

**Maryland Cancer Survey
Montgomery County Latino Cancer Survey**

**A Survey of Cancer Screening
and Behavioral Risk Factors among Latinos in
Montgomery County, Maryland in Summer 2005**

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Maryland Cancer Survey
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Survey Highlights

The 2002 and 2004 Maryland Cancer Surveys (MCS) were population-based land-line telephone surveys, conducted in English, and designed to obtain information about cancer risk factors and screening behaviors of a representative sample of Marylanders age 40 years and older. The proportion of Latinos who responded to these two surveys approximated the percentage of Latinos in the Maryland population (i.e., 2.1% of respondents in the MCS 2002 compared to 2.5% of Latino adults 40 years and older in Maryland; and 2.0% of Latino respondents in MCS 2004 compared to 3.2% in Maryland in 2004). However, the actual numbers of persons interviewed (107 respondents in 2002 and 101 in 2004) were small, making it difficult to generalize about the cancer risk and screening behaviors among the growing population of Latinos in Maryland. Because of its large Latino population, Montgomery County was chosen as an area to obtain additional information on Latinos in Maryland and to provide a ‘snapshot’ of this population for comparison to the MCS results.

In August 2005, a face-to-face survey was conducted in Montgomery County among 503 Latinos, age 40 years and older. The survey, called the Maryland Cancer Survey-Montgomery County Latino Cancer Survey (MCS-MCLCS), was funded by the Maryland Department of Health and Mental Hygiene (DHMH) and performed by the Montgomery County Department of Health and Human Services/ Public Health Service's Office of Minority and Multicultural Health: Latino Health Initiative (LHI) under the guidance of the Department of Epidemiology and Preventive Medicine (DEPM) at the University of Maryland, Baltimore (UMB).

While the sampling method used in the survey was designed to include Latinos from different geographic areas of Montgomery County, the results are not necessarily representative of the Latino population in Montgomery County as a whole, or the Latino population in Maryland. However, this large convenience sample provides data from which to gain insights into screening prevalence and risk behaviors and to yield possible directions for future research and intervention. All percentages described in this report are the unweighted *survey sample percentages* and cannot be interpreted as being representative of the entire Latino population, age 40 years and older,

residing in Montgomery County or in Maryland. For the purposes of this report, the terms “Latino” and “Hispanic” are used interchangeably.

➤ **Health Care Access**

- Access to health care
 - Only 42% of the sample reported having health insurance at the time of the survey.
 - Eighteen percent (18%) of those who reported currently having health insurance reported there was a time in the last year when they did not have insurance.
 - Only 50% of the sample reported they have at least one person they think of as their primary health care provider.
 - Fifty-nine percent (59%) of respondents reported visiting a doctor for a routine physical examination within the past year.

➤ **Cancer Screening**

- Colorectal Cancer (CRC) Screening (among respondents age 50 years and older)
 - Thirty-one percent (31%) of respondents have ever performed a home FOBT.
 - Only 23% reported having the FOBT within the preceding 2 years.
 - Thirty-three percent (33%) of respondents reported they have ever had a sigmoidoscopy or colonoscopy (lower GI endoscopy).
 - Fifty-three percent (53%) of respondents have never received either an FOBT or a lower GI endoscopy.
- Prostate Cancer Screening (among male respondents age 50 years and older)
 - Only 34% of men reported ever having a PSA test.
 - Only 21% reported having a PSA test in the past year.
 - Fifty-nine percent (59%) of men reported ever having a DRE.
 - Only 18% (16/89) reported receiving both a PSA test and DRE within the past year.
- Women’s Health (among female respondents age 40 years and older)
 - Sixty-nine percent (69%) of women reported ever having a mammogram.

- Only 56% of women in this sample reported receiving a mammogram in the past 2 years.
 - Eighty-four percent (84%) of women reported ever having a clinical breast exam (CBE) performed by a health care provider.
 - Thirty-nine percent (39%) of women surveyed reported performing monthly breast self-examinations (BSE); 39% reported that they performed occasional BSE, and 22% reported never performing BSE.
 - Ninety-five percent (95%) of women in the survey sample reported ever having a Pap smear, and 84% reported having a Pap smear in the past 3 years.
- Oral Cancer Screening (among all respondents age 40 years and older)
 - Thirty-nine percent (39%) of respondents reported they had visited a dentist in the preceding year for any reason.
 - Only 11% of respondents reported *ever* having an oral cancer screening exam.
 - Only 7% of respondents reported having an oral cancer screening exam in the last year.

➤ **Lifestyle Factors (among all respondents age 40 years and older)**

- Cigarette Smoking
 - Fourteen percent (14%) of survey respondents indicated they are current smokers, and 14% are former smokers.
 - Eleven percent (11%) of current smokers smoke more than one pack of cigarettes per day.
 - Among current smokers, 45% reported that they have attempted to quit smoking within the past 12 months.
- Alcohol Intake
 - Seventy-eight percent (78%) of the sample were non-drinkers; 8% engaged in low-risk drinking behavior; and 14% met the criteria for high-risk drinkers.

- Body Mass Index (BMI)
 - Twenty-four percent (24%) of all respondents had a BMI in the “healthy” range (BMI 18.5-24.9); 46% had a BMI in the “overweight” range (BMI 25.0 – 29.9); and 30% had a BMI in the “obese” range (BMI 30.0 or higher).
 - Dietary Practices
 - Approximately 29% of survey respondents consumed five or more servings of vegetables and fruit per day.
 - Approximately 11% of the survey sample consumed at least seven servings of meat weekly, and 59% reported eating 2-6 servings of meat per week.
 - Physical Activity
 - Approximately 61% of the survey sample reported they engage in either moderate or vigorous activity, at levels recommended by Healthy People (HP) 2010.
- Strengths of the MCS-MCLCS include:
- Large sample of Spanish-speaking Latinos living in Montgomery County and sampled from neighborhoods that varied by socioeconomic status
- Limitations of the MCS-MCLCS include:
- Not a statistically-based representative sample of Montgomery County Latinos and not weighted to the Latino population living in Montgomery County
- Comparisons with HP 2010 Targets
- Compared to HP 2010 targets, this sample of Latinos residing in Montgomery County has not reached target objectives for the following screening measures:
 - CRC screening with either FOBT or lower GI endoscopy
 - Mammography for breast cancer screening in the last 2 years
 - Pap testing for cervical cancer screening in the last 3 years
 - Oral cancer screening in the past year

Section 1. Introduction

In 2000, the Maryland State Legislature established the Cigarette Restitution Fund (CRF) with monies received from the multi-state tobacco settlement, which in turn led to the establishment of the Cancer Prevention, Education, Screening, and Treatment (CPEST) Program in the Center for Cancer Surveillance and Control (CCSC) at the Maryland Department of Health and Mental Hygiene (DHMH). Under the CPEST program, seven cancers were targeted because they are amenable to primary or secondary prevention: lung and bronchus, colorectal, breast, cervical, prostate, oral, and melanoma skin cancer. The Surveillance and Evaluation Unit (SEU) of the CCSC is charged with collecting, analyzing, and monitoring data related to these seven cancers and with measuring and evaluating the results of cancer prevention and education in Maryland. The SEU has partnered with the University of Maryland, Baltimore (UMB) to conduct the Maryland Cancer Surveys.

In 2002, the Maryland Cancer Survey¹ (MCS) was commissioned by the SEU and performed by the Department of Epidemiology and Preventive Medicine, School of Medicine at UMB. The purpose of the survey was to assess cancer screening practices and cancer risk behaviors for targeted cancers among persons age 40 years and older living in Maryland. The MCS 2002 was conducted statewide via land-line random digit dialing (RDD), with 5,040 respondents. A slightly modified version of this same survey was repeated in 2004 (5,004 respondents) to evaluate trends in cancer screening behaviors throughout the state.²

Why do a focused survey among a Latino population in Montgomery County?

From April 2004 to August 2005, UMB and the SEU of the CCSC at DHMH worked in cooperation with the Latino Health Initiative (LHI) of the Montgomery County Department of Health and Human Services to conduct a door-to-door survey of approximately 500 Latinos living in the county. The primary purpose of this survey was to obtain a more complete picture of cancer screening practices and risk behaviors reported by Latinos living in Montgomery

¹ Maryland Cancer Survey, 2002 Report. Available at http://www.fha.state.md.us/cancer/pdf/MCS_Report_2002-V3.pdf. Last accessed December 18, 2006.

² Maryland Cancer Survey, 2004 Report. Available at <http://www.fha.state.md.us/cancer/pdf/MCS2004.pdf>. Last accessed December 18, 2006.

County. The survey also served as a pilot test of the Spanish language survey instrument to be used in the 2006 statewide MCS and provided more in-depth information on a Latino population in Maryland.

The need for such a survey arose from the rapid growth of the Hispanic population in Maryland as well as the lack of information on cancer risk factors for this population. Among Hispanics of all ages, the population in Maryland surged by more than 80%, for the 10-year period from 1990 to 2000.³ By the year 2004, persons self-identifying as Hispanic or Latino (i.e., Hispanic, Spanish, or Latino; of all races) comprised 5.4% of the Maryland population.⁴ As of July 2004, the estimated total Hispanic population in Montgomery County was 121,415 (13.2% of Montgomery County) which represented 41% of the Hispanic population in Maryland. About 90% of Hispanics in the county identify their race as White and 5% identify as Black or African-American.⁴ For Hispanic adults in Montgomery County, age 40 years and older, the numbers grew from 56,699 in 2000 to 79,660 in 2004.

This rapid growth in the Hispanic population presents many new challenges, including the need for more complete health data to reduce health disparities. The lack of research and information on existing cancer health disparities and their causes is a key challenge to reducing cancer health disparities.⁵ While it is generally known that differences in cancer risk occur between groups and may depend on factors such as socioeconomic status, health care access, genetics, and behavior, cancer risk factors for Hispanics are not well known. There is some evidence that cancer risk for Hispanics may differ based on whether they are U.S.- or foreign-born, their country of origin or heritage, the degree of acculturation (degree to which individuals have adopted the prevalent U.S. culture), and socioeconomic status.⁶

³ U.S. Census. 2001. "The Hispanic Population: Census 2000 Brief." U.S. Census Bureau, U.S. Department of Commerce, Washington DC. Available at <http://www.census.gov/prod/2001pubs/c2kbr01-3.pdf>. Last accessed December 18, 2006.

⁴ Maryland Department of Planning, Planning Data Services. Based on data from U.S. Census Bureau, Population Division, August 2005.

⁵ "Health Disparities in Cancer." National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Prevention and Control, Atlanta, GA. Available at <http://www.cdc.gov/cancer/minorityawareness/overview.htm>. Last accessed December 18, 2006.

⁶ ACS 2003. "Cancer Facts and Figures for Hispanics/Latinos: 2003-2005." American Cancer Society, Atlanta, GA. Available at <http://www.cancer.org/downloads/STT/CAFF2003HispPWSecured.pdf>. Last accessed December 18, 2006.

In addition to tracking statewide cancer screening rates, the MCS has as one of its objectives to examine disparities in cancer screening. However, the actual numbers of Hispanics interviewed in 2002 (107 respondents) and in 2004 (101 respondents) were small, making it difficult to detect differences in cancer screening or risk behaviors between Hispanics and the general population in Maryland. In addition, the MCS was conducted only in English. Although RDD is the most efficient method for conducting large, population-based surveys, land-line telephone coverage may be lower for those of lower socioeconomic status.⁷ MCS methods may result in under-representation of people without land-line telephones, those who are unable to speak English, and those not living in households.

The Montgomery County Latino Cancer Survey described in this report was conducted to gather critical information on cancer risk factors, screening behaviors, health care access, and demographics for a sample of Latinos living in Montgomery County. Although not a statistically random sample and not generalizable to the population of Latinos age 40 years and older in Montgomery County or in Maryland, the information from this survey may help identify disparities in cancer screening rates and risk behaviors between Latinos and the non-Latino population.

⁷ Anderson JE, Nelson DE, and Wilson RW. Telephone coverage and measurement of health risk indicators: data from the National Health Interview Survey. *Am J Public Health* 1998;88:1392-1395.

Section 2. Survey Methods and Statistical Analysis

Survey Methods

Under contract with DHMH, UMB subcontracted the services of the Montgomery County Department of Health and Human Services (DHHS) to conduct the Maryland Cancer Survey-Montgomery County Latino Cancer Survey (MCS-MCLCS). The UMB and DHMH provided the statewide Maryland Cancer Survey questionnaire that served as the basis for the MCLCS. The Latino Health Initiative (LHI), a component of the Public Health Service's Office of Minority and Multicultural Health of the Montgomery County DHHS, working with their Latino Data Workgroup, provided the linguistic and cultural expertise in translating the questionnaire into Spanish and recommended additional questions of interest to the Montgomery County DHHS. Approval for the project was given by the Institutional Review Boards (IRBs) at UMB and DHMH.

As a convenience sample, the sampling frame for this survey sample is not statistically representative of all Latinos, age 40 years and older, living in Montgomery County. Using data from the 2000 U.S Census, census tracts were identified in Montgomery County that had at least 20% of households reporting a Hispanic householder. UMB provided maps showing the percentage of Hispanic householders by block group (e.g., 20.00-29.99%, 30.00-39.00%, and 40.00-49.99%) in three distinct areas of the county. Using this information and their knowledge of the socio-demographic layout of Montgomery County, the LHI determined which areas and blocks were to be canvassed for the survey. The final areas to be surveyed were chosen to represent three distinctly different economic strata within areas where large numbers of Hispanics are known to live. The Montgomery County areas were: Glenmont, Wheaton, Gaithersburg, Rockville, White Oak, and Silver Spring.

The LHI was responsible for the day-to-day operation of the project. One focus group of 10 people was conducted in Spanish to test the survey instrument. Fully bilingual (English/Spanish) interviewers were recruited by LHI and trained jointly by UMB and LHI. Interviewers were trained to administer the survey in both English and Spanish. The Spanish language survey was field tested among 20 respondents prior to initiation of the full survey.

Responses to the MCLCS were recorded on paper forms that were later electronically scanned for data entry.

Three interviewing teams, each consisting of 3-4 members and a team leader, conducted face-to-face interviews in the field. The project coordinator identified the starting intersection within each defined area of the county and provided a map to each team. Once arriving at the intersection, side streets were identified and assigned, and interviewers began knocking on doors. Each home on the block was approached only one time. If no one was home, the interviewers did not return to that house. If a resident was home, the nature and purpose of the survey was explained. Potential respondents were assured that no personal identifying information would be collected in the questionnaire and that their responses could not be associated with their person or address. A verbal statement of informed consent, previously approved by the UMB and DHMH IRBs, was read to each prospective participant. If verbal consent was given, the survey was administered at that time. Respondents were given a \$25 gift certificate for participating in the survey.

Only householders age 40 years and older were invited to participate in the survey. The survey was limited to those who considered themselves to be Hispanic/Latino. No more than two interviews were conducted at each residence. If two interviews were conducted, one was with a female respondent and the second with a male. In the event that several people in the household agreed to be interviewed, the interviewers listed them by relative age (“oldest person, second oldest person, third oldest person, etc.”) and chose up to two people of different rank order at different houses.

Interviewers visited each of the three areas at different times of the day (morning, afternoon, early evening). Interviews were also conducted on weekend days. Interviewers canvassed specified blocks in a particular region in the morning, another set of specified blocks in that same region in the afternoon, and another in that same region in the early evening. At the end of each shift, the LHI project coordinator highlighted areas on the map that were covered that day. Questionnaires were reviewed for completeness by team leaders and again by the project coordinator. The project coordinator translated comments made in Spanish

during the interview into English. All questionnaires were submitted to UMB and reviewed again by an experienced survey researcher.

Data were collected with paper-based forms designed to be processed using electronic scanning with TeleForm software (Cardiff Software, Vista, CA). Prior to electronic processing, page counts for each survey were done and all surveys were visually inspected for completeness of key variables (e.g., participant ID, date of completion). Surveys were then scanned into the TeleForm system and written directly to a secure, password-protected database. A random sample of 10% of all data submitted for processing was re-processed for accuracy as part of a Quality Assurance (QA) audit. Re-processed QA data were compared to data written to the master database and any discrepancies/errors were noted and corrected. The overall discrepancy/error rate was less than 0.05%. Upon completion of all data processing, a SAS dataset of all data was generated for analysis purposes.

Data Analysis

Demographic information on gender, age, and education was complete for each of the 503 respondents. Information on marital status and employment status was missing for one respondent. Seventy-two (72) people did not provide income information. For purposes of the stratified tabular analyses, groupings were made for the following categorical variables. Education levels were combined into four categories: kindergarten or less; elementary school; some high school, high school graduate, or graduate equivalent diploma (GED); and some college or technical school or more. Employment was grouped into four categories: employed for wages; self-employed; retired; and out of work or unable to work (i.e., persons unemployed for either less than or more than one year, homemakers, and those unable to work were all combined). Annual household income categories were grouped into five categories: less than \$15,000; \$15,000 to less than \$20,000; \$20,000 to less than \$25,000; \$25,000 to less than \$35,000; and \$35,000 or more. English proficiency was also included in tabular analyses, based on self-reported ability to speak English. English proficiency was grouped into two categories: “gets by or speaks well” and “little or no” English speaking proficiency. When asked about birth country, only three respondents stated they were born in the United States (U.S.) and one did not answer the question. For the purposes of stratified analyses in this report, respondents born outside the U.S. were grouped into one of three regions of origin using

U.S. Bureau of the Census definitions:¹ Central America, South America, or “Other” region, as shown in the table below.

Central America	South America	Other Region
Costa Rica	Argentina	Brazil
El Salvador	Bolivia	Cuba
Guatemala	Chile	Paraguay
Honduras	Colombia	Puerto Rico
Nicaragua	Ecuador	Mexico*
Panama	Peru	Dominican Republic*
	Uruguay	
	Venezuela	

* Included in “Other” region due to small numbers of respondents from these countries

Survey data were also analyzed according to the number of years respondents reported living in the U.S., according to the following categories: less than 5 years; 5 to 9 years; 10 to 19 years; and 20 years or more.

Respondents were asked whether they had ever received various tests that are done for cancer screening. For this report, a screening test for cancer was considered to have been performed if it was reported by the respondent that he or she had ever had the test, whether it was specifically done for cancer screening or not. For instance, an asymptomatic woman can have a mammogram for screening, or a symptomatic woman can have a diagnostic mammogram because she feels a lump in her breast. In both cases, the answer to the question “have you ever had a mammogram?” is “yes” and both answers would be reported in the same manner.

¹ U.S. Census Bureau. 2000-2001 PUMS Hispanic Origin Codes. U.S. Census Bureau. Demographic Surveys Division, American Community Survey Office. Available at <http://www.census.gov/acs/www/Products/PUMS/C2SS/CodeList/Hispanic.htm>. Last accessed December 18, 2006.

“Current smokers” were defined as those who smoked 100 cigarettes or more in their life and, at the time of the survey, smoke every day or some days. “Former smokers” were those who smoked 100 cigarettes in their life and were not smoking cigarettes at the time of the survey. “Non-smokers” were those who smoked less than 100 cigarettes in their life or who had never smoked. Alcohol consumption was categorized according to use in the last 30 days: no alcohol use (in the last 30 days); low-risk drinking; and high-risk drinking. For women, low-risk drinking was defined as having no more than seven drinks a week and not participating in binge drinking. Low-risk drinking for men was defined as having no more than 14 drinks a week and not participating in binge drinking. High-risk drinking was defined as participating in binge drinking or consuming more than 14 drinks a week for men and seven drinks for women. Binge drinking was defined as five drinks or more at one time for men or four or more drinks at one time for women.² Daily fruit and vegetable intake was calculated by summing the responses from questions about daily or weekly consumption of fruits, fruit juice, leafy salad greens, and vegetables.

Results in the tables are based on the number of respondents that answered each question. The following table summarizes the gender and age groups of respondents represented in each topic or group of questions.

Survey topic/question	Men	Women	Age category
Oral cancer screening	✓	✓	40 years and older
Breast cancer screening		✓	40 years and older
Cervical cancer screening		✓ (only women who did not have a hysterectomy)	40 years and older
Colorectal cancer (CRC) screening	✓	✓	50 years and older
Knowledge of CRC	✓	✓	40 years and older
Prostate cancer screening (PSA, DRE)	✓		50 years and older
Discussed prostate screening with health professional	✓		40 years and older

² NIAAA. The Physicians’ Guide to Helping Patients with Alcohol Problems. NIH Pub. No. 95-3769. Rockville, MD: NIH, 1995.

The time period since the last screening episode was asked for each screening test so we could determine whether respondents were up-to-date with screening recommendations. If the respondent did not report the length of time since the last screening or refused to answer, that respondent was considered to be NOT up-to-date with screening.

The data were analyzed as an unweighted convenience sample using SAS 9.1. Unless otherwise stated, results presented in the report tables have the following values: “N” is the number of people in the sample who responded to a survey question; “n” represents the number of persons in the survey answering “yes” to that question or the number of people who had that characteristic; the “%” is the proportion of the sample who answered “yes” to the question or had that characteristic; the “95% CI” is the 95% confidence interval around a proportion. (The 95% confidence interval can be thought of in the following manner: If we take unbiased random samples from our population over and over again, and calculate a confidence interval for the same characteristic of the population for each sample [e.g., the percentage of Maryland women having a Pap smear], we expect 95% of the resulting intervals to include the true value of that population characteristic.)

All percentages in the results tables are based on the number of respondents answering the question, and exclude missing, “don’t know/not sure,” and “refused” answers. Due to the small number of men over the age of 50 in the survey sample, results of stratified analyses for prostate cancer screening (i.e., prostate-specific antigen and digital rectal exam) are uncertain and are therefore not presented in the tabulated results. General findings for these survey questions are summarized in the text of Section 7, Prostate Cancer Screening, and in Tables 7-1 and 7-2. It is important to note that estimates derived from samples with fewer than 50 observations are included in certain other tables, but may be unreliable due to small numbers. Caution should be exercised when making comparisons based on a small number of respondents.

In the tables, the heading “Stat Sig” stands for statistical significance. Statistical significance for a selected characteristic is explained by the symbol appearing in the “Stat Sig” column opposite the specific survey question. The symbol “**” in this column indicates a statistically significant difference at the 0.05 level ($p\text{-value} \leq 0.05$) for the selected

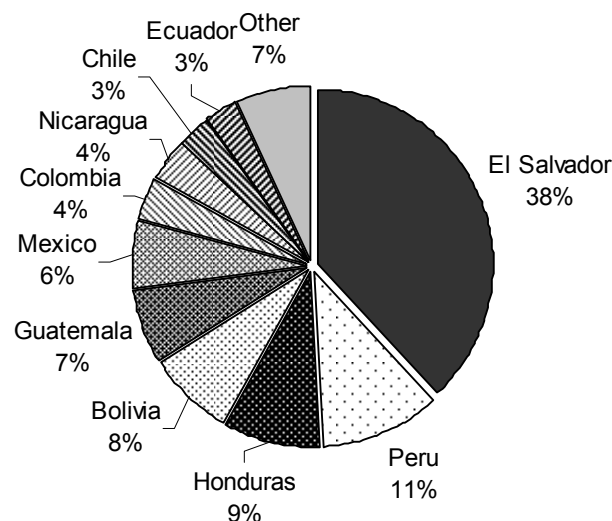
characteristic. The symbol “*” represents borderline statistical significance with a p-value that was > 0.05 and ≤ 0.10 . The symbol “^” shows that the differences were not statistically significant (i.e., p-value > 0.10). When reviewing the tables, it is important to remember that, while a difference may be “statistically significant,” it may not necessarily be of clinical or practical importance. For some categories the sum of the percents may not equal 100%. This is due to rounding to whole percents.

Section 3. The Survey Sample

Demographics

Five hundred three (503) adults, age 40 years and older, participated in the MCS-MCLCS. Demographic information is reported in Table 3-1. Almost 60% of the sample was female, 56% were between the ages of 40-49 years, and 54% were married. Eleven percent (11%) of the sample had attended no more than kindergarten; 32% reported completing some elementary school education; and 25% had attended at least some college or technical training. Almost 75% of the sample was either employed for wages (61%) or self-employed (13%). Only 8% were unemployed or unable to work. Fourteen percent (14%) of the survey sample was uncertain or declined to report an annual household income. More than half of the sample (56%) reported annual household income of less than \$25,000, and 7% reported an annual household income of less than \$10,000. Seventeen percent (17%) reported having an annual household income of \$35,000 or more.¹ Chart 3-1 details the country of origin (country of birth) for the 499 respondents who were not born in the U.S.

**Chart 3-1. Country of Origin for MCS-MCLCS Respondents
(N=499)**



¹ The Federal poverty guideline in 2004 was \$9,310 for a single person and \$18,850 for a family of four. U.S. Department of Health and Human Services (HHS) "Annual Update of the HHS Poverty Guidelines." Federal Register Feb. 13, 2004 (Vol. 69, No. 30), pp. 7335-7338. Available at <http://aspe.hhs.gov/poverty/04fedreg.htm>. Last accessed December 18, 2006.

For purposes of tables in this report, U.S. Census definitions were used to group respondents according to their region of origin. People born in Central America comprised 58% of the sample, South Americans represented 31% of the sample, and people born in “Other” regions represented 11% of survey respondents. (Refer to Section 2. Survey Methods, for countries associated with each region.) Almost half of respondents (49%) reported living in the U.S. for 9 years or less and 20% reported arriving in the U.S. within the past 4 years. The majority of survey participants (55%) reported living at their current address at least 2 years (data not shown in tables).

English Proficiency

Although interviewers were able to conduct the interview in either English or Spanish, virtually all respondents in this survey chose to speak with the interviewers in Spanish. Respondents were asked about their abilities to read, write, speak, and understand both English and Spanish. The response categories were “none,” “a little,” “get by,” or “well.”

- Sixty-seven percent (67%) of those interviewed spoke little or no English (Chart 3-2).
- Sixty-nine percent (69%) of respondents reported they are either unable to read English or could read English only a little (Chart 3-3).
- Seventy-three percent (73%) of respondents were either unable to write English or write English only a little (Chart 3-4).
- Sixty-two percent (62%) reported being able to understand only a little English or not able to understand English at all (Chart 3-5).
- In general, Latino men were more proficient in English than Latino women, and those who were younger (age 40-49 years) were more proficient than either those age 50-64 years or 65 years and older.

Chart 3-2. How Well Can You Speak English? (N=503)

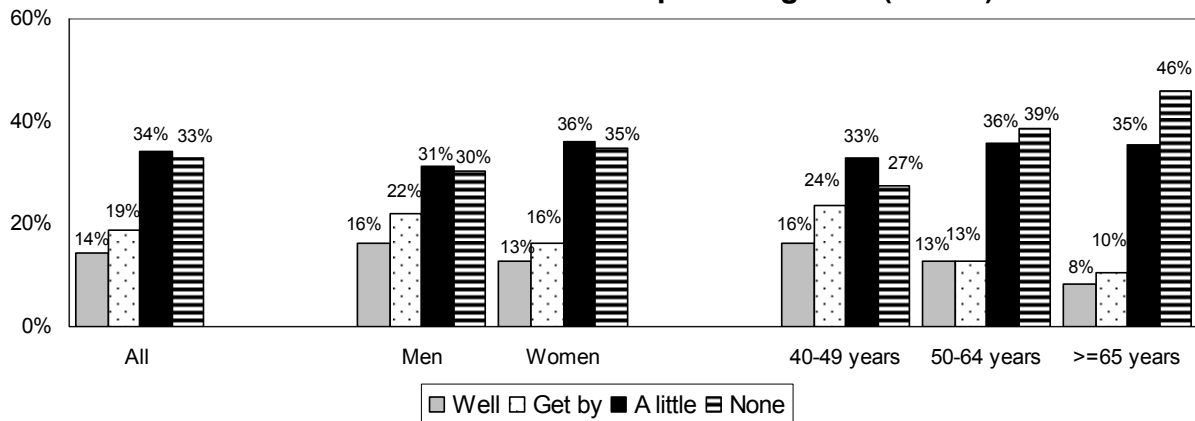


Chart 3-3. How Well Can You Read English? (N=503)

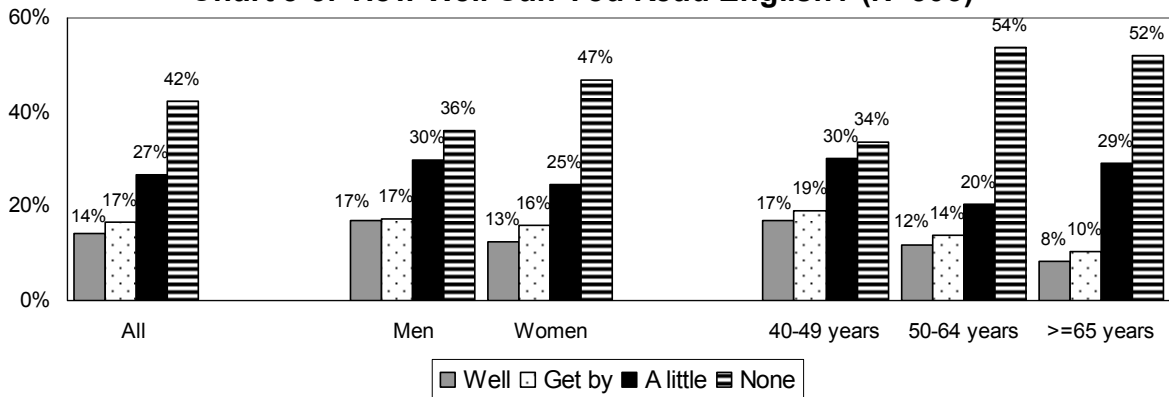
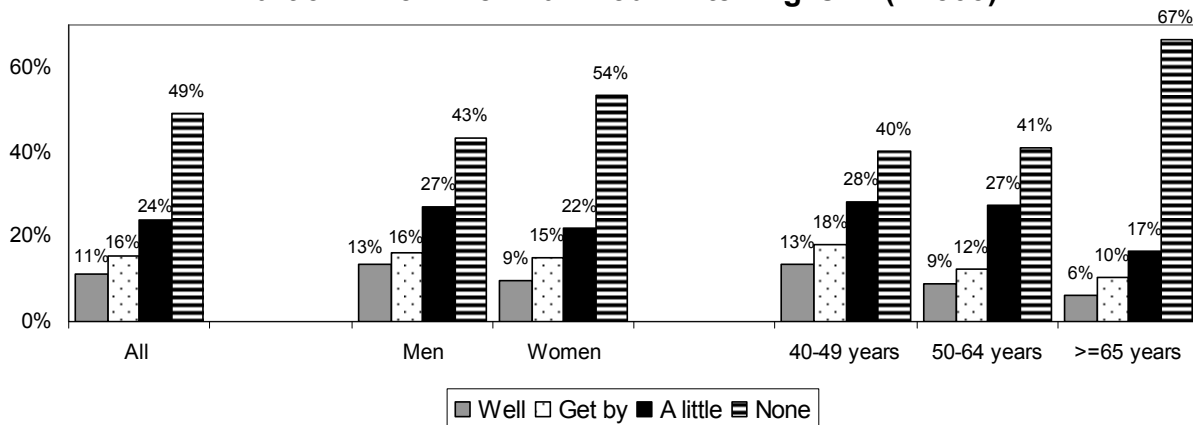
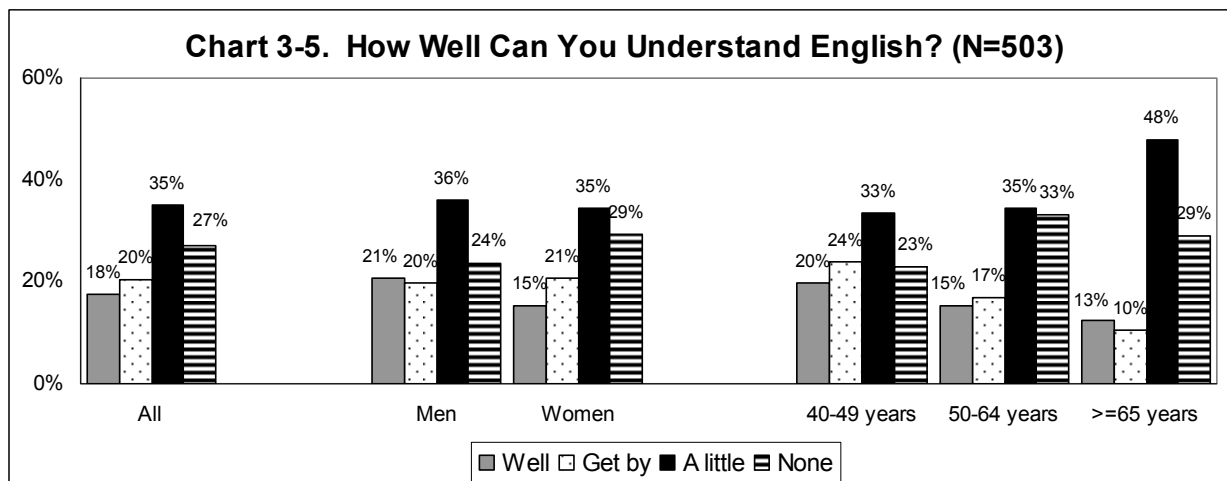
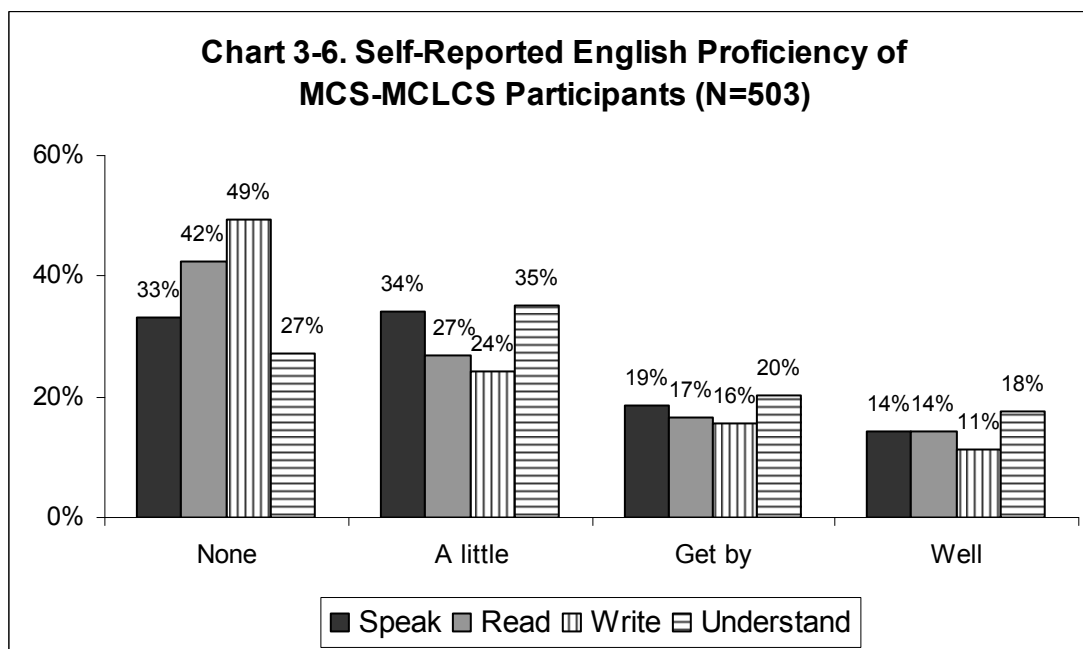


Chart 3-4. How Well Can You Write English? (N=503)





- Chart 3-6 compares self-reported proficiency for all survey participants in speaking, reading, writing, and understanding English. Participants generally ranked their English literacy (reading and writing) lower than spoken English and comprehension. More than half to three-quarters of participants reported little or no English proficiency.



**TABLE 3-1. DEMOGRAPHICS OF THE SURVEY SAMPLE, MARYLAND CANCER SURVEY,
MONTGOMERY COUNTY LATINO SURVEY, 2005**

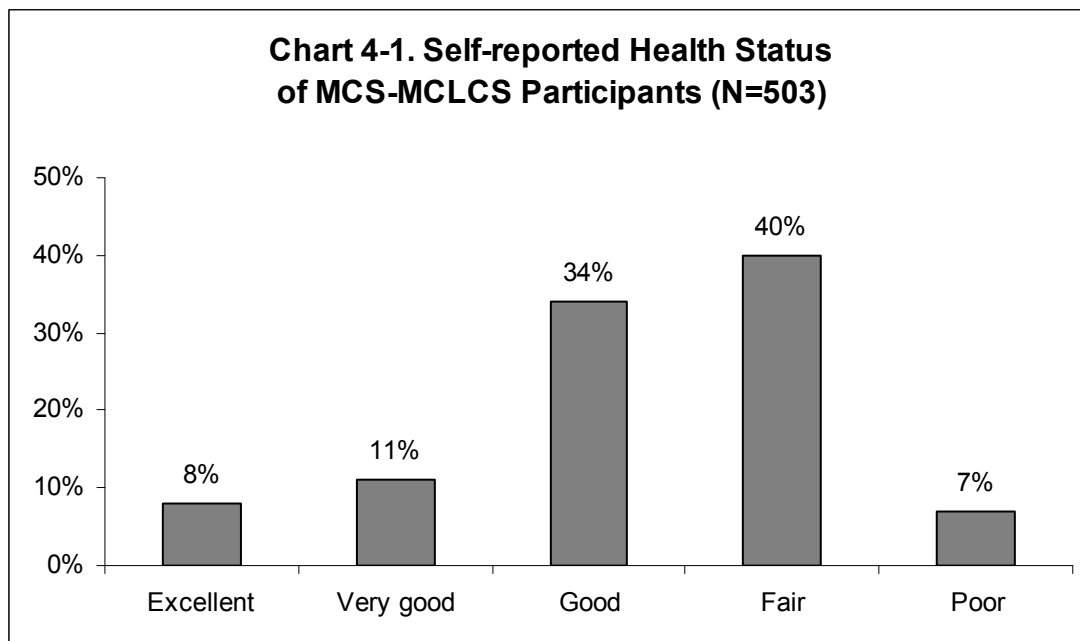
Selected Characteristic	TOTAL		
	sample n	%	95% CI
Total Sample (N=503)			
Gender (N=503)			
Male	208	41%	37-46%
Female	295	59%	54-63%
Age (N=503)			
40-44 years	182	36%	32-40%
44-49 years	102	20%	17-24%
50-54 years	82	16%	13-20%
55-59 years	51	10%	7-13%
60-64 years	38	8%	5-10%
65-74 years	34	7%	5-9%
75 years and older	14	3%	1-4%
Marital Status (N=502)			
Married	270	54%	49-58%
Partner of unmarried couple	62	12%	9-15%
Divorced or separated	81	16%	13-19%
Widowed	40	8%	6-10%
Never married	49	10%	7-12%
Education (N=503)			
Kindergarten or less	56	11%	8-14%
Any elementary school	160	32%	28-36%
Some high school	60	12%	9-15%
HS grad or GED	98	19%	16-23%
College 1-3 years	87	17%	14-21%
College grad or more	42	8%	6-11%
Employment Status (N=502)			
Employed for wages	308	61%	57-66%
Self-employed	67	13%	10-16%
Unemployed	29	6%	4-8%
Homemaker	56	11%	8-14%
Retired	32	6%	4-9%
Unable to work	10	2%	1-3%
Household Income (N=503)			
Less than \$10,000	35	7%	5-9%
\$10,000 to less than \$15,000	76	15%	12-18%
\$15,000 to less than \$20,000	102	20%	17-24%
\$20,000 to less than \$25,000	69	14%	11-17%
\$25,000 to less than \$35,000	65	13%	10-16%
\$35,000 or more	84	17%	13-20%
Not sure/refused	72	14%	11-17%
Health Insurance (N=503)			
Yes	210	42%	37-46%
No	293	58%	54-63%
English Proficiency Speaking (N=503)			
Gets by or speaks well	166	33%	29-37%
Little or no	337	67%	63-71%
Region of Origin (N=499)			
Central America	289	58%	54-62%
South America	155	31%	27-35%
Other	55	11%	8-14%
Years in United States (N=487)			
0-4 years	97	20%	16-23%
5-9 years	125	26%	22-30%
10-19 years	162	33%	29-37%
20 years or more	103	21%	18-25%

Section 4. Health Status, Health Information Sources, and Perceived Cancer Risk Factors

Self-Reported Health Status

Self-reported health status is widely accepted and used in population studies as a valid measure of overall health status and a reliable predictor of mortality (independent of other known health risk factors).^{1,2} Self-rated health status can be viewed as a reflection of the respondents' perceptions about their physical health, as well as mental and social well-being.¹ As such, information on self-rated health status can be highly useful to health professionals in tailoring effective health interventions to specific populations.

- In the MCS-MCLCS, 53% of 503 respondents reported their general health status as excellent, very good or good; 40% rated their overall health as fair; and 7% said their general health was poor (Chart 4-1).

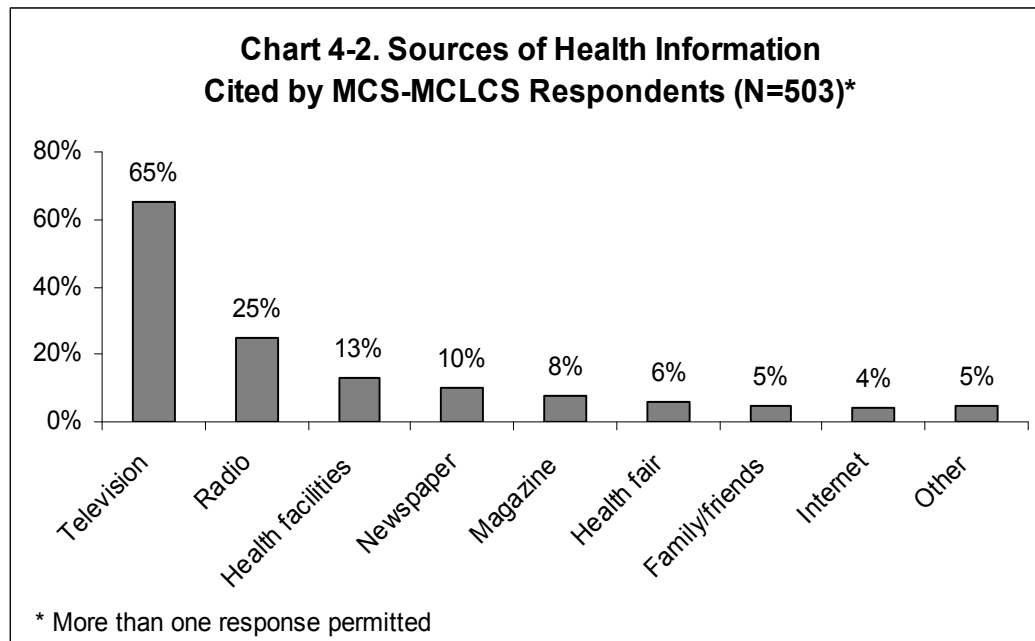


¹ Phillips LJ, Hammock RL, and Blanton JM. Predictors of self-rated health status among Texas residents. *Prev Chronic Dis* [serial online] 2005 Oct. Available at http://www.cdc.gov/pcd/issues/2005/oct/04_0147.htm. Last accessed December 18, 2006.

² Idler EL and Benyamini Y. Self-rated health and mortality: a review of twenty-seven community studies. *J Health Soc Behavior* 1997;38:21-37.

Health Information Sources

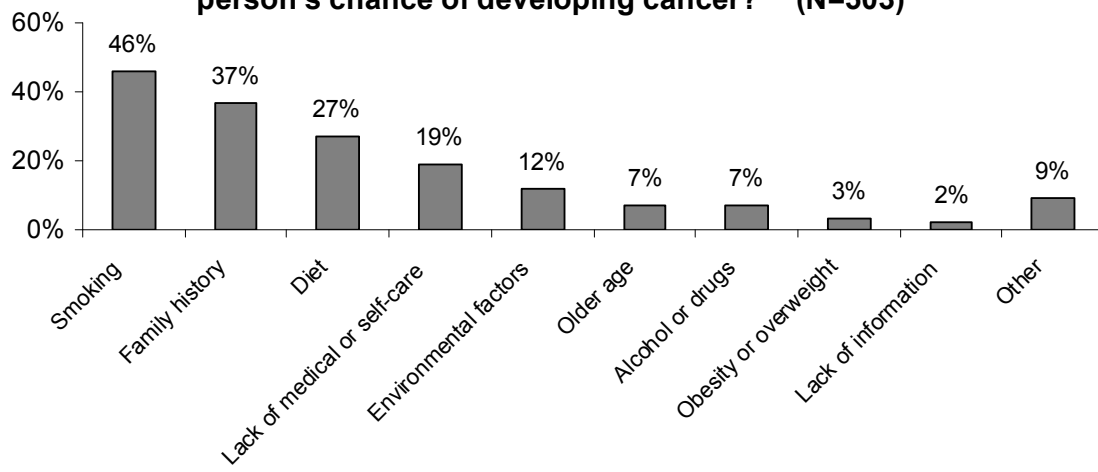
- When asked which sources they most often turn to for information about health, MCS-MCLCS participants most frequently cited television (65% of respondents) and radio (25%). Thirteen percent (13%) said they obtain health information from their doctor, clinics, health centers, or other medical facilities. (Chart 4-2; more than one response permitted per respondent.)



Perceived Cancer Risk Factors

- When asked to name the main factors that increase a person's chance of developing cancer, respondents most commonly cited smoking (46%); family history (37%); and diet (27%). (See Chart 4-3; more than one response permitted.) Other factors cited included: lack of medical care or lack of self-care (distinctions between these were often unclear in responses given by participants); environmental factors, such as air pollution, chemical or sun exposure; older age; excessive alcohol or drug use; overweight or obesity; and lack of knowledge or information about cancer.

**Chart 4-3. MCS-MCLCS Participant Responses to the Question
"What do you think are the main things which increase a
person's chance of developing cancer?" (N=503)***



* More than one response permitted

Section 5. Access to Health Care

Research has found that people who are uninsured or underinsured are less likely to be screened for cancer.¹ CDC analyzed 2001-2002 data from the national Behavioral Risk Factor Surveillance System (BRFSS) survey, a land-line telephone survey, to assess the differences in access to health care and preventive services between Hispanics and non-Hispanics.² (In some states, BRFSS participants have the option of having the questionnaire administered and answered in Spanish.) Hispanic respondents were significantly less likely than non-Hispanic participants to have health care coverage (76.2% for Hispanics versus 90.6% for non-Hispanics), less likely to have one or more regular personal health care providers (68.5% for Hispanics versus 84.1% for non-Hispanics), and less likely to have a regular place of care (93.4% for Hispanics versus 96.2% for non-Hispanics). Hispanic participants were significantly more likely than non-Hispanics to report not being able to obtain medical care when needed during the preceding 12 months (6.5% for Hispanics versus 5.0% for non-Hispanics).

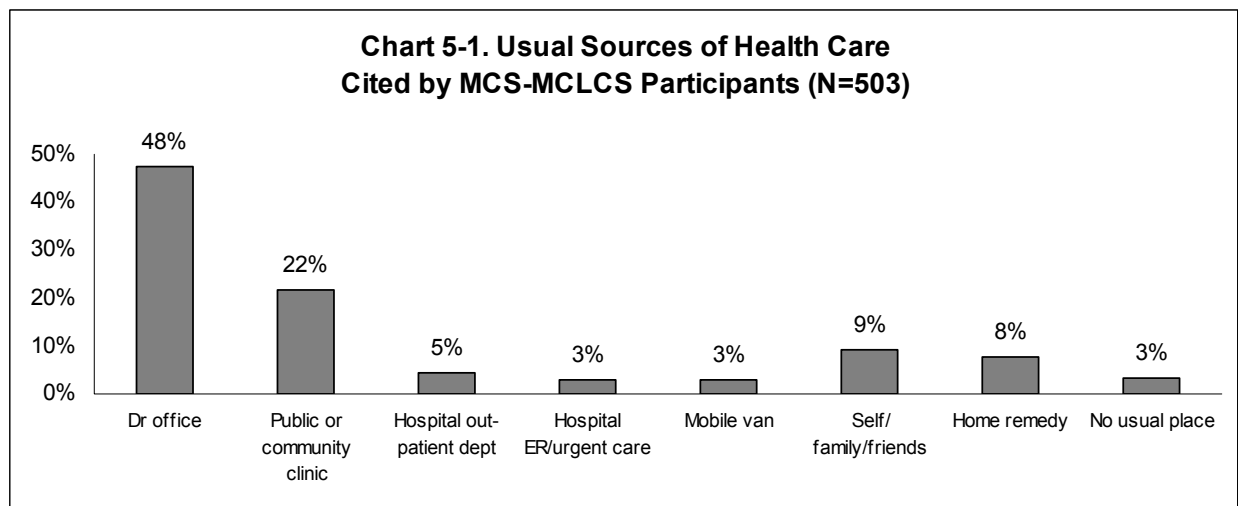
In the MCS-MCLCS,

- Out of 503 survey participants, only 42% reported having health insurance at the time of the survey (Table 5-1). Men and older respondents were more likely to have health insurance. The proportion of adults reporting to have health insurance increased with increasing educational level, income, and years living in the U.S. People with a higher level of English proficiency and people of South American origin were also more likely to have health insurance.
- Of those who currently have health insurance, 18% reported there was a time in the last year when they did not have insurance (Table 5-1). This proportion was highest (42%) among respondents who have lived in the U.S. 4 years or less.

¹ Swan J, Breen N, Coates RJ, et al. Progress in cancer screening practices in the United States: Results from the 2000 National Health Interview Survey. *Cancer* 2003 Mar 15;97(6): 1528-40.

² CDC. 2004. Access to health-care and preventive services among Hispanics and non-Hispanics, United States 2001-2002. *Morbidity and Mortality Weekly Report (MMWR)* 53(40): 937-941. Centers for Disease Control and Prevention, Atlanta, GA. Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5340a2.htm>. Last accessed December 18, 2006.

- Of the people who do not currently have health insurance, 11% lost their insurance within the past year; 28% have been without insurance for more than 1 year; and 61% have never had health insurance (data not shown in tables).
- Of 501 respondents who answered the question about having a health care provider, half (50%) reported they have at least one person they think of as their primary health care provider (HCP; Table 5-2). The proportion of respondents having a HCP was higher among women (55%), those with insurance (81%), and those with higher English-speaking proficiency (63%). The proportion of respondents with a HCP increased with increasing age, education, and years living in the U.S.
- Fifty-nine percent (59%) of all respondents (N=503) reported visiting a doctor for a routine physical examination within the past year and 7% said they have never had a physical examination (data not shown in tables).
- When asked where they go when sick or in need of health advice, 48% of respondents said they go to a doctor's office; 22% obtain their health care at a public health or community health clinic; and 5% go to a hospital outpatient department. Only 3% go to a hospital emergency room or urgent care center. Nine percent (9%) said they self-medicate or get advice from family and friends, 8% said they use home remedies or traditional or herbal medicine, and 3% have no usual place for medical care (Chart 5-1).



- Twenty-one percent (21%) or 105 of 502 respondents said that there was a time in the last 12 months when they needed health care but were unable to get it. Among those unable to receive needed health care (N=105), by far the most commonly cited reason was the cost of medical care/not having insurance (75%). Other reasons cited included too long a wait for an appointment (7%), and the office wasn't open when the individual could get there (5%). (Data not shown in tables.)

TABLE 5-1. RESPONSES TO QUESTIONS ABOUT HEALTH INSURANCE COVERAGE, AMONG THOSE AGE 40 YEARS AND OLDER

	Respondents reporting to currently have health insurance					Persons reporting there was a time they were without health insurance sometime in the last 12 months				
Selected Characteristic	N	n	%	95% CI	Stat Sig	N	n	%	95% CI	Stat Sig
Total Sample	503	210	42%	37-46%		201	36	18%	13-23%	
Gender					**					^
Male	208	98	47%	40-54%		92	16	17%	10-25%	
Female	295	112	38%	32-44%		109	20	18%	11-26%	
Age					**					^
40-49 years	284	118	42%	36-47%		116	21	18%	11-25%	
50-64 years	171	64	37%	30-45%		58	11	19%	9-29%	
65 years and above	48	28	58%	44-72%		27	4	15%	1-28%	
Education					**					**
Kindergarten or less	56	14	25%	14-36%		13	3	23%	0-46%	
Any elementary school	160	53	33%	26-40%		48	4	8%	0-16%	
Some HS, HS grad, or GED	158	66	42%	34-49%		65	19	29%	18-40%	
Some college or more	129	77	60%	51-68%		75	10	13%	6-21%	
Employment Status					**					^
Employed for wages	308	146	47%	42-53%		139	24	17%	11-24%	
Self-employed	67	18	27%	16-38%		18	4	22%	3-42%	
Retired	32	22	69%	53-85%		21	2	10%	0-22%	
Out or work or unable to work	95	24	25%	16-34%		23	6	26%	8-44%	
Household Income					**					^
< \$15,000	111	34	31%	22-39%		31	9	29%	13-45%	
\$15,000-<\$20,000	102	32	31%	22-40%		30	6	20%	6-34%	
\$20,000-<\$25,000	69	29	42%	30-54%		27	5	19%	4-33%	
\$25,000-<\$35,000	65	39	60%	48-72%		39	7	18%	6-30%	
\$35,000 or more	84	58	69%	59-79%		57	5	9%	1-16%	
English Proficiency (speaking)					**					**
Gets by or speaks well	166	97	58%	51-66%		95	11	12%	5-18%	
Little or no	337	113	34%	28-39%		106	25	24%	15-32%	
Region of Origin					**					^
Central America	289	93	32%	27-38%		86	17	20%	11-28%	
South America	155	89	57%	50-65%		87	16	18%	10-27%	
Other	55	25	45%	32-59%		25	3	12%	0-25%	
Years in United States					**					**
0-4 years	97	19	20%	12-28%		19	8	42%	20-65%	
5-9 years	125	53	42%	34-51%		51	13	25%	13-38%	
10-19 years	162	73	45%	37-53%		70	11	16%	7-24%	
20 years or more	103	60	58%	49-68%		56	3	5%	0-11%	

** p-value \leq 0.05

* p-value > 0.05 - 0.1

^ p-value > 0.1

Maryland Cancer Survey
Montgomery County Latino Cancer Survey, 2005

**TABLE 5-2. PERSONS REPORTING TO HAVE A PRIMARY HEALTH CARE PROVIDER,
AMONG THOSE AGE 40 YEARS AND OLDER**

	Respondents reporting they have a primary health care provider				
Selected Characteristic	N	n	%	95% CI	Stat Sig
Total Sample	501	251	50%	46-54%	
Gender					**
Male	206	88	43%	36-49%	
Female	295	163	55%	50-61%	
Age					**
40-44 years	181	73	40%	33-48%	
45-49 years	102	50	49%	39-59%	
50-54 years	82	43	52%	42-63%	
55-64 years	88	54	61%	51-72%	
65 years and older	48	31	65%	51-78%	
Education					**
Kindergarten or less	55	16	29%	17-41%	
Any elementary school	159	74	47%	39-54%	
Some HS, HS grad, or GED	158	83	53%	45-60%	
Some college or more	129	78	60%	52-69%	
Employment Status					**
Employed for wages	306	148	48%	43-54%	
Self-employed	67	33	49%	37-61%	
Retired	32	28	88%	76-99%	
Out of work or unable to work	95	42	44%	34-54%	
Household Income					**
< \$15,000	110	47	43%	33-52%	
\$15,000-<\$20,000	102	38	37%	28-47%	
\$20,000-<\$25,000	69	42	61%	49-72%	
\$25,000-<\$35,000	65	42	65%	53-76%	
\$35,000 or more	84	50	60%	49-70%	
Health Insurance					**
Yes	209	169	81%	76-86%	
No	292	82	28%	23-33%	
English Proficiency (speaking)					**
Gets by or speaks well	166	104	63%	55-70%	
Little or no	335	147	44%	39-49%	
Region of Origin					**
Central America	287	124	43%	37-49%	
South America	155	93	60%	52-68%	
Other	55	31	56%	43-70%	
Years in United States					**
0-4 years	97	20	21%	13-29%	
5-9 years	124	56	45%	36-54%	
10-19 years	162	91	56%	49-64%	
20 years or more	102	78	76%	68-85%	

** p-value ≤ 0.05

* p-value > 0.05 - 0.1

^ p-value > 0.1

Maryland Cancer Survey
Montgomery County Latino Cancer Survey, 2005

Section 6. Colorectal Cancer Screening

Colorectal cancer (CRC) is the fourth most common cause of cancer in Maryland. The three most commonly used screening tests for CRC are the fecal occult blood test (FOBT), sigmoidoscopy, and colonoscopy. Public health programs were implemented in Maryland during fiscal year 2000 for education and/or screening for CRC by local health departments in all jurisdictions except Baltimore City. (Anne Arundel County discontinued CRC screening in 2003.)

Factors that increase a person's risk of developing CRC include increasing age; a personal history of CRC, adenomas, endometrial cancer, or ovarian cancer; inflammatory bowel disease; a first degree relative with CRC or adenomas; or a genetic predisposition such as familial adenomatous polyposis or hereditary nonpolyposis CRC.

Following is a summary of survey results related to CRC from the MCS-MCLCS:

- Fifty-four percent (54%) of survey respondents had heard of the home kit for the FOBT, and 67% had heard of sigmoidoscopy or colonoscopy as a means of examining the colon. Familiarity with the tests was generally higher among those who were employed or retired, more highly educated, had health insurance, had a higher level of (spoken) English proficiency, or reported their region of origin as South America (Table 6-1).
- Eighty-six percent (86%) of participants have seen or heard CRC screening promoted in the media or at a health care facility, but only 26% were aware that local health departments had no-cost screening for low income and/or uninsured individuals who qualify (Table 6-2).
- Thirty-one percent (31%) of respondents age 50 years and older have ever performed a home FOBT. Those with health insurance coverage, higher level of English proficiency, or of South American origin were significantly more likely to have ever had a FOBT.

The proportion of people who have had a FOBT increased as education or income level increased (Table 6-3).

- The Healthy People (HP) 2010 target for having a FOBT in the last 2 years is 50% for adults age 50 years and older. Only 23% of the survey respondents in this age group reported having the test within the preceding 2 years (Table 6-3). The prevalence of having a FOBT in the last 2 years was higher among those with a higher educational level, with health insurance, with a higher English speaking proficiency, and among those from South America.
- The HP 2010 target for ever having a sigmoidoscopy is 50% for adults age 50 years and older. Thirty-three percent (33%) of respondents age 50 years and older reported they have ever had a sigmoidoscopy or colonoscopy. Higher levels of screening were seen among people with health insurance, a higher proficiency in spoken English, or longer time in the U.S. (Table 6-4).
- Fifty-three percent (53%) of people age 50 years or older have never received either a FOBT or a lower GI endoscopy (i.e., sigmoidoscopy or colonoscopy; data not shown in tables).
- When asked the most important reason for never having any of the CRC screening tests, 29% replied that the doctor didn't order it, 28% didn't know they needed the test, and 27% responded that they haven't had any problems. Twenty-three percent (23%) of respondents cited cost or lack of insurance as a reason for never having CRC screening. More than one response could be given per respondent (Table 6-5).
- Receiving a recommendation from a health care provider (HCP) is a critical step in having CRC screening performed. Among respondents age 50 years and older, only 29% indicated that a HCP had recommended a FOBT within the past year (Table 6-6). Of these people, 78%, or 49 of 63, reported having the exam compared to only 12%, or 18 of 152, who had the test in the absence of a HCP recommendation (data not shown in

tables). Forty-one percent (41%) of those surveyed indicated that a HCP had *ever* recommended lower GI endoscopy (Table 6-6). Among these respondents, 73%, or 66 of 90, reported having the exam. Among those who said they did not receive a recommendation from a HCP, only 4%, or 5 of 127, reported having a sigmoidoscopy or colonoscopy (data not shown in tables).

- Having a first-degree relative (e.g., brother, sister, parent, or child) diagnosed with CRC or adenomas puts one at increased risk for developing CRC. Six percent (6%) of respondents age 40 years and older reported they had a first-degree relative who had been diagnosed with colon cancer. Of these, 30%, or 8 of 27, reported ever having any type of CRC screening and only 11%, or 3 of 27, had had a colonoscopy (data not shown).
- For people at average risk for developing CRC, the American Cancer Society (ACS) recommends one of the following screening modalities: annual FOBT, sigmoidoscopy every 5 years, sigmoidoscopy every 5 years with annual FOBT, colonoscopy every 10 years, or double contrast barium enema every 5 years. Fifty-three percent (53%) of respondents age 50 years and older reported never having been screened by FOBT, sigmoidoscopy, or colonoscopy, and 11% have been tested but are not up-to-date. Only 23% have been screened within the last 10 years with colonoscopy (Chart 6-1).

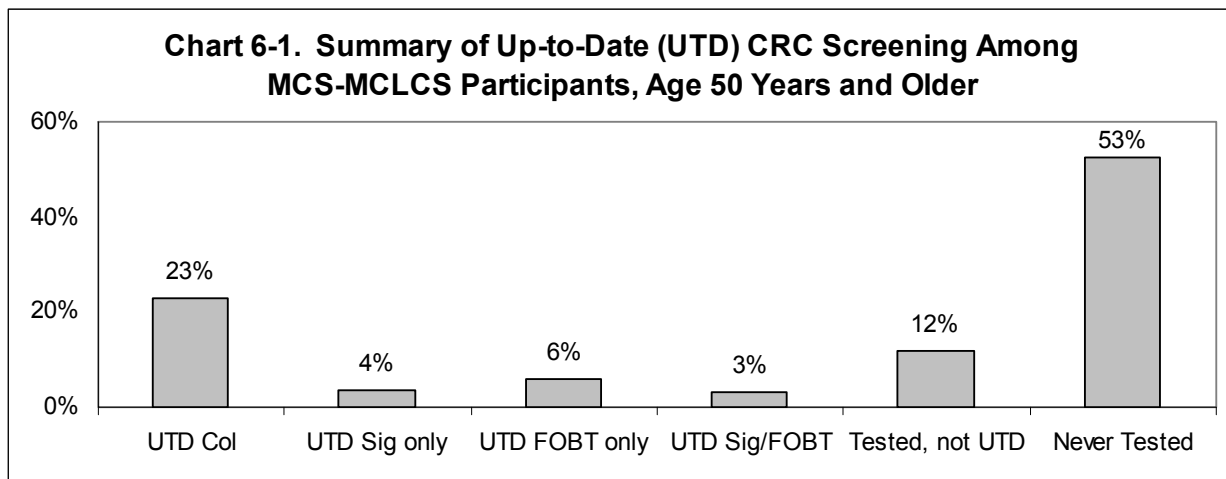


TABLE 6-1. RESPONSES TO QUESTIONS ABOUT AWARENESS OF TESTS FOR COLORECTAL CANCER SCREENING, AMONG THOSE AGE 40 YEARS AND OLDER

	Heard of the home kit to test for blood in the stool					Heard of tests called sigmoidoscopy or colonoscopy				
Selected Characteristic	N	n	%	95% CI	Stat Sig	N	n	%	95% CI	Stat Sig
Total Sample	500	269	54%	49-58%		501	337	67%	63-71%	
Gender					^					^
Male	207	117	57%	50-63%		207	132	64%	57-70%	
Female	293	152	52%	46-58%		294	205	70%	64-75%	
Age					^					^
40-49 years	282	143	51%	45-57%		283	186	66%	60-71%	
50-64 years	170	98	58%	50-65%		171	117	68%	61-75%	
65 years and older	48	28	58%	44-72%		47	34	72%	60-85%	
Education					**					**
Kindergarten or less	55	23	42%	29-55%		56	21	38%	25-50%	
Any elementary school	159	74	47%	39-54%		158	92	58%	51-66%	
Some HS, HS grad, or GED	158	87	55%	47-63%		158	115	73%	66-80%	
Some college or more	128	85	66%	58-75%		129	109	84%	79-91%	
Employment Status					**					**
Employed for wages	306	177	58%	52-63%		307	214	70%	65-75%	
Self-employed	66	33	50%	38-62%		67	49	73%	62-84%	
Retired	32	19	59%	42-76%		31	26	84%	71-97%	
Out of work or unable to work	95	40	42%	32-52%		95	48	51%	40-61%	
Household Income					**					*
< \$15,000	108	50	46%	37-56%		111	71	64%	55-73%	
\$15,000-<\$20,000	102	63	62%	52-71%		101	66	65%	56-75%	
\$20,000-<\$25,000	69	33	48%	36-60%		69	46	67%	55-78%	
\$25,000-<\$35,000	65	45	69%	58-80%		65	52	80%	70-90%	
\$35,000 or more	84	52	62%	51-72%		84	64	76%	67-85%	
Health Insurance					**					**
Yes	209	139	67%	60-73%		208	166	80%	74-85%	
No	291	130	45%	39-50%		293	171	58%	53-64%	
English Proficiency (speaking)					**					**
Gets by or speaks well	166	102	61%	54-69%		166	131	79%	73-85%	
Little or no	334	167	50%	45-55%		335	206	61%	56-67%	
Region of Origin					**					**
Central America	288	136	47%	41-53%		287	169	59%	53-65%	
South America	154	112	73%	66-80%		155	127	82%	76-88%	
Other	55	18	33%	20-45%		55	37	67%	55-80%	
Years in United States					**					**
0-4 years	97	42	43%	33-53%		97	50	52%	42-62%	
5-9 years	124	75	60%	52-69%		124	87	70%	62-78%	
10-19 years	161	83	52%	44-59%		162	109	67%	60-75%	
20 years or more	103	62	60%	51-70%		102	83	81%	74-89%	

** p-value ≤ 0.05

* p-value >0.05 - 0.1

^ p--value > 0.1

Maryland Cancer Survey
Montgomery County Latino Cancer Survey, 2005

TABLE 6-2. RESPONSES TO QUESTIONS ON AWARENESS OF MEDIA PROMOTION OF CRC SCREENING AND NO-COST SCREENING PROGRAMS, AMONG THOSE AGE 40 YEARS AND OLDER

	Saw or heard colon cancer screening being promoted on TV, radio, in a health care facility, or in a magazine, newspaper or some place else					Awareness of no-cost colon cancer screening programs at health department				
Selected Characteristic	N	n	%	95% CI	Stat Sig	N	n	%	95% CI	Stat Sig
Total Sample	501	429	86%	83-89%		501	128	26%	22-29%	
Gender					^					^
Male	208	183	88%	84-92%		207	52	25%	19-31%	
Female	293	246	84%	80-88%		294	76	26%	21-31%	
Age					^					**
40-49 years	283	243	86%	82-90%		283	63	22%	17-27%	
50-64 years	170	148	87%	82-92%		171	55	32%	25-39%	
65 years and older	48	38	79%	68-91%		47	10	21%	10-33%	
Education					^					**
Kindergarten or less	56	48	86%	77-95%		56	11	20%	9-30%	
Any elementary school	159	133	84%	78-89%		159	28	18%	12-24%	
Some HS, HS grad, or GED	158	138	87%	82-93%		157	39	25%	18-32%	
Some college or more	128	110	86%	80-92%		129	50	39%	30-47%	
Employment Status					**					^
Employed for wages	306	276	90%	87-94%		308	81	26%	21-31%	
Self-employed	67	54	81%	71-90%		66	17	26%	15-36%	
Retired	32	23	72%	56-88%		32	8	25%	10-40%	
Out or work or unable to work	95	75	79%	71-87%		94	22	23%	15-32%	
Household Income					^					^
< \$15,000	110	95	86%	80-93%		110	26	24%	16-32%	
\$15,000-<\$20,000	101	85	84%	77-91%		102	29	28%	20-37%	
\$20,000-<\$25,000	69	58	84%	75-93%		68	16	24%	13-34%	
\$25,000-<\$35,000	65	57	88%	80-96%		65	17	26%	15-37%	
\$35,000 or more	84	76	90%	84-97%		84	27	32%	22-42%	
Health Insurance					**					**
Yes	210	190	90%	86-94%		209	67	32%	26-38%	
No	291	239	82%	78-87%		292	61	21%	16-26%	
English Proficiency (speaking)					**					*
Gets by or speaks well	166	153	92%	88-96%		165	50	30%	23-37%	
Little or no	335	276	82%	78-86%		336	78	23%	19-28%	
Region of Origin					^					**
Central America	288	245	85%	81-89%		287	53	18%	14-23%	
South America	154	132	86%	80-91%		155	60	39%	31-46%	
Other	55	48	87%	78-96%		55	15	27%	15-39%	
Years in United States					**					*
0-4 years	96	73	76%	67-85%		97	17	18%	10-25%	
5-9 years	125	106	85%	78-91%		124	36	29%	21-37%	
10-19 years	161	144	89%	85-94%		161	40	25%	18-32%	
20 years or more	103	90	87%	81-94%		103	33	32%	23-41%	

** p-value ≤ 0.05

* p-value > 0.05 - 0.1

^ p-value > 0.1

Maryland Cancer Survey
Montgomery County Latino Cancer Survey, 2005

**TABLE 6-3. RESPONSES TO QUESTIONS ABOUT HOME FECAL OCCULT BLOOD TESTING,
AMONG THOSE AGE 50 YEARS AND OLDER**

	Respondents reporting to have ever had a FOBT					Respondents reporting to have had a FOBT in the last two years				
Selected Characteristic	N	n	%	95% CI	Stat Sig	N	n	%	95% CI	Stat Sig
Total Sample	218	67	31%	25-37%		218	51	23%	18-29%	
Gender	^					^				
Male	93	29	31%	22-41%		93	26	28%	19-37%	
Female	125	38	30%	22-39%		125	25	20%	13-27%	
Age	^					^				
50-64 years	170	56	33%	26-40%		170	44	26%	19-33%	
65 years and above	48	11	23%	11-35%		48	7	15%	5-25%	
Education	**					**				
Kindergarten or less	35	3	9%	0-18%		35	0	0%	0%	
Any elementary school	83	21	25%	16-35%		83	15	18%	10-26%	
Some HS, HS grad, or GED	53	20	38%	25-51%		53	14	26%	14-38%	
Some college or more	47	23	49%	35-63%		47	22	47%	32-61%	
Employment Status	*					*				
Employed for wages	107	41	38%	29-48%		107	33	31%	22-40%	
Self-employed	36	11	31%	15-46%		36	8	22%	9-36%	
Retired	31	6	19%	5-33%		31	5	16%	3-29%	
Out of work or unable to work	43	9	21%	9-33%		43	5	12%	2-21%	
Household Income	**					**				
< \$15,000	56	11	20%	9-30%		56	8	14%	5-24%	
\$15,000-<\$20,000	38	14	37%	21-52%		38	13	34%	19-49%	
\$20,000-<\$25,000	28	8	29%	12-45%		28	3	11%	0-22%	
\$25,000-<\$35,000	26	12	46%	27-66%		26	10	38%	20-57%	
\$35,000 or more	30	14	47%	29-65%		30	12	40%	22-58%	
Health Insurance	**					**				
Yes	92	43	47%	36-57%		92	39	42%	32-53%	
No	126	24	19%	12-26%		126	12	10%	4-15%	
English Proficiency (speaking)	**					**				
Gets by or speaks well	53	26	49%	35-63%		53	21	40%	26-53%	
Little or no	165	41	25%	18-31%		165	30	18%	12-24%	
Region of Origin	**					**				
Central America	121	26	21%	14-29%		121	19	16%	9-22%	
South America	74	34	46%	35-57%		74	28	38%	27-49%	
Other	20	5	25%	6-44%		20	2	10%	0-23%	
Years in United States	^					^				
0-4 years	34	10	29%	14-45%		34	7	21%	7-34%	
5-9 years	46	16	35%	21-49%		46	13	28%	15-41%	
10-19 years	60	16	27%	15-38%		60	11	18%	8-28%	
20 years or more	67	22	33%	21-44%		67	17	25%	15-36%	

** p-value ≤ 0.05

* p-value > 0.05 - 0.1

^ p-value > 0.1

Maryland Cancer Survey
Montgomery County Latino Cancer Survey, 2005

**TABLE 6-4. PEOPLE REPORTING TO HAVE EVER HAD A SIGMOIDOSCOPY OR COLONOSCOPY,
AMONG THOSE AGE 50 YEARS AND OLDER**

	Respondents reporting to have ever had sigmoidoscopy or colonoscopy				
Selected Characteristic	N	n	%	95% CI	Stat Sig
Total Sample	218	71	33%	26-39%	
Gender					[^]
Male	93	29	31%	22-41%	
Female	125	42	34%	25-42%	
Age					*
50-64 years	171	51	30%	23-37%	
65 years and above	47	20	43%	28-57%	
Education					*
Kindergarten or less	35	5	14%	3-26%	
Any elementary school	83	28	34%	23-44%	
Some HS, HS grad, or GED	53	21	40%	26-53%	
Some college or more	47	17	36%	22-50%	
Employment Status					**
Employed for wages	107	32	30%	21-39%	
Self-employed	36	8	22%	9-36%	
Retired	30	16	53%	35-71%	
Out of work or unable to work	44	15	34%	20-48%	
Household Income					*
< \$15,000	56	15	27%	15-38%	
\$15,000-<\$20,000	38	13	34%	19-49%	
\$20,000-<\$25,000	28	9	32%	15-50%	
\$25,000-<\$35,000	26	7	27%	10-44%	
\$35,000 or more	30	17	57%	39-75%	
Health Insurance					**
Yes	91	47	52%	41-62%	
No	127	24	19%	12-26%	
English Proficiency (speaking)					**
Gets by or speaks well	53	24	45%	32-59%	
Little or no	165	47	28%	22-35%	
Region of Origin					[^]
Central America	121	35	29%	21-37%	
South America	74	28	38%	27-49%	
Other	20	7	35%	14-56%	
Years in United States					**
0-4 years	35	5	14%	3-26%	
5-9 years	46	13	28%	15-41%	
10-19 years	60	21	35%	23-47%	
20 years or more	66	29	44%	32-56%	

** p-value ≤ 0.05

* p-value > 0.05 - 0.1

[^] p-value > 0.1

Maryland Cancer Survey
Montgomery County Latino Cancer Survey, 2005

**TABLE 6-5. RESPONSES TO THE QUESTION "WHAT WAS THE MOST IMPORTANT REASON YOU HAVE NEVER HAD A FOBT OR A SIGMOIDOSCOPY OR COLONOSCOPY?"
AMONG THOSE AGE 50 YEARS AND OLDER ***

Selected Response	%
Doctor didn't order it/didn't say I needed it	29%
Didn't need/ didn't know I needed this type of test	28%
Haven't had any problems	27%
No reason, never thought about it	25%
Too expensive/no insurance/cost of test	23%
Too painful, unpleasant, embarrassing	7%
Put it off/didn't get around to it	3%
Don't have a doctor	3%
Other	10%

*Question asked of 115 participants age 50 years or older who reported they have never had an FOBT, sigmoidoscopy or colonoscopy. More than one response could be given per respondent.

**TABLE 6-6. PEOPLE REPORTING THAT A HEALTH CARE PROVIDER RECOMMENDED CANCER SCREENING WITH
FECAL OCCULT BLOOD TEST, SIGMOIDOSCOPY OR COLONOSCOPY,
AMONG THOSE AGE 50 YEARS AND OLDER**

	Respondents reporting that a health care provider recommended they have a home blood stool test in the last year					Respondents reporting that a health care provider ever recommended they have sigmoidoscopy or colonoscopy				
Selected Characteristic	N	n	%	95% CI	Stat Sig	N	n	%	95% CI	Stat Sig
Total Sample	215	63	29%	23-35%		217	90	41%	35-48%	
Gender					*					^
Male	90	32	36%	26-46%		93	37	40%	30-50%	
Female	125	31	25%	17-32%		124	53	43%	34-52%	
Age					^					*
50-64 years	167	52	31%	24-38%		171	66	39%	31-46%	
65 years and older	48	11	23%	11-35%		46	24	52%	38-67%	
Education					**					**
Kindergarten or less	35	2	6%	0-13%		34	6	18%	5-31%	
Any elementary school	81	21	26%	16-36%		83	34	41%	30-52%	
Some HS, HS grad, or GED	53	19	36%	23-49%		53	29	55%	41-68%	
Some college or more	46	21	46%	31-60%		47	21	45%	30-59%	
Employment Status					^					^
Employed for wages	104	33	32%	23-41%		107	39	36%	27-46%	
Self-employed	36	10	28%	13-43%		36	14	39%	23-55%	
Retired	31	6	19%	5-33%		29	17	59%	41-77%	
Out or work or unable to work	43	14	33%	18-47%		44	20	45%	31-60%	
Household Income					*					^
< \$15,000	55	11	20%	9-31%		56	22	39%	26-52%	
\$15,000-<\$20,000	36	17	47%	31-64%		38	16	42%	26-58%	
\$20,000-<\$25,000	28	8	29%	12-45%		28	13	46%	28-65%	
\$25,000-<\$35,000	26	8	31%	13-49%		25	8	32%	14-50%	
\$35,000 or more	30	12	40%	22-58%		30	16	53%	35-71%	
Health Insurance					**					**
Yes	92	40	43%	33-54%		90	52	58%	47-68%	
No	123	23	19%	12-26%		127	38	30%	22-38%	
English Proficiency (speaking)					^					**
Gets by or speaks well	53	19	36%	23-49%		53	29	55%	41-68%	
Little or no	162	44	27%	20-34%		164	61	37%	30-45%	
Region of Origin					**					^
Central America	119	28	24%	16-31%		120	43	36%	27-44%	
South America	74	30	41%	29-52%		74	36	49%	37-60%	
Other	19	4	21%	3-40%		20	10	50%	28-72%	
Years in United States					^					**
0-4 years	33	10	30%	14-46%		35	7	20%	7-33%	
5-9 years	46	15	33%	19-46%		46	17	37%	23-51%	
10-19 years	58	16	28%	16-39%		60	23	38%	26-51%	
20 years or more	67	19	28%	17-39%		65	39	60%	48-72%	

** p-value < 0.05

* p-value > 0.05 - 0.1

^ p-value > 0.1

Maryland Cancer Survey
Montgomery County Latino Cancer Survey, 2005

Section 7. Men's Health: Prostate Cancer Screening

Serum prostate-specific antigen (PSA) and the digital rectal exam (DRE) are the two tests most commonly used to screen for prostate cancer. Whether men should be screened for prostate cancer and at what age screening should begin, are controversial issues. There is no recommendation for prostate cancer screening in Healthy People 2010. The American Cancer Society (ACS) recommends providers offer annual screening beginning at age 50 years for men at average risk and earlier, at age 45, for men at higher risk (e.g., African Americans and men who have a first-degree relative with prostate cancer). The ACS recommends that men with more than one first-degree relative with prostate cancer could begin testing at age 40. On the other hand, the U.S. Preventive Services Task Force (USPSTF) states that there is insufficient evidence for or against routine screening for prostate cancer using PSA testing or DRE. The USPSTF, as well as other groups, recommend that a man and his health care provider discuss the pros and cons of screening and make a shared decision before a man chooses to undergo testing.

Two hundred and eight (208) men participated in the MCS-MCLCS. Of these, 93 men were age 50 years or older. Because of the small number of men in many response categories, the stratified estimates for screening by demographic variables are uncertain and are therefore not presented in this report. Instead, only the overall summary statistics for prostate cancer screening are presented for the sample (Table 7-1).

- Of male respondents age 40 and older, 11% or 22 of 205 men, reported that a first-degree relative (father, brother, or son) had ever been diagnosed with prostate cancer.
- Fifty-four percent (54%) or 111 of 207 of men age 40 years and older, indicated that a doctor or other health care provider (HCP) had ever discussed prostate cancer screening with them. When specifically asked which HCP has discussed prostate cancer screening, 90% of these respondents replied it was a doctor, 3% said a nurse, 6% replied a health educator, and 5% said that it was a health promoter who discussed prostate cancer screening (data not shown in tables). Participants could answer with more than one response.

- Only 34% (31 of 90) of men age 50 and older reported ever having a PSA test. Of all male respondents in this age group, only 21% reported having a PSA test in the past year.
- Of the 61 men age 50 and older who reported they have *never* been screened with the PSA test, the most commonly cited reasons were that the doctor didn't order it (36%); they haven't had any problems (30%); or they had no reason or said they never thought about it (28%; Table 7-2).
- Fifty-nine percent (59%), or 54 of 92 men age 50 and older, reported ever having a DRE.
- Twenty-nine percent (29%), or 27 of 92 respondents age 50 and older, reported having a DRE in the past year.
- Only 18%, or 16 of 89 men age 50 and older, reported receiving both a PSA test and DRE within the past year (data not shown in tables).

Table 7-1. PROSTATE CANCER SCREENING AMONG MALE RESPONDENTS

	Male respondents age 40 years and older				Male respondents age 50 years and older			
	N	n	%	95% CI	N	n	%	95% CI
Has your father, or a brother or son of yours ever been diagnosed with prostate cancer?	205	22	11%	6-15%	90	12	13%	6-20%
Has a doctor or other health care professional ever discussed prostate cancer screening with you?	207	111	54%	47-60%	92	55	60%	50-70%
PSA is a blood test used to check men for prostate cancer. Have you ever had this test?	203	45	22%	16-28%	90	31	34%	24-44%
Percentage of male respondents who reported having a PSA test within the past year	203	29	14%	9-19%	90	19	21%	13-30%
Have you ever had a digital rectal exam?	206	84	41%	34-48%	92	54	59%	48-69%
Percentage of male respondents who reported having a DRE within the past year	206	38	18%	13-24%	92	27	29%	20-39%

TABLE 7-2. MEN'S RESPONSES TO THE QUESTION "WHAT WAS THE MOST IMPORTANT REASON YOU HAVE NEVER HAD A PROSTATE SPECIFIC ANTIGEN TEST?"*

Selected Response	%
Doctor didn't order it/didn't say I needed it	36%
Haven't had any problems	30%
No reason, never thought about it	28%
Didn't need it, didn't know I needed the test	26%
Too expensive/no insurance /cost of test	13%
Don't have a doctor	3%
Other	3%
Don't know/not sure about the reason	3%
Didn't want to know the results	3%

*Question asked of 61 men, age 50 years and older, who reported they had never had a PSA test. More than one response could be given per participant.

Section 8. Women's Health: Breast and Cervical Cancer Screening

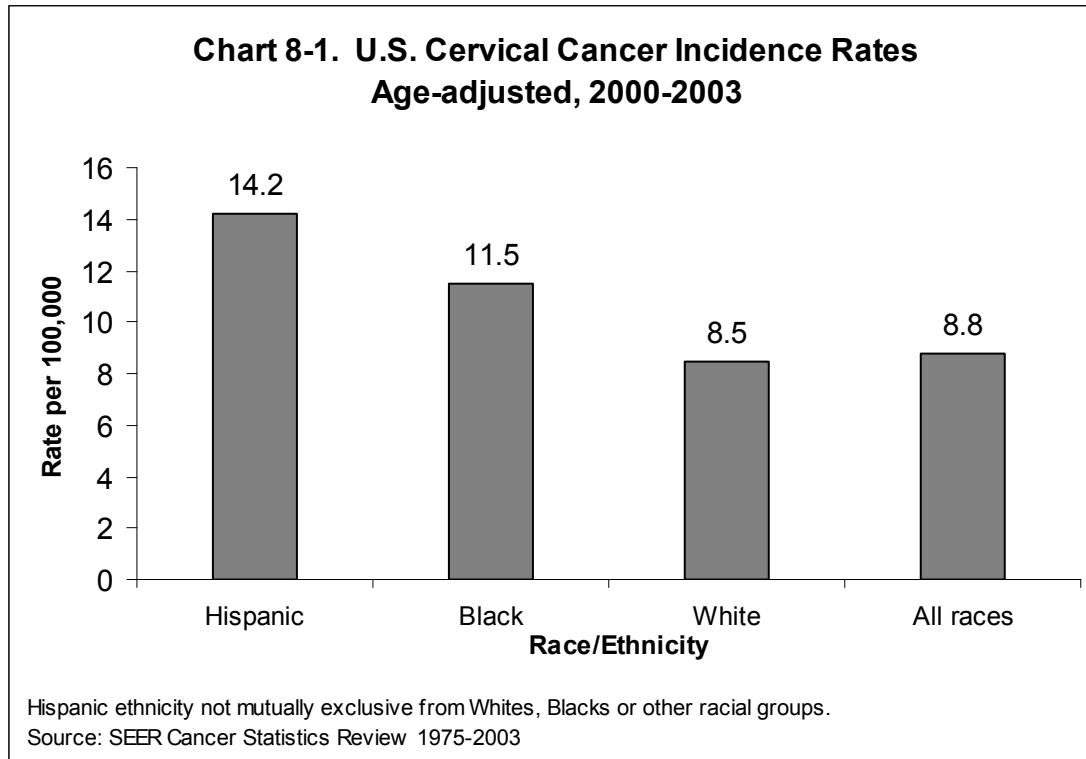
Female breast cancer remains the most common reportable cancer among women, representing 15.4% of all new cancer cases and 7.9% of all cancer deaths in Maryland in 2001.¹ In Maryland and in the U.S. overall, breast cancer is the second leading cause of cancer deaths among women after lung cancer.

National surveillance data gathered by the National Cancer Institute² indicate that Hispanic women in the U.S. have a higher incidence rate of cervical cancer than any other ethnic or racial group for which data are collected (Chart 8-1). According to the ACS,³ Hispanic women residing in the U.S. have almost two times the cervical cancer incidence rate of non-Hispanic Whites, and the death rate from cervical cancer is 40% higher among Hispanic women than among other groups. The ACS also notes that women in Mexico, Central America, and South America experience approximately three times the cervical cancer incidence and mortality rates of women in the U.S.

¹ Maryland Department of Health and Mental Hygiene. Annual Cancer Report. Cigarette Restitution Fund Program: Cancer Prevention, Education, Screening and Treatment Program. September 2004.

² Ries LAG et al (eds). 2006. SEER Cancer Statistics Review 1975-2003, National Cancer Institute. Bethesda, MD. Available at http://seer.cancer.gov/csr/1975_2003. Last accessed December 18, 2006.

³ American Cancer Society. 2003. Cancer Facts and Figures for Hispanics/Latinos: 2003-2005. Atlanta, GA. Available at http://www.cancer.org/docroot/STT/content/STT_1x_Cancer_Facts_Figures_for_HispanicLatinos_2003-2005.asp. Last accessed December 18, 2006.



Mammography and clinical breast exam (CBE) are the tests recommended to screen for breast cancer, and the Pap test is recommended for early detection of pre-malignant and malignant changes of the cervix. Hispanic women are less likely than other racial and ethnic groups to use preventive services such as Pap tests, mammography, and clinical breast exams.³ The ACS cites the following national statistics based on BRFSS data:

- In 2001, the proportion of women who had a Pap test in the past 3 years was 83.4% among Hispanics, compared with 87.2% among Whites, and 88.8% among Blacks.
- In 2000, the prevalence of mammography use in the previous 12 months among Hispanic women age 40 years and older was 65.4%, which was higher than in previous years and closer to the proportions among White non-Hispanic (62.9%) and Black non-Hispanic (66.7%) women.

Disparities in cancer screening among Hispanic women are also evident in a recent study, which found that foreign-born Latinas living in California had the highest rates of never receiving mammography, CBE, and Pap tests compared with U.S.-born Latinas.⁴

The following is a summary of findings for Latinas age 40 years and older participating in the MCS-MCLCS.

Breast Cancer Screening

- Of all 295 women age 40 years and older in the sample, 75% reported that, in the past year, a HCP had recommended they have a mammogram. Mammogram recommendations were reported significantly more often among women who had completed more formal education, women with health insurance, and women who had lived in the U.S. longer (Table 8-1). When specifically asked which HCP has recommended breast cancer screening, 92% of women replied it was a doctor, 2% said a nurse, 2% replied a health educator, and 6% said that it was a health promoter (data not shown in tables). Participants could answer with more than one response.
- Sixty-nine percent (69%), or 203 of 294 women, reported ever having had a mammogram. Significant differences in screening were noted by age, employment status, health insurance status, region of origin, and length of time in the U.S. Women with health insurance had a higher prevalence of ever having a mammogram compared to women without health coverage. Higher screening rates were also found among retirees compared with women in other employment categories. Prevalence of mammography testing increased with increasing age and length of time in the U.S. A higher proportion of women from South America (80%) reported having a mammogram compared to women from Central America (64%) or other countries (67%; Table 8-2).
- Only 56% of female respondents (165 of 294) reported receiving a mammogram in the past 2 years, and thus have not attained the Healthy People 2010 objective of 70% for

⁴ Rodriguez MA, Ward LM, and Perez-Stable EJ. Breast and cervical cancer screening: impact of health insurance status, ethnicity, and nativity of Latinas. *Ann Fam Med* 2005;3:235-241.

mammography screening in the last 2 years. The prevalence of obtaining a mammogram in the last 2 years was lower among women with less education; women who were either self-employed, out of work or unable to work; women without health insurance; women who spoke little or no English; and women who have been in the U.S. less than 5 years (Table 8-2).

- Among women who have never had a mammogram or have not had the test in the last 2 years (129 of 295, or 44%), the most often cited reasons were lack of insurance or cost (29%) and not experiencing any problem (26%). (See Table 8-3.)

Clinical Breast Exam

- Of all female respondents (N=295), 84% reported ever having had a CBE. Significant differences were found in the prevalence of ever having a CBE based on education level, employment status, health insurance status, English proficiency, region of origin, and years in the U.S. (Table 8-4). Women with elementary school education or less, without health insurance, speak little or no English, are from Central America, or have been in the U.S. less than 5 years were less likely to report ever having a CBE.

Breast Self-exam

- Of 293 women responding to the question, 39% reported performing monthly breast self-examinations (BSE), 39% reported that they performed occasional BSE, and 22% reported never performing BSE.
- The proportion of women who reported performing monthly BSE differed significantly from those who did not based on income level and time in the U.S., although no clear trends were evident (Table 8-4).

Cervical Cancer Screening (among women age 40 years and older who have not had a hysterectomy, N=251)

- Ninety-five percent (95%) reported ever having a Pap test, and 84% reported having a Pap test in the past 3 years (Table 8-5). These proportions were significantly lower

among Latinas with less than elementary school education. Women in this survey age 40 and older have not attained the Healthy People 2010 goal of 90% having a Pap test within the preceding 3 years among women age 18 and older.

- Of women who have not had a hysterectomy (N=251), 74% reported receiving a recommendation from a HCP to have a Pap test (Table 8-1) in the last year. The proportion of women who report having received such a recommendation differed significantly by education level, health insurance status, and region of origin. The proportion of women receiving a recommendation for a Pap test in the last year increased with increasing educational level, was higher among women with health insurance, and was lowest among women from Central America.
- Of 41 women who reported never having a Pap test or not having the test in the last 3 years, the most often cited reasons were lack of insurance or cost (27%) and not experiencing any problem (24%). (See Table 8-6.)

TABLE 8-1 WOMEN REPORTING THAT A HEALTH CARE PROVIDER RECOMMENDED CANCER SCREENING WITH MAMMOGRAM AND PAP TEST, AMONG THOSE AGE 40 YEARS AND OLDER

	Women reporting that a health care provider recommended they have a mammogram in the last year					Women reporting that a health care provider recommended they have a Pap test in the last year, among women who have not had a hysterectomy				
Selected Characteristic	N	n	%	95% CI	Stat Sig	N	n	%	95% CI	Stat Sig
Female Sample	295	222	75%	70-80%		251	186	74%	69-80%	
Age	^					^				
40-44 years	108	73	68%	59-76%		100	71	71%	62-80%	
45-49 years	61	47	77%	66-88%		54	42	78%	67-89%	
50-64 years	92	73	79%	71-88%		72	56	78%	68-87%	
65 years and older	34	29	85%	73-97%		25	17	68%	50-86%	
Education	**					**				
Kindergarten or less	31	17	55%	37-72%		25	15	60%	41-79%	
Any elementary school	101	76	75%	67-84%		81	54	67%	56-77%	
Some HS, HS grad, or GED	93	73	78%	70-87%		83	66	80%	71-88%	
Some college or more	70	56	80%	71-89%		62	51	82%	73-92%	
Employment Status	^					^				
Employed for wages	143	107	75%	68-82%		129	102	79%	72-86%	
Self-employed	49	33	67%	54-81%		42	29	69%	55-83%	
Retired	23	21	91%	80-100%		17	12	71%	49-92%	
Out of work or unable to work	79	60	76%	66-85%		62	42	68%	56-79%	
Household Income	^					*				
< \$15,000	78	54	69%	59-80%		67	52	78%	68-88%	
\$15,000-<\$20,000	50	37	74%	62-86%		41	34	83%	71-95%	
\$20,000-<\$25,000	39	29	74%	61-88%		33	19	58%	41-75%	
\$25,000-<\$35,000	33	28	85%	73-97%		28	23	82%	68-96%	
\$35,000 or more	41	31	76%	62-89%		35	28	80%	67-93%	
Health Insurance	**					**				
Yes	112	94	84%	77-91%		93	78	84%	76-91%	
No	183	128	70%	63-77%		158	108	68%	61-76%	
English Proficiency (speaking)	^					^				
Gets by or speaks well	86	68	79%	70-88%		77	61	79%	70-88%	
Little or no	209	154	74%	68-80%		174	125	72%	65-79%	
Region of Origin	*					**				
Central America	165	116	70%	63-77%		140	92	66%	58-74%	
South America	90	75	83%	76-91%		78	66	85%	77-93%	
Other	36	29	81%	68-94%		30	25	83%	70-97%	
Years in United States	**					^				
0-4 years	55	39	71%	59-83%		49	33	67%	54-81%	
5-9 years	78	50	64%	53-75%		69	49	71%	60-82%	
10-19 years	88	71	81%	72-89%		70	53	76%	66-86%	
20 years or more	64	58	91%	83-98%		55	44	80%	69-91%	

** p-value ≤ 0.05

* p-value > 0.05 - 0.1

^ p-value > 0.1

Maryland Cancer Survey
Montgomery County Latino Cancer Survey, 2005

**TABLE 8-2. WOMEN'S RESPONSES TO QUESTIONS ABOUT MAMMOGRAM TESTING,
AMONG THOSE AGE 40 YEARS AND OLDER**

	Women reporting having ever had a mammogram					Women reporting having had a mammogram in the last two years				
Selected Characteristic	N	n	%	95% CI	Stat Sig	N	n	%	95% CI	Stat Sig
Female Sample	294	203	69%	64-74%		294	165	56%	50-62%	
Age					**					*
40-44 years	108	62	57%	48-67%		108	52	48%	39-58%	
45-49 years	61	39	64%	52-76%		61	34	56%	43-68%	
50-64 years	91	72	79%	71-88%		91	60	66%	56-76%	
65 years and above	34	30	88%	77-99%		34	19	56%	39-73%	
Education					^					**
Kindergarten or less	30	19	63%	46-81%		30	14	47%	29-65%	
Any elementary school	101	63	62%	53-72%		101	48	48%	38-57%	
Some HS, HS grad, or GED	93	71	76%	68-85%		93	61	66%	56-75%	
Some college or more	70	50	71%	61-82%		70	42	60%	48-72%	
Employment Status					**					**
Employed for wages	143	103	72%	65-79%		143	91	64%	56-72%	
Self-employed	48	31	65%	51-78%		48	22	46%	32-60%	
Retired	23	23	100%	100-100%		23	17	74%	56-92%	
Out or work or unable to work	79	45	57%	46-68%		79	34	43%	32-54%	
Household Income					^					^
< \$15,000	77	51	66%	56-77%		77	40	52%	41-63%	
\$15,000-<\$20,000	50	35	70%	57-83%		50	27	54%	40-68%	
\$20,000-<\$25,000	39	27	69%	55-84%		39	23	59%	43-75%	
\$25,000-<\$35,000	33	25	76%	61-90%		33	23	70%	54-85%	
\$35,000 or more	41	29	71%	57-85%		41	26	63%	49-78%	
Health Insurance					**					**
Yes	111	95	86%	79-92%		111	85	77%	69-85%	
No	183	108	59%	52-66%		183	80	44%	36-51%	
English Proficiency (speaking)					^					**
Gets by or speaks well	86	65	76%	66-85%		86	58	67%	57-77%	
Little or no	208	138	66%	60-73%		208	107	51%	45-58%	
Region of Origin					**					^
Central America	164	105	64%	57-71%		164	86	52%	45-60%	
South America	90	72	80%	72-88%		90	57	63%	53-73%	
Other	36	24	67%	51-82%		36	20	56%	39-72%	
Years in United States					**					**
0-4 years	55	29	53%	39-66%		55	21	38%	25-51%	
5-9 years	77	51	66%	56-77%		77	41	53%	42-64%	
10-19 years	88	61	69%	60-79%		88	49	56%	45-66%	
20 years or more	64	57	89%	81-97%		64	50	78%	68-88%	

** p-value ≤ 0.05

* p-value > 0.05 - 0.1

^ p-value > 0.1

Maryland Cancer Survey
Montgomery County Latino Cancer Survey, 2005

TABLE 8-3. WOMEN'S RESPONSES TO THE QUESTION "WHAT WAS THE MOST IMPORTANT REASON YOU HAVE NEVER HAD/NOT HAD A MAMMOGRAM IN THE LAST 2 YEARS?"*

Selected Response	%
Too expensive/no insurance/cost of test	29%
Haven't had any problems	26%
Other reasons	15%
Didn't need/ didn't know I needed this type of test	14%
Doctor didn't order it/didn't say I needed it	13%
No reason, never thought about it	12%
Put it off/didn't get around to it	12%
Too painful, unpleasant, or embarrassing	6%
Don't have a doctor	3%
Didn't want to know I had cancer	2%

*Question asked of 129 female respondents, age 40 years or older, who reported they have never had a mammogram or have not had a mammogram in the last 2 years. More than one response could be given per respondent.

TABLE 8-4. WOMEN REPORTING HAVING EVER HAD A CLINICAL BREAST EXAM AND PERFORMING MONTHLY BREAST SELF-EXAM, AMONG THOSE AGE 40 YEARS AND OLDER

	Women reporting having ever had a clinical breast exam					Women reporting performing monthly breast self-examination				
Selected Characteristic	N	n	%	95% CI	Stat Sig	N	n	%	95% CI	Stat Sig
Female Sample	295	247	84%	79-88%		293	115	39%	34-45%	
Age					^					^
40-44 years	108	93	86%	80-93%		108	39	36%	27-45%	
45-49 years	61	51	84%	74-93%		60	22	37%	24-49%	
50-64 years	92	77	84%	76-91%		91	38	42%	32-52%	
65 years and older	34	26	76%	62-91%		34	16	47%	30-64%	
Education					**					^
Kindergarten or less	31	18	58%	41-76%		29	9	31%	14-48%	
Any elementary school	101	80	79%	71-87%		101	39	39%	29-48%	
Some HS, HS grad, or GED	93	85	91%	86-97%		93	38	41%	31-51%	
Some college or more	70	64	91%	85-98%		70	29	41%	30-53%	
Employment Status					**					^
Employed for wages	143	127	89%	84-94%		143	52	36%	28-44%	
Self-employed	49	37	76%	63-88%		49	19	39%	25-52%	
Retired	23	21	91%	80-100%		23	14	61%	41-81%	
Out or work or unable to work	79	61	77%	68-87%		77	30	39%	28-50%	
Household Income					^					**
< \$15,000	78	64	82%	73-91%		76	27	36%	25-46%	
\$15,000-<\$20,000	50	44	88%	79-97%		50	17	34%	21-47%	
\$20,000-<\$25,000	39	32	82%	70-94%		39	13	33%	18-48%	
\$25,000-<\$35,000	33	30	91%	81-100%		33	21	64%	47-80%	
\$35,000 or more	41	38	93%	85-100%		41	12	29%	15-43%	
Health Insurance					**					^
Yes	112	104	93%	88-98%		112	42	38%	28-47%	
No	183	143	78%	72-84%		181	73	40%	33-48%	
English Proficiency (speaking)					**					^
Gets by or speaks well	86	80	93%	88-98%		86	34	40%	29-50%	
Little or no	209	167	80%	74-85%		207	81	39%	32-46%	
Region of Origin					**					^
Central America	165	130	79%	73-85%		163	63	39%	31-46%	
South America	90	80	89%	82-95%		90	37	41%	31-51%	
Other	36	34	94%	87-100%		36	12	33%	18-49%	
Years in United States					**					**
0-4 years	55	37	67%	55-80%		54	20	37%	24-50%	
5-9 years	78	65	83%	75-92%		78	20	26%	16-35%	
10-19 years	88	80	91%	85-97%		88	35	40%	29-50%	
20 years or more	64	59	92%	86-99%		63	36	57%	45-69%	

** p-value ≤ 0.05

* p-value > 0.05 - 0.1

^ p-value > 0.1

Maryland Cancer Survey
Montgomery County Latino Cancer Survey, 2005

TABLE 8-5. WOMEN'S RESPONSES TO QUESTIONS ABOUT PAP SMEAR TESTING, AMONG THOSE AGE 40 YEARS AND OLDER WHO HAVE NOT HAD A HYSTERECTOMY

	Women reporting having ever had a Pap test					Women reporting having had a Pap test in the last three years				
Selected Characteristic	N	n	%	95% CI	Stat Sig	N	n	%	95% CI	Stat Sig
Female Sample	251	238	95%	92-96%		251	210	84%	79-88%	
Age	^					^				
40-44 years	100	98	98%	95-100%		100	87	87%	80-94%	
45-49 years	54	50	93%	86-100%		54	45	83%	73-93%	
50-64 years	72	68	94%	89-100%		72	61	85%	76-93%	
65 years and above	25	22	88%	75-100%		25	17	68%	50-86%	
Education	**					**				
Kindergarten or less	25	21	84%	70-98%		25	16	64%	45-83%	
Any elementary school	81	77	95%	90-100%		81	66	81%	73-90%	
Some HS, HS grad, or GED	83	82	99%	96-100%		83	73	88%	81-95%	
Some college or more	62	58	94%	87-100%		62	55	89%	81-97%	
Employment Status	^					^				
Employed for wages	129	125	97%	94-100%		129	112	87%	81-93%	
Self-employed	42	40	95%	89-100%		42	34	81%	69-93%	
Retired	17	15	88%	73-100%		17	12	71%	49-92%	
Out or work or unable to work	62	57	92%	85-99%		62	51	82%	73-92%	
Household Income	^					^				
< \$15,000	67	63	94%	88-100%		67	55	82%	73-91%	
\$15,000-<\$20,000	41	41	100%	100-100%		41	36	88%	78-98%	
\$20,000-<\$25,000	33	33	100%	100-100%		33	28	85%	73-97%	
\$25,000-<\$35,000	28	26	93%	83-100%		28	24	86%	73-99%	
\$35,000 or more	35	35	100%	100-100%		35	31	89%	78-99%	
Health Insurance	^					^				
Yes	93	90	97%	93-100%		93	82	88%	82-95%	
No	158	148	94%	90-97%		158	128	81%	75-87%	
English Proficiency (speaking)	^					^				
Gets by or speaks well	77	74	96%	92-100%		77	67	87%	79-95%	
Little or no	174	164	94%	91-98%		174	143	82%	76-88%	
Region of Origin	^					^				
Central America	140	130	93%	89-97%		140	111	79%	73-86%	
South America	78	75	96%	92-100%		78	69	88%	81-96%	
Other	30	30	100%	100-100%		30	27	90%	79-100%	
Years in United States	^					^				
0-4 years	49	45	92%	84-100%		49	40	82%	71-93%	
5-9 years	69	64	93%	87-99%		69	59	86%	77-94%	
10-19 years	70	69	99%	96-100%		70	61	87%	79-95%	
20 years or more	55	53	96%	91-100%		55	44	80%	69-91%	

** p-value ≤ 0.05

* p-value > 0.05 - 0.1

^ p-value > 0.1

Maryland Cancer Survey
Montgomery County Latino Cancer Survey, 2005

TABLE 8-6. WOMEN'S RESPONSES TO THE QUESTION "WHAT WAS THE MOST IMPORTANT REASON YOU HAVE NEVER HAD/NOT HAD A PAP SMEAR IN THE LAST THREE YEARS?" *

Selected Response	%
Too expensive/no insurance/cost of test	27%
Haven't had any problems	24%
Doctor didn't order it/didn't say I needed it	17%
Didn't need/didn't know I needed this type of test	17%
Too painful, unpleasant, or embarrassing	10%
Don't have a doctor/have not visited a doctor	10%
Put it off/didn't get around to it	7%
Didn't want to know I had cancer	5%
No reason, never thought about it	2%
Other	17%

*Question asked of 41 female respondents, age 40 years or older (who have not had a hysterectomy), who reported they have never had a Pap test or have not had a Pap test in the last 3 years. More than one response could be given per respondent.

Section 9. Oral Cancer Screening

Oral cancer (cancer of the oral cavity and pharynx) is associated with tobacco use (smoking cigarettes, pipes, or cigars and using smokeless tobacco) and heavy alcohol use. In the U.S., Hispanics have the lowest incidence and mortality rates for oral cancer, compared to other racial and ethnic groups. For the period 2000-2003, the age-adjusted incidence rate for Hispanics was 6.1 per 100,000 (compared to 10.5 per 100,000 for Whites and 11.1 for Blacks) and the mortality rate was 1.7 per 100,000 (compared to 2.5 per 100,000 for Whites and 3.9 per 100,000 for Blacks).¹ Increasing the proportion of children and adults who use the oral health care system each year and increasing oral cancer screening among adults age 40 years and older are two of the objectives of Healthy People 2010.

- Thirty-nine percent (39%), or 197 of 503 respondents, reported they had visited a dentist in the preceding year for any reason. This percentage was higher among women and appeared to increase with increasing education and income. The percentage was also higher among people who have health insurance, have a higher level of English proficiency, and those who have lived more years in the U.S. (Table 9-1).
- Only 11% of 499 respondents reported ever having had an oral cancer screening exam. Screening was higher among those with health insurance, those who had lived in the U.S. at least 10 years, and those whose country of origin was South America (Table 9-2).
- Only 7% of 499 respondents have had an oral cancer screening exam in the last year. The proportion of those screened in the last year increased with increasing educational level, income, and increasing time in the U.S. Screening in the last year was higher among people with health insurance, those with a higher level of English proficiency, and those from South America (Table 9-2).

¹ Ries LAG et al (eds). 2006. SEER Cancer Statistics Review 1975-2003, National Cancer Institute. Bethesda, MD. Available on-line at http://seer.cancer.gov/csr/1975_2003. Last accessed December 18, 2006.

**TABLE 9-1. PEOPLE REPORTING DENTAL VISITS DURING THE PAST YEAR,
AMONG THOSE AGE 40 YEARS AND OLDER**

	TOTAL				
Selected Characteristic	N	n	%	95% CI	Stat Sig
Total Sample	503	197	39%	35-43%	
Gender					**
Male	208	68	33%	26-39%	
Female	295	129	44%	38-49%	
Age					^
40-49 years	284	120	42%	36-48%	
50-64 years	171	60	35%	28-42%	
65 years and older	48	17	35%	22-49%	
Education					**
Kindergarten or less	56	11	20%	9-44%	
Any elementary school	160	58	36%	29-44%	
Some HS, HS grad, or GED	158	60	38%	30-46%	
Some college or more	129	68	53%	44-61%	
Employment Status					^
Employed for wages	308	122	40%	34-45%	
Self-employed	67	29	43%	31-55%	
Retired	32	15	47%	30-64%	
Out or work or unable to work	95	31	33%	23-42%	
Household Income					**
< \$15,000	111	32	29%	20-37%	
\$15,000-<\$20,000	102	34	33%	24-43%	
\$20,000-<\$25,000	69	22	32%	21-43%	
\$25,000-<\$35,000	65	35	54%	42-66%	
\$35,000 or more	84	49	58%	48-69%	
Health Insurance					**
Yes	210	108	51%	45-58%	
No	293	89	30%	25-36%	
English Proficiency (speaking)					**
Gets by or speaks well	166	84	51%	43-58%	
Little or no	337	113	34%	28-39%	
Region of Origin					**
Central America	289	98	34%	28-39%	
South America	155	73	47%	39-55%	
Other	55	23	42%	29-55%	
Years in United States					**
0-4 years	97	26	27%	18-36%	
5-9 years	125	47	38%	29-46%	
10-19 years	162	65	40%	33-48%	
20 years or more	103	53	51%	42-61%	

** p-value \leq 0.05

* p-value > 0.05 - 0.1

^ p-value > 0.1

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Montgomery County Latino Cancer Survey, 2005

**TABLE 9-2. RESPONSES TO QUESTIONS ABOUT ORAL CANCER SCREENING EXAM,
AMONG THOSE AGE 40 YEARS AND OLDER**

	Respondents reporting having ever had an oral cancer screening exam					Respondents reporting having had an oral cancer screening exam in the past year				
Selected Characteristic	N	n	%	95% CI	Stat Sig	N	n	%	95% CI	Stat Sig
Total Sample	499	57	11%	9-14%		499	36	7%	5-9%	
Gender					^					^
Male	208	21	10%	6-14%		208	15	7%	4-11%	
Female	291	36	12%	9-16%		291	21	7%	4-10%	
Age					^					^
40-49 years	280	26	9%	6-13%		280	21	8%	4-11%	
50-64 years	171	23	13%	8-19%		171	12	7%	3-11%	
65 years and older	48	8	17%	6-27%		48	3	6%	0-13%	
Education					*					**
Kindergarten or less	56	4	7%	0-14%		56	2	4%	0-8%	
Any elementary school	158	13	8%	4-13%		158	7	4%	1-8%	
Some HS, HS grad, or GED	157	18	11%	6-16%		157	11	7%	3-11%	
Some college or more	128	22	17%	11-24%		128	16	13%	7-18%	
Employment Status					*					^
Employed for wages	305	31	10%	7-14%		305	22	7%	4-10%	
Self-employed	66	9	14%	5-22%		66	6	9%	2-16%	
Retired	32	8	25%	10-40%		32	4	13%	1-24%	
Out of work or unable to work	95	9	9%	4-15%		95	4	4%	0-8%	
Household Income					**					**
< \$15,000	110	5	5%	1-8%		110	1	1%	0-3%	
\$15,000-<\$20,000	102	11	11%	5-17%		102	8	8%	3-13%	
\$20,000-<\$25,000	68	10	15%	6-23%		68	6	9%	2-16%	
\$25,000-<\$35,000	64	6	9%	2-17%		64	5	8%	1-14%	
\$35,000 or more	83	18	22%	13-31%		83	13	16%	8-23%	
Health Insurance					**					**
Yes	208	34	16%	11-21%		208	23	11%	7-15%	
No	291	23	8%	5-11%		291	13	4%	2-7%	
English Proficiency (speaking)					*					**
Gets by or speaks well	164	25	15%	10-21%		164	20	12%	7-17%	
Little or no	335	32	10%	6-13%		335	16	5%	2-7%	
Region of Origin					**					**
Central America	287	22	8%	5-11%		287	14	5%	2-7%	
South America	154	32	21%	14-27%		154	20	13%	8-18%	
Other	54	2	4%	0-9%		54	1	2%	0-5%	
Years in United States					**					**
0-4 years	96	3	3%	0-7%		96	1	1%	0-3%	
5-9 years	124	11	9%	4-14%		124	6	5%	1-9%	
10-19 years	161	26	16%	10-22%		161	17	11%	6-15%	
20 years or more	102	15	15%	8-22%		102	11	11%	5-17%	

** p-value ≤ 0.05

* p-value > 0.05 - 0.1

^ p-value > 0.1

Maryland Cancer Survey
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Section 10. Lifestyle Factors

Tobacco use and high-risk alcohol consumption are modifiable lifestyle risk factors shown to increase the incidence of several diseases, including cancer.^{1,2} Cigarette smoking is causally related to cancer of the lung, mouth, larynx, esophagus, bladder, kidney, and pancreas.¹ Pipe and cigar smoking and smokeless tobacco have been implicated in the development of oral cancer. Smoking cessation has been shown to decrease the risk of developing smoking-related cancers, compared to cancer risk among current smokers. Heavy alcohol consumption has also been shown to increase risk of certain cancers, including cancer of the liver, esophagus, oral cavity, larynx, and breast.²

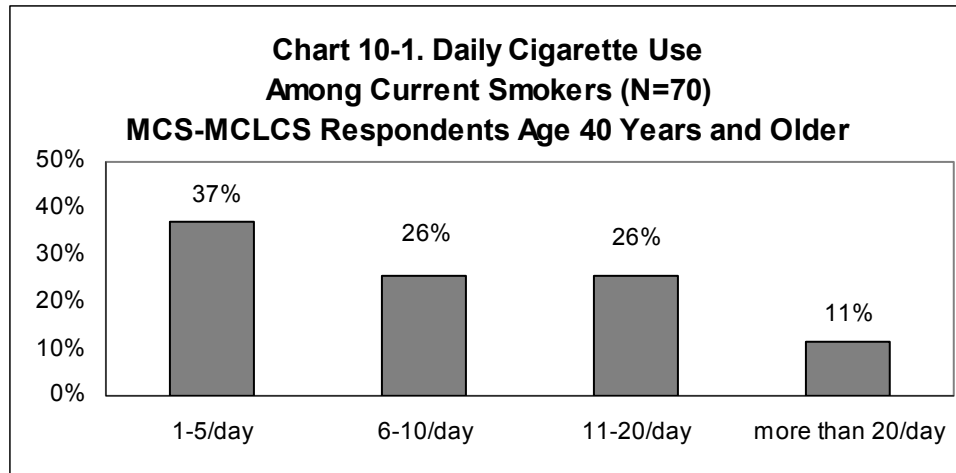
Tobacco Use

Demographic characteristics of cigarette smokers in the MCS-MCLCS are shown in Table 10-1.

- Fourteen percent (14%) of survey respondents indicated they are current smokers, and 14% are former smokers.
- Twenty-six percent (26%) of male respondents are current smokers compared to only 5% of women.
- Approximately 20% of those who reported having health insurance were current smokers compared to 10% of respondents without health insurance.
- Respondents from Central America had the lowest prevalence of current smoking (10%).
- Among current smokers, the median number of cigarettes smoked per day was 10. Eleven percent (11%) of current smokers smoke more than one pack of cigarettes per day (Chart 10-1).

¹ U.S. Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General*. Atlanta, GA. Centers for Disease Control and Prevention, Office of Smoking and Health, 2004. Available at http://www.cdc.gov/tobacco/sgr/sgr_2004/index.htm. Last accessed December 18, 2006.

² Centers for Disease Control and Prevention. Fact sheet, "Alcohol and Public Health." Available at http://www.cdc.gov/alcohol/quickstats/general_info.htm. Last accessed December 18, 2006.



Other smoking-related information (not reported in tables) includes:

- Eight percent (8%) of all respondents reported that someone in the household other than the respondent smokes cigarettes.
- Sixty-four (64) respondents, or 13% of the survey sample, indicated they were exposed to environmental tobacco smoke at work. Reported exposure time at work ranged from one to 10 hours per day, with a mean of 3.8 ± 2.9 hours.
- Among current smokers, 54% reported that a health professional had advised them in the past year to quit smoking.
- Seventy-one percent (71%) of individuals with health insurance reported receiving a recommendation to quit smoking, compared to only 30% of uninsured individuals.
- Among current smokers, 45% reported they attempted to quit smoking within the past 12 months. Of smokers who attempted to quit, 23% indicated they were able to stop smoking for one year or more.
- Among current smokers who attempted to quit, 90% reported attempting to quit on their own or “cold turkey.” The majority of former smokers (85%) also reported quitting on their own.

Cancer Screening and Cigarette Smokers

- Among persons age 50 years and older, current smokers had a higher prevalence of ever having FOBT screening for CRC (52% compared to 33% of former smokers and 27% of those who never smoked). (See Table 10-2.)

- No significant differences by smoking status were detected in the use of other cancer screening tests.

Use of Other Tobacco Products

- Only five respondents (1% of all respondents) reported that they currently smoke cigars and only three individuals reported chewing tobacco (0.6%; data not shown in tables).

Alcohol Consumption

Respondents were divided into three groups for the purpose of examining alcohol consumption patterns: non-drinkers, those at low risk for alcohol-related problems, and those at high risk. (See Methods Section for definitions.)

One objective of HP 2010 is to reduce the proportion of adults age 18 years and older who engage in binge drinking, from a national baseline of 16.6% to 6%. Another related objective of HP 2010 is to reduce the proportion of adults who engage in high-risk drinking behavior to 50% or less for both sexes (from 1992 national baselines of 72% and 74% for females and males, respectively).³

The following is a summary of findings related to alcohol consumption among respondents to the MCS-MCLCS, when asked about drinking behavior in the past 30 days.

- Seventy-eight percent (78%) of the sample were non-drinkers, 8% engaged in low-risk drinking behavior, and 14% met the criteria for high-risk drinkers (Table 10-3).
- Fourteen percent (14%) of all respondents reported at least one occasion of binge drinking in the past 30 days (data not shown in tables).
- A higher proportion of men than women were high-risk drinkers (29% and 4%, respectively; Table 10-3).
- Alcohol consumption patterns varied significantly by gender, age, employment status, English proficiency, and region of origin.

³ U.S. Department of Health and Human Services. Healthy People 2010. 2nd ed. Substance Abuse 2000. Available at <http://www.healthypeople.gov/document/HTML/Volume2/26Substance.htm>. Last accessed December 18, 2006.

- There were no statistically significant differences (or only marginal differences) in cancer screening by alcohol consumption, but this could be due to the small number of respondents in some categories (Table 10-4).

TABLE 10-1. CIGARETTE SMOKING STATUS BY DEMOGRAPHIC CHARACTERISTICS, AMONG THOSE AGE 40 YEARS AND OLDER

		Current Smoker			Former Smoker			Never Smoked			
Selected Characteristic	N	n	%	95% CI	n	%	95% CI	n	%	95% CI	Stat Sig
Total Sample	502	71	14%	11-17%	68	14%	11-17%	363	72%	68-76%	
Gender											**
Male	208	55	26%	20-32%	43	21%	15-26%	110	53%	46-60%	
Female	294	16	5%	3-8%	25	9%	5-12%	253	86%	82-90%	
Age											*
40-49 years	284	44	15%	11-20%	35	12%	8-16%	205	72%	67-77%	
50-64 years	170	26	15%	10-21%	28	16%	11-22%	116	68%	61-75%	
65 years and older	48	1	2%	0-6%	5	10%	2-19%	42	88%	78-97%	
Education											^
Kindergarten or less	55	2	4%	0-9%	9	16%	7-26%	44	80%	69-91%	
Any elementary school	160	21	13%	8-18%	20	13%	7-18%	119	74%	68-81%	
Some HS, HS grad, or GED	158	25	16%	10-22%	18	11%	6-16%	115	73%	66-80%	
Some college or more	129	23	18%	11-24%	21	16%	10-23%	85	66%	58-74%	
Employment Status											**
Employed for wages	308	58	19%	14-23%	44	14%	10-18%	206	67%	62-72%	
Self-employed	67	5	7%	1-14%	10	15%	6-23%	52	78%	68-88%	
Retired	32	1	3%	0-9%	2	6%	0-15%	29	91%	80-100%	
Out or work or unable to work	94	7	7%	2-13%	12	13%	6-20%	75	80%	72-88%	
Household Income											^
< \$15,000	110	10	9%	4-14%	15	14%	7-20%	85	77%	69-85%	
\$15,000-<\$20,000	102	18	18%	10-25%	13	13%	6-19%	71	70%	61-79%	
\$20,000-<\$25,000	69	15	22%	12-32%	6	9%	2-15%	48	70%	59-80%	
\$25,000-<\$35,000	65	12	18%	9-28%	11	17%	8-26%	42	65%	53-76%	
\$35,000 or more	84	14	17%	9-25%	16	19%	11-27%	54	64%	54-75%	
Health Insurance											**
Yes	210	41	20%	14-25%	27	13%	8-17%	142	68%	61-74%	
No	292	30	10%	7-14%	41	14%	10-18%	221	76%	71-81%	
English Proficiency (speaking)											^
Gets by or speaks well	166	28	17%	11-23%	22	13%	8-18%	116	70%	63-77%	
Little or no	336	43	13%	9-16%	46	14%	10-17%	247	74%	69-78%	
Region of Origin											**
Central America	288	30	10%	7-14%	32	11%	7-15%	226	78%	74-83%	
South America	155	27	17%	11-23%	28	18%	12-24%	100	65%	57-72%	
Other	55	14	25%	14-37%	7	13%	4-22%	34	62%	49-75%	
Years in United States											^
0-4 years	96	12	13%	6-19%	17	18%	10-25%	67	70%	61-79%	
5-9 years	125	18	14%	8-21%	16	13%	7-19%	91	73%	65-81%	
10-19 years	162	27	17%	11-22%	19	12%	7-17%	116	72%	65-79%	
20 years or more	103	12	12%	5-18%	14	14%	7-20%	77	75%	66-83%	

** p-value \leq 0.05

* p-value > 0.05 - 0.1

^ p-value > 0.1

TABLE 10-2. CANCER SCREENING PRACTICES BY SMOKING STATUS, AMONG THOSE AGE 40 YEARS AND OLDER

	Current Smokers				Former Smokers				Never Smokers				
Selected Characteristic	N	n	%	95%CI	N	n	%	95%CI	N	n	%	95%CI	Stat Sig
People reporting having ever had a fecal occult blood test (Age ≥ 50 years; n=217)	27	14	52%	33-71%	33	11	33%	17-50%	157	42	27%	20-34%	**
People reporting having ever had a sigmoidoscopy or colonoscopy (lower GI endoscopy) (Age ≥ 50 years; n=217)	27	9	33%	15-51%	33	12	36%	20-53%	157	50	32%	25-39%	^
Men reporting having ever had a Prostate Specific Antigen test (Age ≥ 50 years; n=90)	24	10	42%	22-62%	18	6	33%	11-56%	48	15	31%	18-45%	^
Men reporting having ever had a digital rectal examination (Age > 50 years; n=92)	24	14	58%	38-78%	19	10	53%	30-76%	49	30	61%	47-75%	^
Women reporting having ever had a mammogram (Age ≥ 40 years; n=293)	16	13	81%	62-100%	25	17	68%	50-86%	252	173	69%	63-74%	^
Women reporting having ever had a clinical breast exam (Age ≥ 40 years; n=294)	16	15	94%	82-100%	25	24	96%	88-100%	253	208	82%	77-87%	^
Women reporting having ever had a Pap test (Age ≥ 40 years with an intact uterus; n=251)	14	14	100%	100-100%	19	17	89%	76-100%	218	207	95%	92-98%	^
People reporting having ever had oral cancer screening (Age ≥ 40 years; n=498)	71	6	8%	2-15%	68	10	15%	6-23%	359	41	11%	8-15%	^

** p-value ≤ 0.05

* p-value > 0.05 - 0.1

^ p-value > 0.1

**TABLE 10-3. ALCOHOL CONSUMPTION DURING THE PAST 30 DAYS BY DEMOGRAPHIC FACTORS,
AMONG PERSONS AGE 40 YEARS AND OLDER**

		Non-drinkers			Low-risk drinkers #			High-risk drinkers #~			
Selected Characteristic	N	n	%	95% CI	n	%	95% CI	n	%	95% CI	Stat Sig
Total Sample	503	391	78%	74-81%	40	8%	6-10%	72	14%	11-18%	
Gender											**
Male	208	127	61%	54-68%	22	11%	6-15%	59	29%	22-35%	
Female	295	264	89%	86-93%	18	6%	3-9%	13	4%	2-7%	
Age											**
40-49 years	284	215	76%	71-81%	21	7%	4-11%	48	17%	13-21%	
50-64 years	171	130	76%	70-82%	18	11%	6-15%	23	14%	8-19%	
65 years and above	48	46	96%	90-100%	1	2%	0-6%	1	2%	0-6%	
Education											*
Kindergarten or less	56	49	88%	79-96%	4	7%	0-14%	3	5%	0-11%	
Any elementary school	160	130	81%	75-87%	8	5%	2-8%	22	14%	9-19%	
Some HS, HS grad, or GED	158	117	74%	67-81%	12	8%	3-12%	29	19%	12-25%	
Some college or more	129	95	74%	66-81%	16	13%	7-18%	18	14%	8-20%	
Employment Status											**
Employed for wages	308	221	72%	67-77%	28	9%	6-12%	59	19%	15-24%	
Self-employed	67	56	84%	75-92%	4	6%	0-12%	7	11%	3-18%	
Retired	32	31	97%	91-100%	1	3%	0-9%	0	0%		
Out or work or unable to work	95	82	86%	79-93%	7	8%	2-13%	6	7%	1-12%	
Household Income											^
< \$15,000	111	91	82%	75-89%	5	5%	1-9%	15	14%	7-21%	
\$15,000-<\$20,000	102	80	78%	70-86%	8	8%	3-13%	14	14%	7-20%	
\$20,000-<\$25,000	69	49	71%	60-82%	7	10%	3-18%	13	19%	10-29%	
\$25,000-<\$35,000	65	43	66%	55-78%	7	11%	3-18%	15	23%	13-33%	
\$35,000 or more	84	61	73%	63-82%	9	11%	4-17%	14	17%	9-25%	
Health Insurance											^
Yes	210	156	74%	68-80%	19	9%	5-13%	35	17%	12-22%	
No	293	235	80%	75-85%	21	7%	4-10%	37	13%	9-17%	
English Proficiency (speaking)											**
Gets by or speaks well	166	114	69%	62-76%	21	13%	8-18%	31	19%	13-25%	
Little or no	337	277	82%	78-86%	19	6%	3-8%	41	12%	9-16%	
Region of Origin											**
Central America	289	238	82%	78-87%	14	5%	2-7%	37	13%	9-17%	
South America	155	108	70%	62-77%	21	14%	8-19%	26	17%	11-23%	
Other	55	42	76%	65-88%	4	7%	0-14%	9	16%	7-26%	
Years in United States											^
0-4 years	97	73	75%	67-84%	8	8%	3-14%	16	17%	9-24%	
5-9 years	125	101	81%	74-88%	6	5%	1-9%	18	15%	8-21%	
10-19 years	162	122	75%	69-82%	16	10%	5-15%	24	15%	9-21%	
20 years or more	103	82	80%	72-87%	8	8%	3-13%	13	13%	6-19%	

Men who drink 1-14 drinks/week or ≤ 4 drinks/occasion

Females who drink 1-7 drinks/week or ≤ 3 drinks/occasion

~ High-risk drinking exceeds these criteria

** p-value ≤ 0.05

* p-value > 0.05 - 0.1

^ p-value > 0.1

Maryland Cancer Survey
Montgomery County Latino Cancer Survey, 2005

TABLE 10-4. CANCER SCREENING PRACTICES BY ALCOHOL CONSUMPTION RISK LEVEL DURING THE PAST 30 DAYS, AMONG THOSE AGE 40 YEARS AND OLDER

	Non-drinkers				Low-risk drinkers #				High-risk drinkers #~				
Selected Characteristic	N	n	%	95%CI	N	n	%	95%CI	N	n	%	95%CI	Stat Sig
People reporting having ever had a fecal occult blood test (Age ≥ 50 years; n=215)	175	49	28%	21-35%	19	10	53%	30-75%	24	8	33%	14-52%	*
People reporting having ever had a sigmoidoscopy or colonoscopy (Age ≥ 50 years; n=215)	175	58	33%	26-40%	19	5	26%	6-46%	24	8	33%	14-52%	^
Men reporting having ever had a Prostate Specific Antigen test (Age ≥ 50 years; n=89)	56	18	32%	20-45%	13	3	23%	0-46%	21	10	48%	26-69%	^
Men reporting having ever had a digital rectal examination (Age ≥ 50 years; n=91)	58	35	60%	48-73%	13	6	46%	19-74%	21	13	62%	41-83%	^
Women reporting having ever had a mammogram (Age ≥ 40 years; n=290)	263	184	70%	64-76%	18	10	56%	32-79%	13	9	69%	44-94%	^
Women reporting having ever had a clinical breast exam (Age ≥ 40 years; n=291)	264	220	83%	79-88%	18	16	89%	74-100%	13	11	85%	65-100%	^
Women reporting having ever had a Pap test (Age ≥ 40 years with an intact uterus; n=248)	223	211	95%	92-98%	17	17	100%	100-100%	11	10	91%	74-100%	^
People reporting having ever had oral cancer screening (Age ≥ 40 years; n=493)	387	50	13%	10-16%	40	1	3%	0-7%	72	6	8%	2-15%	*

Men who drink 1-14 drinks/week or < 4 drinks/occasion

Females who drink 1-7 drinks/week or < 3 drinks/occasion

#~ High-risk drinking exceeds these criteria

** p-value ≤ 0.05

* p-value > 0.05 - 0.1

^ p-value > 0.1

Maryland Cancer Survey
Montgomery County Latino Cancer Survey, 2005

Section 11. Weight, Dietary Practices, and Physical Activity

Maintaining a healthy weight, having good dietary habits, and getting regular physical activity are cornerstones of good health, and are among the leading health indicators used by HP 2010 to measure the health of the nation. HP 2010 established several goals and objectives in these areas:

- Increase the proportion of Americans who are at a healthy weight;¹
- Increase the consumption of fruits and vegetables;² and
- Increase the proportion of people who regularly engage in moderate and vigorous physical activity.³

The results of the MCS-MCLCS in each of these areas are presented in the following sections, with references to specific HP 2010 objectives.

Body Mass Index (BMI)

Recent data from the National Health and Nutrition Examination Survey (NHANES) confirm a trend of increasing rates of overweight and obesity among Americans. Surveys conducted during the period 1999-2002⁴ found that 65% of American adults age 20 years and older are either overweight or obese, and 31% are obese. Recent epidemiologic evidence suggests that higher BMI may be associated with increased death rates for all cancers combined and for cancers at specific sites, including colorectal, prostate, breast, and cervical cancers.⁵ This study, conducted by the American Cancer Society, concluded that overweight and obesity could account for 14% of all cancer deaths in men and 20% of cancer deaths in women in the U.S.

¹ U.S. Department of Health and Human Services. Healthy People 2010. 2nd ed. Nutrition and Overweight: Weight Status and Growth. 2000. Available at <http://www.healthypeople.gov/document/HTML/Volume2/19Nutrition.htm>. Last accessed December 18, 2006.

² U.S. Department of Health and Human Services. Healthy People 2010. 2nd ed. Nutrition and Overweight: Food and Nutrient Consumption. 2000. Available at <http://www.healthypeople.gov/document/HTML/Volume2/19Nutrition.htm>. Last accessed December 18, 2006.

³ U.S. Department of Health and Human Services. Healthy People 2010. 2nd ed. Physical Activity and Fitness: Physical Activity in Adults. 2000. Available at <http://www.healthypeople.gov/Document/HTML/Volume2/22Physical.htm>. Last accessed December 18, 2006.

⁴ National Center for Health Statistics. Health, United States, 2004 with Chartbook on Trends in the Health of Americans. Hyattsville, MD. 2004. Available at <http://www.cdc.gov/nchs/data/hs/hs04trend.pdf>. Last accessed December 18, 2006.

⁵ Calle EE, Rodriguez C, Walker-Thurmond K, and Thun MJ. Overweight, obesity, and mortality from cancer in a prospectively studied cohort of U.S. adults. *N Engl J Med* 2003;348:1625-1638.

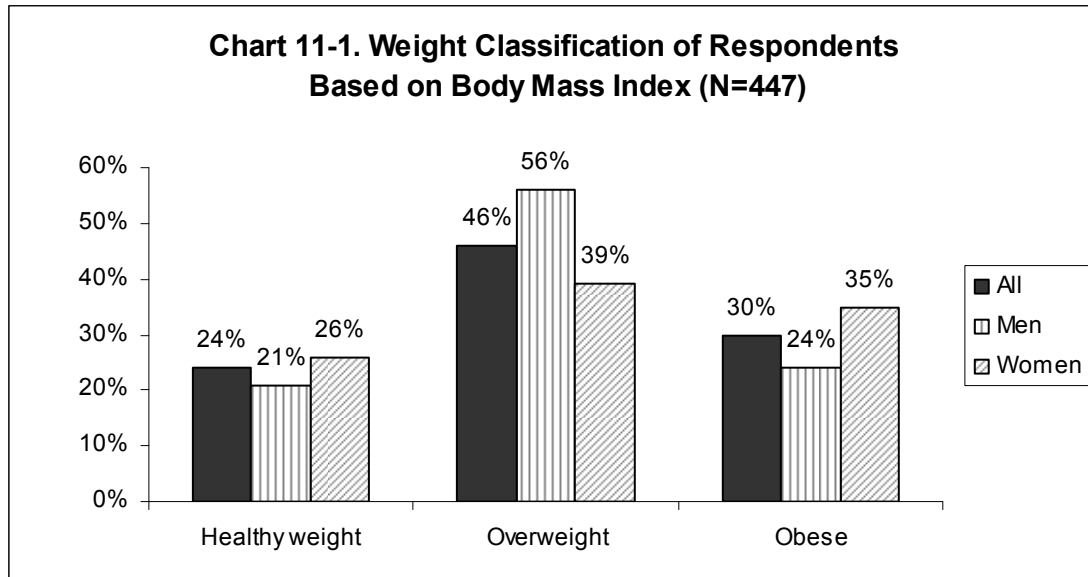
Overweight and obesity are a concern for all segments of the American population, but these conditions are particularly common among Hispanics, African Americans, Native Americans, and Pacific Islander women. Mexican Americans in particular have a higher prevalence of overweight and obesity than non-Hispanics. NHANES data show that the prevalence of overweight and obesity among Mexican Americans is 73% for men and 71% for women. The prevalence of obesity among Mexican American men and women is 28% and 38%, respectively.

HP 2010 established the following specific objectives for reducing the percentage of Americans who are overweight or obese:

- Reduce to 15% the proportion of American adults age 20 years and older who are obese (i.e., those with a BMI of 30.0 or greater); and
- Increase to 60% the proportion of adults age 20 years and older who have a healthy weight (i.e., BMI of 18.5 to 24.9).

Self-reported height and weight from the MCS-MCLCS were used to derive BMI values as a basis for comparison with these HP 2010 objectives. Results are presented in Table 11-1 and summarized below.

- Of the 447 respondents who provided height and weight information, 24% had a BMI in the “healthy” range (BMI 18.5-24.9), 46% had a BMI in the “overweight” range (BMI 25.0 – 29.9), and 30% had a BMI in the “obese” range (BMI of 30.0 or higher; Chart 11-1).
- A higher percentage of men were overweight, but a higher percentage of women were obese.
- Obesity was more common among those respondents living in the U.S. for longer periods. Of 236 respondents living in the U.S. for 10 years or more, 36% were obese. In comparison, only 22% of the 198 respondents who have lived in the U.S. 9 years or less had a BMI in the obese range.



Dietary Practices

Fruit and Vegetable Consumption

Two HP 2010 objectives are aimed at increasing the consumption of fruits and vegetables by Americans (age 2 years and older):

- Increase to 75% the proportion of persons that consume at least two daily servings of fruit; and
- Increase to 50% the proportion of persons that consume at least three daily servings of vegetables.

The benefits of these objectives are encompassed in the goal of the National Cancer Institute's National "5-A-Day for Better Health" Program, which is to increase the consumption of fruits and vegetables in the United States to five to nine servings every day.⁶ This program strives to inform Americans that eating fruits and vegetables can improve their health and reduce the risk of cancer and various cardiovascular diseases.

⁶ National Institutes of Health, National Cancer Institute. National 5-A-Day for Better Health Program. Available at <http://www.5aday.gov>. Last accessed December 18, 2006.

MCS-MCLCS participants were asked about their average daily consumption of a variety of fruits and vegetables (i.e., fruits, fruit juices, leafy salad greens, and vegetables, excluding potatoes). Total daily intake was calculated by summing responses to each of these questions. Findings are tabulated and presented as the percentage of respondents reporting consumption of five or more servings of fruits and vegetables per day (Table 11-2). Also summarized below but not tabulated are total fruit consumption (fruits and fruit juices) and total vegetable consumption (leafy salad greens and vegetables).

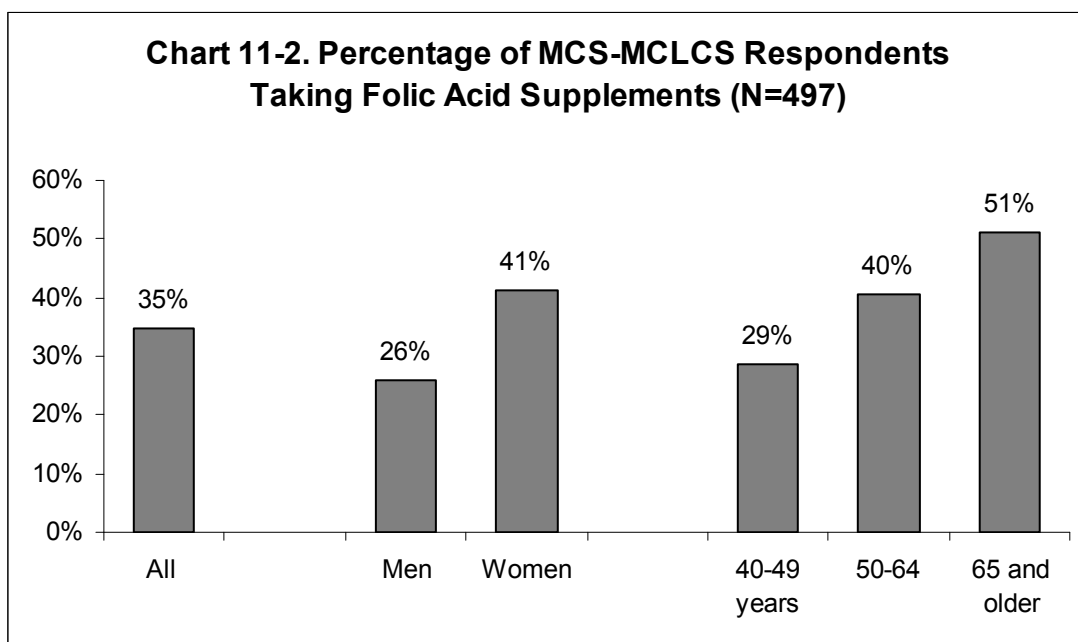
- Approximately 29% of survey respondents consumed five or more servings of vegetables and fruit per day.
- Total fruit and vegetable consumption patterns did not differ significantly by gender, age, education level or other demographic variables.
- There is some evidence, although not strong, that a smaller proportion of respondents from South America (compared to respondents from other regions) are meeting the goal of five or more servings of fruits and vegetables a day.
- The majority of respondents (72%) reported eating only one to two servings of vegetables per day. Twelve percent (12%) of respondents said they eat at least three vegetable servings per day (data not presented).
- Fifty-two percent (52%) of those surveyed said they ate one to two servings of fruit per day and more than one-third (38%) said they consumed at least three servings of fruit per day (data not presented).

Use of Folic Acid Supplements

Substantial evidence supports the hypothesis that adequate levels of folic acid can reduce the incidence of neural tube defects in pregnant women. Recently, there has also been limited scientific evidence to suggest that increased folic acid supplementation may have a preventive effect on the incidence of certain cancers, including breast, stomach and colon.⁷ Use of dietary supplements containing folic acid (in the form of either a multivitamin or a folic acid supplement) was assessed in the MCS-MCLCS (Table 11-2).

⁷ Bailey LB, Rampersaud GC, and Kauwell GP. Folic acid supplements and fortification affect the risk for neural tube defects, vascular disease and cancer: evolving science. J Nutr 2003;Jun; 133(6):1961S-1968S.

- Forty-three percent (43%) of respondents reported that they currently take vitamin supplements. Of these, 79% reported that the supplements they take are multivitamins (data not shown).
- Between self-reported multivitamin use and folic acid supplements, it is estimated that 35% of respondents supplement their diet with folic acid (Chart 11-2).
- Folic acid supplementation was much more prevalent among women (41%) than men (26%) and among those age 65 and older (51%) compared to other age groups.



- Individuals with health insurance had higher prevalence of reported folic acid supplementation than uninsured (43% vs. 29%).
- Respondents born in South or Central America had a lower frequency of reported folic acid supplementation (38% and 30%, respectively) compared to those born in other countries (47%).
- Among women in the sample who were potentially of reproductive age (ages of 40 to 49), 34% are estimated to take folic acid supplements. The frequency of folic acid supplementation was higher among women in the 45-49 year age group (43%) compared to women ages 40-44 years (29%). (Data not shown.)

Meat Consumption

One of the primary dietary concerns in the U.S. is consuming too much saturated fat and total fat.⁸ Both the *Dietary Guidelines for Americans*⁹ and the National Cholesterol Education Program¹⁰ recommend a diet that contains less than 10% of calories from saturated fat and no more than 30% of calories from total fat. Recent evidence also suggests an association between high levels of meat consumption and increased risk of cancer of the colon,¹¹ stomach, rectum, and pancreas.¹²

HP 2010 established two specific objectives¹³ to address these health concerns:

- Increase to 75% the proportion of persons who consume less than 10% of calories from saturated fat
- Increase to 75% the proportion of persons who consume no more than 30% of calories from total fat

One means of reducing fat consumption is to reduce the amount of meat consumed on a daily basis. Survey participants were asked about their average daily or weekly consumption of meat (such as beef, pork, lamb, or veal, excluding seafood and poultry). Survey results for meat consumption are presented in Table 11-3 and summarized below.

- Approximately 11% of the survey sample consumes seven or more servings of meat weekly, and 59% reported eating 2-6 servings of meat weekly (Chart 11-3).

⁸ Harvard School of Public Health. The Nutrition Source: Fats and Cholesterol. Available at <http://www.hsph.harvard.edu/nutritionsource/fats.html>. Last accessed December 18, 2006.

⁹ U.S. Department of Health and Human Services and U.S. Food and Drug Administration. *Dietary Guidelines for Americans 2005*. Available at <http://www.health.gov/dietaryguidelines/dga2005/document/html/chapter6.htm>. Last accessed December 18, 2006.

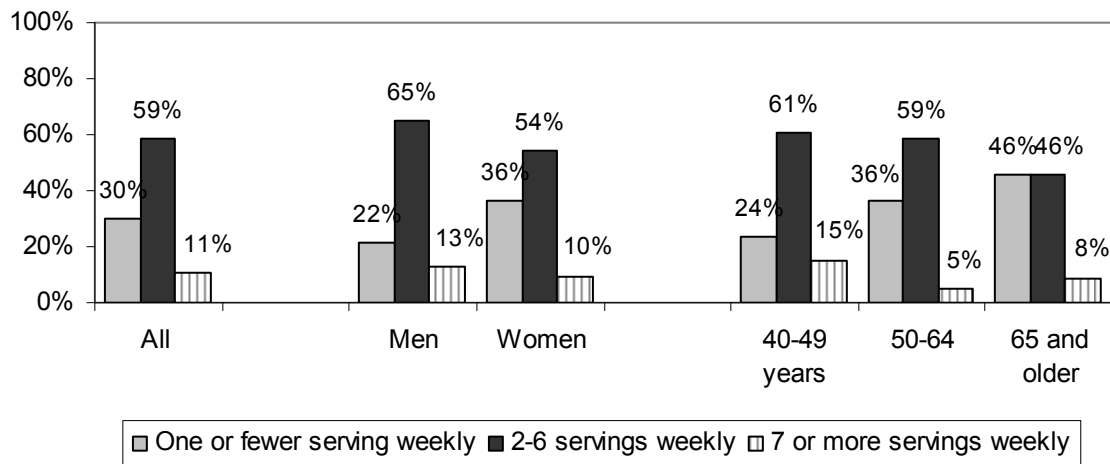
¹⁰ National Institutes of Health. National Cholesterol Education Program. Available at <http://www.nhlbi.nih.gov/guidelines/cholesterol>. Last accessed December 18, 2006.

¹¹ Larsson SC and Wolk A. Meat consumption and risk of colorectal cancer: A meta-analysis of prospective studies. *Int J Cancer* 2006;119:2657-2664.

¹² Tavani A, La Vecchia C, Gallus S, et al. Red meat intake and cancer risk: a study in Italy. *Int J Cancer* 2000;86(3):425-8.

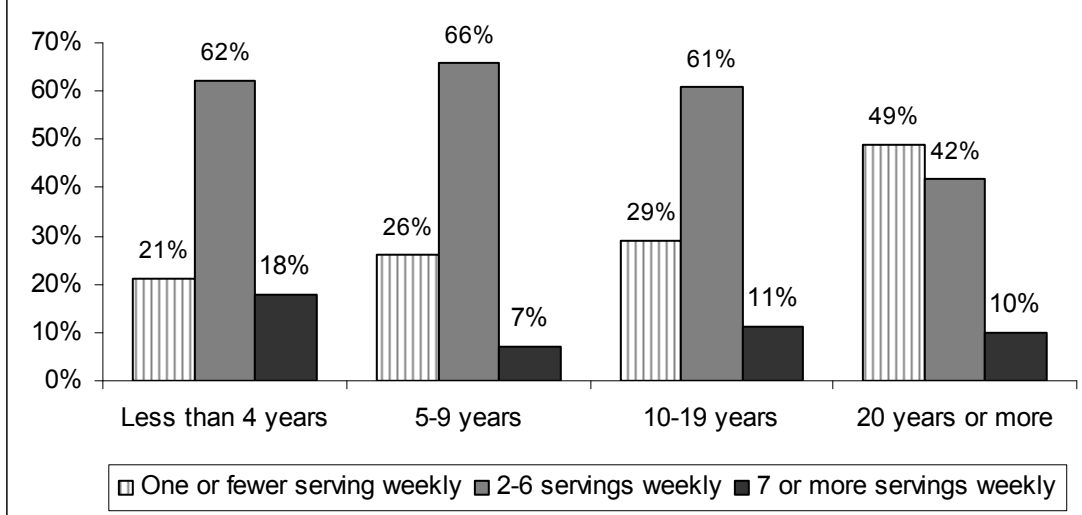
¹³ U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd ed. Nutrition and Overweight: Food and Nutrient Consumption. 2000. Available at <http://www.healthypeople.gov/document/HTML/Volume2/19Nutrition.htm>. Last accessed December 18, 2006.

Chart 11-3. Meat Consumption Reported by MCS-MCLCS Respondents (N=502)



- Frequency of meat consumption varied by gender and age, with males and younger respondents generally reporting more frequent consumption.
- The frequency of meat consumption appears highest among those who reported residing in the U.S. less than 5 years, generally declining with longer residence time (Chart 11-4).

Chart 11-4. Meat Consumption Reported by MCS-MCLCS Respondents, by Time in U.S. (N=486)



Physical Activity

Physical activity is one of the leading health indicators used by HP 2010.¹⁴ Two key HP 2010 goals are:

- Increase to 30% the proportion of American adults who regularly engage in moderate physical activity for at least 30 minutes a day
- Increase to 30% the proportion of adults who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness three or more days per week for 20 or more minutes per occasion

Survey participants were asked about their level of moderate and vigorous physical activity during leisure time (i.e., when not working), as a basis for comparison with HP2010 targets. Data were also analyzed to estimate the proportion of respondents who met the criteria for either type of physical activity. Findings are presented in Tables 11-4 and 11-5, and summarized below.

- Fifty-one percent (51%) of all respondents, or 256 of 500, reported they engage in moderate physical activity for at least 30 minutes per day for 5-7 days per week. A higher proportion of women (60%) than men (39%) reported engaging in regular moderate physical activity (Table 11-4 and Chart 11-5).
- Approximately 25% of respondents (128 of 502) reported that they engage in vigorous physical activity for three or more days per week, 20 or more minutes per occasion. There was some evidence, although only marginally significant, that a higher proportion of men (29% vs. 23% for women) and younger respondents (29% of those ages 40-49 years, 23% of persons age 50-64 years, and 15% of respondents age 65 and older) engage in vigorous physical activity (Table 11-5 and Chart 11-5).
- Of 500 respondents, approximately 61% reported they engage in either moderate or vigorous activity. A higher proportion of women (66% compared to 53% for men) and

¹⁴ U.S. Department of Health and Human Services. *Healthy People 2010* Physical Activity and Fitness: Physical Activity in Adults. 2000. Available at <http://www.healthypeople.gov/Document/HTML/Volume2/22Physical.htm>. Last accessed December 18, 2006.

younger respondents met either of the HP 2010 targets for moderate or vigorous physical activity (Table 11-5 and Chart 11-5).

- Overall, the survey sample population exceeded the HP2010 target for moderate physical activity (51% vs. target of 30%), but did not attain the HP 2010 target for vigorous physical activity (25% vs. target of 30%).

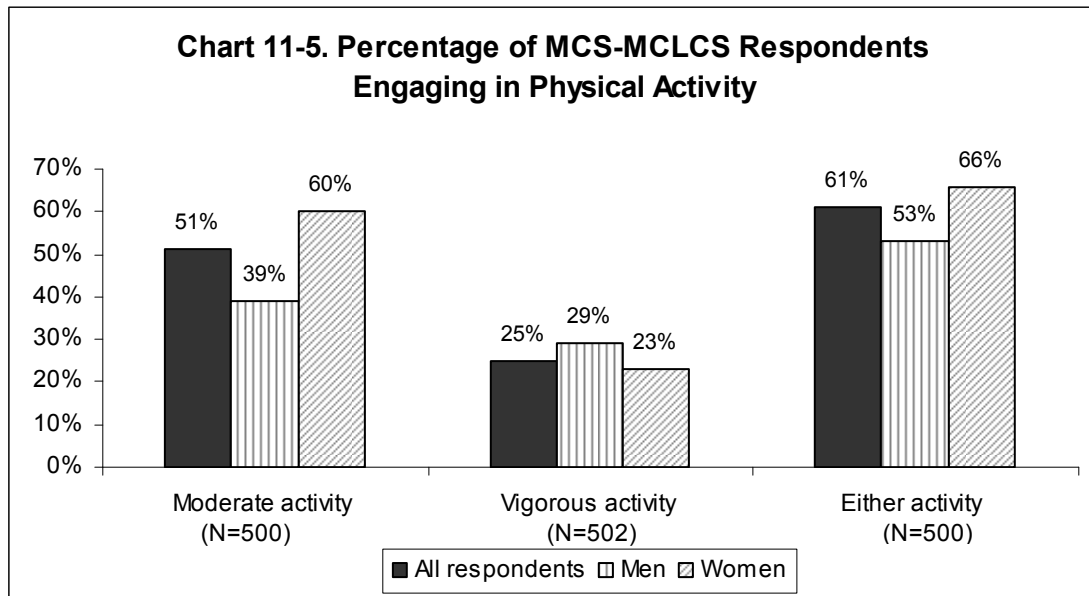


TABLE 11-1. BODY MASS INDEX BY DEMOGRAPHIC CHARACTERISTICS, AMONG PERSONS AGE 40 YEARS AND OLDER

		Healthy weight (BMI 18.5 - 24.9)			Overweight (BMI 25.0 - 29.9)			Obese (BMI ≥ 30.0)			
Selected Characteristic	N	n	%	95% CI	n	%	95% CI	n	%	95% CI	Stat Sig
Total Sample	447	107	24%	20-28%	206	46%	41-51%	134	30%	26-34%	
Gender											**
Male	187	39	21%	15-27%	104	56%	48-63%	44	24%	17-30%	
Female	260	68	26%	21-32%	102	39%	33-45%	90	35%	29-40%	
Age											*
40-49 years	263	60	23%	18-28%	131	50%	44-56%	72	27%	22-33%	
50-64 years	144	36	25%	18-32%	54	38%	30-45%	54	38%	30-45%	
65 years and older	40	11	28%	14-41%	21	53%	37-68%	8	20%	8-32%	
Education											^
Kindergarten or less	42	10	24%	11-37%	23	55%	40-70%	9	21%	9-34%	
Any elementary school	135	31	23%	16-30%	56	41%	33-50%	48	36%	27-44%	
Some HS, HS grad, or GED	149	36	24%	17-31%	69	46%	38-54%	44	30%	22-37%	
Some college or more	121	30	25%	17-33%	58	48%	39-57%	33	27%	19-35%	
Employment Status											^
Employed for wages	282	60	21%	16-26%	140	50%	44-56%	82	29%	24-34%	
Self-employed	59	13	22%	11-33%	27	46%	33-59%	19	32%	20-44%	
Retired	28	11	39%	21-57%	10	36%	18-54%	7	25%	9-41%	
Out or work or unable to work	77	23	30%	20-40%	29	38%	27-49%	25	32%	22-43%	
Household Income											**
< \$15,000	99	30	30%	21-39%	40	40%	31-50%	29	29%	20-38%	
\$15,000-<\$20,000	94	24	26%	17-34%	38	40%	30-50%	32	34%	24-44%	
\$20,000-<\$25,000	63	8	13%	4-21%	36	57%	45-69%	19	30%	19-42%	
\$25,000-<\$35,000	63	10	16%	7-25%	38	60%	48-72%	15	24%	13-34%	
\$35,000 or more	76	23	30%	20-41%	35	46%	35-57%	18	24%	14-33%	
Health Insurance											^
Yes	196	46	23%	18-29%	93	47%	40-54%	57	29%	23-35%	
No	251	61	24%	19-30%	113	45%	39-51%	77	31%	25-36%	
English Proficiency (speaking)											^
Gets by or speaks well	159	41	26%	19-33%	74	47%	39-54%	44	28%	21-35%	
Little or no	288	66	23%	18-28%	132	46%	40-52%	90	31%	26-37%	
Region of Origin											^
Central America	252	59	23%	18-29%	118	47%	41-53%	75	30%	24-35%	
South America	145	35	24%	17-31%	67	46%	38-54%	43	30%	22-37%	
Other	46	12	26%	13-39%	20	43%	29-58%	14	30%	17-44%	
Years in United States											**
0-4 years	86	30	35%	25-45%	40	47%	36-57%	16	19%	10-27%	
5-9 years	112	28	25%	17-33%	56	50%	41-59%	28	25%	17-33%	
10-19 years	145	24	17%	10-23%	68	47%	39-55%	53	37%	29-44%	
20 years or more	91	22	24%	15-33%	38	42%	32-52%	31	34%	24-44%	

** p-value ≤ 0.05

* p-value > 0.05 - 0.1

^ p-value > 0.1

**TABLE 11-2. ADHERENCE TO DIETARY RECOMMENDATIONS AND FOLIC ACID SUPPLEMENT USAGE,
AMONG THOSE AGE 40 YEARS AND OLDER**

	People reporting they eat five or more servings of fruits and vegetables per day #					People reporting they supplement their diet with folic acid				
Selected Characteristic	N	n	%	95% CI	Stat Sig	N	n	%	95% CI	Stat Sig
Total Sample	503	148	29%	25-33%		497	173	35%	31-39%	
Gender					^					**
Male	208	57	27%	21-33%		208	54	26%	20-32%	
Female	295	91	31%	26-36%		289	119	41%	35-47%	
Age					^					**
40-49 years	284	79	28%	23-33%		282	81	29%	23-34%	
50-64 years	171	49	29%	22-35%		168	68	40%	33-48%	
65 years and above	48	20	42%	28-56%		47	24	51%	37-65%	
Education					^					^
Kindergarten or less	56	21	38%	25-50%		55	21	38%	25-51%	
Any elementary school	160	53	33%	26-40%		157	51	32%	25-40%	
Some HS, HS grad, or GED	158	43	27%	20-34%		156	48	31%	24-38%	
Some college or more	129	31	24%	17-31%		129	53	41%	33-50%	
Employment Status					^					**
Employed for wages	308	84	27%	22-32%		305	101	33%	28-38%	
Self-employed	67	22	33%	22-44%		66	20	30%	19-41%	
Retired	32	15	47%	30-64%		31	23	74%	59-90%	
Out or work or unable to work	95	26	27%	18-36%		94	29	31%	21-40%	
Household Income					*					^
< \$15,000	111	27	24%	16-32%		109	48	44%	35-53%	
\$15,000-<\$20,000	102	41	40%	31-50%		100	30	30%	21-39%	
\$20,000-<\$25,000	69	22	32%	21-43%		69	21	30%	20-41%	
\$25,000-<\$35,000	65	14	22%	12-32%		63	21	33%	22-45%	
\$35,000 or more	84	23	27%	18-37%		84	26	31%	21-41%	
Health Insurance					^					**
Yes	210	65	31%	25-37%		207	88	43%	36-49%	
No	293	83	28%	23-34%		290	85	29%	24-35%	
English Proficiency (speaking)					^					^
Gets by or speaks well	166	46	28%	21-35%		165	58	35%	28-42%	
Little or no	337	102	30%	25-35%		332	115	35%	30-40%	
Region of Origin					*					**
Central America	289	90	31%	26-36%		286	86	30%	25-35%	
South America	155	35	23%	16-29%		154	59	38%	31-46%	
Other	55	21	38%	25-51%		53	25	47%	34-61%	
Years in United States					^					^
0-4 years	97	20	21%	13-29%		97	29	30%	21-39%	
5-9 years	125	39	31%	23-39%		122	42	34%	26-43%	
10-19 years	162	49	30%	23-37%		160	52	33%	25-40%	
20 years or more	103	35	34%	25-43%		102	44	43%	33-53%	

** p-value ≤ 0.05

* p-value > 0.05 - 0.1

^ p-value > 0.1

derived variable-see Methods section for explanation

Maryland Cancer Survey
Montgomery County Latino Cancer Survey, 2005

TABLE 11-3. FREQUENCY OF MEAT# CONSUMPTION BY DEMOGRAPHIC FACTORS, AMONG PERSONS AGE 40 YEARS AND OLDER

		Eats 1 or fewer servings of meat per week			Eats 2-6 servings of meat per week			Eats 7 or more servings of meat per week			
Selected Characteristic	N	n	%	95% CI	n	%	95% CI	n	%	95% CI	Stat Sig
Total Sample	502	152	30%	26-34%	295	59%	54-63%	55	11%	8-14%	
Gender											**
Male	208	45	22%	16-27%	136	65%	59-72%	27	13%	8-18%	
Female	294	107	36%	31-42%	159	54%	48-60%	28	10%	6-13%	
Age											**
40-49 years	284	68	24%	19-29%	173	61%	55-67%	43	15%	11-19%	
50-64 years	170	62	36%	29-44%	100	59%	51-66%	8	5%	2-8%	
65 years and above	48	22	46%	32-60%	22	46%	32-60%	4	8%	0-16%	
Education											^
Kindergarten or less	56	21	38%	25-50%	32	57%	44-70%	3	5%	0-11%	
Any elementary school	159	46	29%	22-36%	97	61%	53-69%	16	10%	5-15%	
Some HS, HS grad, or GED	158	48	30%	23-38%	87	55%	47-63%	23	15%	9-20%	
Some college or more	129	37	29%	21-37%	79	61%	53-70%	13	10%	5-15%	
Employment Status											**
Employed for wages	307	85	28%	23-33%	184	60%	54-65%	38	12%	9-16%	
Self-employed	67	19	28%	18-39%	41	61%	49-73%	7	10%	3-18%	
Retired	32	19	59%	42-76%	11	34%	18-51%	2	6%	0-15%	
Out or work or unable to work	95	29	31%	21-40%	58	61%	51-71%	8	8%	3-14%	
Household Income											^
< \$15,000	111	35	32%	23-40%	60	54%	45-63%	16	14%	8-21%	
\$15,000-<\$20,000	101	23	23%	15-31%	69	68%	59-77%	9	9%	3-14%	
\$20,000-<\$25,000	69	18	26%	16-36%	43	62%	51-74%	8	12%	4-19%	
\$25,000-<\$35,000	65	20	31%	20-42%	39	60%	48-72%	6	9%	2-16%	
\$35,000 or more	84	25	30%	20-40%	47	56%	45-67%	12	14%	7-22%	
Health Insurance											^
Yes	210	65	31%	25-37%	122	58%	51-65%	23	11%	7-15%	
No	292	87	30%	25-35%	173	59%	54-65%	32	11%	7-15%	
English Proficiency (speaking)											**
Gets by or speaks well	166	54	33%	25-40%	86	52%	44-59%	26	16%	10-21%	
Little or no	336	98	29%	24-34%	209	62%	57-67%	29	9%	6-12%	
Region of Origin											^
Central America	288	82	28%	23-34%	176	61%	55-67%	30	10%	7-14%	
South America	155	55	35%	28-43%	80	52%	44-60%	20	13%	8-18%	
Other	55	13	24%	12-35%	37	67%	55-80%	5	9%	1-17%	
Years in United States											**
0-4 years	97	20	21%	13-29%	60	62%	52-72%	17	18%	10-25%	
5-9 years	125	33	26%	19-34%	83	66%	58-75%	9	7%	3-12%	
10-19 years	161	46	29%	22-36%	98	61%	53-68%	17	11%	6-15%	
20 years or more	103	50	49%	39-58%	43	42%	32-51%	10	10%	4-15%	

** p-value ≤ 0.05

* p-value > 0.05 - 0.1

^ p-value > 0.1

- Beef, pork, lamb, or veal

TABLE 11-4. LEVEL OF MODERATE PHYSICAL ACTIVITY BY DEMOGRAPHIC CHARACTERISTICS, AMONG THOSE AGE 40 YEARS AND OLDER

		Do not engage in moderate physical activity for at least 30 minutes a day, at least one day per week			Engage in moderate physical activity for at least 30 minutes a day, 1-2 days per week			Engage in moderate physical activity for at least 30 minutes a day, 3-4 days per week			Engage in moderate physical activity for at least 30 minutes a day, 5-7 days per week			
Selected Characteristic	N	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI	Stat Sig
Total Sample	500	102	20%	17-24%	68	14%	11-17%	74	15%	12-18%	256	51%	47-56%	
Gender														**
Male	207	56	27%	21-33%	38	18%	13-24%	32	15%	11-20%	81	39%	32-46%	
Female	293	46	16%	12-20%	30	10%	7-14%	42	14%	10-18%	175	60%	54-65%	
Age														^
40-49 years	283	53	19%	14-23%	34	12%	8-16%	40	14%	10-18%	156	55%	49-61%	
50-64 years	170	38	22%	16-29%	24	14%	9-19%	26	15%	10-21%	82	48%	41-56%	
65 years and above	47	11	23%	11-36%	10	21%	10-33%	8	17%	6-28%	18	38%	24-52%	
Education														**
Kindergarten or less	54	9	17%	7-27%	5	9%	2-17%	8	15%	5-24%	32	59%	46-72%	
Any elementary school	160	37	23%	17-30%	13	8%	4-12%	18	11%	6-16%	92	58%	50-65%	
Some HS, HS grad, or GED	157	32	20%	14-27%	25	16%	10-22%	21	13%	8-19%	79	50%	42-58%	
Some college or more	129	24	19%	12-25%	25	19%	13-26%	27	21%	14-28%	53	41%	33-50%	
Employment Status														^
Employed for wages	307	57	19%	14-23%	50	16%	12-20%	48	16%	12-20%	152	50%	44-55%	
Self-employed	67	12	18%	9-27%	7	10%	3-18%	7	10%	3-18%	41	61%	49-73%	
Retired	32	9	28%	12-44%	6	19%	5-32%	5	16%	3-28%	12	38%	21-54%	
Out or work or unable to work	93	23	25%	16-34%	5	5%	1-10%	14	15%	8-22%	51	55%	45-65%	
Household Income														**
< \$15,000	111	24	22%	14-29%	16	14%	8-21%	14	13%	6-19%	57	51%	42-61%	
\$15,000-<\$20,000	101	17	17%	10-24%	9	9%	3-14%	18	18%	10-25%	57	56%	47-66%	
\$20,000-<\$25,000	69	7	10%	3-17%	4	6%	0-11%	15	22%	12-32%	43	62%	51-74%	
\$25,000-<\$35,000	65	9	14%	5-22%	11	17%	8-26%	8	12%	4-20%	37	57%	45-69%	
\$35,000 or more	84	23	27%	18-37%	18	21%	13-30%	9	11%	4-17%	34	40%	30-51%	
Health Insurance														**
Yes	210	48	23%	17-29%	37	18%	12-23%	38	18%	13-23%	87	41%	35-48%	
No	290	54	19%	14-23%	31	11%	7-14%	36	12%	9-16%	169	58%	53-64%	
English Proficiency (speaking)														^
Gets by or speaks well	166	35	21%	15-27%	24	14%	9-20%	24	14%	9-20%	83	50%	42-58%	
Little or no	334	67	20%	16-24%	44	13%	10-17%	50	15%	11-19%	173	52%	46-57%	
Region of Origin														**
Central America	288	67	23%	18-28%	29	10%	7-14%	36	13%	9-16%	156	54%	48-60%	
South America	154	25	16%	10-22%	32	21%	14-27%	27	18%	12-24%	70	45%	38-53%	
Other	54	10	19%	8-29%	6	11%	3-20%	9	17%	7-27%	29	54%	40-67%	
Years in United States														^
0-4 years	97	19	20%	12-28%	10	10%	4-16%	14	14%	7-21%	54	56%	46-66%	
5-9 years	124	21	17%	10-24%	15	12%	6-18%	20	16%	10-23%	68	55%	46-64%	
10-19 years	160	30	19%	13-25%	20	13%	7-18%	27	17%	11-23%	83	52%	44-60%	
20 years or more	103	29	28%	19-37%	18	17%	10-25%	11	11%	5-17%	45	44%	34-53%	

** p-value ≤ 0.05

* p-value > 0.05 - 0.1

^ p-value > 0.1

TABLE 11-5. QUESTIONS ABOUT VIGOROUS PHYSICAL ACTIVITY AND HEALTHY PEOPLE 2010 GUIDELINES BY DEMOGRAPHIC CHARACTERISTICS, AMONG THOSE AGE 40 YEARS AND OLDER

	Engage in vigorous physical activity for three or more days per week for 20 or more minutes per occasion?					Engages in vigorous physical activity at least three days per week for 20 or more minutes per occasion OR in moderate physical activity 5-7 days per week for 30 or more minutes a day				
Selected Characteristic	N	n	%	95% CI	Stat Sig	N	n	%	95% CI	Stat Sig
Total Sample	502	128	25%	22-29%		500	303	61%	56-65%	
Gender					*					**
Male	208	61	29%	23-36%		207	110	53%	46-60%	
Female	294	67	23%	18-28%		293	193	66%	60-71%	
Age					*					**
40-49 years	283	82	29%	24-34%		283	185	65%	60-71%	
50-64 years	171	39	23%	16-29%		170	94	55%	48-63%	
65 years and above	48	7	15%	5-25%		47	24	51%	37-65%	
Education					^					^
Kindergarten or less	56	14	25%	14-36%		54	34	63%	50-76%	
Any elementary school	160	38	24%	17-30%		160	103	64%	57-72%	
Some HS, HS grad, or GED	157	39	25%	18-32%		157	91	58%	50-66%	
Some college or more	129	37	29%	21-37%		129	75	58%	50-67%	
Employment Status					^					^
Employed for wages	307	85	28%	23-33%		307	186	61%	55-66%	
Self-employed	67	15	22%	12-32%		67	43	64%	53-76%	
Retired	32	6	19%	5-32%		32	16	50%	33-67%	
Out or work or unable to work	95	22	23%	15-32%		93	58	62%	52-72%	
Household Income					**					**
< \$15,000	111	25	23%	15-30%		111	62	56%	47-65%	
\$15,000-<\$20,000	101	35	35%	25-44%		101	69	68%	59-77%	
\$20,000-<\$25,000	69	27	39%	28-51%		69	54	78%	68-88%	
\$25,000-<\$35,000	65	20	31%	20-42%		65	45	69%	58-80%	
\$35,000 or more	84	15	18%	10-26%		84	41	49%	38-60%	
Health Insurance					^					**
Yes	210	53	25%	19-31%		210	115	55%	48-62%	
No	292	75	26%	21-31%		290	188	65%	59-70%	
English Proficiency (speaking)					^					^
Gets by or speaks well	166	46	28%	21-35%		166	103	62%	55-69%	
Little or no	336	82	24%	20-29%		334	200	60%	55-65%	
Region of Origin					^					^
Central America	288	75	26%	21-31%		288	175	61%	55-66%	
South America	155	34	22%	15-28%		154	88	57%	49-65%	
Other	55	17	31%	19-43%		54	38	70%	58-83%	
Years in United States					^					^
0-4 years	97	23	24%	15-32%		97	64	66%	57-75%	
5-9 years	124	37	30%	22-38%		124	80	65%	56-73%	
10-19 years	162	42	26%	19-33%		160	98	61%	54-69%	
20 years or more	103	22	21%	13-29%		103	54	52%	43-62%	

** p-value < 0.05

* p-value > 0.05 - 0.1

^ p-value > 0.1

Maryland Cancer Survey
Montgomery County Latino Cancer Survey, 2005

Section 12. Summary and Comparison to Other Surveys

The MCS-MCLCS was conducted to obtain a more complete picture of cancer risk behaviors and screening practices among Latinos age 40 years and older living in Montgomery County. Under the auspices of the Maryland Cancer Surveys, the MCS-MCLCS was administered as a face-to-face survey in Spanish to reach a wider segment of the Latino population in Montgomery County and to pilot the Spanish language questionnaire for future statewide surveys.

In conducting the MCS-MCLCS, the Maryland Department of Health and Mental Hygiene (DHMH) and the University of Maryland, Baltimore (UMB) collaborated with the Latino Health Initiative (LHI), a component of the Public Health Service's Office of Minority and Multicultural Health of the Montgomery County Department of Health and Human Services (DHHS). LHI assisted in questionnaire development, provided linguistic and cultural expertise in translating the questionnaire into Spanish, and administered the survey in the community to self-identified Latinos. While the MCS-MCLCS was offered in either English or Spanish, virtually all respondents elected to complete the questionnaire in Spanish. Although the MCS-MCLCS was not a statistically random sample and is not generalizable to the population of Latinos age 40 years and older in Montgomery County or in Maryland, it does provide valuable insights into the prevalence of cancer screening and access to healthcare in a large sample of predominantly Spanish-speaking Latinos in Montgomery County.

This section of the report summarizes findings of the MCS-MCLCS (detailed in previous sections), and for added perspective, includes general comparisons with Montgomery County respondents to the Maryland Behavioral Risk Factor Surveillance System (BRFSS)¹ and results for urban respondents participating in the 2004 statewide Maryland Cancer Survey (MCS; Table 12-1). It is important to note that the methods used in these surveys (such as sampling and data weighting) are very different and *comparisons of their findings should be made with caution*. The statewide MCS and BRFSS are random-digit-dial land-line telephone surveys performed

¹ Maryland Department of Health and Mental Hygiene. Maryland Behavioral Risk Surveillance System (BRFSS). Available at <http://www.fha.state.md.us/cphs/sa/html/brfss.html>. Last accessed December 18, 2006. Additional tabulations provided by Helio Lopez, DHMH Director of the BRFSS.

throughout the state, conducted only in English. By contrast, the MCS-MCLCS is a small convenience sample and was conducted using face-to-face interviews primarily in Spanish with Latinos living in different geographic areas of Montgomery County. The MCS-MCLCS results are not weighted and therefore are not generalizable to the broader Latino population of Montgomery County.

Demographics of the Sample

Five hundred three (503) adults, age 40 years and older, participated in the MCS-MCLCS. All but three respondents (99%, or 499 of 502) reported that they were born outside the U.S. More than half of the sample (58%) was born in Central America (predominantly El Salvador), 31% in South America, and 11% in other regions. One in five respondents (20%) reported moving to the U.S. within the past 4 years and almost half (46%) said they have lived in the U.S. for 9 years or less. MCS-MCLCS respondents ranged in age from 40 to 88, with a median age of 48 years. The majority of respondents were employed for wages (61%) or self-employed (13%) at the time of the survey, although 56% reported an annual household income of less than \$25,000. Almost half (43%) of the sample reported an educational level of elementary school or less. English language proficiency was low in this sample, with the majority reporting little or no ability to speak (67% of respondents), read (69%), write (73%), or understand (62%) English.

Health Care Access

Of 503 survey participants in the MCS-MCLCS, only 42% reported having health insurance at the time of the survey. Of the people who did not have health insurance (N=293), 61% reported they never had health insurance and another 28% reported being without insurance for more than one year. By comparison, among persons age 40 and older, 96% of Montgomery County BRFSS respondents and 93% of urban respondents to the MCS 2004 reported that they currently have health insurance (Table 12-1). More than half (59%) of all MCS-MCLCS respondents reported visiting a doctor for a routine physical examination within the past year, although 21% of participants said there was a time in the last 12 months when they needed health care but were unable to get it. Among those unable to receive needed health care (N=105), by

far the most commonly cited reason was the cost of medical care or not having insurance (cited by 75% of respondents).

Health care access is a key determinant of whether a person receives cancer screening, as shown in Tables 12-2 and 12-3. The prevalence of ever being screened for colorectal, prostate, breast, or oral cancer in the MCS-MCLCS was statistically significantly higher among respondents who had health insurance, compared to those without health insurance (Table 12-2). For most tests, prevalence of screening was also higher among respondents who reported having at least one person they consider to be their personal doctor or primary healthcare provider and among those who reported having had a routine check-up within the preceding 2 years.

CRC Screening

A majority of MCS-MCLCS respondents indicated familiarity with the FOBT and sigmoidoscopy/colonoscopy (54% and 67%, respectively) as methods for CRC screening. Among respondents age 50 years and older, only 31% of Latinos in the MCS-MCLCS reported ever having a home FOBT, compared to 61% of Montgomery County BRFSS respondents and 55% of urban respondents in the 2004 MCS. (See Table 12-1.) In this same age group, 33% of Latinos in the MCS-MCLCS reported ever having a lower GI endoscopy (sigmoidoscopy or colonoscopy) compared to 65% in the BRFSS results for Montgomery County residents and 64% of urban residents in the 2004 MCS. Overall, Montgomery County appears to have surpassed the HP 2010 target of 50% for ever having lower GI endoscopy (based on BRFSS data), yet the Latinos represented in the MCS-MCLCS have not yet reached this target.

Only 23% of MCS-MCLCS respondents age 50 years and older reported having an FOBT in the preceding 2 years, compared to a HP 2010 target of 50% (Table 12-1). The prevalence of ever having CRC screening was significantly higher among respondents with health insurance, those with higher English proficiency, persons living in the U.S. for a longer time, and respondents originating from South America. Most respondents (74%) were unaware that local health departments in Maryland offer no-cost screening for low-income individuals.

Among participants who never had CRC screening, the primary reasons given were that the doctor didn't order it (29%); the respondent didn't know they needed the test (28%); and they haven't had any problems (27%). Twenty-three percent (23%) of respondents cited cost or lack of insurance as a reason for never having CRC screening. Receiving a recommendation from a HCP for CRC screening appears to be an important determinant of whether respondents eventually obtain this screening. In this sample of Latinos age 50 and older, the prevalence of having an FOBT was six times higher among respondents who said they received a HCP recommendation compared to prevalence of FOBT among those who did not receive such a recommendation (78% vs. 12% of respondents, respectively). Similarly, the prevalence of ever having lower GI endoscopy in this sample was more than 18 times higher among those who received a HCP recommendation compared to those who did not (73% vs. 4%, respectively). Overall, only 29% of survey respondents age 50 years and older indicated receiving a HCP recommendation for an FOBT within the past year, and 41% reported ever receiving a recommendation for lower GI endoscopy.

Prostate Cancer Screening

Among Latino men age 50 years and older participating in the MCS-MCLCS, only 34% have ever had a PSA test. By comparison, 79% of men in this age group in the Montgomery County BRFSS survey and 77% of urban males in the 2004 MCS reported ever having a PSA test (Table 12-1). Among men age 50 years and older, 21% of men in the MCS-MCLCS reported having a PSA test in the past year, compared to 56% of Montgomery County men age 50 and older in the BRFSS and 60% of age-eligible urban men in the 2004 MCS. Of Latino men in this older age group who reported *never* being screened with the PSA test, the most commonly cited reasons were that the doctor didn't order it (36%), they haven't had any problems (30%), or the respondent had no reason or said they never thought about it (28%). More than half (59%) of men age 50 years and older reported ever having a DRE; of these men, 29% said they had a DRE in the past year. Among all male respondents age 40 years and older, about half (54%) reported that a doctor or other HCP had ever discussed prostate cancer screening with them.

Women's Health

Among Latinas age 40 years and older, 69% reported ever having a mammogram, compared to 92% of women in this age group in the Montgomery County BRFSS and 93% of urban women responding to the 2004 MCS (Table 12-1). In this age group, about half (56%) of female respondents to the MCS-MCLCS reported having a mammogram in the past 2 years, compared to 81% of women in the Montgomery County BRFSS and 83% of urban women participating in the 2004 MCS. Thus, while women in the broader Montgomery County survey and urban women in the statewide MCS have surpassed the HP 2010 objective of 70% for this measure, Latinas in the MCS-MCLCS have not yet attained this target.

Among Latinas who have never had a mammogram or have not had the test in the last 2 years (44%), the most often cited reasons were lack of insurance/cost (29%) and not experiencing any problem (26%). Three-fourths (75%) of women in the MCS-MCLCS reported that, in the year prior to the survey, a HCP had recommended they have a mammogram. Eighty-four percent (84%) of all female respondents reported ever having a CBE and 39% reported that they perform monthly breast self-examinations.

The prevalence of ever having cervical cancer screening (Pap test) among women age 40 years and older was similar between the female respondents to the MCS-MCLCS (95%), urban female respondents to the 2004 MCS (98%), and respondents to the Montgomery County BRFSS (95%). The prevalence of ever having a Pap test among Latinas in the MCS-MCLCS is only slightly lower than the HP 2010 target of 97% for ever having a Pap test (target based on women age 18 years and older). A greater difference appeared with Pap testing in the last 3 years, where 84% of Latinas reported having the test, compared to 91% of Montgomery County women in the BRFSS and 90% of urban women in the 2004 MCS. The HP 2010 target is for 90% of women age 18 and older to have had a Pap test in the last 3 years.

Of 41 women in the MCS-MCLCS (age 40 and older) who reported never having a Pap test or not having the test in the last 3 years, the most often cited reasons were lack of insurance or cost (27%) and not experiencing any problem (24%). Among women who have seen a HCP in the past year, 74% reported receiving a recommendation to have a Pap test.

Oral Cancer Screening

Only 11% of MCS-MCLCS respondents age 40 and older reported ever being screened for oral cancer (compared to 43% of urban respondents to the MCS) and only 7% said they had an oral cancer screening exam in the past year (versus 33% of urban MCS respondents). This screening rate among Latinos in Montgomery County falls far short of the HP 2010 target of 20% for having oral cancer screening in the past year. Just over one-third (39%) of MCS-MCLCS respondents reported visiting a dentist for any reason in the preceding year (Table 12-1).

Lifestyle Factors

As described in previous sections, smoking cessation, eating a healthy diet, increasing physical activity, and maintaining a healthy weight are the most effective ways of lowering the risk of developing cancer. Following is a summary of findings related to these lifestyle factors among MCS-MCLCS respondents.

Overall, 14% of MCS-MCLCS participants reported that they currently smoke cigarettes, slightly higher than the HP 2010 target of 12% (for age 18 years and older). By comparison, 7% of Montgomery County respondents to the BRFSS and 17% of urban MCS respondents are current smokers (Table 12-1). Of these smokers in the MCS-MCLCS, more than half (54%) said that in the past year, a health professional had advised them to quit smoking and 45% reported attempting to quit smoking within the past 12 months. Of smokers who attempted to quit, 23% indicated they were able to stop smoking for at least one year. By comparison, HP 2010 has set the objective of increasing the number of adult smokers who stop smoking for one day or longer to a target of 75%.

Fourteen percent (14%) of respondents to the MCS-MCLCS could be classified as high-risk drinkers, and 14% reported at least one occasion of binge drinking in the past 30 days. The proportion of MCS-MCLCS respondents engaging in binge drinking is above the HP 2010 target of 6%.

Twenty-nine percent (29%) of MCS-MCLCS respondents reported that they consume five or more servings of vegetables and fruit per day, meeting the recommendations of the National Cancer Institute and the American Cancer Society. Another important factor in reducing cancer risk is reducing the amount of saturated fats in the diet, of which red meat is a major source. Almost one-third (30%) of MCS-MCLCS participants reported eating no more than one serving of meat per week. However, more than half (59%) of MCS-MCLCS respondents reported eating two to six servings of meat a week, and 11% said they eat at least seven servings of meat a week.

In the MCS-MCLCS, fifty-one percent (51%) of all respondents reported that they engage in moderate physical activity for at least 30 minutes per day for 5-7 days per week, and 25% reported that they engage in some form of vigorous activity three or more days per week, for 20 or more minutes per occasion. Approximately 61% reported that they engage in either moderate or vigorous activity. Overall, the MCS-MCLCS sample exceeded the HP2010 target for moderate physical activity (51% vs. target of 30%), but did not attain the HP 2010 target for vigorous physical activity (25% vs. target of 30%).

Of the 447 respondents who provided height and weight information in the MCS-MCLCS, 24% had a BMI in the “healthy” range (BMI 18.5-24.9), 46% had a BMI in the “overweight” range (BMI 25.0 – 29.9), and 30% had a BMI in the “obese” range (BMI of 30.0 or higher). A higher percentage of men were overweight, but the frequency of obesity was higher among women. Obesity was also more common among respondents living in the U.S. for longer periods. The proportion of MCS-MCLCS respondents with a BMI in the obese range (30%) was comparable to that of urban respondents to the statewide MCS (29%), but two times higher than the rate of obesity among Montgomery County respondents to the BRFSS (15%; Table 12-1). The HP 2010 target is to reduce the proportion of adults who are obese to 15% or less.

Conclusions

In conclusion, the comparisons between the MCS-MCLCS, the Montgomery County BRFSS findings, and results for urban respondents to the 2004 statewide MCS (Table 12-1) indicate that the cancer screening prevalence for the Latinos surveyed in the MCS-MCLCS is

generally below that of the estimates for the entire population, age 40 years and older, of Montgomery County and urban areas of the state. The lack of health insurance or cost of the screening test as well as the lack of a doctor's recommendation were among the reasons most frequently cited by MCS-MCLCS respondents for not receiving various types of cancer screening.

In addition to the survey data obtained through the MCS-MCLCS, the process and analysis of the MCS-MCLCS make the following points:

- 1) In projects such as these, it is important to involve members of the community early in the planning stages. The contributions of LHI in planning and execution of the MCS-MCLCS were vital to the success of this effort.
- 2) Telephone surveys, such as the MCS and BRFSS, exclude people who do not have land-line telephones or who are unable to respond because they do not understand English. For these reasons, the MCS cancer screening results may not adequately characterize these groups.
- 3) Improving our knowledge about hard-to-reach segments of our population will assist local and state partners in designing targeted interventions to reduce health disparities.

The MCS-MCLCS served as a pilot test of the Spanish language survey instrument currently being used in the statewide MCS 2006. Beginning with the MCS 2006 survey, prospective participants were offered the opportunity to complete the interview entirely in Spanish. The information gathered in the MCS-MCLCS and the MCS 2006 will contribute to a better understanding of cancer risk factors and barriers to cancer screening for Latinos. This information may help reduce cancer health disparities among Latinos living in Maryland.

TABLE 12.1 COMPARISON OF SCREENING AND RISK BEHAVIOR CHARACTERISTICS MEASURED IN THE MCS-MONTGOMERY COUNTY LATINO SURVEY, MCS 2004, AND MARYLAND BRFS 2004 TO U.S. BASELINE MEASUREMENTS AND HEALTHY PEOPLE 2010 OBJECTIVES

	Montgomery County Latino Cancer Survey 2005 (unweighted)		MCS 2004, Urban data (weighted)		Maryland BRFS 2004, Montgomery County data (weighted)		US Baseline	HP 2010 Target
Selected Population Characteristic	%	95% CI	wt %	95% CI	wt %	95% CI	%	%
Demographics								
Married	54%	49-58%	65%	63-66%	75%	71-80%		
High school graduate or higher education	45%	41-49%	92%	91-93%	98%	96-100%		
Income ≥ \$35,000 (of those who reported income)	19%	16-23%	74%	72-76%	84%	79-90%		
Have health insurance	42%	37-46%	93%	91-94%	96%	94-99%		
Colorectal Cancer Screening								
Heard of sigmoidoscopy/ colonoscopy (≥ 40 years)	67%	63-71%	91%	89-92%				
Awareness of no-cost colon screening at local health department (≥ 40 years)	26%	22-29%	23%	22-25%				
Ever performed a home FOBT (≥ 50 years)	31%	25-37%	55%	53-58%	61%	54-68%		
Performed a home FOBT in the last two years (≥ 50 years)	23%	18-29%	36%	34-39%	38%	31-45%	35%	50%
Ever had a sigmoidoscopy/colonoscopy (≥ 50 years)	33%	26-39%	64%	61-66%	65%	58-72%	37%	50%
Of those who had lower GI endoscopy, most recent endoscopy was a sigmoidoscopy (≥ 50 years)	24%	13-34%	17%	14-19%				
Of those who had lower GI endoscopy, most recent endoscopy was a colonoscopy (≥ 50 years)	76%	66-87%	83%	81-86%				
Up to Date Colorectal Cancer Testing (≥ 50 years)								
Never Tested	53%	46-60%	22%	20-25%				
Tested by not up to date	11%	7-15%	10%	9-11%				
Up-to-date with only FOBT in the last year	6%	3-10%	9%	7-10%				
Up-to-date with only sigmoidoscopy in the last 5 years	4%	1-6%	5%	4-6%				
Up-to-date with FOBT in the last year and sigmoidoscopy in the last 5 years	3%	1-6%	3%	2-4%				
Up-to-date with colonoscopy in the last 10 years +/- FOBT	23%	17-28%	50%	48-53%				
Prostate Cancer Screening (all men ≥ 50 years and African American men ≥ 45 years)								
Ever had a PSA test among the PSA eligible group	34%	24-44%	77%	73-80%	79%	71-88%		
Had a PSA test in the last year in PSA eligible group	21%	13-30%	60%	56-64%	56%	46-66%		
Ever had a DRE among the PSA eligible group	59%	48-69%	85%	82-88%	92%	87-97%		
Had a DRE in the last year among PSA eligible group	29%	20-39%	57%	54-61%	67%	58-76%		
Had both a PSA and DRE in the last year	18%	10-26%	46%	42-50%				
Breast and Cervical Cancer Screening (women ≥ 40 years)								
Health care provider recommended a mammogram in the last year	75%	70-80%	84%	82-86%				
Health care provider recommended a Pap test in the last year, among women who have not had a hysterectomy	74%	69-80%	78%	75-80%				
Ever had a mammogram	69%	64-74%	93%	91-94%	92%	87-96%		
Had a mammogram in the last 2 years	56%	50-62%	83%	81-85%	81%	76-86%	67%	70%
Ever had a clinical breast exam	84%	79-88%	96%	94-96%				
Ever had a Pap test, among women who have not had a hysterectomy	95%	92-96%	98%	97-99%	95%	92-99%	92%^	97%^
Had a Pap test in the last 3 years, among women who have not had a hysterectomy	84%	79-88%	90%	89-92%	91%	87-96%	79%^	90%^

* BMI ≤ 24.9 kg/m²

^ Women age 18 and older with intact cervix

^^ All respondents age 18 and older

~ Persons age 2 years and older

^~ Persons under age 65 years

*^ Adults age 20 years and older

TABLE 12.1 COMPARISON OF SCREENING AND RISK BEHAVIOR CHARACTERISTICS MEASURED IN THE MCS-MONTGOMERY COUNTY LATINO SURVEY, MCS 2004, AND MARYLAND BRFS 2004 TO U.S. BASELINE MEASUREMENTS AND HEALTHY PEOPLE 2010 OBJECTIVES

	Montgomery County Latino Cancer Survey 2005 (unweighted)		MCS 2004, Urban data (weighted)		Maryland BRFS 2004, Montgomery County data (weighted)		US Baseline	HP 2010 Target
Selected Population Characteristic	%	95% CI	wt %	95% CI	wt %	95% CI	%	%
Oral Cancer Screening (> 40 years)								
Had a dental visit during the past year	39%	35-43%	77%	75-78%	85%	81-89%	44%~	56%~
Ever had an oral cancer exam	11%	9-14%	43%	41-45%				
Had an oral cancer exam in the last year	7%	5-9%	33%	31-35%			13%	20%
Access to Health Care (> 40 years)								
Has health insurance	42%	37-46%	93%	91-94%	96%	94-99%	83%^~	100%^~
Had no health insurance sometime in the last 12 months	18%	13-23%	5%	4-6%				
Life style Factors (> 40 years)								
Body mass index								
Healthy weight individuals BMI (18.5-24.9)	24%	20-28%	34%	32-36%	51%*	46-57%	42%^^	60%^^
Overweight individuals (BMI 25.0-29.9)	46%	41-51%	38%	36-40%	34%	29-39%		
Obese individuals (BMI ≥ 30.0)	30%	26-34%	29%	27-31%	15%	10-19%	23%^^	15%^^
Current smoking status								
Never smokers	72%	68-76%	51%	49-53%	66%	60-71%		
Former smokers	14%	11-17%	32%	30-34%	28%	23-33%		
Current smokers	14%	11-17%	17%	16-19%	7%	4-9%	24%*^	12%*^

* BMI ≤ 24.9 kg/m²

^ Women age 18 and older with intact cervix

^^ All respondents age 18 and older

~ Persons age 2 years and older

^~ Persons under age 65 years

*^ Adults age 20 years and older

TABLE 12-2. ACCESS TO HEALTH CARE AND PREVALENCE OF CANCER SCREENING

	Ever had FOBT ~					Ever had sigmoidoscopy or colonoscopy ~					Ever had Prostate Specific Antigen Test ~				
Selected characteristic	N	n	%	95%CI	Stat Sig	N	n	%	95%CI	Stat Sig	N	n	%	95%CI	Stat Sig
Do you have health insurance?															
Yes	92	43	47%	36-57%		91	47	52%	41-62%		44	20	45%	30-60%	
No	126	24	19%	12-26%		127	24	19%	12-26%		46	11	24%	11-36%	
Do you have one person (or more than one person) you think of as your personal doctor or health care provider?															
Yes	128	46	36%	28-44%		127	58	46%	37-54%		48	19	40%	25-54%	
No	89	21	24%	15-32%		90	12	13%	6-20%		42	12	29%	15-42%	
How long has it been since you last visited a doctor for a routine checkup?															
Within the past 2 years (less than 2 years)	164	60	37%	29-44%		164	67	41%	33-48%		64	29	45%	33-58%	
2 years or more	54	7	13%	4-22%		54	4	7%	0-14%		26	2	8%	0-18%	

~ Age ≥ 50 years

~~ Age ≥ 40 years

#~ Women > 40 years with an intact uterus

** p-value ≤ 0.05

* p-value > 0.05 - 0.1

^ p-value > 0.1

Maryland Cancer Survey
Montgomery County Latino Survey, 2005

TABLE 12-2. ACCESS TO HEALTH CARE AND PREVALENCE OF CANCER SCREENING

	Ever had a mammogram ~~					Ever had a Pap smear #~					Ever had oral cancer screening ~~				
Selected characteristic	N	n	%	95%CI	Stat Sig	N	n	%	95%CI	Stat Sig	N	n	%	95%CI	Stat Sig
Do you have health insurance?	**					^					**				
Yes	111	95	86%	86%	79-92%	93	90	97%	93-100%		208	34	16%	11-21%	
No	183	108	59%	59%	52-66%	158	148	94%	90-97%		291	23	8%	5-11%	
Do you have one person (or more than one person) you think of as your personal doctor or health care provider?	**					^					**				
Yes	163	132	81%	75-87%		132	127	96%	93-99%		249	43	17%	13-22%	
No	131	71	54%	46-63%		119	111	93%	89-98%		248	14	6%	3-9%	
How long has it been since you last visited a doctor for a routine checkup?	**					**					**				
Within the past 2 years (less than 2 years)	238	177	74%	69-80%		202	195	97%	94-99%		375	52	14%	10-17%	
2 years or more	56	26	46%	33-60%		49	43	88%	79-97%		124	5	4%	1-8%	

~ Age ≥ 50 years

~~ Age ≥ 40 years

#~ Women > 40 years with
an intact uterus

** p-value ≤ 0.05

* p-value > 0.05 - 0.1

^ p-value > 0.1

Maryland Cancer Survey
Montgomery County Latino Survey, 2005

TABLE 12-3. ACCESS TO HEALTH CARE AND PREVALENCE OF UP-TO-DATE CANCER SCREENING ACCORDING TO HEALTHY PEOPLE 2010 OBJECTIVES OR AMERICAN CANCER SOCIETY GUIDELINES

	#Had FOBT in the last two years ~					## Had Prostatic Specific Antigen Test in the last year ~					##Had a Digital Rectal Exam in the last year ~				
Selected characteristic	N	n	%	95%CI	Stat Sig	N	n	%	95%CI	Stat Sig	N	n	%	95%CI	Stat Sig
Do you have health insurance?					**					*					**
Yes	92	39	42%	32-53%		44	13	30%	16-43%		45	19	42%	28-57%	
No	126	12	10%	4-15%		46	6	13%	3-23%		47	8	17%	6-28%	
Do you have one person (or more than one person) you think of as your personal doctor or health care provider?					**					^					**
Yes	128	39	30%	22-39%		48	13	27%	14-40%		49	20	41%	27-55%	
No	89	12	13%	6-21%		42	6	14%	3-25%		42	7	17%	5-28%	
How long has it been since you last visited a doctor for a routine checkup?					**					**					**
Within the past 2 years (less than 2 years)	164	50	30%	23-38%		64	19	30%	18-41%		66	25	38%	26-50%	
2 years or more	54	1	2%	0-5%		26	0	0%			26	2	8%	0-18%	

HP 2010 objectives

American Cancer Society recommendation

~ Age ≥50 years

~~ Age ≥40 years

#~ Women ≥40 years with an intact uterus

** p-value ≤ 0.05

* p-value > 0.05 - 0.1

^ p-value > 0.1

TABLE 12-3. ACCESS TO HEALTH CARE AND PREVALENCE OF UP-TO-DATE CANCER SCREENING ACCORDING TO HEALTHY PEOPLE 2010 OBJECTIVES OR AMERICAN CANCER SOCIETY GUIDELINES

	#Had a mammogram in the last two years ~~					#Had a pap smear within the past three years #~					#Had oral cancer screening in the past year ~~				
Selected characteristic	N	n	%	95%CI	Stat Sig	N	n	%	95%CI	Stat Sig	N	n	%	95%CI	Stat Sig
Do you have health insurance?															
Yes	111	85	77%	69-85%	**	93	82	88%	82-95%	^	208	23	11%	7-15%	**
No	183	80	44%	36-51%		158	128	81%	75-87%		291	13	4%	2-7%	
Do you have one person (or more than one person) you think of as your personal doctor or health care provider?															
Yes	163	115	71%	64-78%	**	132	114	86%	80-92%	^	249	27	11%	7-15%	**
No	131	50	38%	30-47%		119	96	81%	74-88%		248	9	4%	1-6%	
How long has it been since you last visited a doctor for a routine checkup?															
Within the past 2 years (less than 2 years)	238	150	63%	57-69%	**	202	184	91%	87-95%	**	375	34	9%	6-12%	**
2 years or more	56	15	27%	15-38%		49	26	53%	39-67%		124	2	2%	0-4%	

HP 2010 objectives

American Cancer Society recom

~ Age ≥50 years

~~ Age ≥40 years

#~ Women ≥40 years with an intact uterus

** p-value ≤ 0.05

* p-value > 0.05 - 0.1

^ p-value > 0.1

Appendix

SURVEY QUESTIONNAIRE



44676

**MONTGOMERY COUNTY SURVEY
40 AND OLDER**Household PID Date of Interview / / Interviewer ID

I'd like to start with a question about your general health.

SECTION 1: HEALTH STATUS

1.1 Would you say your general health is: (SHOW CARD # 1)

Excellent ☐Very Good ☐Good ☐Fair ☐Poor ☐REFUSED ☐DON'T KNOW ☐**SECTION 2: HEALTH CARE ACCESS**

Now I'll ask you some questions about how you get your health care.

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

YES ☐NO ☐REFUSED ☐DON'T KNOW ☐

SKIP TO 2.3

2.2 During the past 12 months, was there any time that you did not have any health insurance or coverage?

YES ☐NO ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

SKIP TO 2.4

2.3 About how long has it been since you had health insurance or coverage? (FOR PEOPLE WITH NO HEALTH INSURANCE)

Within the past 6 months (ANYTIME <6 MONTHS AGO) ☐Within the past year (\geq 6 MONTHS BUT <12 MONTHS AGO) ☐Within the past 2 years (\geq 1 YEAR BUT <2 YEARS) ☐Within the past 5 years (\geq 2 YEARS BUT <5 YEARS) ☐5 or more years ago ☐Never had insurance or coverage ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐



44676

**MONTGOMERY COUNTY SURVEY
40 AND OLDER**

Household

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PID

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2.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, condition, or accident.

Within the past year (ANYTIME<THAN 12 MONTHS AGO) ☐Within the past 2 years (\geq 1 YEAR <2 YEARS) ☐Within the past 5 years(\geq 2 YEARS BUT< 5 YEARS) ☐5 or more years ago ☐Never visited the doctor for a routine checkup ☐REFUSED ☐DON'T KNOW ☐

2.5 Do you have one person you think of as your personal doctor or health care provider?

(IF "NO" ASK " Is there more than one or is there no person who you think of?")

YES only one ☐More than one ☐NO ☐REFUSED ☐DON'T KNOW ☐

2.6 When you are sick or need advice about your health, which one of the following places do you usually go? (SHOW CARD # 2)

Would you say: **(PLEASE READ CHOICES)**

1. A doctor's office ☐2. A public health clinic or community health center ☐3. A hospital outpatient department ☐4. A hospital emergency room ☐5. Urgent care center ☐6. Mobile van ☐7. Self-medicate, family, friends ☐8. Home remedy, traditional or herbal medicine ☐9. Some other kind of place (Specify) ☐10. No usual place/Does not go ☐

OTHER SPECIFY

--

DO NOT READREFUSED ☐DON'T KNOW ☐



44676

MONTGOMERY COUNTY SURVEY 40 AND OLDER

Household

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PID

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2.7 Was there a time in the past 12 months when you needed medical care, but could not get it?

YES ☐

GO TO 2.8

SKIP TO 2.9

NO ☐REFUSED ☐DON'T KNOW ☐

2.8 What is the **main** reason you did not get medical care?
(IF MORE THAN ONE REASON ASK ABOUT THE MOST RECENT EXPERIENCE.
PLEASE READ THE FOLLOWING:)(SHOW CARD # 3)

Would you say: 1. Cost (include no insurance) ☐2. Distance ☐3. Office wasn't open when I could get there ☐4. Too long a wait for an appointment ☐5. Too long a wait in waiting room ☐6. No child care ☐7. No elder care ☐8. No transportation ☐9. No access for people with disabilities ☐10. The medical provider didn't speak my language. ☐OTHER SPECIFY ☐

--

REFUSED ☐DON'T KNOW/NOT SURE ☐NOT APPLICABLE ☐

2.9 Which do you more often turn to for information about health?

MARK ALL THAT APPLY

Radio ☐TV ☐Newspaper ☐Magazine ☐Health Fair ☐Health care provider or clinic ☐OTHER: SPECIFY ☐

--

REFUSED ☐DON'T KNOW/NOT SURE ☐



44676

MONTGOMERY COUNTY SURVEY 40 AND OLDER

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2.10 What is your level of English proficiency?

How well can you:

Would you say,

None

A Little

Get By

Well

a. Speak English ?

☐☐☐☐

b. Read English?

☐☐☐☐

c. Write English?

☐☐☐☐

d. Understand English?

☐☐☐☐

2.11 What is your level of Spanish proficiency?

How well can you:

Would you say,

None

A Little

Get By

Well

a. Speak Spanish ?

☐☐☐☐

b. Read Spanish?

☐☐☐☐

c. Write Spanish?

☐☐☐☐

d. Understand Spanish?

☐☐☐☐

SECTION 3: CANCER SCREENING

3.1 What do you think are the main things which increase a person's chance of developing cancer?

(DO NOT READ RESPONSES. MARK ALL ITEMS LISTED BELOW THAT WERE NOTED BY THE RESPONDENT. RECORD VERBATIM ALL OTHER RESPONSES)

OLDER AGE ☐HAVING A RELATIVE WITH CANCER GENETICS, HEREDITY ☐DIET ☐ENVIRONMENTAL FACTORS, (SUCH AS AIR POLLUTION) ☐SMOKING TOBACCO (CIGARETTES OR CIGARS) ☐OBESITY OR OVERWEIGHT ☐OTHER: SPECIFY ☐
REFUSED ☐DON'T KNOW/NOT SURE ☐



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Now I would like to ask you some questions about different kinds of cancer. We'll start with colon or bowel cancer, which includes cancer of the rectum.

COLON CANCER SCREENING

3.2 Has a parent, brother, sister, or child of yours ever been diagnosed with colon cancer?(WE ARE INTERESTED IN BLOOD RELATIVES ONLY; DO NOT INCLUDE FAMILY MEMBERS RELATED ONLY THROUGH MARRIAGE SUCH AS STEPFATHER, STEPSISTER OR FAMILY MEMBERS WHO WERE ADOPTED).

YES ☐NO ☐REFUSED ☐DON'T KNOW ☐

3.3 There are several tests used to screen for colon cancer. The first one we'll talk about is the fecal occult blood test (FOBT) or blood stool test. This is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever heard of this test?

YES ☐NO ☐REFUSED ☐DON'T KNOW ☐

3.4 In the **past 12 months** has a doctor or other health professional **recommended** that you have a **home** blood stool test?

YES ☐NO ☐NO DOCTOR VISIT IN PAST TWELVE MONTHS ☐REFUSED ☐DON'T KNOW ☐

3.5 Have you ever done this test using a home kit?

YES ☐NO ☐REFUSED ☐DON'T KNOW ☐

GO TO Q 3.8



3.6 How long has it been since you did your last blood stool test using a home kit?

Within the past year (ANYTIME < 12 MONTHS AGO) ☐Within the past 2 years (\geq 1YEAR BUT < 2 YEARS) ☐Within the past 3 years (\geq 2 YEARS BUT < 3 YEARS AGO) ☐Within the past 5 years (\geq 3 YEARS BUT < 5 YEARS) ☐5 or more years ago ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐



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3.7 What was the **main** reason you did this exam? Was it...(SHOW CARD # 4 RECORD ONLY **ONE** RESPONSE)

- Part of a routine physical exam/screening test ☐
- Because of a specific problem ☐
- Follow-up test of an earlier test or screening exam ☐
- Family history ☐
- Other ☐
- REFUSED ☐
- DON'T KNOW ☐
- NOT APPLICABLE ☐

3.8 Sigmoidoscopy and colonoscopy are two other tests to screen for colon cancer. Both tests examine the bowel. A narrow, lighted tube is inserted in the rectum to look for growths in the colon. Sigmoidoscopy uses a shorter tube that just reaches the **lower** part of the colon. Colonoscopy uses a long tube and examines the **entire** colon. Before a colonoscopy is done, you are usually given a medication through a needle in your arm to make you sleepy. Have you ever heard of these exams?

- YES ☐
- NO ☐
- REFUSED ☐
- DON'T KNOW ☐

3.9 Has a doctor or other health professional ever **recommended** that you have a sigmoidoscopy or colonoscopy?

- YES ☐
- NO ☐
- REFUSED ☐
- DON'T KNOW ☐

3.10 Have you ever had a sigmoidoscopy or colonoscopy?

IF **NEVER** HAD FOBT,
SIGMOIDOSCOPY **OR**
COLONOSCOPY
(NO TO 3.5 **AND** 3.10) GO TO
Q3.14 IF HAS HAD FOBT GO
TO 3.15



- YES ☐
- NO ☐
- REFUSED ☐
- DON'T KNOW ☐



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3.11 What was the **most recent** exam called: a sigmoidoscopy or a colonoscopy or something else?

Sigmoidoscopy ☐Colonoscopy ☐Something else: SPECIFY ☐

SOMETHING ELSE: SPECIFY

--

REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

3.12 How long has it been since you had your last sigmoidoscopy or colonoscopy?

Within the past year (ANYTIME < 12 MONTHS AGO) ☐Within the past 2 years (\geq 1YEAR BUT < 2 YEARS) ☐Within the past 5 years (\geq 2 YEARS BUT <5 YEARS AGO) ☐Within the past 10 years (\geq 5 YEARS BUT <10 YEARS AGO) ☐10 or more years ago ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

3.13 What was the **main** reason you had this exam? Was it....(SHOW CARD # 4)

Part of a routine physical exam/screening test ☐Because of a specific problem ☐Follow-up test of an earlier test or screening exam ☐Family history ☐Other ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐



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ASK 3.14 ONLY IF THE RESPONDENT HAS NEVER HAD A BLOOD STOOL TEST OR SIGMOIDOSCOPY OR COLONOSCOPY (NO TO BOTH 3.5 AND 3.10).

3.14 What is the most important reason you have **never** had any of the tests we just talked about, a blood stool test, sigmoidoscopy or colonoscopy?
(SHOW CARD # 5 IF NECESSARY- RECORD **ALL** RESPONSES NOTED BY RESPONDENT).

- 1. No reason never thought about it ☐
- 2. Didn't need it/ didn't know I needed this type of test ☐
- 3. Doctor didn't order it / didn't say I needed it ☐
- 4. Haven't had any problems ☐
- 5. Put it off/ didn't get around to it ☐
- 6. Too expensive/no insurance/cost ☐
- 7. Too painful, unpleasant, embarrassing ☐
- 8. Had a barium enema ☐
- 9. Don't have a doctor ☐
- 10. Didn't want to know if I had cancer ☐
- 11. Didn't have child care or respite care if adult caregiver ☐
- 12. Too young or not old enough ☐
- 13. Other ☐

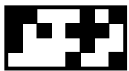
IF OTHER, SPECIFY:

--

REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

3.15 Have you seen or heard colon cancer screening being promoted on TV or radio, at a health care facility or in magazine or newspaper or some other place?

YES ☐NO ☐REFUSED ☐DON'T KNOW ☐



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3.16 Are you aware that Montgomery County has a no-cost colon cancer screening program for persons who qualify?

YES ☐NO ☐REFUSED ☐DON'T KNOW ☐

IF RESPONDENT IS FEMALE, GO TO NEXT SECTION, (Q 5.1)

SECTION 4: PROSTATE CANCER SCREENING

Now I'm going to ask you about prostate cancer screening.

4.1 Has your father, or a brother or son of yours ever been diagnosed with prostate cancer? (WE ARE INTERESTED IN BLOOD RELATIVES ONLY, DO NOT INCLUDE FAMILY MEMBERS RELATED ONLY THROUGH MARRIAGE SUCH AS STEPFATHER, STEPBROTHER OR ADOPTED BROTHERS OR SONS)

YES ☐NO ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

4.2 Has a doctor or other health care professional ever discussed prostate cancer screening with you?

YES ☐NO ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

GO TO Q 4.4



4.3 Who discussed this with you?

MARK ALL THAT APPLY

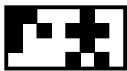
Doctor ☐Nurse ☐Health Educator ☐Health Promoter ☐Other ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

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

YES ☐NO ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

GO TO Q 4.6





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4.5 How long has it been since you had your last PSA test?

- Within the past year (ANYTIME < 12 MONTHS AGO) ☐
- Within the past 2 years (\geq 1YEAR BUT < 2 YEARS) ☐
- Within the past 3 years (\geq 2 YEARS BUT < 3 YEARS AGO) ☐
- Within the past 5 years (\geq 3 YEARS BUT < 5 YEARS) ☐
- 5 or more years ago ☐
- REFUSED ☐
- DON'T KNOW ☐
- NOT APPLICABLE ☐

**ASK 4.6 ONLY IF RESPONDENT HAS NEVER HAD A PSA TEST.
IF THE RESPONDENT HAS HAD A PSA TEST SKIP TO 4.7**

4.6 What is the most important reason you have **never** had a PSA test?

(SHOW CARD # 6 IF NECESSARY-RECORD **ALL** RESPONSES NOTED BY RESPONDENT).

1. No reason never thought about it ☐
2. Didn't need it /didn't know I needed this type of test ☐
3. Doctor didn't order it / didn't say I needed it ☐
4. Haven't had any problems ☐
5. Put it off/ didn't get around to it ☐
- 6 Too expensive/no insurance/cost ☐
7. Didn't want to know the results ☐
8. Don't have a doctor ☐
9. Too young or not old enough ☐
- 10 Other ☐

IF OTHER, SPECIFY

--

- REFUSED ☐
- DON'T KNOW ☐
- NOT APPLICABLE ☐



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4.7 A digital rectal exam is an exam in which a doctor, nurse or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

YES ☐NO ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

GO TO Q 6.1



4.8 How long has it been since your last digital rectal exam?

Within the past year (ANYTIME < 12 MONTHS AGO) ☐Within the past 2 years (\geq 1YEAR BUT < 2 YEARS) ☐Within the past 3 years (\geq 2 YEARS BUT < 3 YEARS AGO) ☐Within the past 5 years (\geq 3 YEARS BUT < 5 YEARS) ☐5 or more years ago ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

IF RESPONDENT IS MALE, GO TO NEXT SECTION (Q6.1)

SECTION 5: WOMEN'S HEALTH

Now I am going to ask you some questions about screening tests for women.

A mammogram is an x-ray of each breast to look for breast cancer.

5.1 Has your mother or a sister or daughter of yours ever been diagnosed with breast cancer?
(WE ARE INTERESTED IN BLOOD RELATIVES ONLY, DO NOT INCLUDE FAMILY MEMBERS RELATED ONLY THROUGH MARRIAGE SUCH AS STEPMOTHER, STEPSISTER OR ADOPTED SISTERS OR DAUGHTERS.)

YES ☐NO ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

5.2 In the **past year**, has a doctor or other health professional recommended breast cancer screening such as a mammogram or a breast exam?

YES ☐

ASK 5.3

NO ☐NO DOCTOR VISIT IN PAST TWELVE MONTHS ☐REFUSED ☐

GO TO 5.4

DON'T KNOW ☐NOT APPLICABLE ☐



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5.3 Who made this recommendation?

MARK ALL THAT APPLYDoctor ☐Nurse ☐Health Educator ☐Health Promoter ☐Other ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

5.4 Have you ever had a mammogram?

YES ☐NO ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

GO TO Q 5.7



5.5 How long has it been since you had your last mammogram?

Within the past year (ANYTIME < 12 MONTHS AGO) ☐Within the past 2 years (\geq 1 YEAR BUT < 2 YEARS) ☐Within the past 3 years (\geq 2 YEARS BUT < 3 YEARS AGO) ☐Within the past 5 years (\geq 3 YEARS BUT < 5 YEARS) ☐5 or more years ago ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

5.6 Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?

(SHOW CARD # 7)

ROUTINE CHECKUP ☐BREAST PROBLEM OTHER THAN CANCER ☐HAD BREAST CANCER ☐OTHER ☐

IF OTHER, SPECIFY

--

REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐



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IF RESPONDENT HAS HAD A MAMMOGRAM IN THE PAST TWO YEARS SKIP TO Q 5.8

5.7 What is the most important reason why you have **never** had /**not** had a mammogram in the past two years?

(SHOW CARD # 8 IF NECESSARY-RECORD **ALL** RESPONSES NOTED BY RESPONDENT.)

- 1. No reason never thought about it ☐
- 2. Didn't need it /didn't know I needed test ☐
- 3. Doctor didn't order it / didn't say I needed it ☐
- 4. Haven't had any problems ☐
- 5. Put it off/ didn't get around to it ☐
- 6. Too expensive/no insurance/cost ☐
- 7. Too painful, unpleasant or embarrassing ☐
- 8. Don't have a doctor ☐
- 9. Didn't want to know I had cancer ☐

Other ☐

IF OTHER, SPECIFY

--

REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

5.8 A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?

YES ☐NO ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

GO TO Q 5.11





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5.9 How long has it been since your last clinical breast exam?

Within the past year (ANYTIME < 12 MONTHS AGO) ☐Within the past 2 years (\geq 1YEAR BUT < 2 YEARS) ☐Within the past 3 years (\geq 2 YEARS BUT < 3 YEARS AGO) ☐Within the past 5 years (\geq 3 YEARS BUT < 5 YEARS) ☐5 or more years ago ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐5.10 Was your last clinical breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?
(SHOW CARD # 7 IF NECESSARY)ROUTINE CHECK UP ☐BREAST PROBLEM OTHER THAN CANCER ☐HAD BREAST CANCER ☐OTHER ☐

IF OTHER, SPECIFY

REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

5.11 A Breast Self Examination is when a woman periodically feels her own breast for abnormalities. How often do you perform a Breast Self-Examination?

Every Month ☐Occasionally ☐Never ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

5.12 A Pap smear is a routine test for cancer of the cervix in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.

Have you ever heard of this test?

YES ☐NO ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐



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5.13 In the **past year**, has a doctor or other health professional **recommended** that you have a Pap smear?

YES ☐NO ☐NO DOCTOR VISIT IN THE LAST 12 MONTHS ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

5.14 Have you ever had a Pap smear?

YES ☐NO ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

GO TO Q 5.16



5.15 How long has it been since you had your last Pap smear?

Within the past year (ANYTIME <12 MONTHS AGO) ☐Within the past 2 years(≥ 1 YEAR BUT <2 YEARS) ☐Within the past 3 years (≥ 2 YEARS BUT <3 YEARS AGO) ☐Within the past 5 years (≥ 3 YEARS BUT <5 YEARS AGO) ☐5 or more years ago ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

IF RESPONDENT HAS HAD PAP IN PAST 3 YEARS SKIP TO Q 5.17



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5.16 What is the most important reason you have **never** had a Pap smear/ **not** had a Pap smear in the last 3 years?

SHOW CARD # 9 IF NECESSARY RECORD ALL RESPONSES NOTED BY RESPONDENT

1. No reason/never thought about it ☐
2. Didn't need it /Didn't know I needed the test ☐
3. Doctor didn't order it/didn't say I needed it ☐
4. Haven't had any problems ☐
5. Put it off/didn't get around to it ☐
6. Too expensive/no insurance/cost ☐
7. Too painful, unpleasant, or embarrassing ☐
8. Had hysterectomy ☐
9. Don't have a doctor ☐
10. Didn't want to know if I had cancer ☐
- Other ☐

IF OTHER, SPECIFY

--

REFUSED ☐

DON'T KNOW ☐

NOT APPLICABLE ☐

5.17 Have you had a hysterectomy, that is an operation to remove the uterus (womb).

YES ☐

NO ☐

REFUSED ☐

DON'T KNOW ☐

NOT APPLICABLE ☐

SECTION 6: ORAL HEALTH /ORAL CANCER

Next we'll talk about your dental care and oral cancer.

6.1 How long has it been since you last visited a dentist or a dental clinic for any reason?
(INCLUDE VISITS TO DENTAL SPECIALISTS SUCH AS ORTHODONTISTS)

- Within the past year (ANYTIME TO < 12 MONTHS) ☐
- Within the past 2 years (\geq 1 YEAR BUT <2 YEARS) ☐
- Within the past 3 years(\geq 2 YEARS BUT <3 YEARS) ☐
- Within the past 5 years (\geq 3 YEARS BUT < 5 YEARS) ☐
- 5 or more years ago ☐
- Never visited a dentist or dental clinic ☐
- REFUSED ☐
- DON'T KNOW ☐
- NOT APPLICABLE ☐



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6.2 Have you ever had a test or exam for oral or mouth cancer in which the doctor or dentist pulls on your tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks?

I THINK SO ☐YES ☐NO ☐REFUSED ☐DON'T KNOW ☐

GO TO 7.1



6.3. When did you have your most recent oral or mouth cancer exam?

Within the past year (ANYTIME <12 MONTHS AGO) ☐Within the past 2 years(≥ 1 YEAR BUT <2 YEARS) ☐Within the past 3 years (≥ 2 YEARS BUT <3 YEARS AGO) ☐Within the past 5 years (≥ 3 YEARS BUT <5 YEARS AGO) ☐5 or more years ago ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

SECTION 7: DEMOGRAPHICS

7.1 What is your age?

--	--	--

CODE AGE IN YEARS

REFUSED=777

DON'T KNOW=888

7.2 Which one **or more** of the following would you say is your race? (MARK ALL THAT APPLY)

White ☐Black or African American ☐Asian ☐Native Hawaiian or Other Pacific Islander ☐American Indian/Alaskan Native ☐Other ☐

IF OTHER, SPECIFY

--

REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐



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IF MORE THAN ONE RESPONSE TO Q 7.2, ASK Q 7.3 OTHERWISE, SKIP TO Q7.47.3 Which one of these groups would you say **best** represents your race?White ☐Black or African American ☐Asian ☐Native Hawaiian/Pacific Islander ☐American Indian/Native Alaskan ☐Other ☐

IF OTHER SPECIFY

--

REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

7.4.A. In what country were you born?

(**DO NOT READ**) 1. United States ☐ (ASK 7.4 B, ALL OTHERS ASK 7.4C)2. Argentina ☐3. Bolivia ☐4. Brazil ☐5. Chile ☐6. Columbia ☐7. Costa Rica ☐8. Cuba ☐9. Dominican Republic ☐10. Ecuador ☐11. El Salvador ☐12. Guatemala ☐13. Honduras ☐14. Mexico ☐15. Nicaragua ☐16. Panama ☐17. Paraguay ☐18. Peru ☐19. Puerto Rico ☐20. Uruguay ☐21. Venezuela ☐22. Other ☐

Other, Specify

--

Refused ☐Don't know ☐



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IF BORN IN THE UNITED STATES ASK:

7.4 B. What is your family's country of origin? (INTERVIEWER PLEASE SEE LIST OF COUNTRIES ABOVE)

Code Country of Origin

REFUSED = 77

DON'T KNOW = 88

NOT APPLICABLE = 99

ASK ABOUT PARENTS AND GRANDPARENTS IF BORN IN THE U.S.

NOTE MOTHER'S COUNTRY OF ORIGIN IF MORE THAN ONE LATIN AMERICAN COUNTRY

IF NOT BORN IN UNITED STATES (A) ASK:

7.4 C When did you first arrive in the United States to live?

MONTH

YEAR

REFUSED = 77 7777

DON'T KNOW = 88 8888

NOT APPLICABLE = 99 9999

7.5. Sex (RECORD SEX OF RESPONDENT)

MALE ☐FEMALE ☐

7.6 Are you :

Married ☐Divorced ☐Widowed ☐Separated ☐Never married ☐Partner of an unmarried couple ☐REFUSED ☐7.7 How many members of your household, **including yourself**, are 18 years of age or older?NUMBER OF ADULTS

REFUSED = 777

7.8 How many children less than 18 years of age live in your household?

NUMBER OF CHILDREN

NONE = 000

REFUSED = 777

7.9 Including yourself, how many people living in your household are supported by your total household income?

NUMBER OF PEOPLE

REFUSED = 777

DON'T KNOW = 888



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7.10 What is the highest grade of school you completed?

(READ ONLY IF NECESSARY)

- Never attended school or only attended kindergarten ☐
- Grades 1 through 8 (Elementary) ☐
- Grades 9 through 11 (Some high school) ☐
- Grade 12 or GED (High school graduate) ☐
- College 1 year to 3 years (Some college or technical school) ☐
- College 4 years (College graduate) ☐
- Master's degree ☐
- Advanced professional or doctoral degree ☐
- REFUSED ☐

7.11 Are you currently:

- Employed for wages ☐
- Self-employed ☐
- Out of work for more than 1 year ☐
- Out of work for less than 1 year ☐
- A homemaker ☐
- A student ☐
- Retired or ☐
- Unable to work ☐
- REFUSED ☐

7.12 What is your annual household income from all sources:
(SHOW CARD #10)

- A. Less than \$10,000 ☐
- B. \$10,000-\$14,999 ☐
- C. \$15,000-\$19,999 ☐
- D. \$20,000-\$24,999 ☐
- E. \$25,000-\$34,999 ☐
- F. \$35,000-\$49,999 ☐
- G. \$50,000-\$74,999 ☐
- H. \$75,000 or more ☐
- REFUSED ☐
- DON'T KNOW ☐

IF ANSWER "A" OR "B" OR "DON'T KNOW" IS GIVEN, GO TO QUESTION 7.13. THE REST GO TO 7.14



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7.13 What is your weekly household income from all sources?

(SHOW CARD # 11)

A. Less than \$100 ☐B. Between \$101 and \$200 ☐C. Between \$201 and \$300 ☐D. Between \$301 and \$400 ☐E. Between \$401 and \$500 ☐F. Between \$501 and \$1000 ☐G. More than \$1000 ☐REFUSED ☐DON'T KNOW/ NOT SURE ☐NOT APPLICABLE ☐

7.14 How long have you lived at your current address?

READ ONLY IF NECESSARYLess than six months (1 to < 6 months) ☐Less than one year (6 to < 12 months) ☐Less than two years (1 to < 2 years) ☐2 or more years ☐REFUSED ☐DON'T KNOW/ NOT SURE ☐

7.15 About how much do you weigh without shoes?

REFUSED=777

DON'T KNOW=888

ROUND FRACTIONS UP

--	--	--

OR

--	--	--

POUNDS

KILOS

7.16 About how tall are you without shoes?

ROUND FRACTIONS DOWN

REFUSED=77 77

DON'T KNOW = 88 88

--	--

FEET

--	--

INCHES

OR

--	--

METERS

--	--

CENTIMETERS

7.17 Do you have a home telephone (land line phone)?

YES ☐NO ☐REFUSED ☐DON'T KNOW ☐

7.18 Do you have a cellular phone?

YES ☐NO ☐REFUSED ☐DON'T KNOW ☐

7.19 Which zipcode do you reside in?

REFUSE = 77777

DON'T KNOW / NOT SURE = 88888

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SECTION 8: EXERCISE/PHYSICAL ACTIVITY

The next series of questions are about exercise and physical activities

**IF THE RESPONDENT IS "EMPLOYED" OR "SELF EMPLOYED"
ASK Q 8.1 OTHERWISE GO TO Q 8.2**

8.1 When you are at work, which of the following best describes what you do? Would you say... (IF RESPONDENT HAS MULTIPLE JOBS, INCLUDE ALL JOBS.)

Mostly sitting or standing ☐

Mostly walking or ☐

Mostly heavy labor or physically demanding work ☐

REFUSED ☐

DON'T KNOW ☐

NOT APPLICABLE ☐

8.2 We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

Now, thinking about the moderate physical activities you do (**FILL IN** (when you are not working) **IF EMPLOYED OR SELF-EMPLOYED**) in a usual week, do you do moderate activities for 10 or more minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate?

YES ☐

NO ☐

REFUSED ☐

DON'T KNOW ☐

8.3 How many days per week do you do these moderate activities for 10 or more minutes at a time?

ONE ☐

TWO ☐

THREE ☐

FOUR ☐

FIVE ☐

SIX ☐

SEVEN ☐

DO NOT DO ANY MODERATE PHYSICAL ACTIVITY FOR 10 OR MORE MINUTES AT A TIME ☐

REFUSED ☐

DON'T KNOW ☐

NOT APPLICABLE ☐

GO TO 8.5





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8.4 On days when you do moderate activities for 10 minutes at a time, how much total time per day do you spend doing these activities?

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HOURS MINUTES

REFUSED = 77 77

DON'T KNOW = 88 88

NOT APPLICABLE = 99 99

8.5 Now, thinking about the vigorous physical activities you do (**FILL IN** (when you are not working) **IF EMPLOYED OR SELF-EMPLOYED**) in a usual week, do you do vigorous activities for 20 or more minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

YES ☐NO ☐REFUSED ☐DON'T KNOW ☐

GO TO 8.8



8.6 How many days per week do you do these vigorous activities for 20 or more minutes at a time?

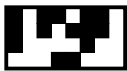
ONE ☐TWO ☐THREE ☐FOUR ☐FIVE ☐SIX ☐SEVEN ☐

DO NOT DO ANY VIGOROUS PHYSICAL ACTIVITY FOR ☐
20 OR MORE MINUTES AT A TIME

REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

GO TO 8.8





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8.7 On days when you do vigorous activities for 20 or more minutes at a time, how much total time per day do you spend doing these activities?

HOURS MINUTES

REFUSED = 77 77

DON'T KNOW = 88 88

NOT APPLICABLE = 99 99

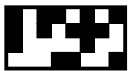
IF THE RESPONDENT DOES MODERATE PHYSICAL ACTIVITY FOR LESS THAN 5 DAYS/WEEK OR VIGOROUS PHYSICAL ACTIVITY LESS THAN 3 DAYS/WEEK ASK 8.8 FOR ALL OTHERS SKIP TO NEXT SECTION.

8.8 I'm going to read you a list of reasons people give for not being physically active. Please tell me what is the **main** thing which prevents you most from doing more physical activity than you are currently doing: (SHOW CARD # 12, CODE ONE CHOICE)

A lack of motivation ☐A lack of time ☐A physical disability or other health limitation ☐There's no place to exercise ☐The cost is too high ☐Unsafe Neighborhood ☐Other ☐

IF OTHER, SPECIFY

REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐



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SECTION 9: FRUITS AND VEGETABLES

Now I'm going to ask you some questions about the foods you eat.

How many servings of the following foods do you eat per week or per day?

(MUST CODE PER DAY OR WEEK FOR EACH ITEM. IF ANSWER IS NONE OR NEVER YOU SHOULD CODE AS 000 AND CHOOSE "PER WEEK")

- 9.1 How many servings of fruit juices such as orange, grapefruit, or tomato do you drink per week or per day?
(A serving is 3/4 cup or 6 ounces of juice.)

--	--	--

PER DAY ☐
WEEK ☐

LESS THAN ONCE PER WEEK =555
REFUSED=777
DON'T KNOW=888

- 9.2 How many servings of fruit (not including juices) do you eat per week or per day?
(A serving is one piece of fruit or a 1/2 cup of fruit)

--	--	--

PER DAY ☐
WEEK ☐

LESS THAN ONCE PER WEEK =555
REFUSED=777
DON'T KNOW=888

- 9.3 How many servings of leafy salad greens do you eat per week or per day?
(A serving is 1 cup of leafy salad greens)

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PER DAY ☐
WEEK ☐

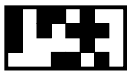
LESS THAN ONCE PER WEEK =555
REFUSED=777
DON'T KNOW=888

- 9.4 How many servings of vegetables (not including salad or potatoes) do you eat per week or per day?
(A serving is 1/2 cup of vegetables)

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PER DAY ☐
WEEK ☐

LESS THAN ONCE PER WEEK =555
REFUSED=777
DON'T KNOW=888



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9.5 Not including seafood or poultry how many servings of meat such as beef, pork, lamb or veal do you eat per day or week? Please include foods that are made with meat such as soups, stews, sandwiches, lunch meats, and casseroles. (A serving size of meat is about the size of a deck of cards.)

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PER DAY ☐WEEK ☐

LESS THAN ONCE PER WEEK =555

REFUSED=777

DON'T KNOW=888

SECTION 10: DIETARY SUPPLEMENTS

10.1 Do you currently take any vitamin pills or supplements? (Include liquid supplements)

YES ☐NO ☐REFUSED ☐DON'T KNOW ☐

GO TO Q 11.1



10.2 Are any of these a multivitamin?

YES ☐NO ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

10.3 Do any of the vitamin pills or supplements you take contain folic acid?

YES ☐NO ☐DON'T KNOW WHAT FOLIC ACID IS ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐



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SECTION 11: ALCOHOL CONSUMPTION

11.1 A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor.

During the past 30 days, how **often** have you had one or more drinks of any alcoholic beverage?

(MUST SPECIFY PER WEEK OR DAYS IN PAST 30. IF ANSWER IS **NONE** OR **NEVER** IN THE PAST 30 THEN CODE AS **000** AND **DAYS IN PAST 30**)

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DAYS PER WEEK ☐DAYS IN PAST 30 ☐

GO TO Q 12.1



NO DRINKS IN PAST 30 DAYS =000
REFUSED=777
DON'T KNOW=888

11.2 On the days when you drank, about how many drinks did you drink on the average?

--	--

NUMBER OF DRINKS

REFUSED=77

DON'T KNOW=88

NOT APPLICABLE=99

11.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?
(ENTER 00 IF NONE)

--	--

NUMBER OF TIMES

NONE=00

REFUSED=77

DON'T KNOW=88

NOT APPLICABLE=99

SECTION 12: TOBACCO USE

12.1 Have you smoked at least 100 cigarettes in your entire life?
(5 packs =100 cigarettes)

YES ☐NO ☐REFUSED ☐DON'T KNOW ☐

GO TO Q 12.7





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12.2 Do you now smoke cigarettes every day, some days, or not at all?

GO TO Q12.2a

EVERY DAY ☐SOME DAYS ☐

GO TO Q 12.6

NOT AT ALL ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

12.2a. On the average, about how many cigarettes do you now smoke per day, per week, or per month?

INTERVIEWER NOTE: 1 PACK =20 CIGARETTES. IF 76 OR MORE CIGARETTES REPORTED, ENTER 76.

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NUMBER OF CIGARETTES

per day ☐per week ☐per month ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

12.3 In the past 12 months, did a doctor, nurse, or other health professional advise you to quit smoking?

YES ☐NO ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

12.4 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

YES ☐NO ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

GO TO Q 12.7





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12.5 a. When you tried to quit smoking during the **past 12 months**, what is the longest amount of time that you were able to last without smoking a cigarette?

Less than one day ☐Less than one week ☐7-29 days (less than a month) ☐1-5 months ☐6-11 months ☐One year or more ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

12.5b During the **past 12 months**, how many times have you tried quitting? (ENTER 00 IF NONE)

--	--

Number of times

REFUSED = 77

DON'T KNOW = 88

NOT APPLICABLE = 99

12.5c. How long after waking up do you smoke your first cigarette?

1-5 minutes ☐6-15 minutes ☐16-30 minutes ☐31 minutes-1 hour ☐More than 1 hour ☐REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐

12.6 Which method did you use to stop smoking the last time you stopped?

(IF MORE THAN ONE ASK RESPONDENT TO SPECIFY **ONE** THAT WAS MOST EFFECTIVE, RECORD ONLY 1 ANSWER) SHOW CARD #13 IF NECESSARY

"Cold turkey", quit on your own without help ☐Nicotine replacement (patch, gum, inhaler, nasal spray, or lozenge.) ☐Non-nicotine medication (Zyban or Bupropion) ☐Behavioral therapy alone, no medication ☐Alternative therapy such as acupuncture, hypnosis or an herbal remedy ☐Other ☐

IF OTHER, SPECIFY

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REFUSED ☐DON'T KNOW ☐NOT APPLICABLE ☐



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12.7 Does anyone who lives here other than you smoke cigarettes in the home?

YES ☐NO ☐REFUSED ☐DON'T KNOW ☐

12.8 At work, how many hours per day are you close enough to people who smoke so that you can smell the smoke? ENTER 00 IF NONE

Number of hours

--	--

REFUSED = 77
DON'T KNOW = 88

SECTION 13: OTHER TOBACCO PRODUCTS

13.1 Do you currently use chewing tobacco or snuff every day, some days, or not at all?

EVERYDAY ☐SOME DAYS ☐NOT AT ALL ☐REFUSED ☐DON'T KNOW ☐

13.2 Do you now smoke cigars every day, some days, or not at all?

EVERYDAY ☐SOME DAYS ☐NOT AT ALL ☐REFUSED ☐DON'T KNOW ☐



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SECTION 14: FINANCIAL SUPPORT

14.1 Within the past 12 months, have you sent money back to your country of origin (on your own or through an organization)?

GO TO 14.2

YES ☐NO ☐DON'T KNOW ☐REFUSED ☐

14.2 About how much do you send per month or year?
(IF UNSURE GET BEST ESTIMATE)

\$

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Month ☐Year ☐DON'T KNOW ☐REFUSED ☐NOT APPLICABLE ☐

CLOSING STATEMENT

That completes the interview. Thanks so much for taking the time to complete this survey. Everyone's answers will be combined to give us information about the health practices of people aged 40 and older. We really appreciate you taking the time to participate in helping us to get this important information.

SECTION 15: INTERVIEWER OBSERVATIONS

15.1. LENGTH OF INTERVIEW:

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--	--

HOURS MINUTES

15.2. DATE OF INTERVIEW

--	--	--	--	--	--

MONTH/DAY/YEAR

15.3. IN GENERAL, WHAT WAS THE RESPONDENT'S ATTITUDE TOWARD THE INTERVIEW ?

FRIENDLY AND INTERESTED ☐COOPERATIVE BUT NOT PARTICULARLY INTERESTED ☐IMPATIENT AND RESTLESS ☐HOSTILE ☐