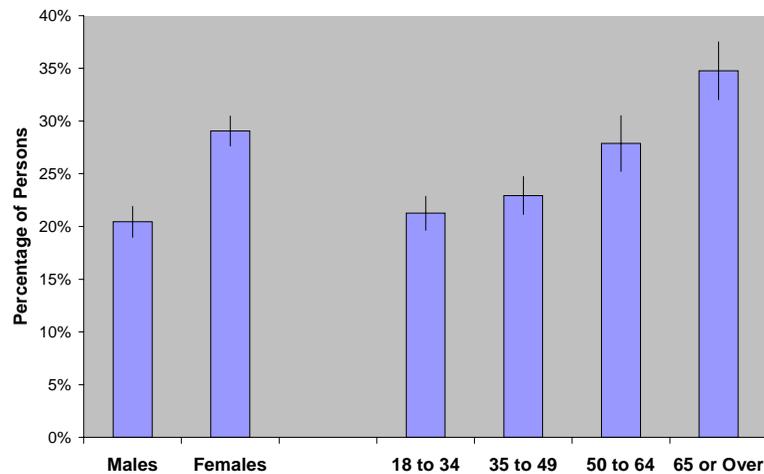


The Behavioral Risk Factor Surveillance System (BRFSS) is a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The objective of the BRFSS is to collect uniform, state-specific data on preventive health practices and risk behaviors that are linked to health outcomes in the adult population

This is Part 2 of a two-part series summarizing the findings of a new report, *Utah's Behavioral Risk Factor Surveillance System Trend Report*. Last month, Part 1 summarized how Utah compared with the U.S. and surrounding states and presented state, regional, and U.S. trends over 11 years. Part 2 compares various demographic subgroups in Utah on the 21 measures included in the report by combining data for four years from 1996-1999.

5 a Day by Sex and Age

Figure 1. Percentage of persons who reported eating five or more servings of fruits or vegetables daily by sex and by age, Utah adults, 1996-1999.



The lifestyles of Utah women were healthier than their male counterparts on seven of the 18 measures that were relevant to both sexes. Utah women were more likely to:

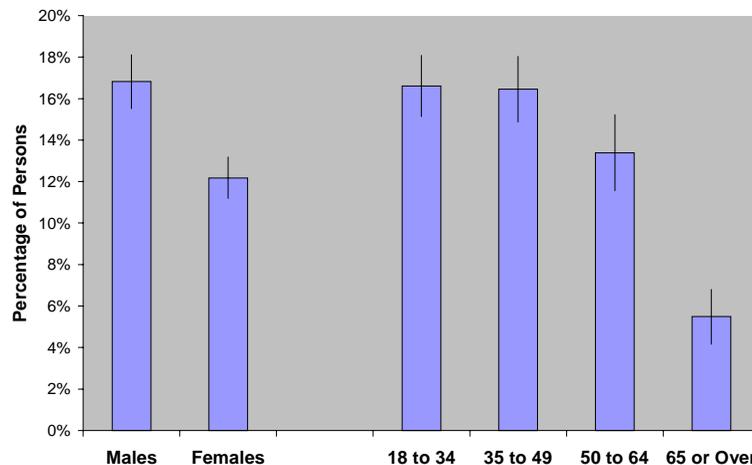
- visit the dentist in the past year
- get their blood pressure checked in the past two years
- eat five servings of fruits or vegetables daily
- use a safety belt while in a moving vehicle
- be at a healthy weight
- consume less alcohol
- not smoke cigarettes

Persons differed in their behavioral risk factors depending on their age. In general, compared to younger persons, older persons were more likely to:

- have doctor-diagnosed diabetes
- have health insurance

Cigarette Smoking by Sex and Age

Figure 2. Percentage of persons who reported current cigarette smoking by sex and by age, Utah adults, 1996-1999.

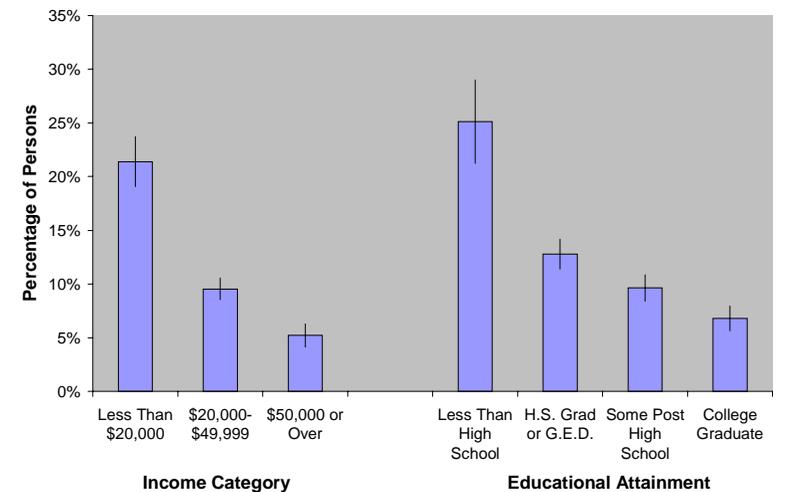


- have had screening for colorectal cancer, high blood pressure, high cholesterol, and mammography screening for breast cancer (women)
- have had a flu or pneumonia vaccination
- eat five servings of fruits or vegetables daily
- not smoke cigarettes
- not drink alcohol excessively

Comparisons on income and educational attainment showed that for almost every measure, Utahns with lower incomes and lower educational attainment had poorer health status, were less likely to get clinical preventive health screening, and had less healthy behaviors.

General Health Status by Income and Educational Attainment

Figure 4. Percentage of persons who reported fair or poor general health status by income and by education, Utah adults, 1996-1999.

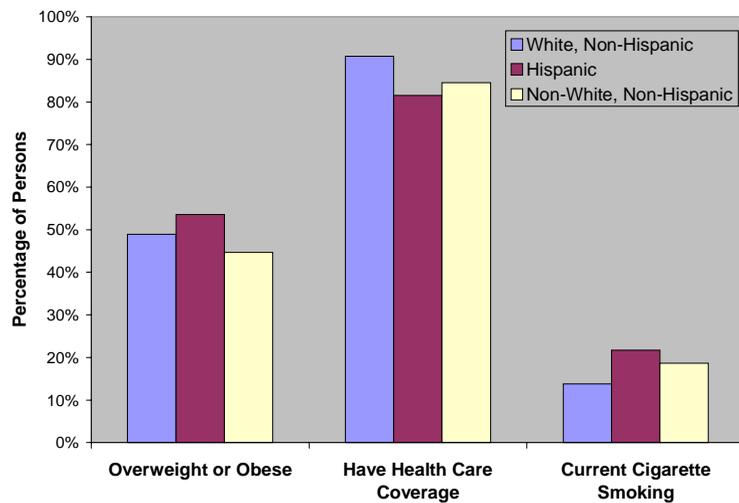


The data were analyzed for three different race and ethnic groups. Unfortunately, the BRFSS sample size was not large enough to provide thorough information for all groups. However, the survey did indicate five areas where Hispanic Utahns did not fare as well as other Utahns:

- health insurance coverage
- physical inactivity
- regular physical activity
- overweight or obese
- cigarette smoking

Overweight or Obese, Health Insurance, and Cigarette Smoking by Race/Ethnicity

Figure 3. Percentage of persons who were overweight or obese, had health care coverage, and were current cigarette smokers by race/ethnicity, Utah adults, 1996-1999.



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