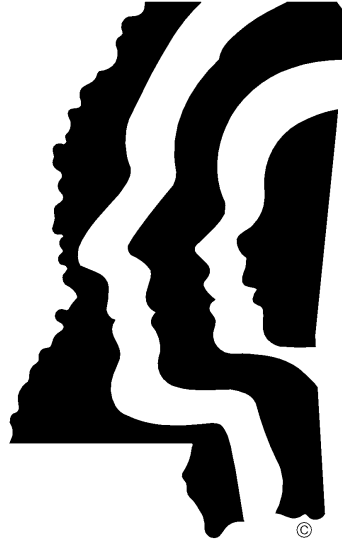


MISSISSIPPI TRENDS

**A REPORT ON THE
BEHAVIORAL HEALTH RISKS OF MISSISSIPPIANS
1990 - 1994**

**Kirk Fordice, Governor
F. E. Thompson, Jr, MD, MPH, State Health Officer
State of Mississippi**



**Mississippi State Department of Health
2423 North State Street
Post Office Box 1700
Jackson, MS 39215-1700**

MISSISSIPPI TRENDS

**BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM
STATE OF MISSISSIPPI
1990 - 1994**

MISSISSIPPI STATE DEPARTMENT OF HEALTH

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TeamBRFSS

Kaye Bender; MSDH - Director, Office of State Health Officer
Bruce Brackin; MSDH - Deputy State Epidemiologist
Valerie Beck Collins; MSDH - BRFSS Consultant
Mary Currier, M.D.; MSDH - State Epidemiologist
Tamu Green; MSDH - Data Processing Technical Specialist
Nita Gunter; MSDH - Bureau Chief, Public Health Statistics
Robert Hotchkiss, M.D.; MSDH - Director, Office of Community Health Services
Dick Johnson; MSDH - Biostatistician
Ellen Shea Jones; MSDH - Division Director, Health Promotion and Education
Joy Sennett; MSDH - Branch Director, Community Health Services

BRFSS Telephone Contractor: Southern Research Group; Jackson, MS

BRFSS Data Analysis: University of Mississippi Medical Center; Department of Preventive Medicine

BRFSS Coordinator: Ellen Shea Jones

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PREFACE

INTRODUCTION

The Behavioral Risk Factor Surveillance System (BRFSS) was initiated by the Centers for Disease Control and Prevention (CDC) in the 1980s for the purpose of monitoring the risk behaviors of Mississippi residents. Major intents of this undertaking are to gather population baseline data, establish health promotion objectives, and develop intervention strategies. Today, virtually all state and U.S. territories participate yearly in this joint effort. Within each state/territory, adults are selected randomly for inclusion into the study. Respondents answer demographic questions, core questions, and modules to a standardized questionnaire. Funding for the BRFSS is provided by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Implementation in Mississippi is performed by the State Department of Health, Division of Health Promotion and Education.

METHODOLOGY

The survey questionnaire was developed by CDC, incorporating input provided from individual states. Administration of the survey in Mississippi was coordinated by the Division of Health Promotion and Education following guidelines established by the CDC. Respondents were adult Mississippians contacted at residential households from a random list of telephone numbers. All collected data were routed to the CDC for editing and inclusion into national aggregates. The CDC also computed weighting factors, using age, race, gender, and other demographics. The weights were used to adjust the results to be more reflective of the state's adult population as reported in the 1990 census tabulations. Edited data was redistributed back to the State Department of Health for subsequent analysis and report preparation.

A sample size of no less than 132 completed questionnaires per month was summarized based on demographics listed in Table A-1. Specific comparisons of the sample in relation to the estimated population and the specific risk factors were summarized in Table A-2. To reduce biased inferences due to inherent sampling imperfections, all analyses are based on weighted data.

It should be emphasized that even though the questionnaire had been thoroughly designed to avoid leading statements that might influence responses by the participants, all data obtained was self-reported. It was possible, therefore, that certain health-related behaviors may have been over- or under-reported, depending on the nature of the specific inquiry.

TABLE A-1**BRFSS - MISSISSIPPI DEMOGRAPHICS, 1990 - 1994**

YEAR		1990	1991	1992	1993	1994
Sample Size		1581	1582	1574	1583	1589
Gender	Female	52.7*	52.7	53.5	53.4	53.4
	Male	47.3	47.3	46.5	46.6	46.6
Race	Black	32.1	31.5	30.9	31.3	30.9
	White	64.5	63.9	66.8	65.7	66.1
	Other	3.4	4.6	2.3	3.0	3.0
Age	18-24	15.3	15.3	16.1	15.2	15.2
	25-34	21.9	22.7	21.9	21.1	21.1
	35-44	19.2	19.1	18.7	20.1	20.1
	45-54	13.6	13.5	13.4	14.2	14.3
	55-64	11.4	11.4	11.8	11.4	11.4
	65+	17.8	17.8	17.5	17.8	17.8
	Unk/Ref	0.8	0.2	0.6	0.2	0.1
Education	< 9 th grade	11.7	8.3	9.2	10.0	10.0
	Some HS	15.2	16.6	14.1	14.3	12.7
	HS graduate	34.7	34.0	32.8	33.2	33.2
	Some College	21.5	23.6	24.8	25.1	26.2
	College Grad.	16.6	17.3	19.0	17.2	17.6
	Unk/Ref	0.3	0.2	0.1	0.2	0.3
Marital Status	Married	61.9	62.7	59.2	61.9	62.0
	Cohabitation	0.5	0.5	0.4	0.5	0.9
	Widowed	8.8	8.5	8.8	8.8	10.2
	Never Married	17.6	18.5	20.6	18.1	17.6
	Separated	2.5	2.4	3.2	3.4	2.2
	Divorced	8.6	7.2	7.6	7.3	7.1
	Unk/Ref	0.1	0.2	0.2	0.0	0.0
Employment	Retired	18.5	18.8	19.3	20.8	21.9
	Employed	53.0	50.8	50.0	51.4	54.2
	Self-Employed	6.9	7.8	8.1	6.2	8.2
	Homemaker	8.6	9.1	8.0	9.4	7.3
	Student	4.1	5.2	5.9	5.3	5.0
	Unemployed	8.8	8.2	8.5	6.7	3.3
	Unk/Ref	0.1	0.1	0.2	0.2	0.1
Income	< 10K	26.0	23.6	23.5	20.9	21.2
	10K-15K	11.7	11.2	12.2	13.6	10.8
	15K-20K	9.4	11.2	10.0	9.6	10.0
	20K-25K	8.3	7.8	8.3	9.5	8.9
	25K-35K	12.2	12.5	12.5	14.2	11.6
	35K-50K	12.0	11.3	12.3	10.9	12.3
	50K+	7.2	8.0	9.6	10.6	12.4
	Unk/Ref	13.2	14.4	11.6	10.7	12.4

*Weighted percentages

TABLE A-2**Percentage of Mississippi Residents Ages 18 and Older
Specific Behavioral Risk Factors, 1990-1994**

Year	1990	1991	1992	1993	1994
Sample Size	1581	1582	1574	1583	1589
Safety Belt Non-Use	48.0	44.4	36.6	35.9	N/A
Hypertension	28.2	29.9	27.9	29.8	N/A
Sedentary Lifestyle	65.9	67.3	67.8	N/A	67.0
Current Smoking	24.1	24.1	23.5	24.1	22.1
Overweight	29.9	30.9	24.7	36.3	36.5
Current Drinker	36.0	31.1	33.6	31.8	N/A
Acute Drinker	10.6	8.1	10.9	8.5	N/A
Chronic Drinker	2.7	2.8	2.5	2.7	N/A
Drinking & Driving	1.6	2.4	2.3	1.8	N/A
Cholesterol not Checked	48.2	43.1	39.7	43.0	N/A
Diabetes	6.9	7.0	6.6	6.3	6.3
No Health Care Plan	N/A	20.4	18.8	15.9	14.5

N/A: Data not Available

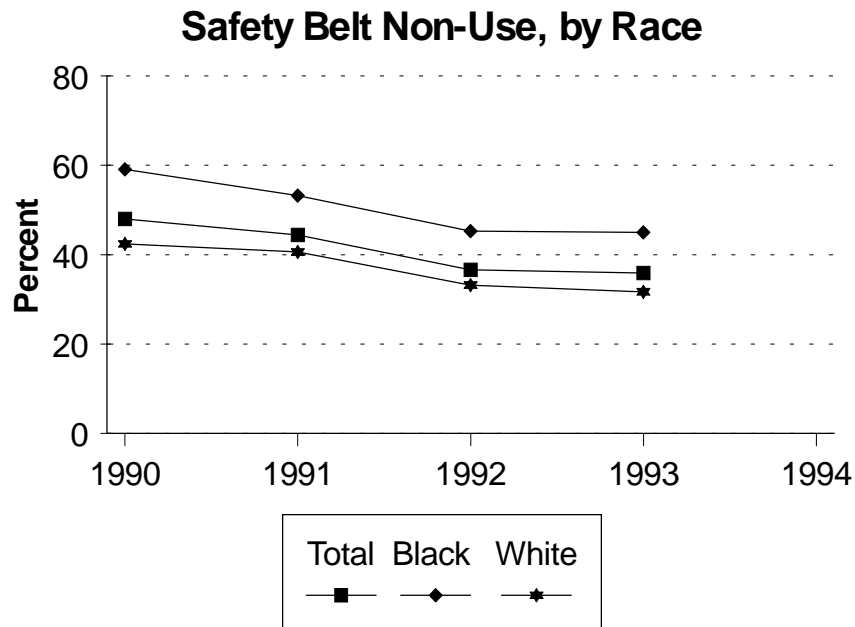
SAFETY BELT NON-USE

Definition: Passenger motor vehicle occupants who reported sometimes, seldom, or never using safety belts.

Risk: Motor vehicle crashes are the leading cause of injury-related deaths in Mississippi.

Even though Mississippi has a mandatory compliance law, safety belts are not being utilized by a large proportion of adult travelers. Never-the-less, a significant increase in safety belt usage has occurred over the past few years. Since 1990, non-usage has dropped from 48.2% to a level of 35.9% in 1993 (data not available in 1994), a 25.5% decrease.

Higher levels of noncompliance were observed to exist among minority males, undereducated, unemployed, and unmarried/separated subpopulations. Detailed risk analysis incorporating these and other demographic variables indicated that marital status and race were significant determinants of safety belt utilization rates. Graphics illustrating the associated rates are presented below.

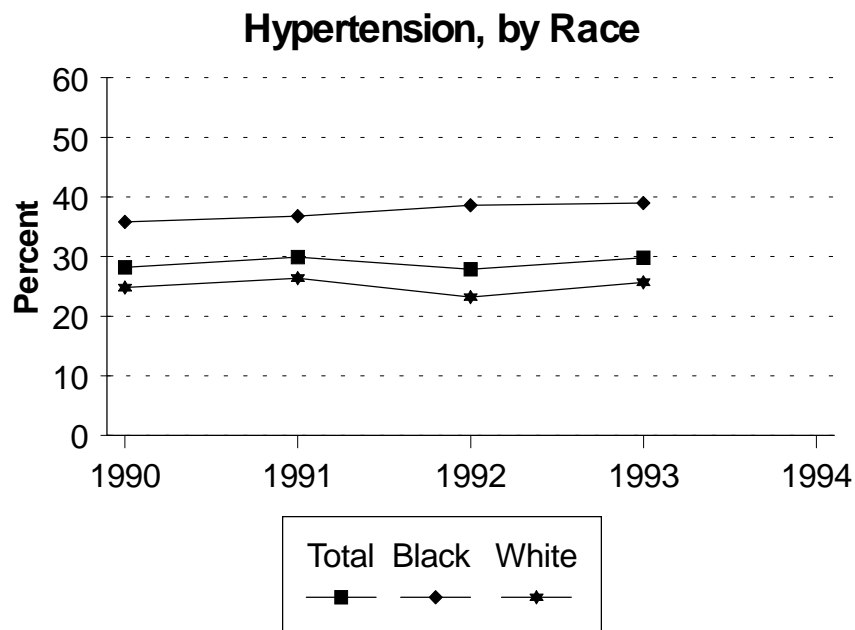


HYPERTENSION AWARENESS

Definition: High blood pressure is defined as being informed by health care professionals of having high blood pressure.

Risks: Chronic hypertension, if undiscovered and untreated, can damage artery walls causing hardening and narrowing of blood vessels. An estimated 50 million Americans have high blood pressure (140/90 mm Hg or greater) or are taking medication to lower it. Coronary heart disease, stroke, and renal disease increase with higher levels of both systolic (SBP) and diastolic blood pressure (DBP).

Risk factors include obesity, high alcohol intake, a high sodium diet, and physical inactivity. Due to the many well-publicized campaigns sponsored by various health organizations, the level of awareness concerning this potentially life-threatening disorder remains high, with over 90% of adult Mississippians having obtained blood pressure screenings within the past year. Mississippians have consistently higher rates of hypertension than do their counterparts in the overall adult U.S. population, and there is no apparent change occurring in this trend. Approximately 29% of those polled have been diagnosed with high blood pressure (data not available in 1994). Higher frequencies of hypertension were observed to exist among minority, female, seniors, undereducated, and lower income subpopulations.



PHYSICAL ACTIVITY

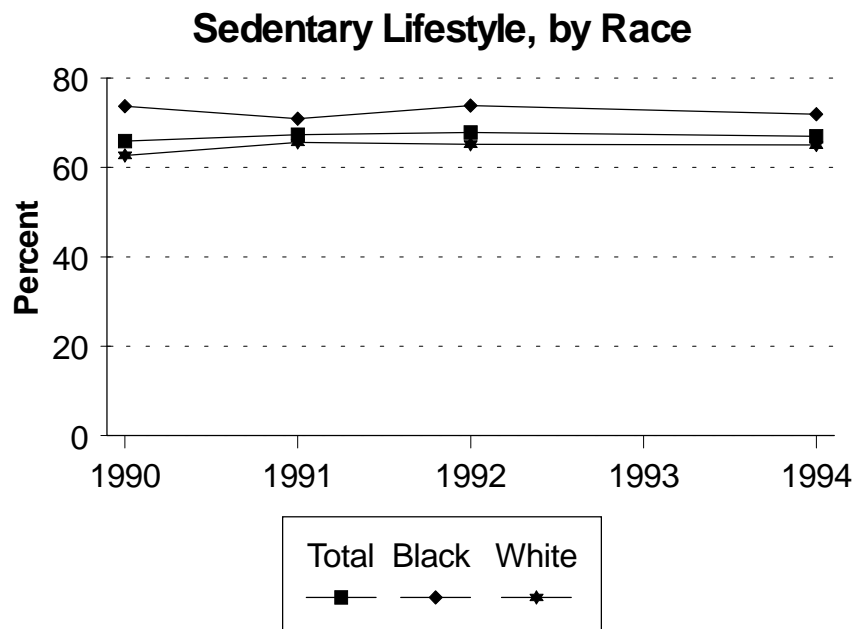
Definition: Sedentary lifestyle is defined as performing no physical activity, or a physical activity or pair of activities (i.e., walking, running, swimming, etc.) that were done for 20 minutes or less, three or fewer times per week.

Risks: The American Heart Association reports that lack of exercise is as significant a risk factor for heart disease as cigarette smoking, high blood pressure, or high blood cholesterol levels. Approximately 40 to 50 million Americans are considered sedentary and need more activity.

The benefits of sustained regular physical activity such as maintenance of muscle tone and body weight, conditioning of the cardiovascular system, and the reduction of stress are well known. One primary benefit of regular physical activity is reduced risk against coronary heart disease.

In Mississippi, no variation over time was evident ($p = .776$), as approximately 67% of adult Mississippians fail to maintain adequate levels of exercise each year. This proportion is markedly higher than the national median rate of 56.5%.

Not surprisingly, the prevalence of sedentary lifestyles increased with age. However, other dependent risk factors derived from risk analysis modeling were education level and race. The tendency of maintaining inactive lifestyles declined uniformly as education levels advanced.



CURRENT SMOKING

Definition: Persons having smoked at least 100 cigarettes during a lifetime and smoke now are current smokers.

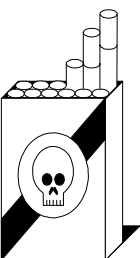
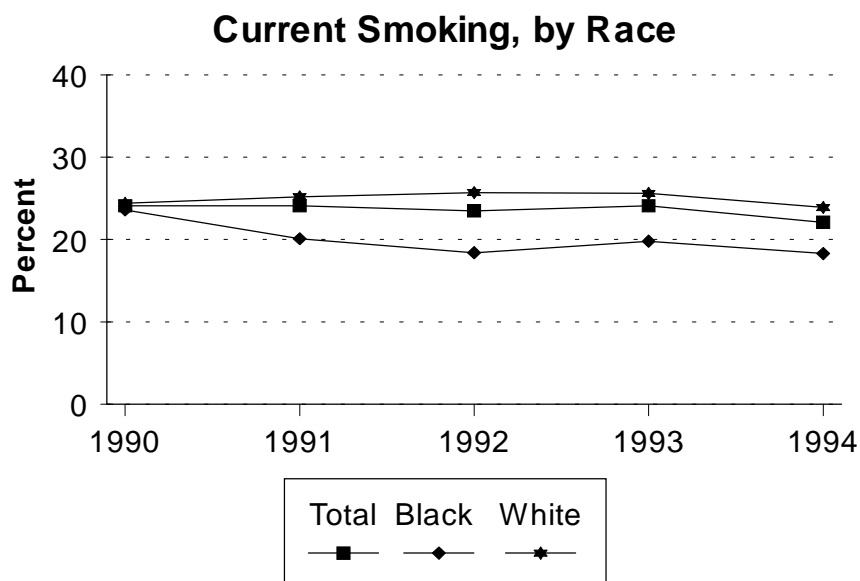
Risks: The Surgeon General has identified cigarette smoking as “the chief, single avoidable cause of death in our society, and the most important public health issue of our time.” Health consequences of smoking include cardiovascular disease, chronic obstructive pulmonary disease and emphysema, and cancers of the lung, larynx, mouth, esophagus, and bladder.

The use of tobacco products has been implicated in more than twenty percent of all deaths in the United States today. Regardless of any health consequences or social stigmas, smoking persists as an activity performed by approximately 22.2% of the nation’s adult population on a regular basis.

BRFSS data did not show any significant ($p = .192$) evidence of an increasing or decreasing trend in cigarette smoking between 1990 and 1994. About 22.1% of adult Mississippians currently smoke, even though smoking accounts for approximately 4,000 deaths in Mississippi each year. Smoking was observed to be most prevalent among the 25 to 44 age group.

Education level was significantly associated with smoking. Those possessing high school or lesser instruction are significantly more likely to report themselves as current smokers. Higher rates of current smokers were also found to exist among unemployed males, homemakers, and older singles/divorced/separated individuals.

It is well recognized that persistent habits often form during the developmental years. Tobacco products, given their relative ease of accessibility and the addictive nature of nicotine, lend themselves to be readily misused during this time.

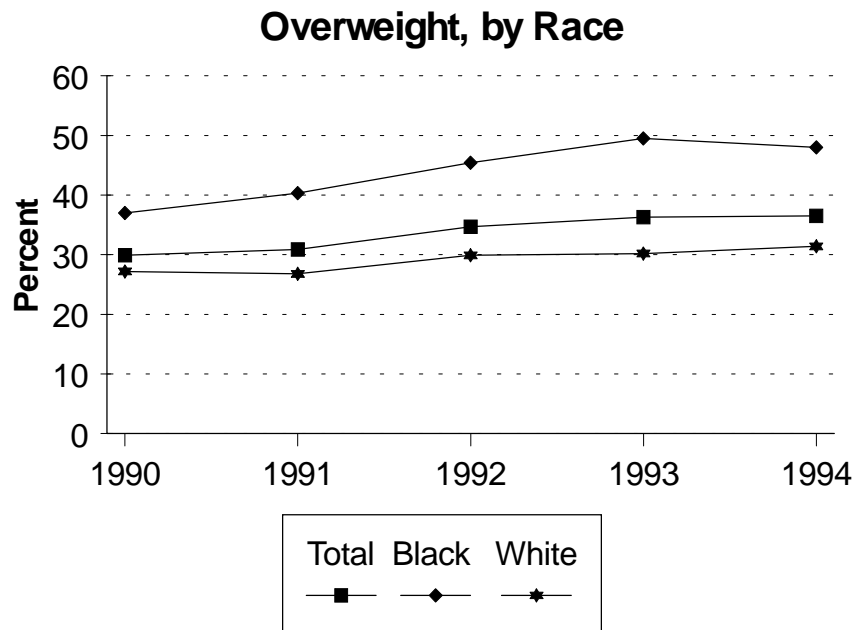


OVERWEIGHT

Definition: Respondents were considered obese if they were at or above 120% of their ideal body weight. Ideal body weight is defined as the mid-value for a medium frame person based on the 1959 Metropolitan Life Insurance height-weight tables.

Risks: The consequences of being overweight to the health of individuals include increased risks of incurring conditions such as diabetes, heart disease, stroke, cancer, and gall bladder disease. On average, Mississippi has one of the highest prevalences of obese people in the nation. A significant ($P < .001$) upward trend in the percentage of overweight adults was observed over the past five years. There was a 22.1% increase in this figure from 1990 and 1994.

Although an increased prevalence was associated with age beyond early adulthood, the subpopulation most at risk for being overweight was observed to be black females. Also among those most at risk are single/divorced/separated females, older blacks, older single/separated/divorced adults, and undereducated individuals.



ALCOHOL USE

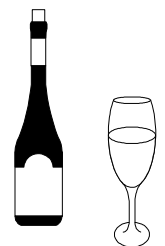
Definition: Current drinking is defined as having consumed any type of alcoholic beverage during the past month. Chronic drinking is defined as respondents having consumed an average of sixty or more alcoholic drinks in a month, whereas acute or binge drinking is defined as having consumed five or more drinks per occasion, one or more times during the past month.

Risks: Alcohol is a substance obtainable for use in Mississippi by adults twenty-one years of age and older. It comes in a variety of forms and potencies-- beer and malt beverages typically provide the lowest concentrations (3.2% - 5%), whereas wines and distilled liquors vary in their alcohol content from 15% to almost 100% (i.e., 200-proof pure grain) formulations.

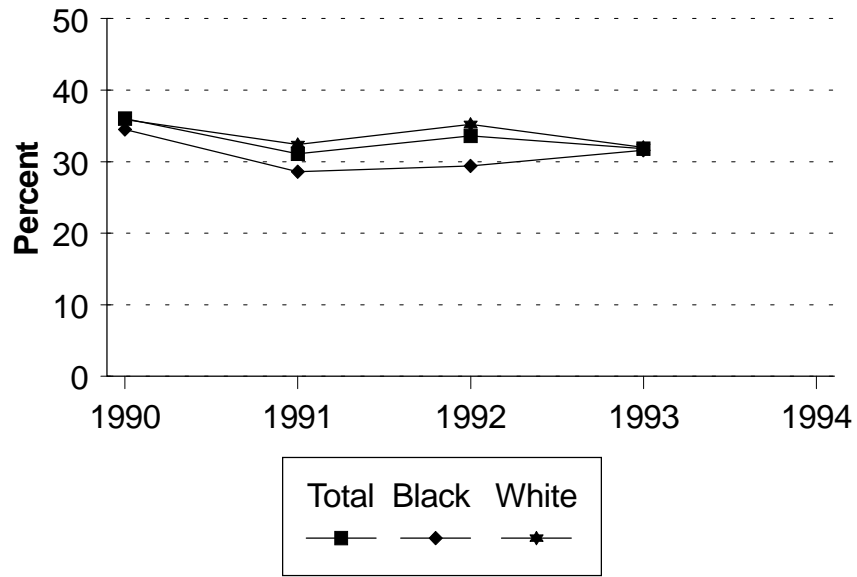
In Mississippi, the percentage of current drinkers among adults dropped from 36% in 1990 to about 31.8% in 1993 (data for 1994 is unavailable). The proportion of adult Mississippians reporting acute drinking has stayed at relatively steady levels (approximately 9.7%) for the past several years ($P = .309$), but remains well below the national median percentage of 14.4% (Data for 1994 is unavailable).

The prevalence of chronic drinking remained steady ($P = .856$) at about 2.7% of the population in the state, between 1990 and 1993. At higher risk of chronic drinking appears to be males and younger adults.

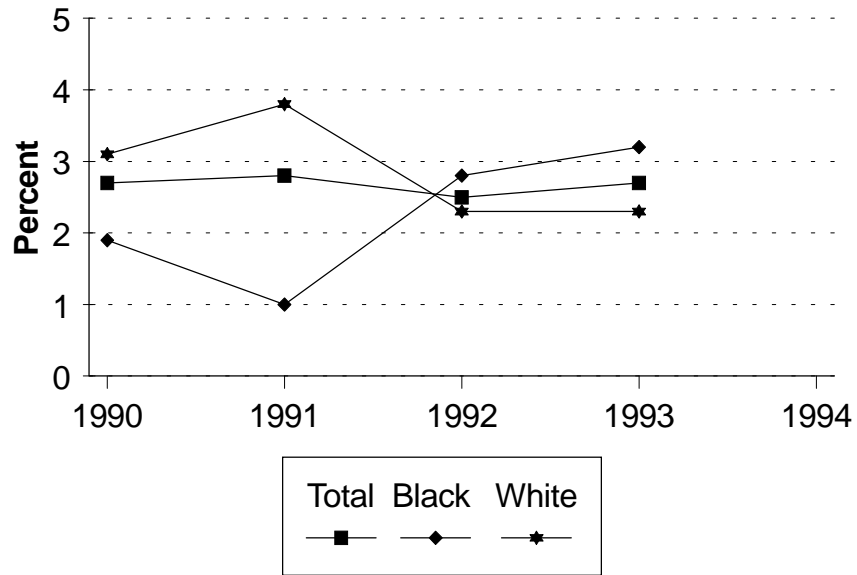
The problem of drunk driving affects all of society. All too often innocent parties become victims to intoxicated motorists who are unable to control their vehicles responsibly. Although legal intoxication in Mississippi is set at the 0.10% blood alcohol level, for the purpose of this study, drinking and driving is defined as the operating of a motor vehicle after "having too much to drink," one or more times during the past month. No apparent trend ($P = .840$) was observed in the proportion of adult Mississippians at risk of drinking and driving between 1990 and 1993 (data for 1994 was unavailable). Approximately 2% of the population remains at risk for the same. The risk for drinking and driving appears to be greater for males, younger males, younger adults, and older single/separated/divorced individuals.



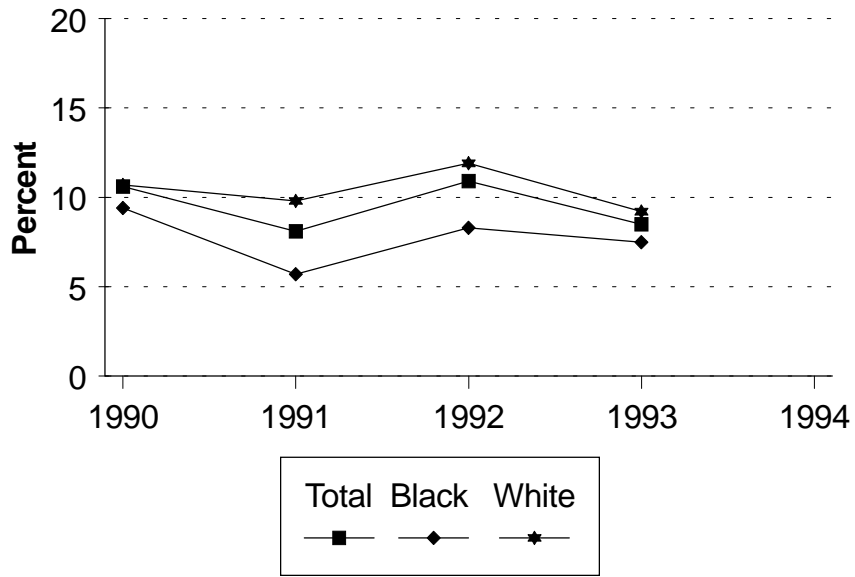
Current Drinking, by Race



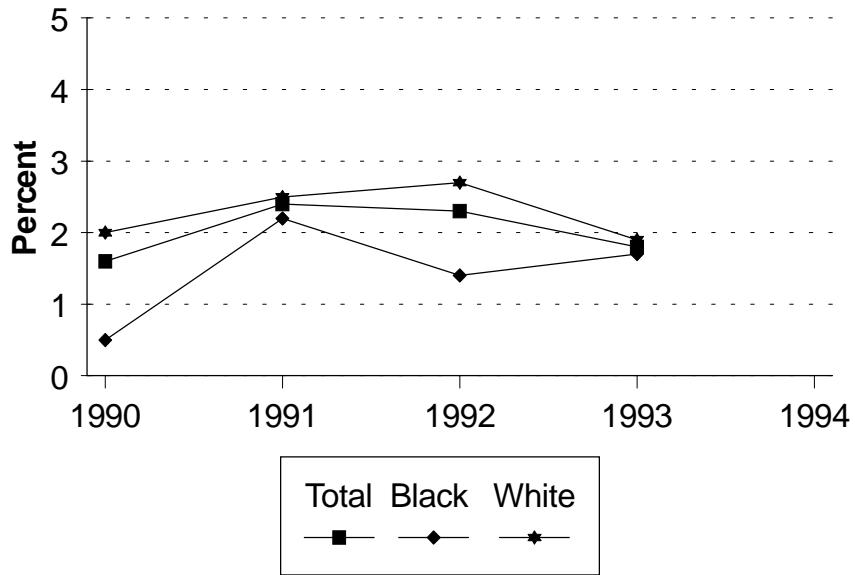
Chronic Drinking, by Race



Acute Drinking, by Race



Drinking & Driving, by Race

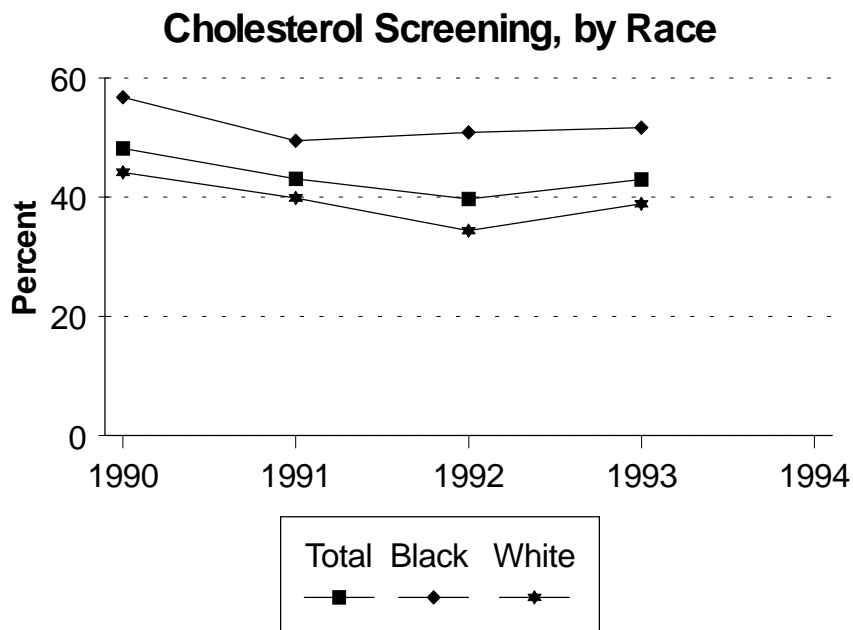


CHOLESTEROL NOT CHECKED

Definition: Respondents who reported not having a cholesterol screening done within the past five years.

Risks: A high intake of cholesterol and saturated fats may increase blood cholesterol levels. These levels can be affected by diet, activity, and medication, among other factors. High blood cholesterol is one of three major risk factors for coronary heart disease, with high blood pressure (hypertension) and cigarette smoking being the other two. Serum cholesterol concentration is determined through diagnostic blood analysis performed by health care professionals.

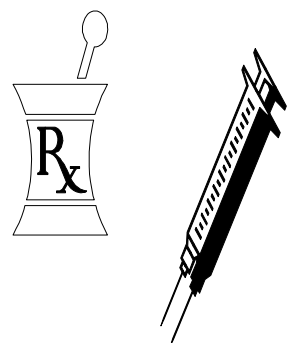
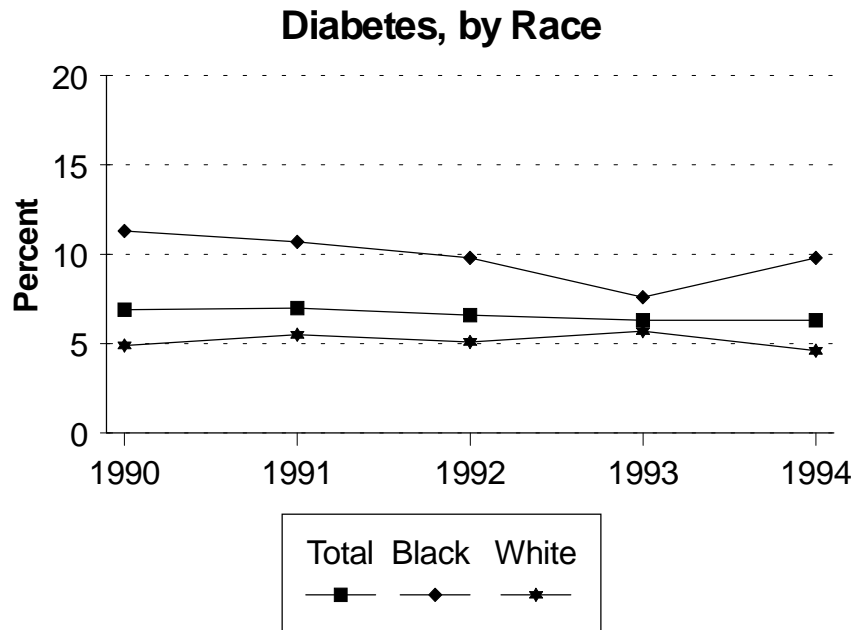
The percentage of unscreened individuals in the population decreased from 48.2% in 1990 to 43.0% in 1993 (data for 1994 was unavailable). This was found to represent a significant ($P = .0006$) downward trend over the years. Those most at risk of not having their cholesterol checked are males, younger adults, younger males, and older single/separated/divorced persons.



DIABETES

Definition: The BRFSS definition of being diabetic is being told by a doctor that the person has diabetes. Diabetes is caused by inadequate utilization or insufficient secretion of insulin. Clinical symptoms include thirst, excessive urine production, and elevated levels of sugar in blood and urine.

Risks: Left unchecked, conditions including blindness and decreased circulation to extremities and limbs necessitating amputation may evolve in advanced cases. This disorder affects the adult population in Mississippi at a current prevalence of 6.6%. The prevalence of diabetes in Mississippians remained relatively unchanged over the past five years from 6.9% in 1990 to 6.3% in 1994. There was no apparent trend ($P = .367$) over time. Those at higher risk of being diabetic include older adults, older blacks, undereducated, females, black females, and older unemployed.

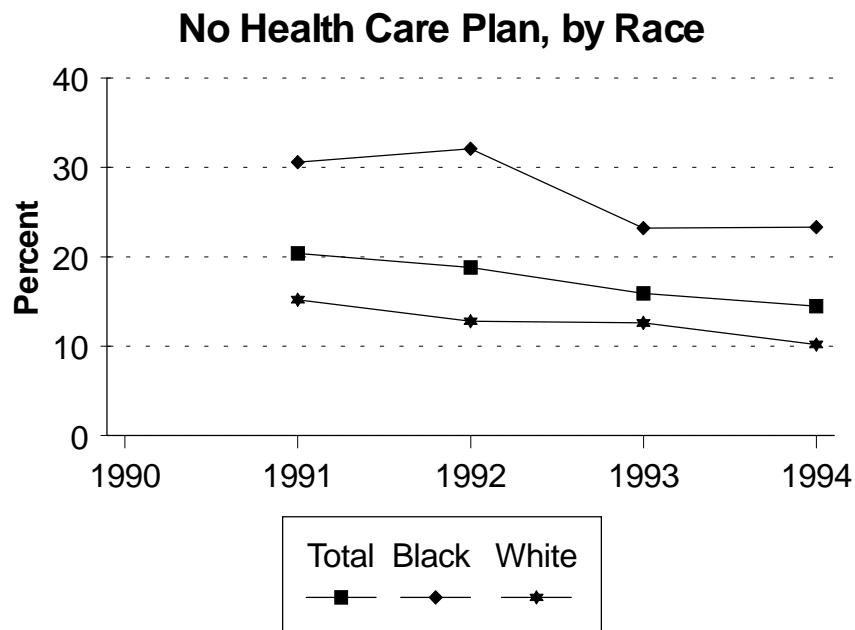


HEALTH CARE COVERAGE

Definition: Individuals having no kind of health care plan.

Risks: The United States possesses superior medical technological capabilities and professional training utilizing the latest advances. However, the costs associated with the delivery of these high quality services continue to escalate. As a consequence, health insurance coverage, once commonly offered by employers, has been scaled back -- or even eliminated completely -- from basic benefit packages in an effort to reduce overhead charges due to premium increases.

Although the proportion of adult Mississippians lacking adequate health care coverage is much higher than the national median, there has been a significant decrease of about 28.9% in the percentage of noncoverage from 1991 to 1994 (P = .001), as reported by the Behavioral Risk Factors Surveillance System. Those at higher risk of having no health care coverage are young adults, undereducated persons, blacks, older unemployed, and single/separated/divorced individuals.



APPENDICES

BRFSS DEFINITIONS

Safety Belt Non-Use - Respondents who reported they sometimes, seldom, or never use seat belts.

Hypertension - Respondents who reported they have been told that they had high blood pressure.

Sedentary Lifestyle - Respondents who reported no physical activity or pair of activities that were done for 20 minutes or less, three or fewer times per week.

Current Smokers - Respondents who reported having smoked at least 100 cigarettes in their lifetime and smoke now.

Overweight - Respondents who reported they weigh at or above 120% of the ideal weight (the mid-point value for a medium frame person) for height, based on the 1959 Metropolitan Life Insurance Company "Desirable Weight Tables."

Current Drinking - Respondents who reported consuming any type of alcoholic beverage during the past month.

Acute, or Binge Drinking - Respondents who reported consuming five or more drinks per occasion, one or more times during the past month.

Chronic Drinking - Respondents who reported consuming an average of sixty or more alcoholic drinks per month.

Drink and Drive - Respondents who reported operating a motor vehicle after having too much to drink, one or more times during the past month.

Cholesterol Not Checked - Respondents who reported they had not obtained a blood cholesterol screening in the past five years.

Diabetic - Respondents who reported having been told by a doctor that they have diabetes.

No Health Plan - Respondents who reported they have no kind of health care plan.

SPECIFIC BEHAVIORAL RISK FACTORS BY DISTRICT

TABLE B-1

**Percentage of Mississippi Residents Ages 18 and Older at Risk for Safety Belt Nonuse
1990-1994**

DISTRICT	1990	1991	1992	1993	1994
1	52.7	45.0	36.6	33.8	N/A
2	47.6	42.6	36.0	41.9	N/A
3	48.4	54.0	41.7	41.0	N/A
4	49.7	41.6	33.8	39.7	N/A
5	49.6	39.8	34.5	35.3	N/A
6	48.9	51.4	44.3	32.4	N/A
7	50.1	44.0	46.2	38.2	N/A
8	47.8	45.0	28.7	39.9	N/A
9	42.2	42.2	31.5	25.7	N/A

TABLE B-2

**Percentage of Mississippi Residents Ages 18 and Older at Risk for Hypertension
1990-1994**

DISTRICT	1990	1991	1992	1993	1994
1	37.4	30.7	25.3	26.0	N/A
2	28.7	32.7	24.0	29.6	N/A
3	31.9	34.8	34.9	44.3	N/A
4	28.1	34.5	23.0	30.2	N/A
5	29.3	24.6	32.1	25.3	N/A
6	26.2	25.8	28.8	32.0	N/A
7	36.8	40.4	30.8	27.1	N/A
8	24.0	29.3	26.9	31.4	N/A
9	20.6	24.6	23.6	29.9	N/A

TABLE B-3**Percentage of Mississippi Residents Ages 18 and Older at Risk for Sedentary Lifestyle
1990-1994**

DISTRICT	1990	1991	1992	1993	1994
1	72.6	67.7	74.3	N/A	67.7
2	65.1	72.2	62.8	N/A	68.1
3	76.1	73.4	65.2	N/A	68.6
4	66.3	61.4	69.2	N/A	67.3
5	63.6	66.4	64.2	N/A	65.8
6	64.1	69.4	68.2	N/A	67.8
7	67.2	62.7	73.5	N/A	73.6
8	71.7	67.6	70.3	N/A	74.8
9	59.0	64.2	66.3	N/A	59.9

TABLE B-4**Percentage of Mississippi Residents Ages 18 and Older at Risk for Current Smoking
1990-1994**

DISTRICT	1990	1991	1992	1993	1994
1	24.7	26.8	24.4	27.8	30.9
2	22.9	22.7	25.6	30.6	22.7
3	20.1	21.3	25.0	26.4	17.8
4	19.9	20.2	26.8	15.4	22.9
5	26.5	25.9	17.5	23.3	18.4
6	18.6	26.3	25.8	22.3	17.4
7	24.0	16.0	19.4	18.9	29.8
8	20.1	21.0	22.3	23.1	20.5
9	29.8	30.1	28.3	26.0	26.8

TABLE B-5**Percentage of Mississippi Residents Ages 18 and Older at Risk of Being Overweight
1990-1994**

DISTRICT	1990	1991	1992	1993	1994
1	35.9	29.2	32.7	44.3	44.5
2	29.4	31.0	29.5	32.6	32.6
3	28.6	35.8	37.6	40.8	47.8
4	29.2	29.2	29.6	39.2	38.6
5	28.8	26.4	38.9	35.6	27.6
6	28.1	35.6	30.8	37.4	37.6
7	37.8	38.4	41.0	44.5	44.3
8	28.0	32.4	33.8	35.3	37.8
9	28.7	27.9	36.3	29.5	36.1

TABLE B-6**Percentage of Mississippi Residents Ages 18 and Older at Risk for Current Drinking
1990-1994**

DISTRICT	1990	1991	1992	1993	1994
1	35.2	33.0	34.4	33.8	N/A
2	21.6	24.2	30.7	27.5	N/A
3	42.7	33.7	28.3	32.1	N/A
4	35.3	23.4	35.8	22.6	N/A
5	41.0	40.1	40.3	38.3	N/A
6	28.6	28.1	29.7	23.1	N/A
7	31.6	19.6	24.5	24.5	N/A
8	25.4	21.7	27.0	29.3	N/A
9	45.3	38.0	42.2	38.8	N/A

TABLE B-7**Percentage of Mississippi Residents Ages 18 and Older at Risk for Acute Drinking
1990-1994**

DISTRICT	1990	1991	1992	1993	1994
1	10.8	5.0	14.5	7.5	N/A
2	7.8	6.2	10.2	9.7	N/A
3	4.8	6.6	10.1	5.1	N/A
4	14.4	7.3	10.6	7.9	N/A
5	10.3	12.6	12.0	10.2	N/A
6	6.7	10.2	9.2	6.2	N/A
7	18.2	4.4	9.5	7.8	N/A
8	8.8	5.2	5.7	9.0	N/A
9	12.7	9.9	13.6	8.6	N/A

TABLE B-8**Percentage of Mississippi Residents Ages 18 and Older at Risk for Chronic Drinking
1990-1994**

DISTRICT	1990	1991	1992	1993	1994
1	2.3	3.0	2.8	1.5	N/A
2	2.7	2.0	2.2	2.0	N/A
3	1.2	1.9	4.9	5.4	N/A
4	7.1	0.9	0.9	2.4	N/A
5	1.0	4.1	3.3	2.4	N/A
6	2.2	6.0	3.0	0.7	N/A
7	3.1	0.9	1.4	0.0	N/A
8	0.0	0.7	1.4	5.2	N/A
9	4.3	3.2	2.0	3.6	N/A

TABLE B-9**Percentage of Mississippi Residents Ages 18 and Older at Risk for Drinking & Driving
1990-1994**

DISTRICT	1990	1991	1992	1993	1994
1	0.0	0.0	0.8	1.1	N/A
2	1.6	1.6	1.2	4.7	N/A
3	0.0	3.8	1.3	5.6	N/A
4	2.3	0.5	5.0	0.3	N/A
5	2.0	3.6	5.1	0.4	N/A
6	0.4	6.8	2.7	2.1	N/A
7	1.1	0.0	1.3	1.7	N/A
8	0.5	0.4	0.4	0.7	N/A
9	3.4	2.8	0.3	1.4	N/A

TABLE B-10**Percentage of Mississippi Residents Ages 18 and Older at Risk for No Cholesterol Screening
1990-1994**

DISTRICT	1990	1991	1992	1993	1994
1	41.1	39.1	37.4	51.9	N/A
2	47.4	45.0	44.8	51.6	N/A
3	58.5	46.8	41.1	40.9	N/A
4	52.0	42.4	36.9	42.9	N/A
5	44.6	43.8	38.7	39.6	N/A
6	41.1	37.7	39.9	40.2	N/A
7	52.2	38.9	44.5	36.7	N/A
8	54.2	50.6	39.9	42.3	N/A
9	47.8	41.9	35.7	42.4	N/A

TABLE B-11**Percentage of Mississippi Residents Ages 18 and Older at Risk of Being Diabetic
1990-1994**

DISTRICT	1990	1991	1992	1993	1994
1	6.0	3.8	5.9	10.3	9.1
2	6.2	6.9	4.4	5.6	5.7
3	9.5	8.7	9.9	5.1	6.5
4	8.5	7.0	3.6	5.8	6.0
5	8.0	5.2	7.0	4.9	4.5
6	3.9	6.7	5.7	10.5	5.0
7	10.7	10.7	7.1	8.5	10.9
8	4.0	9.2	9.6	3.5	6.1
9	5.5	7.7	7.0	7.3	7.6

TABLE B-12**Percentage of Mississippi Residents Ages 18 and Older at Risk of Having No Health Care Plan
1990-1994**

DISTRICT	1990	1991	1992	1993	1994
1	N/A	19.7	13.9	18.0	9.8
2	N/A	17.0	18.9	15.2	10.2
3	N/A	22.5	25.0	22.6	16.6
4	N/A	11.7	15.3	13.8	15.5
5	N/A	16.8	19.6	12.9	19.8
6	N/A	20.6	15.9	20.8	9.0
7	N/A	30.7	25.6	13.9	18.2
8	N/A	17.0	17.9	17.7	17.3
9	N/A	27.4	18.0	15.5	11.4