



Behaviors such as smoking, excessive alcohol consumption, poor nutrition, overweight, and physical inactivity contribute to a substantial portion of the mortality and morbidity associated with chronic disease and unintentional injury. The under-utilization of health screening services, such as mammography and serum cholesterol, also contribute to morbidity and premature death from a variety of diseases. In an effort to better measure these well-established health-related behaviors at the state level, the Centers for Disease Control and Prevention (CDC), in collaboration with U.S. states and territories, developed the Behavioral Risk Factor Surveillance System (BRFSS).

The BRFSS collects uniform, state-specific data on preventive health practices and risk behaviors that are linked to chronic diseases, injuries, and preventable infectious diseases in the adult population. Measuring the prevalence of high risk behaviors and preventive health services provides information for developing and monitoring interventions designed to reduce disease prevalence and premature death. The BRFSS represents an important step forward for the U.S. public health system in recognizing the importance of health behaviors in determining individual and population risk of major diseases, such as heart disease, stroke, cancer, and diabetes.

From 1981-1983, the CDC funded 29 states to conduct point-in-time prevalence surveys. In 1984, the CDC established the BRFSS within 14 participating states, including Utah. Through cooperative agreements between CDC and state departments of health, the BRFSS expanded to include all states, the District of Columbia, and three U.S. territories by 1994. The BRFSS is conducted as a random-digit-dial telephone survey of the non-institutionalized adult population living in households with phones. Utah's annual sample has increased from 612 respondents in 1984 to 3,650 in 2001.

Utah is divided into 12 single- or multi-county health districts. Each district has a local health department that is responsible for public health services for that district's population. Since 1995 Utah's BRFSS sample has been stratified by local health district and is large enough to obtain reasonably precise estimates by health district approximately every three years for at least some measures. The first report of the Utah BRFSS data by local health district combined data from 1995 through 1998 and was completed in December 1999.

This report is the second to look at BRFSS data by local health district in Utah and combines data from 1999 through 2001. The report is intended specifically for use by local health districts. It should be used along with other health information to provide a picture of health status and health-related behaviors in Utah's local health districts. Measures were also examined for subpopulations including sex, age group, race/ethnicity, income category, and education level. Due to the small numbers of many racial and ethnic groups in Utah, questions were analyzed by three groups only: White, non-Hispanic; Hispanic, and non-White, non-Hispanic. The non-White, non-Hispanic group includes Black or African American, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, Asian, and "Others."

Many of the BRFSS measures are related to age. Therefore, the data for this report were age adjusted to the 2000 U.S. standard population to control for differences in the measures that were due to differences in the age composition of the populations being compared. This adjustment allows for comparison of rates between local health district, state and the U.S. These comparisons are presented graphically in a map for each measure.

However, age-adjusted rates are useful for comparison purposes only, and do not reflect absolute magnitude. The actual numerical value of an age-adjusted rate is dependent on the standard population used, and therefore, has no intrinsic meaning. To convey absolute magnitude, the crude rates and estimated numbers of people affected are presented in a table along with the age-adjusted data. The crude rates are also depicted in a horizontal bar graph with lines indicating the 95 percent confidence intervals.