Center for Health Statistics

New Jersey Behavioral Risk Factor Survey: Summary Report

Behavioral Risk Factor Surveillance System

ROUTINE HEALTH EXAMS AMONG NEW JERSEY ADULTS: 1991-1997

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Routine health exams are a cornerstone of quality health care. An essential component of such exams is the detection of major lifestyle risk factors, in addition to more traditional forms of screening.[1] The New Jersey Behavioral Risk Factor Survey provides an opportunity to estimate directly the frequency of routine medical and dental contacts where such activities might take place, as well as the utilization of specific preventive screening services, among New Jersey adults. (Utilization of cancer screening services has been described in a previous report.[2])

NOTE: The New Jersey Behavioral Risk Factor Survey is part of the national Behavioral Risk Factor Surveillance System (BRFSS), a telephone survey of adults aged 18 years and over. This survey is designed to monitor modifiable risk factors for chronic diseases and other leading causes of morbidity and death. The survey is a cooperative effort between the national Centers for Disease Control and Prevention (CDC) and all states, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands. It has been in existence since 1984. The New Jersey Department of Health and Senior Services has been participating in the survey since 1991, collecting approximately 125 interviews per month through 1995 and nearly double that number since 1996. General design features and limitations of the BRFSS have been discussed elsewhere.[3]

Routine Medical Checkups

The periodic health exam provides primary care clinicians the opportunity to deliver a host of clinical preventive services of proven efficacy in healthy individuals. Preventive services currently recommended on a periodic basis for asymptomatic adults (depending on age and gender) include: measurement of height, weight, blood pressure, and cholesterol; screening for cancer and testing for vision and hearing disorders; counseling on calcium and folic acid intake, hormone replacement therapy, prostate cancer screening, tobacco cessation, drug and alcohol use, sexually transmitted diseases, family planning, domestic violence and unintentional injury prevention, nutrition, physical activity, fall prevention, and polypharmacy; and adult immunizations.[4]

Since 1991, each New Jersey BRFSS respondent has been asked "How long has it been since you last visited a doctor for a routine checkup?". The exact interpretation of such data is difficult, since little information is available about whether respondents are able to distinguish easily between routine examinations and other types of provider contacts. Nevertheless, to the extent that such data probably represent a consistent overestimate of routine medical contacts, they can be useful for determining

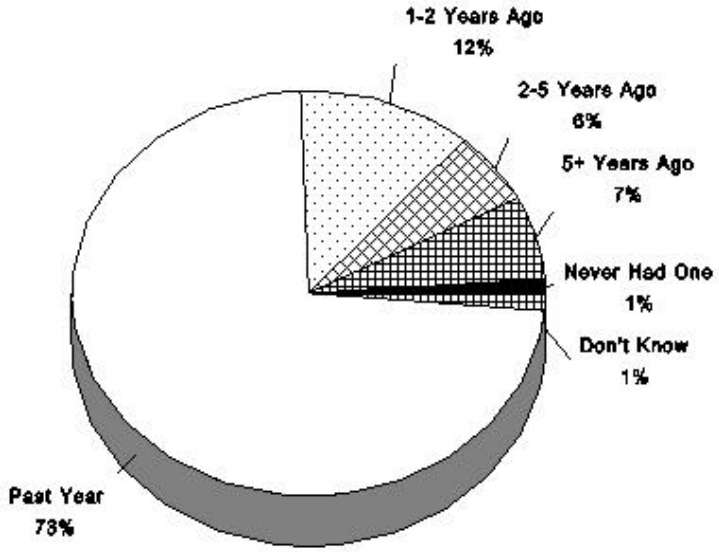
general trends.

About one-fourth of all adults reportedly have not had a routine medical checkup within the past year according to the most recently available data from the New Jersey BRFSS, and about 14% of all adults have not had a checkup within the past two years (Figure 1). The frequency of routine medical checkups increases with age, but at least 12% of elderly individuals are apparently not having such checkups on an annual basis. Also, males report less frequent checkups on average than females at every age level (Figure 2).

Figure 1

Time Since Last Routine Medical Checkup

New Jersey BRFSS, 1996-1997



The reported frequency of medical checkups varies substantially with health insurance status, as might be expected, even after controlling for age. Overall, about half (46% to 57%*) of uninsured adults under age 65 compared with an estimated 26% of insured adults under age 65 have not had such checkups in the past year. The combined BRFSS data suggest little net change over the course of the decade in frequency of medical checkups, regardless of age and insurance status (Figure 3).

Figure 2

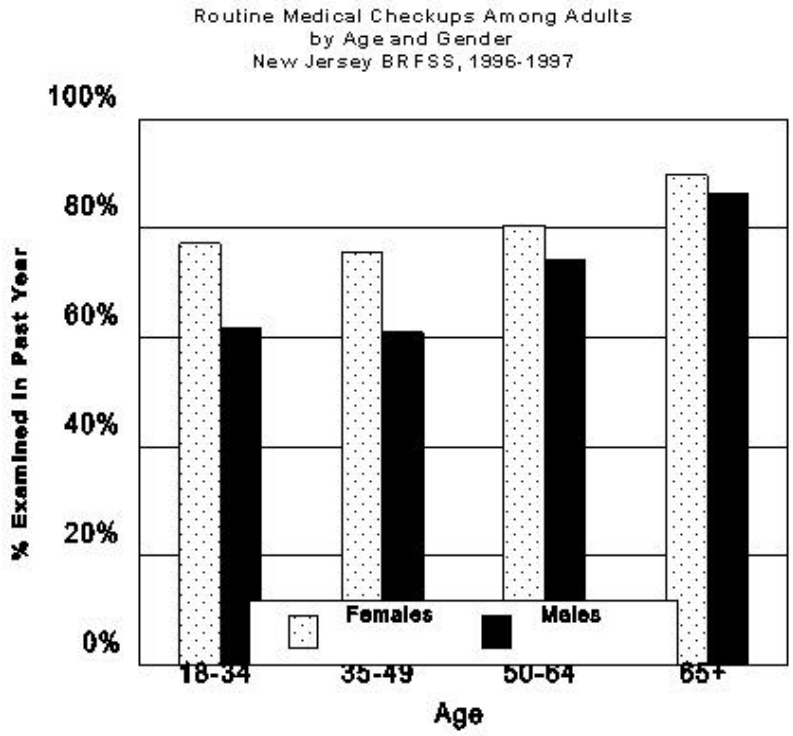
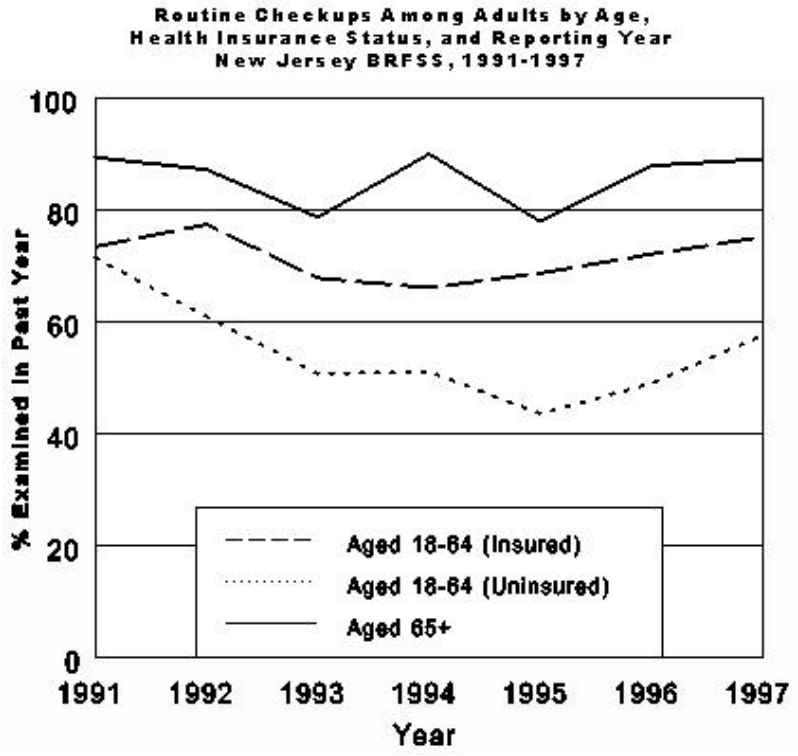


Figure 3



Routine Blood Cholesterol Measurements

Hypercholesterolemia is one of the major modifiable risk factors for heart disease[5], the leading cause of death among New Jersey adults[6]. The potential benefits of screening for high blood cholesterol levels include providing health professionals with an opportunity to perform counseling about lifestyle changes as well as other forms of treatment among individuals with elevated risk for heart disease. The

United States Preventive Services Task Force has found "fair" evidence for the efficacy of routine cholesterol screening in a clinical setting among healthy men aged 35-65 and healthy women aged 45-65, based on the known ability of cholesterol- lowering interventions to reduce the risk of coronary heart disease among persons with high cholesterol in these age groups.[1]

Figure 4

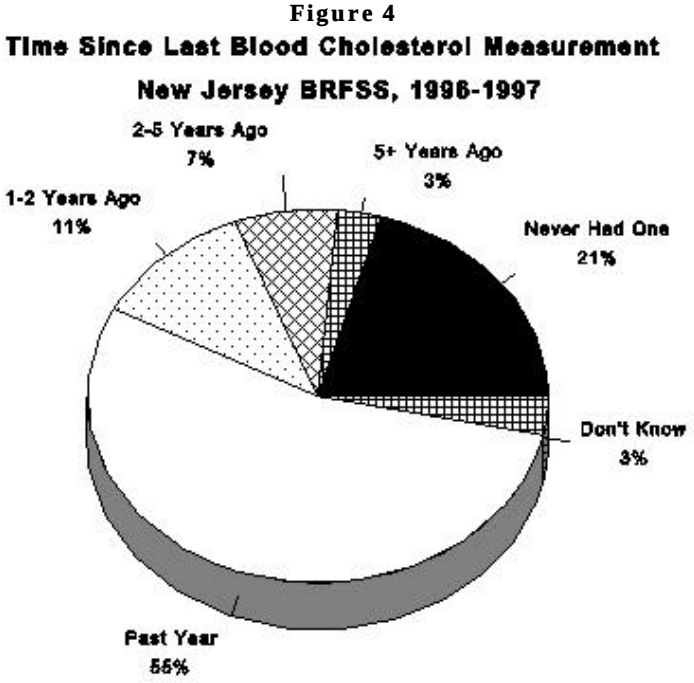
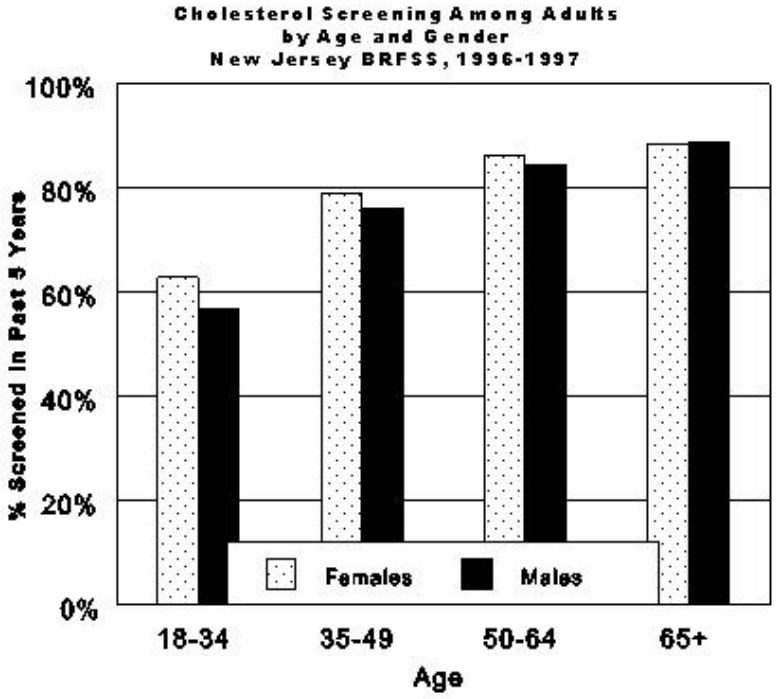


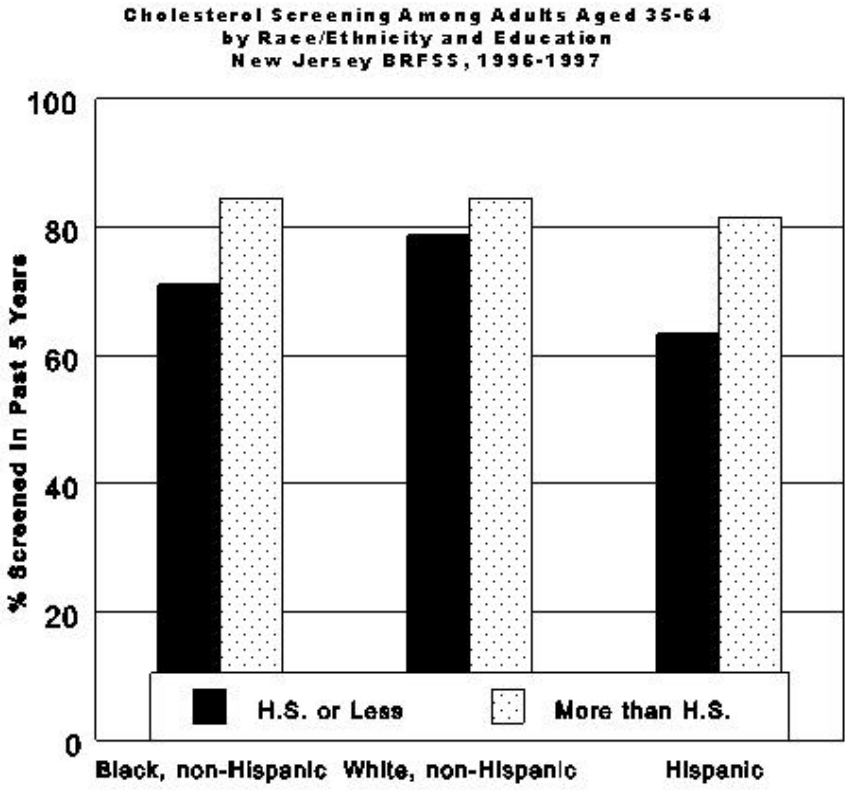
Figure 5



About one-fourth of all New Jersey adults have not had their blood cholesterol checked within the past five years, according to the most recent data from the New Jersey BRFSS (Figure 4). The frequency of cholesterol screening varies little by gender, but increases with age (Figure 5). About one-fifth (22%) of adults aged 35-64 reportedly are not achieving targeted screening levels.

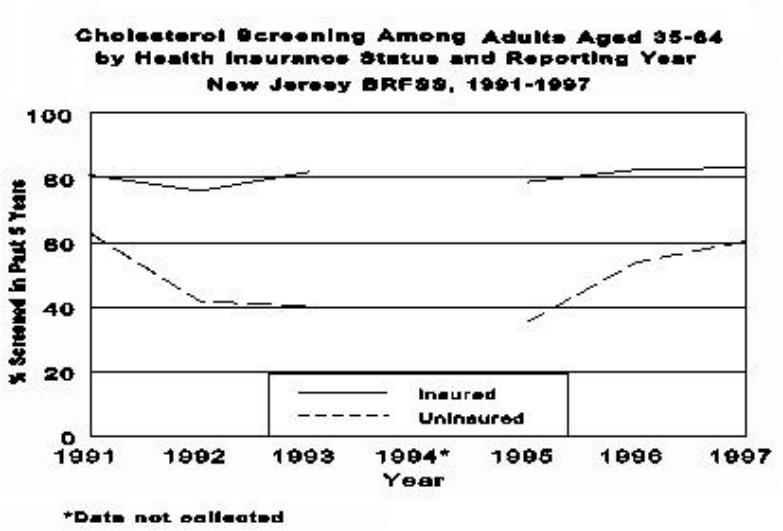
Cholesterol screening is less frequent among persons with 12 or fewer years of formal education, and to some extent varies by race/ethnicity regardless of formal education level (Figure 6). Multivariable analyses (not shown) suggest that being unmarried is also a risk factor for reduced screening levels, independent of these other factors.

Figure 6



Multi-year data suggest that there has been a slight improvement in cholesterol screening levels in key age groups over the course of the decade, at least among insured individuals (Figure 7).

Figure 7



Routine Dental Checkups

Routine oral health care is an important component of total health care for all adults, including those

who have experienced complete tooth loss.[7] Questions about oral health care were added to the New Jersey BRFSS in 1996. About 28% of all New Jersey adults have not seen a dentist within the past year, according to the most recent data from the New Jersey BRFSS (Figure 8). Among the reasons given for not seeing a dentist in the past year were: "no reason to go" (45%), "cost" (17%), "fear/apprehension/pain" (10%), and "other priorities" (8%).

Figure 8

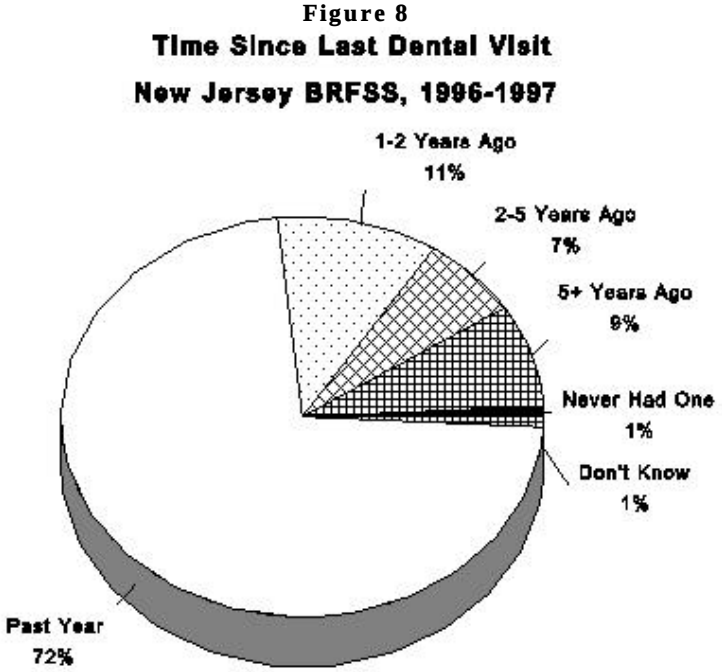
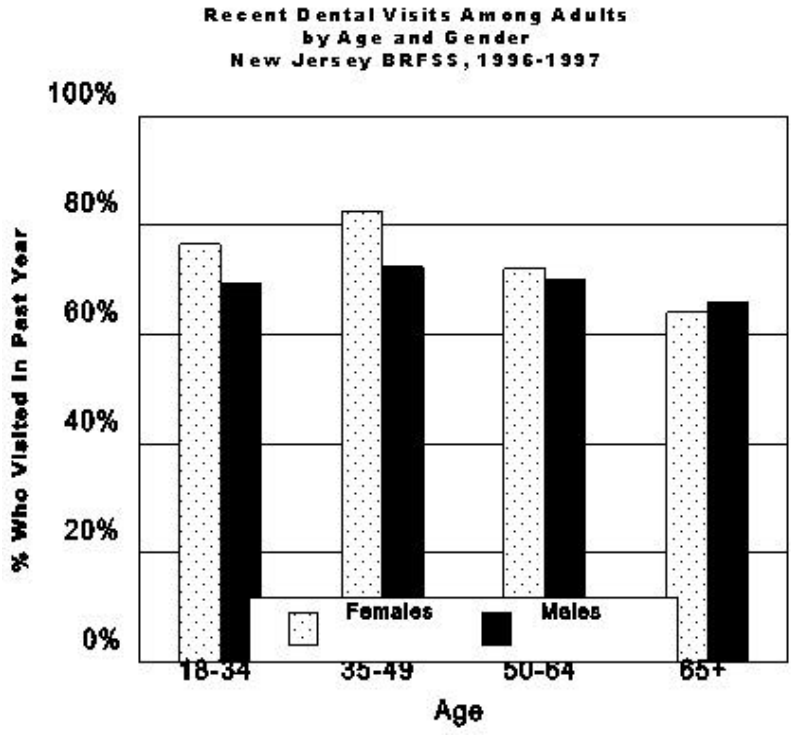


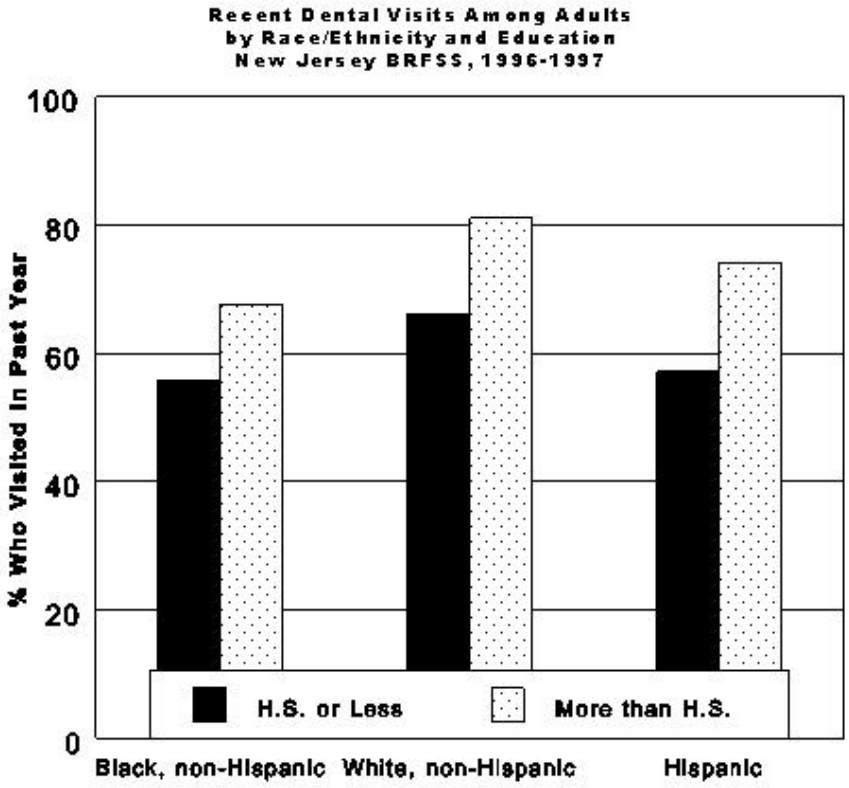
Figure 9



The frequency of dental visits varies somewhat by age and gender, with younger females reporting the highest levels (Figure 9). Conversely, more than one-third (35%) of adults aged 65 and over have reportedly not had a dental visit within the past year. Routine oral health care also varies by education

and, to some extent, by race/ethnicity, independent of education level (Figure 10).

Figure 10



*Prevalence estimates given as ranges in this report represent approximate 95% confidence intervals for the underlying population- based statistics, taking into account the random error introduced by sampling. These confidence intervals were calculated from variance estimates generated by the statistical software package SUDAAN, used for surveys such as the BRFSS which incorporate complex sampling designs. Where a 95% confidence interval is not presented, the "margin of error" (computed as the standard error of the estimate multiplied by 1.96) is expected to be less than 3%.

References:

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