Health Survey of the Arab, Muslim, and Chaldean American Communities in Michigan

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**Purpose**

With approximately 300,000 Arab Americans, Michigan is home to the largest Arab American population in North America. Arab Americans are the third largest and fastest growing minority group in the state of Michigan; 84% of this population resides in metropolitan Detroit. Arabs in Michigan come from every country in the Arab World, with the majority emigrating from Lebanon, Palestine, Yemen, and Iraq. The Arab and Chaldean community of Metro Detroit and in Michigan is a diverse grouping of Middle Eastern immigrants, Muslim and Christian; first, second, and third generation Americans.

Despite the size of the Arab and Chaldean communities in Michigan, information about their health status remains lacking. This is partly due to the fact the federal statistics consider Arabs, even with the darkest of skin, under the grouping White. Recognition of a separate ethnic grouping for people of Middle Eastern descent has been accomplished by state and local health entities in Michigan, but large statistical efforts to quantify the needs and health conditions of the population have not been widely undertaken.

The current survey was designed by the Michigan Department of Community Health and completed in conjunction with the Arab Community Center for Economic and Social Services (ACCESS).

**Hypothesis**

Statistics from the Office of the State Registrar indicate that about 20% of Arab family income is below the federal poverty line. This low-income level makes health services unaffordable for a large percentage of Arab Americans. Moreover, because
persons with a lower income cannot afford to use medical care regularly, they often rely on crisis care. Health problems in the lower income group are often more serious because problems are ignored until they reach crisis proportions. Thus chronic diseases tend to be neglected longer among the poor, with resultant longer hospitalization and greater morbidities. Similarly, higher levels of smoking, and poorer dietary practices may be expected.

The current survey is undertaken with two main hypotheses posited.

1) That the Arab and Chaldean population of Michigan is, on the whole, less healthy than the general population as evidenced by self-reported health risk factors,

2) And that the increased relative risk of morbidity and mortality in the Arab and Chaldean communities compared to the general population is related to higher levels of unhealthy health behavior practices, reduced access to health care and inadequate exposure to primary prevention

3) That with respect to certain cultural/social practices, some cultural tendencies are protective with respect to health outcomes

**Background**

The term Arab is a classification based largely on common language (Arabic) and a shared sense of geographic, historical and cultural identity. The term Arab is not a racial classification, but includes peoples with widely varied physical features. The Arab people live in an expansive geographic region extending from the Atlantic coast of Northern Africa to the Persian Gulf. The total population the Arab world is approximately XXX million in 22 nations. There are 9 Arab countries in Africa
(Morocco, Mauritania, Algeria, Tunisia, Libya, Sudan, Somalia, Djibouti and Egypt) and 12 countries in Asia, including (Iraq, Jordan, Lebanon, Syria, Kuwait, Bahrain, Qatar, Oman, United Arab Emirates, Saudi Arabia, Yemen, and the people of Palestine who are presently either living under Israeli rule, partial Palestinian Authority autonomy, or dispersed throughout the world. Despite the national boundaries drawn between the Arabs in the post-colonial period, the Arabs on the popular level view themselves as a unified entity.

Arabs are not homogenous with respect to religious belief, but include Christians, Jews and Muslims. The large majority of Arabs are Muslim, but in total the Arabs comprise only about 17% of the Islamic population worldwide. The religion of Islam, however, is closely associated with Arab identity because of the origins of Islam in the Arabian Peninsula and the fact that the language of Arabic is the sacred language of the Holy Qur’an.

**What is a Muslim?**

The Arabic word 'Islam' simply means 'submission', and derives from a word meaning 'peace'. In a religious context it means complete submission to the will of God. Muslims are adherents to the religion of Islam, as defined by the revealed holy book (the Qur’an), and the teaching and example of the Prophet Muhammad. One billion people from a vast range of races, nationalities and cultures across the globe - from the southern Philippines to Nigeria - are united by their common Islamic faith. About 18% live in the Arab world; the world's largest Muslim community is in Indonesia; substantial parts of Asia and most of Africa are Muslim, while significant minorities are to be found in the Soviet Union, China, North and South America, and Europe. The Muslim population of
the world is around one billion. 30% of Muslims live in the Indian subcontinent, 20% in Sub-Saharan Africa, 17% in Southeast Asia, 18% in the Arab World, and 10% in the Soviet Union and China. Turkey, Iran and Afghanistan comprise 10% of the non-Arab Middle East. Although there are Muslim minorities in almost every area, including Latin America and Australia, they are most numerous in the Soviet Union, India, and central Africa. There are 5 million Muslims in the United States. The practice of Islam stipulates five central pillars: declarations of belief in One God and the prophecy of the Prophet Muhammad, prayer five times daily, fasting in the month of Ramadan, paying of charity alms, and pilgrimage to Mecca.

Salat is the name for the obligatory prayers that are performed five times a day, and are a direct link between the worshipper and God. There is no hierarchical authority in Islam, and no priests, so a learned person who knows the Quran, chosen by the congregation, leads the prayers. Prayers are said at dawn, noon, mid-afternoon, sunset and nightfall, and thus determine the rhythm of the entire day. Although it is preferable to worship together in a mosque, a Muslim may pray almost anywhere, such as in fields, offices, factories and universities.

Every year in the month of Ramadan, all Muslims fast from first light until sundown, abstaining from food, drink, and sexual relations. Those who are sick, elderly, or on a journey, and women who are pregnant or nursing are permitted to break the fast and make up an equal number of days later in the year. If they are physically unable to do this, they must feed a needy person for every day missed. Children begin to fast (and to observe the prayer) from puberty, although many start earlier.
Among the stipulations of Islamic law that pertain to health, the prohibition of intoxicants is perhaps the most significant. Islam also prohibits out of wedlock sexual relations, which translates into widespread social censure for dating, and encourages separation between males and females outside of the family unit.

**What is a Copt?**

The name Copt is derived from the word Aigyptos, which meant "Egypt" in Greek, which was transformed by Arabic speakers after the Arabic conquest of Egypt in 652 A.D. to "Gypt" or "Kipt". The Copts reside mainly within the boundaries of modern Egypt today, and speak a language that is the linguistic descendant of the ancient Pharonic Egyptian, but adopted the Greek alphabet for writing, after adding seven letters to adapt to some Egyptian pronunciations that were not found in the Greek alphabet. With the increasing influence of the Arabic language in Egypt from 650 onwards, the Coptic language gradually diminished.

The modern designation of Copt refers mainly to the minority community of Egyptians that remained Christian and preserved the Coptic language in church liturgies and prayers. The designation Copt refers today to those members of the still standing Orthodox Church of Alexandria. When Christianity became the official religion of the Byzantine Empire, the Coptic Church doctrine differed from of what evolved after the Council of Nicea as ‘official’ Christianity. Subsequently, the Alexandrine Orthodox suffered a period of oppression under Byzantine rule because of these beliefs, lasting until the Arab conquest of 641 when the Copts sought protection under Muslim rule from ongoing Byzantine persecution. Subsequently, many of the Coptic Christians were assimilated into the Muslim community until Arabic speaking Muslims comprised the
majority of the Egyptian population. Culturally, there is little variance between the Copts and other Egyptians with respect to social structures and health perception, save those particular injunctions found in Islamic law that are not stipulated by the Christian Church (i.e. strict prohibition of alcohol consumption, prohibition of pork, etc.)

Chaldeans

The Chaldeans and Assyrians of Beth Nahrain (Mesopotamia which is current days Iraq, east Syria, and south east Turkey) are the largest communities of the Aramaic-speaking people remaining in the Middle East. The Chaldeans and Assyrians represent mosaic communities that are a live continuation of the indigenous people of Mesopotamia --Sumerians, Akkadians, Amorites, Babylonians, Assyrians, Chaldeans, and Syriacs (Suryoyo). Though they are citizens of modern Arabic states, and speak the dominant Arabic language, their primary language is a collection of modern variants of Aramaic descended from the languages of ancient Mesopotamian civilizations.

Like the Coptic population of Egypt, the Chaldeans and Assyrians of modern Iraq are mainly the minority people of ancient Mesopotamian descent who remained part of a Christian church rather than assimilating into the Muslim majority in Iraq. The name Chaldean historically came to imply those Aramaic peoples that were members of the Catholic Church, while Assyrians were predominately members of the Eastern Church. Unlike the Copts, the Chaldean and Assyrian languages survived independent of church liturgy and remains a spoken language among these populations in particular areas of Iraq.

There are approximately 150,000 Chaldeans in the US, and an additional 100,000 who classified themselves as Assyrians. Metropolitan Detroit is the largest population
cluster of these two populations nationally, with smaller populations in Chicago and San Diego.

**Methods**

The current survey is an attempt to reach a broad cross section of the Middle Eastern peoples described above. The initial survey tool was designed by the Michigan Department of Community Health and then translated into an equivalent Arabic language version.

Survey participants were recruited through convenience sampling of the above stated communities statewide. Surveys were administered widely through local community based organizations. This method provides the advantage of reaching a wide scope of Middle Eastern communities via 34 different community centers across the state of Michigan. Surveys were circulated in large quantity to each of these organizations, and they were distributed among the centers’ constituency. This method provided access to a wide range of Chaldean, Coptic, Muslim Shiite and Sunni populations across, though not necessarily in reflection of the state’s numeric composition of these respective communities.

Survey questionnaires were collected from those respondents willing to participate. Data was compiled into frequencies and then analyzed in relation to key demographic factors like age.
Findings

Demographic Background of Survey Respondents

57.6% of the survey respondents were female, and 42.6% were male. 72.0% were currently married, with 3.5% divorced, 2.8% widowed, and 21.7% never married. 40.9% had completed education less than 12th grade. 39.8% had completed 2-4 years of college, and 14.7% had graduate level educations. 50.4% reported family incomes less than $30,000 (25.3% less than $20,000 and 25.1% between 20-30,000). 18.2% earned $30,000-$40,000 and 31.4% earned more than $50,000. 54.7% of respondents were employed.

Ethnic and religious background was collected as part of the demographic profile. The following table represents the ethnic composition of survey respondents:

<table>
<thead>
<tr>
<th>NATIONALITY</th>
<th>Count</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
<td>IRAQ</td>
<td>120</td>
</tr>
<tr>
<td>ARAB-AMERICAN</td>
<td>40</td>
</tr>
<tr>
<td>INDIA</td>
<td>100</td>
</tr>
<tr>
<td>PALESTINE</td>
<td>10</td>
</tr>
<tr>
<td>SYRIA</td>
<td>30</td>
</tr>
<tr>
<td>EGYPT</td>
<td>200</td>
</tr>
<tr>
<td>LEBANON</td>
<td>20</td>
</tr>
<tr>
<td>JORDAN</td>
<td>10</td>
</tr>
<tr>
<td>SAUDI ARABIA</td>
<td>10</td>
</tr>
<tr>
<td>OTHER MIDEAST COUNTR</td>
<td>0</td>
</tr>
</tbody>
</table>
The current survey was administered in both English and Arabic. 56.4% of respondents answered the survey tool in English, while 43.6% responded to the Arabic survey tool. No measures were provided for oral administration of the survey to those individuals who are illiterate, and they were likely excluded from the survey.

When asked about the number of people in their family, 34.6% responded less than 3, 52.4% had 4 to 6 members, 10.8% had 7 to 9, and 2.3% had more the 10 family members.

**Perception of Health**

Several questions were devoted to assessing the self-perception of survey respondents’ health in comparison to other communities. 48.1% of respondents believed that their health was equivalent to other communities, while 29.3% thought their community was healthier and 22.6% thought their health to be poorer.

48.8% of the respondents described their health as excellent, very good or good as compared to others their same age. Conversely, 20.7% considered their health fair or poor in comparison with others their age. 30.2% of respondents reported being currently on medication.

**Health Insurance and Issues of Access**

Among survey respondents, 79.5% reported some form of insurance coverage, while 20.5% reported themselves and family uninsured. 63.8% of respondents were not aware of free and available health services for women and children at a local health department or community center. The insured individuals consisted of 27.1% with Blue Cross, 19.4% with private HMO coverage, 18.8% with Medicare coverage, and 17.6% with Medicaid coverage. 56.2% had obtained their health insurance through
employment, 12.9% had purchased their plan independently, and 30.9% were insured through a government plan.

52.8% of respondents reported themselves as the primary insured person, while the remaining insured were mainly covered by their husband (33.3%) or wife (13.9%). Among the insured respondents, 72.8% were satisfied with their insurance coverage.

A large majority of the survey respondents were satisfied with their health insurance plan. 72.8% reported satisfaction with their health insurance, while 22.9% were dissatisfied. 46.9% of respondents had seen a doctor in the past three months, and 68.7% had had a doctor visit within 6 months of the survey. Over 89% had seen a physician within the past two years.

**Cardiovascular Disease Risk**

44% of survey respondents were hypertensive as told to them by their doctor. When separated by age, 51.7% of those ages 40 and above had been told they were hypertensive by a doctor. Additionally, 46.8% had been told they had hypercholesterolemia. 19.3% of respondents reported having diabetes. 7.6% of respondents reported having heart disease, though this was unspecified as to congestive heart failure, prior myocardial infarction, valvular disease or other conditions.

**Cancer Prevalence and Screening**

11.4% of respondents stated they had some form of cancer. Only 26.6% were aware of having been tested for a cancer in their lifetime.

Women’s neoplasms in particular were an area where the Arab American respondents were less likely than the general population to have been screened for cancer. 31.1% of female respondents stated they had never had a mammogram in their lifetime.
(age >35). Similarly, 44.8% of all female respondents report never having had a pap smear in their lifetime.

Colon cancer screening was the least likely screening to have been obtained according to the respondents, though only 20% of the total respondents answered this question. Among female respondents, 91.6% reported no prior colon cancer screening in their lifetime. Among men older than age 40, 57.6% reported never having had a rectal exam, and 32.6% had never had a PSA blood test. 77.8% of men reported never having had a colon cancer screening. Among those men who had been screened for any form of cancer, 73.8% had had their screening in the past year.

Exercise

Data was not obtained as to the nature of self-reported exercise and the frequency per week. 60.9% of respondents stated that they exercise. Of the respondents that exercise, 55.3% reported exercise for 20 minutes, 25.3% for 40 minutes, and 19.4% for at least one hour.

Diet

19.4% of respondents were on a diet to control an illness. 80.0% of respondents described their diet as healthy and balanced. 41.5% reported eating junk food daily, while 27.5% stated they consumed no junk food in an average week.

Alcohol, Tobacco and other Drugs

15.0% of respondents in this survey admitted smoking. Among smokers, 22.9% smoking five or less cigarettes per day, while 63.6% smoked greater than a half a pack per day.
6.7% of respondents stated they drank alcohol, while 93.3% did not drink.

Among those that drank, 48.2% drank two or less drinks per week, 80.4% less than four, while 10.7% reported consuming more than six drinks weekly. 40.4% of those that drank alcohol reported a desire to quit drinking.

**Child Safety and Injury Prevention**

30.8% of respondents described their neighborhood as very safe, 59.4% described it as safe, and 9.7% described it as unsafe.

86.4% reported driving within the speed limit, and 65.8% reported always driving within posted limits, while 29.9% stated “sometimes” and 4.3% reported “seldom” or “never” keeping posted speeds. 92% reported using a seat belt, of whom 77.4% stated they always used belts, 19.4% sometimes used them, and 3.3% seldom or never used belts. 90.5% reported using seat belts for their children, and 77.6% reported always using these child belts.

**Pregnancy and Family Planning**

10.1% of female respondents were currently pregnant. 5.9% of women stated that they had children who died during the first year of life.

30.9% stated that they used birth control. Of the users of birth control, 34.0% used pills, 22.0% used IUD, 3.1% had had an implant, 9.9% had had tubal ligation, and 24.6% used a natural method. Only 14.6% of female respondents stated that their husband used birth control.
Discussion

Limitations

The primary problem with convenience sampling in the Arab community is the problem of selection bias based upon willingness to respond. In general, there is a mistrust of government and information gathering that is stronger among newly arrived immigrants than, for example, a third generation Arab American. At the same time, those same individuals more reluctant to respond to a health survey questionnaire are likely the individuals most likely to suffer from lack of health care access and poorer levels of health education.

To understand the general suspicion of surveys and other forms of information gathering among the Arab Americans, one must understand something of their historical background. The Arab peoples in the 20th century have encountered widespread strife in the postcolonial period. The extensive upheavals seen in the Middle East in the last century are partly due to the instability of post-colonial political and social structures and the residual problems of colonial period disruptions, and in part because of Western and Soviet involvement in control of the Middle East’s strategic location, being a crossroad between Africa and Asia and possessor of tremendous fossil fuels resources.

Out of the atmosphere of oppression under which many of the Arab peoples have suffered before immigration, and the discrimination against them that is widespread throughout the American press and popular culture, many Arab Americans are extremely reluctant to participate in surveys seeking personal information. Of the nearly 5,000 survey questionnaires distributed in this current effort, only about 20% of the questionnaires were returned for inclusion in the current study.
Are We Masking Communities of Greater Risk?

In a number of surveys that have attempted to survey Arab health statewide, health statistics invariably reflect the combination of two distinct subsets of the total community. One segment of the Arab and Chaldean American community is well established in the United States, either have immigrated >20 years ago or being second and third generation Americans by birth. These individuals have had relatively great success in educational achievement, economic stability and general adaptation to the American lifestyle.

On the other hand, our community is composed increasingly of new immigrants arriving to join already immigrated families or arriving newly to the area because of the Arabic language resources in Metro Detroit. This population tends to be composed of individuals who have fled from situations of war and social upheaval in their countries of origin. Consequently, they also tend to be individuals who have had less exposure to the types of services that positively impact the health of population. In particular, this newly arrived population lacks access to health care and screening, and levels of education that allow one to understand health risk behavior, the importance of exercise, etc.

The current survey represents responses from Arabic and other Muslim, Coptic and Chaldean populations across the state. This is not necessarily reflective of the actual population distribution of these aforementioned groups. The statewide population of these Middle Eastern peoples in estimated variably around 300,000. A great majority of this population is clustered in Wayne County. As a whole, the populations of Chaldeans clustered in the 7 Mile/Woodward district of Detroit and Arab in the Hamtramck and Southwest Detroit/Dearborn areas are the poorer members of the overall community.
These same community members also represent the large majority of the total Middle Eastern population statewide. In this survey, the communities of the wealthier Oakland County suburbs or other communities like Kalamazoo are represented in greater proportion than their statewide numbers, while the poorer communities like Dearborn’s South End and Hamtramck are represented in less than their actual proportions.

Second limitation is the survey’s reliance on self-reporting of health problems and levels of screening. Some of the respondents may have had prior medical work-ups for cancers and other conditions, but were unaware of reason for such medical tests.

In previous surveys conducted through the Arab Community Center for Economic and Social Services, the level of illiteracy was found to be high among respondents. This barrier was alleviated by the hiring of bilingual personnel to administer the survey tools one-on-one to participants. A limitation of the current survey is the ability to read in either English or Arabic. Because of the immigration patterns among the local community, many members of the community have migrated from rural regions where written Arabic is a language very unlike the local spoken colloquial. The variation in written and spoken Arabic is not well comprehended by Westerners, where the written and spoken languages are essentially the same, with smaller regional and slang variation. An example to the distinction between the two forms in Arabic might be the distinction between Shakespearean English and common American usage. Therefore, the problem of selection bias must again be considered in that those who were able to self administer the survey tool in either written English or Arabic were likely not representative of the poorest elements of our local community.
Lack of Screening in the Arabic Population

Despite the growing public health perception that screening is a humane and necessary means of secondary morbidity prevention, the high rates of uninsured essentially exclude many community members from such needed primary care services.

As in previous assessments of surveys, the levels of mammography and other cancer screening appear to be lower in the Arab American population as compared with the general population. The community-based organizations in the Arab community have filled the role of addressing this unmet need, but not sufficiently. One straightforward recommendation from that stems from these findings is a call for intensified public health advocacy and outreach in the low income Arab and Chaldean communities of Michigan.

Perceptions of Health

Health behavioral studies must be understood within the context of the culture that is to be studied. Within Arabic culture, disease in general is hidden from people outside of the family. There are a number of reasons for this, but the foremost is the idea of shame. Illness like cancer, which is viewed a familial by the Arab people, is considered an imperfection that reflects on the whole family. The disease is rarely named, or referred to only as “that terrible condition”.

Because of this cultural environment, it is difficult to both assess cancer burden and to outreach for cancer screening. Despite these factors, 11.4% of the current survey participants responded anonymously that they had some form of cancer. Unfortunately, these cancer rates were not quantified in a way that allows comparison with other populations or with local epidemiological data on particular cancer prevalences.
Need to Improve Insurance Access

Among the public health needs of the Arab American population, perhaps the most salient issue that recurs in community-based surveys in the high rate of medically uninsured individuals. The 1997 Wayne County Behavior Risk Factor Survey found a rate of uninsured as high as 37% in Wayne County. The current survey additionally supports this finding, though to a lesser extent. Rates of insurance likely relate directly to types of employment opportunities for Arabs, and this varies greatly across the heterogeneous Arab American population. Those individuals in higher income brackets tend to obtain health insurance coverage through employers. The poorest naturalized elements of the population are eligible for Medicaid coverage. In between are unskilled laborers and small shop workers, who are in an income bracket prohibitive of high health insurance costs, and who are ineligible for government insurance assistance either by income or citizenship qualification. This situation is most applicable in the Wayne County urban Arab American population.

Disproportionate Cardiovascular Disease Burden

In comparison to the general population, Arab Americans are apparently less healthy than the majority in terms of cardiovascular disease and its risk factors. This survey confirmed similar finding in the Arab Primary Care Survey (Hammad and Kysia, 1998) and Wayne County Behavioral Risk Factor Survey (Gold, et. al, 1997). All three efforts found disproportionately high self reported levels of hypertension, diabetes, and hypercholesterolemia. Similarly, the Arab Cardiovascular Risk Reduction Project of 1997 (Kysia and Hammad) measured blood pressure and cholesterol directly, finding
Arabs had more hypertensive and hypercholesterolemic than the general population in all categories except age 65 and older. This current study suggests similar risk, with greater than 46% reporting having been told they had high cholesterol and

**Family Planning**

With respect to natality, it appears that average household size is greater than that of the general population. Natural family planning methods were high in among survey respondents, and these methods are the most unreliable contraceptive methods. The Arab and Chaldean cultures view family planning in a wide variety of ways. There is little consensus opinion about the use or prohibition of these methods from a cultural or social point of view. Religious belief is likely a significant factor in reduced use of contraceptive method, though this is not universal. Among Muslims, consensus concerning birth control is split. Chaldean Catholics perhaps view family planning less favorably from a religious standpoint.

Among all populations, though, there appears to be a greater pro-natality than is present in the majority population. Based on this finding, family planning should be considered as a significant area of public health need. This is not to argue that Arab Americans need to reduce natality, but the finding of this survey indicate that when contraception is desired, the majority of contraception users are choosing inaccurate and unreliable methods. Perhaps better access to public health education related to understanding fertility and natality would benefit the reproductive health of the community.
Smoking and Drug Abuse

One surprising finding from the current study was the low rates of smoking. In comparison with three large surveys conducted exclusively within Wayne County, this survey found significantly lower rates of Arab American tobacco use. A series of studies in Southeastern Wayne County, smoking rates have ranged from 35-45%, while this current survey found only 15% of respondents were smokers. This might reflect the greater proportion of individuals in higher socioeconomic brackets in the current survey, or may be related to the fact that survey respondents were recruited from religious centers where more devote practitioners of the respective faiths we surveyed were less likely than the general population to smoke. With respect to drugs and alcohol use, the current survey found the Arab and Chaldean populations to be less likely than the general population to drink or use illicit drugs.

Conclusion

In general, this study upholds the hypothesis that Arab American health is poorer than that of the general population. This is true in terms of health insurance coverage and health care access. It is similarly true for cardiovascular and neoplastic disease risk. With respect to alcohol and drug abuse, the Arab and Chaldean communities appear at significantly reduced risk for cardiopulmonary, hepatic and other substance-related pathologies. Similarly, child and motor vehicle safety appeared to be a less significant risk among survey respondents. Results of the current survey suggest a continued need for outreach in the Arab and Chaldean communities for education related to cancer, heart disease and the importance of screening for secondary prevention of disease morbidity.
### TABLE 1 – Distribution of Respondents by Sex

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<tr>
<th></th>
<th>Frequency</th>
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<tr>
<td>Male</td>
<td>392</td>
<td>42.4</td>
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<tr>
<td>Female</td>
<td>532</td>
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### TABLE 2 – Distribution of Respondents by Marital Status

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<td>Never Married</td>
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<td>21.7</td>
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<tr>
<td>Married</td>
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<tr>
<td>Divorced</td>
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<tr>
<td>Widowed</td>
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### TABLE 3 – Distribution of Respondents by Education Level Completed

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<td>Grades 7-12</td>
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<td>2 Yrs. College</td>
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<td>4 Yrs. College</td>
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<tr>
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### TABLE 4 – Distribution of Respondents by Family Income

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<th>Income Range</th>
<th>Frequency</th>
<th>Percent</th>
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<tbody>
<tr>
<td>$10,000 – 20,000</td>
<td>213</td>
<td>25.3</td>
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<tr>
<td>$20,000 – 30,000</td>
<td>211</td>
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<td>$40,000 – 50,000</td>
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<tr>
<td>&gt; $50,000</td>
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<tr>
<td>TOTAL</td>
<td>841</td>
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### TABLE 5 – Distribution of Respondents By Employment

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<th>Employment Status</th>
<th>Frequency</th>
<th>Percent</th>
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<tr>
<td>Yes, employed</td>
<td>495</td>
<td>54.7</td>
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<tr>
<td>Not employed</td>
<td>410</td>
<td>45.3</td>
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<tr>
<td>TOTAL</td>
<td>905</td>
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### TABLE 6 – Distribution of Respondents By Number of Family Members

<table>
<thead>
<tr>
<th>Number of People</th>
<th>Frequency</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>&lt; 3 people</td>
<td>293</td>
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<tr>
<td>4 – 6 people</td>
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<td>7 – 9 people</td>
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<td>10.8</td>
</tr>
<tr>
<td>10 – 15 people</td>
<td>19</td>
<td>2.3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>846</td>
<td>100.0</td>
</tr>
</tbody>
</table>
TABLE 7 – Distribution of Respondents By Age Categories

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youths (0-18)</td>
<td>66</td>
<td>7.3</td>
</tr>
<tr>
<td>19-29 years old</td>
<td>276</td>
<td>30.6</td>
</tr>
<tr>
<td>30-39 years old</td>
<td>217</td>
<td>24.0</td>
</tr>
<tr>
<td>40-89 years old</td>
<td>344</td>
<td>38.1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>903</td>
<td>100.0</td>
</tr>
</tbody>
</table>

TABLE 8 – Distribution of Respondents By Weight Categories

<table>
<thead>
<tr>
<th>Weight Category</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 – 100 lbs.</td>
<td>33</td>
<td>3.7</td>
</tr>
<tr>
<td>101 – 110 lbs.</td>
<td>79</td>
<td>8.9</td>
</tr>
<tr>
<td>120 – 139 lbs.</td>
<td>183</td>
<td>20.6</td>
</tr>
<tr>
<td>140 – 159 lbs.</td>
<td>196</td>
<td>22.0</td>
</tr>
<tr>
<td>160 – 179 lbs.</td>
<td>187</td>
<td>21.0</td>
</tr>
<tr>
<td>180 – 199 lbs.</td>
<td>130</td>
<td>14.6</td>
</tr>
<tr>
<td>200 – 239 lbs.</td>
<td>60</td>
<td>6.7</td>
</tr>
<tr>
<td>240 – 280 lbs.</td>
<td>21</td>
<td>2.4</td>
</tr>
<tr>
<td>TOTAL</td>
<td>889</td>
<td>100.0</td>
</tr>
</tbody>
</table>
### TABLE 9 – Distribution of Respondents by Nationality

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iraq</td>
<td>182</td>
<td>19.3</td>
</tr>
<tr>
<td>Arab-American</td>
<td>64</td>
<td>6.8</td>
</tr>
<tr>
<td>Palestine</td>
<td>120</td>
<td>12.7</td>
</tr>
<tr>
<td>Syria</td>
<td>69</td>
<td>7.3</td>
</tr>
<tr>
<td>Egypt</td>
<td>27</td>
<td>2.9</td>
</tr>
<tr>
<td>Lebanon</td>
<td>220</td>
<td>23.4</td>
</tr>
<tr>
<td>Yemen</td>
<td>101</td>
<td>10.7</td>
</tr>
<tr>
<td>Jordan</td>
<td>58</td>
<td>6.2</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>12</td>
<td>1.3</td>
</tr>
<tr>
<td>Other Mideast Muslim Countries</td>
<td>17</td>
<td>1.8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>942</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 10 – Distribution of Respondents by Language of Response

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>598</td>
<td>56.443.</td>
</tr>
<tr>
<td>Arabic</td>
<td>463</td>
<td>6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1061</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 11 – Distribution of Respondents by Perception of Health Compared to Other Communities

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthier</td>
<td>281</td>
<td>29.3</td>
</tr>
<tr>
<td>Sicker</td>
<td>217</td>
<td>22.6</td>
</tr>
<tr>
<td>No Change</td>
<td>461</td>
<td>48.1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>959</td>
<td>100.0</td>
</tr>
</tbody>
</table>
TABLE 12 – Distribution of Respondents by Individual Health Compared to Other Same Age

<table>
<thead>
<tr>
<th>Health Level</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>182</td>
<td>18.7</td>
</tr>
<tr>
<td>Very Good</td>
<td>293</td>
<td>30.1</td>
</tr>
<tr>
<td>Good</td>
<td>297</td>
<td>30.5</td>
</tr>
<tr>
<td>Fair</td>
<td>166</td>
<td>17.0</td>
</tr>
<tr>
<td>Poor</td>
<td>36</td>
<td>3.7</td>
</tr>
<tr>
<td>TOTAL</td>
<td>974</td>
<td>100.0</td>
</tr>
</tbody>
</table>

TABLE 13 – Distribution of Respondents by Last Personal Doctor Visit

<table>
<thead>
<tr>
<th>Frequency Interval</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Months</td>
<td>440</td>
<td>46.9</td>
</tr>
<tr>
<td>6 Months</td>
<td>205</td>
<td>21.8</td>
</tr>
<tr>
<td>12 Months</td>
<td>147</td>
<td>15.7</td>
</tr>
<tr>
<td>2 Years</td>
<td>51</td>
<td>5.4</td>
</tr>
<tr>
<td>&gt; 2 Years</td>
<td>96</td>
<td>10.2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>939</td>
<td>100.0</td>
</tr>
</tbody>
</table>
### TABLE 14 – Distribution of Respondents by Personal Physical Problem Restricting Physical Activity

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>128</td>
<td>13.8</td>
</tr>
<tr>
<td>No</td>
<td>797</td>
<td>86.2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>925</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 15 – Distribution of Respondents by Mental Health Problems Restricting Daily Activity

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>162</td>
<td>18.0</td>
</tr>
<tr>
<td>No</td>
<td>740</td>
<td>82.0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>909</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 16 – Distribution of Respondents by Health Insurance Coverage for Self and Family

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>743</td>
<td>79.5</td>
</tr>
<tr>
<td>No</td>
<td>192</td>
<td>20.5</td>
</tr>
<tr>
<td>TOTAL</td>
<td>935</td>
<td>100.0</td>
</tr>
</tbody>
</table>
### TABLE 17 – Distribution of Respondents by Type of Health Insurance

<table>
<thead>
<tr>
<th>Type of Health Insurance</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Cross</td>
<td>215</td>
<td>27.1</td>
</tr>
<tr>
<td>Private HMO</td>
<td>154</td>
<td>19.4</td>
</tr>
<tr>
<td>Medicare</td>
<td>149</td>
<td>18.8</td>
</tr>
<tr>
<td>Medicaid</td>
<td>140</td>
<td>17.6</td>
</tr>
<tr>
<td>Other</td>
<td>136</td>
<td>17.1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>794</td>
<td>100.0</td>
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</table>

### TABLE 18 – Distribution of Respondents by Primary Insured Person

<table>
<thead>
<tr>
<th>Primary Insured Person</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>391</td>
<td>52.8</td>
</tr>
<tr>
<td>Husband</td>
<td>247</td>
<td>33.3</td>
</tr>
<tr>
<td>Wife</td>
<td>103</td>
<td>13.9</td>
</tr>
<tr>
<td>TOTAL</td>
<td>741</td>
<td>100.0</td>
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</table>

### TABLE 19 – Distribution of Respondents by How Health Insurance Was Obtained

<table>
<thead>
<tr>
<th>How Health Insurance Was Obtained</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td>438</td>
<td>56.2</td>
</tr>
<tr>
<td>Purchased</td>
<td>101</td>
<td>12.9</td>
</tr>
<tr>
<td>Government</td>
<td>241</td>
<td>30.9</td>
</tr>
<tr>
<td>TOTAL</td>
<td>780</td>
<td>100.0</td>
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</table>
TABLE 20 – Distribution of Respondents by Satisfaction with Health Insurance

<table>
<thead>
<tr>
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<th>Frequency</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Yes</td>
<td>605</td>
<td>72.8</td>
</tr>
<tr>
<td>No</td>
<td>190</td>
<td>22.9</td>
</tr>
<tr>
<td>Other</td>
<td>36</td>
<td>4.3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>831</td>
<td>100.0</td>
</tr>
</tbody>
</table>

TABLE 21 – Distribution of Respondents by High Blood Pressure According to Doctor

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>189</td>
<td>55.6</td>
</tr>
<tr>
<td>Yes</td>
<td>151</td>
<td>44.4</td>
</tr>
<tr>
<td>TOTAL</td>
<td>340</td>
<td>100.0</td>
</tr>
</tbody>
</table>

TABLE 22 – Distribution of Respondents by High Cholesterol

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>182</td>
<td>53.2</td>
</tr>
<tr>
<td>Yes</td>
<td>160</td>
<td>46.8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>342</td>
<td>100.0</td>
</tr>
</tbody>
</table>

TABLE 23 – Distribution of Respondents by Diabetes

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>276</td>
<td>80.7</td>
</tr>
<tr>
<td>Yes</td>
<td>66</td>
<td>19.3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>342</td>
<td>100.0</td>
</tr>
</tbody>
</table>
### TABLE 24 – Distribution of Respondents by Cancer

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>303</td>
<td>88.6</td>
</tr>
<tr>
<td>Yes</td>
<td>39</td>
<td>11.4</td>
</tr>
<tr>
<td>TOTAL</td>
<td>342</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 25 – Distribution of Respondents by Heart Disease

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>316</td>
<td>92.4</td>
</tr>
<tr>
<td>Yes</td>
<td>26</td>
<td>7.6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>342</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 26 – Distribution of Respondents by Other Health Problems

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>306</td>
<td>89.7</td>
</tr>
<tr>
<td>Yes</td>
<td>35</td>
<td>10.3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>341</td>
<td>100.0</td>
</tr>
</tbody>
</table>
### TABLE 27– Distribution of Respondents Tested for Cancer

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>221</td>
<td>26.5</td>
</tr>
<tr>
<td>No</td>
<td>614</td>
<td>73.5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>835</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

### TABLE 28– Distribution of Respondents by Women Having Cancer Screening for Mammography

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>81</td>
<td>30.9</td>
</tr>
<tr>
<td>Yes</td>
<td>181</td>
<td>69.1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>262</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

### TABLE 29– Distribution of Respondents by Women having Cancer Screening Pap Smear

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>117</td>
<td>44.8</td>
</tr>
<tr>
<td>Yes</td>
<td>144</td>
<td>55.2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>261</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
### TABLE 30– Distribution of Respondents by Woman having Cancer Testing Colon Screening

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>239</td>
<td>91.6</td>
</tr>
<tr>
<td>Yes</td>
<td>22</td>
<td>8.4</td>
</tr>
<tr>
<td>TOTAL</td>
<td>261</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 31– Distribution of Respondents by Women having other Cancer Testing

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>249</td>
<td>95.4</td>
</tr>
<tr>
<td>Yes</td>
<td>12</td>
<td>4.6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>261</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 32– Distribution of Respondents by Women Having Last Cancer Testing Exam

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 year Ago</td>
<td>253</td>
<td>58.3</td>
</tr>
<tr>
<td>1 Year Ago</td>
<td>83</td>
<td>19.1</td>
</tr>
<tr>
<td>2 Years Ago</td>
<td>53</td>
<td>12.2</td>
</tr>
<tr>
<td>3 or More Years</td>
<td>45</td>
<td>10.4</td>
</tr>
<tr>
<td>TOTAL</td>
<td>434</td>
<td>100.0</td>
</tr>
</tbody>
</table>
**TABLE 33– Distribution of Respondents by Men Having Cancer Testing Rectal Exam**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>95</td>
<td>60.1</td>
</tr>
<tr>
<td>Yes</td>
<td>63</td>
<td>39.9</td>
</tr>
<tr>
<td>TOTAL</td>
<td>158</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**TABLE 34– Distribution of Respondents by Men having Cancer Testing PSA Blood Test**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>72</td>
<td>45.6</td>
</tr>
<tr>
<td>Yes</td>
<td>86</td>
<td>54.4</td>
</tr>
<tr>
<td>TOTAL</td>
<td>158</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**TABLE 35– Distribution of Respondents by Men having Cancer Testing Colon Screening**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>123</td>
<td>77.8</td>
</tr>
<tr>
<td>Yes</td>
<td>35</td>
<td>22.2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>158</td>
<td>100.0</td>
</tr>
</tbody>
</table>
**TABLE 36– Distribution of Respondents by Men having other Cancer Testing**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>128</td>
<td>81.0</td>
</tr>
<tr>
<td>Yes</td>
<td>30</td>
<td>19.0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>158</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**TABLE 37– Distribution of Respondents by Men Having Last Cancer Testing Exam**

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 year Ago</td>
<td>125</td>
<td>52.1</td>
</tr>
<tr>
<td>1 Year Ago</td>
<td>52</td>
<td>21.7</td>
</tr>
<tr>
<td>2 Years Ago</td>
<td>35</td>
<td>14.6</td>
</tr>
<tr>
<td>3 or More Years</td>
<td>28</td>
<td>11.7</td>
</tr>
<tr>
<td>TOTAL</td>
<td>240</td>
<td>100.0</td>
</tr>
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</table>

**TABLE 38– Distribution of Respondents Currently on Medication**

<table>
<thead>
<tr>
<th>Medication Status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>235</td>
<td>30.2</td>
</tr>
<tr>
<td>No</td>
<td>543</td>
<td>69.8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>778</td>
<td>100.0</td>
</tr>
</tbody>
</table>
### TABLE 39– Distribution of Respondents on Diet to Control Illness

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>168</td>
<td>19.4</td>
</tr>
<tr>
<td>No</td>
<td>691</td>
<td>80.6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>857</td>
<td>100.0</td>
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</table>

### TABLE 40– Distribution of Respondents Regarding Neighborhood Safety

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Safe</td>
<td>291</td>
<td>30.8</td>
</tr>
<tr>
<td>Safe</td>
<td>561</td>
<td>59.4</td>
</tr>
<tr>
<td>Not Safe</td>
<td>92</td>
<td>9.7</td>
</tr>
<tr>
<td>TOTAL</td>
<td>944</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 41– Distribution of Respondents Who Drive W/N the Speed Limit

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>771</td>
<td>86.4</td>
</tr>
<tr>
<td>No</td>
<td>121</td>
<td>13.6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>892</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 42– Distribution of Respondents and How Often They Drive W/n the Speed Limit

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>534</td>
<td>65.8</td>
</tr>
<tr>
<td>Sometimes</td>
<td>243</td>
<td>29.9</td>
</tr>
<tr>
<td>Seldom</td>
<td>16</td>
<td>2.0</td>
</tr>
<tr>
<td>Never</td>
<td>19</td>
<td>2.3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>812</td>
<td>100.0</td>
</tr>
</tbody>
</table>
TABLE 43– Distribution of Respondents And How Often Car Seat Belt Is Used

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>826</td>
<td>92.0</td>
</tr>
<tr>
<td>No</td>
<td>72</td>
<td>8.0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>898</td>
<td>100.0</td>
</tr>
</tbody>
</table>

TABLE 44– Distribution of Respondents and How Often Seat Belts Are Used

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>671</td>
<td>77.4</td>
</tr>
<tr>
<td>Sometimes</td>
<td>168</td>
<td>19.4</td>
</tr>
<tr>
<td>Seldom</td>
<td>18</td>
<td>2.1</td>
</tr>
<tr>
<td>Never</td>
<td>10</td>
<td>1.2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>867</td>
<td>100.0</td>
</tr>
</tbody>
</table>
### TABLE 45– Distribution of Respondents Whose Children Use Seat Belts

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>684</td>
<td>90.5</td>
</tr>
<tr>
<td>No</td>
<td>72</td>
<td>9.5</td>
</tr>
<tr>
<td>TOTAL</td>
<td>756</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 46– Distribution of Respondents And How Often Their Children Wear Seat Belts

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>565</td>
<td>77.6</td>
</tr>
<tr>
<td>Sometimes</td>
<td>138</td>
<td>19.0</td>
</tr>
<tr>
<td>Seldom</td>
<td>11</td>
<td>1.5</td>
</tr>
<tr>
<td>Never</td>
<td>14</td>
<td>1.9</td>
</tr>
<tr>
<td>TOTAL</td>
<td>728</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 47– Distribution of Respondents Who Exercise

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>547</td>
<td>60.0</td>
</tr>
<tr>
<td>No</td>
<td>365</td>
<td>40.0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>912</td>
<td>100.0</td>
</tr>
</tbody>
</table>
TABLE 48– Distribution of Respondents And How Long They Exercise

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 minutes</td>
<td>326</td>
</tr>
<tr>
<td>40 minutes</td>
<td>149</td>
</tr>
<tr>
<td>60 minutes</td>
<td>114</td>
</tr>
<tr>
<td>TOTAL</td>
<td>589</td>
</tr>
</tbody>
</table>

TABLE 49– Distribution of Respondents Whose Children Wear Helmets When Riding Bike

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>125</td>
</tr>
<tr>
<td>Sometimes</td>
<td>141</td>
</tr>
<tr>
<td>Seldom</td>
<td>87</td>
</tr>
<tr>
<td>Never</td>
<td>206</td>
</tr>
<tr>
<td>TOTAL</td>
<td>559</td>
</tr>
</tbody>
</table>

TABLE 50– Distribution of Respondents Who Smoke

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>137</td>
</tr>
<tr>
<td>No</td>
<td>774</td>
</tr>
<tr>
<td>TOTAL</td>
<td>911</td>
</tr>
</tbody>
</table>

TABLE 51– Distribution of Respondents and Use of Tobacco Products

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>55</td>
</tr>
<tr>
<td>No</td>
<td>396</td>
</tr>
<tr>
<td>TOTAL</td>
<td>451</td>
</tr>
</tbody>
</table>
### TABLE 52– Distribution of Respondents and Number of Times Use Of any Tobacco Product

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snuff</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>Chewing</td>
<td>7</td>
<td>13.7</td>
</tr>
<tr>
<td>Argileh</td>
<td>33</td>
<td>64.7</td>
</tr>
<tr>
<td>Cigar</td>
<td>10</td>
<td>19.6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>51</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 53– Distribution of Respondents Who Smoke in Same Room/Vehicle W/ Pregnant Woman

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>70</td>
<td>19.2</td>
</tr>
<tr>
<td>No</td>
<td>364</td>
<td>80.8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>434</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 54– Distribution of Respondents Who Smoke In Same Room/Vehicle W/Children

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>88</td>
<td>25.3</td>
</tr>
<tr>
<td>No</td>
<td>260</td>
<td>74.7</td>
</tr>
<tr>
<td>TOTAL</td>
<td>348</td>
<td>100.0</td>
</tr>
</tbody>
</table>
### TABLE 55– Distribution of Respondents and Anyone Else In Family that Smokes at Home In Addition to Them

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>111</td>
<td>27.3</td>
</tr>
<tr>
<td>No</td>
<td>296</td>
<td>72.7</td>
</tr>
<tr>
<td>TOTAL</td>
<td>407</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 56– Distribution of Respondents Who Want to Quit Smoking

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>132</td>
<td>12.4</td>
</tr>
<tr>
<td>No</td>
<td>81</td>
<td>7.6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>848</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 57– Distribution of Respondents Who Drink Alcohol

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>60</td>
<td>6.7</td>
</tr>
<tr>
<td>No</td>
<td>834</td>
<td>93.3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>894</td>
<td>100.0</td>
</tr>
</tbody>
</table>
### TABLE 58– Distribution of Respondents and How Many Drinks Per Week

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Drinks</td>
<td>27</td>
<td>48.2</td>
</tr>
<tr>
<td>4 Drinks</td>
<td>18</td>
<td>32.1</td>
</tr>
<tr>
<td>6 Drinks</td>
<td>5</td>
<td>8.9</td>
</tr>
<tr>
<td>&gt; than 6 Drinks</td>
<td>6</td>
<td>10.7</td>
</tr>
<tr>
<td>TOTAL</td>
<td>56</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 59– Distribution of Respondents Who Want To Stop Drinking Alcohol

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>42</td>
<td>40.4</td>
</tr>
<tr>
<td>No</td>
<td>62</td>
<td>59.6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>104</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 60– Distribution of Respondents Who Eat a Healthy Balanced Diet

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>689</td>
<td>80.0</td>
</tr>
<tr>
<td>No</td>
<td>172</td>
<td>20.0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>861</td>
<td>100.0</td>
</tr>
</tbody>
</table>
TABLE 61– Distribution of Respondents and Frequency of Eating Junk Food

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every Day</td>
<td>145</td>
</tr>
<tr>
<td>1-3 Times/Week</td>
<td>108</td>
</tr>
<tr>
<td>None</td>
<td>96</td>
</tr>
<tr>
<td>TOTAL</td>
<td>349</td>
</tr>
</tbody>
</table>

TABLE 62– Distribution of Respondents and Their Opinion on Access To Health Care

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>462</td>
</tr>
<tr>
<td>No</td>
<td>454</td>
</tr>
<tr>
<td>TOTAL</td>
<td>916</td>
</tr>
</tbody>
</table>

TABLE 63– Distribution of Respondents and Opinion that Their Community Has Access to Health Care as Much as Other Groups

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>487 423</td>
</tr>
<tr>
<td>No</td>
<td>910</td>
</tr>
<tr>
<td>TOTAL</td>
<td>910</td>
</tr>
</tbody>
</table>

TABLE 64– Distribution of Respondents Who are Pregnant

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>56</td>
</tr>
<tr>
<td>No</td>
<td>497</td>
</tr>
<tr>
<td>TOTAL</td>
<td>553</td>
</tr>
</tbody>
</table>
### TABLE 65– Distribution of Respondents Who Use Birth Control

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>150</td>
<td>30.9</td>
</tr>
<tr>
<td>No</td>
<td>336</td>
<td>69.1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>486</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 66– Distribution of Respondents and Type of Birth Control Used

<table>
<thead>
<tr>
<th>Type of Birth Control</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pills</td>
<td>65</td>
<td>34.0</td>
</tr>
<tr>
<td>IUD</td>
<td>42</td>
<td>22.0</td>
</tr>
<tr>
<td>Implant</td>
<td>6</td>
<td>3.1</td>
</tr>
<tr>
<td>Tubal Ligation</td>
<td>19</td>
<td>9.9</td>
</tr>
<tr>
<td>Hysterectomy</td>
<td>12</td>
<td>6.3</td>
</tr>
<tr>
<td>Natural Method</td>
<td>47</td>
<td>24.6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>191</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 67– Distribution of Respondents Whose Husbands’ Use Birth Control Methods

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>64</td>
<td>14.6</td>
</tr>
<tr>
<td>No</td>
<td>374</td>
<td>85.4</td>
</tr>
<tr>
<td>TOTAL</td>
<td>438</td>
<td>100.0</td>
</tr>
</tbody>
</table>
TABLE 68– Distribution of Respondents Who Had Children Who Died During the First Year of Life

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>26</td>
<td>5.2</td>
</tr>
<tr>
<td>No</td>
<td>475</td>
<td>94.8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>501</td>
<td>100.0</td>
</tr>
</tbody>
</table>

TABLE 69– Distribution of Respondents Who Have Knowledge of Free Available Services for Women and Children in the Near Health Department

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>263</td>
<td>36.2</td>
</tr>
<tr>
<td>No</td>
<td>464</td>
<td>63.8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>727</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 70 - Male Cancer Testing/Colon Screening
By Age Category Cross Tabulation

<table>
<thead>
<tr>
<th>Age Category</th>
<th>&lt; / = 20</th>
<th>21 – 39</th>
<th>&gt; / = 40</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Individuals, No Testing</td>
<td>6</td>
<td>35</td>
<td>71</td>
<td>112</td>
</tr>
<tr>
<td>% Within Age Category</td>
<td>85.7%</td>
<td>81.4%</td>
<td>77.2%</td>
<td>78.9%</td>
</tr>
<tr>
<td>% of Total</td>
<td>4.2%</td>
<td>24.6%</td>
<td>50.0%</td>
<td>78.9%</td>
</tr>
<tr>
<td># of Individuals, Yes Testing</td>
<td>1</td>
<td>8</td>
<td>21</td>
<td>30</td>
</tr>
<tr>
<td>% Within Age Category</td>
<td>14.3%</td>
<td>18.6%</td>
<td>22.8%</td>
<td>21.1%</td>
</tr>
<tr>
<td>% of Total</td>
<td>.7%</td>
<td>5.6%</td>
<td>14.8%</td>
<td>21.1%</td>
</tr>
<tr>
<td># of Total Individuals Tested</td>
<td>7</td>
<td>43</td>
<td>92</td>
<td>142</td>
</tr>
<tr>
<td>% of Total</td>
<td>4.9%</td>
<td>30.3%</td>
<td>64.8%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 71 - Male Cancer Testing/PSA Blood Test
By Age Category Cross Tabulation

<table>
<thead>
<tr>
<th>Age Category</th>
<th>&lt; / = 20</th>
<th>21 – 39</th>
<th>&gt; / = 40</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Individuals, No Testing</td>
<td>5</td>
<td>30</td>
<td>30</td>
<td>65</td>
</tr>
<tr>
<td>% Within Age Category</td>
<td>71.4%</td>
<td>69.8%</td>
<td>32.6%</td>
<td>45.8%</td>
</tr>
<tr>
<td>% of Total</td>
<td>3.5%</td>
<td>21.1%</td>
<td>21.1%</td>
<td>45.8%</td>
</tr>
<tr>
<td># of Individuals, Yes Testing</td>
<td>2</td>
<td>13</td>
<td>62</td>
<td>77</td>
</tr>
<tr>
<td>% Within Age Category</td>
<td>28.6%</td>
<td>30.2%</td>
<td>67.4%</td>
<td>54.2%</td>
</tr>
<tr>
<td>% of Total</td>
<td>1.4%</td>
<td>9.2%</td>
<td>43.7%</td>
<td>54.2%</td>
</tr>
<tr>
<td># of Total Individuals Tested</td>
<td>7</td>
<td>43</td>
<td>92</td>
<td>142</td>
</tr>
<tr>
<td>% of Total</td>
<td>4.9%</td>
<td>30.3%</td>
<td>64.8%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Table 72 - Male Cancer Testing/Rectal Exam
By Age Category Cross Tabulation

<table>
<thead>
<tr>
<th>Age Category</th>
<th>&lt; / = 20</th>
<th>21 – 39</th>
<th>&gt; / = 40</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Individuals, No Testing</td>
<td>4</td>
<td>28</td>
<td>53</td>
<td>85</td>
</tr>
<tr>
<td>% Within Age Category</td>
<td>57.1%</td>
<td>65.1%</td>
<td>57.6%</td>
<td>59.9%</td>
</tr>
<tr>
<td>% of Total</td>
<td>2.8%</td>
<td>19.7%</td>
<td>37.3%</td>
<td>59.9%</td>
</tr>
<tr>
<td># of Individuals, Yes Testing</td>
<td>3</td>
<td>15</td>
<td>39</td>
<td>57</td>
</tr>
<tr>
<td>% Within Age Category</td>
<td>42.9%</td>
<td>34.9%</td>
<td>42.4%</td>
<td>40.1%</td>
</tr>
<tr>
<td>% of Total</td>
<td>2.1%</td>
<td>10.6%</td>
<td>27.5%</td>
<td>40.1%</td>
</tr>
<tr>
<td># of Total Individuals Tested</td>
<td>7</td>
<td>43</td>
<td>92</td>
<td>142</td>
</tr>
<tr>
<td>% of Total</td>
<td>4.9%</td>
<td>30.3%</td>
<td>64.8%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 73 - Women Cancer Testing/Colon Screening
By Age Category Cross Tabulation

<table>
<thead>
<tr>
<th>Age Category</th>
<th>&lt; / = 20</th>
<th>21 – 39</th>
<th>&gt; / = 40</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Individuals, No Testing</td>
<td>10</td>
<td>99</td>
<td>106</td>
<td>215</td>
</tr>
<tr>
<td>% Within Age Category</td>
<td>83.3%</td>
<td>93.4%</td>
<td>91.4%</td>
<td>91.9%</td>
</tr>
<tr>
<td>% of Total</td>
<td>4.3%</td>
<td>42.3%</td>
<td>45.3%</td>
<td>91.9%</td>
</tr>
<tr>
<td># of Individuals, Yes Testing</td>
<td>2</td>
<td>7</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>% Within Age Category</td>
<td>16.7%</td>
<td>6.6%</td>
<td>8.6%</td>
<td>8.1%</td>
</tr>
<tr>
<td>% of Total</td>
<td>.9%</td>
<td>3.0%</td>
<td>4.3%</td>
<td>8.1%</td>
</tr>
<tr>
<td># of Total Individuals Tested</td>
<td>12</td>
<td>106</td>
<td>116</td>
<td>234</td>
</tr>
<tr>
<td>% of Total</td>
<td>5.1%</td>
<td>45.3%</td>
<td>49.6%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
### Table 74 - Women Cancer Testing/Pap Smear
#### By Age Category Cross Tabulation

<table>
<thead>
<tr>
<th>Age Category</th>
<th>&lt; / = 20</th>
<th>21 – 39</th>
<th>&gt; / = 40</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Individuals, No Testing</td>
<td>9</td>
<td>39</td>
<td>59</td>
<td>107</td>
</tr>
<tr>
<td>% Within Age Category</td>
<td>75.0%</td>
<td>36.8%</td>
<td>50.9%</td>
<td>45.7%</td>
</tr>
<tr>
<td>% of Total</td>
<td>3.8%</td>
<td>16.7%</td>
<td>25.2%</td>
<td>45.7%</td>
</tr>
<tr>
<td># of Individuals, Yes Testing</td>
<td>3</td>
<td>67</td>
<td>57</td>
<td>127</td>
</tr>
<tr>
<td>% Within Age Category</td>
<td>25.0%</td>
<td>63.2%</td>
<td>49.1%</td>
<td>54.3%</td>
</tr>
<tr>
<td>% of Total</td>
<td>1.3%</td>
<td>28.6%</td>
<td>24.4%</td>
<td>54.3%</td>
</tr>
<tr>
<td># of Total Individuals Tested</td>
<td>12</td>
<td>106</td>
<td>116</td>
<td>234</td>
</tr>
<tr>
<td>% of Total</td>
<td>5.1%</td>
<td>45.3%</td>
<td>49.6%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

### Table 75 - Women Cancer Testing/Mammography
#### By Age Category Cross Tabulation

<table>
<thead>
<tr>
<th>Age Category</th>
<th>&lt; / = 20</th>
<th>21 – 39</th>
<th>&gt; / = 40</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Individuals, No Testing</td>
<td>7</td>
<td>43</td>
<td>18</td>
<td>68</td>
</tr>
<tr>
<td>% Within Age Category</td>
<td>58.3%</td>
<td>40.6%</td>
<td>15.4%</td>
<td>28.9%</td>
</tr>
<tr>
<td>% of Total</td>
<td>3.0%</td>
<td>18.3%</td>
<td>7.7%</td>
<td>28.9%</td>
</tr>
<tr>
<td># of Individuals, Yes Testing</td>
<td>5</td>
<td>63</td>
<td>99</td>
<td>167</td>
</tr>
<tr>
<td>% Within Age Category</td>
<td>41.7%</td>
<td>59.4%</td>
<td>84.6%</td>
<td>71.1%</td>
</tr>
<tr>
<td>% of Total</td>
<td>2.1%</td>
<td>26.8%</td>
<td>42.1%</td>
<td>71.1%</td>
</tr>
<tr>
<td># of Total Individuals Tested</td>
<td>12</td>
<td>106</td>
<td>117</td>
<td>235</td>
</tr>
<tr>
<td>% of Total</td>
<td>5.1%</td>
<td>45.3%</td>
<td>49.6%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
### Table 76 - Diabetes By Age Category Cross Tabulation

<table>
<thead>
<tr>
<th>Age Category</th>
<th>&lt; / = 20</th>
<th>21 – 39</th>
<th>&gt; / = 40</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Individuals, No</td>
<td>21</td>
<td>96</td>
<td>137</td>
<td>254</td>
</tr>
<tr>
<td>% Within Age Category</td>
<td>84.0%</td>
<td>85.0%</td>
<td>77.9%</td>
<td>80.9%</td>
</tr>
<tr>
<td>% of Total</td>
<td>6.7%</td>
<td>30.6%</td>
<td>43.6%</td>
<td>80.9%</td>
</tr>
<tr>
<td># of Individuals, Yes</td>
<td>4</td>
<td>17</td>
<td>39</td>
<td>60</td>
</tr>
<tr>
<td>% Within Age Category</td>
<td>16.0%</td>
<td>15.0%</td>
<td>22.2%</td>
<td>19.1%</td>
</tr>
<tr>
<td>% of Total</td>
<td>1.3%</td>
<td>5.4%</td>
<td>12.4%</td>
<td>19.1%</td>
</tr>
<tr>
<td># of Total Individuals Tested</td>
<td>25</td>
<td>113</td>
<td>176</td>
<td>314</td>
</tr>
<tr>
<td>% of Total</td>
<td>8.0%</td>
<td>36.0%</td>
<td>56.1%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

### Table 77 - High Cholesterol By Age Category Cross Tabulation

<table>
<thead>
<tr>
<th>Age Category</th>
<th>&lt; / = 20</th>
<th>21 – 39</th>
<th>&gt; / = 40</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Individuals, No</td>
<td>21</td>
<td>53</td>
<td>91</td>
<td>165</td>
</tr>
<tr>
<td>% Within Age Category</td>
<td>84.0%</td>
<td>46.9%</td>
<td>51.7%</td>
<td>52.5%</td>
</tr>
<tr>
<td>% of Total</td>
<td>6.7%</td>
<td>16.9%</td>
<td>29.0%</td>
<td>52.5%</td>
</tr>
<tr>
<td># of Individuals, Yes</td>
<td>4</td>
<td>60</td>
<td>82</td>
<td>146</td>
</tr>
<tr>
<td>% Within Age Category</td>
<td>16.0%</td>
<td>53.1%</td>
<td>46.6%</td>
<td>46.5%</td>
</tr>
<tr>
<td>% of Total</td>
<td>1.3%</td>
<td>19.1%</td>
<td>26.1%</td>
<td>46.5%</td>
</tr>
<tr>
<td># of Total Individuals Tested</td>
<td>25</td>
<td>113</td>
<td>176</td>
<td>314</td>
</tr>
<tr>
<td>% of Total</td>
<td>8.0%</td>
<td>36.0%</td>
<td>56.1%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Table 78 - High Blood Pressure According to Doctor
By Age Category Cross Tabulation

<table>
<thead>
<tr>
<th>Age Category</th>
<th>&lt; / = 20</th>
<th>21 – 39</th>
<th>&gt; / = 40</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Individuals, No</td>
<td>15</td>
<td>73</td>
<td>85</td>
<td>173</td>
</tr>
<tr>
<td>% Within Age Category</td>
<td>60.0%</td>
<td>65.8%</td>
<td>48.3%</td>
<td>55.4%</td>
</tr>
<tr>
<td>% of Total</td>
<td>4.8%</td>
<td>23.4%</td>
<td>27.2%</td>
<td>55.4%</td>
</tr>
<tr>
<td># of Individuals, Yes</td>
<td>10</td>
<td>38</td>
<td>91</td>
<td>127</td>
</tr>
<tr>
<td>% Within Age Category</td>
<td>40.0%</td>
<td>34.2%</td>
<td>51.7%</td>
<td>44.6%</td>
</tr>
<tr>
<td>% of Total</td>
<td>3.2%</td>
<td>12.2%</td>
<td>29.2%</td>
<td>44.6%</td>
</tr>
<tr>
<td># of Total Individuals Tested</td>
<td>25</td>
<td>111</td>
<td>176</td>
<td>312</td>
</tr>
<tr>
<td>% of Total</td>
<td>8.0%</td>
<td>35.6%</td>
<td>56.4%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 79 - Are You Employed?
By Age Category Cross Tabulation

<table>
<thead>
<tr>
<th>Age Category</th>
<th>&lt; / = 20</th>
<th>21 – 39</th>
<th>&gt; / = 40</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Individuals, Yes</td>
<td>27</td>
<td>262</td>
<td>177</td>
<td>466</td>
</tr>
<tr>
<td>% Within Age Category</td>
<td>28.7%</td>
<td>59.8%</td>
<td>54.3%</td>
<td>54.3%</td>
</tr>
<tr>
<td>% of Total</td>
<td>3.1%</td>
<td>30.5%</td>
<td>20.6%</td>
<td>54.3%</td>
</tr>
<tr>
<td># of Individuals, No</td>
<td>67</td>
<td>176</td>
<td>149</td>
<td>392</td>
</tr>
<tr>
<td>% Within Age Category</td>
<td>71.3%</td>
<td>40.2%</td>
<td>45.7%</td>
<td>45.7%</td>
</tr>
<tr>
<td>% of Total</td>
<td>7.8%</td>
<td>20.5%</td>
<td>17.4%</td>
<td>45.7%</td>
</tr>
<tr>
<td># of Total Individuals Tested</td>
<td>94</td>
<td>438</td>
<td>326</td>
<td>858</td>
</tr>
<tr>
<td>% of Total</td>
<td>11.0%</td>
<td>51.0%</td>
<td>38.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
### Table 80 - Are You Employed? By Sex Cross Tabulation

<table>
<thead>
<tr>
<th></th>
<th>Sex</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>TOTAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of Individuals, Yes</td>
<td>269</td>
<td>207</td>
<td>476</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Total</td>
<td>30.8%</td>
<td>23.7%</td>
<td>54.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of Individuals, No</td>
<td>103</td>
<td>294</td>
<td>397</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Total</td>
<td>11.8%</td>
<td>33.7%</td>
<td>45.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of Total Individuals</td>
<td>372</td>
<td>501</td>
<td>873</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Total</td>
<td>42.6%</td>
<td>57.4%</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 81 - Do You Smoke? By Sex Cross Tabulation

<table>
<thead>
<tr>
<th></th>
<th>Sex</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>TOTAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of Individuals, Yes</td>
<td>70</td>
<td>52</td>
<td>122</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Total</td>
<td>8.1%</td>
<td>6.0%</td>
<td>14.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of Individuals, No</td>
<td>293</td>
<td>447</td>
<td>740</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Total</td>
<td>34.0%</td>
<td>51.9%</td>
<td>85.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of Total Individuals</td>
<td>363</td>
<td>499</td>
<td>862</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Total</td>
<td>42.1%</td>
<td>57.9%</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 82 - Do You Have Health Insurance Coverage?  
Self and Family? By Sex Cross Tabulation

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong># of Individuals, Yes</strong></td>
<td>298</td>
<td>406</td>
<td>704</td>
</tr>
<tr>
<td>% of Total</td>
<td>33.7%</td>
<td>46.0%</td>
<td>79.7%</td>
</tr>
<tr>
<td><strong># of Individuals, No</strong></td>
<td>78</td>
<td>101</td>
<td>179</td>
</tr>
<tr>
<td>% of Total</td>
<td>8.8%</td>
<td>11.4%</td>
<td>20.3%</td>
</tr>
<tr>
<td><strong># of Total Individuals</strong></td>
<td>376</td>
<td>507</td>
<td>883</td>
</tr>
<tr>
<td>% of Total</td>
<td>42.6%</td>
<td>57.4%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>