



Texas Preventable Diseases

NEWS

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Adult Health Program Survey
Vaccine-Preventable Disease Update

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ADULT HEALTH PROGRAM: LOCAL HEALTH DEPARTMENT * IMPACT SURVEY REPORT

The TDH Adult Health Program seeks to improve the health of Texas citizens through primary prevention and early identification of chronic diseases such as diabetes and hypertension. Persons 16 years of age or older are eligible for the program. Services include risk assessment, health screenings, health education/information, referral and follow-up, monitoring of known diseases, and cancer diagnostic reimbursement in selected areas. A risk assessment is completed by each client upon entry into the program. Clients are encouraged through screening, health education, and counseling to modify the unhealthy behaviors identified in the risk assessment.

METHODS

In August 1990, seven local health departments* participated in the design and implementation of an impact survey to evaluate the risk assessment and health education activities of the Adult Health Program. The purposes of the survey were to determine: a) client recollection of behavioral and physiologic risk factors identified during the initial program visit, b) behavioral changes made by clients after the identification of risk factors (eg, visits to personal physician, utilization of community resources), and c) the client perception of program efficacy.

The survey targeted randomly selected clients who had enrolled

in the program six or more months before the survey. Self-administered questionnaires were distributed to clients in community and worksite clinics and by mail. Instructions directed clients to circle health risks identified during initial clinic visits and to select statements concerning risk-reducing actions undertaken as a result of their visits. Survey responses were based solely on client recall of identified health risks.

RESULTS

Three hundred clients were asked to participate; 269 returned completed survey forms (Table 1). Females comprised 69% of the sample. The predominant ethnic group was Hispanic (50%), followed by whites (38%). The majority of respondents were over the age of 25 (96%); the median age was 47.

Of the 269 survey respondents, 30 (11.2%) recalled having no risk factors identified during their initial health risk assessment (Table 2). Of the 239 remaining respondents, 78 (32.7%) recalled having one risk factor; 133 (55.6%), two to three risk factors; and 28 (11.7%), four or more risk factors. Of the 78 clients who recalled one identified risk factor, 50 (64.1%) reported a behavior change or risk reduction since enrollment in the Adult Health Program; of the 133 who recalled two to three risk factors, 114 (85.7%) reported behavior change or risk

reduction in at least one area; and of those who recalled four or more risk factors, 21 (75%) reported risk reduction in one or more areas.

Table 3 lists selected risk factors, the number of respondents with the specific risk factor, the number and percent of those indicating risk reduction or adoption of risk-reducing behavior, and examples of action taken by the individuals toward reducing risks. Excess weight (119) was the most frequently identified risk factor, followed by elevated cholesterol (74), and hypertension (71). Of the 78 males surveyed, five recalled being counseled for failure to perform testicular self examinations, and six recalled being counseled regarding the need for yearly digital prostate examinations.

When asked, "What did you do about these health risks?", the 239 respondents who had identified health risks made the following responses: 76 (32%) stated they went to their personal physicians; 12 (5%) went to a community resource such as Weight Watchers or Alcoholics Anonymous; 103 (43%) stated they adopted self-care actions recommended or taught by the program staff; 16 (7%) took no

* Participating health departments included: City of Laredo, Victoria City-County, Corpus Christi-Nueces County, Amarillo Bi-City/County, Galveston County, Hidalgo County, and Grayson County.

action; and 32 (13%) made comments such as "I stopped eating eggs." or "changed my eating habits...", but did not mark a category.

Of the 74 participants who commented on the efficacy of the program, 70 (95%) offered positive statements; four suggested improvements.

CONCLUSIONS

Although self-report measures were used in conducting the Adult Health Survey, results indicate that most respondents were made aware of one or more risk factors and were motivated to some extent to make behavioral changes. Future surveys should attempt to determine specific, objective changes in risk measures, such as decreases in cholesterol or weight. Results of this survey indicate the following:

1. The TDH Adult Health Program assisted clients in identifying risk factors detrimental to health.
2. Once the risks were identified, 43% of the clients surveyed initiated risk-reducing behaviors, and 32% sought further medical evaluation.
3. Of the 74 clients who commented on the efficacy of the program, 95% expressed satisfaction with the services offered by the Adult Health Program.

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Table 1.
Client demographics,
TDH Adult Health Survey,
Texas, 1990

Total Sample Size: 269

Sex	N	%
Male	78	(29)
Female	186	(69)
Unknown	5	(02)

Age (years)	N	%
16-19	0	
20-24	1	(00.4)
25-34	43	(15.9)
35-44	46	(17.1)
45-54	54	(20.1)
55-64	58	(21.6)
65+	57	(21.2)
Unknown	10	(03.7)

Ethnicity	N	%
White	102	(37.9)
Black	15	(05.6)
Hispanic	135	(50.2)
Other	1	(0.4)
Unknown	16	(05.9)

Table 2.
Number (%) of participants reporting health risk factors
and number (%) reporting risk-reducing behaviors,
TDH Adult Health Survey, Texas, 1990

Number of Risk Factors Identified	Number (%)* of Total Participants		Number (%)** Reporting Change or Adoption of Risk-Reducing Behaviors	
None	30	(11.2)	N/A	
1	78	(29.0)	50	(64.1)
2-3	133	(49.4)	114	(85.7)
≥4	28	(10.4)	21	(75.0)
Total	269		185	

* column percent
** row percent

Table 3.
Identified health risk factors* and
reported risk-reducing behaviors,
TDH Adult Health Survey,
Texas, 1990

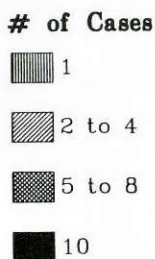
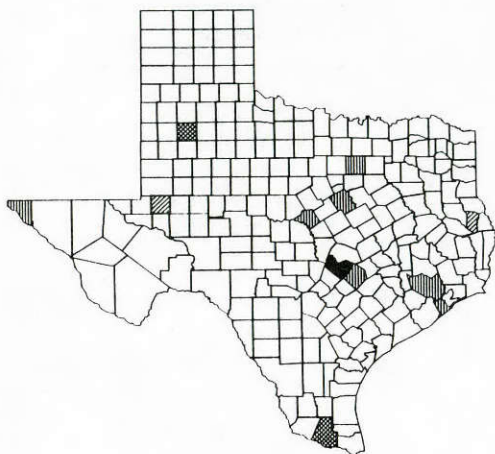
Risk Factor	Number Identifying Risk Factor	Number Indicating Risk Reduction or Adoption of Risk-Reducing Behaviors	Percent	Examples of Action Taken
Overweight	119	86	72	41 Trying to lose weight
Cholesterol, elevated	74	55	74	40+ Dietary changes 4 Medication
Hypertension	71	42	59	12+ Medication 10+ Improved diet 5 Less salt
Sedentary lifestyle	60	46	76	40+ Exercise
Diabetes	58	44	75	6 Diet, exercise 6 Regular checkups 4 Medication 1 Less sugar
Poor dietary practices	53	45	84	30+ Less fat More fiber Less sugar Saw a dietician
Cancer				
Breast	42	31	73	25 Monthly self-exam 5 Mammogram 1 Surgery
Cervical	37	26	70	21 Annual exams 3 Exam - had infection 1 Had surgery
Skin	15	13	86	4 Lesion removed Sunscreen
Colorectal	9	3	33	2 Checkup 1 Surgery
Prostate	6	3	50	Exam
Testicular	5	2	40	Self-exam
Tobacco use	38	16	42	Use less Trying to quit 3 Quit completely
Stress	26	12	46	Relax more Get more rest Stress management Diagnosed manic-depressive
Seatbelt nonuse	17	15	88	15 Use seatbelts
Alcohol abuse	8	5	62	2 Drink less 1 Went to AA

* Indicates identified risk factors only and not overt disease.

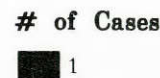
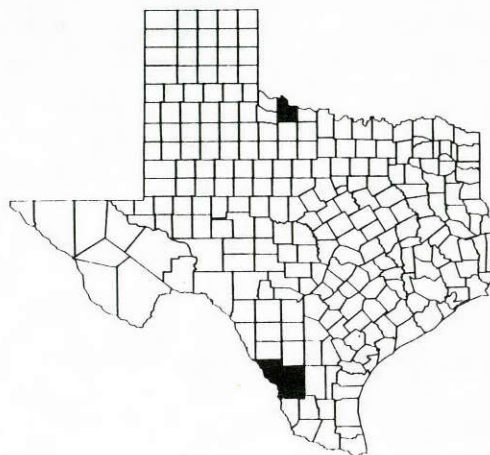
VACCINE-PREVENTABLE DISEASE UPDATE *

Provisional Data
 Weeks 20-22
 May 19 - June 1, 1991

Measles



Rubella



Summary:

	Latest Onset Date	Total This Period	YTD Total
MEASLES	06/01/91	38	321
RUBELLA	05/21/91	2	70
PERTUSSIS	N/A	0	101

* Figures indicate counties reporting suspected/confirmed cases with onsets during this period.

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