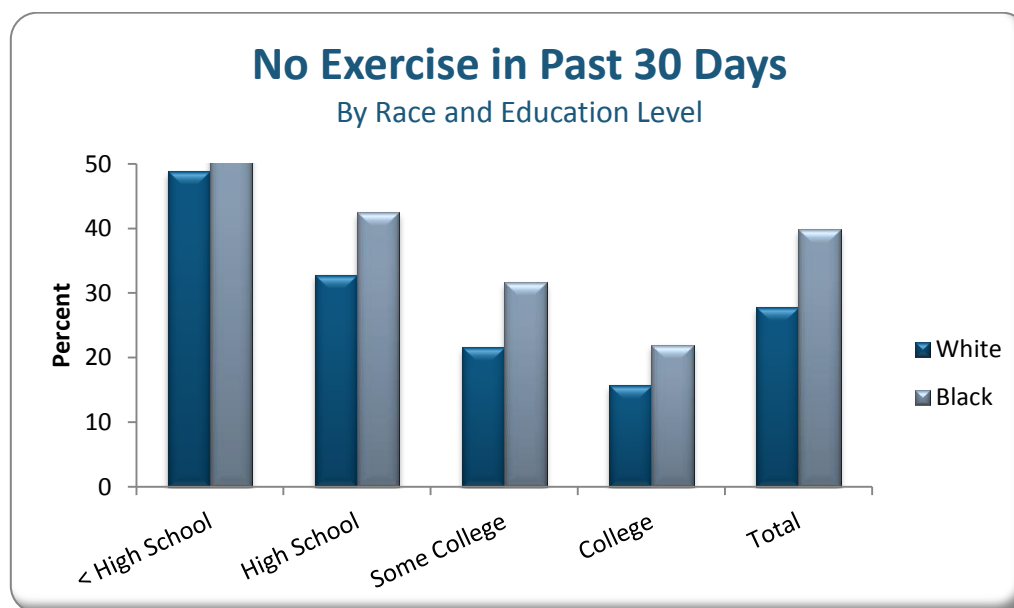


Figure 33

Regular physical activity is important for people who have joint or bone problems and has been shown to improve muscle function, cardiovascular function, and physical performance. People with osteoporosis may respond positively to regular physical activity, particularly weight-bearing activities such as walking and especially when combined with appropriate drug therapy and calcium intake.

In Mississippi, 31.8 percent of the population is reported as not participating in any physical activity outside of work in the past 30 days. People with less education (Figure 33) and in lower income levels (Figure 34) reported the highest percentage of physical inactivity.



Figure 34

Table 34: No Exercise in Past 30 Days

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	241	23.3	168	35.5	418	26.9
Female	560	32.1	391	43.4	971	36.3
Age Group						
18-24	11	10.7	24	31.0	39	19.0
25-34	30	21.9	58	39.1	91	29.7
35-44	53	21.9	81	44.6	136	30.7
45-54	114	33.0	100	36.6	217	33.9
55-64	167	33.2	135	41.2	309	35.9
65+	422	36.1	156	45.1	588	38.3
Education						
< High School Graduate	141	48.9	141	54.3	286	50.0
High School Graduate or GED	293	32.8	225	42.5	529	37.3
Some College or Technical School	199	21.6	107	31.7	312	24.4
College Graduate	167	15.8	81	21.7	256	17.2
Income						
< \$15,000	126	48.8	189	47.3	319	47.4
\$15-\$24,999	175	33.6	152	45.8	330	39.1
\$25-\$34,999	83	22.9	59	33.8	148	27.5
\$35-\$49,999	95	26.6	35	33.0	135	27.6
\$50-\$74,999	79	20.9	28	27.7	108	21.4
\$75,000+	103	16.1	18	19.3	123	16.5
Employment Status						
Employed	238	21.6	211	37.0	463	27.0
Not Employed	24	29.3	51	40.5	77	35.5
Student/Homemaker	61	22.3	17	25.6	81	22.5
Retired/Unable to Work	478	39.3	279	47.6	767	42.0
Total	801	27.8	559	39.9	1,389	31.8

¹Unweighted

²Weighted

Oral Health

Survey Questions

1. How long has it been since you last visited a dentist or a dental clinic for any reason?
2. How many of your permanent teeth have been removed because of tooth decay or gum disease?

Oral health is an essential and integral component of health throughout life. According to the CDC, poor oral health and untreated oral diseases and conditions can have a significant impact on quality of life. Millions of people in the United States are at high risk for oral health problems. Oral and facial pain affects a substantial proportion of the general population.

A full dentition is defined as having 28 natural teeth, exclusive of third molars and teeth removed for orthodontic treatment or as a result of trauma. Most persons can keep their teeth for life with optimal personal, professional and preventive practices.

Early tooth loss has been shown to be a predictor of eventual edentulism. As teeth are lost, the ability to chew and speak decreases along with the ability to function properly socially. The 2020 national goal for adults age 45 to 64 who have never had permanent teeth extracted because of dental caries or periodontitis is 68.8 percent.

According to the 2014 BRFSS Survey for Mississippi, 57.2 percent of the respondents reported having one or more of their permanent teeth removed. In 2012 the rate was 58.3 percent.

Older people reported the loss of permanent teeth much more frequently than their younger counterparts (Figure 36). Only 18.3 percent of respondents in the 18-24 age group reported the loss of permanent teeth while 83.0 percent in the category of those

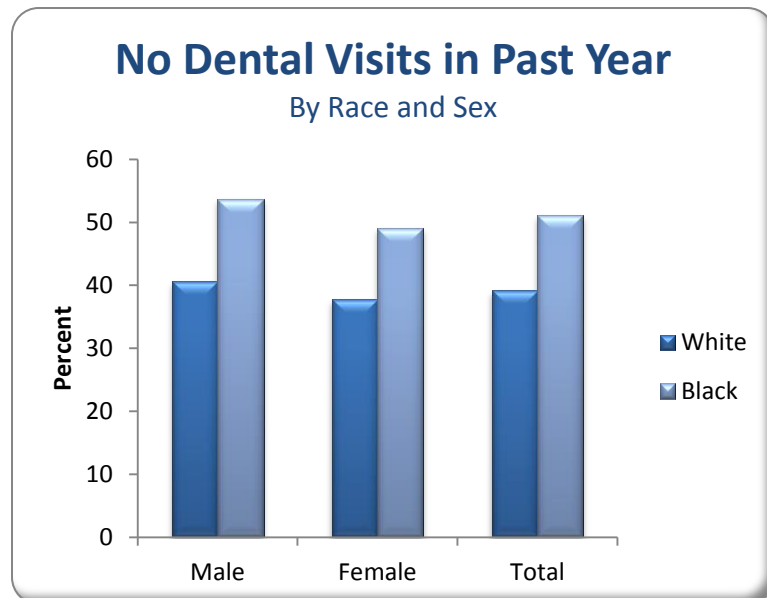


Figure 35

over age 65 reported losing permanent teeth. The rate for white respondents reporting tooth loss was 53.7 percent; for blacks it was 65.1 percent.

Oral health diseases such as tooth decay and periodontal diseases are common health problems in Mississippi, yet 43.5 percent of respondents from the 2014 BRFSS Survey reported that they had not seen a dentist within the last twelve months (Table 35). Failure to see a dentist within the past year was observed most frequently among white respondents with an annual income of less than \$15,000 who reported a rate of 69.2 percent. Next were blacks with less than a high school education with a rate of 68.0 percent followed by black respondents who report an annual income of less than \$15,000 with a rate of 67.2 percent (Table 35).

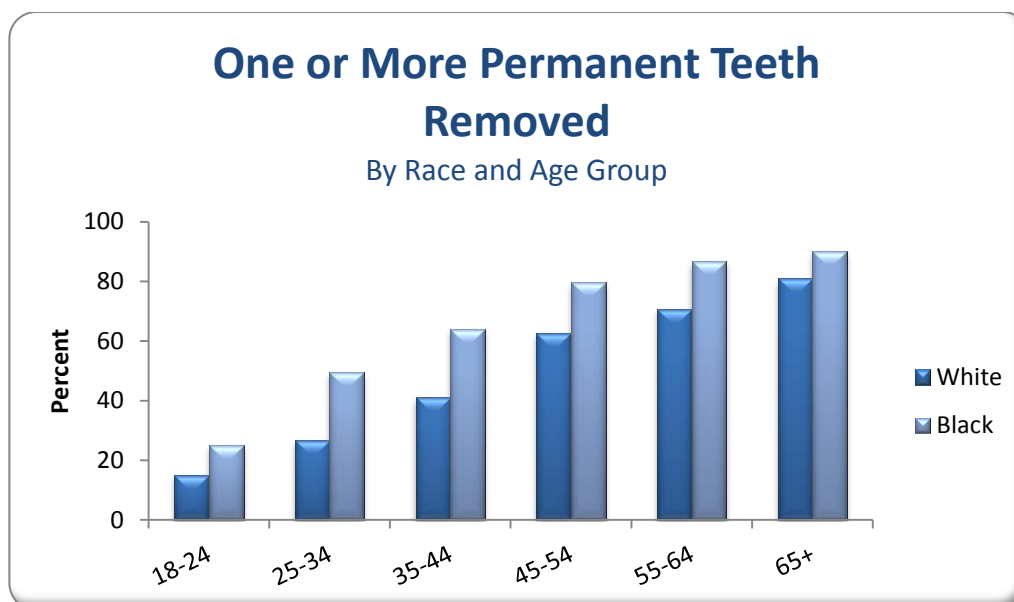


Figure 36

As has been the case historically, people with incomes above \$75,000 per year have the most frequent dental visits within the past year. Only 21.1 percent of this group report that it has been more than one year since the last visit. The survey revealed that as the income of the respondent decreases, so also the number of people with no dental visits also decreases. With respect to race, 53.6 percent of the black males reported no visits to a dental facility within the past year compared to 40.7 percent for white males. The rate for black females was 49.2 percent while white females reported a rate of 37.7 percent (Table 35).

Table 35: No Dental Visits in Past Year

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	348	40.7	277	53.6	647	45.1
Female	562	37.7	475	49.2	1,056	42.0
Age Group						
18-24	33	33.8	31	38.4	69	35.5
25-34	65	44.2	71	45.3	139	44.7
35-44	72	35.0	95	50.5	174	42.1
45-54	123	40.6	139	55.5	267	45.6
55-64	192	40.0	187	55.3	391	45.8
65+	423	40.1	226	67.3	657	46.1
Education						
< High School Graduate	175	62.0	211	68.0	393	64.4
High School Graduate or GED	328	41.9	278	50.7	615	45.1
Some College or Technical School	244	37.3	161	45.7	418	40.4
College Graduate	160	21.9	98	32.0	270	24.6
Income						
< \$15,000	163	69.2	283	67.2	452	67.3
\$15-\$24,999	213	51.6	205	55.0	426	53.6
\$25-\$34,999	125	43.8	70	47.3	203	46.3
\$35-\$49,999	93	38.6	41	34.3	141	38.1
\$50-\$74,999	85	28.9	28	29.7	115	28.3
\$75,000+	91	21.2	24	22.0	117	21.1
Employment Status						
Employed	306	34.1	254	43.8	582	37.9
Not Employed	38	48.1	75	59.3	114	53.3
Student/Homemaker	77	41.8	30	38.9	112	40.3
Retired/Unable to Work	489	45.2	392	63.3	894	51.3
Total	910	39.2	752	51.2	1,703	43.5

¹Unweighted

²Weighted

Table 36: Have Had at Least One Permanent Tooth Extracted

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	586	53.7	368	64.3	975	56.3
Female	1,003	53.7	721	65.7	1,757	58.1
Age Group						
18-24	15	15.1	18	24.8	35	18.3
25-34	38	26.6	79	49.7	120	36.9
35-44	90	40.8	136	64.1	234	50.4
45-54	203	62.7	199	79.6	407	68.4
55-64	352	70.7	313	86.8	685	76.9
65+	885	80.9	337	90.2	1,238	83.0
Education						
< High School Graduate	216	72.6	253	81.3	480	76.3
High School Graduate or GED	564	64.2	401	66.1	979	64.6
Some College or Technical School	453	50.7	224	55.6	690	51.1
College Graduate	352	31.5	206	51.8	574	36.5
Income						
< \$15,000	196	66.7	346	74.1	550	70.4
\$15-\$24,999	316	63.8	273	70.1	596	66.0
\$25-\$34,999	228	65.6	115	54.4	348	58.5
\$35-\$49,999	194	50.9	87	68.2	291	55.3
\$50-\$74,999	193	48.5	80	62.5	277	50.8
\$75,000+	200	34.4	56	46.9	263	36.6
Employment Status						
Employed	493	43.4	390	57.2	906	48.1
Not Employed	45	42.1	84	61.8	134	53.9
Student/Homemaker	102	34.8	43	46.6	149	34.9
Retired/Unable to Work	949	79.2	570	85.5	1,541	81.4
Total	1,589	53.7	1,089	65.1	2,732	57.2

¹Unweighted

²Weighted

Disability

Survey Question

Are you limited in any way in any activities because of physical, mental, or emotional problems?

Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

According to the Healthy People 2020 publication, the U.S. Census of 2000 counted 49.7 million people with some type of long-lasting condition or disability. An individual may sustain a disabling impairment or chronic condition at any point in life. Disability is part of human life, and an impairment or condition does not define individuals, their health, or their talents and abilities.

People with disabilities play an important and valued role in every community. All people, including people with disabilities, must have the opportunity to take part in important daily activities that add to a person's growth, development, fulfillment, and community contribution.

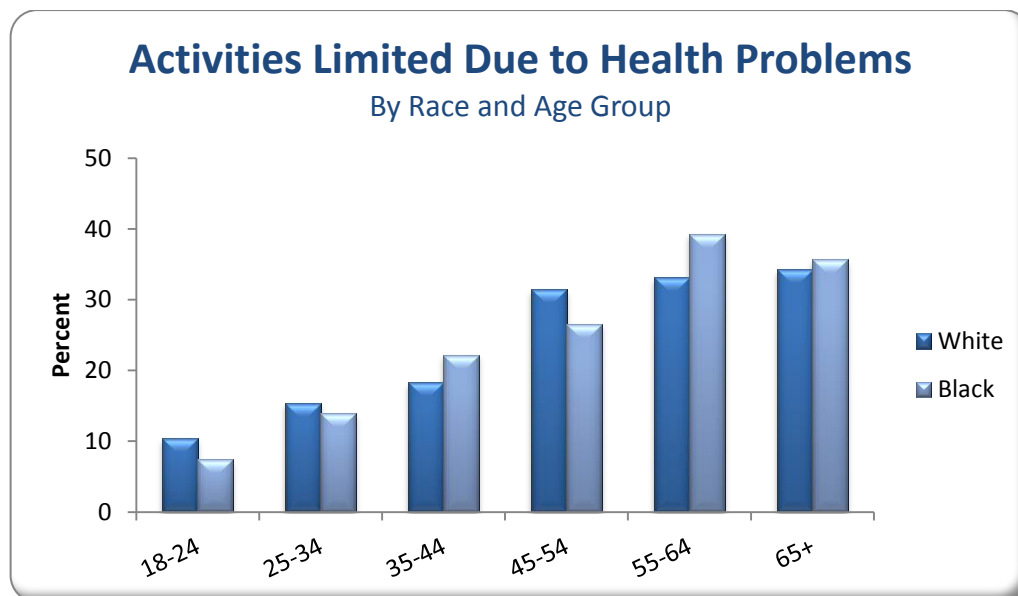


Figure 37

According to the Centers for Disease control and Prevention (CDC), people who have activity limitations report having had more days of pain, depression, anxiety, and sleeplessness and fewer days of vitality during the previous month than people not reporting activity limitations. In view of the increased rates of disability, it is important to

target activities and services that address all aspects of health and well-being, as well as providing access to medical care. For an older person with a disability, it is important to target conditions that may threaten their well-being.

There are few data systems that identify those with disabilities as a sub-population. Despite the paucity of data, some disparities between people with and without disabilities have been noted. These disparities include excess weight, reduced physical activity, increased stress, and less frequent mammograms for women over age 55 years with disabilities.



Figure 38

In the 2014 BRFSS survey, 24.3 percent of Mississippians reported that their activities were limited because of health problems compared to 24.9 percent in 2013. White respondents reported a rate of 25.5 down from 25.9 in 2013 while blacks reported a rate of 23.5 percent, which was unchanged from the rate of 23.5 percent reported in 2013. Figure 37 reflects the fact that these limitations increase with age for both races. People over the age of 65 report a rate of 34.6 percent (34.2 for whites and 35.7 for blacks) but the 18-24 age group had a rate of only 8.3 percent (10.5 for white and 7.4 for blacks).

Only 9.4 percent of the population has health problems that require special equipment such as a wheelchair, special bed, cane or special telephone. Figure 38 shows that those with lower incomes tend to require special equipment for health problems.

Table 37: Activities Limited Due to Physical, Mental or Emotional Problems

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	263	23.4	131	19.8	399	21.5
Female	507	27.6	289	26.5	809	26.9
Age Group						
18-24	11	10.5	5	7.4	16	8.3
25-34	21	15.3	20	13.8	42	14.7
35-44	41	18.2	52	22.1	94	19.4
45-54	112	31.4	83	26.5	196	29.3
55-64	176	32.9	135	39.2	319	35.0
65+	404	34.2	124	35.7	535	34.6
Education						
< High School Graduate	118	36.0	116	39.6	236	36.5
High School Graduate or GED	246	26.8	170	24.6	422	25.6
Some College or Technical School	223	26.0	75	12.9	304	21.6
College Graduate	181	15.6	58	14.1	243	14.8
Income						
< \$15,000	124	50.8	180	39.0	309	42.9
\$15-\$24,999	166	30.1	99	20.9	267	25.2
\$25-\$34,999	103	25.3	35	12.8	138	19.4
\$35-\$49,999	95	23.3	26	17.0	124	21.9
\$50-\$74,999	84	20.5	21	19.0	107	20.0
\$75,000+	81	12.9	8	7.0	90	11.9
Employment Status						
Employed	139	11.9	58	8.9	201	10.7
Not Employed	23	22.8	36	26.4	60	24.4
Student/Homemaker	48	20.8	9	6.4	60	16.3
Retired/Unable to Work	560	49.6	316	52.0	886	50.2
Total	770	25.5	420	23.5	1,208	24.3

¹Unweighted

²Weighted

Table 38: Health Problems Requiring Special Equipment

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	103	7.4	69	9.0	175	7.7
Female	258	10.7	154	11.7	418	11.0
Age Group						
18-24	0	0.0	0	0.0	0	0.0
25-34	3	2.2	4	2.6	7	2.3
35-44	10	4.7	19	8.9	30	6.7
45-54	33	7.7	38	12.1	72	9.3
55-64	70	13.2	62	16.5	135	14.2
65+	243	18.3	99	27.9	345	20.3
Education						
< High School Graduate	69	15.4	73	18.6	144	16.4
High School Graduate or GED	111	8.8	93	11.7	207	9.9
Some College or Technical School	113	9.1	30	5.0	144	7.7
College Graduate	67	4.7	26	4.4	96	4.5
Income						
< \$15,000	79	21.7	98	17.1	180	18.6
\$15-\$24,999	80	10.3	58	11.3	138	10.5
\$25-\$34,999	46	8.9	13	2.4	60	6.3
\$35-\$49,999	48	10.3	10	7.4	60	10.0
\$50-\$74,999	23	4.6	8	5.7	31	4.7
\$75,000+	18	2.6	3	2.5	21	2.5
Employment Status						
Employed	29	2.1	11	1.6	42	2.1
Not Employed	9	6.7	9	5.4	19	5.8
Student/Homemaker	17	3.6	10	6.0	27	3.8
Retired/Unable to Work	306	22.4	192	29.6	504	24.7
Total	361	9.1	223	10.5	593	9.4

¹Unweighted

²Weighted

Alcohol Consumption

Survey Question

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

Excessive drinking has consequences for virtually every part of the human body. The wide range of alcohol-induced disorders is due, among other factors, to differences in the amount, duration, and patterns of alcohol consumption, as well as differences in genetic vulnerability to particular alcohol-related consequences.

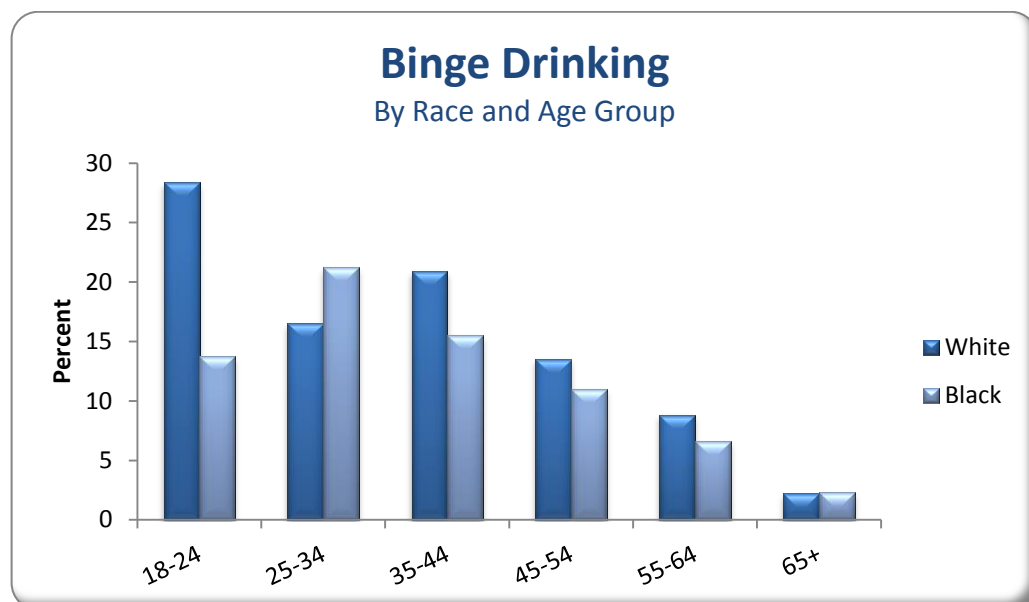


Figure 39

Alcohol use has been linked with a substantial proportion of injuries and deaths from motor vehicle crashes, falls, fires and drowning. It also is a factor in homicide, suicide, marital violence, and child abuse and has been associated with high-risk sexual behavior. Persons who drink even relatively small amounts of alcoholic beverages may contribute to alcohol-related death and injury in occupational incidents especially if they drink before operating a vehicle. In 2013 alcohol use was associated with 39 percent of all motor vehicle crash fatalities, according to National Highway Traffic Safety Administration (NHTSA).

White males 18 to 24 years of age continue to report the highest rates of binge drinking. In 2014 the rate for this group was 28.3 percent and represents an increase of almost 40 percent reported in the 2013 survey which was 20.3 percent.

The 2014 survey also revealed that males were almost 2.5 times more likely than females to indulge in binge drinking. Only 7.6 percent of female respondents said they had five or more drinks on one occasion during the last thirty days compared to 18.5 percent for males.

Table 39: Report Binge Drinking

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	132	19.6	70	17.0	206	18.5
Female	68	6.8	51	8.9	121	7.6
Age Group						
18-24	27	28.3	11	13.8	40	21.6
25-34	31	16.4	27	21.2	59	18.5
35-44	35	20.8	28	15.4	63	17.5
45-54	43	13.6	23	11.0	67	13.2
55-64	40	8.7	20	6.6	62	7.9
65+	23	2.2	12	2.3	35	2.2
Education						
< High School Graduate	10	7.5	22	11.2	34	9.8
High School Graduate or GED	52	11.3	40	11.7	94	11.8
Some College or Technical School	67	16.2	31	14.2	100	15.1
College Graduate	71	14.4	28	13.5	99	13.8
Income						
< \$15,000	15	7.2	31	10.0	46	8.7
\$15-\$24,999	26	11.3	33	15.1	59	12.8
\$25-\$34,999	20	12.4	12	12.3	32	11.6
\$35-\$49,999	33	16.0	10	9.3	43	13.8
\$50-\$74,999	29	14.2	14	23.2	45	17.3
\$75,000+	62	18.5	8	10.3	72	17.4
Employment Status						
Employed	140	19.4	67	16.7	209	18.1
Not Employed	11	13.0	13	10.8	25	12.8
Student/Homemaker	15	12.4	3	5.2	20	10.5
Retired/Unable to Work	34	3.3	38	7.2	73	4.6
Total	200	13.1	121	12.5	327	12.8

¹Unweighted

²Weighted

Table 40: Report Chronic Drinking

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	47	7.8	17	3.0	65	6.1
Female	41	3.1	12	2.3	54	2.7
Age Group						
18-24	9	12.2	3	3.9	13	8.6
25-34	8	4.0	6	4.0	14	3.9
35-44	10	6.5	5	2.2	15	4.4
45-54	19	6.3	7	3.6	26	5.2
55-64	19	5.2	2	0.2	22	3.3
65+	22	2.0	6	1.4	28	1.8
Education						
< High School Graduate	10	7.0	6	3.3	16	5.1
High School Graduate or GED	24	5.7	10	2.5	35	4.5
Some College or Technical School	27	6.0	6	1.5	34	4.4
College Graduate	27	3.0	7	4.2	34	3.2
Income						
< \$15,000	10	4.8	7	2.8	17	3.4
\$15-\$24,999	13	5.5	9	2.0	22	3.7
\$25-\$34,999	11	8.8	1	2.0	12	6.0
\$35-\$49,999	12	5.5	4	5.7	16	5.3
\$50-\$74,999	11	4.6	4	4.2	15	4.4
\$75,000+	24	5.3	2	1.9	28	5.3
Employment Status						
Employed	51	7.7	15	3.3	66	5.9
Not Employed	3	3.9	3	2.0	6	2.7
Student/Homemaker	9	3.8	1	3.2	12	4.3
Retired/Unable to Work	25	2.5	10	1.6	35	2.2
Total	88	5.4	29	2.6	119	4.3

¹Unweighted

²Weighted

Drinking and Driving

Survey Question

During the past month, how many times have you driven when you have had perhaps too much to drink?

In 2013 there were 10,076 reported alcohol-related motor vehicle fatalities in the United States according to the Centers for Disease Control and Prevention (CDC). In the same year Mississippi reported 210 such fatalities which accounted for approximately 39 percent of all vehicular deaths that year.

Between 2004 and 2013 there were a total 7,575 traffic fatalities on roadways in Mississippi and 2,503 or 33 percent of those, the crash victims registered a blood alcohol content of 0.08 percent or higher. This is an average of 250 fatalities per year and accounts for a little over 33 percent of all traffic fatalities during the 10 year period.

In Mississippi, males were much more likely than females to have driven after having too much to

drink according to the 2014 BRFSS report. The rate for males was 4.8 percent compared to only 3.3 for females. Both white and black males were more likely to drive after excessive drinking than their female counterparts.

The demographic group that reported the highest rate of drinking and driving was black respondents age 25 to 34 with a rate of 10.6 percent. The next highest group was blacks in the 55 to 64 age group who showed a rate of 7.3 percent. The third highest group was blacks 35 to 44 who reported a rate of 7.3 percent. Overall blacks were almost three times more likely than whites to drive after too many drinks (Table 41).

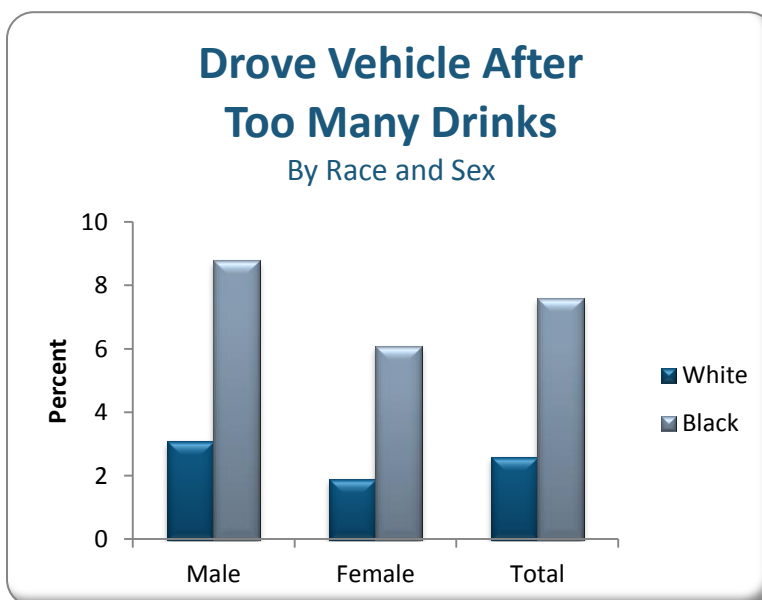


Figure 40

Table 41: Report Driving While Having Too Much to Drink in Past Month³

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	13	3.1	12	8.8	25	4.8
Female	7	1.9	9	6.2	16	3.3
Age Group						
18-24	4*	4.1	2	6.6	6	4.5
25-34	6	5.3	7	10.6	13	7.6
35-44	2	2.0	4	7.1	6	3.8
45-54	1	0.9	4	6.0	5	2.4
55-64	4	1.7	3	7.3	7	3.6
65+	3	1.3	1	2.0	4	1.4
Education						
< High School Graduate	1*	1.2	5	16.1	6	8.6
High School Graduate or GED	3	1.4	7	6.4	10	3.4
Some College or Technical School	6	3.2	3	4.5	9	3.5
College Graduate	10	3.0	6	8.7	16	4.1
Income						
< \$15,000	2*	8.7	3	2.6	5	4.7
\$15-\$24,999	3	2.3	5	10.0	8	6.3
\$25-\$34,999	2	2.3	3*	6.3	5	3.7
\$35-\$49,999	2	2.9	1*	3.9	3	3.1
\$50-\$74,999	4	2.7	4*	13.0	8	5.0
\$75,000+	4	1.3	1*	0.8	5	1.2
Employment Status						
Employed	12	2.5	14*	9.3	26	4.6
Not Employed	3*	8.5	1*	0.9	4	4.5
Student/Homemaker	1	1.7	1*	2.6	2	1.7
Retired/Unable to Work	4	1.4	5	7.7	9	3.7
Total	20	2.6	21	7.7	41	4.2

¹Unweighted

²Weighted

³Denominator is those who report drinking

* Denominator < 50

Falls

Survey Question

1. The next question asks about a recent fall. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level. In the past twelve months, how many times have you fallen?
2. How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

According to the CDC, each year one in every three adults age 65 and older falls. Falls can cause moderate to severe injuries, such as hip fractures and head injuries, and can increase the risk of early death. Fortunately, falls are a public health problem that is largely preventable. Among older adults aged 65 or older, falls are the leading cause of injury death. They are also the most common cause of nonfatal injuries and

hospital admissions for trauma. In 2013, there were approximately 2.5 million nonfatal fall injuries among older adults treated in emergency departments and more than 734 thousand of these patients were hospitalized.

Falls are the most common cause of traumatic brain injury. Of those who fall, twenty to thirty percent suffer moderate to severe injuries such as fracture or head trauma that reduce mobility and independence, and increases the risk of premature death. Most fractures among older adults are caused by falls. The most common are fractures of the spine, hip, forearm, leg, ankle, pelvis, upper arm, and hand. The direct cost of fall injuries in 2013 for people age 65 and older was \$34 billion.

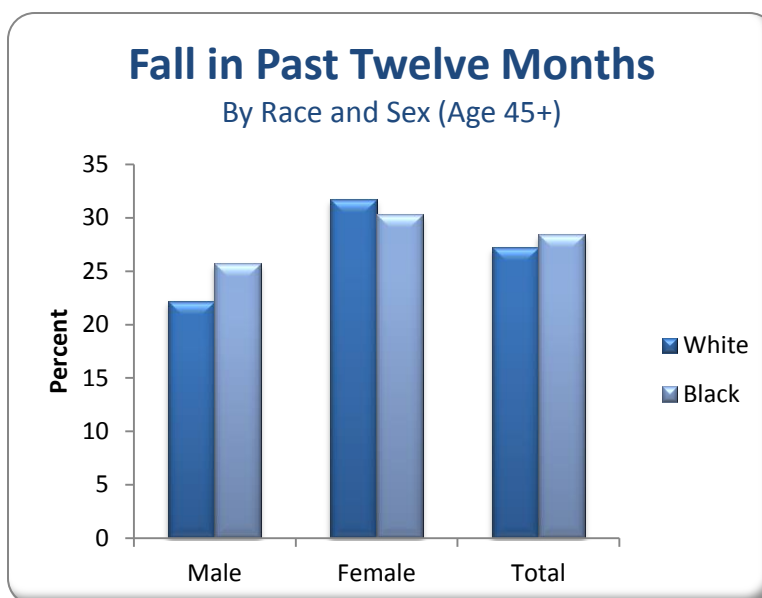


Figure 41

One of the strongest predictors of a fall is having sustained a previous fall. A fall is often a marker of increasing fragility, functional decline, or neurological impairment and may indicate the need for a secondary prevention strategy such as hip protectors to guard against hip fractures.

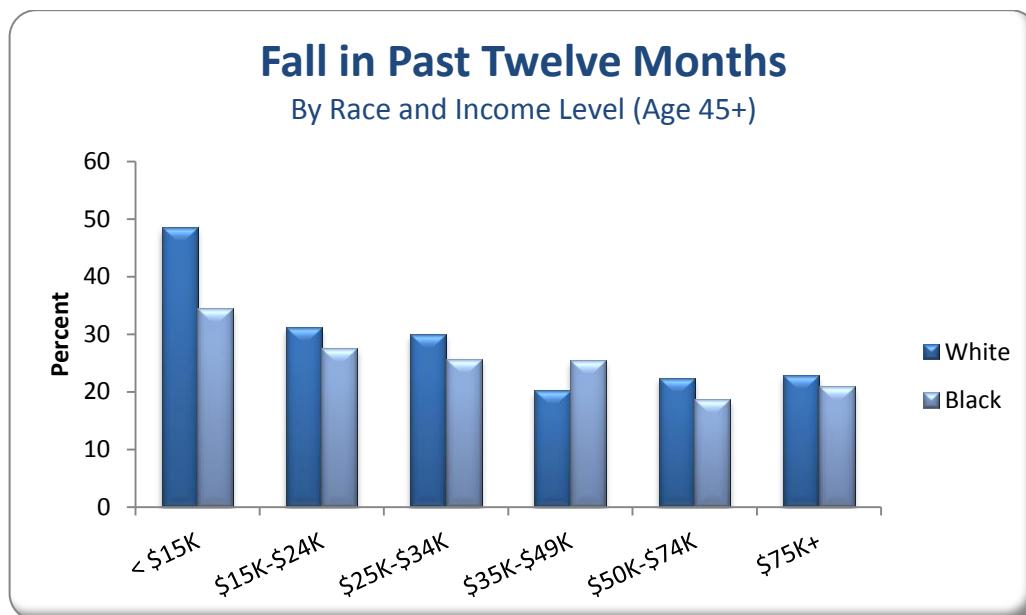


Figure 42

In the 2014 BRFSS survey for Mississippi, the question related to falls was only asked of those who were 45 year old or older. Of those, 27.7 percent reported that they had sustained a fall in the past twelve months. White respondents reported a rate of 27.1 percent compared to 28.4 percent for black respondents (Table 42).

Lower income groups reported a higher rate of falls than those with incomes in the upper group. Those with incomes less than \$15 thousand annually had a rate of 39.2 percent and those with incomes in the range of \$15 to \$25 thousand annually reported a rate of 29.9 percent while those with incomes greater than \$75 thousand annually experienced

a rate of 22.7 percent (See Figure 43 and Table 42). Females, at 31.3 percent, reported a higher rate of falls than males who had a rate of 23.5 percent (Figure 41).

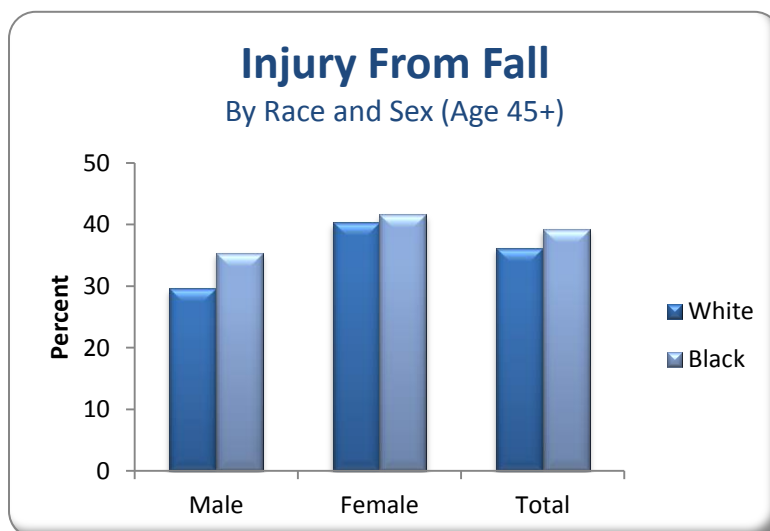


Figure 43

Of those who reported a fall, 36.9 percent said that they sustained an injury from the fall. As was the case with falls, those in the lower income groups had the higher rates of injury as was true for females in the survey. Almost half of those with incomes less than \$15 thousand annually reported receiving an injury from the fall and 40.9 percent of the females reported an injury from a fall compared to 30.5 percent for males (See Figures 43, 44 and Table 43).

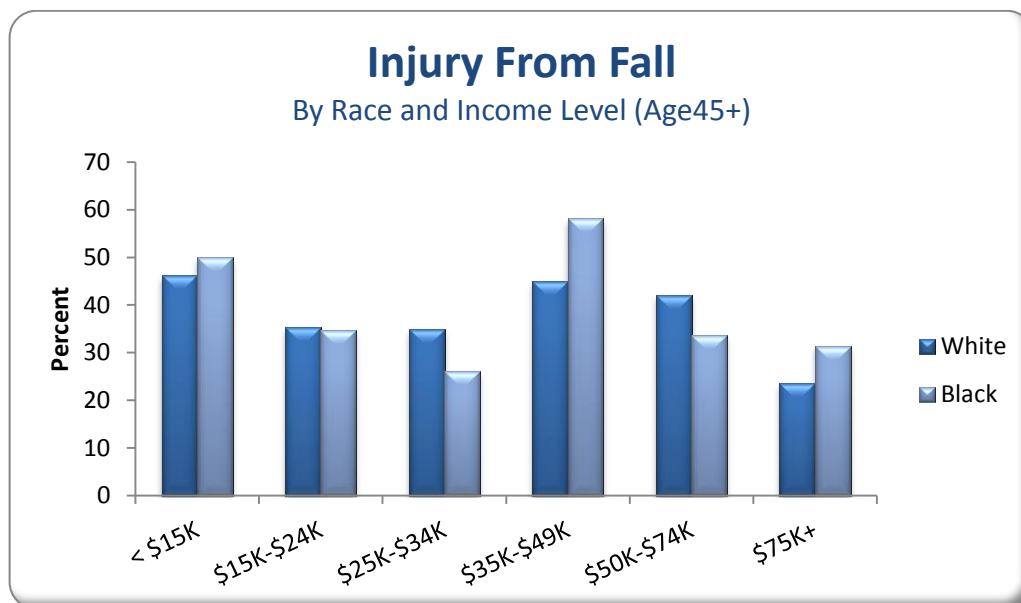


Figure 44

Table 42: Report a Fall in Past 12 Months (Age 45+)

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	173	22.1	88	25.7	267	23.5
Female	425	31.6	202	30.3	638	31.3
Age Group						
45-54	101	26.8	88	33.4	192	29.6
55-64	147	27.5	103	24.7	256	26.2
65+	350	27.0	99	26.5	457	27.2
Education						
< High School Graduate	82	31.4	75	30.3	160	31.3
High School Graduate or GED	190	26.5	121	30.1	316	28.1
Some College or Technical School	175	27.7	47	25.4	225	27.1
College Graduate	150	23.3	45	22.5	201	23.3
Income						
< \$15,000	96	48.5	111	34.4	208	39.2
\$15-\$24,999	120	31.1	70	27.6	192	29.9
\$25-\$34,999	88	30.0	30	25.7	119	28.5
\$35-\$49,999	65	20.2	19	25.4	88	21.8
\$50-\$74,999	61	22.4	16	18.8	79	23.7
\$75,000+	88	22.6	8	20.9	99	22.7
Employment Status						
Employed	136	20.7	68	23.3	210	21.9
Not Employed	15	29.2	23	39.4	38	33.2
Student/Homemaker	39	28.9	8*	27.2	49	29.8
Retired/Unable to Work	408	32.1	191	30.7	608	31.7
Total	598	27.1	290	28.4	905	27.7

¹Unweighted

²Weighted

* Denominator < 50

Table 43: Report Injury From a Fall in Past 12 Months (Age 45+)³

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	57	29.8	31	35.4	89	30.5
Female	177	40.4	77	41.7	259	40.9
Age Group						
45-54	41	38.2	42	47.5	84	41.3
55-64	62	39.0	36	37.4	101	38.2
65+	131	33.0	30	27.6	163	31.5
Education						
< High School Graduate	34	39.5	27	37.5	62	37.2
High School Graduate or GED	69	34.0	45	44.4	115	37.5
Some College or Technical School	74	36.6	16	30.0	91	35.1
College Graduate	57	36.3	20	46.2	80	38.5
Income						
< \$15,000	45	46.2	49	50.0	94	48.1
\$15-\$24,999	46	35.3	22	34.8	70	36.2
\$25-\$34,999	34	35.0	9*	26.1	44	33.7
\$35-\$49,999	33	45.0	9*	57.9	43	45.7
\$50-\$74,999	27	41.9	6*	33.6	33	36.4
\$75,000+	20	23.8	4*	31.4	25	25.0
Employment Status						
Employed	38	23.9	18	30.9	59	25.8
Not Employed	7*	36.9	8*	44.1	15	40.9
Student/Homemaker	15*	33.7	2*	33.6	18	37.0
Retired/Unable to Work	174	43.1	80	43.5	256	42.6
Total	234	36.3	108	39.3	348	36.9

¹Unweighted

²Weighted

³Denominator is those who report a fall in past 12 months

* Denominator < 50

Seat Belt Use

Survey Question

**How often do you use seat belts when you drive or ride in a car?
Would you say always, nearly always, sometimes, seldom or never?**

Motor vehicle-related injuries kill more children and young adults than any other single cause in the United States according to the Centers for Disease Control and Prevention. Data from the National Highway Traffic Safety Administration (NHTSA) in 2012 states that the use of seat belts in passenger vehicles saved an estimated 12,174 lives in the United States for occupants five year of age and older. An additional 3,031 lives would have been saved in 2012 if all unrestrained passenger vehicle occupants age five and older involved in fatal crashes had worn their seat belts

The NHTSA further reports that one of the most effective measures a person can take to prevent injury and death in a crash is to be appropriately restrained in rear- or forward-facing child safety seats, booster

seats, or seat belts. NHTSA estimates that lap-shoulder seat belts, when used correctly, reduce the risk of fatal injury to front-seat passenger car occupants by 45 percent and the risk of moderate-to-critical injury by 50 percent. The Agency also states that child restraints saved an estimated 284 lives of children under the age of five.

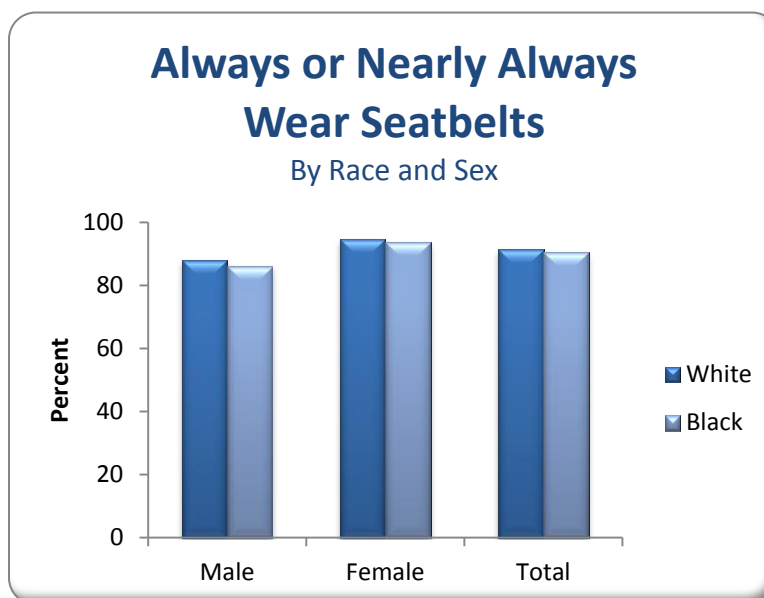


Figure 45

In 2012, according to the NHTSA, 50.3 percent of the traffic fatalities in Mississippi were from unbelted occupants. The MOHS classifies non-fatal traffic injuries into three categories from most severe (A-level) to least severe (C-level). According to the latest MOHS Highway Safety and Performance Plan, there were 442 A-level injuries in 2011 and almost half or 49.0 percent were belted and prevented from more serious injury or death. There were 4,064 B-level injuries and of these, 80.4 percent were using belts. In the C-level category there were 13,562 non-fatal injuries and 94.0 percent of those were

wearing safety belts. The Plan concluded that seat belt usage significantly reduces the risk of serious injury and death.

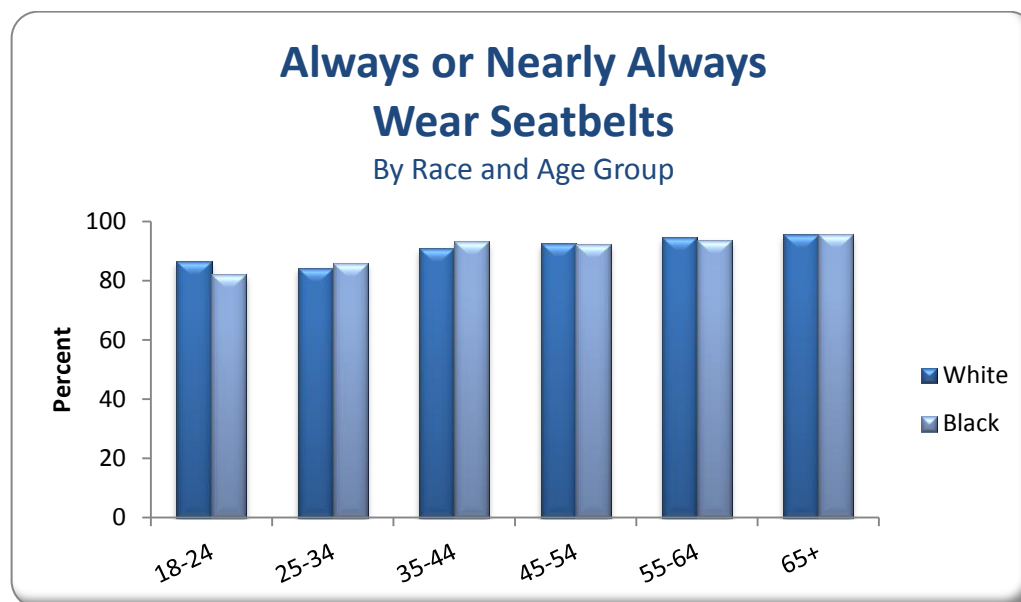


Figure 46

The 2014 BRFSS survey in Mississippi revealed that 91.4 of the respondents say that they always or nearly always wear a seat belt when they either drive or ride in a car. Females report that they use seat belts more often than men. Women had a usage rate of 94.6 percent compared to 87.9 percent for men (Figure 45). Younger respondents reported a higher rate of non-usage that older respondents. In the 18 to 24 age group, 86.1 percent said that they always or nearly always use seat belts while those in the age group 65 and older reported a rate of 95.7 percent (Figure 46).

Table 44: Always or Nearly Always Wear Seatbelts

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	837	88.0	442	86.2	1,319	87.9
Female	1,520	94.9	902	93.8	2,470	94.6
Age Group						
18-24	82	86.3	65	82.0	161	86.1
25-34	144	84.3	134	85.8	287	85.3
35-44	203	90.9	183	93.3	401	92.0
45-54	337	92.6	248	92.4	594	92.7
55-64	498	94.5	338	93.8	859	94.4
65+	1,080	95.6	364	95.7	1,460	95.7
Education						
< High School Graduate	229	83.0	271	93.0	512	88.1
High School Graduate or GED	690	91.3	475	92.3	1,185	91.9
Some College or Technical School	668	93.2	299	84.8	993	90.8
College Graduate	764	94.9	291	93.2	1,084	94.6
Income						
< \$15,000	226	91.5	399	94.3	637	93.4
\$15-\$24,999	375	89.4	323	90.9	712	90.4
\$25-\$34,999	285	90.9	148	86.4	446	89.9
\$35-\$49,999	293	92.0	115	86.6	423	91.0
\$50-\$74,999	322	91.6	96	86.2	426	90.9
\$75,000+	495	96.5	94	94.2	598	95.9
Employment Status						
Employed	926	88.7	542	87.1	1,514	88.5
Not Employed	76	89.4	116	93.1	199	91.7
Student/Homemaker	196	93.0	59	95.2	268	94.2
Retired/Unable to Work	1,157	95.8	624	94.2	1,803	95.3
Total	2,357	91.5	1,344	90.5	3,789	91.4

¹Unweighted

²Weighted

Sleep

Survey Question:

On average how many hours of sleep to you get in a 24-hour period?

While sleep is often considered a passive activity, sufficient sleep is increasingly being recognized as an essential aspect of health promotion and chronic disease prevention in the public health community.

Insufficient sleep is associated with a number of chronic diseases and conditions—such as diabetes, cardiovascular disease, obesity, and depression—which threaten our nation’s health. Notably, while insufficient sleep is associated with the onset of these diseases, it also poses important implications for their management and outcome. Moreover, insufficient sleep is responsible for motor vehicle and machinery-related crashes, causing substantial injury and disability each year. Drowsy driving can be as dangerous as driving while intoxicated.

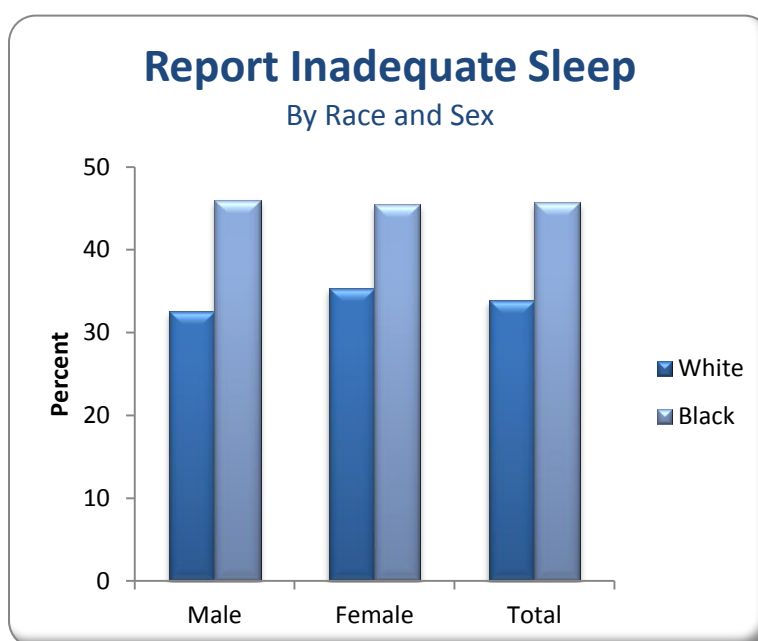


Figure 47

More than one-quarter of the U.S. population report occasionally not getting enough sleep, while nearly 10 percent experience chronic insomnia. However, new methods for assessing and treating sleep disorders are bringing hope to the millions suffering from insufficient sleep. Fundamental to the success of all of these efforts is the recognition that sufficient sleep is not a luxury but rather a necessity and should be thought of as a vital sign of good health.

According to the CDC there are four major sleep disorders: 1) Insomnia which is an inability to initiate or maintain sleep, 2) Narcolepsy, the hallmarks of which are daytime sleepiness combined with sudden muscle weakness, 3) Restless Leg Syndrome or RLS characterized by an unpleasant sensation which feels like it is originating in the lower

legs, but often associated with aches and pains throughout the legs and which may cause difficulty initiating sleep, and 4) Sleep Apnea a potentially serious sleep disorder in which breathing repeatedly stops and starts and often results in loud snoring or gasping sounds during sleep and cause a person to be tired even after a full night of sleep.

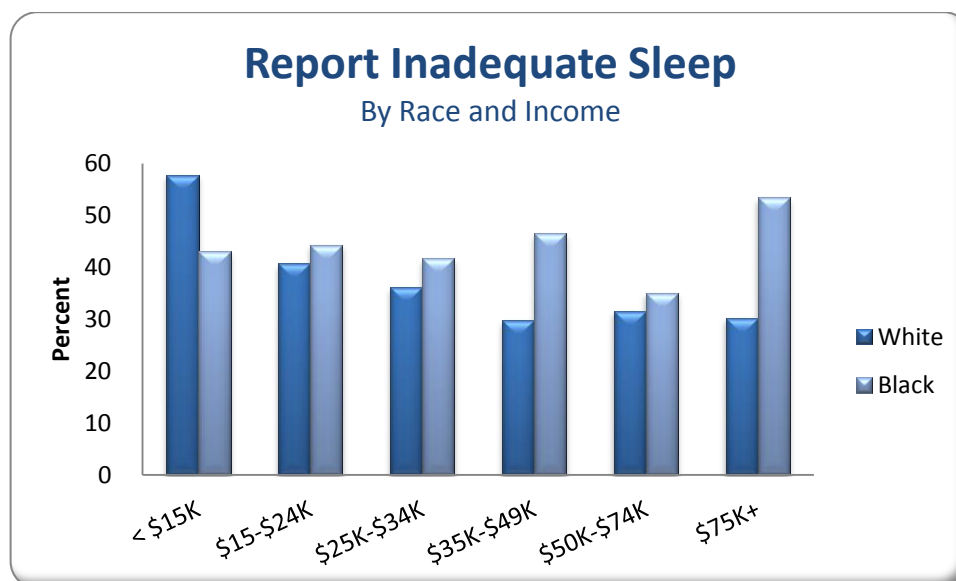


Figure 48

In Mississippi the group with the highest rate of inadequate sleep was white respondents who have less than \$15 thousand per year income with a rate of 57.8 percent. The next highest group was blacks who report an annual income of more than \$75 thousand annually with a rate of 53.0 percent. Table 45 contains the details.

Overall, blacks reported an inadequate sleep rate of 42.8 percent compared to 35.4 percent for whites, a difference of almost 17 percent (Figure 47).

Table 45: Report Getting Inadequate Sleep

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	296	35.5	198	45.1	512	38.8
Female	499	35.2	372	40.9	891	37.2
Age Group						
18-24	50	52.1	29	42.6	84	46.8
25-34	52	32.2	68	44.5	126	38.2
35-44	91	39.6	102	48.4	199	43.0
45-54	127	36.0	130	51.8	264	41.7
55-64	169	32.6	124	33.1	301	33.0
65+	295	26.9	106	28.1	405	27.0
Education						
< High School Graduate	105	45.9	107	42.6	218	44.3
High School Graduate or GED	247	37.4	190	39.8	443	37.8
Some College or Technical School	232	35.7	151	47.9	392	39.3
College Graduate	208	25.0	118	38.8	343	29.5
Income						
< \$15,000	115	57.8	171	43.3	294	49.2
\$15-\$24,999	155	40.7	145	44.3	306	42.2
\$25-\$34,999	92	36.1	61	41.7	159	38.6
\$35-\$49,999	97	29.7	49	46.4	153	34.2
\$50-\$74,999	98	31.6	36	35.5	136	32.0
\$75,000+	137	30.1	49	53.0	189	33.2
Employment Status						
Employed	339	35.3	258	44.5	620	38.8
Not Employed	39	50.8	58	53.2	99	51.0
Student/Homemaker	60	31.3	23	33.8	88	32.1
Retired/Unable to Work	356	34.0	231	36.2	595	34.6
Total	795	35.4	570	42.8	1,403	38.0

¹Unweighted

²Weighted

HIV/AIDS

Survey Question

Have you ever been tested for HIV?

CDC estimates that 1,218,400 persons aged 13 years and older are living with HIV infection, including 156,300 (12.8 percent) who are unaware of their infection. Over the past decade, the number of people living with HIV has increased, while the annual number of new HIV infections has remained relatively stable. Still, the pace of new infections continues at far too high a level—particularly among certain groups.

The estimated incidence of HIV has remained stable overall in recent years, at about 50,000 new HIV infections per year. Within the overall estimates, however, some groups are affected more than others. Men having sex with men continue to bear the greatest burden of HIV infection, and among races/ethnicities, African Americans continue to be disproportionately affected.

In 2013, an estimated 47,352 people were diagnosed with HIV infection in the United States. In that same year, an estimated 26,688 people were diagnosed with AIDS. Overall, an estimated 1,194,039 people in the United States have been diagnosed with AIDS.

An estimated 13,712 people with an AIDS diagnosis died in 2012, and approximately 658,507 people in the United States with an AIDS diagnosis have died overall. The deaths of persons with an AIDS diagnosis can be due to any cause—that is, the death may or may not be related to AIDS.

In 2012, Mississippi had the tenth highest rate of HIV diagnoses in the United States with a rate of 16.5 per 100,000 people. In 2013, Mississippi reported 556 HIV infections for a rate of 18.6 per 100,000.

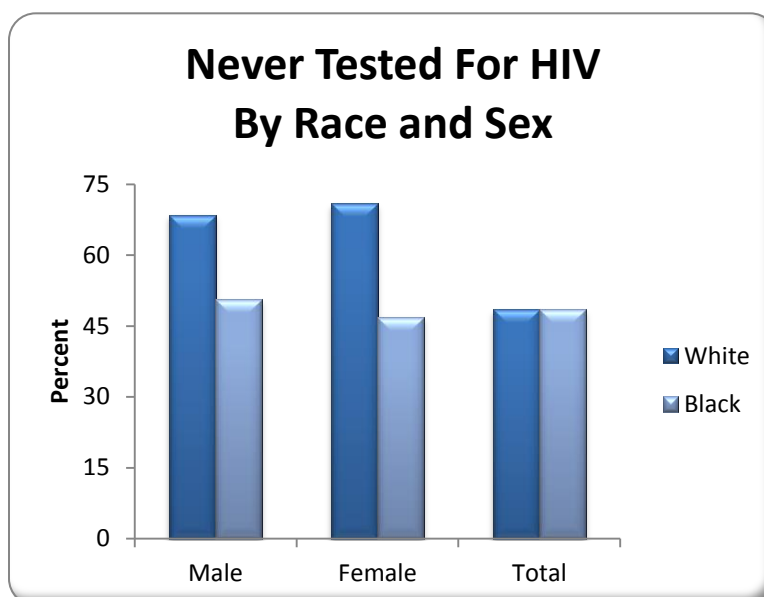


Figure 49

The rate among males was four times higher than females. Males also accounted for 79 percent of new reported cases of HIV infection. The rate among blacks was seven times higher than whites—37.8 and 5.1 respectively.

Questions about HIV and AIDS were only asked of persons between the ages of 18 and 64. One of the questions was whether the respondent had ever been tested for the AIDS virus. In 2014, 62.2 percent of the respondents reported that they had never been tested. White respondents were more likely to have never been tested than blacks: 69.7 percent to 48.4. The rate for white respondents who have never been tested was 68.6 percent for males and 70.9 percent for females. For blacks, the rates were 50.5 percent for males and 46.8 for females (Figure 49 and Table 46).

Table 46: Never Tested for HIV (Age 18-64)

Groups	White		Black		Total	
	Number ¹	Percent ²	Number ¹	Percent ²	Number ¹	Percent ²
Sex						
Male	658	68.6	262	50.5	951	63.0
Female	1,215	70.9	531	46.8	1,775	61.3
Age Group						
18-24	58	61.7	39	53.8	108	60.8
25-34	81	46.1	35	21.9	119	35.3
35-44	123	59.2	55	29.7	183	45.4
45-54	235	67.3	132	53.5	375	63.2
55-64	412	79.9	229	67.6	656	75.4
Education						
< High School Graduate	192	66.4	181	52.7	382	61.1
High School Graduate or GED	589	74.3	297	53.4	905	66.3
Some College or Technical School	505	66.4	165	43.5	686	58.7
College Graduate	583	71.6	145	37.8	744	62.9
Income						
< \$15,000	175	65.3	236	49.2	422	56.3
\$15-\$24,999	308	72.5	188	46.3	505	59.5
\$25-\$34,999	235	72.7	86	44.2	327	61.3
\$35-\$49,999	235	69.4	65	44.0	310	63.0
\$50-\$74,999	258	71.8	53	39.5	317	65.9
\$75,000+	346	66.5	49	51.2	401	64.0
Employment Status						
Employed	692	65.5	260	38.4	977	55.7
Not Employed	51	49.5	54	42.6	109	46.6
Student/Homemaker	157	69.2	46	76.0	214	72.3
Retired/Unable to Work	971	80.6	431	62.9	1,422	74.7
Total	1,873	69.7	793	48.4	2,726	62.2

¹Unweighted

²Weighted