

Utah Behavioral Risk Factor Surveillance System Local Health District Report

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Acknowledgments

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Executive Summary

Overall, the Utah population is relatively young and healthy. Its death rate is much lower than that for the U.S. (all cause deaths), and it has especially low rates of death for lung cancer and heart disease. These low rates are at least partially attributable to Utah's healthy lifestyles, such as low smoking rates and high rates of participation in physical activity. Utah is able to assess the prevalence of behavioral and lifestyle risk factors for disease using the CDC-sponsored Behavioral Risk Factor Surveillance System (BRFSS) telephone survey. From this ongoing survey, we also know that Utahns have relatively good insurance coverage and low rates of obesity compared with other states in the U.S. There is room for improvement, however. Utahns report only average physical and mental health (# days health not good), average consumption of fruits and vegetables, and our utilization of mammography and pap smear is lower than the U.S. median.

The BRFSS produces local health district estimates every 3 years for most survey items. All BRFSS data are collected from adults, and are weighted to be representative of the adult population in the state and in each of Utah's 12 local health districts.

Bear River Health District

Compared to the rest of the state, Bear River Health District is characterized by:

- A high proportion of children (age ≤ 17) in the population (35.6%)
- A high proportion of adults categorized as "student" (9.4%)

Adult residents of Bear River Health District were less likely to smoke cigarettes than residents in the state as a whole, and less likely to binge drink. In other ways, they were similar to adults in the rest of the state. There were no lifestyle factors on which they performed more poorly than the state as a whole.

Central Utah Health District

Compared to the rest of the state, Central Health District is characterized by:

- A high proportion of older adults (age ≥ 65) in the population (12.2%)
- A low percentage of adults with college degree (16%)
- The second lowest proportion of households with income over \$35,000 (35.4%)

Adult residents of Central Utah Health District were less likely than other Utahns to binge drink. However, they were also less likely to have had regular mammograms and pap smears, get regular exercise, use a seat belt, and wear bicycle helmets (children age 5-15). They were less likely to have had health insurance or dental insurance coverage, and less likely to have had a regular dental visit. They reported their overall health status as "fair," or "poor" more often, compared with others in the state.

Davis Health District

Compared to the rest of the state, Davis Health District is characterized by:

- The highest proportion of households with incomes over \$35,000 (63.5%)
- A high proportion of adults categorized as "homemakers" (14.1%)

Adult residents of Davis Health District were less likely than other Utahns to smoke cigarettes. They were more likely to have had health care coverage and dental care coverage, and more likely to report having had a routine dental visit in the last year. They were less likely than others to report having had problems getting access to health care because of the cost. There were no lifestyle factors on which they performed more poorly than the state as a whole.

Executive Summary

Salt Lake City/County Health District

Compared to the rest of the state, Salt Lake City/County Health District is characterized by a relatively large Hispanic population (8%). In other ways it is similar to the demographic profile of the state as a whole.

Residents of Salt Lake City/County Health District were more likely than other Utahns to use bicycle helmets (children age 5-15). They were more likely than others to smoke cigarettes and binge drink. They reported a greater number of days when their mental health was not good.

Southeastern Health District

Compared to the rest of the state, Southeastern Health District is characterized by:

- The largest non-White population in the state (15.5%)
- A relatively large Hispanic population (8.5%)

Adult residents of Southeastern Health District were more likely than other Utahns to consume at least five servings of fruits and vegetables per day. However, they were less likely to have had most types of health screening on a regular basis, including mammography (women age 40+), Pap smear, blood pressure and cholesterol screening, and a routine dental visit. These residents were more likely to smoke cigarettes. They were less likely to use a seat belt while driving, or to wear a bicycle helmet (children age 5-15). They were more likely to report that they had had problems getting health care because of the cost, and were less likely to have dental care coverage. When asked about their overall health, they were more likely to report that it was “fair,” or “poor.”

Southwest Health District

Compared to the rest of the state, Southwest Health District is characterized by:

- The highest proportion of older adults (age ≥ 65) in the population (14.1%)
- The smallest Hispanic population in the state (2.4%)

Adult residents of Southwest Health District were less likely than other Utahns to have had a pap smear in the past 2 years. They were less likely to consume five fruits and vegetables a day, and more likely to be overweight, although after adjusting for age differences they were no different than the rest of the state on these measures. They were less likely to use a bicycle helmet while riding a bicycle (children age 5-15). They reported lower rates of both health and dental care coverage. When asked about their overall health, they were more likely to report that it was “fair,” or “poor,” although this difference did not hold up after age-adjusting.

Summit Health District

Compared to the rest of the state, Summit Health District is characterized by:

- A high proportion of households with incomes over \$35,000 (62.6%)
- The highest percentage adults with a college degree (46.8%)
- The second smallest proportion of non-Whites in the state (1.3%)
- A low proportion of adults categorized as "homemakers" (8.4%)

Executive Summary

Summit Health District (Cont.)

Adult residents of Summit Health District were more likely than other Utahns to have had a Pap smear in the past two years and to participate in regular physical activity. They were also less likely to be overweight or obese. They were more likely to use a bicycle helmet (children age 5-15), less likely to report their health as “fair,” or “poor,” and reported fewer days in the past month when their physical health was not good. There were three measures (seat belt use, routine dental care, and number of mental health days not good) on which their crude rates were better than the state, but their age-adjusted rates were no different from the state rates. Summit County Health District residents were less likely to report that they were trying to lose weight, and more likely to report binge drinking and chronic drinking. They were less likely to report having been told that they have high blood pressure and to have had dental health coverage than others in the state, overall.

Tooele Health District

Compared to the rest of the state, Tooele Health District is characterized by:

- The lowest percentage of adults with a college degree (15.3%)
- The lowest proportion of adults categorized as "student" (0.5%)
- The largest Hispanic population in the state (14.5%)

Adult residents of Tooele Health District were more likely than other Utahns to report having health and dental care coverage, and to receive a Pap smear in the past two years. They reported fewer days on which their health was not good, although they were the same as the rest of the state on this measure after age-adjusting. They were less likely than others in the state to get regular physical activity or consume five fruits and vegetables a day, and more likely to be overweight or obese. They were more likely to report that they smoked cigarettes, and if they did smoke, they smoked more cigarettes per day than other smokers in the state. They were less likely than other Utah smokers to have tried quitting, although this difference was not evident after adjusting for age. Tooele adults were less likely than other Utah adults to have had a routine dental visit.

Tri-County Health District

Compared to the rest of the state, Tri-County Health District is characterized by:

- A high proportion of children (age ≤ 17) in the population (35.8%)
- A low percentage of adults with a college degree (16%)
- The lowest proportion of households with income over \$35,000 (35%)

Adult residents of Tri-County Health District were less likely than other Utahns to have had mammography (women age 40+), although after age-adjusting they were no different on this measure. However, they were less likely to have had a Pap smear in the past two years, or to have had their cholesterol checked, and they were more likely to report that they had been told by a doctor that they had high cholesterol. Tri-County residents were less likely than others to consume five fruits and vegetables per day, and were more likely to smoke cigarettes. Children (age 5-15) were less likely to use a bicycle helmet while riding a bicycle. Adults in Tri-County Health District were also more likely to report that they had had problems obtaining needed health care because of the cost, less likely to have health or dental care coverage, and less likely to have had a routine dental visit in the past year.

Executive Summary

Utah County Health District

Compared to the rest of the state, Utah County Health District is characterized by:

- The highest proportion of children (age ≤ 17) in the population (35.9%)
- The second highest percentage adults with a college degree (32.2%)
- The highest proportion of adults categorized as "student" (11.2%)

Adult residents of Utah County Health District were less likely than other Utahns to smoke cigarettes. Utah County smokers were more likely to have tried to quit smoking in the past year, and adults were more likely to get some exercise, although these two differences did not hold up after age-adjusting. Utah County residents were less likely to report binge or chronic drinking. There were no lifestyle factors on which they performed more poorly than the state as a whole.

Wasatch Health District

Compared to the rest of the state, Wasatch Health District is characterized by:

- The highest proportion of adults categorized as "homemakers" (14.2%)
- A low proportion of adults categorized as "student" (1.7%)
- The smallest proportion of non-Whites in the state (1.2%)

Adult residents of Wasatch Health District were less likely than other Utahns to report that they had problems obtaining needed health care because of cost, although after age-adjusting, they were no different than others in the state on this measure. Children (age 5-15) in Wasatch Health District were less likely to wear a bicycle helmet while riding a bicycle.

Weber-Morgan Health District

Compared to the rest of the state, Weber-Morgan Health District is characterized by:

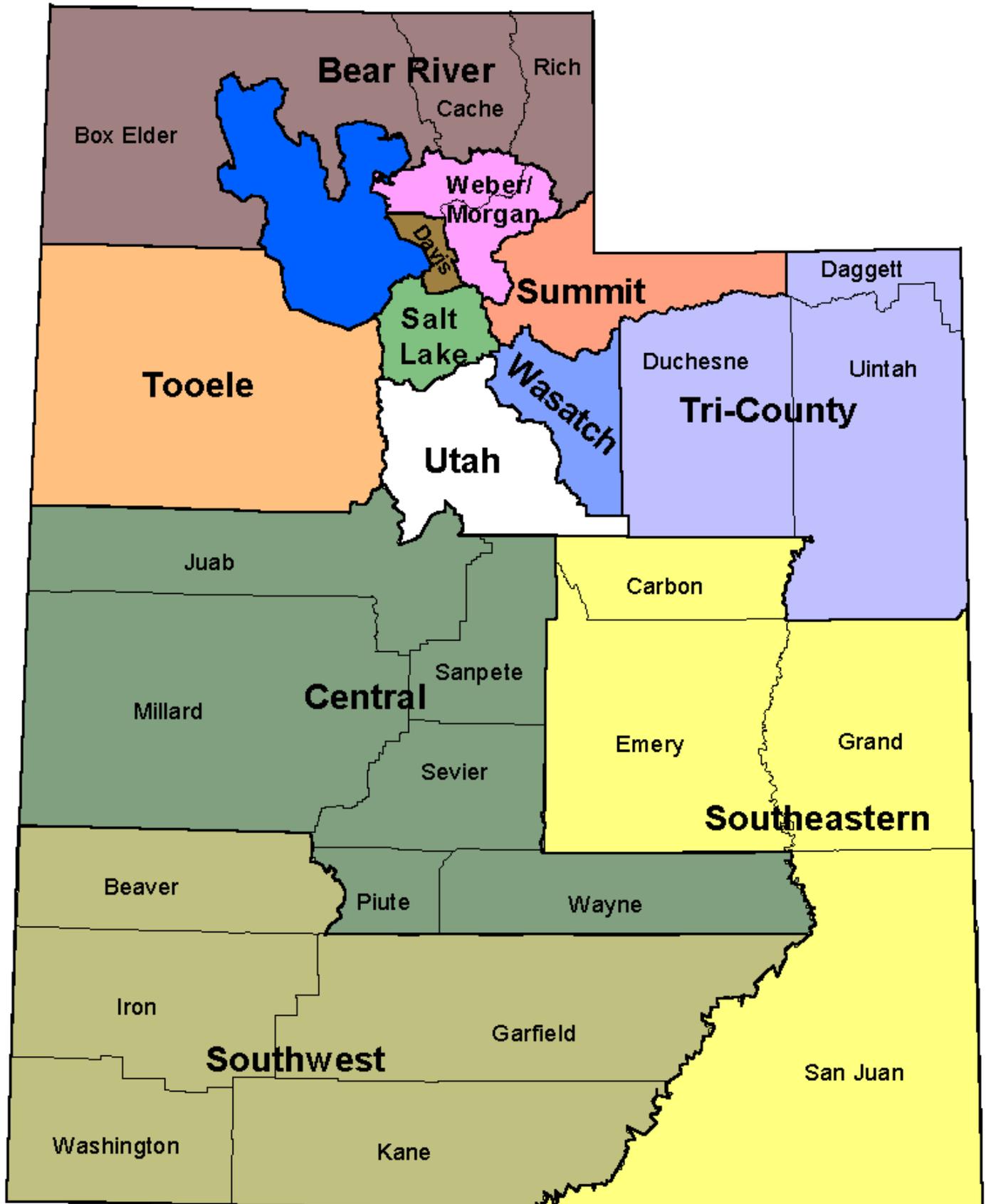
- The lowest proportion of adults categorized as "homemakers" (7.6%)
- A relatively large Hispanic population (9.1%)

Adult residents of Weber-Morgan Health District were more likely than other Utahns to report that they had been told by their doctor that they had high blood pressure, although after age-adjusting, they were no different than others in the state on this measure. These residents were more likely to report having dental health care coverage, and less likely to report that they had had problems obtaining needed health care because of the cost. They were more likely to report chronic drinking, and more likely to have been told by their doctor that they had diabetes, although this latter effect disappeared after age-adjusting.

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Utah Public Health Districts



Introduction

The Behavioral Risk Factor Surveillance System (BRFSS), an ongoing surveillance program developed and partially funded by the Centers for Disease Control and Prevention (CDC), is designed to estimate the prevalence of risk factors for the major causes of death and disability in the United States. Behavioral risk factor surveys have been conducted since the early 1980's to provide state-specific estimates of the proportion of adults aged 18 and over reporting health risk behaviors. Data from the BRFSS are useful for planning, initiating, and supporting health promotion and disease prevention programs at local, state, and federal levels, and for monitoring progress toward achieving health objectives, such as those developed by Healthy People 2000.

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.

In 1984, 12 states, including Utah, participated in the BRFSS. Since then, the program has grown to encompass 50 states and several U.S. territories. The BRFSS is conducted as a random telephone survey of the non-institutionalized adult population. Utah's sample has grown in size from 612 respondents in 1984, a sample size which provided only statewide estimates, to 2,864 respondents in 1998. This sample size is sufficient to produce estimates for Utah's twelve local health districts approximately every three years. Each state performs the survey in every month of the calendar year. After data collection is complete for the year, individual responses are weighted to be representative of the state's adult population.

The Utah BRFSS has proven to be an important tool for monitoring health behaviors of Utah adults. The BRFSS has been used to support risk reduction and disease prevention activities by directing program planning, assessing trends, and targeting relevant population groups.

Utah is divided into twelve 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. This report was intended specifically for use by local health departments and other organizations or individuals interested in assessing the health of one or more of Utah's local health districts. It should ideally be used along with other information such as prevalence, incidence and death rates to provide a picture of health status and health problems in Utah's local health districts.

Guide to Using This Document

This label describes the risk factor being addressed.

Breast Cancer Screening

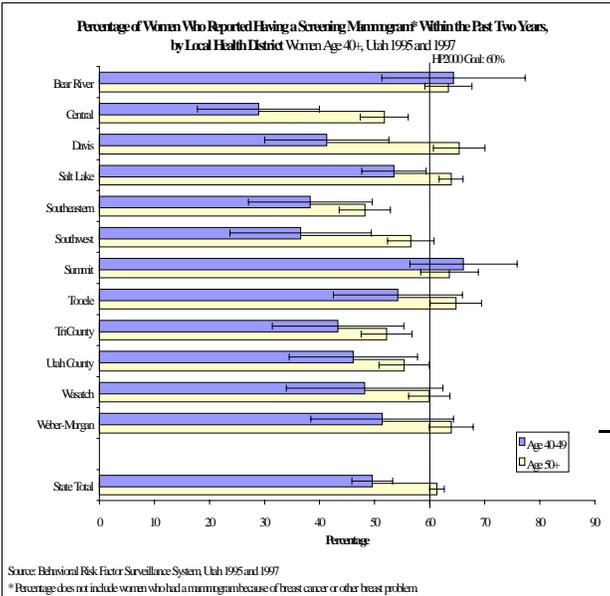
Question: Have you ever had a mammogram? How long has it been since you had your last mammogram?

Appendix B, pp. 65

Excluding cancers of the skin, breast cancer is the most common cancer among U.S. women and the second leading cause of female cancer death. Breast cancer is the leading cause of cancer death among Utah women. Clinical trials which have demonstrated a 20% to 30% reduction in mortality from breast cancer among women aged 50 and older who received periodic screening with mammography. Early detection can increase survival. An estimated one in eight women in the U.S. will develop breast cancer during her lifetime. The risk increases with age. Other risk factors include family and/or personal history of breast cancer, history of abnormal breast biopsy, and hormonal factors such as early menstruation or late age at menopause.

This text contains the question(s) asked from the BRFSS survey that gather the data used in the tables and figures. Also included is the location of the question in the appendix section.

This text defines and describes the risk factor being addressed.



UTAH OBJECTIVE: By 2000, increase the percent of Utah women 50 years of age and older who had a screening mammogram in the preceding two years to 75%.
YEAR 2000 OBJECTIVE 16.11: Increase to 60% those women aged 50 and older who have received a clinical breast examination and a mammogram within the preceding 1 to 2 years.
YEAR 2010 OBJECTIVE 17.3: Goal not yet established.

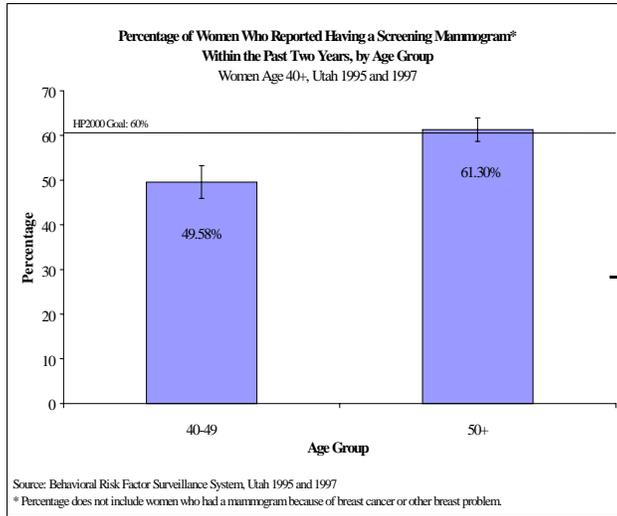
This graph shows the data broken down into local health districts as well as for the entire state. This allows for comparison between health districts and the state.

This text contains the objective for the state of Utah as listed in the 1999 Division Plan and Report for the Utah Department of Health, the Division of Community and Family Health Services. Also included are the objectives for the United States as listed in Healthy People 2000 and the draft Healthy People 2010.

Guide to Using This Document

This label describes the risk factor being addressed.

Breast Cancer Screening



This graph contains the data stratified by age and sex for the risk factor addressed.

District	Total Number Women Age 50+ in District	Number Who Had a Mammogram	Percentage Who Had a Mammogram	95% Confidence Intervals	
				Lower	Upper
Bear River	9,483	6,013	63.4%	55.0%	71.8%
Central	6,203	3,210	51.7%	43.2%	60.3%
Davis	15,640	10,221	65.3%	56.2%	74.5%
Salt Lake	66,737	42,652	63.9%	59.7%	68.1%
Southeastern	5,330	2,570	48.2%	39.2%	57.3%
Southwest	13,216	7,474	56.6%	48.3%	64.8%
Summit	1,474	937	63.6%	53.4%	73.8%
Tooele	2,830	1,833	64.8%	55.7%	73.9%
TriCounty	3,274	1,708	52.2%	43.2%	61.2%
Utah County	19,548	10,821	55.4%	46.4%	64.3%
Wasatch	1,059	634	59.9%	52.6%	67.2%
Weber-Morgan	18,159	11,611	63.9%	56.1%	71.7%
State Total	162,952	99,890	61.3%	58.7%	63.9%

This table contains the data used to create the graph for the health districts on the previous page. Also included are the confidence interval measures.

- Since many of the known risk factors for breast cancer cannot be modified by preventive behavior, early detection by mammography or clinical and self breast examination is the key to preventing deaths from breast cancer.
- According to the most recent national data, death rates have begun to fall for white women but not for African American women.

Text to further address the significance of the risk factor as well as provide information on what is being and what can be done to influence the prevalence of the risk factor.

Understanding the Data Graphs

Bar graphs were used to provide both state and health district data for each risk factor addressed. An understanding of these graphs is important to interpreting the data in this report correctly.

- A. The title refers to the risk factor.
- B. The labels on the left side of the table (i.e. state and district) refer to the geographic region of residence.
- C. The lengths of the bar in relation to the labels across the bottom of the graph indicate the prevalence of the risk factor in each district, that is the percentage of respondents who reported that risk factor.
- D. The whiskers on the bars indicate the confidence interval which can be interpreted as the range within which we can be confident the true prevalence of the risk factor falls. See Appendix A for a more detailed description of confidence intervals.
- E. The label and line on the right of the graph refer to the Healthy People 2000 objective for the risk factor.

