

# Utah Behavioral Risk Factor Surveillance System Local Health District Report

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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  $\leq 17$ ) 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  $\geq 65$ ) 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  $\geq 65$ ) 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  $\leq 17$ ) 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  $\leq 17$ ) 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:

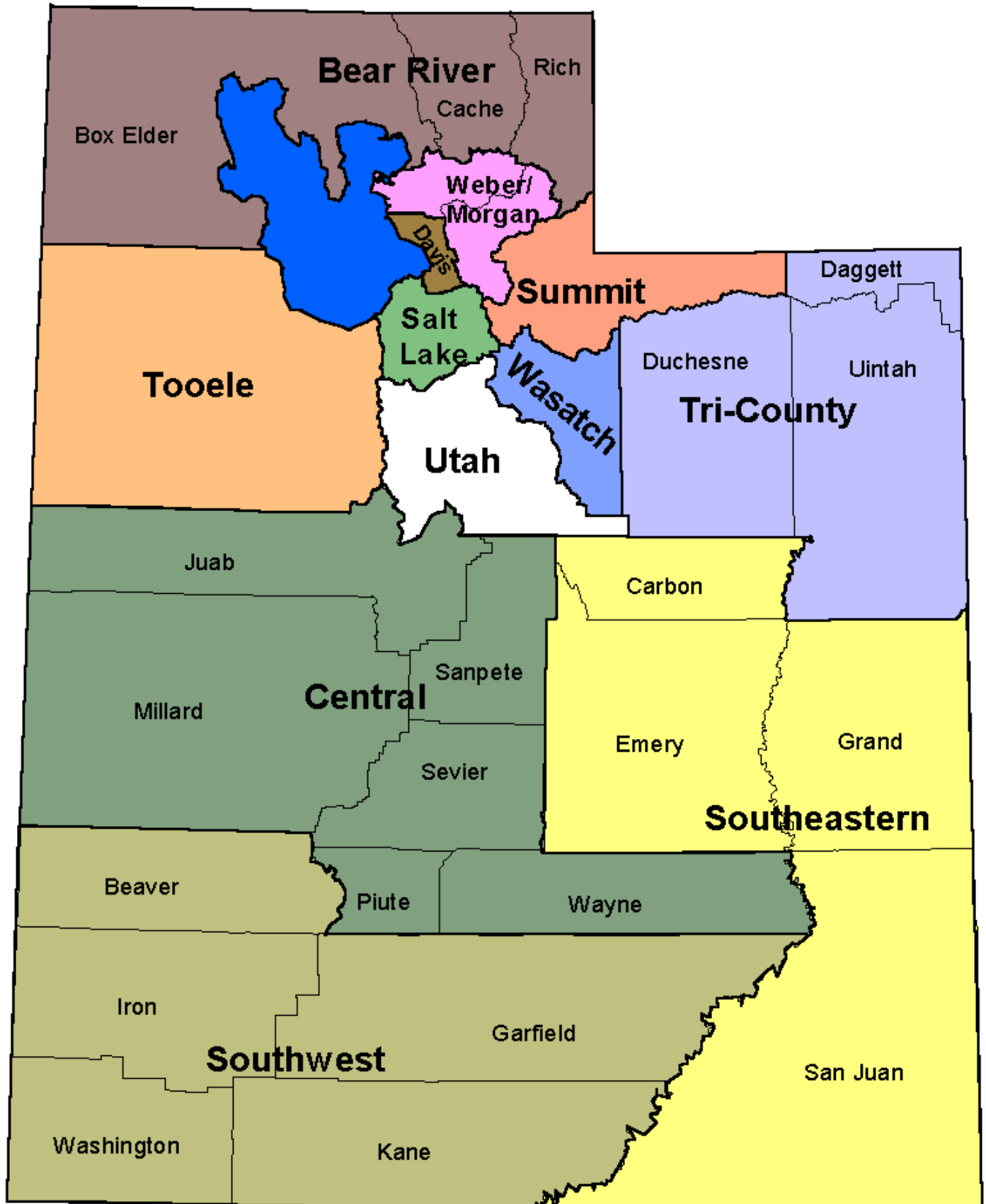
- The lowest proportion of adults categorized as "homemakers" (7.6%)
- A relatively large Hispanic population (9.1%)

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

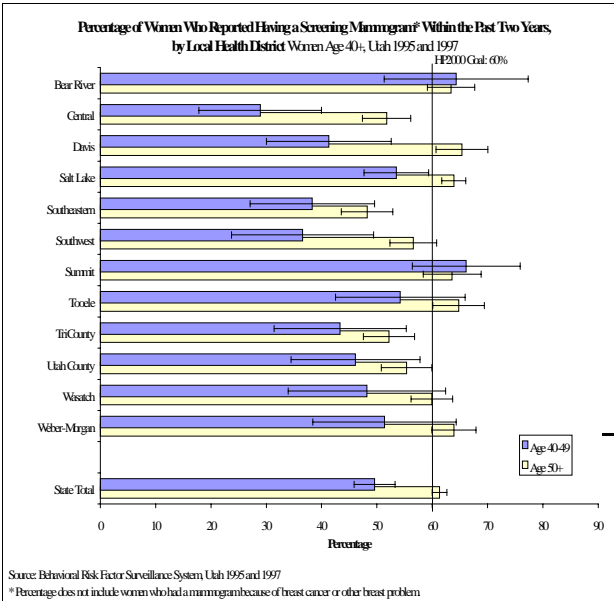
**Question:** Have you ever had a mammogram? How long has it been since you had your last mammogram?

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.

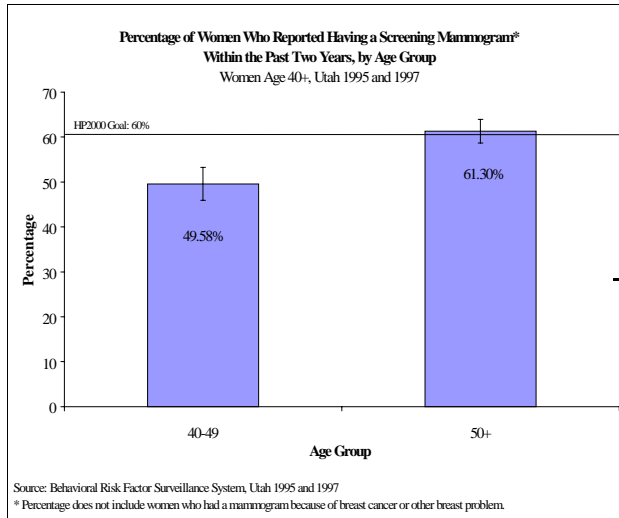
This graph shows the data broken down into local health districts as well as for the entire state. This allows for comparison between health districts and the state.

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.

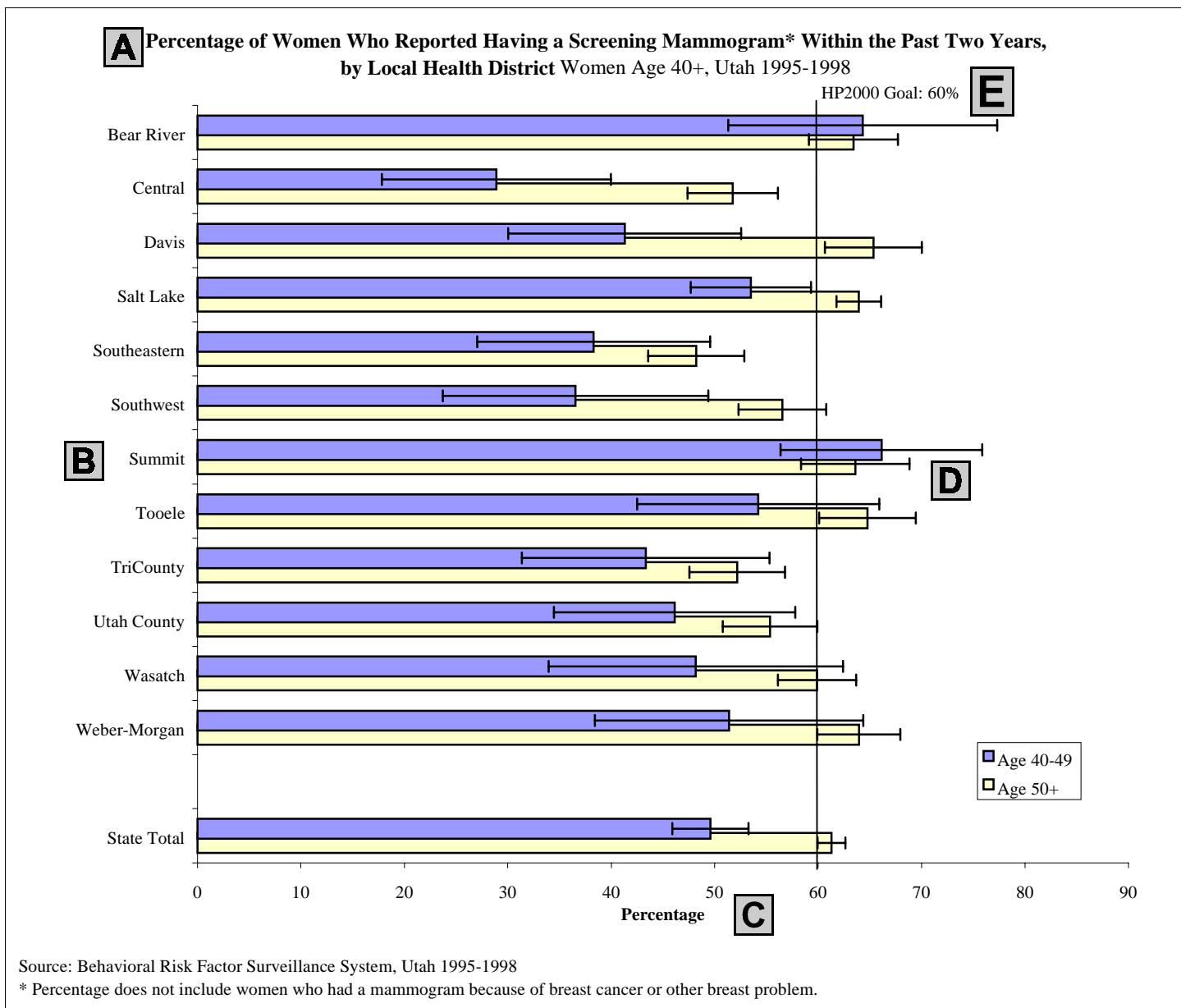
- Since many of the known risk factors for breast cancer cannot be modified by preventive behavior, early detection by mammography or clinical and self breast examination is the key to preventing deaths from breast cancer.
- According to the most recent national data, death rates have begun to fall for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



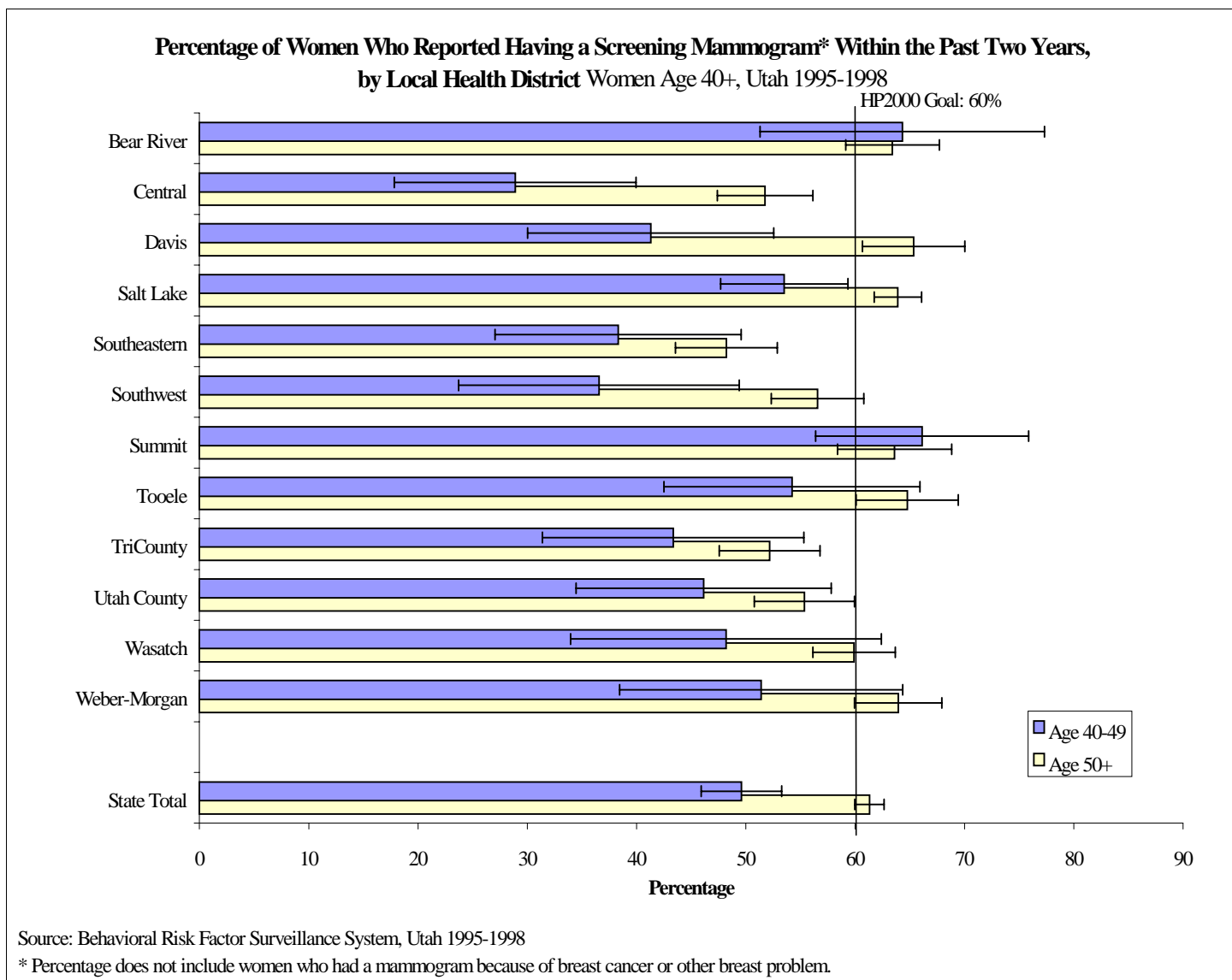
**Utah BRFSS  
Local Health District  
Findings**

# Breast Cancer Screening

**Questions:** 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 it is the leading cause of cancer death among Utah women. Early detection can increase survival. Clinical trials have demonstrated a 20% to 30% reduction in mortality from breast cancer among women aged 50 and older who received periodic screening with mammography. 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.



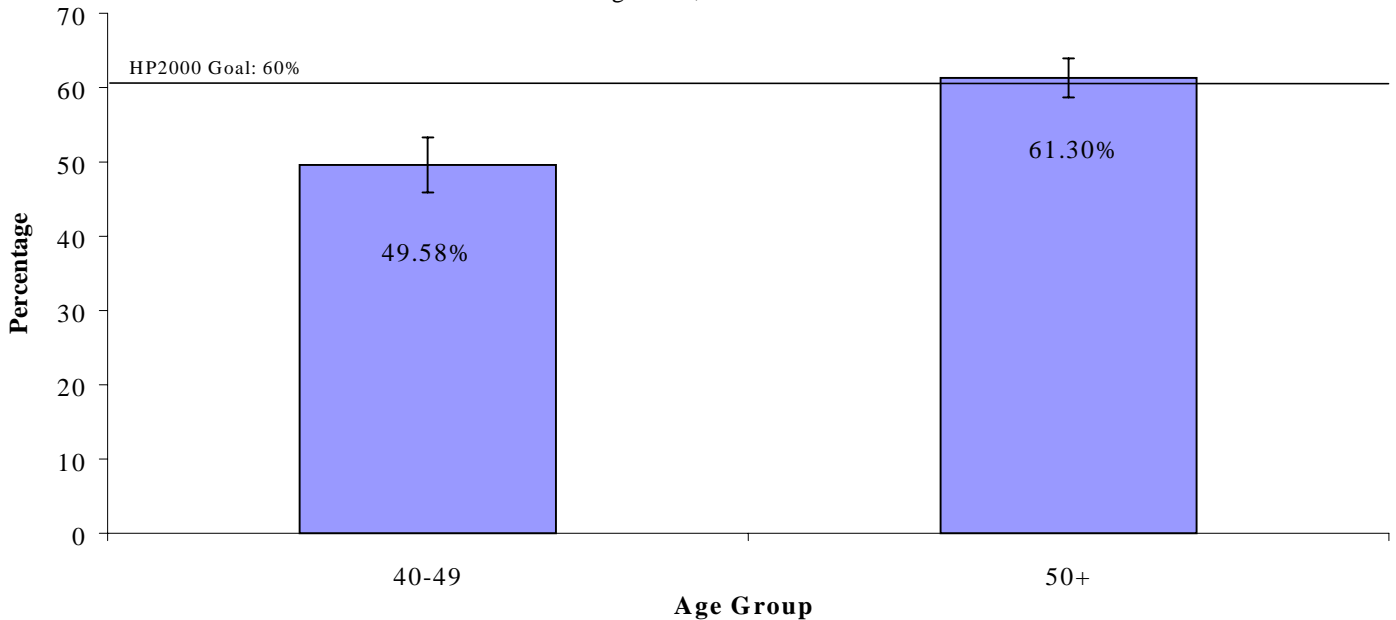
**UTAH OBJECTIVE:** By 2000, increase the percentage of Utah women 50 years of age and older who had a screening mammogram in the preceding two years to 75%.

**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.

# Breast Cancer Screening

**Percentage of Women Who Reported Having a Screening Mammogram\*  
Within the Past Two Years, by Age Group**  
Women Age 40+, Utah 1995-1998



Source: Behavioral Risk Factor Surveillance System, Utah 1995-1998

\* Percentage does not include women who had a mammogram because of breast cancer or other breast problem.

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%

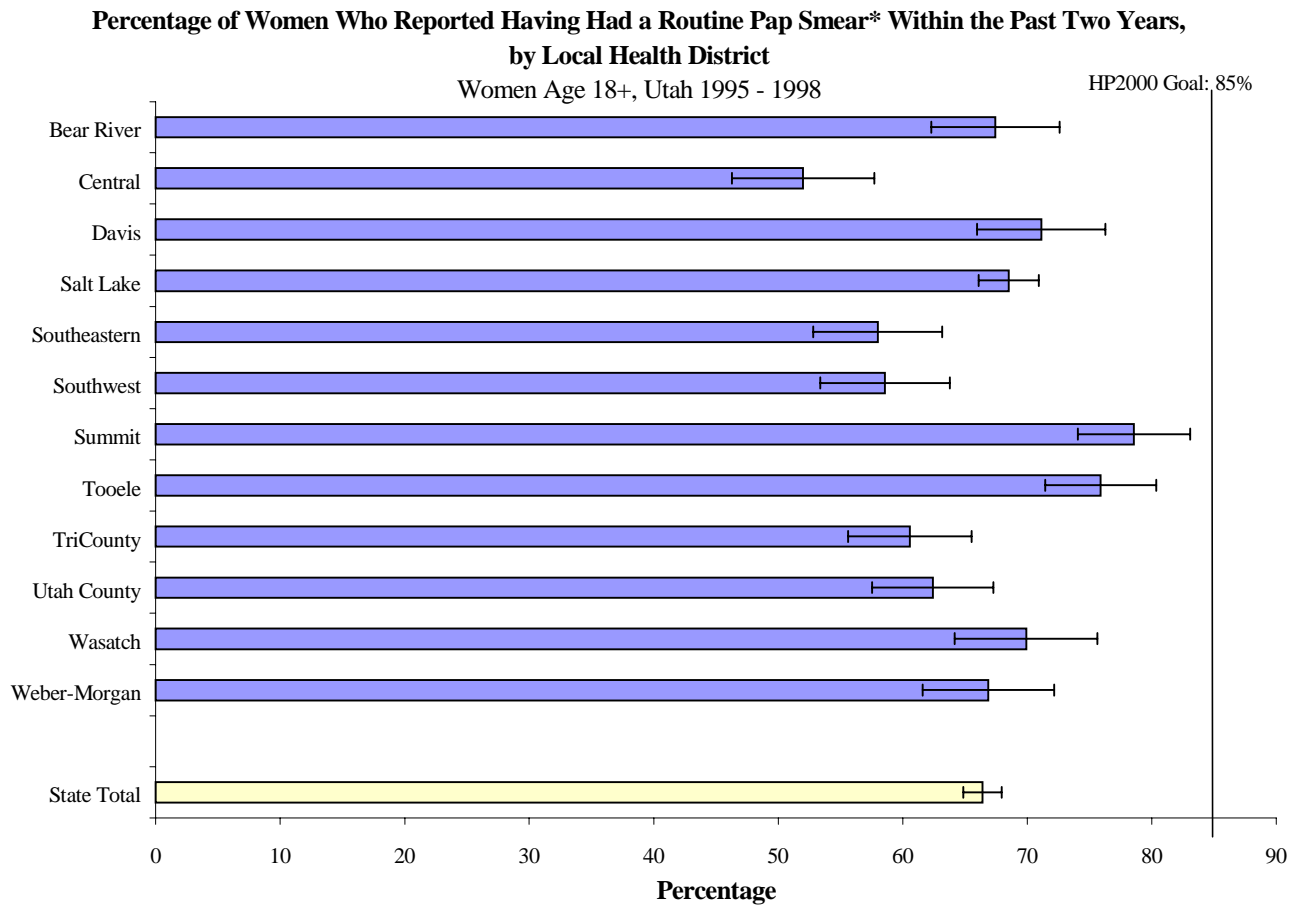
- The Utah Cancer Control Program distributes free mammography vouchers to women who receive a clinical breast exam at a program-sponsored cancer screening clinic and meet age and income guidelines.
- Between 1987 and 1997, the proportion of Utah women aged 50 and older who reported receiving a mammogram as part of a routine check-up (screening mammogram) within the past two years increased from 30.7% to 62.0%.

# Cervical Cancer Screening

## Questions: Have you ever had a Pap smear? How long has it been since your last Pap smear?

Appendix B, pp. 66

According to the Utah Cancer Registry, there were 63 new cases of invasive cervical cancer in Utah in 1997. The majority of cervical cancer deaths occur in women 65 years of age and older. All women who have been sexually active are at risk for cervical cancer. Periodic screening with the Pap smear can detect pre-cancerous cervical lesions and prevent progression to invasive cancer. Studies have shown a 20% to 60% reduction in the death rate from cervical cancer following implementation of cervical cancer screening programs using the Pap smear. A consensus recommendation that all women who are or have been sexually active, or who have reached age 18 should have annual Pap smears has been adopted by many medical organizations. Pap testing may be performed less frequently at the discretion of a woman's health care provider.



Source: Behavioral Risk Factor Surveillance System, Utah 1995-1998

\* Includes only women with intact cervixes. Does not include women who had a pap smear for a current or previous problem.

**UTAH OBJECTIVE:** By 2000, increase the percentage of Utah women 18 years of age and older who had a Pap smear in the preceding two years to 85%.

**YEAR 2000 OBJECTIVE 16.12:** Increase to at least 95% the proportion of women aged 18 and older who have ever received a Pap test and to at least 85% those who received a Pap test within the preceding 1 to 3 years.

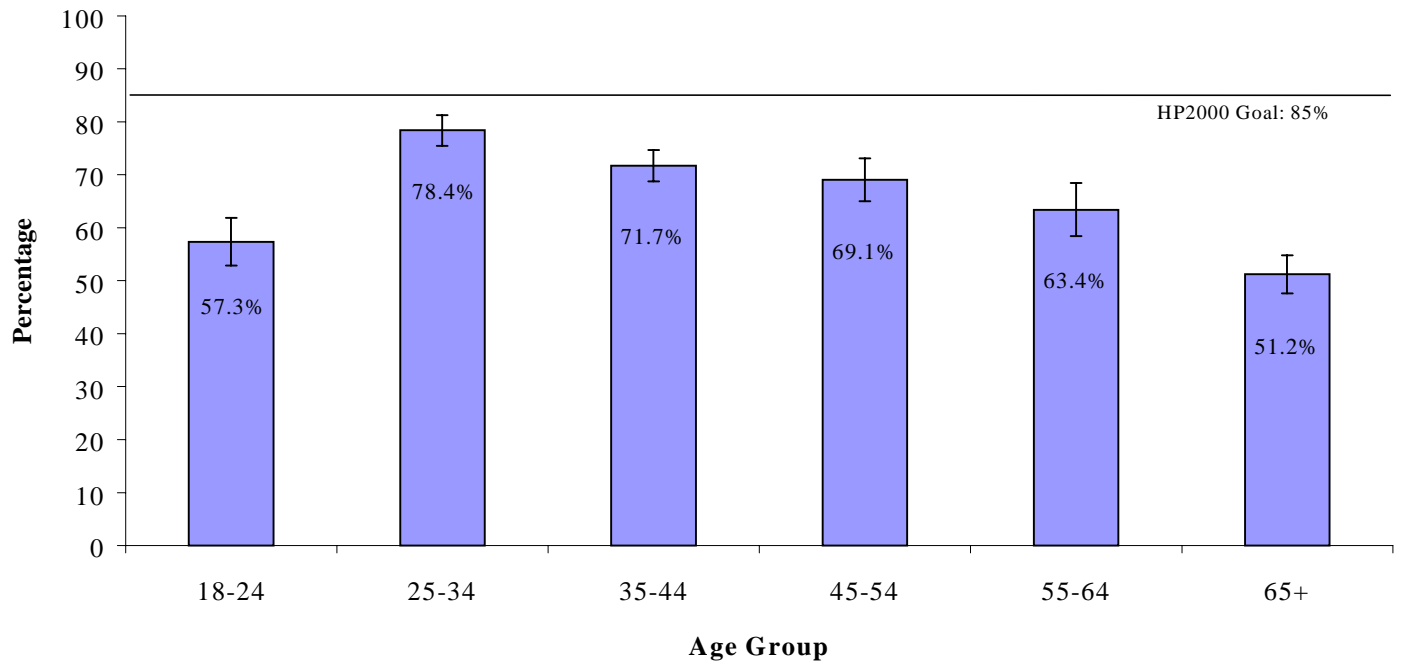
**YEAR 2010 OBJECTIVE 17.10:** Increase to at least 95% the proportion of women aged 18 and older who have ever received a Pap test and to at least 85% those who received a Pap test within the preceding 3 years.



# Cervical Cancer Screening

**Percentage of Women Who Reported Having Had a Routine Pap Smear\* Within the Past Two Years, by Age**

Women Age 18+, Utah 1995 - 1998



Source: Behavioral Risk Factor Surveillance System, Utah 1995-1998

\* Includes only women with intact cervixes. Does not include women who had a pap smear for a current or previous problem.

District	Total Number of Women 18+ in District	Number 18+ Who Had a Pap Smear	Percentage 18+ Who Had Pap Smear	95% Confidence Intervals	
				Lower	Upper
Bear River	41,026	27,667	67.4%	62.3%	72.6%
Central	21,013	10,924	52.0%	46.3%	57.7%
Davis	72,135	51,311	71.1%	66.0%	76.3%
Salt Lake	282,541	193,585	68.5%	66.1%	70.9%
Southeastern	18,896	10,957	58.0%	52.8%	63.2%
Southwest	42,370	24,817	58.6%	53.4%	63.8%
Summit	8,371	6,577	78.6%	74.1%	83.1%
Tooele	10,900	8,272	75.9%	71.5%	80.3%
TriCounty	12,810	7,760	60.6%	55.7%	65.5%
Utah County	105,911	66,106	62.4%	57.6%	67.3%
Wasatch	4,305	3,010	69.9%	64.2%	75.6%
Weber-Morgan	64,800	43,336	66.9%	61.6%	72.1%
State Total	685,078	454,922	66.4%	64.9%	67.9%

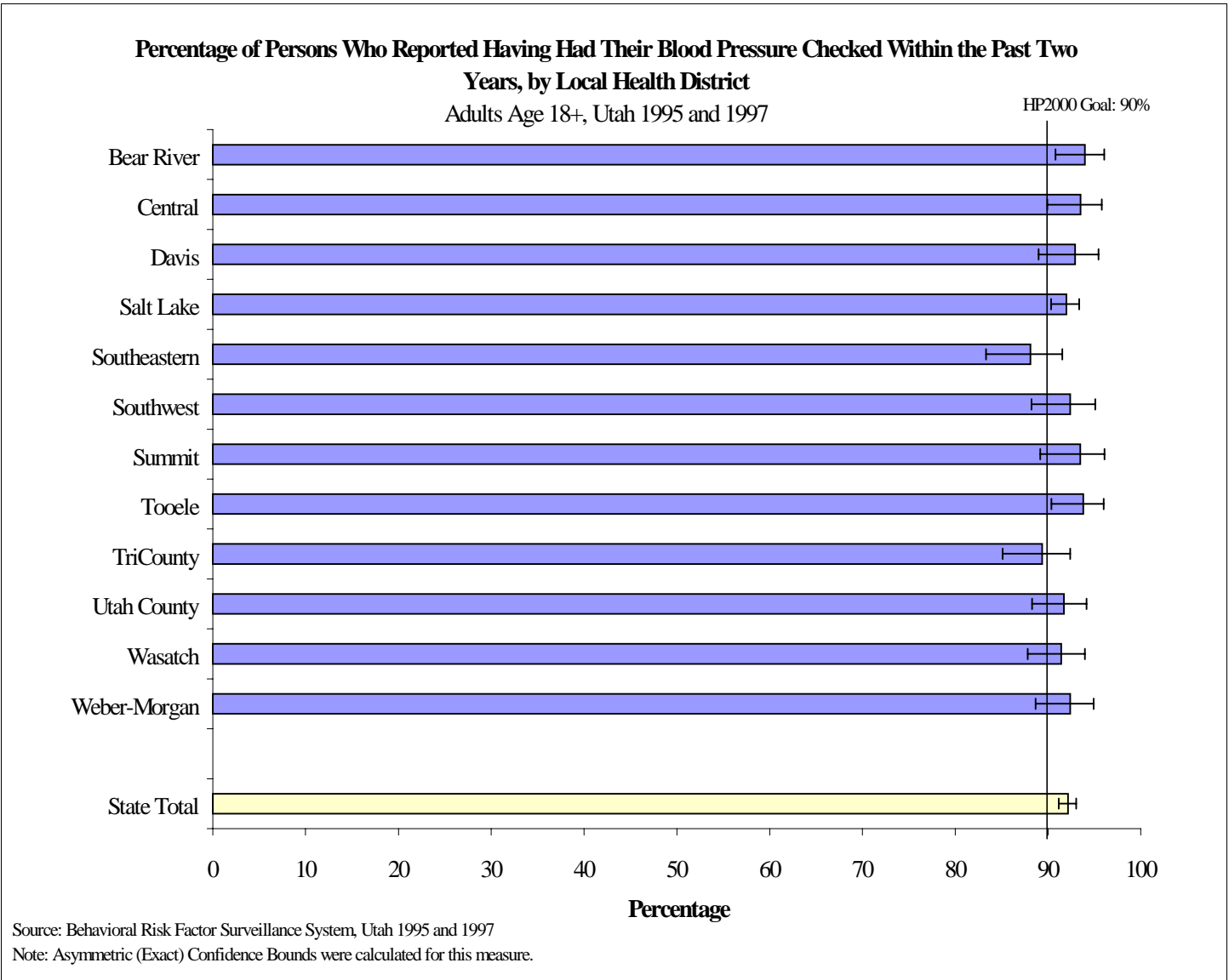
- The Utah Cancer Control Program provides free Pap smears to women at program-sponsored cancer screening clinics who meet age and income guidelines.
- While most women reported having had a Pap smear at some time in the past, a smaller percentage reported having had one within the last two years.

# Blood Pressure Screening

**Question:** How long has it been since you last had your blood pressure taken by a doctor, nurse or other health professional?

Appendix B, pp. 68

Early detection of high blood pressure can allow treatment that can prevent many of the complications of high blood pressure. Untreated high blood pressure increases the risk of stroke, heart attack, and kidney failure. High blood pressure can be controlled by weight loss, medication, exercise, quitting smoking, stress management, and lowering sodium and alcohol intake.

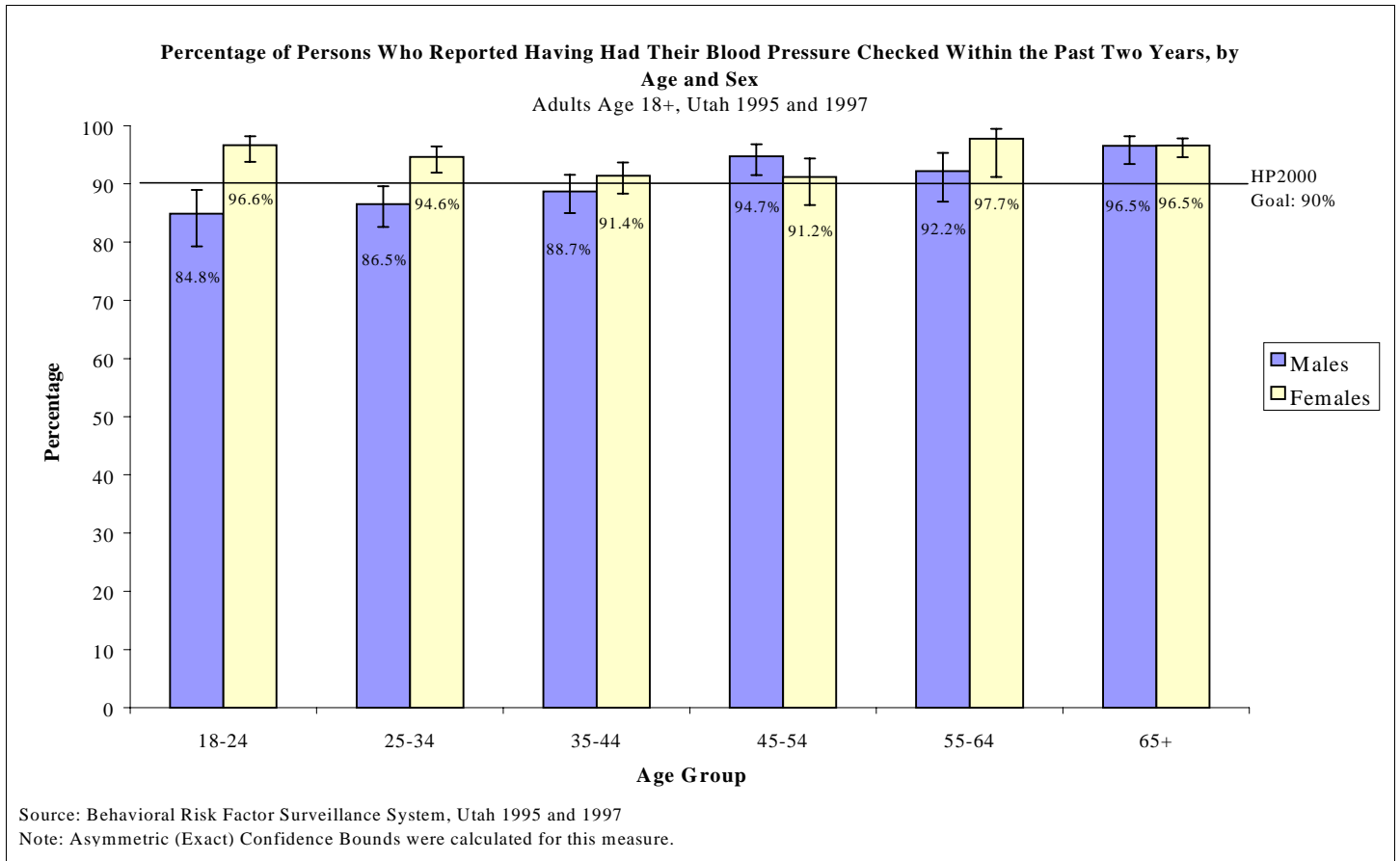


**UTAH OBJECTIVE:** By 2000, increase the percent of adults 18 years of age and older who have had their blood pressure measured within the preceding two years to 98%.

**YEAR 2000 OBJECTIVE 15.13:** Increase to at least 90% the proportion of adults who have had their blood pressure measured within the preceding two years and can state whether their blood pressure was normal or high.

**YEAR 2010 OBJECTIVE 20.9:** Increase to at least 95% the proportion of adults who have had their blood pressure measured within the preceding two years and can state whether their blood pressure was normal or high.

# Blood Pressure Screening



District	Total Number of Adults in District	Number Who Had BP Checked	Percentage Who Had BP Checked	95% Asymmetric Confidence Intervals	
				Lower	Upper
Bear River	79,823	75,013	94.0%	90.8%	96.1%
Central	40,297	37,679	93.5%	89.9%	95.8%
Davis	141,480	131,446	92.9%	89.0%	95.4%
Salt Lake	547,744	503,865	92.0%	90.3%	93.4%
Southeastern	36,191	31,890	88.1%	83.3%	91.5%
Southwest	80,057	73,962	92.4%	88.2%	95.1%
Summit	16,526	15,449	93.5%	89.2%	96.1%
Tooele	21,226	19,910	93.8%	90.4%	96.0%
TriCounty	24,712	22,082	89.4%	85.1%	92.4%
Utah County	201,995	185,287	91.7%	88.3%	94.2%
Wasatch	8,343	7,628	91.4%	87.8%	94.0%
Weber-Morgan	125,148	115,640	92.4%	88.7%	94.9%
State Total	1,323,541	1,219,857	92.2%	91.2%	93.1%

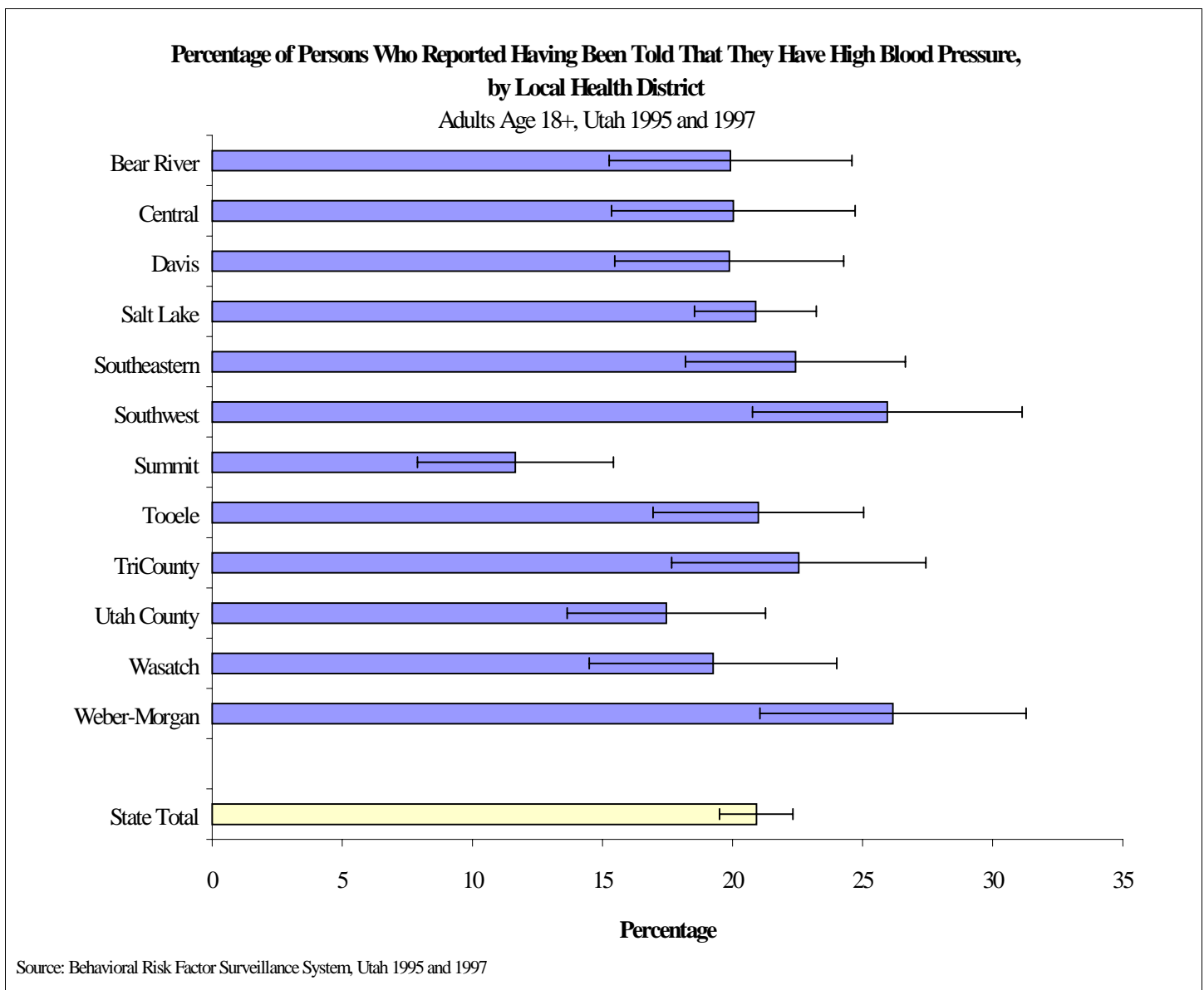
- As shown above, most men and women in Utah reported having their blood pressure checked within the past two years. Despite this fact, many of those with hypertension are currently unaware of it.

# High Blood Pressure Awareness

**Question:** Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

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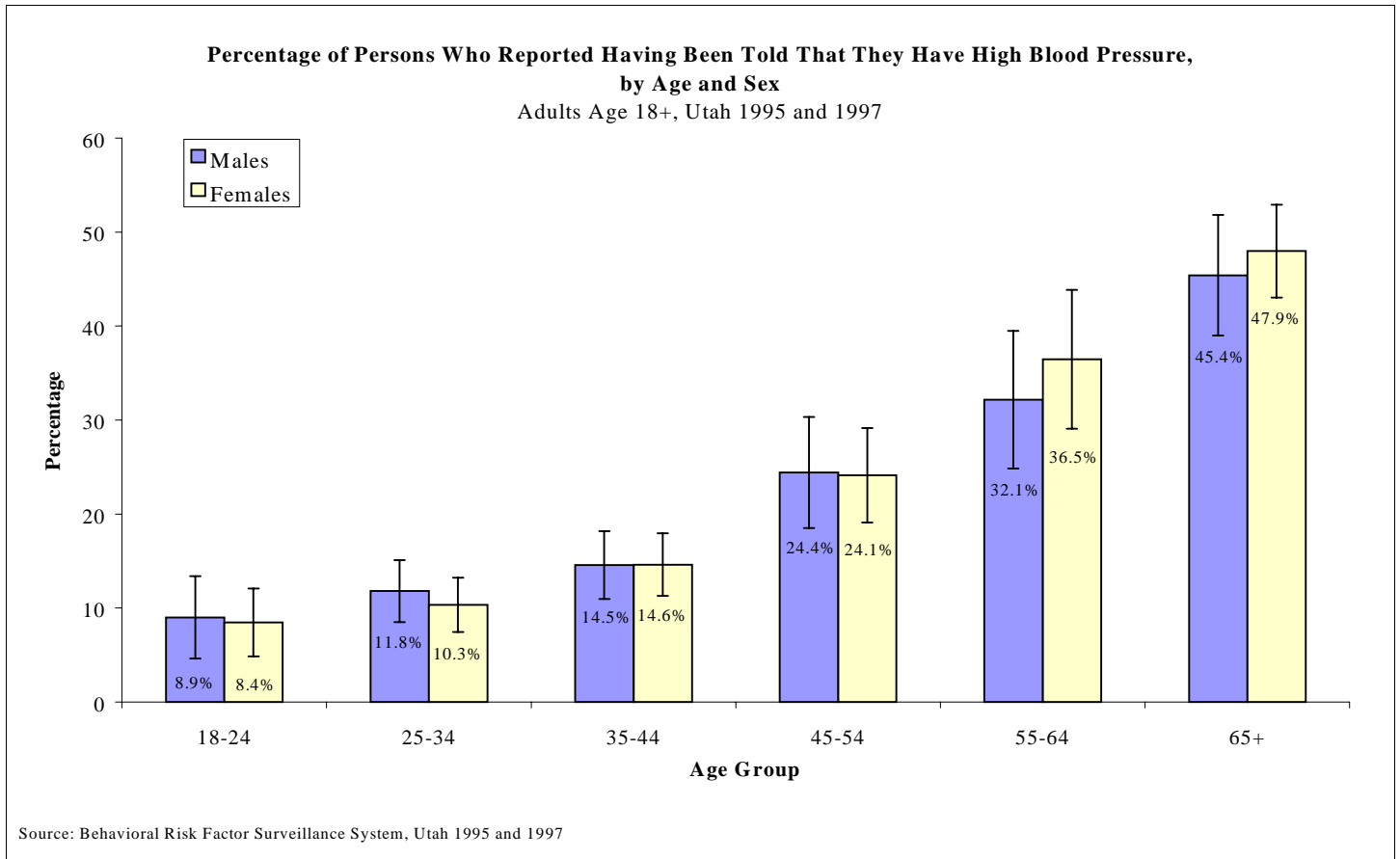
High blood pressure is a condition that can be found in all age levels, including children. Adults with a systolic blood pressure of 140 mm Hg or greater, diastolic blood pressure of 90 mm Hg or greater, or taking anti-hypertensive medication, are defined as having high blood pressure. The BRFSS defines having high blood pressure as “ever been told” by a health professional that the respondent has high blood pressure. According to data from the National Health and Nutrition Examination Survey III phase 2 (1991-1994), approximately 32.6% of Americans 18-74 years old with high blood pressure are unaware that they have it. Therefore, the prevalence of high blood pressure may be up to 7-11% higher than the percentages of those who are aware they have it.



The **Utah objective** and **Year 2000 objective** are not listed because they do not correspond to the data presented above.

**YEAR 2010 OBJECTIVE 20.6:** Reduce to 16% the proportion of adults with high blood pressure.

# High Blood Pressure Awareness



District	Total Number of Adults in District	Number Ever Told Had High BP	Percentage Ever Told Had High BP	95% Confidence Intervals	
				Lower	Upper
Bear River	79,823	15,903	19.9%	15.3%	24.6%
Central	40,297	8,070	20.0%	15.4%	24.7%
Davis	141,480	28,113	19.9%	15.5%	24.2%
Salt Lake	547,744	114,383	20.9%	18.6%	23.2%
Southeastern	36,191	8,113	22.4%	18.2%	26.6%
Southwest	80,057	20,772	25.9%	20.8%	31.1%
Summit	16,526	1,925	11.6%	7.9%	15.4%
Tooele	21,226	4,455	21.0%	17.0%	25.0%
TriCounty	24,712	5,571	22.5%	17.7%	27.4%
Utah County	201,995	35,252	17.5%	13.7%	21.2%
Wasatch	8,343	1,606	19.2%	14.5%	24.0%
Weber-Morgan	125,148	32,750	26.2%	21.1%	31.3%
State Total	1,323,541	276,821	20.9%	19.5%	22.3%

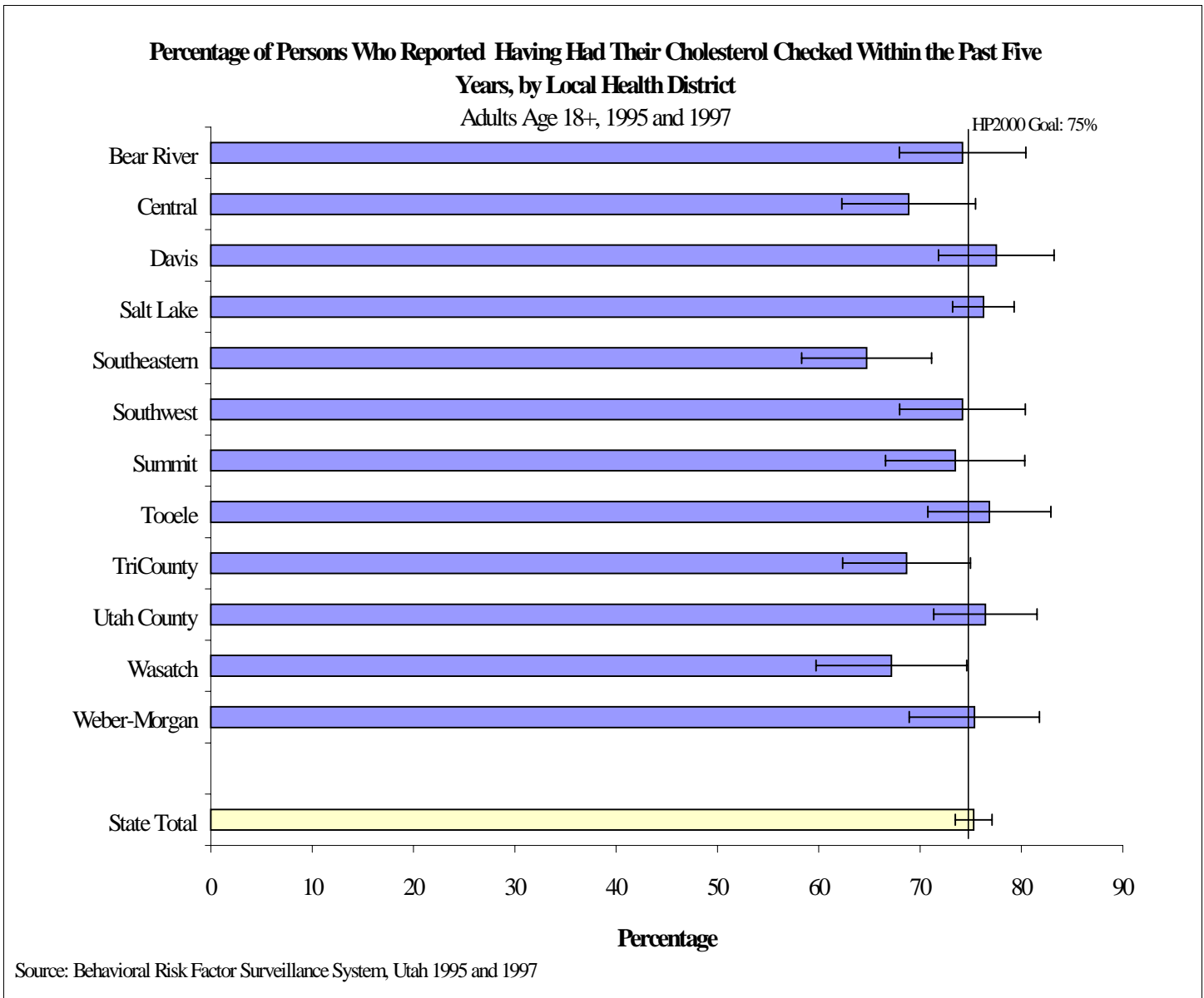
- Utahns living in Weber-Morgan and Southwest Health Districts were most likely to have been told that they have high blood pressure.
- Utahns living in Summit County were significantly less likely to have been told that they have high blood pressure.

# Cholesterol Screening

**Questions:** Have you ever had your blood cholesterol checked? How long has it been since you last had your blood cholesterol checked?

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High blood cholesterol has been shown to increase the risk of heart disease. The National Heart, Lung, and Blood Institute recommends that adults age 20 and over be screened for high blood cholesterol at least every five years. According to BRFSS, the at-risk population for high cholesterol are those that have been screened and who report having been told by a health professional that they have high blood cholesterol.

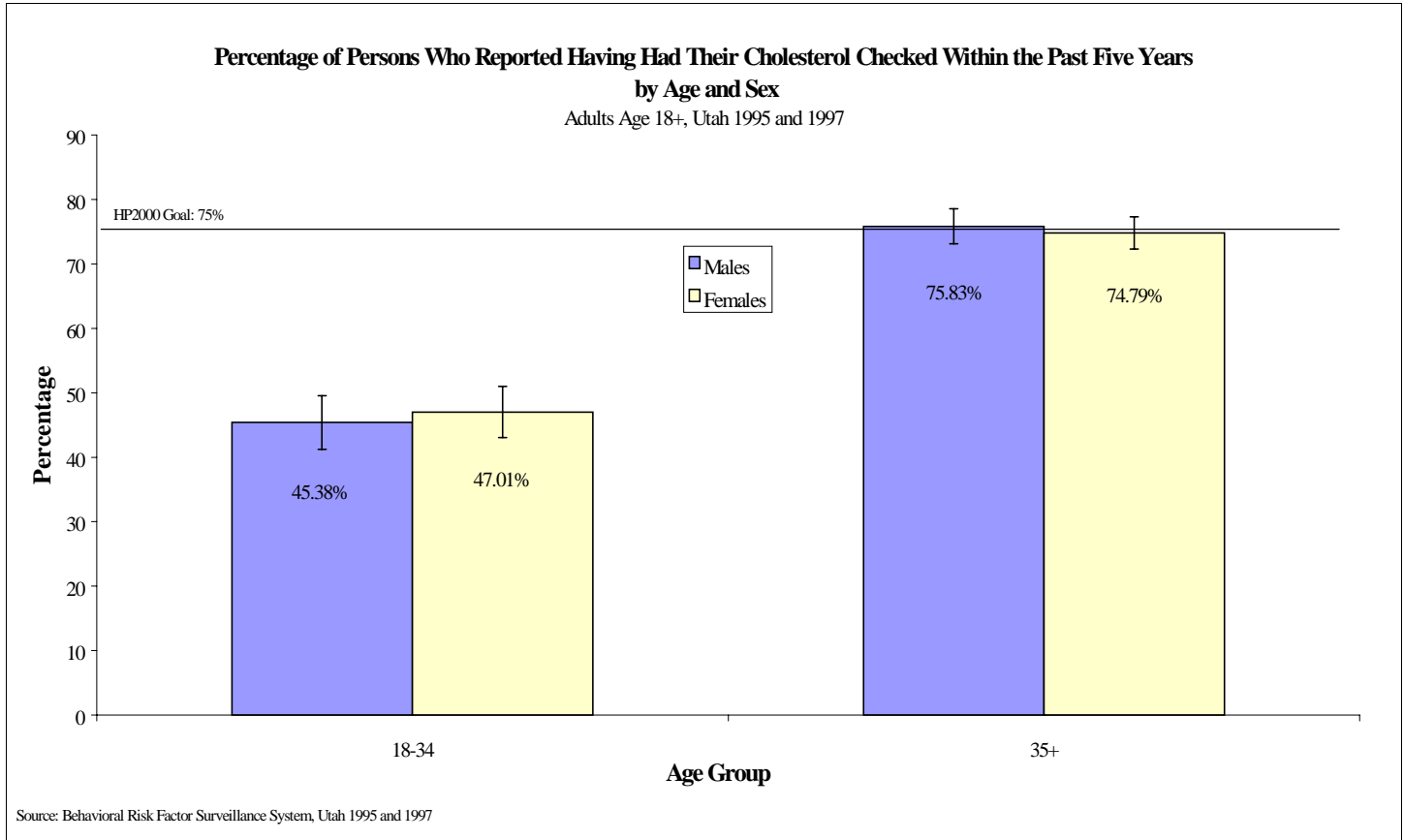


**UTAH OBJECTIVE:** By 2001, increase to at least 70% the proportion of adults who have had their cholesterol measured within the preceding five years.

**YEAR 2000 OBJECTIVE 15.14:** Increase to at least 75% the proportion of adults who have had their blood cholesterol checked within the preceding five years.

**YEAR 2010 OBJECTIVE 20.10:** Increase to at least 75% the proportion of adults who have had their blood cholesterol checked within the preceding five years.

# Cholesterol Screening



District	Total Number of Adults in District	Number Had Cholesterol Checked	Percentage Cholesterol Checked	95% Confidence Intervals	
				Lower	Upper
Bear River	43,456	32,245	74.2%	68.0%	80.4%
Central	25,451	17,530	68.9%	62.3%	75.5%
Davis	83,651	64,856	77.5%	71.9%	83.2%
Salt Lake	332,678	253,686	76.3%	73.2%	79.3%
Southeastern	23,112	14,958	64.7%	58.3%	71.1%
Southwest	48,872	36,257	74.2%	68.0%	80.4%
Summit	10,322	7,584	73.5%	66.6%	80.3%
Tooele	13,147	10,103	76.8%	70.8%	82.9%
TriCounty	15,895	10,914	68.7%	62.4%	74.9%
Utah County	92,964	71,068	76.4%	71.4%	81.5%
Wasatch	5,292	3,555	67.2%	59.8%	74.6%
Weber-Morgan	76,186	57,415	75.4%	69.0%	81.7%
State Total	771,024	580,516	75.3%	73.5%	77.1%

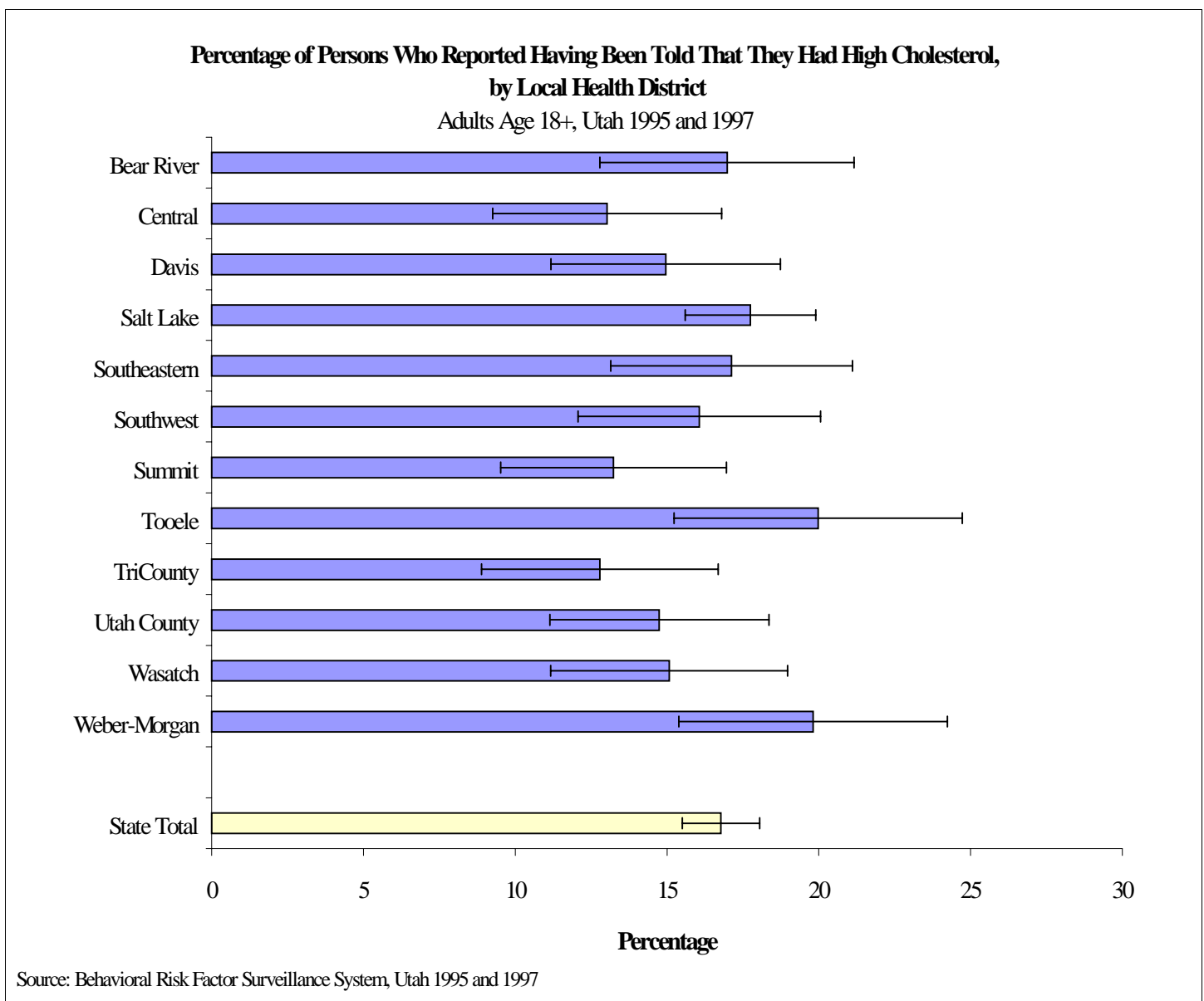
- Men and women in Utah were about equally likely to report having had their cholesterol checked, and the likelihood increased with age for both sexes.

# High Cholesterol Awareness

**Question:** Have you ever been told by a doctor or other health professional that your blood cholesterol is high?

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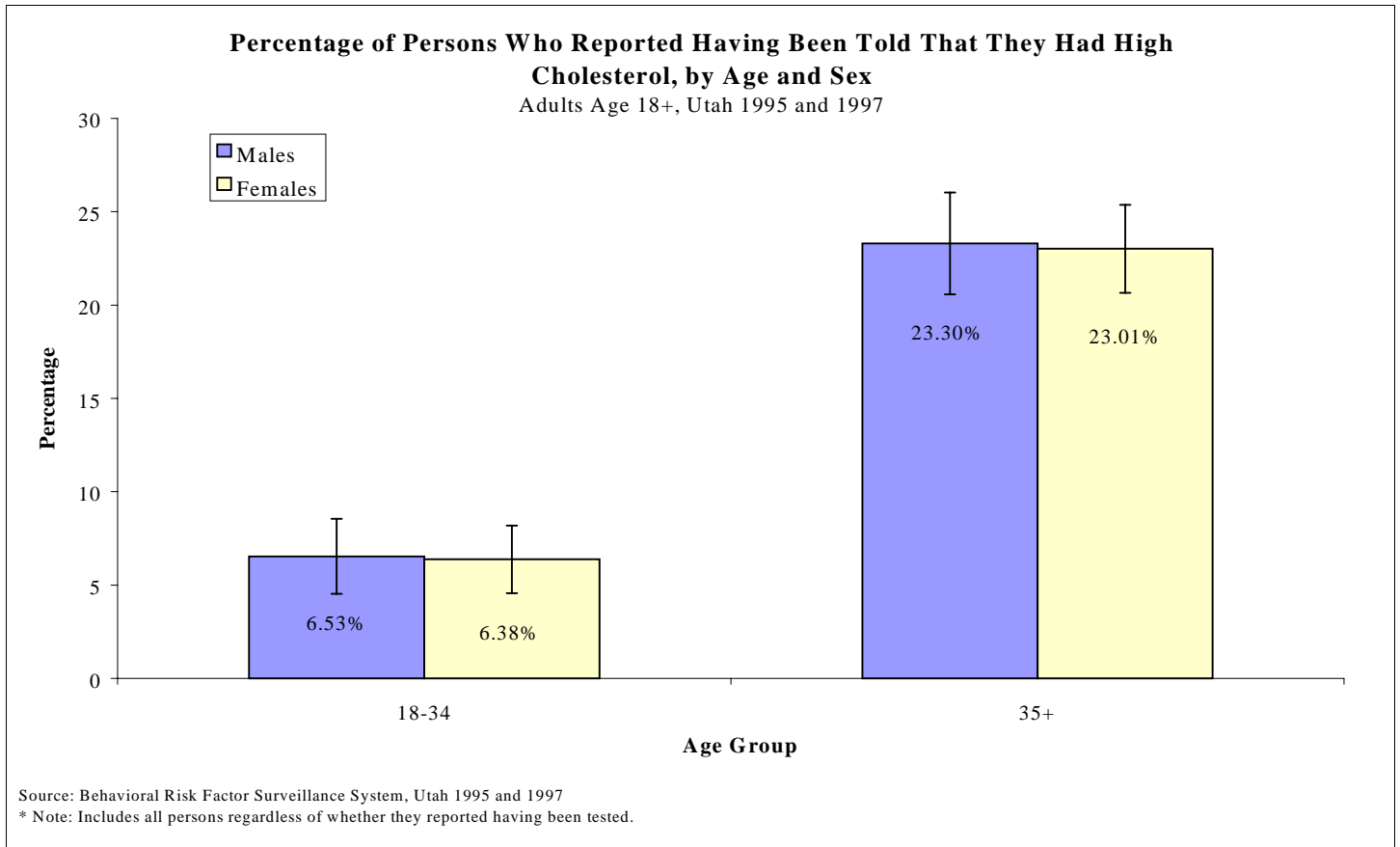
A person's risk for heart disease increases with higher levels of blood cholesterol. The National Heart, Blood, and Lung Institute defines total cholesterol from 200-239 mg/dl as "borderline high" and  $\geq 240$  mg/dl as "high" blood cholesterol. The BRFSS defines high blood cholesterol awareness as "ever been told" by a health professional that the respondent has high blood cholesterol. Many persons with high blood cholesterol have not had their cholesterol checked, and others who have had it checked may misinterpret the results. Therefore, the question asked is not a measure of prevalence of high blood cholesterol in the population because the data are self-reported and cannot be validated. High blood cholesterol may be controlled by diet, exercise, weight loss, and medication.



The **Utah objective**, **Year 2000 objective**, and **Year 2010 objective** are not listed because they do not correspond to the data presented above.



# High Cholesterol Awareness



District	Total Number of Adults in District	Number Told Had High Cholesterol	Percentage Told Had High Cholesterol	95% Confidence Intervals	
				Lower	Upper
Bear River	79,823	13,552	17.0%	12.8%	21.1%
Central	40,297	5,250	13.0%	9.3%	16.8%
Davis	141,480	21,163	15.0%	11.2%	18.7%
Salt Lake	547,744	97,208	17.7%	15.6%	19.9%
Southeastern	36,191	6,198	17.1%	13.2%	21.1%
Southwest	80,057	12,860	16.1%	12.1%	20.0%
Summit	16,526	2,188	13.2%	9.5%	16.9%
Tooele	21,226	4,240	20.0%	15.2%	24.7%
TriCounty	24,712	3,158	12.8%	8.9%	16.7%
Utah County	201,995	29,787	14.7%	11.2%	18.3%
Wasatch	8,343	1,257	15.1%	11.2%	19.0%
Weber-Morgan	125,148	24,797	19.8%	15.4%	24.2%
State Total	1,323,541	222,036	16.8%	15.5%	18.0%

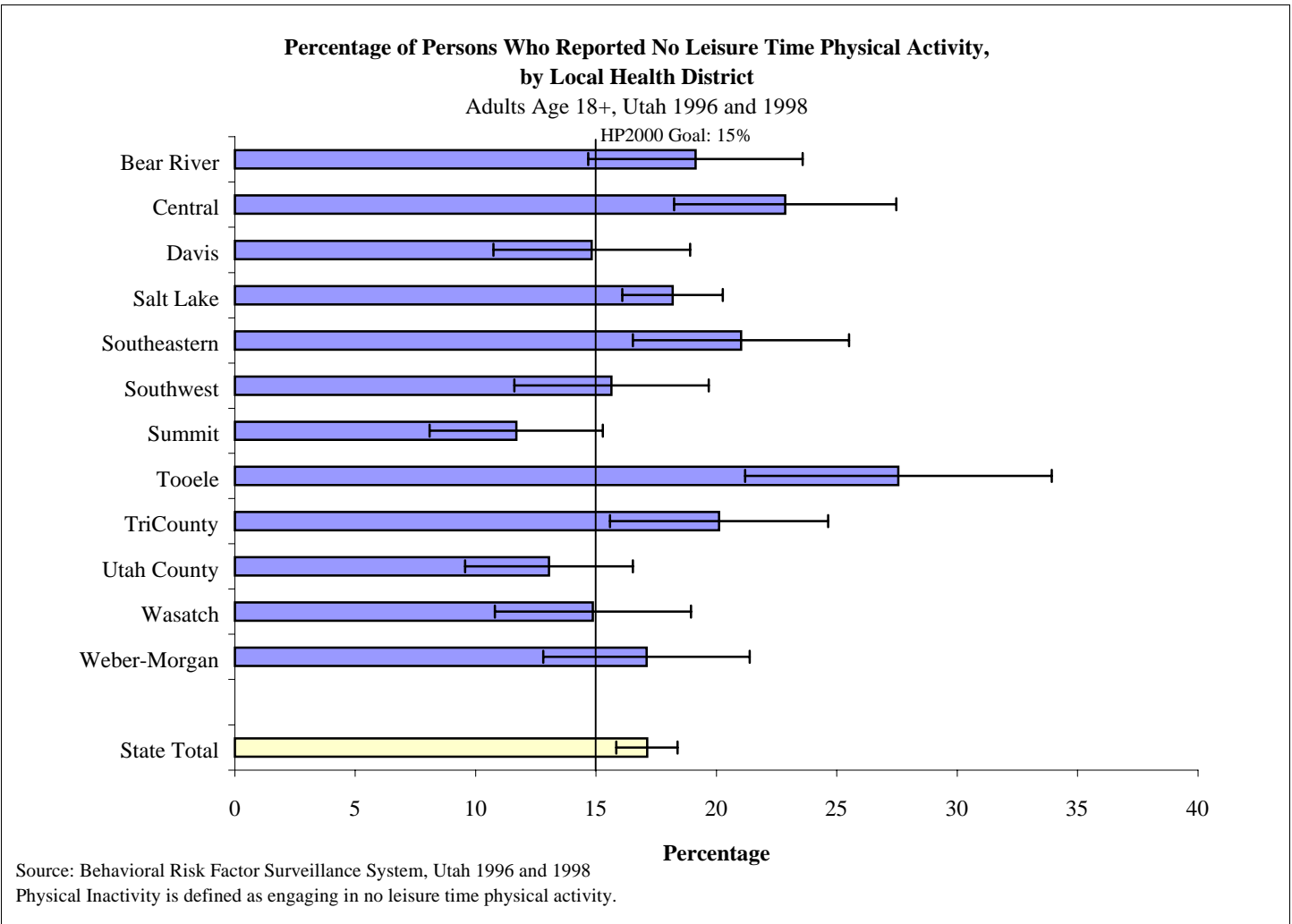
- Men and women in Utah were equally likely to have been told that their cholesterol levels are high.
- The percentage who had been told their cholesterol was high increased with age.
- Unfortunately, we do not know whether those who were found to have high cholesterol successfully acted to reduce their risk.

# Physical Inactivity

**Questions:** Do you engage in some type of leisure time physical activity? (This measure is based on a group of questions about an individual's physical activity patterns.)

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For this report physical inactivity is defined as reporting no leisure time physical activity. Engaging in any amount of physical activity is preferable to none. Increasing public awareness about the many benefits of physical activity will be necessary to encourage physically active lifestyles. Americans need to recognize the importance of daily physical activity to weight management, know that walking is a form of exercise most people can do, and understand that one needs to remain active throughout life. The highest risk of death and disability is found among those who do no regular physical activity. Because the BRFSS does not take into account work-related physical activity, some respondents who are physically active at work will be misclassified as physically inactive.

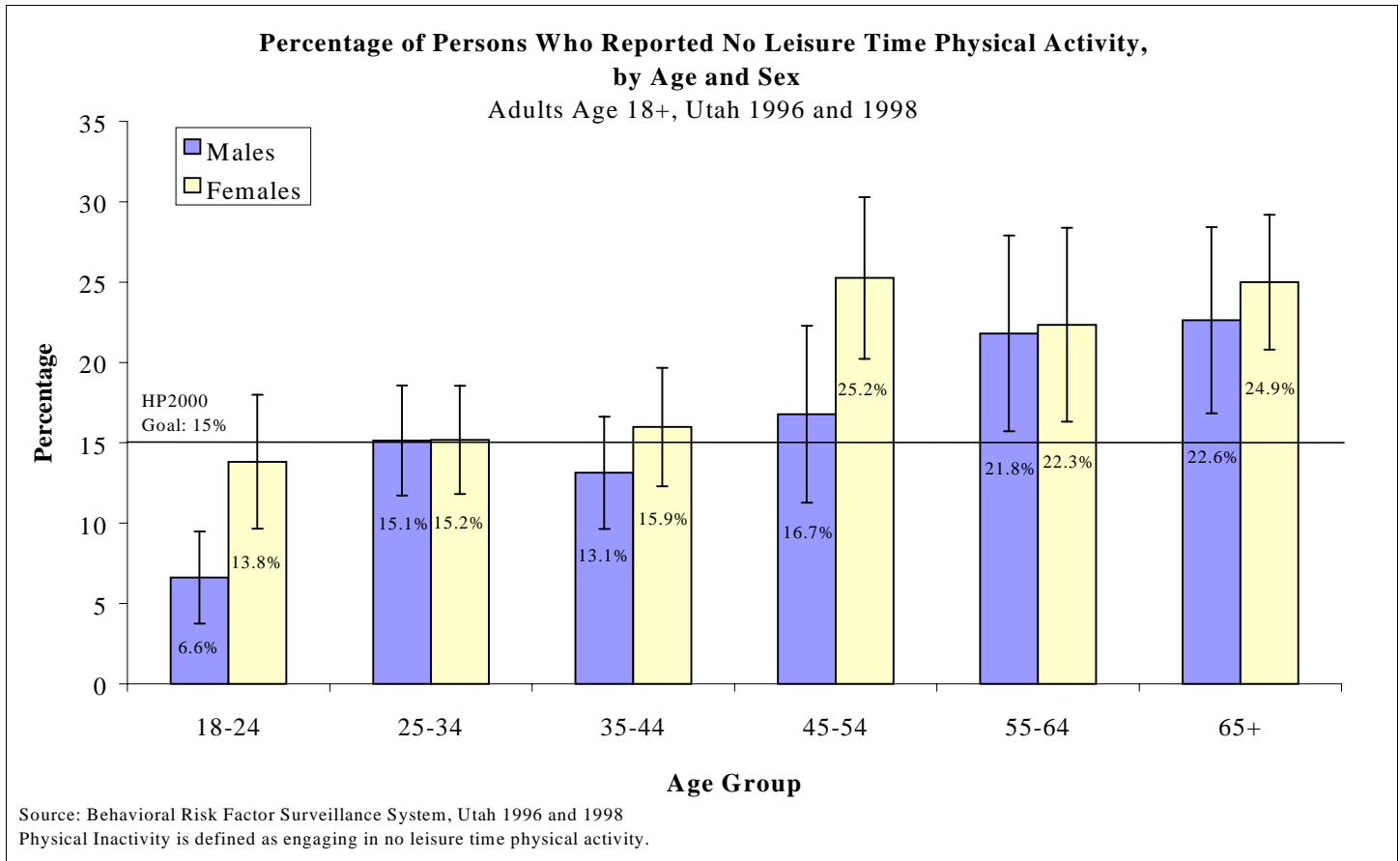


**UTAH OBJECTIVE:** No objective listed.

**YEAR 2000 OBJECTIVE 1.5:** Reduce to no more than 15% the proportion of people aged 6 and older who engage in no leisure time physical activity.

**YEAR 2010 OBJECTIVE 1.1:** Increase to 85% the proportion of people aged 18 and older who engage in any leisure time activity.

# Physical Inactivity



District	Total Number of Adults in District	Number Physically Inactive	Percentage Physically Inactive	95% Confidence Intervals	
				Lower	Upper
Bear River	82,989	15,875	19.1%	14.7%	23.6%
Central	42,047	9,612	22.9%	18.3%	27.5%
Davis	145,970	21,640	14.8%	10.8%	18.9%
Salt Lake	561,198	101,998	18.2%	16.1%	20.2%
Southeastern	37,191	7,817	21.0%	16.6%	25.5%
Southwest	85,125	13,315	15.6%	11.6%	19.7%
Summit	17,370	2,030	11.7%	8.1%	15.3%
Tooele	22,207	6,120	27.6%	21.2%	33.9%
TriCounty	25,467	5,122	20.1%	15.6%	24.6%
Utah County	209,215	27,296	13.0%	9.6%	16.5%
Wasatch	8,726	1,297	14.9%	10.8%	18.9%
Weber-Morgan	128,275	21,929	17.1%	12.8%	21.4%
State Total	1,365,777	233,765	17.1%	15.9%	18.4%

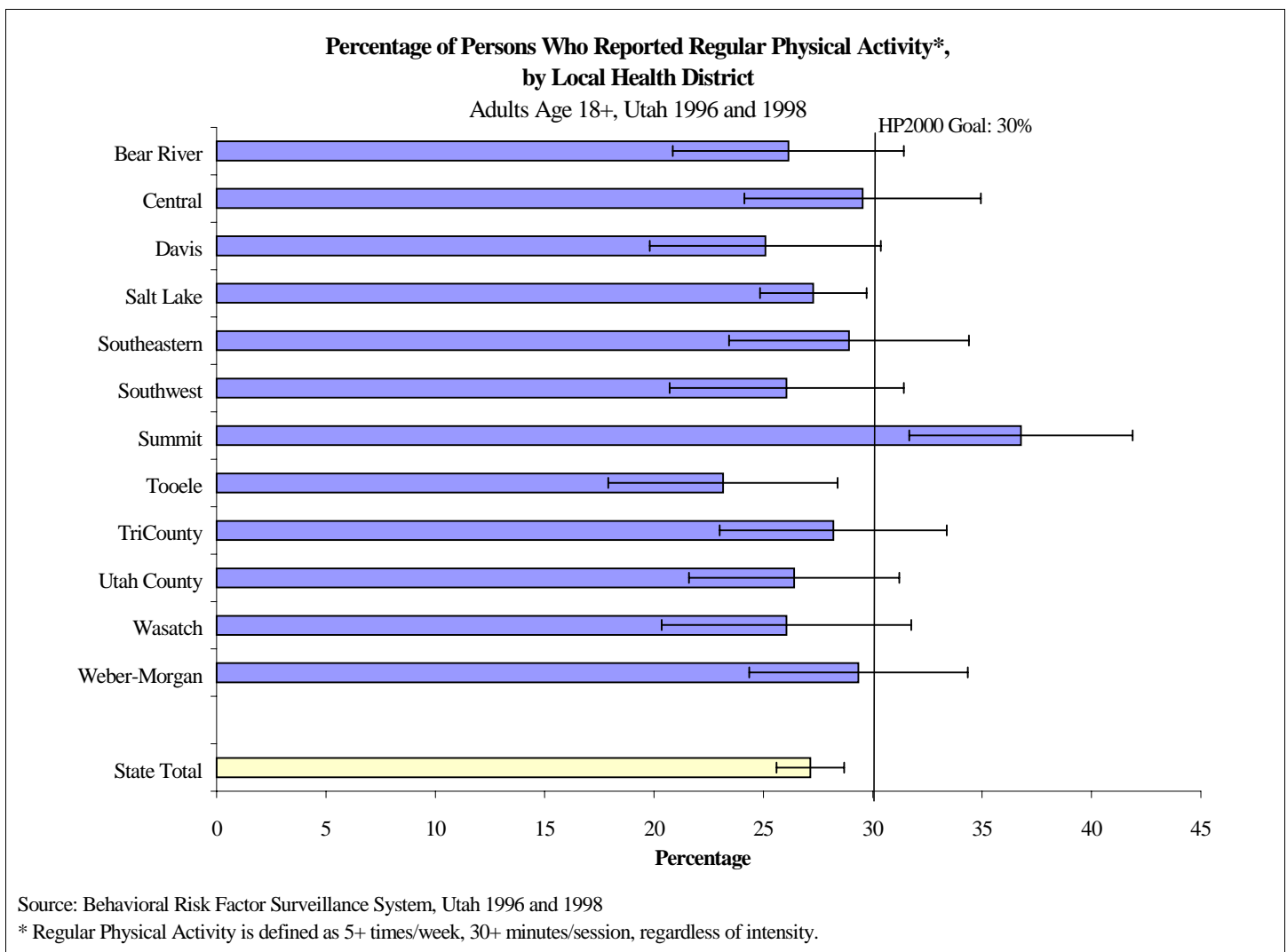
- Females in Utah ages 18-24 are almost twice as likely to be physically inactive compared to male Utahns of the same age.

# Regular Physical Activity

**Questions:** How many times do you engage in some type of leisure time physical activity? (This measure is based on a group of questions about an individual’s physical activity patterns.)

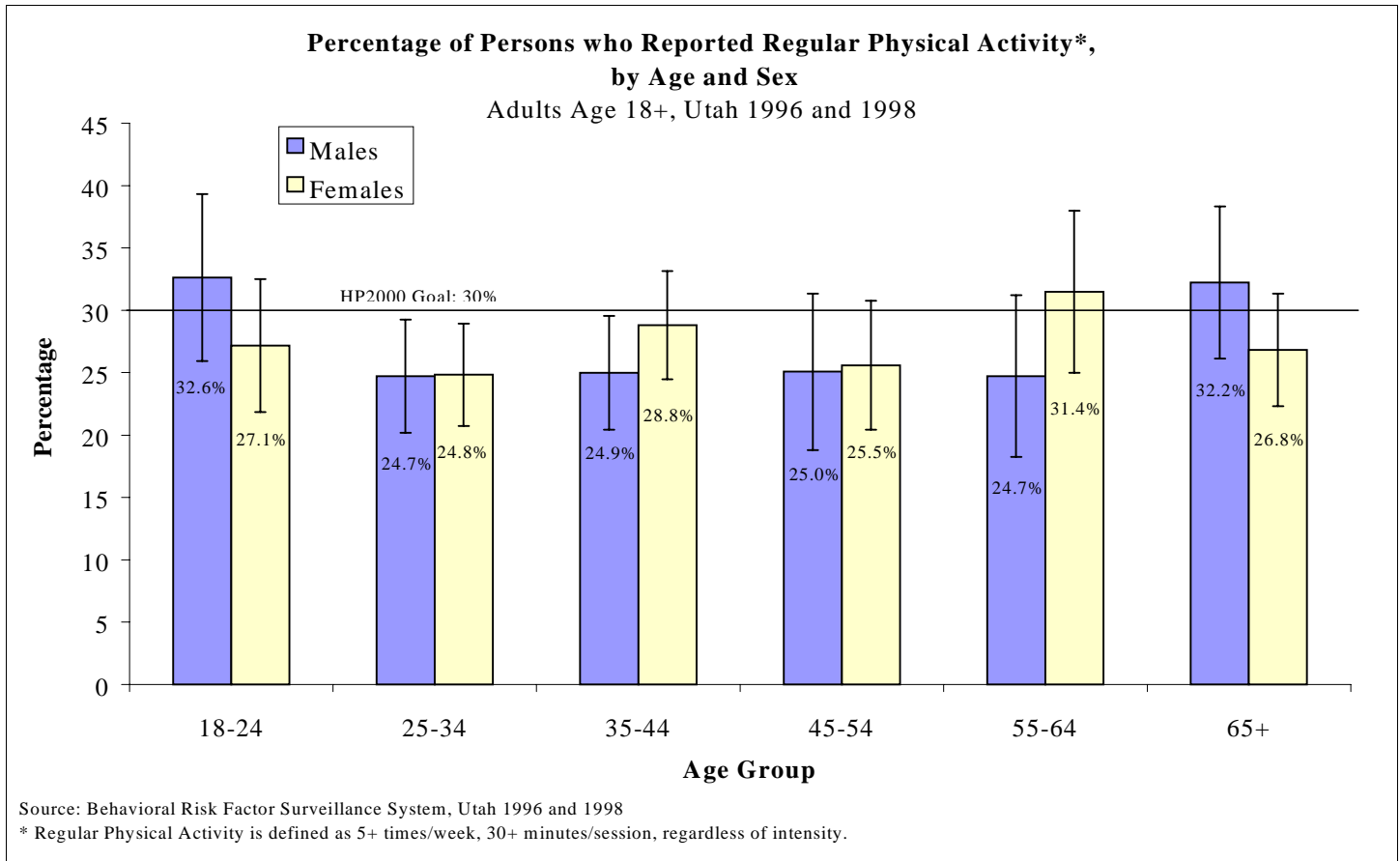
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Light to moderate physical activity is activity that requires sustained, rhythmic muscular movements and is at least equivalent to sustained walking. Regular physical activity can help prevent cardiovascular disease, diabetes, osteoporosis, and certain types of cancer. On average, physically active people outlive those who are inactive. Regular physical activity also protects against the effects of stress, helps maintain functional independence of older adults, and can improve the overall quality of life at all ages. It is generally acknowledged that everyone should exercise.



**UTAH OBJECTIVE:** By 2001, increase to at least 45% the proportion of people 6 years of age and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day.  
**YEAR 2000 OBJECTIVE 1.3:** Increase to at least 30% the proportion of people aged 6 and older who engage regularly, preferably daily, in sustained physical activity for at least 30 minutes per day.  
**YEAR 2010 OBJECTIVE 1.3:** Increase to at least 30% the proportion of people aged 18 and older who engage regularly, preferably daily, in sustained physical activity for at least 30 minutes per day.

# Regular Physical Activity



District	Total Number of Adults in District	Number Physically Active	Percentage Physically Active	95% Confidence Intervals	
				Lower	Upper
Bear River	82,989	21,692	26.1%	20.9%	31.4%
Central	42,047	12,420	29.5%	24.2%	34.9%
Davis	145,970	36,624	25.1%	19.8%	30.3%
Salt Lake	561,198	153,101	27.3%	24.9%	29.7%
Southeastern	37,191	10,752	28.9%	23.5%	34.4%
Southwest	85,125	22,182	26.1%	20.7%	31.4%
Summit	17,370	6,388	36.8%	31.7%	41.9%
Tooele	22,207	5,142	23.2%	17.9%	28.4%
TriCounty	25,467	7,179	28.2%	23.0%	33.4%
Utah County	209,215	55,249	26.4%	21.6%	31.2%
Wasatch	8,726	2,273	26.1%	20.4%	31.7%
Weber-Morgan	128,275	37,645	29.3%	24.4%	34.3%
State Total	1,365,777	370,795	27.1%	25.6%	28.7%

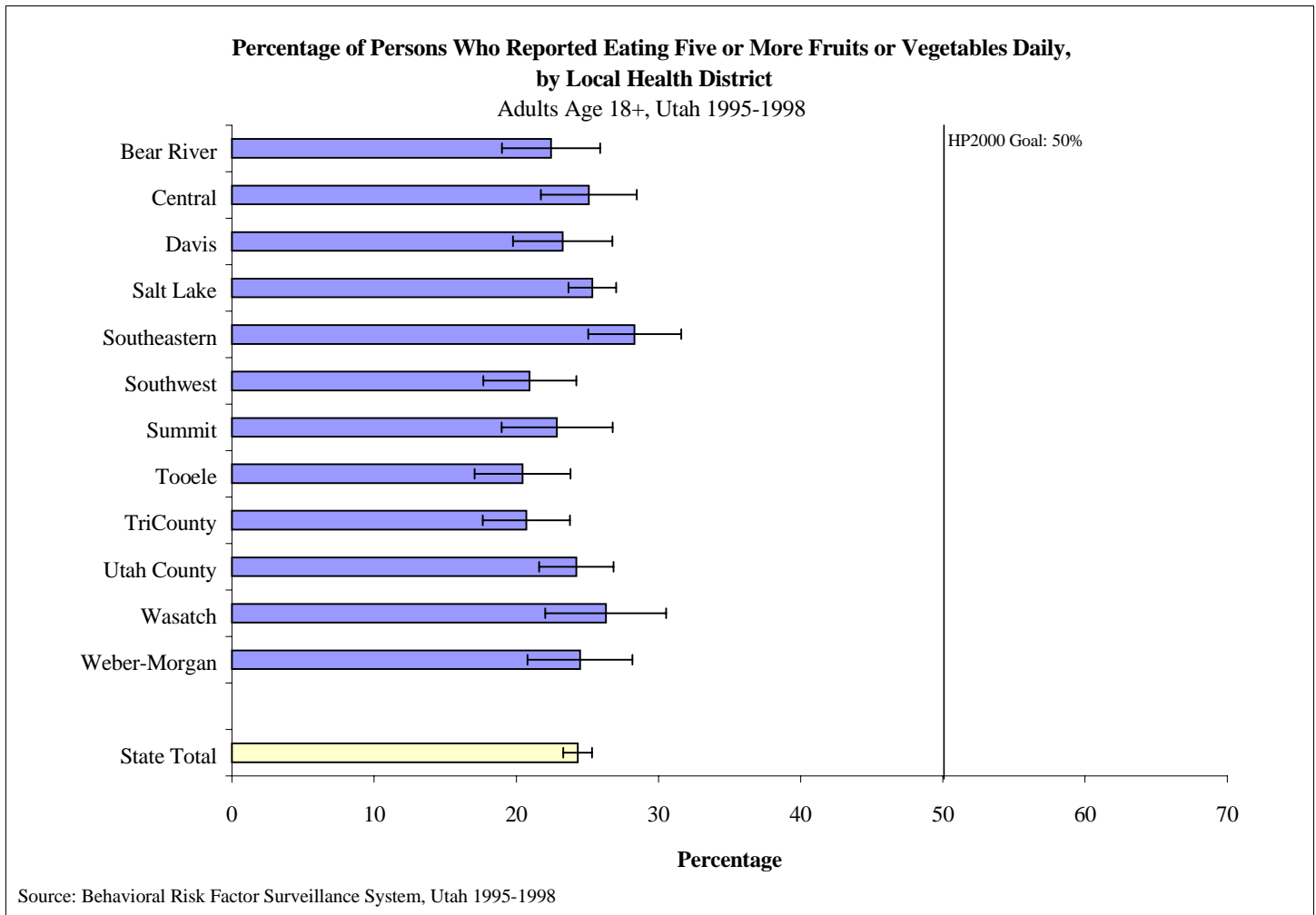
- Studies show that 12% of all deaths, and 23-46% of coronary heart disease deaths, could be prevented through physical activity. Despite these health benefits, only about one quarter of Utah adults reported to have exercised regularly.
- Rates of regular physical activity in Summit county are above the HP 2000 goal and well above the state average rate of regular physical activity.

# 5 a Day

**Question:** How many servings of fruits and vegetables do you eat each day? (This measure is based on a group of questions about an individual's food choices.)

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The *Dietary Guidelines* recommend five to nine daily servings of fruits and vegetables, depending on calorie needs, with three to five from various vegetables and vegetable juices, and two to four from various fruits and fruit juices. The guidelines further recommend that Americans choose dark-green leafy and deep yellow vegetables and legumes often. Vegetables should also be prepared and served with little or no fats. For consumption of fruits, the guidelines recommend that Americans regularly choose citrus fruits or juices, melons, or berries and that fruits be prepared and served with little or no added sugars. Dietary patterns with higher intakes of fruits and vegetables (including legumes) are associated with a variety of health benefits, including decreased risk for some types of cancer.

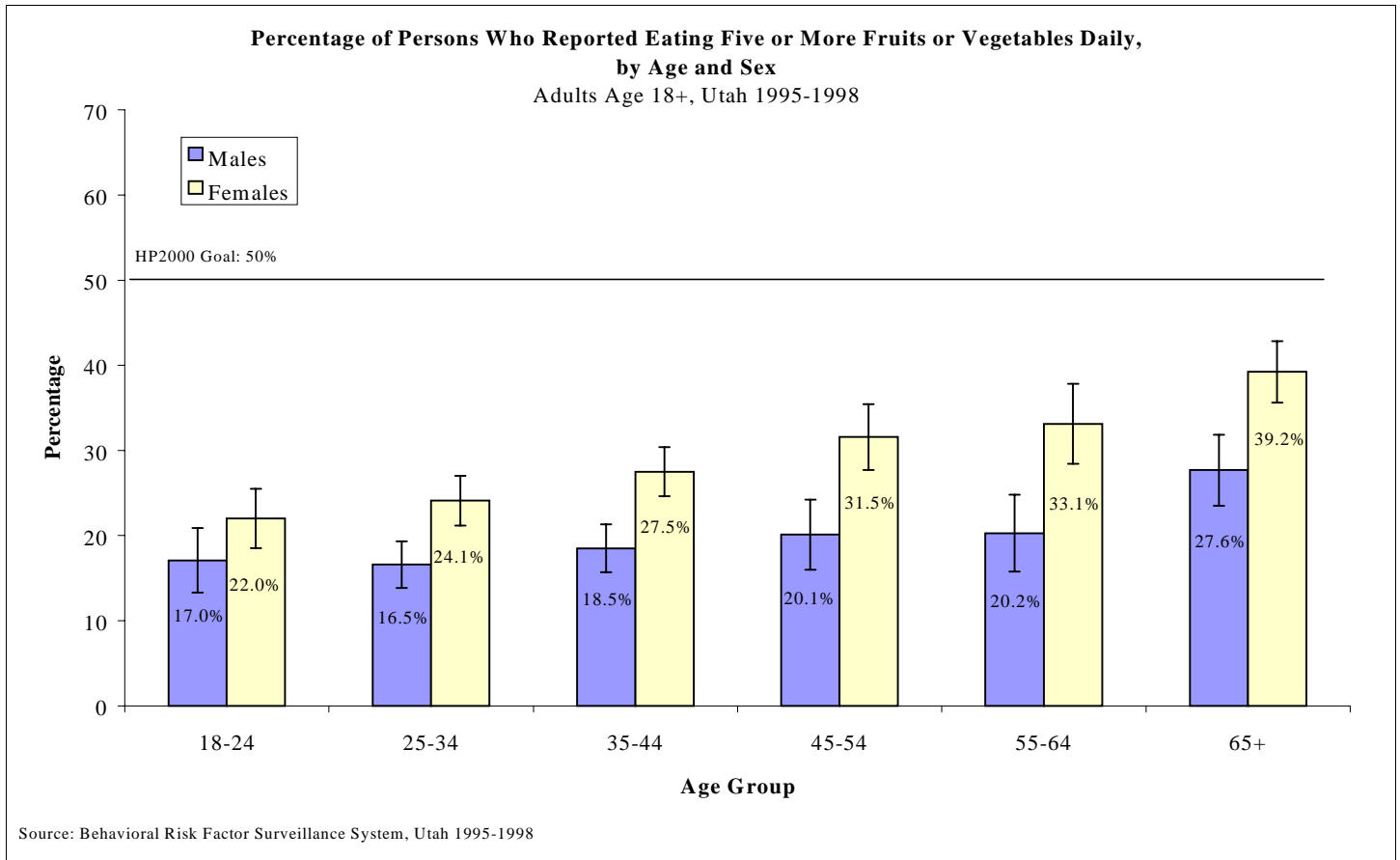


**UTAH OBJECTIVE:** By 2000, increase complex carbohydrate and fiber-containing foods in the diets of 30% of Utahns to have 5 or more daily fruits and vegetables, including legumes.

**YEAR 2000 OBJECTIVE 2.6:** Increase to at least 50% the proportion of people aged 2 and older who meet the Dietary Guidelines' minimum average daily goal of five or more servings of fruits and vegetables.

**YEAR 2010 OBJECTIVE 2.7:** Increase to at least 75% the proportion of people aged 2 and older who meet the Dietary Guidelines' minimum average daily goal of at least five servings of fruits and vegetables.

# 5 a Day



District	Total Number of Adults in District	Number Who Had 5 a Day	Percentage Who Had 5 a Day	95% Confidence Intervals	
				Lower	Upper
Bear River	79,823	17,912	22.4%	19.0%	25.9%
Central	40,297	10,115	25.1%	21.7%	28.5%
Davis	141,480	32,894	23.3%	19.8%	26.7%
Salt Lake	547,744	138,798	25.3%	23.7%	27.0%
Southeastern	36,191	10,249	28.3%	25.1%	31.6%
Southwest	80,057	16,764	20.9%	17.7%	24.2%
Summit	16,526	3,778	22.9%	19.0%	26.7%
Tooele	21,226	4,336	20.4%	17.1%	23.8%
TriCounty	24,712	5,115	20.7%	17.6%	23.8%
Utah County	201,995	48,923	24.2%	21.6%	26.8%
Wasatch	8,343	2,193	26.3%	22.1%	30.5%
Weber-Morgan	125,148	30,636	24.5%	20.8%	28.1%
State Total	1,323,541	321,885	24.3%	23.3%	25.3%

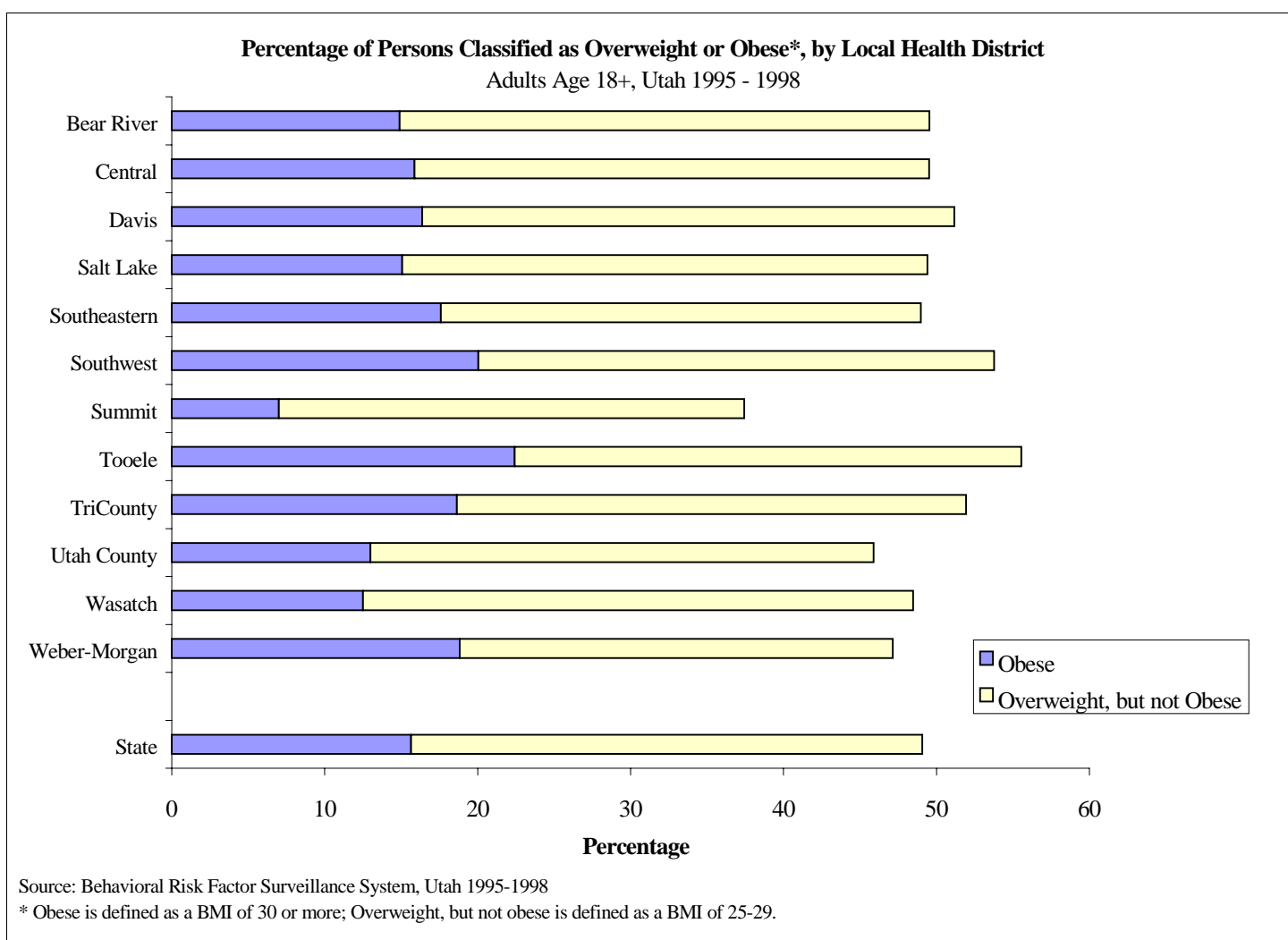
- 5 a Day, a statewide partnership-based program, promotes the message to eat five servings of fruits and vegetables each day for better health.
- Females aged 18+ in Utah are more likely to eat five servings of fruits and vegetables each day than males.

# Overweight or Obese

**Questions:** About how much do you weigh without shoes? About how tall are you without shoes?

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The BRFSS uses self-reported weight and height to calculate the Body Mass Index (BMI), defined as weight in kilograms divided by the square of height in meters. In 1998 the National Heart, Lung and Blood Institute (NHLBI) defined overweight as a BMI of 25 through 29 and obesity as a BMI of greater than or equal to 30 for both males and females. Overweight and obese people are at greater risk for diabetes mellitus, high blood pressure, stroke, coronary heart disease, and some types of cancer. Increased weight may be controlled through behavioral changes that lead to decreased calorie intake and increased physical activity. The Utah and HP2000 objectives are based on an earlier definition of overweight. Therefore, the HP2000 objective is not included in the graph.



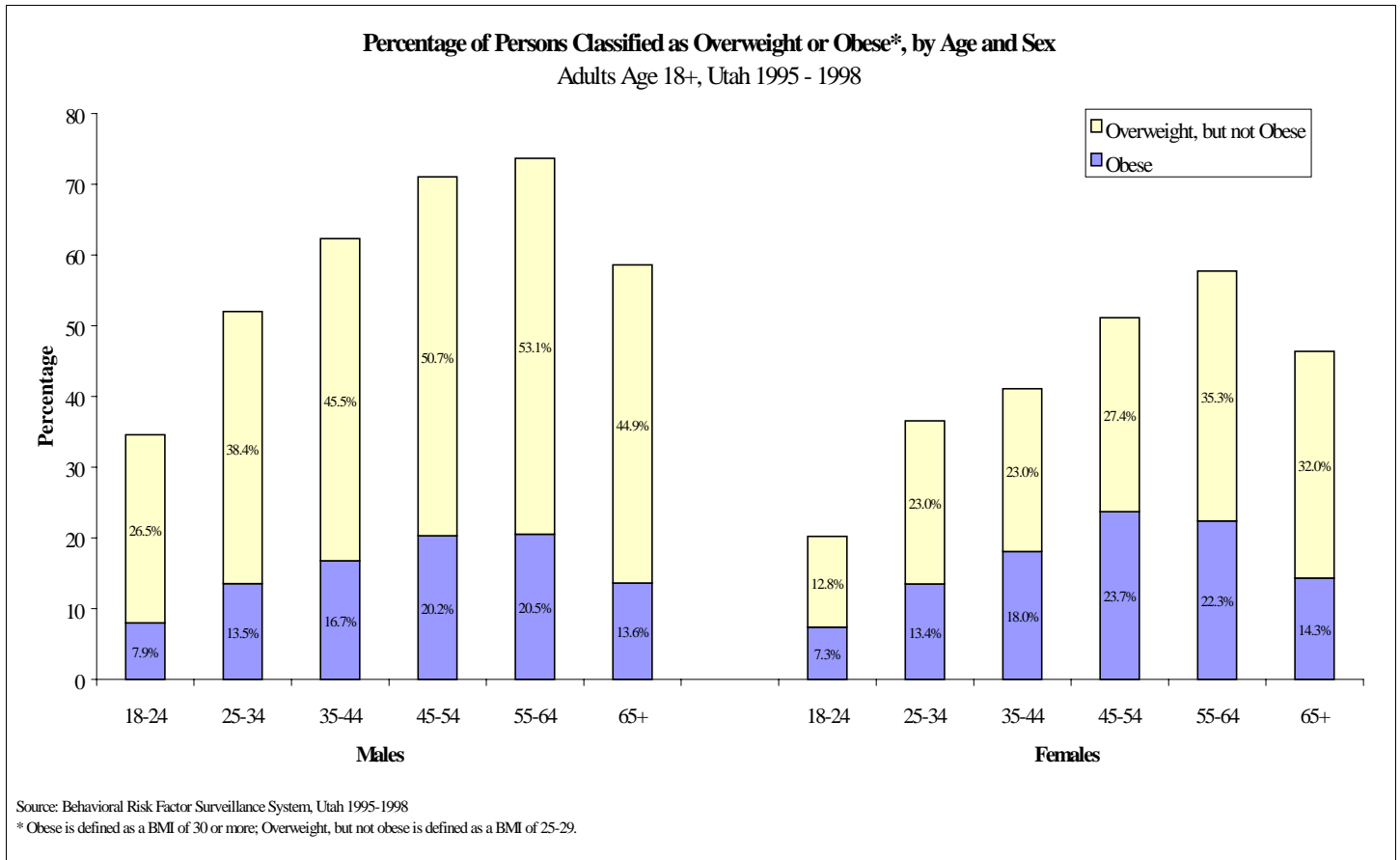
**UTAH OBJECTIVE:** by 2000, reduce overweight to a prevalence of no more than 24% among people aged 18 and older (BMI =>27.8 for men and =>27.3 for women).

**YEAR 2000 OBJECTIVE 2.3:** Reduce overweight to a prevalence of no more than 20% among people aged 20 and older (BMI =>27.8 for men and =>27.3 for women).

**YEAR 2010 OBJECTIVE 2.2:** Reduce to less than 15% the prevalence of BMI at or above 30.0 among people aged 20 and older.



# Overweight or Obese



District	Total Number of Adults in District	Number of Adults Overweight or Obese	Percentage of Adults Overweight or Obese	95% Confidence Intervals	
				Lower	Upper
Bear River	81,406	40,312	49.5%	45.2%	53.8%
Central	41,172	20,384	49.5%	45.8%	53.2%
Davis	143,725	73,544	51.2%	47.0%	55.4%
Salt Lake	554,471	274,019	49.4%	47.5%	51.4%
Southeastern	36,691	17,975	49.0%	45.0%	53.0%
Southwest	82,591	44,417	53.8%	49.4%	58.2%
Summit	16,948	6,342	37.4%	33.2%	41.6%
Tooele	21,716	12,063	55.6%	51.4%	59.7%
TriCounty	25,089	13,026	51.9%	47.9%	56.0%
Utah County	205,605	94,373	45.9%	42.5%	49.3%
Wasatch	8,535	4,137	48.5%	44.2%	52.7%
Weber-Morgan	126,711	59,744	47.2%	43.1%	51.2%
State	1,344,659	659,958	49.1%	47.9%	50.3%

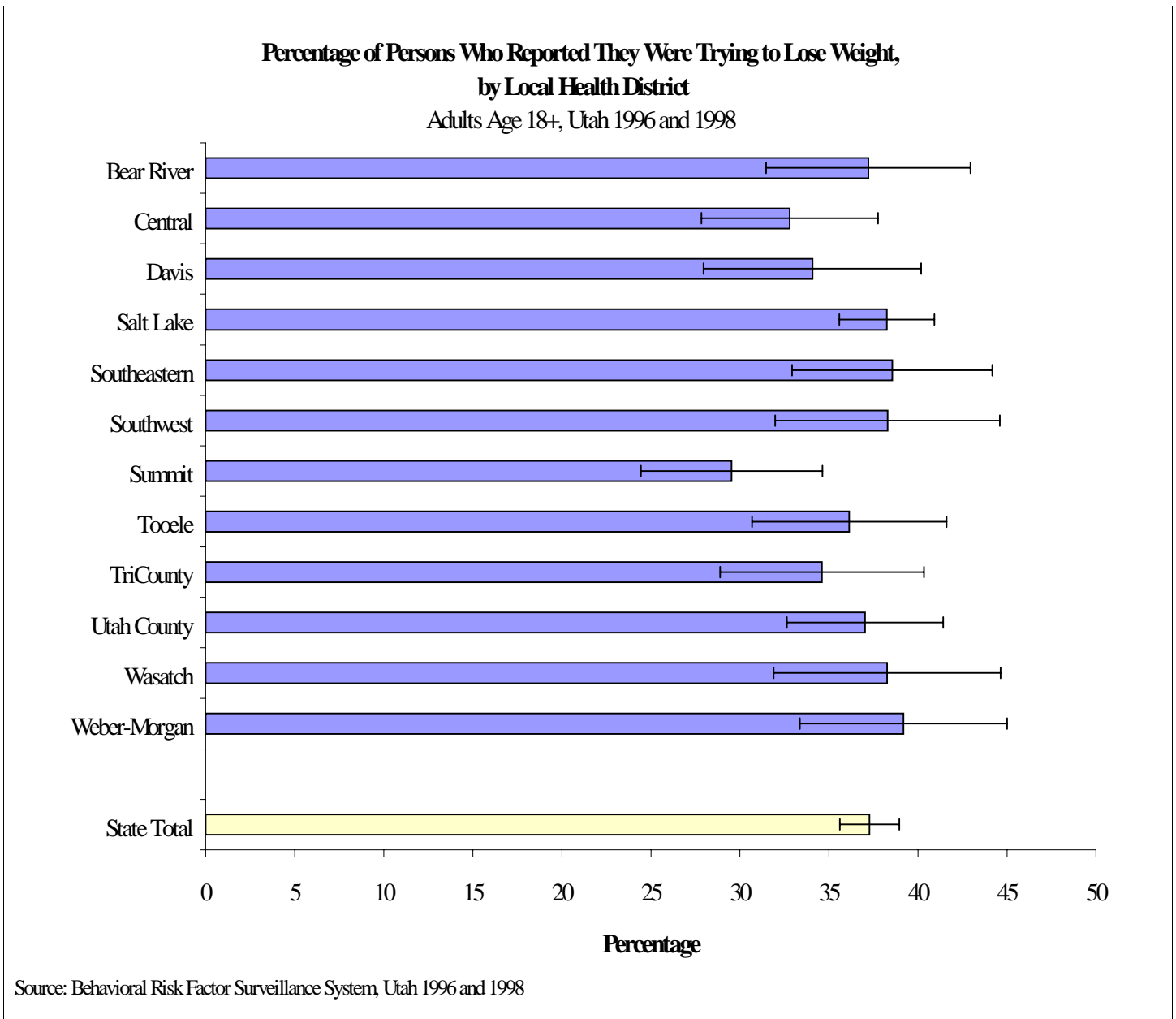
- Utahns living in Summit County are less likely to be obese or overweight.
- Obesity has shown a steady increase among Utah adults, from a prevalence of 11.51% in 1992 to 15.89% in 1998. Obesity is a contributing factor to the development of many chronic conditions.
- A staggering 49.1% of the Utah adult population is overweight or obese.

# Weight Loss

## Questions: Are you now trying to lose weight?

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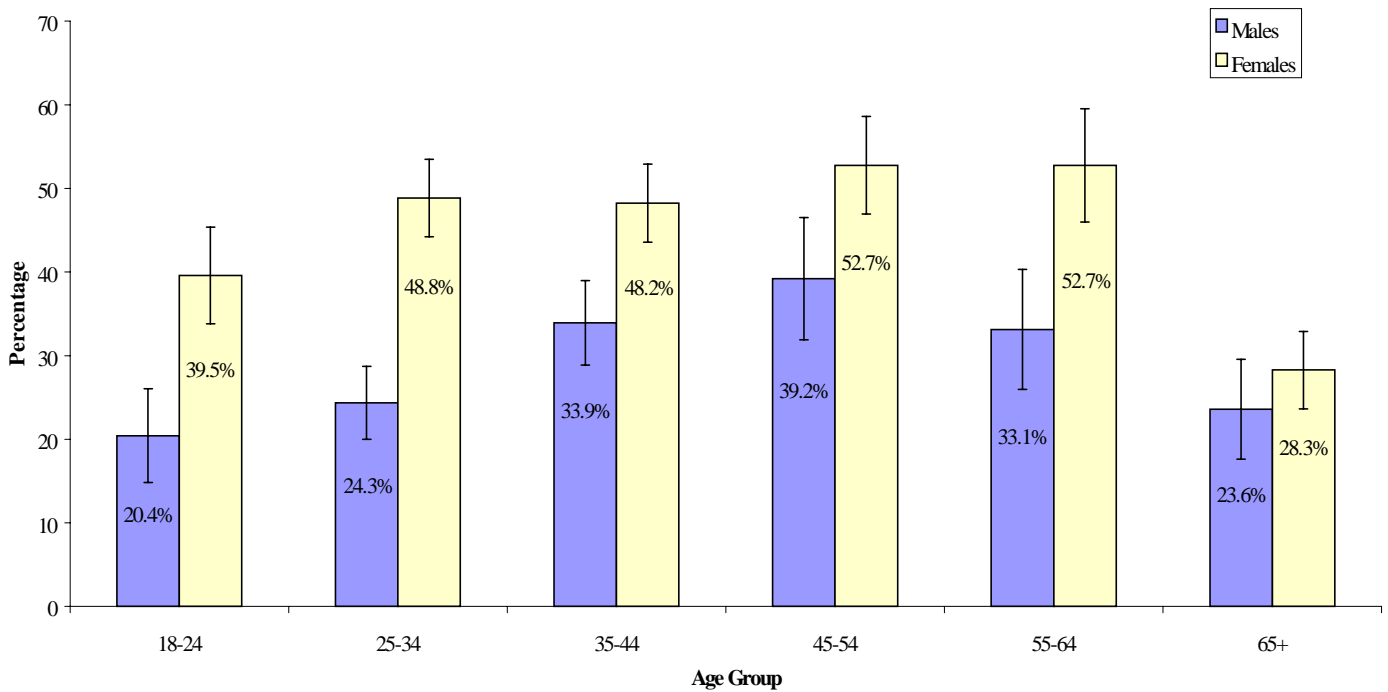
While many individuals attempt to lose weight, studies show that within 5 years a majority of them regain the weight. To maintain weight loss, good dietary habits must be coupled with increased physical activity, and these must become permanent lifestyle changes. Weight loss decreases risk factors such as hypertension, high cholesterol, and elevated glucose levels. Establishing healthful lifestyle behaviors for both diet and physical activity needs to start with children and then be maintained throughout adulthood. The family and other channels, such as schools, worksites, and institutional food services, can play a key role in this process.



**UTAH OBJECTIVE:** No objective listed.  
**YEAR 2000 OBJECTIVE:** No objective listed.  
**YEAR 2010 OBJECTIVE:** No objective listed.

# Weight Loss

Percentage of Persons Who Reported They Were Trying to Lose Weight, by Age and Sex  
Adults Age 18+, Utah 1996 and 1998



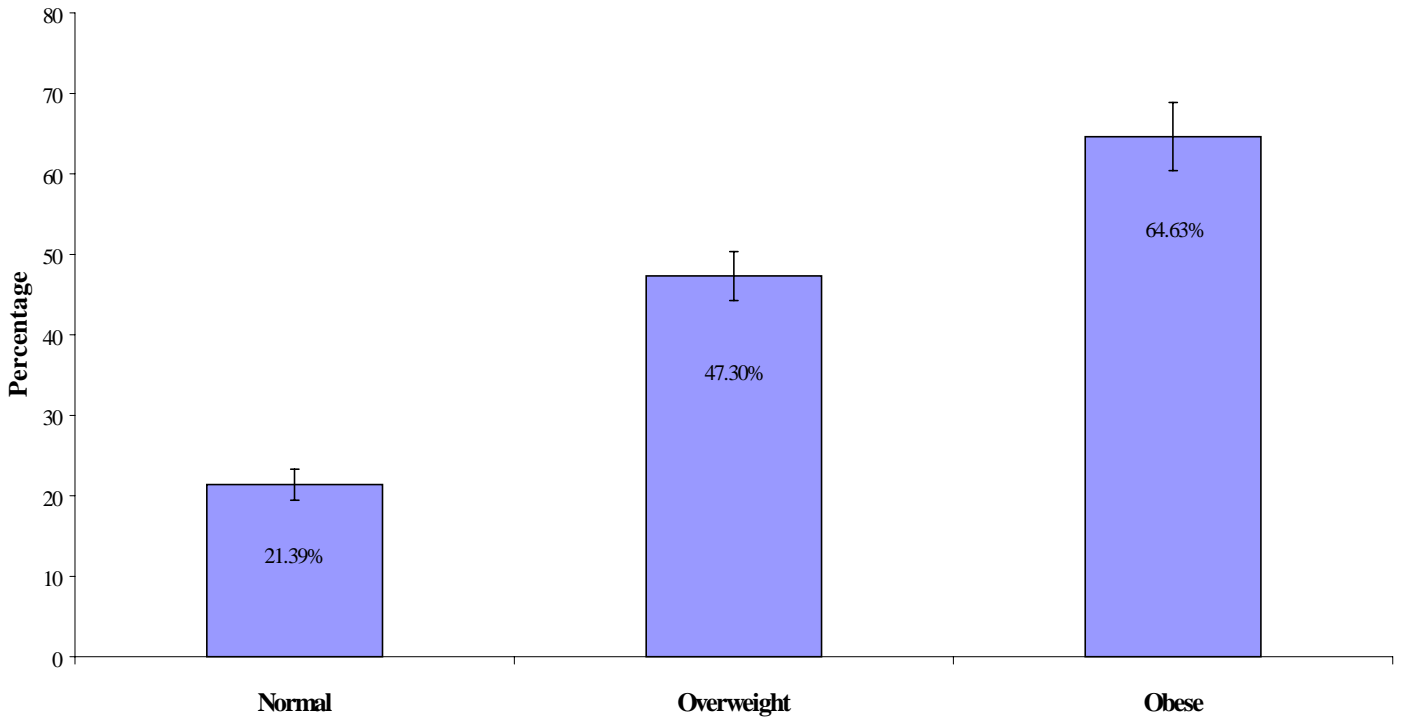
Source: Behavioral Risk Factor Surveillance System, Utah 1996 and 1998

District	Total Number of Adults in District	Number Trying to Lose Weight	Percentage Trying to Lose Weight	95% Confidence Intervals	
				Lower	Upper
Bear River	82,989	30,880	37.2%	31.5%	42.9%
Central	42,047	13,791	32.8%	27.9%	37.7%
Davis	145,970	49,732	34.1%	28.0%	40.2%
Salt Lake	561,198	214,658	38.3%	35.6%	40.9%
Southeastern	37,191	14,341	38.6%	33.0%	44.2%
Southwest	85,125	32,594	38.3%	32.0%	44.6%
Summit	17,370	5,131	29.5%	24.5%	34.6%
Tooele	22,207	8,026	36.1%	30.7%	41.6%
TriCounty	25,467	8,814	34.6%	28.9%	40.3%
Utah County	209,215	77,472	37.0%	32.7%	41.4%
Wasatch	8,726	3,339	38.3%	31.9%	44.6%
Weber-Morgan	128,275	50,258	39.2%	33.4%	45.0%
State Total	1,365,777	509,161	37.3%	35.6%	38.9%

- According to BRFSS, approximately 37% of Utahns reported they were trying to lose weight.
- The majority of Utahns trying to lose weight reported using a combination of diet and exercise with “diet only” being the second method of choice for those trying to lose weight.

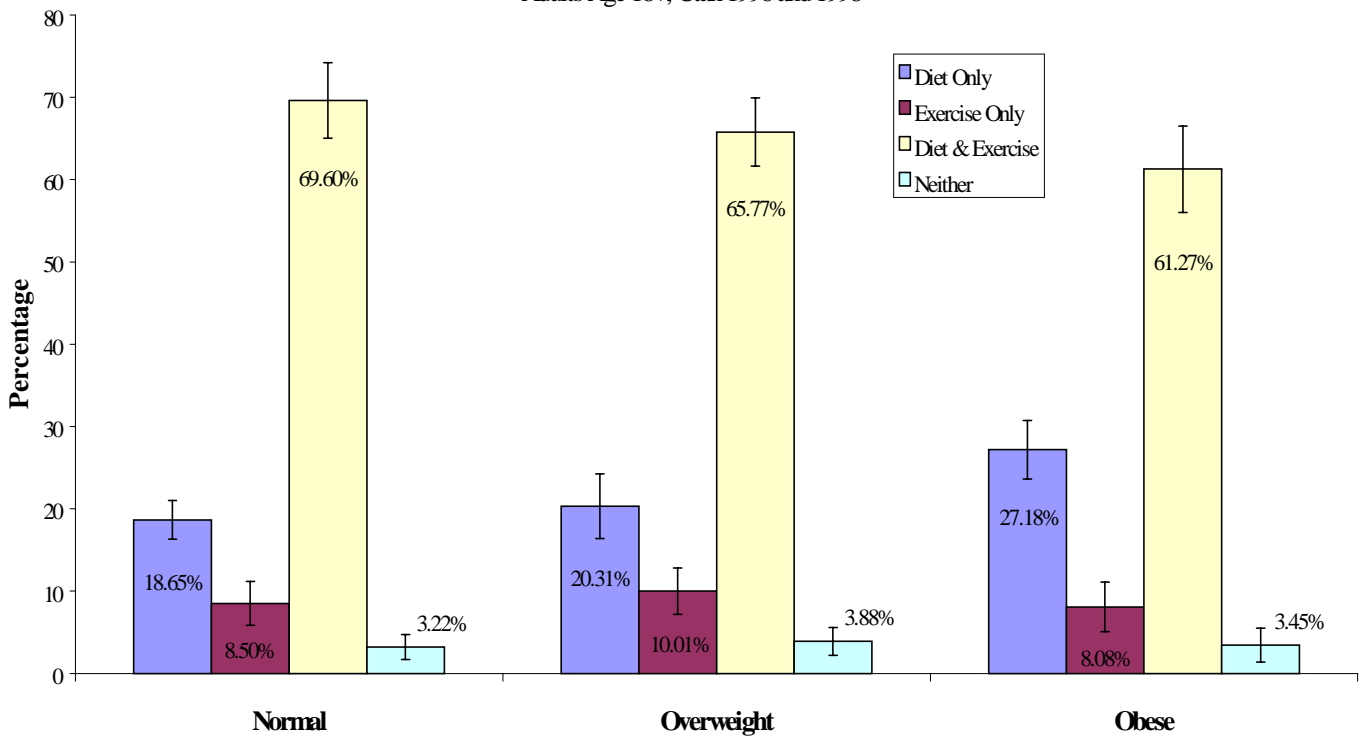
# Weight Loss

**Percentage of Persons Who Reported They Were Trying to Lose Weight, by Weight Category**  
Adults Age 18+, Utah 1996 and 1998



Source: Behavioral Risk Factor Surveillance System, Utah 1996 and 1998

**Percentage of Persons in Each Weight Category, by Method Used to Achieve Weight Loss**  
**Persons Who Were Trying to Lose Weight**  
Adults Age 18+, Utah 1996 and 1998



Source: Behavioral Risk Factor Surveillance System, Utah 1996 and 1998

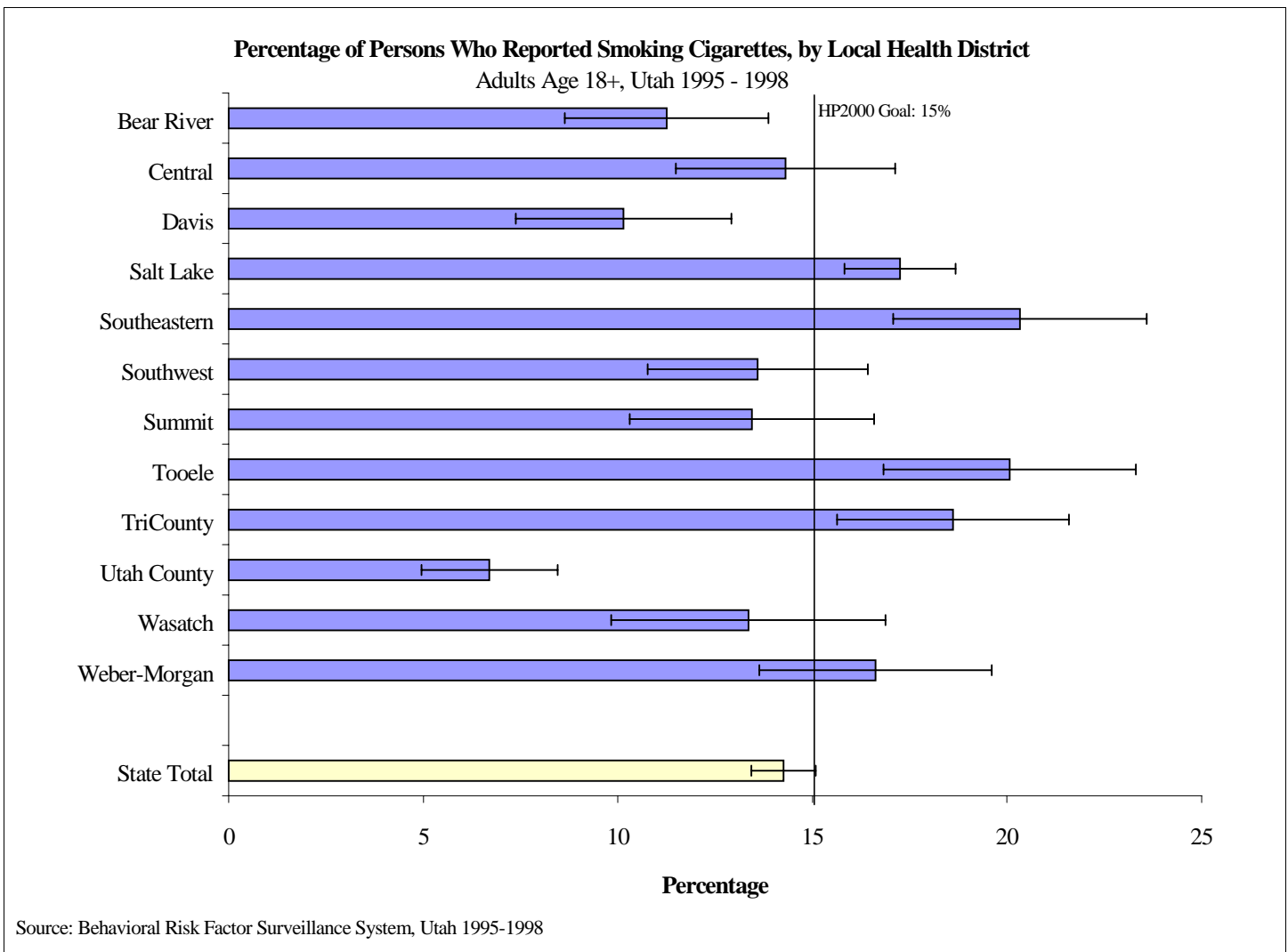


# Current Cigarette Smoking

**Questions:** Have you smoked at least 100 cigarettes in your entire life? Do you now smoke cigarettes every day, some days, or not at all?

Appendix B, pp. 63

The BRFSS defines current smokers as anyone who has ever smoked 100 cigarettes or more and currently smokes. Cigarette smoking is responsible for 21% of all coronary heart disease deaths, 87% of lung cancer deaths, and 88% of deaths from chronic obstructive pulmonary disease. More than 400,000 deaths occur annually in the U.S. due to the effects of cigarette smoking and tobacco use. Women who smoke during pregnancy also increase the risk of miscarriage, preterm births, low birth weight babies, and fetal and infant deaths. Using BRFSS smoking prevalence data and other information, the Centers for Disease Control and Prevention (CDC) was able to estimate that in Utah in 1990 13.4% of all deaths were attributable to smoking and a total of 14,572 years of potential life lost (YPLL) were due to smoking.

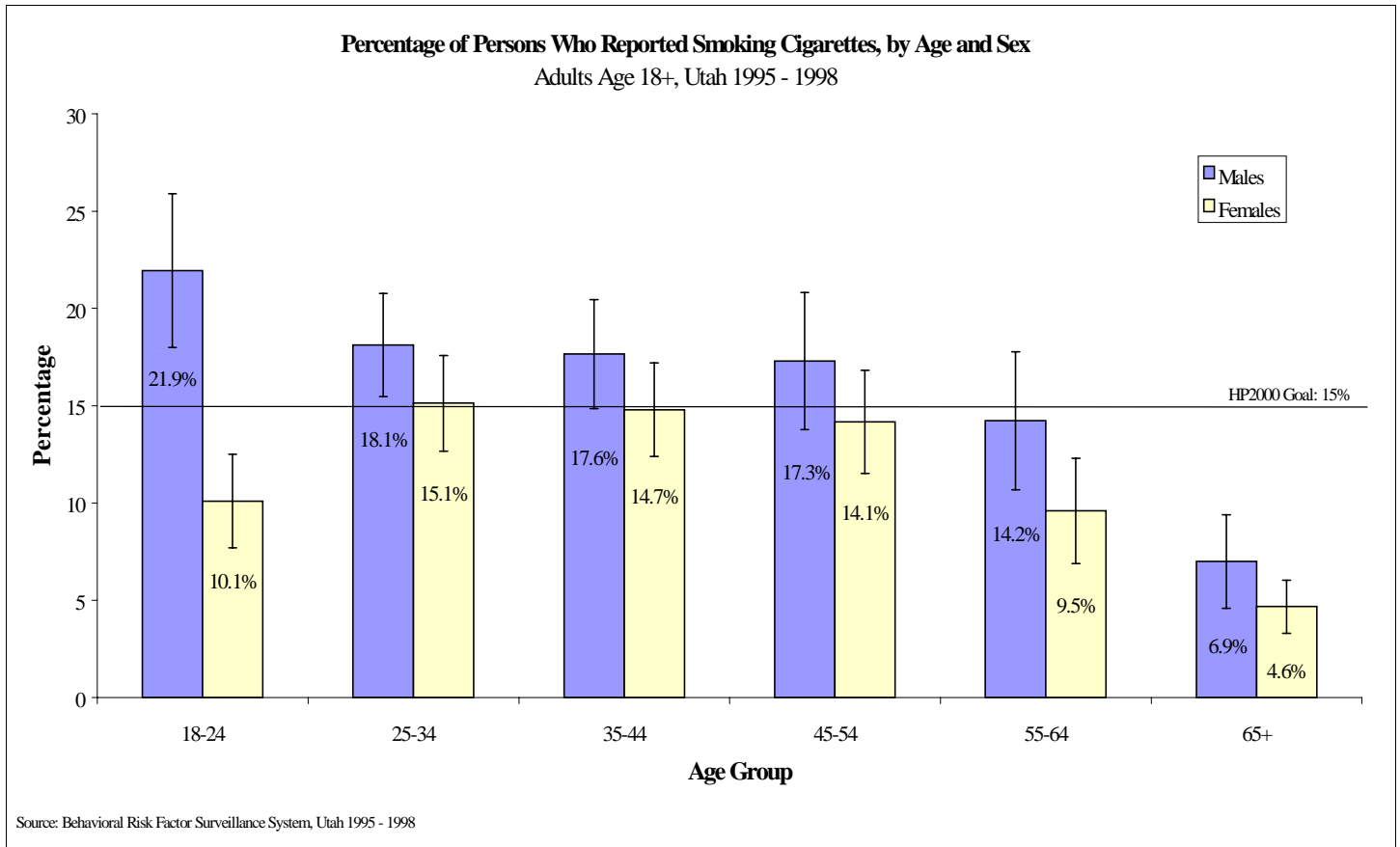


**UTAH OBJECTIVE:** By 2000, reduce cigarette smoking to a prevalence of no more than 7% for youth 12-17 years of age and no more than 13% among Utahns 18 years of age and older.

**YEAR 2000 OBJECTIVE 3.4:** Reduce smoking to a prevalence of no more than 15% among people aged 18 and older.

**YEAR 2010 OBJECTIVE 3.1:** Reduce to 13% the proportion of adults (18 and older) who use tobacco products.

# Current Cigarette Smoking



District	Total Number of Adults in District	Number of Current Smokers	Percentage of Current Smokers	95% Confidence Intervals	
				Lower	Upper
Bear River	81,406	9,160	11.3%	8.6%	13.9%
Central	41,172	5,890	14.3%	11.5%	17.1%
Davis	143,725	14,576	10.1%	7.4%	12.9%
Salt Lake	554,471	95,650	17.3%	15.8%	18.7%
Southeastern	36,691	7,459	20.3%	17.1%	23.6%
Southwest	82,591	11,226	13.6%	10.8%	16.4%
Summit	16,948	2,279	13.4%	10.3%	16.6%
Tooele	21,716	4,358	20.1%	16.8%	23.3%
TriCounty	25,089	4,670	18.6%	15.6%	21.6%
Utah County	205,605	13,771	6.7%	5.0%	8.4%
Wasatch	8,535	1,140	13.4%	9.8%	16.9%
Weber-Morgan	126,711	21,057	16.6%	13.6%	19.6%
State Total	1,344,659	191,689	14.3%	13.4%	15.1%

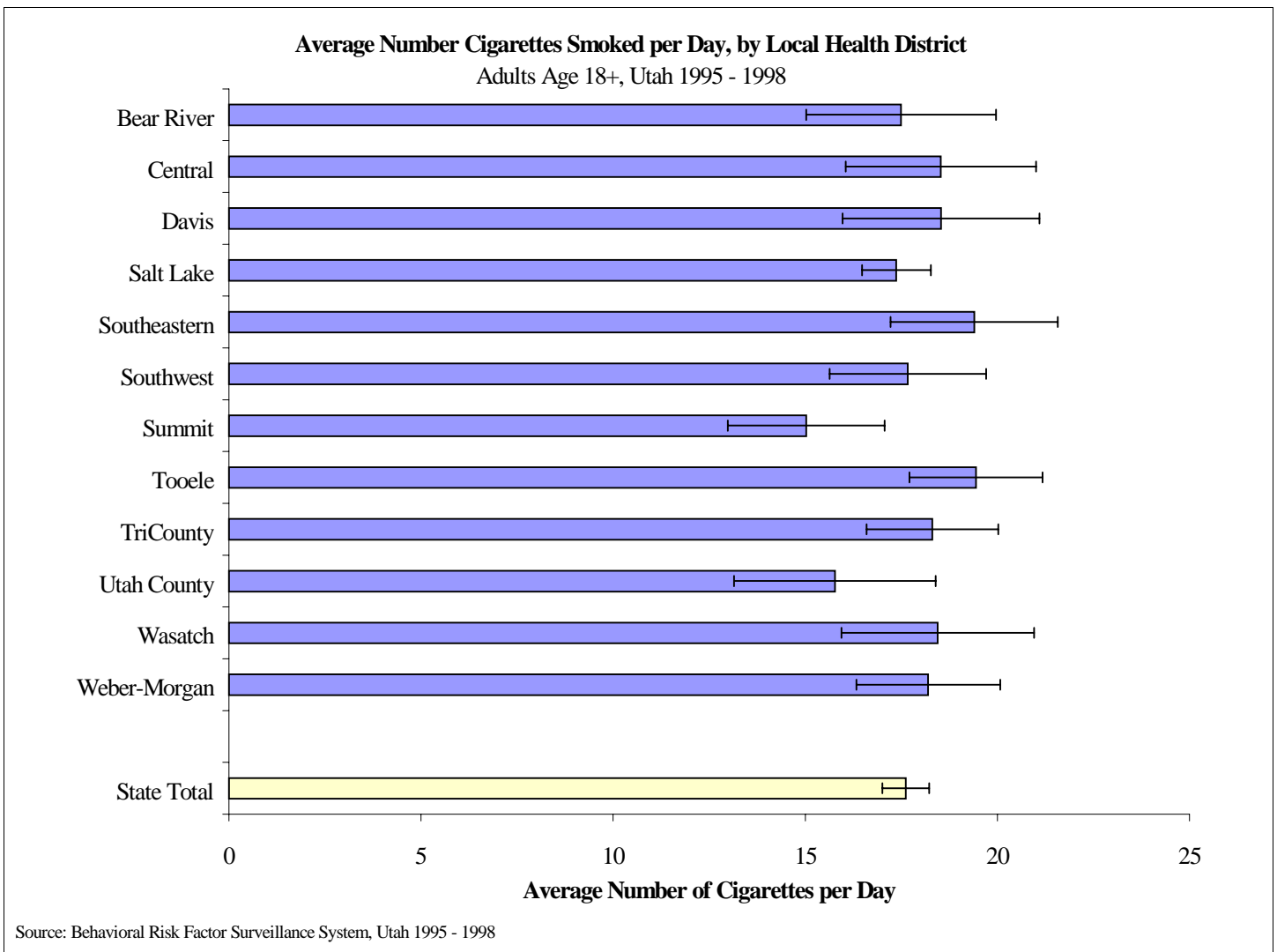
- Males in Utah aged 18-24 were much more likely to be smokers than Utah women of the same age.
- Utah County had the lowest percentage of current smokers in the state of Utah. Davis County and Bear River Districts were well below the state average.
- The likelihood of smoking cigarettes decreased with age for both males and females. This may be due to the fact that continuing smokers are less likely to survive to older ages.

# Number of Cigarettes Smoked Per Day

**Questions:** On the average, about how many cigarettes a day do you smoke?

Appendix B, pp. 63

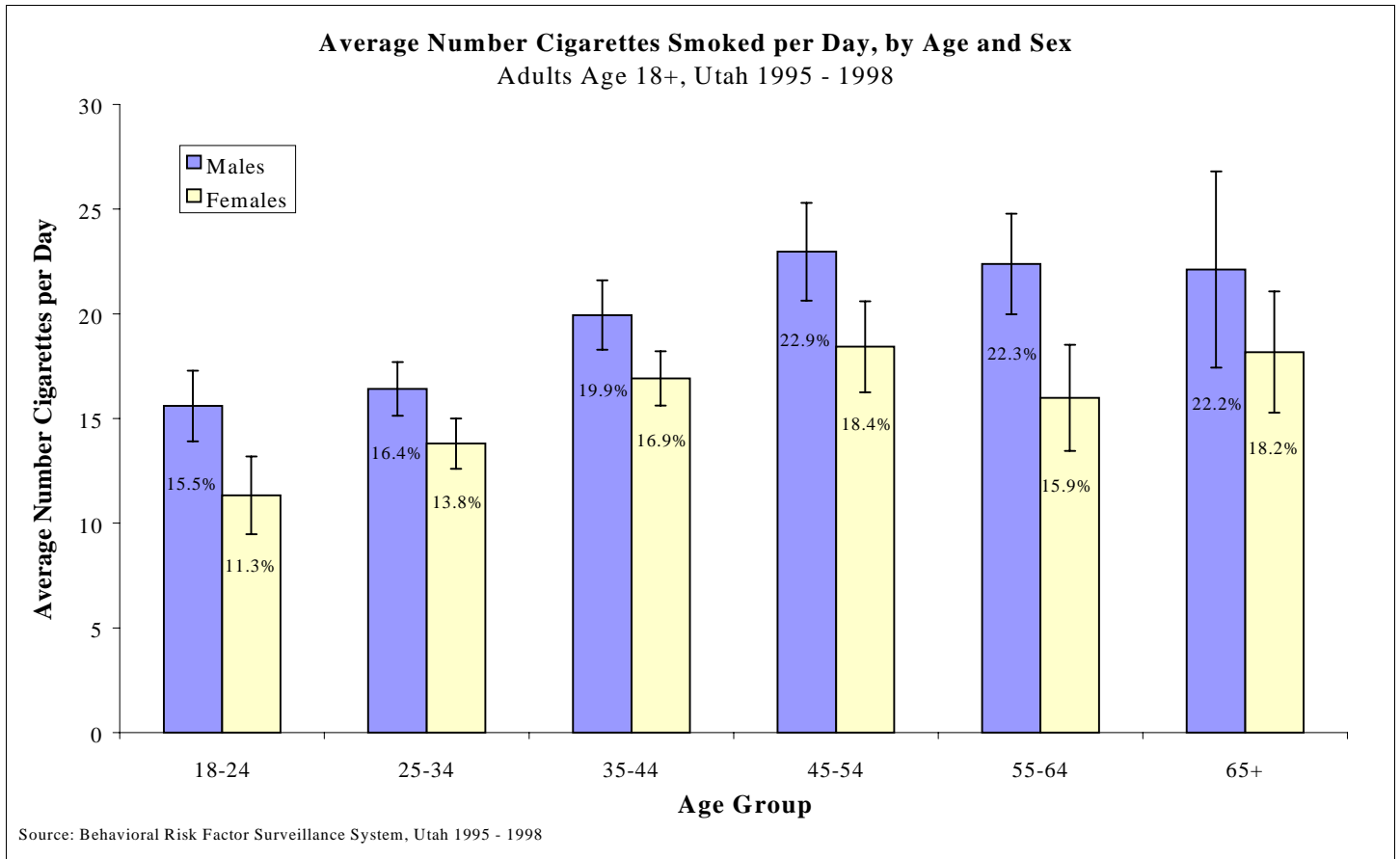
Knowledge of the patterns of tobacco use aids in understanding morbidity and mortality, predicting future disease burden, identifying groups at high risk for tobacco-attributable disease and evaluating tobacco control interventions. Intensity of smoking is assessed by measuring the average self-reported number of cigarettes smoked daily by current smokers. Heavier smokers are defined as those who report smoking  $\geq 25$  cigarettes/day. This measure has been used to monitor the proportion of current smokers who are hard-core smokers (i.e. less able to quit and less interested in quitting). Numbers of cigarettes smoked per day is influenced by such factors as restrictions on where a person can smoke, nicotine yield of cigarettes and cost. In 1992, 23.4% of Utah's current smokers reported smoking a pack or more/day. In 1998, the percentage was only 14.3%. Since 1995, Utah's Indoor Clean Air Act has prohibited smoking in most public places, and in 1997, the taxes on a pack of cigarettes doubled. These two factors may explain some of the decrease in intensity of smoking for Utah smokers.



**UTAH OBJECTIVE:** No objective listed.  
**YEAR 2000 OBJECTIVE:** No objective listed.  
**YEAR 2010 OBJECTIVE:** No objective listed.



# Number of Cigarettes Smoked Per Day



District	# Cigarettes Smoked per Day	95% Confidence Intervals	
		Lower	Upper
Bear River	17.5	15.0	19.9
Central	18.5	16.1	21.0
Davis	18.5	16.0	21.1
Salt Lake	17.4	16.5	18.3
Southeastern	19.4	17.2	21.6
Southwest	17.7	15.6	19.7
Summit	15.0	13.0	17.0
Tooele	19.4	17.7	21.2
TriCounty	18.3	16.6	20.0
Utah County	15.8	13.2	18.4
Wasatch	18.4	16.0	20.9
Weber-Morgan	18.2	16.3	20.1
State Total	17.6	17.0	18.2

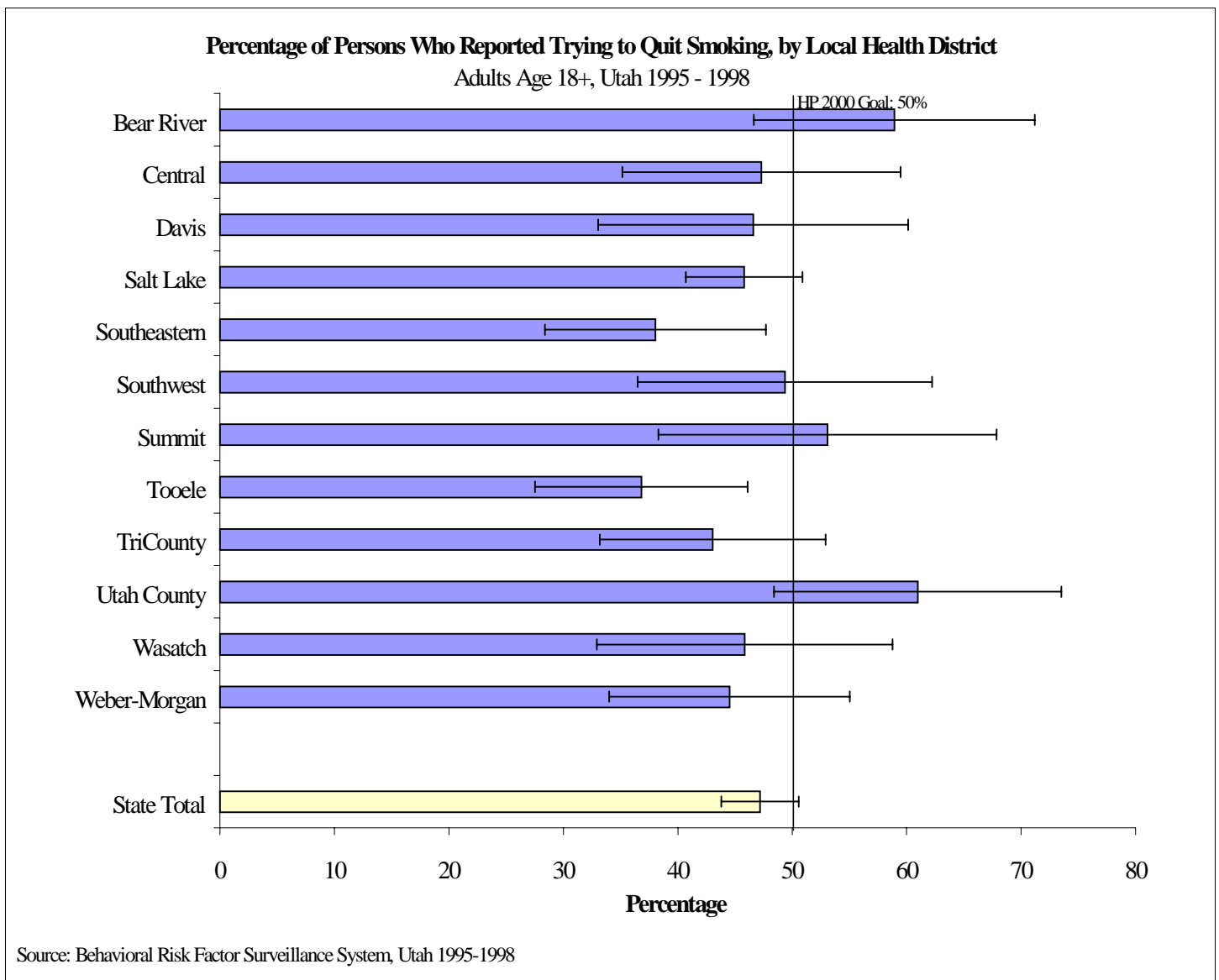
- Current smokers in Summit and Utah counties reported smoking fewer cigarettes per day on average than did current smokers in the other Utah health districts.
- The number of cigarettes smoked per day by current smokers increased with age.

# Quit Attempt

**Questions:** During the past 12 months, have you quit smoking for 1 day or longer?

Appendix B, pp. 64

Smokers often try to quit more than once before they succeed. Most ex-smokers cycle through the quitting process several times before successfully becoming long time quitters. At least one-third of smokers who stay off cigarettes for at least 1 or more years may eventually relapse. However, relapse becomes less likely as ex-smokers stay off cigarettes for longer periods of time. Quitting smoking carries major and immediate health benefits for men and women of all ages, even those in the older age groups. Benefits apply to healthy people and to those already suffering from smoking-related diseases.



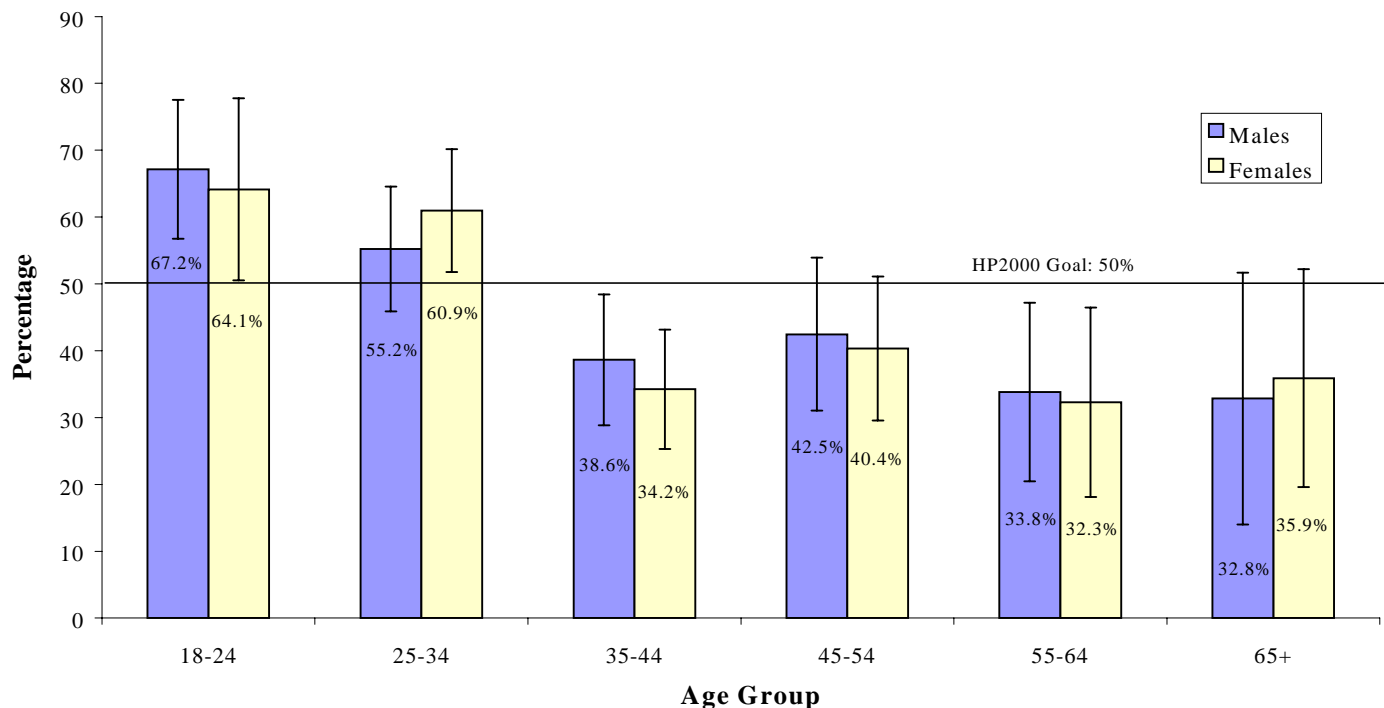
**UTAH OBJECTIVE:** No objective listed.

**YEAR 2000 OBJECTIVE:** Increase to at least 50% the proportion of cigarette smokers aged 18 and older who stopped smoking cigarettes for at least one day during the preceding year.

**YEAR 2010 OBJECTIVE 3.6:** Increase to 75% the proportion of cigarette smokers aged 18 and older who stopped smoking for a day.

# Quit Attempt

**Percentage of Persons Who Reported Trying to Quit Smoking, by Age and Sex**  
Adults Age 18+, Utah 1995 - 1998



Source: Behavioral Risk Factor Surveillance System, Utah 1995 - 1998

District	Number of Current Smokers	Number Who Tried to Quit Smoking	Percentage Who Tried to Quit Smoking	95% Confidence Intervals	
				Lower	Upper
Bear River	9,160	5,397	58.9%	46.7%	71.1%
Central	5,890	2,786	47.3%	35.2%	59.4%
Davis	14,576	6,791	46.6%	33.1%	60.1%
Salt Lake	95,650	43,808	45.8%	40.7%	50.9%
Southeastern	7,459	2,837	38.0%	28.4%	47.6%
Southwest	11,226	5,541	49.4%	36.6%	62.2%
Summit	2,279	1,210	53.1%	38.4%	67.8%
Tooele	4,358	1,605	36.8%	27.6%	46.1%
TriCounty	4,670	2,011	43.1%	33.2%	52.9%
Utah County	13,771	8,396	61.0%	48.5%	73.5%
Wasatch	1,140	523	45.9%	33.0%	58.7%
Weber-Morgan	21,057	9,377	44.5%	34.1%	55.0%
State Total	191,689	90,446	47.2%	43.8%	50.5%

- Smokers living in Tooele County and Southeastern Health District were least likely to attempt to quit smoking.
- The percentage of current smokers who reported that they quit smoking for 1 day in the past 12 months decreased with age for both males and females.

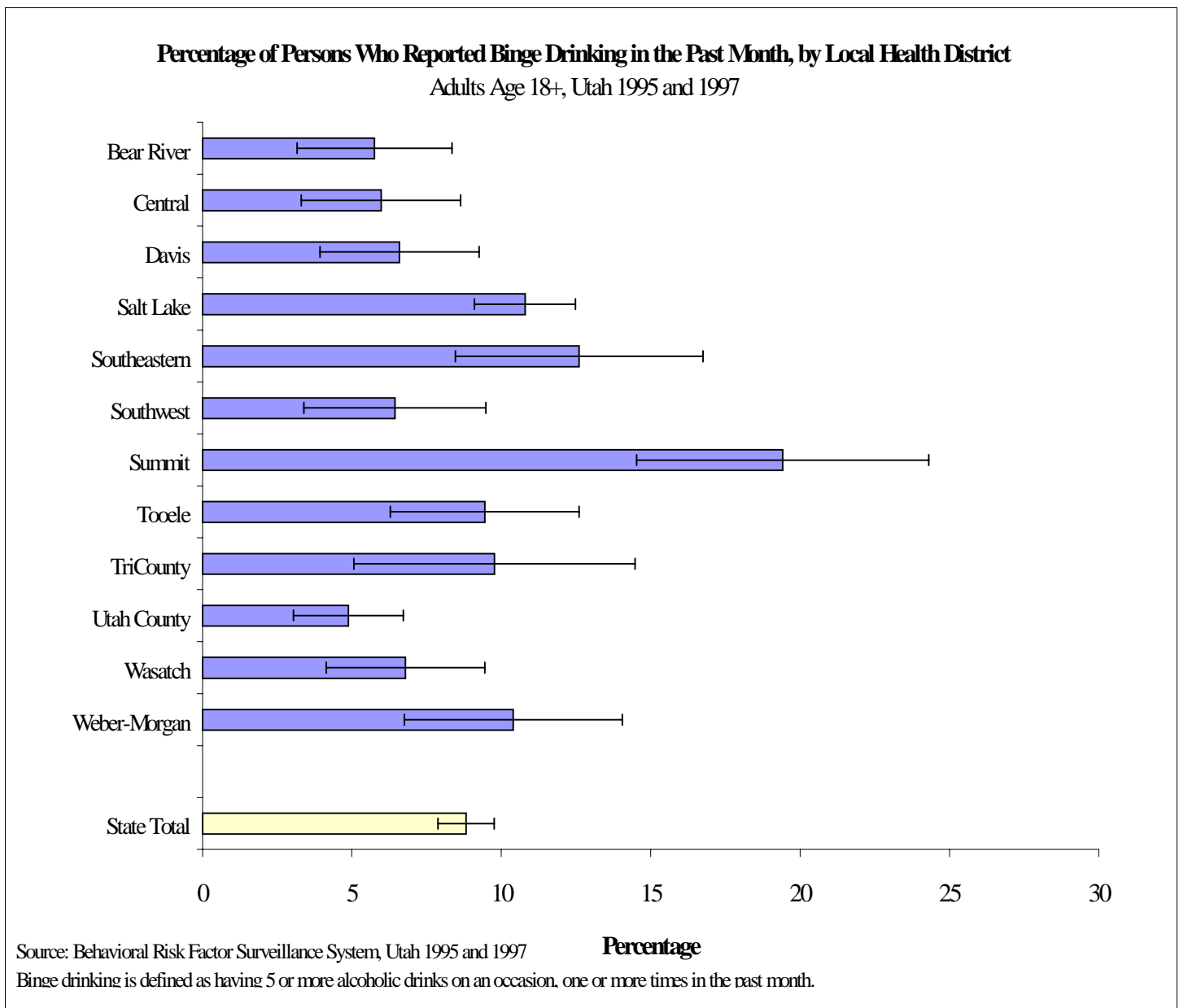
# Binge Drinking

**Question:** Considering all types of alcoholic beverages, how many times during the past month did you have five or more drinks on an occasion?

Appendix B, pp. 69

Binge drinking is defined as consuming five or more drinks of alcohol\* on an occasion one or more times in the past 30 days. National guidelines advise one or fewer drinks of alcohol per day for women and two or fewer drinks per day for men. Education on the health effects of alcohol abuse is a key prevention strategy.

\* A drink is defined as one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

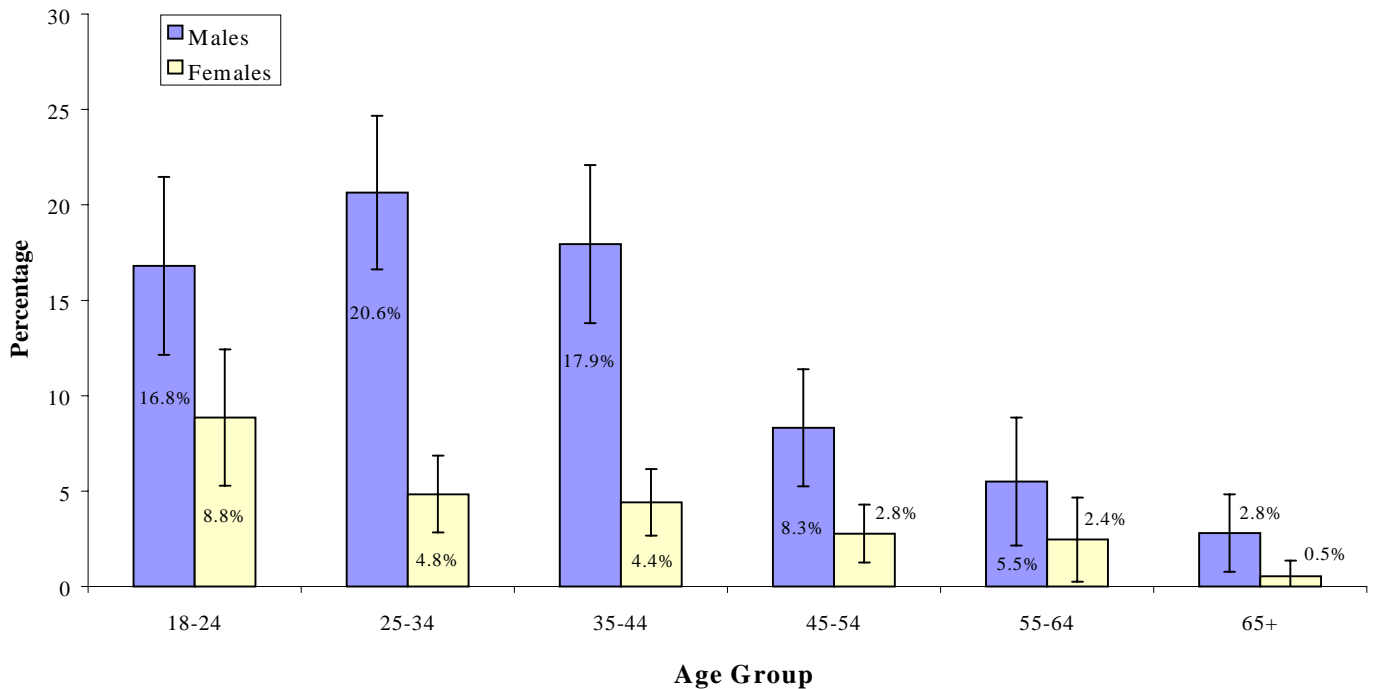


**UTAH OBJECTIVE:** No objective listed.  
**YEAR 2000 OBJECTIVE:** No objective listed.  
**YEAR 2010 OBJECTIVE:** No objective listed.

# Binge Drinking

**Percentage of Persons Who Reported Binge Drinking in the Past Month,  
by Age and Sex**

Adults Age 18+, Utah 1995 and 1997



Source: Behavioral Risk Factor Surveillance System, Utah 1995 and 1997

Binge drinking is defined as having 5 or more alcoholic drinks on an occasion, one or more times in the past month.

District	Total Number of Adults in District	Number Binge Drinking	Percentage Binge Drinking	95% Confidence Intervals	
				Lower	Upper
Bear River	79,823	4,597	5.8%	3.2%	8.3%
Central	40,297	2,408	6.0%	3.3%	8.6%
Davis	141,480	9,325	6.6%	3.9%	9.2%
Salt Lake	547,744	59,119	10.8%	9.1%	12.5%
Southeastern	36,191	4,562	12.6%	8.5%	16.7%
Southwest	80,057	5,153	6.4%	3.4%	9.5%
Summit	16,526	3,209	19.4%	14.6%	24.3%
Tooele	21,226	2,005	9.4%	6.3%	12.6%
TriCounty	24,712	2,415	9.8%	5.1%	14.5%
Utah County	201,995	9,864	4.9%	3.1%	6.7%
Wasatch	8,343	567	6.8%	4.2%	9.4%
Weber-Morgan	125,148	13,015	10.4%	6.8%	14.0%
State Total	1,323,541	116,714	8.8%	7.9%	9.8%

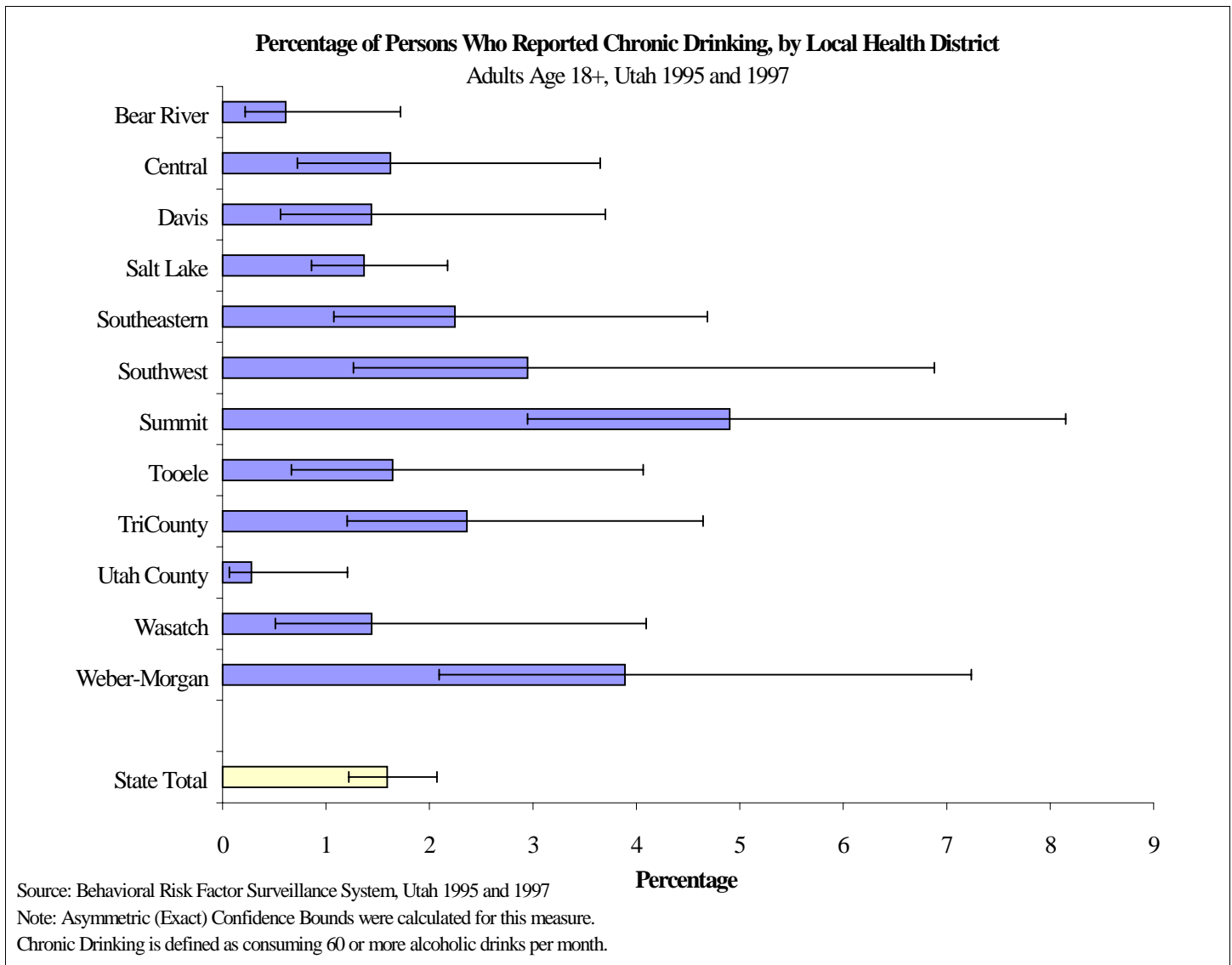
- Males aged 18-44 had higher binge drinking rates than any other age group of both males and females.
- Binge drinking was reported substantially more often by adults in Summit Health District than in other Utah health districts.

# Chronic Drinking

**Questions:** During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? On the days when you drank, about how many drinks did you drink on the average? Appendix B, pp. 69

Chronic drinking, defined as consuming 60 or more drinks of alcohol\* per month, can have serious health consequences, including nutritional deficiencies, impaired functioning of vital organs, and Fetal Alcohol Syndrome associated with alcohol use during pregnancy. In addition to health consequences, social problems such as increased aggression, crime, marital discord, child abuse, and job loss can be associated with chronic alcohol abuse.

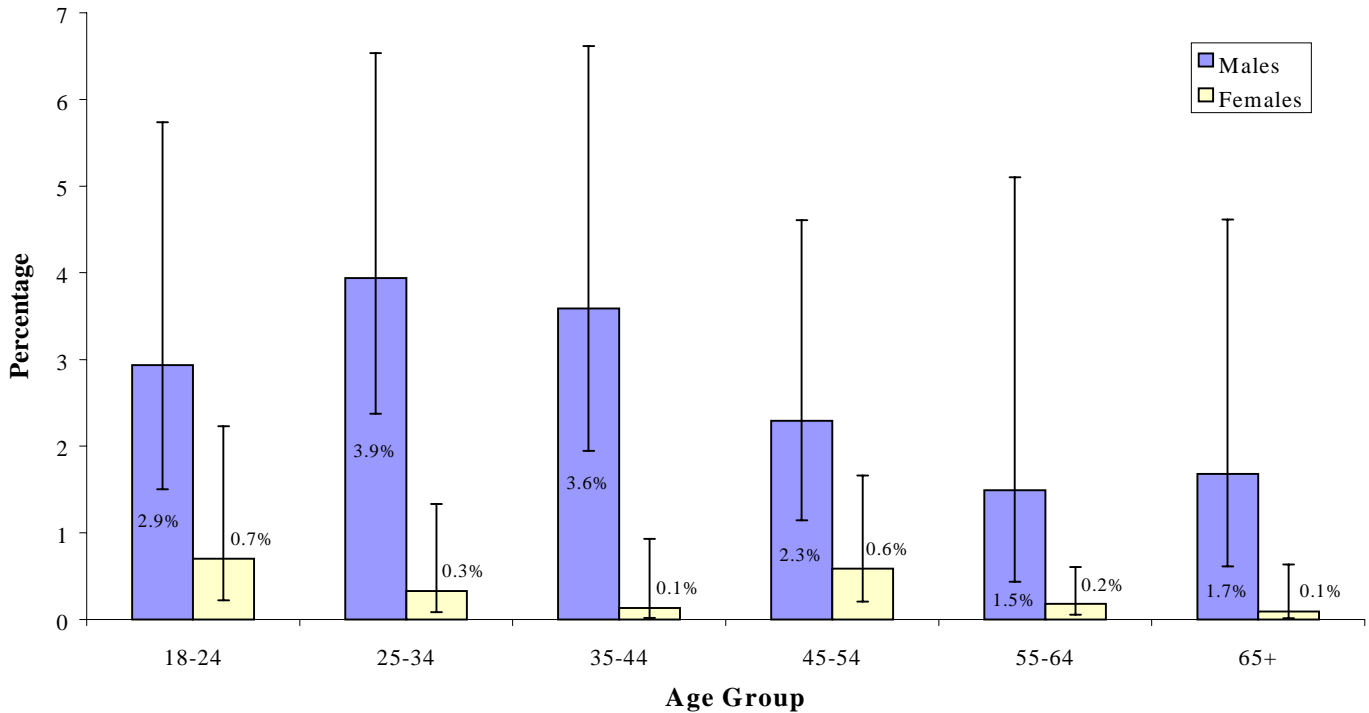
\* A drink is defined as one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.



**UTAH OBJECTIVE:** No objective listed.  
**YEAR 2000 OBJECTIVE:** No objective listed.  
**YEAR 2010 OBJECTIVE:** No objective listed.

# Chronic Drinking

**Percentage of Persons Who Reported Chronic Drinking, by Age and Sex**  
Adults Age 18+, Utah 1995 and 1997



Source: Behavioral Risk Factor Surveillance System, Utah 1995 and 1997

Note: Asymmetric (Exact) Confidence Bounds were calculated for this measure.  
Chronic Drinking is defined as consuming 60 or more alcoholic drinks per month.

District	Total Number of Adults in District	Number Chronic Drinking	Percentage Chronic Drinking	95% Asymmetric Confidence Intervals	
				Lower	Upper
Bear River	79,823	488	0.6%	0.2%	1.7%
Central	40,297	654	1.6%	0.7%	3.6%
Davis	141,480	2,035	1.4%	0.6%	3.7%
Salt Lake	547,744	7,490	1.4%	0.9%	2.2%
Southeastern	36,191	813	2.2%	1.1%	4.7%
Southwest	80,057	2,361	2.9%	1.3%	6.9%
Summit	16,526	810	4.9%	2.9%	8.2%
Tooele	21,226	349	1.6%	0.7%	4.1%
TriCounty	24,712	584	2.4%	1.2%	4.6%
Utah County	201,995	562	0.3%	0.1%	1.2%
Wasatch	8,343	120	1.4%	0.5%	4.1%
Weber-Morgan	125,148	4,869	3.9%	2.1%	7.2%
State Total	1,323,541	21,039	1.6%	1.2%	2.1%

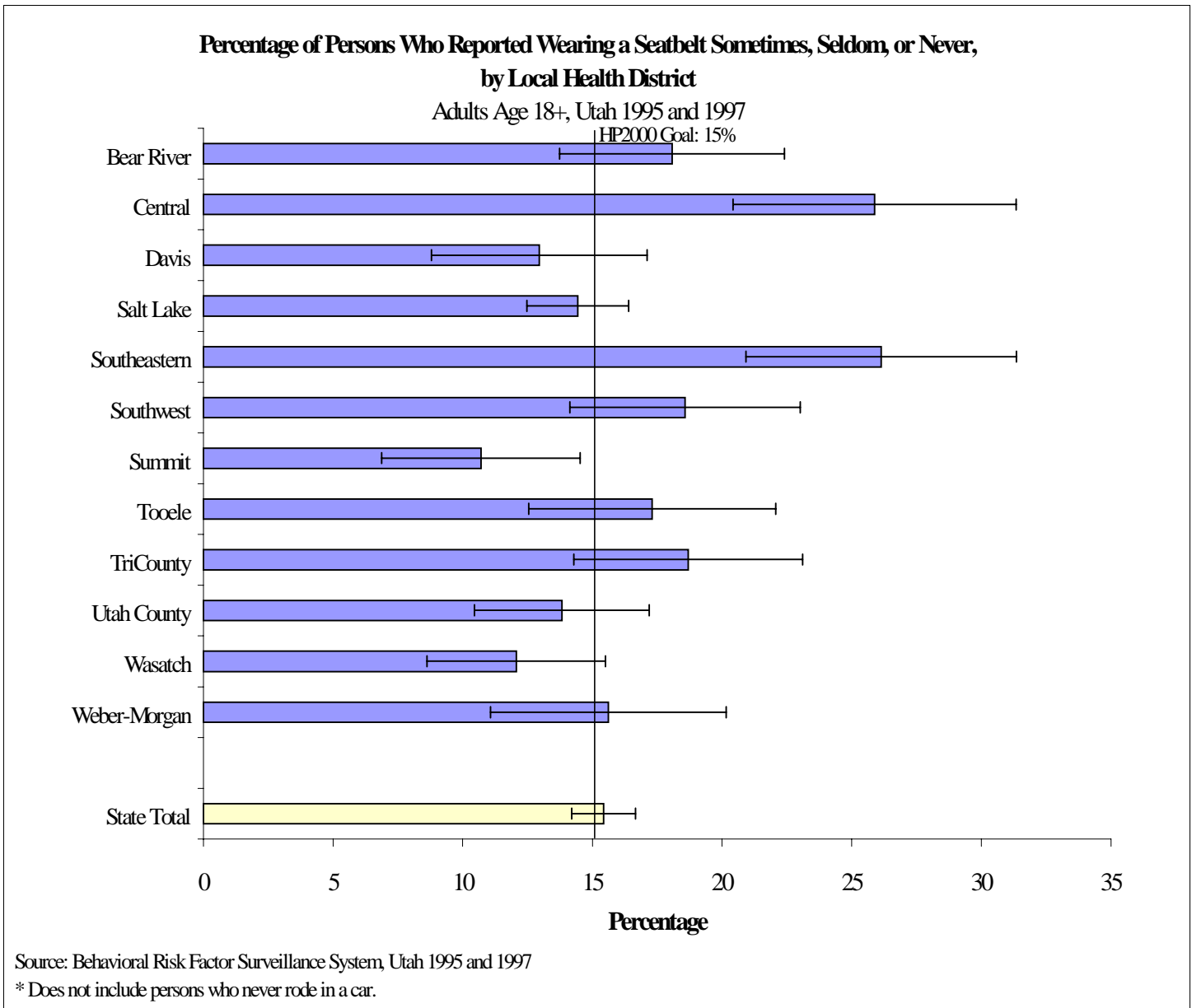
- Chronic drinking was most common among young adult males and was much higher among men than women.
- Summit and Weber-Morgan Districts had higher rates of chronic drinking than the state average.

# Seatbelt Non-Use

**Question:** How often do you use a seatbelt when you drive or ride in a car?

Appendix B, pp. 68

When asked how often they used their seatbelts, those surveyed were offered the choices: always, nearly always, sometimes, seldom, or never. Those who sometimes, seldom, or never used seatbelts were considered non-users. Consistent seatbelt use dramatically reduces risk of death or injury in an automobile crash. Drivers and passengers in cars with automatic seatbelts should also fasten lap belts to minimize danger in an accident.



**UTAH OBJECTIVE:** By 2000, reduce the non-use of vehicle safety restraints among adult occupants to no more than 30%.

**YEAR 2000 OBJECTIVE 9.12:** Reduce the non-use of seatbelts and child safety seats among adult occupants to no more than 15%.

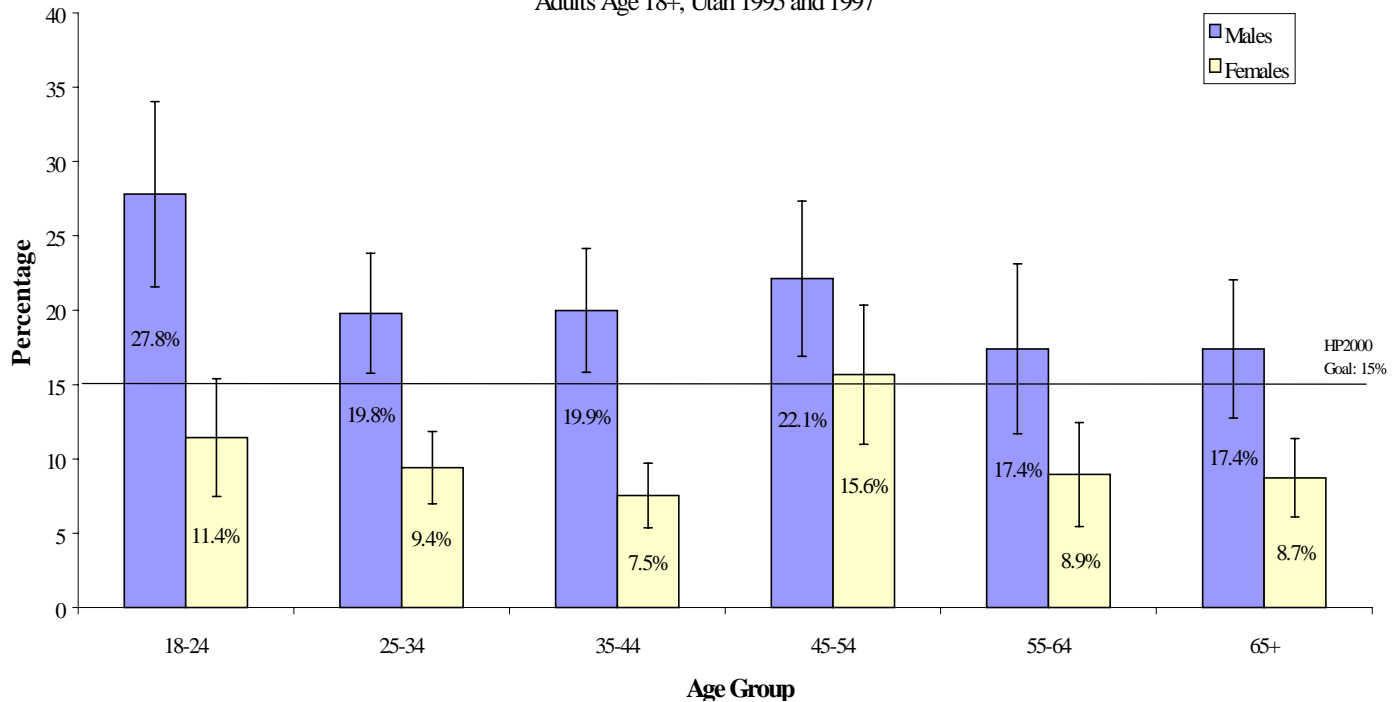
**YEAR 2010 OBJECTIVE 7.15:** Increase use of safety belts and child restraints to at least 93% of motor vehicle occupants.



# Seatbelt Non-Use

Percentage of Persons Who Reported Wearing a Seatbelt Sometimes, Seldom, or Never,  
by Age and Sex

Adults Age 18+, Utah 1995 and 1997



Source: Behavioral Risk Factor Surveillance System, Utah 1995 and 1997

\* Does not include persons who never rode in a car.

District	Total Number of Adults in District	Number Who Didn't Use Seatbelts	Percentage Who Didn't Use Seatbelts	95% Confidence Intervals	
				Lower	Upper
Bear River	79,823	14,423	18.1%	13.8%	22.4%
Central	40,297	10,431	25.9%	20.5%	31.3%
Davis	141,480	18,328	13.0%	8.8%	17.1%
Salt Lake	547,744	79,090	14.4%	12.5%	16.4%
Southeastern	36,191	9,459	26.1%	20.9%	31.3%
Southwest	80,057	14,870	18.6%	14.2%	23.0%
Summit	16,526	1,769	10.7%	6.9%	14.5%
Tooele	21,226	3,673	17.3%	12.6%	22.0%
TriCounty	24,712	4,621	18.7%	14.3%	23.1%
Utah County	201,995	27,917	13.8%	10.5%	17.2%
Wasatch	8,343	1,006	12.1%	8.6%	15.5%
Weber-Morgan	125,148	19,538	15.6%	11.1%	20.1%
State Total	1,323,541	204,249	15.4%	14.2%	16.7%

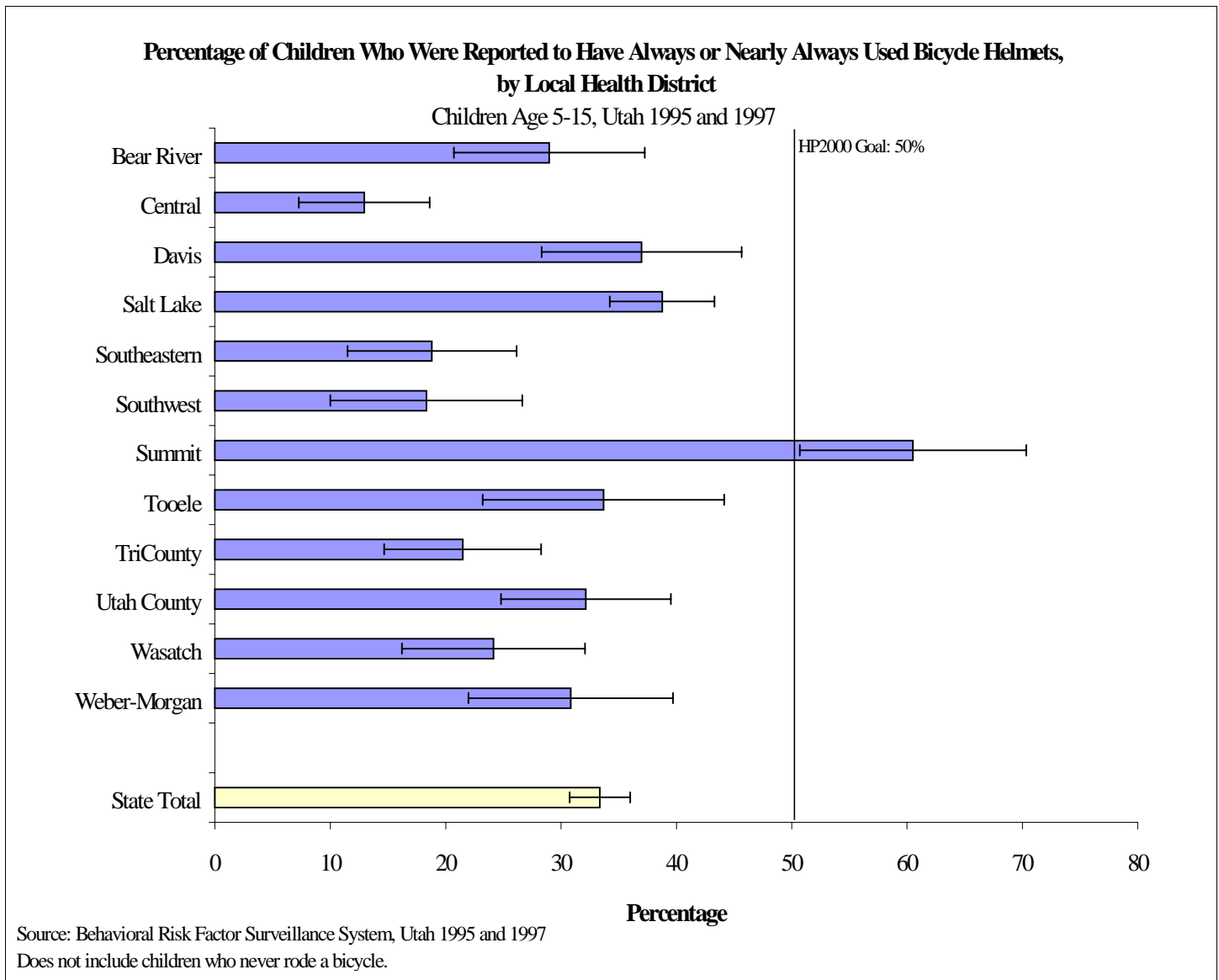
- The Utah Department of Health Violence and Injury Prevention Program has been collaborating with local health departments and other agencies to educate the public on the need for a law mandating seatbelt use and allowing primary enforcement of the law. Currently in Utah, a driver can only be ticketed for seatbelt non-use if he or she has been stopped for some other offense.

# Child Bicycle Helmet Use

**Question:** During the past year, how often has that child worn a bicycle helmet when riding a bicycle?

Appendix B, pp. 68

Head injuries are the most serious type of injuries sustained by pedal cyclists of all ages. Wearing bicycle helmets is a proven intervention that minimizes the risk of head injury. Although no state has a bicycle helmet law that applies to all riders, 15 states have laws that apply to young bicyclists. Helmets are important for riders of all ages, especially because older bicyclists represent two-thirds of bicycle deaths. Survey respondents were asked the age of the oldest child in the household under 16, and whether that child wore a bicycle helmet always, nearly always, sometimes, seldom or never in the past year. Those children who were reported to have worn a bicycle helmet always or nearly always, were considered bicycle helmet users for this report.



**UTAH OBJECTIVE:** By 2000, increase use of helmets to at least 50% of bicyclists.

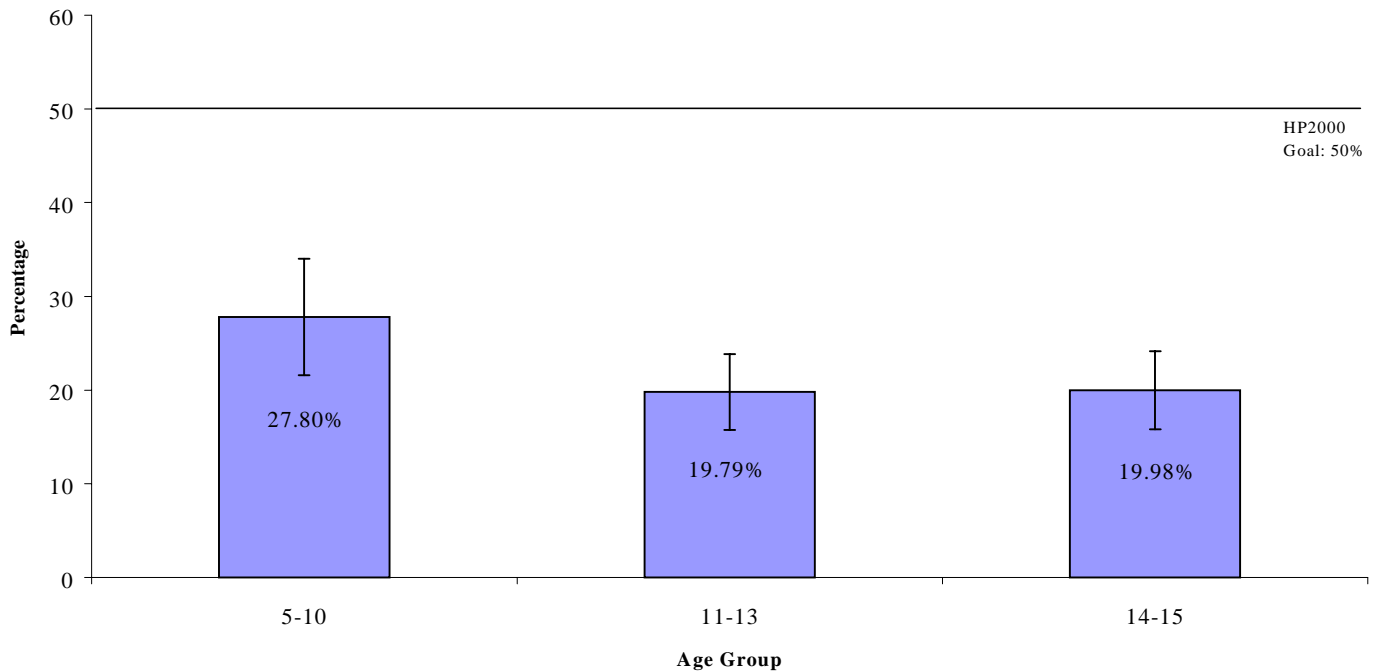
**YEAR 2000 OBJECTIVE 9.13:** Increase use of helmets to at least 80% of motorcyclists and at least 50% of bicyclists.

**YEAR 2010 OBJECTIVE 7.27:** Developmental

# Child Bicycle Helmet Use

**Percentage of Children Who Were Reported to Have Always or Nearly Always Used Bicycle Helmets, by Age**

Children Age 5-15, Utah 1995 and 1997



Source: Behavioral Risk Factor Surveillance System, Utah 1995 and 1997

\* Does not include children who never rode a bicycle.

District	Total Number of Children in District	Total # of Children Who Rode Bicycles	Number Who Wore Bicycle Helmets	Percentage With Bicycle Helmets	95% Confidence Intervals	
					Lower	Upper
Bear River	26,934	23,626	6,847	29.0%	20.7%	37.2%
Central	13,017	11,152	1,444	13.0%	7.3%	18.6%
Davis	48,654	43,672	16,154	37.0%	28.4%	45.6%
Salt Lake	163,626	143,435	55,610	38.8%	34.3%	43.3%
Southeastern	11,522	9,970	1,875	18.8%	11.5%	26.1%
Southwest	21,969	17,900	3,279	18.3%	10.0%	26.6%
Summit	4,289	4,080	2,469	60.5%	50.8%	70.3%
Tooele	6,025	5,065	1,706	33.7%	23.3%	44.1%
TriCounty	8,967	7,451	1,601	21.5%	14.7%	28.3%
Utah County	64,536	54,629	17,569	32.2%	24.8%	39.5%
Wasatch	2,644	2,357	569	24.2%	16.3%	32.0%
Weber-Morgan	35,056	28,318	8,733	30.8%	22.0%	39.7%
State Total	407,237	351,812	117,435	33.4%	30.8%	36.0%

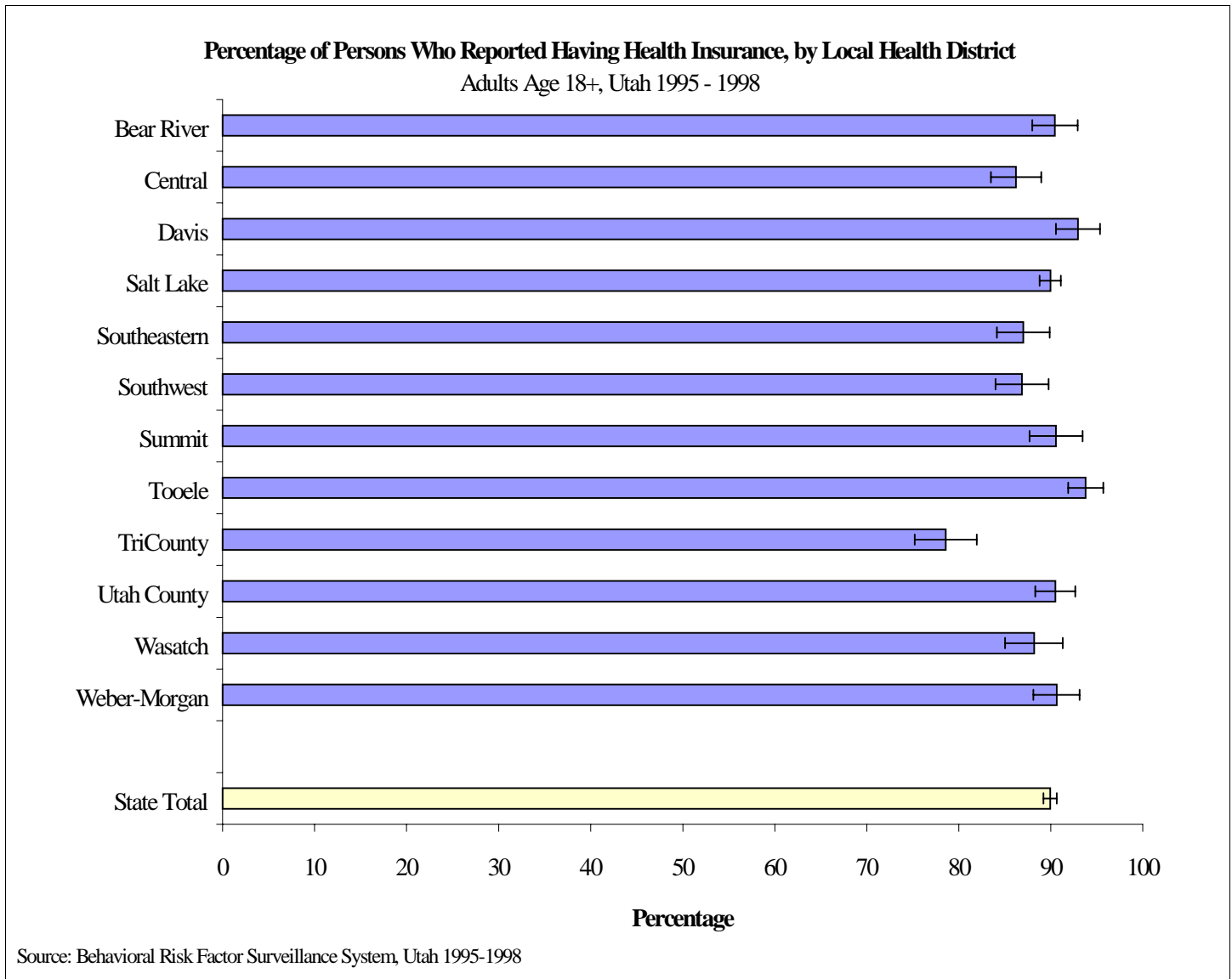
- Summit county had the highest rates in Utah of children using bicycle helmets. Their rates were well above the state average and the HP 2000 goal.
- Children living in Central Health District were the least likely to wear a bicycle helmet.
- Despite the proven benefits of bicycle helmets, reported use remains low.

# Health Care Coverage

**Question:** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

Appendix B, pp. 62, Q5 and Q7a

In 1997, one of six Americans had no insurance coverage for health care costs. This was true despite the fact that health care represented nearly 14% of the nation's gross domestic product, and our per capita expenditures on health care were 50% higher than in any other country. Without health insurance, costs associated with the treatment of injuries or severe or chronic illnesses could easily exceed the ability of a person to pay or to borrow. Different surveys provide slightly different measures of health insurance coverage due to differences in the questions, survey sample, or other reasons.

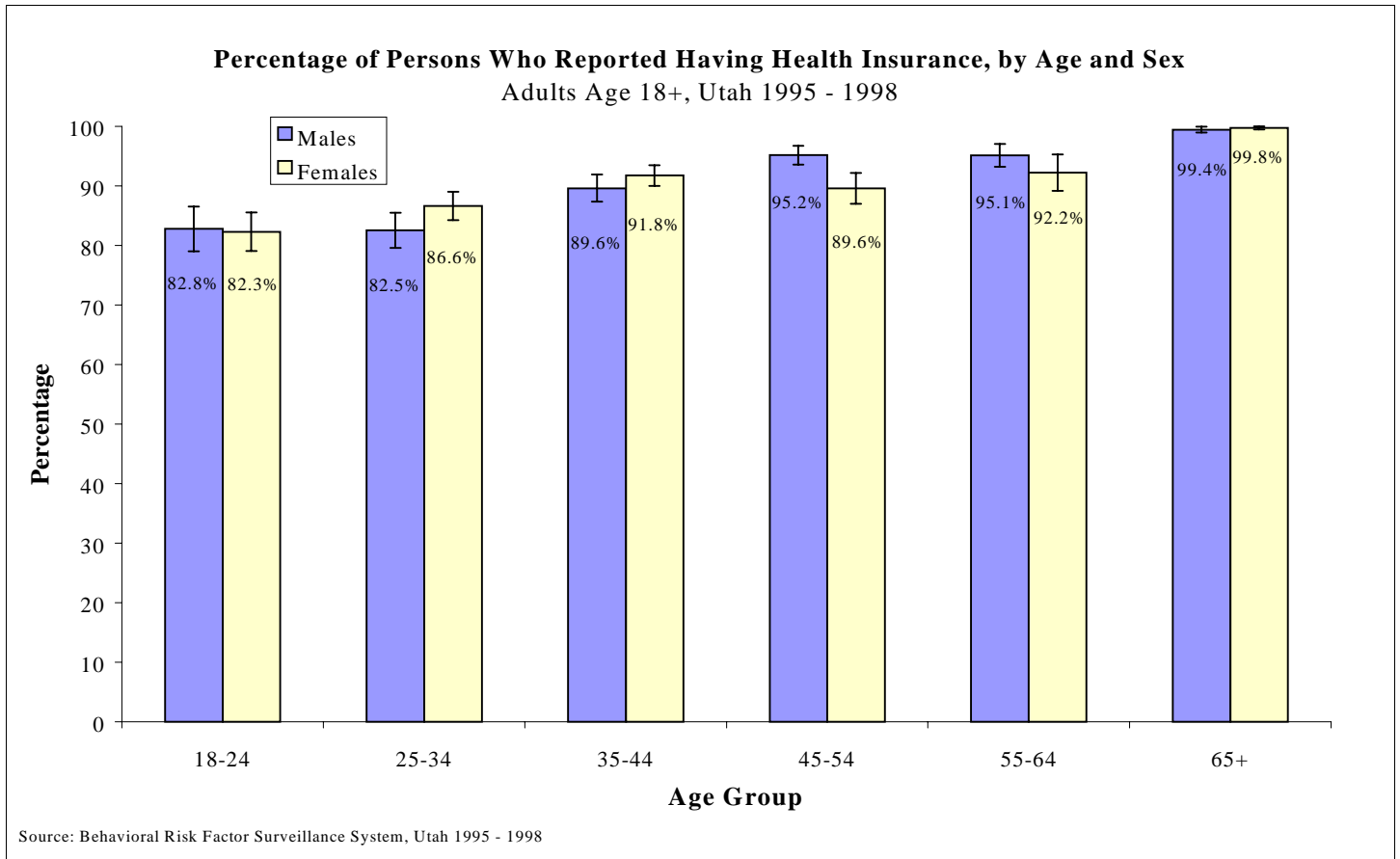


**UTAH OBJECTIVE:** No objective listed.

**YEAR 2000 OBJECTIVE:** No objective listed.

**YEAR 2010 OBJECTIVE 10.A.1:** Increase to 100% the proportion of children and adults under 65 with health care coverage.

# Health Care Coverage



District	Total Number of Adults in District	Number of Adults with Health Ins.	Percentage of Adults with Health Ins.	95% Confidence Intervals	
				Lower	Upper
Bear River	81,406	73,624	90.4%	88.0%	92.9%
Central	41,172	35,501	86.2%	83.5%	89.0%
Davis	143,725	133,590	92.9%	90.6%	95.3%
Salt Lake	554,471	498,765	90.0%	88.8%	91.1%
Southeastern	36,691	31,925	87.0%	84.2%	89.9%
Southwest	82,591	71,747	86.9%	84.0%	89.7%
Summit	16,948	15,349	90.6%	87.7%	93.4%
Tooele	21,716	20,369	93.8%	91.9%	95.7%
TriCounty	25,089	19,717	78.6%	75.2%	81.9%
Utah County	205,605	186,047	90.5%	88.3%	92.6%
Wasatch	8,535	7,525	88.2%	85.0%	91.3%
Weber-Morgan	126,711	114,836	90.6%	88.1%	93.1%
State Total	1,344,659	1,209,249	89.9%	89.2%	90.7%

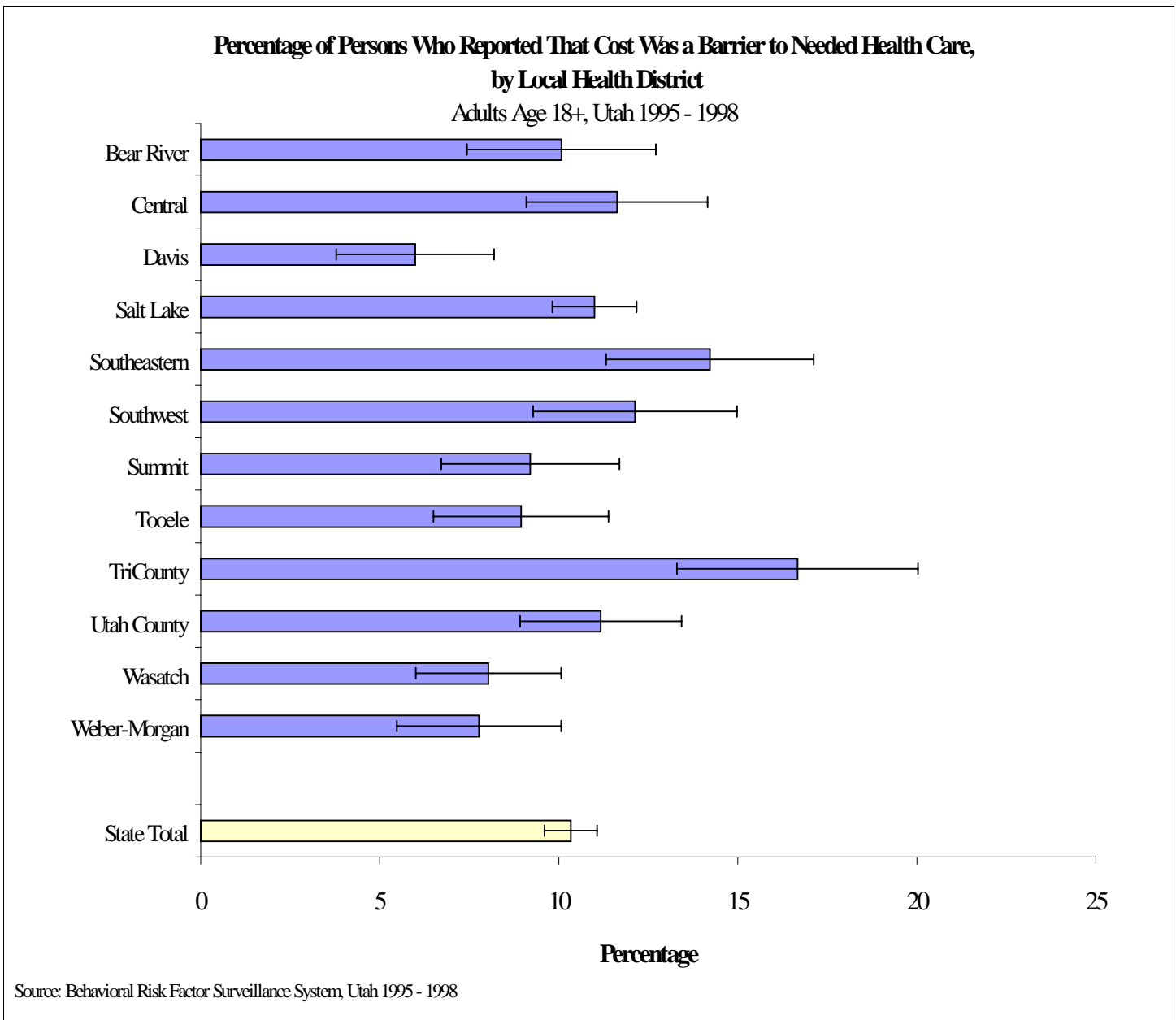
- In addition to limiting access to care for relatively serious medical conditions, lack of health insurance remains a major determinant of access to necessary health services, including preventive care, primary care, tertiary care, and emergency care.
- Utahns living in Tri-County Health District were the least likely to have health care coverage.

# Unable to Get Needed Health Care Because of Cost

**Questions:** Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

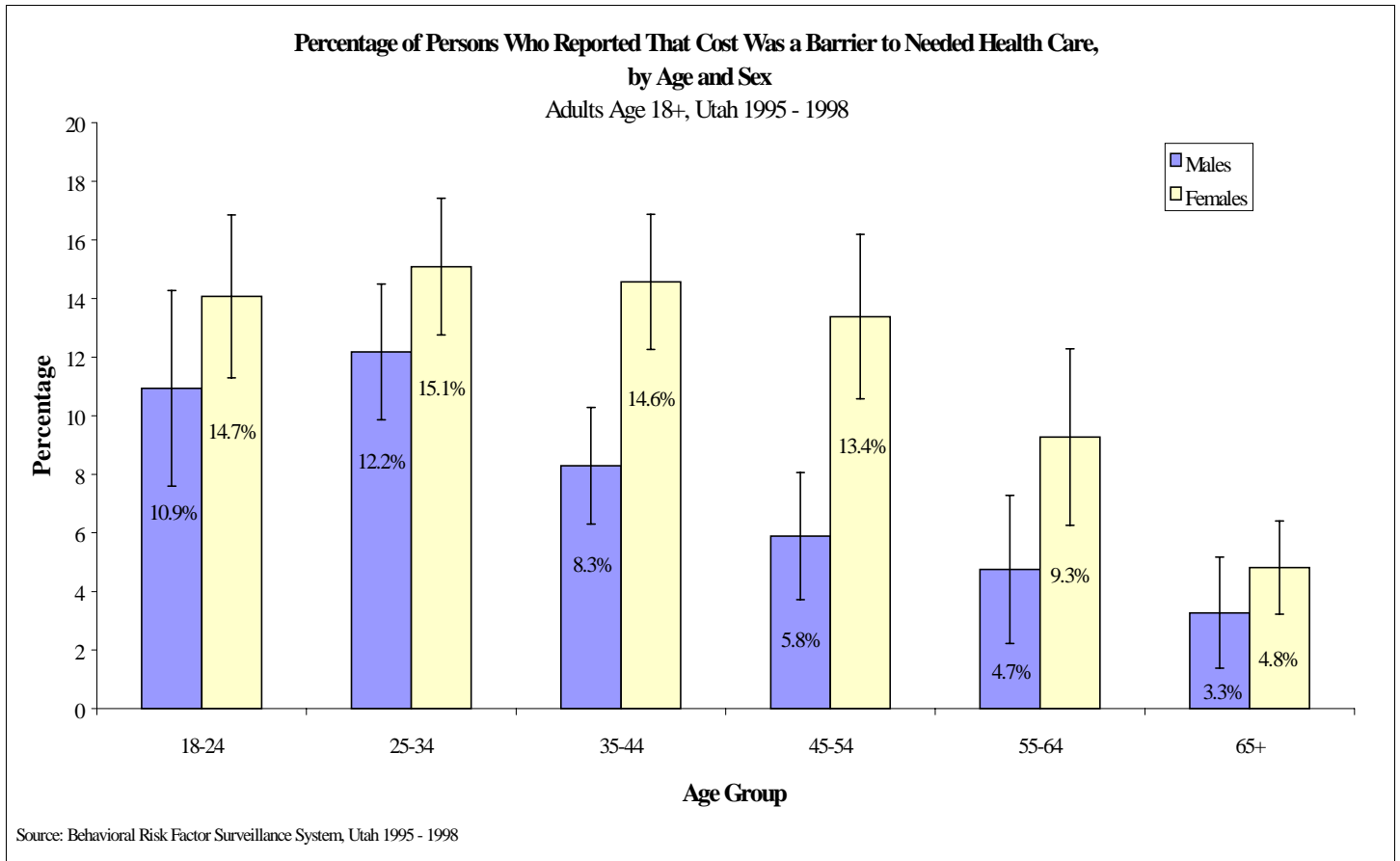
Appendix B, pp. 62

In addition to a lack of insurance and under-insurance, barriers to health care include lack of appropriate referrals, travel distance to provider, lack of transportation, and availability of specialists. The 1996 Medical Expenditure Panel Survey (MEPS) reported that 59.9% of those surveyed cited inability to afford health care as a major barrier. According to the 1996 Utah Health Status Survey 1.2% of Utahns with insurance and 9.2% of those without insurance reported that they were unable to obtain needed medical care because of the cost of health care.



**UTAH OBJECTIVE:** No objective listed.  
**YEAR 2000 OBJECTIVE:** No objective listed.  
**YEAR 2010 OBJECTIVE:** No objective listed.

# Unable to Get Needed Health Care Because of Cost



District	Total Number of Adults in District	Number with Access Problem	Percentage with Access Problem	95% Confidence Intervals	
				Lower	Upper
Bear River	81,406	8,201	10.1%	7.5%	12.7%
Central	41,172	4,785	11.6%	9.1%	14.1%
Davis	143,725	8,608	6.0%	3.8%	8.2%
Salt Lake	554,471	60,962	11.0%	9.8%	12.2%
Southeastern	36,691	5,218	14.2%	11.3%	17.1%
Southwest	82,591	10,018	12.1%	9.3%	15.0%
Summit	16,948	1,560	9.2%	6.7%	11.7%
Tooele	21,716	1,942	8.9%	6.5%	11.4%
TriCounty	25,089	4,181	16.7%	13.3%	20.0%
Utah County	205,605	22,971	11.2%	8.9%	13.4%
Wasatch	8,535	686	8.0%	6.0%	10.1%
Weber-Morgan	126,711	9,848	7.8%	5.5%	10.1%
State Total	1,344,659	138,989	10.3%	9.6%	11.1%

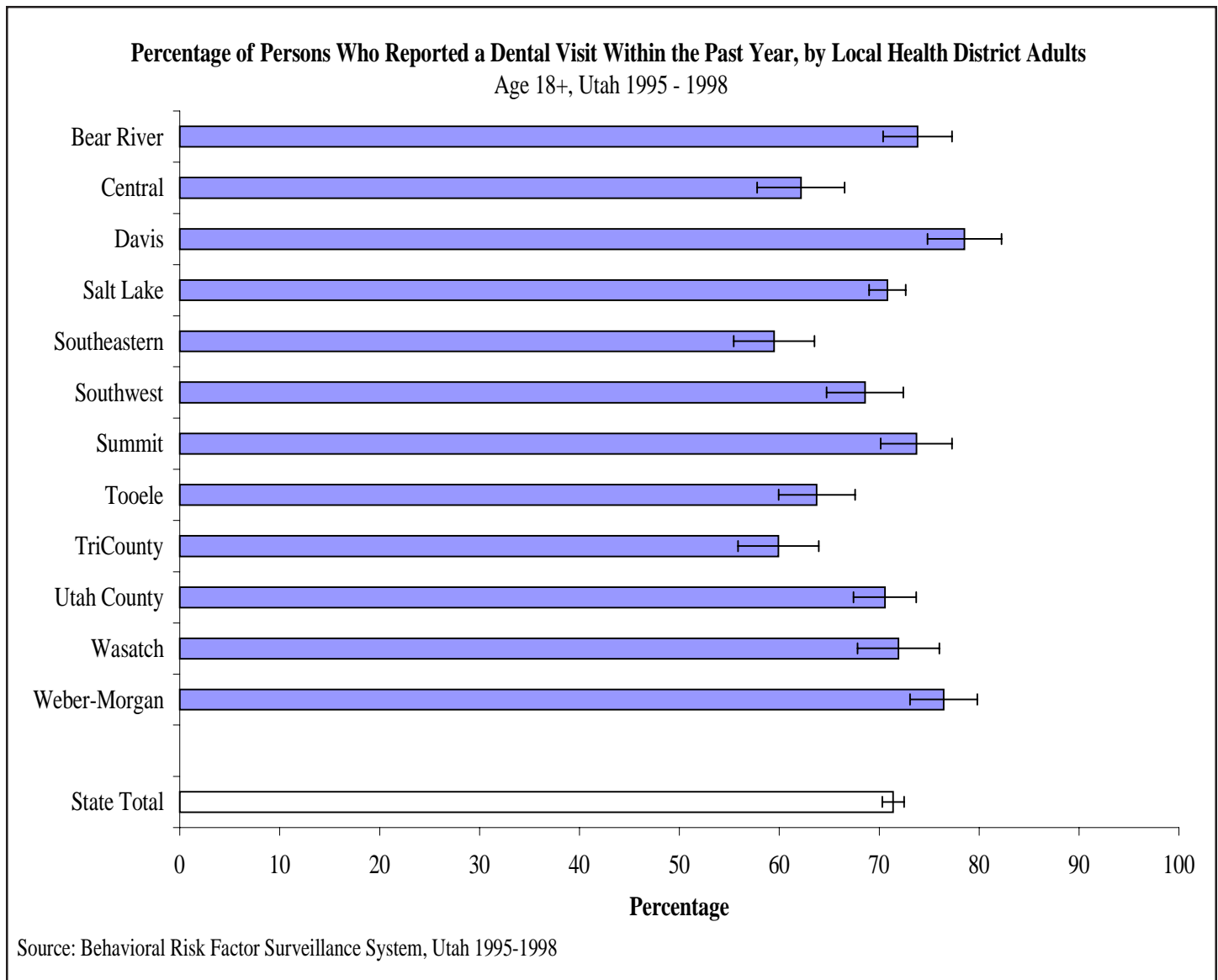
- Utahns in Tri-County and Southeastern Health Districts were more likely to be unable to visit the doctor because of cost than Utahns in Davis, Wasatch, and Weber-Morgan Health Districts.
- The ability to afford a doctors care increased with age for both males and females with rates being slightly higher for males. This despite the fact that women age 25-44 were more likely to have health insurance than men in the same age groups.

# Routine Dental Health Care

Question: How long has it been since you last visited the dentist or a dental clinic?

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Millions of Americans suffer from diseases and conditions of the oral cavity that result in pain and suffering, difficulty speaking, chewing, and/or swallowing, increased costs of care, loss of self esteem, decreased economic productivity through lost work and school days, and, in extreme cases, death. Oral diseases and conditions, including dental caries (cavities), periodontal disease, and tooth loss afflict more persons than any other single disease in the United States. Cost, fear, and a person's belief that he or she does not need to see a dentist are barriers to obtaining needed dental care.



**UTAH OBJECTIVE:** No objective listed.

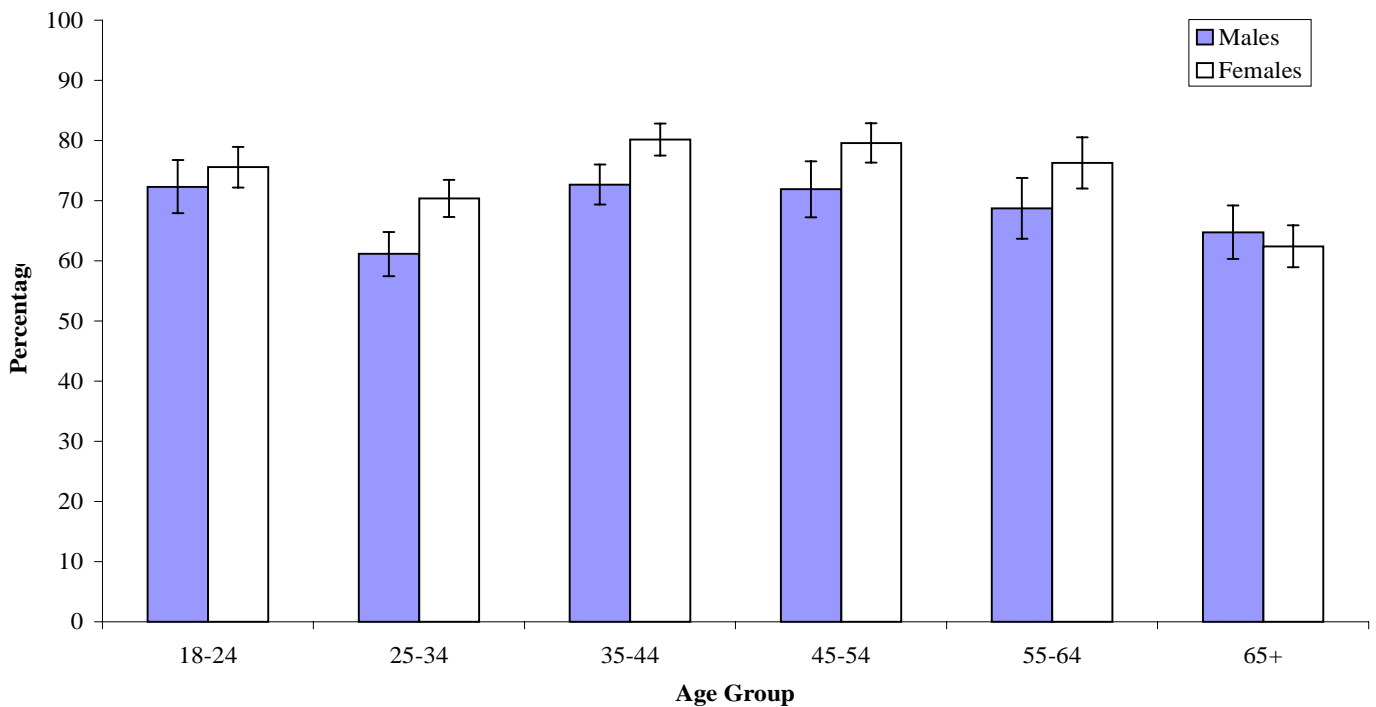
**YEAR 2000 OBJECTIVE 13.14:** Increase to at least 70% the proportion of adults aged 35 and older using the oral health care system (Not used above because data include all adults aged 18 and older).

**YEAR 2010 OBJECTIVE 9.14:** Increase to at least 70% the proportion of adults aged 18 and older using the oral health care system each year.



# Routine Dental Health Care

**Percentage of Persons Who Reported a Dental Visit Within the Past Year,  
by Age and Sex**  
Adults Age 18+, Utah 1995 - 1998



Source: Behavioral Risk Factor Surveillance System, Utah 1995-1998

District	Total Number of Adults in District	Number Who Visited Dentist	Percentage Who Visited Dentist	95% Confidence Intervals	
				Lower	Upper
Bear River	81,406	60,110	73.8%	70.4%	77.3%
Central	41,172	25,593	62.2%	57.8%	66.5%
Davis	143,725	112,882	78.5%	74.8%	82.2%
Salt Lake	554,471	392,732	70.8%	69.0%	72.7%
Southeastern	36,691	21,827	59.5%	55.5%	63.5%
Southwest	82,591	56,633	68.6%	64.7%	72.4%
Summit	16,948	12,494	73.7%	70.2%	77.3%
Tooele	21,716	13,844	63.8%	59.9%	67.6%
TriCounty	25,089	15,033	59.9%	55.9%	64.0%
Utah County	205,605	145,095	70.6%	67.4%	73.7%
Wasatch	8,535	6,139	71.9%	67.8%	76.0%
Weber-Morgan	126,711	96,871	76.5%	73.1%	79.8%
State Total	1,344,659	959,952	71.4%	70.3%	72.5%

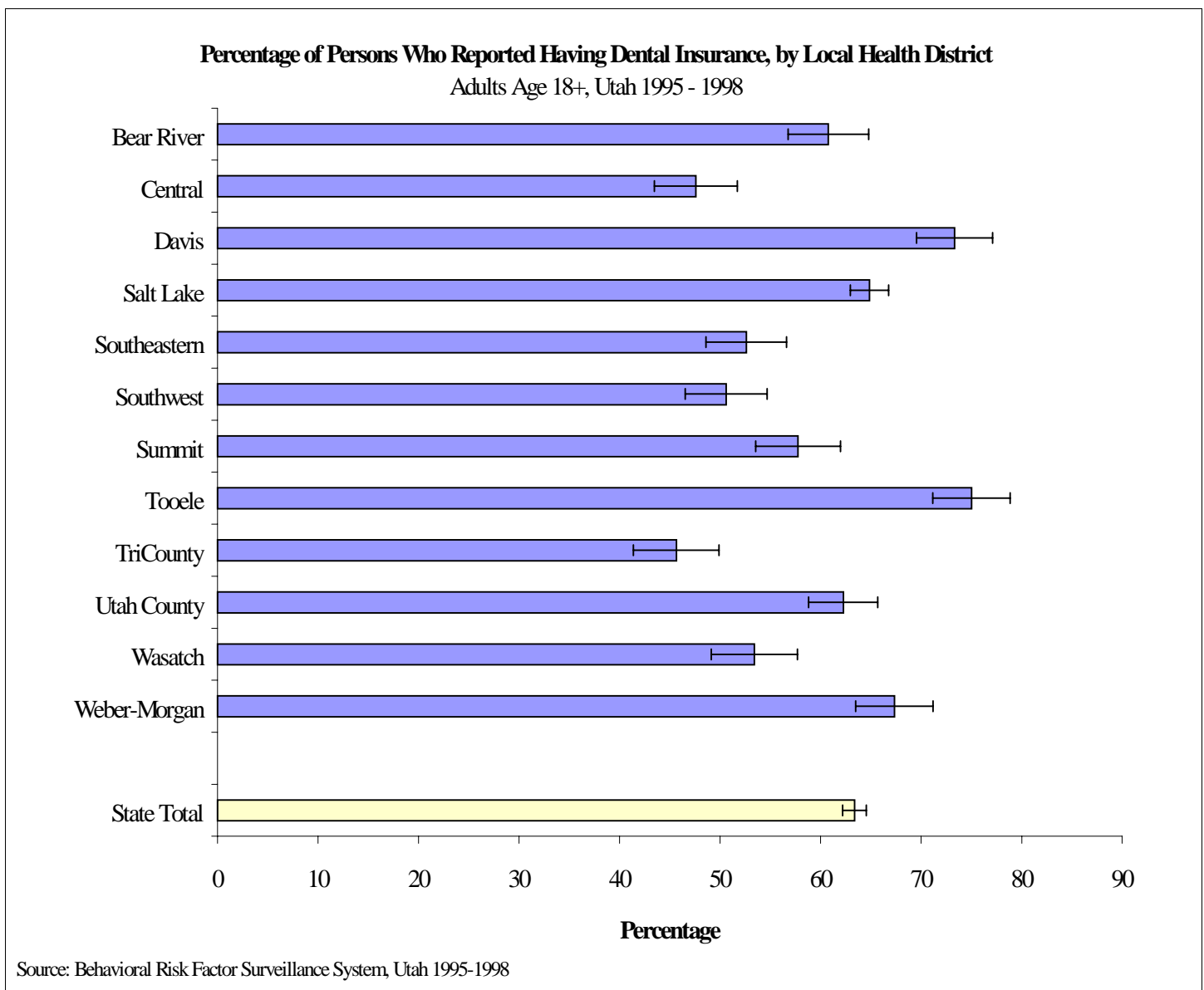
- Dental caries can be completely prevented by taking appropriate measures, including fluoride supplementation, sealant placement, brushing with fluoride toothpaste, flossing, swishing with fluoride mouthwash, regular dental visits, and limiting the frequency of carbohydrate snacking.
- The percentage of Utah adults who reported seeing a dentist within the past year was lowest in Central, Southeastern, and TriCounty Health Districts.

# Dental Health Care Coverage

**Question:** Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, pre-paid plans such as HMOs, or government plans such as Medicaid?

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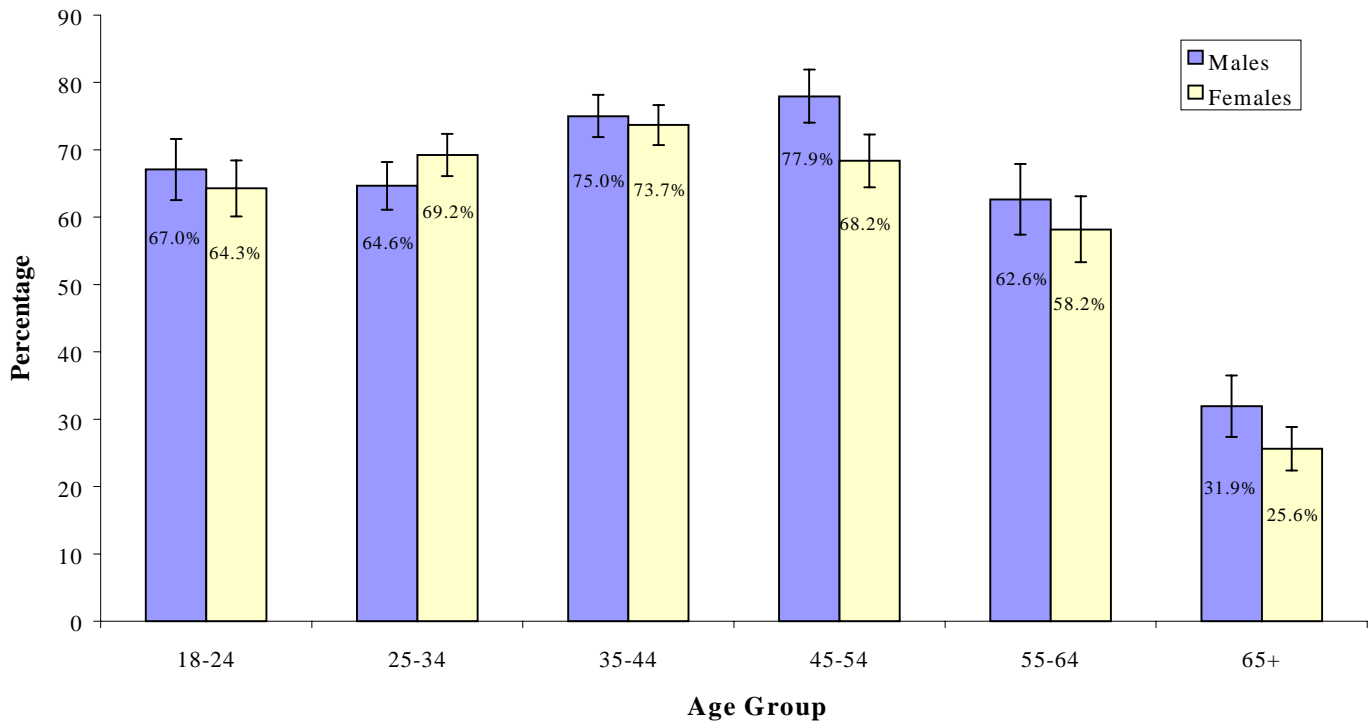
Approximately 40% of Americans have some form of dental insurance, although it often is with limited coverage and high co-payments. Since dental insurance coverage is usually employment based, persons who do not work or work part-time are less likely to be insured. Those who are unable to afford dental care, are often those who have limited or no dental insurance, who are at highest risk of dental and oral diseases, and least likely to receive dental care. There needs to be improved access to primary preventive and early intervention services, and removal of barriers to the dental care system.



**UTAH OBJECTIVE:** No objective listed.  
**YEAR 2000 OBJECTIVE:** No objective listed.  
**YEAR 2010 OBJECTIVE:** No objective listed.

# Dental Health Care Coverage

**Percentage of Persons Who Reported Having Dental Insurance, by Age and Sex**  
Adults Age 18+, Utah 1995 - 1998



Source: Behavioral Risk Factor Surveillance System, Utah 1995-1998

District	Total Number of Adults in District	Number of Adults with Dental Ins.	Percentage of Adults with Dental Ins.	95% Confidence Intervals	
				Lower	Upper
Bear River	81,406	49,469	60.8%	56.8%	64.8%
Central	41,172	19,596	47.6%	43.5%	51.7%
Davis	143,725	105,393	73.3%	69.6%	77.1%
Salt Lake	554,471	359,590	64.9%	63.0%	66.7%
Southeastern	36,691	19,301	52.6%	48.6%	56.6%
Southwest	82,591	41,798	50.6%	46.6%	54.7%
Summit	16,948	9,788	57.8%	53.6%	61.9%
Tooele	21,716	16,288	75.0%	71.2%	78.8%
TriCounty	25,089	11,451	45.6%	41.4%	49.9%
Utah County	205,605	127,997	62.3%	58.8%	65.7%
Wasatch	8,535	4,558	53.4%	49.1%	57.7%
Weber-Morgan	126,711	85,334	67.3%	63.5%	71.2%
State Total	1,344,659	852,037	63.4%	62.2%	64.5%

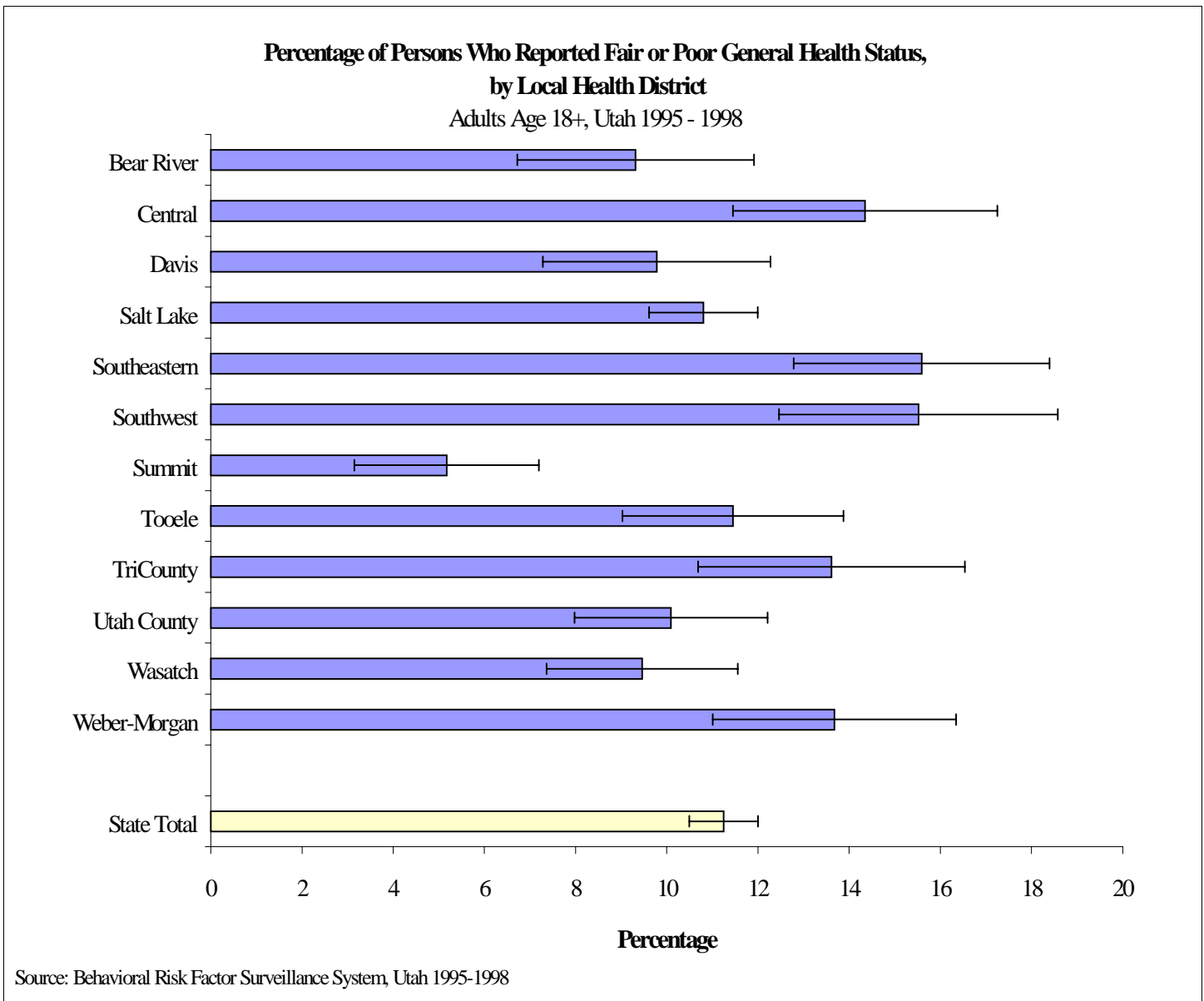
- Utahns in Davis and Tooele Health Districts were more likely to have dental insurance.
- The number of Utahns having dental insurance is lower for both males and females over 55 years of age.

# Overall Health Status

**Question:** Would you say that in general your health is: excellent, very good, good, fair, or poor?

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Self-rated health (SRH) has been collected for many years on National Center for Health Statistics surveys and since 1993 on the state-based BRFSS. SRH is an independent predictor of important health outcomes, including mortality, functional status, and health services utilization. SRH has been found to be a good proxy index for chronic physical health conditions in populations; some studies have shown improvement in self-rated health following an intervention. The percentage of adults reporting good health was recommended by the Institute of Medicine as one of 25 Community Health Profile Indicators.



**UTAH GOAL:** No goal listed.

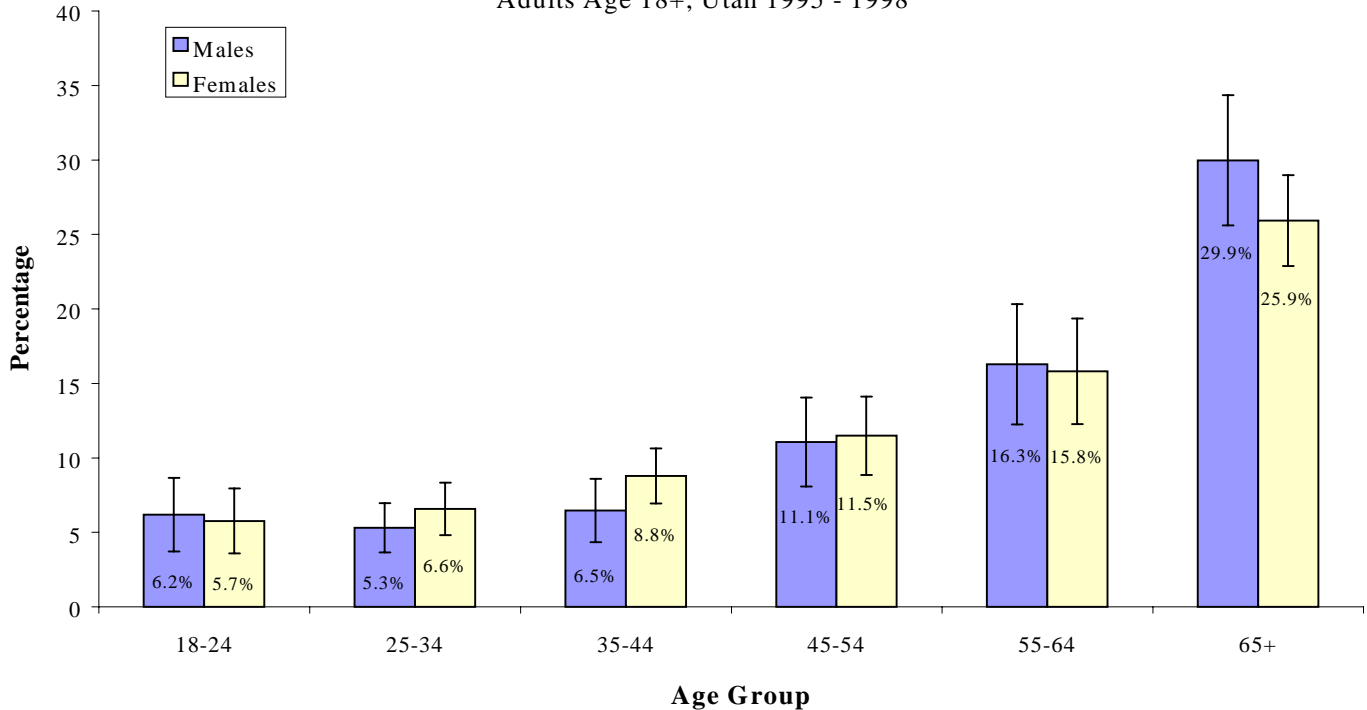
**YEAR 2000 GOAL:** No goal listed.

**YEAR 2010 GOAL 1.6:** Increase the percentage of persons reporting good, very good, or excellent general health to at least 90% by 2010.

# Overall Health Status

**Percentage of Persons Who Reported Fair or Poor General Health Status,  
by Age and Sex**

Adults Age 18+, Utah 1995 - 1998



Source: Behavioral Risk Factor Surveillance System, Utah 1996 and 1998

District	Total Number of Adults in District	Number with Fair/Poor Health Status	Percentage with Fair/Poor Health Status	95% Confidence Intervals	
				Lower	Upper
Bear River	81,406	7,583	9.3%	6.7%	11.9%
Central	41,172	5,908	14.4%	11.5%	17.2%
Davis	143,725	14,053	9.8%	7.3%	12.3%
Salt Lake	554,471	59,908	10.8%	9.6%	12.0%
Southeastern	36,691	5,721	15.6%	12.8%	18.4%
Southwest	82,591	12,820	15.5%	12.5%	18.6%
Summit	16,948	876	5.2%	3.2%	7.2%
Tooele	21,716	2,487	11.5%	9.0%	13.9%
TriCounty	25,089	3,415	13.6%	10.7%	16.5%
Utah County	205,605	20,753	10.1%	8.0%	12.2%
Wasatch	8,535	807	9.5%	7.4%	11.5%
Weber-Morgan	126,711	17,331	13.7%	11.0%	16.3%
State Total	1,344,659	151,193	11.2%	10.5%	12.0%

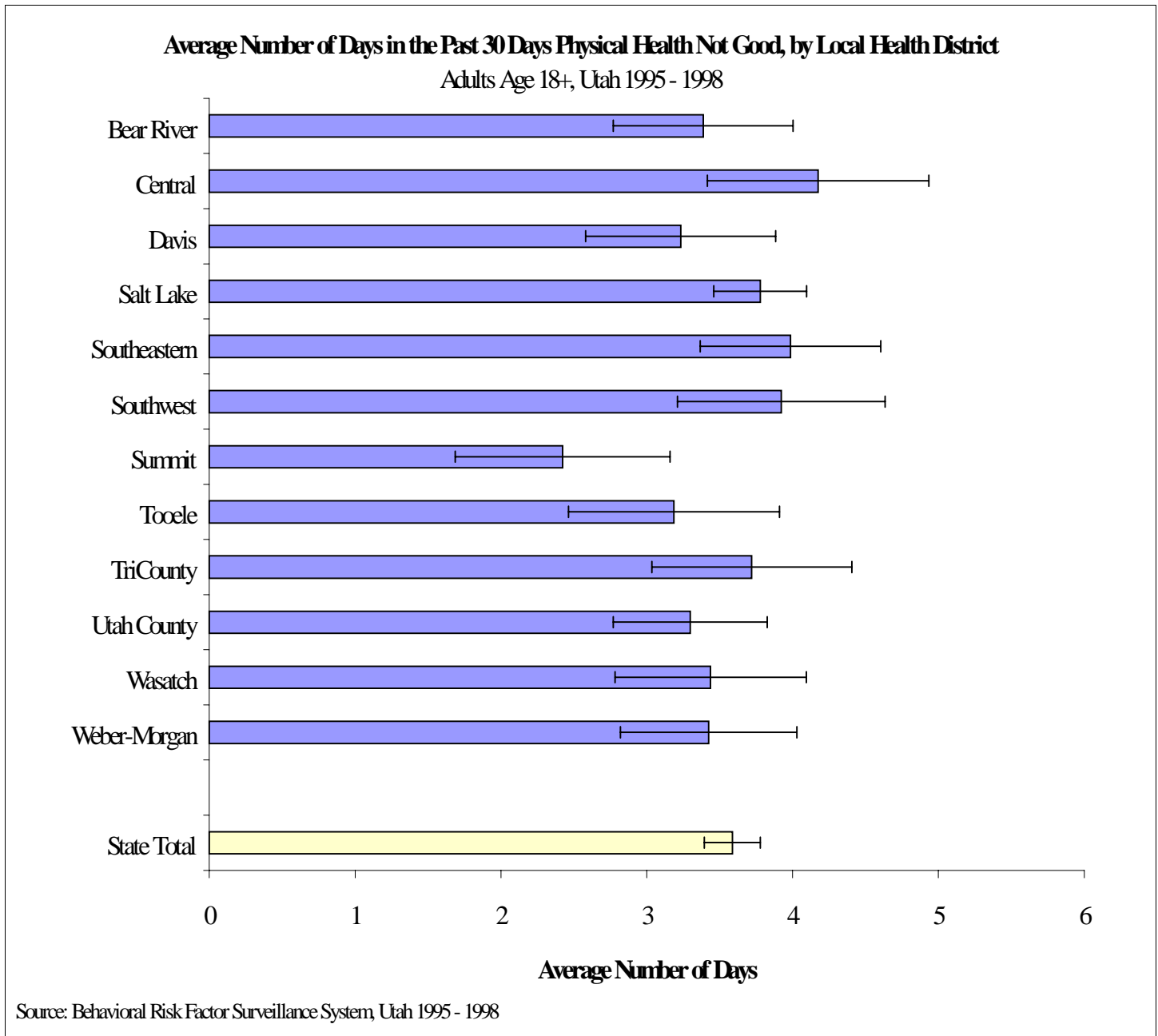
- Fair or poor self-rated health increased with age for both males and females.
- Those living in Summit County were least likely to report fair or poor self-rated health. While those living in Southwest or Southeastern Health Districts were more likely to report fair or poor self-rated health.

# Number of Days Physical Health Not Good

**Question:** Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health NOT good?

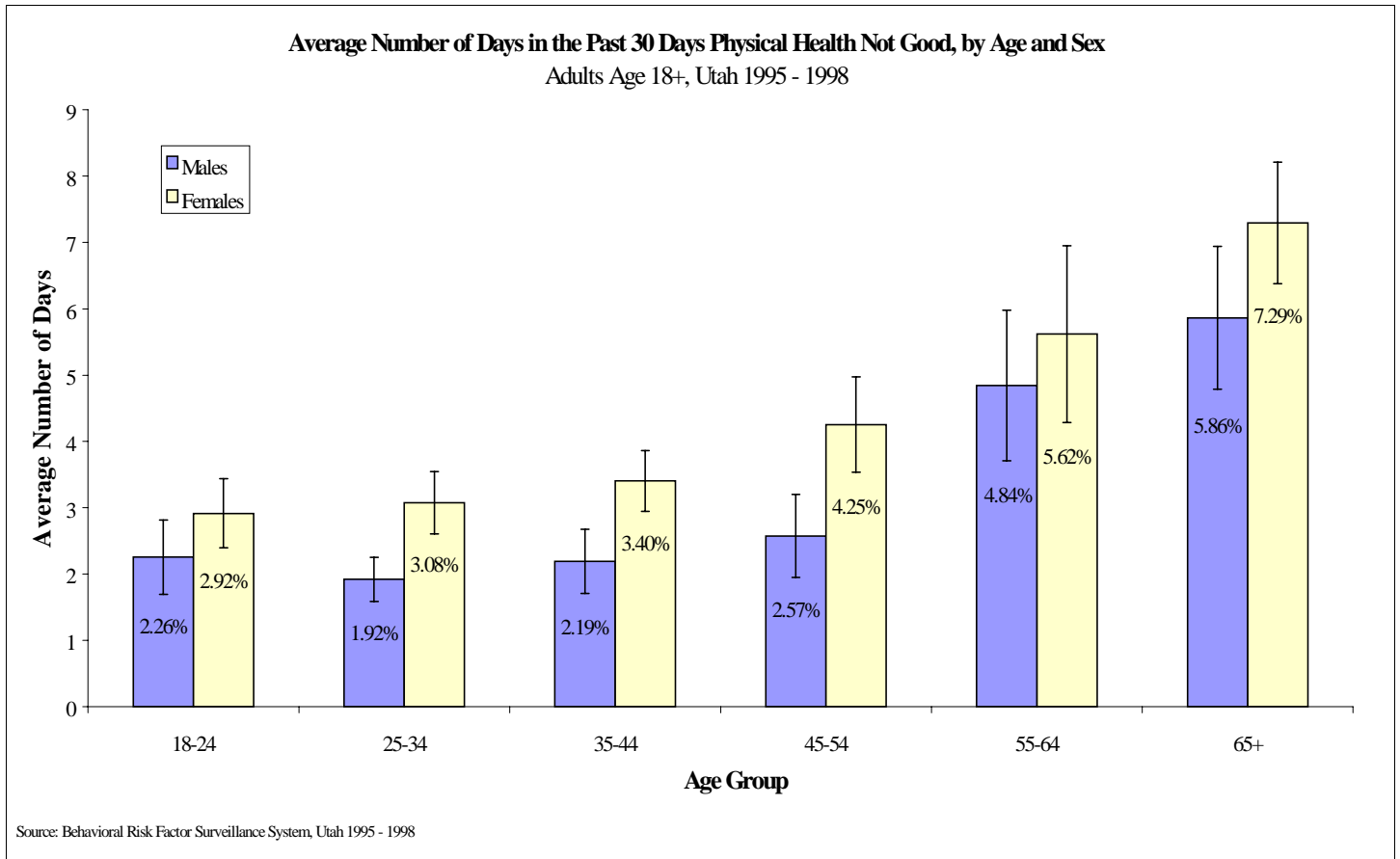
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Much of our understanding of health comes from studies of death rates. However, health is also affected by common conditions, such as arthritis, that are rarely fatal. This measure reflects the effects of a wide range of conditions; both acute and chronic, and fatal and non-fatal.



**UTAH OBJECTIVE:** No objective listed.  
**YEAR 2000 OBJECTIVE:** No objective listed.  
**YEAR 2010 OBJECTIVE:** No objective listed.

# Number of Days Physical Health Not Good



District	# Days Phys. Health Not Good	95% Confidence Intervals	
		Lower	Upper
Bear River	3.4	2.8	4.0
Central	4.2	3.4	4.9
Davis	3.2	2.6	3.9
Salt Lake	3.8	3.5	4.1
Southeastern	4.0	3.4	4.6
Southwest	3.9	3.2	4.6
Summit	2.4	1.7	3.2
Tooele	3.2	2.5	3.9
TriCounty	3.7	3.0	4.4
Utah County	3.3	2.8	3.8
Wasatch	3.4	2.8	4.1
Weber-Morgan	3.4	2.8	4.0
State Total	3.6	3.4	3.8

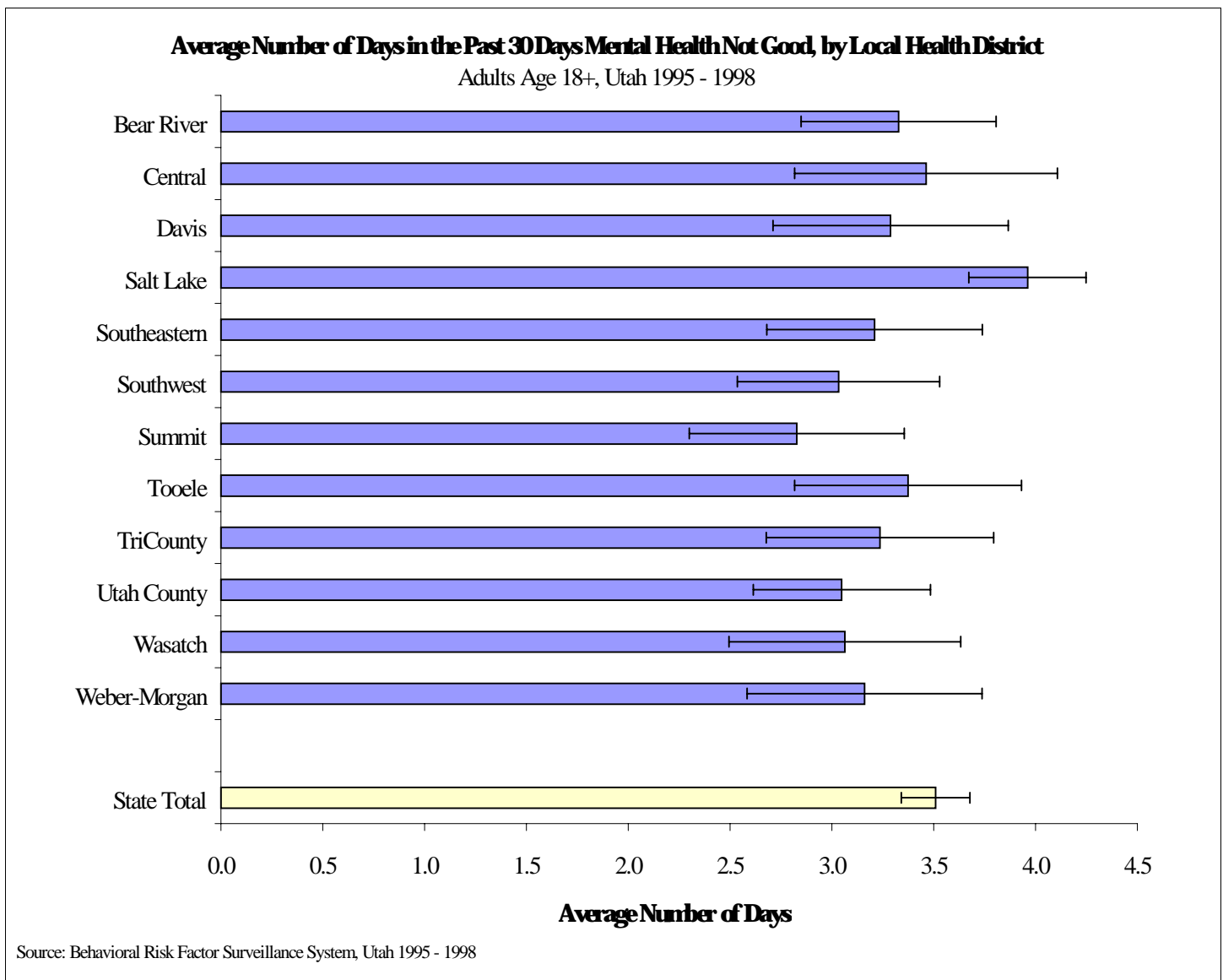
- The number of days that Utahns reported not having good physical health increased with age. There was a significant increase for males aged 45-54 versus those 55-64.

# Number of Days Mental Health Not Good

**Question:** Now thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health NOT good?

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A recent World Health Organization (WHO)/World Bank study, *The Global Burden of Disease*, found that unipolar depression was the most common cause of disability world wide; and 3 other mental illnesses were in the top ten causes of disability. Depression was also the second leading cause of lost years of healthy life (after heart disease). Recent advances in treatment of depression make it possible to help many more people with mental illness, but they are under used due to cost and the stigmatization of mental illness. Mental health and mental disorders can be affected by numerous conditions ranging from biologic and genetic vulnerabilities to acute or chronic physical dysfunction to environmental conditions and stresses.



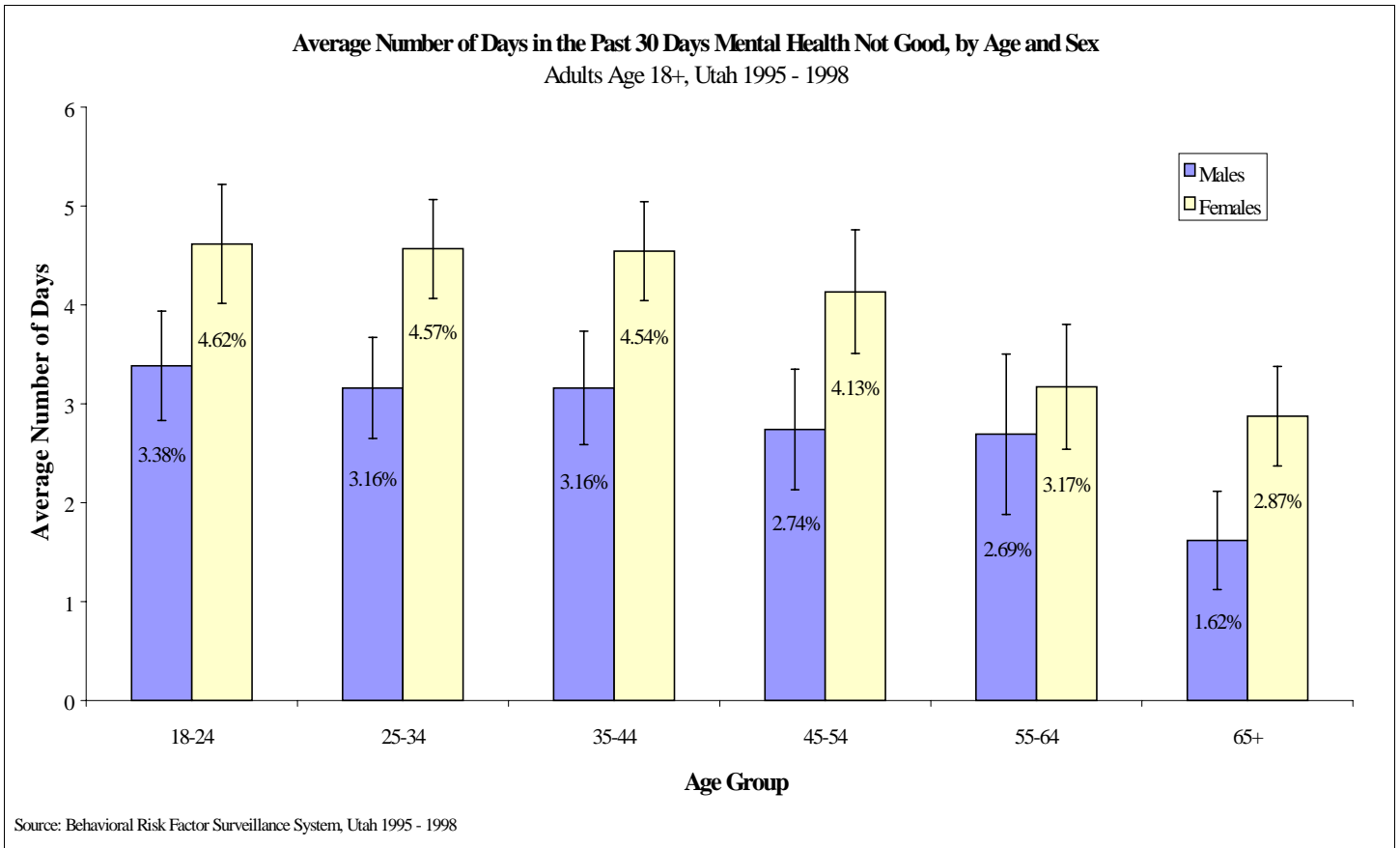
**UTAH OBJECTIVE:** No objective listed.

**YEAR 2000 OBJECTIVE:** No objective listed.

**YEAR 2010 OBJECTIVE:** No objective listed.



# Number of Days Mental Health Not Good



District	# Days Mental Health Not Good	95% Confidence Intervals	
		Lower	Upper
Bear River	3.3	2.9	3.8
Central	3.5	2.8	4.1
Davis	3.3	2.7	3.9
Salt Lake	4.0	3.7	4.2
Southeastern	3.2	2.7	3.7
Southwest	3.0	2.5	3.5
Summit	2.8	2.3	3.4
Tooele	3.4	2.8	3.9
TriCounty	3.2	2.7	3.8
Utah County	3.0	2.6	3.5
Wasatch	3.1	2.5	3.6
Weber-Morgan	3.2	2.6	3.7
State Total	3.5	3.3	3.7

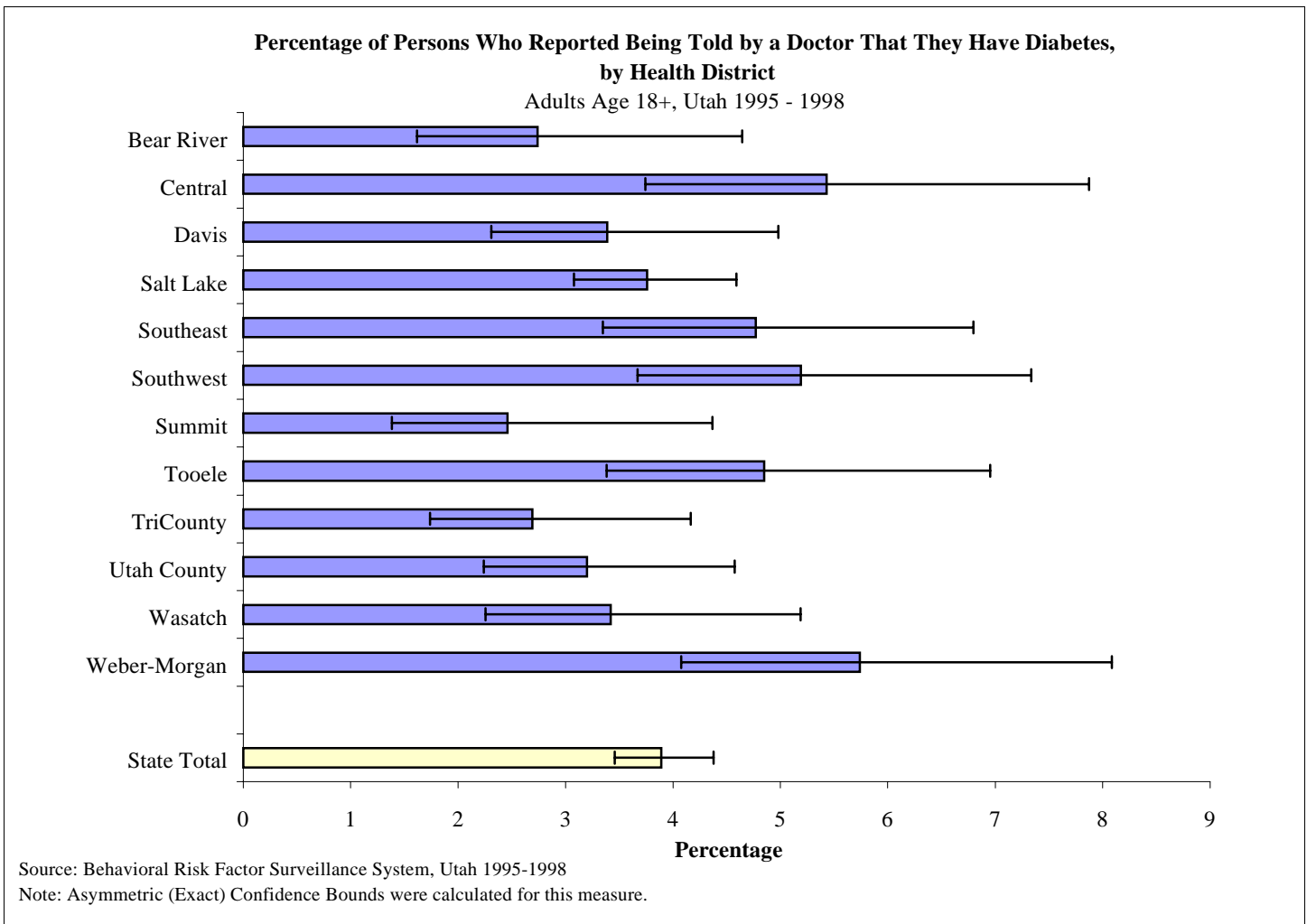
- The number of days when mental health was not good during a month decreased with age for both males and females.
- Those living in Salt Lake County reported a greater number of days when their mental health was not good on average.

# Diabetes

## Question: Have you ever been told by a doctor that you have diabetes?

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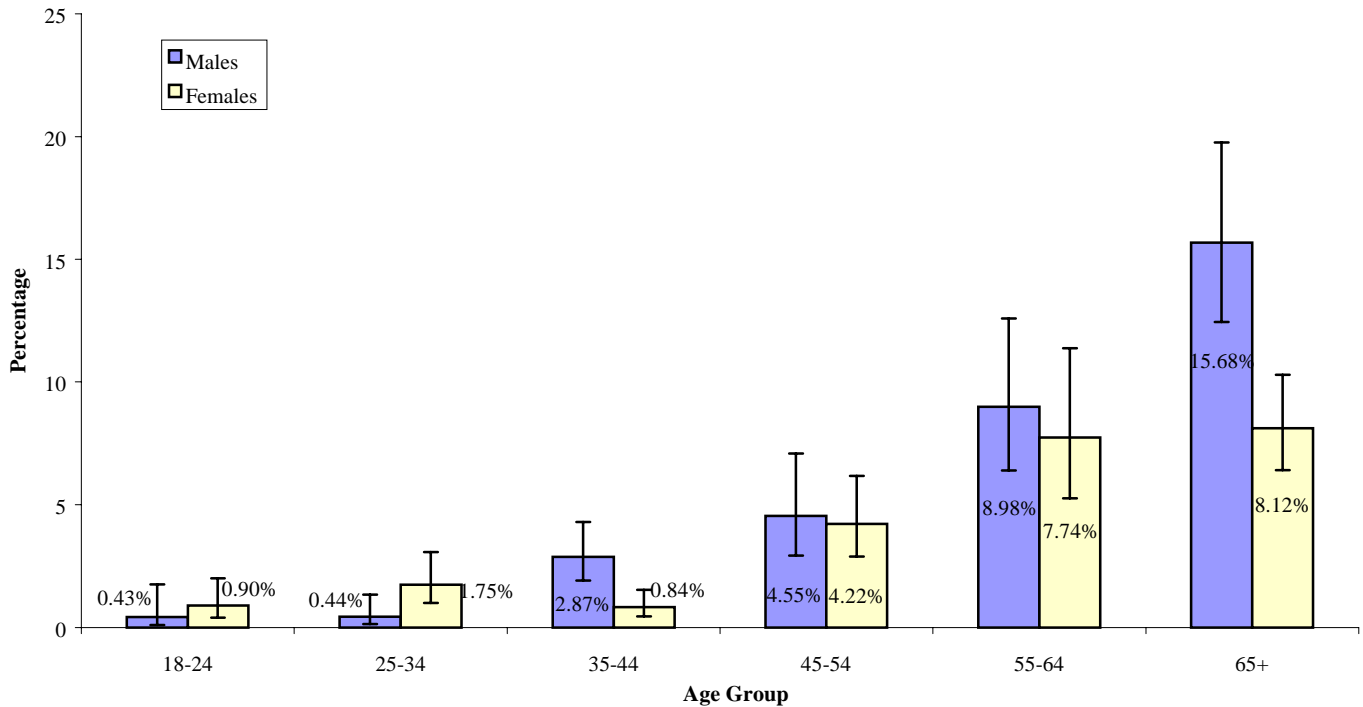
Diabetes is a chronic metabolic disease and is the seventh leading cause of death in the United States. Complications of diabetes can lead to heart disease, stroke, kidney failure, blindness, and limb amputation. The disease takes two forms: type 1 and type 2. type 1 diabetes occurs when the pancreas cannot produce insulin. People with type 1 diabetes must take insulin to live. The disease usually manifests itself during childhood, and affects about 1 in every 600 school-aged children in the U.S. Less than 10% of all diabetes cases are type 1. type 2 diabetes occurs when the body cannot effectively use insulin to process glucose for energy. Those at risk for type 2 diabetes generally are people who are over 40 years of age, overweight, have a family history of diabetes, or belong to certain ethnic groups such as American Indians or Hispanics. Complications can be prevented or controlled through normalization of glucose levels attained with proper diet and exercise along with appropriate medical care. Access to appropriate primary care is essential for persons with diabetes. Nationally it is estimated that between 30-50% of those people with diabetes have not yet been diagnosed.



**UTAH OBJECTIVE:** Reduce diabetes to a prevalence of no more than 20 per 1,000 people.  
**YEAR 2000 OBJECTIVE 17.11:** Reduce diabetes to a prevalence of no more than 25 per 1,000 (2.5%) people (Not used above because data only includes people  $\geq$  18 years).  
**YEAR 2010 OBJECTIVE 18.2:** Reduce the prevalence of diagnosed diabetes to less than 25 per 1,000 population.

# Diabetes

**Percentage of Persons Who Reported Being Told by a Doctor That They Have Diabetes, by Age and Sex**  
Adults Age 18+, Utah 1995-1998



Source: Behavioral Risk Factor Surveillance System, Utah 1995-1998  
Note: Asymmetric (Exact) Confidence Bounds were calculated for this measure.

District	Total Number of Adults in District	Number of Adults Told Had Diabetes	Percentage Told Had Diabetes	Asymmetric Confidence Intervals	
				Lower	Upper
Bear River	81,406	2,231	2.7%	1.6%	4.6%
Central	41,172	2,236	5.4%	3.7%	7.9%
Davis	143,725	4,872	3.4%	2.3%	5.0%
Salt Lake	554,471	20,848	3.8%	3.1%	4.6%
Southeast	36,691	1,750	4.8%	3.3%	6.8%
Southwest	82,591	4,286	5.2%	3.7%	7.3%
Summit	16,948	417	2.5%	1.4%	4.4%
Tooele	21,716	1,053	4.9%	3.4%	7.0%
TriCounty	25,089	675	2.7%	1.7%	4.2%
Utah County	205,605	6,579	3.2%	2.2%	4.6%
Wasatch	8,535	292	3.4%	2.3%	5.2%
Weber-Morgan	126,711	7,273	5.7%	4.1%	8.1%
State Total	1,344,659	52,307	3.9%	3.5%	4.4%

- The BRFSS diabetes prevalence estimates are different from those reported by the 1996 Utah Health Status Survey (HSS). Reasons for this difference include: a difference in age groups sampled (BRFSS included only Utahns 18 years old and older. HSS includes all ages), a difference in time periods, differences in how the questions were asked and limitations of the precision of both sets of estimates.
- The Utah Department of Health Diabetes Control Program is conducting a statewide media campaign to increase awareness about the burden of diabetes in Utah.



**Methods Used in  
Data Reporting  
for BRFSS  
Report**

# Appendix A

The purpose of this section is to provide the reader with a general methodological overview of the project. Persons interested in obtaining additional or more detailed information may contact:

Office of Public Health Assessment  
Center for Health Data  
Utah Department of Utah  
288 North 1460 West  
Salt Lake City, UT 84116  
(801) 538-6108  
E-mail: [phdata@doh.state.ut.us](mailto:phdata@doh.state.ut.us)

## BRFSS Survey Background

Scientific research clearly shows that personal health behaviors play a major role in premature morbidity and mortality. Although national estimates of health risk behaviors among U.S. adult populations are periodically available through surveys conducted by the National Center for Health Statistics (NCHS), these data are not available on a state-specific basis. As a result, surveys were developed and conducted to monitor state-level prevalence of the major behavioral risks among adults associated with premature morbidity and mortality. The basic philosophy was to collect data on actual behaviors, rather than on attitudes or knowledge, that would be especially useful for planning, initiating, supporting, and evaluating health promotion and disease prevention programs.

The Centers for Disease Control and Prevention (CDC) developed the standard core questionnaire for states to use to provide data that could be compared across states. The BRFSS is an on-going data collection program administered and supported by the Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, CDC. By 1994, all states, the District of Columbia, and three territories were participating in the BRFSS.

Although the BRFSS was designed to collect state-level data, Utah is one of a number of states that stratify their samples to allow for prevalence estimates for sub-state regions. In Utah, the sample is stratified so that information may be analyzed at the local health district level approximately every three years.

## Sample Design

In Utah, the Mitofsky-Waksberg method (Waksberg, 1977) was used to draw the BRFSS phone number sample from 1984 through calendar year 1998. This method ensures that the telephone numbers called are representative of the populations from which they were drawn. In the case of the BRFSS survey, the sample is representative of non-institutionalized adults, age 18 and over, living in Utah households with telephones. One adult in each household is randomly-selected to be interviewed for the survey. Two-hundred-forty interviews are conducted each month, for a total of 2880 interviews each year. The sample is stratified so that, in each local health district, a minimum of 500 observations are collected every three years.

This report is based on data collected by telephone interviews from January, 1995 through December 1998. During this time, there were 11,507 interviews conducted, statewide. The number of interviews collected by local health district ranged from 677 in Davis County Health District to 3265 in Salt Lake City/County Health

# Appendix A

District. However, to satisfy the demand for data on many health topics, certain items on the questionnaire are asked in only alternate years. For instance, data on issues such as physical activity, blood pressure, alcohol, and seatbelt use were collected for only two years out of the four represented in this report. For such items, survey sample sizes will be smaller.

## Data Collection

Interviews are conducted monthly from a central calling facility by professional interviewers employed by the Utah Department of Health (UDOH). The UDOH uses a Computer-Assisted Telephone Interviewing (CATI) system to record respondents' answers to the survey questions. Standard protocols, developed by the CDC, are used in all states collecting BRFSS survey data. These protocols specify survey systems, such as adequate call-backs to contact target households, that improve data quality and comparability across states.

## Data Analysis

Weighting. The results presented in this report have been weighted to more closely reflect the actual distribution of Utahns with respect to their age, sex, number of adults in the household, the number of telephone lines in the household, and the region of the state where they reside.

Percentage Estimates. Percentage estimates were calculated using SAS data analysis software. Missing values (e.g., "don't know" and "refused to answer" categories) were excluded from the denominator before the percentages were calculated.

Population Count Estimates. Percentage estimates were applied to population counts to derive an estimate for the total number of persons in Utah to whom the behavior probably applies. For example, the survey estimate of the *percentage* of persons who smoked was applied to the total adult population of Utah to derive an estimate of the total *number* of smokers in Utah. The data source for the population count estimates used in this report was the Governor's Office of Planning and Budget, estimates published in January 1997.

Sampling Error. Sampling error refers to random variation that occurs because only a subset of the entire population is sampled and used to estimate the finding for the entire population. It is often called "margin of error" in popular use, and is expressed as the "plus or minus" term. In this report, sampling error has been expressed as *confidence interval bounds*. The 95% confidence interval (calculated as 1.96 times the standard error of a statistic) indicates the range of values within which the statistic would fall 95% of the time if the researcher were to calculate the statistic (e.g., a percentage) from an infinite number of samples of the same size drawn from the same base population.

Figures in this report include bars showing the estimated confidence intervals around the percentage estimates. SUDAAN statistical software (Research Triangle Institute) was used to calculate the confidence intervals. Because the BRFSS survey sample is a complex sample design, ordinary statistical software would have produced biased confidence intervals. Statistical software programs that do not take into account the complex sample design will typically produce standard errors and confidence intervals that are too small. SUDAAN takes into account the sample design and weighting variable and produces unbiased standard errors for the BRFSS survey.

# Appendix A

**Non-Sampling Error.** Non-sampling error exists in survey estimates. Sources of non-sampling error include idiosyncratic interpretation of survey questions by respondents, variations in interviewer technique, household non-response to questions, coding errors, and so forth. Every effort was made to avoid non-sampling error in the data collection and analysis process, however, no specific efforts were made to quantify the magnitude of non-sampling error in the BRFSS survey.

## Comparability

Comparability with other data sources is an issue with all surveys. Differences in survey design, survey questions, estimation procedures, the socio-demographic and economic context may all affect the comparability of the BRFSS survey with other survey tools. However, the BRFSS surveys are conducted across all 50 states with the intent of comparability. As a result, comparison of the Utah BRFSS survey data with BRFSS survey data from other states is recommended and encouraged.



# Utah's Behavioral Risk Factor Surveillance System Questionnaire

- \* Since the data for this report comes from different questionnaires used from 1995-1998, this questionnaire is a combination of questions from those years.

# Appendix B

## HEALTH STATUS (1995-98)

Q1. Would you say that in general your health is: excellent, very good, good, fair, or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
7. Don't know / not sure
9. Refused

Q2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health NOT good?

- Enter number of days
88. None
  77. Don't know / not sure
  99. Refused

Q3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health NOT good?

- Enter number of days
88. None
  77. Don't know / not sure
  99. Refused

Q4. -- **only get this question if q2 and q3 do not both = 88 (none)**

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- Enter number of days
88. None
  77. Don't know / not sure
  99. Refused

## HEALTH CARE ACCESS (1995-98)

Q5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

1. Yes
2. No -- **skips to q7b**
7. Don't know / not sure -- **skips to q10**
9. Refused -- **skips to q10**

Q6. -- **only get this question if q5 = 1 (yes)** Do you have Medicare? Medicare is a coverage plan for people 65 or over and for certain disabled people.

1. Yes -- **skips to q8**
2. No
7. Don't know / not sure
9. Refused

Q7. What type of health care coverage do you use to pay for most of your medical care? Is it coverage through:

1. Your employer -- **skips to q8**
2. Someone else's employer -- **skips to q8**
3. A plan that you or someone else buys on your own -- **skips to q8**
4. Medicare -- **skips to q8**
5. Medicaid or medical assistance -- **skips to q8**
6. The military, CHAMPUS, or the VA [or CHAMP-VA] -- **skips to q8**
7. The Indian Health Service (IHS) -- **skips to q8**
8. Some other source -- **skips to q8**

Q7a. -- **ONLY GET THIS QUESTION IF Q5 = 2 (NO HEALTH INSURANCE)** There are some types of coverage you may not have considered. Please tell me if you have any of the following. Coverage through:

- Enter the coverage code
1. Your employer
  2. Someone else's employer
  3. A plan that you or someone else buys on your own
  4. Medicare
  5. Medicaid or medical assistance
  6. The military, CHAMPUS, or the VA [or CHAMP-VA]
  7. The Indian Health Service (IHS)
  8. Some other source
  88. None -- **skips to q9**
  77. Don't know / not sure -- **skips to q10**
  99. Refused -- **skips to q10**

Q8. During the past 12 months, was there any time that you did not have any health insurance or coverage?

1. Yes
2. No
7. Don't know / not sure
9. Refused

Q9. -- **only get this question if q7a or q7b = none (no health insurance)** About how long has it been since you had health care coverage?

- Read only if necessary
1. Within the past 6 months (1 to 6 months ago)
  2. Within the past year (6 to 12 months ago)
  3. Within the past 2 years (1 to 2 years ago)
  4. Within the past 5 years (2 to 5 years ago)
  5. 5 or more years ago
  7. Don't know / not sure
  8. Never
  9. Refused

Q10. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

1. Yes
2. No
7. Don't know / not sure
9. Refused

Q11. About how long has it been since you last visited a doctor for a routine checkup?

1. Within the past year (1 to 12 months ago)
2. Within the past 2 years (1 to 2 years ago)
3. Within the past 5 years (2 to 5 years ago)
4. 5 or more years ago
7. Don't know / not sure
8. Never
9. Refused

## DIABETES (1995-98)

Q12. Have you ever been told by a doctor that you have diabetes?

Interviewer: if yes and female ask

"Was this only when you were pregnant?"

1. Yes
2. Yes, but female told only during pregnancy -- **skips to q13**
3. No -- **skips to q13**
7. Don't know / not sure -- **skips to q13**
9. Refused

Mod1\_Q1. How old were you when you were told you have diabetes?

- Enter age in years
77. Don't know / not sure
  99. Refused

Mod1\_Q2. Are you now taking insulin?

1. Yes
2. No -- **skips to mod1\_q4**
9. Refused -- **skips to mod1\_q4**

Mod1\_Q3. Currently, about how often do you use insulin?

- Enter times per day or week
- 101-106. Times per day
  - 201-242. Times per week
  333. Use insulin pump
  777. Don't know / not sure
  999. Refused

Mod1\_Q4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- Enter times per day, week, month or year
- 101-109. Times per day
  - 201-263. Times per week
  - 301-399. Times per month
  - 401-499. Times per year
  888. Never
  777. Don't know / not sure
  999. Refused

# Appendix B

Mod1\_Q5. Have you ever heard of glycosylated hemoglobin or hemoglobin "A one C?"

1. Yes
2. No
7. Don't know / not sure
9. Refused

Mod1\_Q6. About how many times in the last year have you seen a doctor, nurse, or other health professional for your diabetes?

- Enter number of times
88. None -- **skips to mod1\_q9**
  77. Don't know / not sure -- **skips to mod1\_q9**
  99. Refused -- **skips to mod1\_q9**

Mod1\_Q7. -- **Only get this question if mod1\_q5 = 1 (yes) and mod1\_q 6 does not = none** About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A one C"?

- Enter number of times
88. None
  77. Don't know / not sure
  99. Refused

Mod1\_Q8. -- **Do not get this question if mod1\_6 = none** About how many times in the last year has a professional checked your feet for any sores or irritations?

- Enter number of times
88. None
  77. Don't know / not sure
  99. Refused

Mod1\_Q9. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

- Read only if necessary
1. Within the past month (0 to 1 month ago)
  2. Within the past year (1 to 12 months ago)
  3. Within the past 2 years (1 to 2 years ago)
  4. 2 or more years ago
  7. Don't know / not sure
  8. Never
  9. Refused

Mod1\_Q10. I would now like to ask you three questions about how well you see with your glasses or contacts on if you use them. How much of the time does your vision limit you in recognizing people or objects across the street? Would you say:

1. All of the time
2. Most of the time
3. Some of the time
4. A little bit of the time
5. None of the time
7. Don't know / not sure
9. Refused

Mod1\_Q11. How much of the time does your vision limit you in reading print in a newspaper, magazine, recipe, menu, or numbers on the telephone? Would you say:

1. All of the time
2. Most of the time
3. Some of the time
4. A little bit of the time
5. None of the time
7. Don't know / not sure
9. Refused

Mod1\_Q12. How much of the time does your vision limit you in watching television? Would you say:

1. All of the time
2. Most of the time
3. Some of the time
4. A little bit of the time
5. None of the time
7. Don't know / not sure
9. Refused

## PHYSICAL ACTIVITY (1996, 98)

Q13. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

1. Yes
2. No — skips to q23
7. Don't know / not sure — skips to q23
9. Refused — skips to q23

Q14. What type of physical activity or exercise did you spend the most time doing during the past month?

- xx. Coding list for activity code  
99. Refused — skips to q18

Q15. How far did you usually walk / run / jog / swim?

- 01-150. Code miles and tenths  
777. Don't know / not sure  
999. Refused

Q16. How many times per week or per month did you take part in this activity during the past month?

- 101-199. Times per week  
201-299. Times per month  
777. Don't know / not sure  
999. Refused

Q17. And when you took part in this activity, for how many minutes or hours did you usually keep it up?

- 01-959. Code in hours and minutes  
777. Don't know / not sure  
999. Refused

Q18. Was there another physical activity or exercise that you participated in during the last month?

1. Yes
2. No — skips to q23
7. Don't know / not sure — skips to q23
9. Refused — skips to q23

Q19. What other type of physical activity gave you the next most exercise during the past month?

- xx. Coding list for activity  
99. Refused — skips to q23

Q20. How far did you usually walk / run / jog / swim?

- 001-150. Code miles and tenths  
777. Don't know / not sure  
999. Refused

Q21. How many times per week or per month did you take part in this activity?

- 101-199. Times per week  
210-299. Times per month  
777. Don't know / not sure  
999. Refused

Q22. And when you took part in this activity, for how many minutes or hours did you usually keep it up?

- 001-959. Code in hours and minutes  
777. Don't know / not sure  
999. Refused

## TOBACCO USE (1995-98)

Q23. Have you smoked at least 100 cigarettes in your entire life?

5 packs = 100 cigarettes

1. Yes
2. No -- **skips to q28**
7. Don't know / not sure -- **skips to q28**
9. Refused -- **skips to q28**

Q24. -- **Only get this question if q23 = 1 (yes)** Do you now smoke cigarettes everyday, some days, or not at all?

1. Everyday
2. Some days -- **skips to q25a**
3. Not at all -- **skips to q27**
9. Refused -- **skips to q28**

Q25. -- **Only get this question if q24 = 1 (yes)** On the average, about how many cigarettes a day do you now smoke? 1 pack = 20 cigarettes

Enter number of cigarettes  
77. Don't know / not sure  
99. Refused

Q25a. -- **only get this question if q24 = 2 (smoke some days)** On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? 1 pack = 20 cigarettes

Enter number cigarettes  
77. Don't know / not sure  
99. Refused

\*\* all answers to this question skip to q28 \*\*

# Appendix B

Q26. During the past 12 months, have you quit smoking for 1 day or longer?

1. Yes
2. No
7. Don't know / not sure
9. Refused

**\*\* all answers to this question skip to q28 \*\***

Q27. -- **only get this question if q24 = 3 (do not smoke at all)** About how long has it been since you last smoked cigarettes regularly, that is, daily?

Read only if necessary

Enter the time code

01. Within the past month (0 to 1 month ago)
02. Within the past 3 months (1 to 3 months ago)
03. Within the past 6 months (3 to 6 months ago)
04. Within the past year (6 to 12 months ago)
05. Within the past 5 years (1 to 5 years ago)
06. Within the past 15 years (5 to 15 years ago)
07. 15 or more years ago
77. Don't know / not sure (do not read)
88. Never smoked regularly (do not read)
99. Refused (do not read)

Q28. Have you ever smoked a cigar, even just a few puffs?

1. Yes
2. No --**skips to q31**
7. Don't know / not sure --**skips to q31**
9. Refused --**skips to q31**

Q29. When was the last time you smoked a cigar?

01. Within the past month
02. Within the past 3 months
03. Within the past 6 months
04. Within the past year
05. Within the past 5 years
06. Within the past 15 years
07. 15 or more years ago
77. Don't know / not sure
99. Refused

Q30. In the past month, did you smoke cigars?

1. Everyday
2. Several times per week
3. Once per week
4. Less than once per week
7. Don't know / not sure
9. Refused

## NUTRITION (1995-1998)

Q31. How often do you drink fruit juices such as orange, grapefruit, or tomato juice?

- 101-199. Times per day
- 201-299. Times per week
- 301-399. Times per month
- 401-499. Times per year
555. Never
777. Don't know / not sure
999. Refused

Q32. Not counting juice, how often do you eat fruit?

- 101-199. Times per day
- 201-299. Times per week
- 301-399. Times per month
- 401-499. Times per year
555. Never
777. Don't know / not sure
999. Refused

Q33. How often do you eat green salad?

- 101-199. Times per day
- 201-299. Times per week
- 301-399. Times per month
- 401-499. Times per year
555. Never
777. Don't know / not sure
999. Refused

Q34. How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

- 101-199. Times per day
- 201-299. Times per week
- 301-399. Times per month
- 401-499. Times per year
555. Never
777. Don't know / not sure
999. Refused

Q35. How often do you eat carrots?

- 101-199. Times per day
- 201-299. Times per week
- 301-399. Times per month
- 401-499. Times per year
555. Never
777. Don't know / not sure
999. Refused

Q36. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

- 101-199. Servings per day
- 201-299. Servings per week
- 301-399. Servings per month
- 401-499. Servings per year
555. Never
777. Don't know / not sure
999. Refused

## WEIGHT CONTROL (1996, 98)

Q37. Are you now trying to lose weight?

1. Yes
2. No
7. Don't know / not sure
9. Refused

Q38. Are you now trying to maintain your current weight, that is to keep from gaining weight?

1. Yes
2. No
7. Don't know / not sure
9. Refused

Q39. Are you eating either fewer calories or less fat to...lose weight or keep from gaining weight?

1. Yes, fewer calories
2. Yes, less fat
3. Yes, fewer calories and less fat
4. No
7. Don't know / not sure
9. Refused

Q40. Are you using physical activity or exercise to...lose weight or keep from gaining weight?

1. Yes
2. No
7. Don't know / not sure
9. Refused

Q41. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight/

1. Yes, lose weight
2. Yes, gain weight
3. Yes, maintain current weight
4. No
7. Don't know / not sure
9. Refused

## DEMOGRAPHICS (1995-98)

Q42. What is your age?

- Enter age in years
7. Don't know / not sure
  9. Refused

# Appendix B

- Q43. What is your race? Would you say:
1. White
  2. Black
  3. Asian, Pacific Islander
  4. American Indian, Alaska Native
  5. Other: (specify)
  7. Don't know / not sure
  9. Refused
- Q44. Are you of Spanish or Hispanic origin?
1. Yes
  2. No
  7. Don't know / not sure
  9. Refused
- Q45. Are you:
1. Married
  2. Divorced
  3. Widowed
  4. Separated
  5. Never been married
  6. A member of an unmarried couple
  9. Refused
- Q46. How many children live in your household who are . . .
- A. Less than 5 years old?
  - B. 5 through 12 years old?
  - C. 13 through 17 years old?
1. One
  2. Two
  3. Three
  4. Four
  5. Five
  6. Six
  7. 7 or more
  8. None
  9. Refused
- Q47. What is the highest grade or year of school you completed?  
Read only if necessary
1. Never attended school or only attended kindergarten
  2. Grades 1 through 8 (elementary)
  3. Grades 9 through 11 (some high school)
  4. Grade 12 or GED (high school graduate)
  5. College 1 year to 3 years (some college or technical school)
  6. College 4 years or more (college graduate)
  9. Refused
- Q48. Are you currently:
1. Employed for wages
  2. Self-employed
  3. Out of work for more than 1 year
  4. Out of work for less than 1 year
  5. Homemaker
  6. Student
  7. Retired
  8. Unable to work
  9. Refused
- Q49. Is your annual household income from all sources:
01. Less than \$10,000
  02. \$10,000-\$14,999
  03. \$15,000-\$19,999
  04. \$20,000-\$24,999
  05. \$25,000-\$34,999
  06. \$35,000-\$49,999
  07. \$50,000-\$74,999
  08. \$75,000 or more
- Q50. About how much do you weigh without shoes?  
Round fractions up  
Enter weight in whole pounds  
777. Don't know / not sure  
999. Refused
- Q51. About how tall are you without shoes?  
Round fractions down  
Enter height in feet and inches  
(Ex. 5 feet 9 inches = 509)  
777. Don't know / not sure  
999. Refused
- Q52. -- What county do you live in?  
Enter the county name:  
D = Don't know / not sure  
R = Refused
- Q53. Do you have more than one telephone number in your household?
1. Yes
  2. No -- **skips to q55**
  9. Refused -- **skips to q55**
- Q54. -- **only get this question if q53 = 1 (yes)** How many residential telephone numbers do you have? Exclude dedicated fax and computer lines
1. One
  2. Two
  3. Three
  4. Four
  5. Five
  6. Six
  7. Seven
  8. Eight or more
  9. Refused
- Q55. Interviewer: indicate sex of respondent. Ask only if necessary
1. Male -- **skips to q67**
  2. Female
- WOMEN'S HEALTH (1995-98)**
- Q56. -- **only get this question if q55 = 2 (female)** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?
1. Yes
  2. No -- **skips to STMAM\_Q2**
  7. Don't know / not sure -- **skips to STMAM\_Q2**
  9. Refused -- **skips to STMAM\_Q2**
- STMAM1. -- **only get this question if q55 = 2** What is the main reason you have ever had a mammogram?
1. Not recommended by Doctor
  2. Not needed / no breast problems / no family history of breast cancer
  3. Cost is too high or no insurance
  4. Too old
  5. Too young
  6. No time
  7. Services not available / not convenient / lack of transportation
  8. Fear / Uncomfortable / Painful
  9. Embarrassing
  10. Afraid of what they might find
  77. Don't know / not sure
  99. Refused
- Q57. How long has it been since you had your last mammogram?  
Read only if necessary
1. Within the past year (1 to 12 months ago)
  2. Within the past 2 years (1 to 2 years ago)
  3. Within the past 3 years (2 to 3 years ago)
  4. Within the past 5 years (3 to 5 years ago)
  5. 5 or more years ago
  7. Don't know / not sure
  9. Refused
- STMAM2. -- **only get this question if q56 = 2 and / or q57 3, 4, or 5** Which of the following reasons would you say is the most important reason why you have not had a mammogram within the past 2 years?
1. Not recommended by Doctor
  2. Not needed / no breast problems / no family history of breast cancer
  3. Cost is too high or no insurance
  4. Too old
  5. Too young
  6. No time
  7. Services not available / not convenient / lack of transportation
  8. Fear / Uncomfortable / Painful
  9. Embarrassing
  10. Afraid of what they might find
  77. Don't know / not sure
  99. Refused

# Appendix B

STMAM3. Are you aware that the health department offers free low cost breast exams, mammograms, pap tests, and pelvic exams?

1. Yes
2. No
7. Don't know / not sure
9. Refused

Q58. -- **only get this question if q56 = 1 (had mammogram)** 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?

1. Routine checkup
2. Breast problem other than cancer
3. Had breast cancer
7. Don't know / not sure
9. Refused

Q59. 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?

1. Yes
2. No -- **skips to q62**
7. Don't know / not sure -- **skips to q62**
9. Refused -- **skips to q62**

Q60. -- **only get this question if q59 = 1 (yes)** How long has it been since your last breast exam?

- Read only if necessary
1. Within the past year (1 to 12 months ago)
  2. Within the past 2 years (1 to 2 years ago)
  3. Within the past 3 years (2 to 3 years ago)
  4. Within the past 5 years (3 to 5 years ago)
  5. 5 or more years ago
  7. Don't know / not sure
  9. Refused

Q61. -- **only get this question if q59 = 1 (yes)** Was your last 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?

1. Routine checkup
2. Breast problem other than cancer
3. Had breast cancer
7. Don't know / not sure
9. Refused

Q62. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?

1. Yes
2. No -- **skips to q65**
7. Don't know / not sure -- **skips to q65**
9. Refused -- **skips to q65**

Q63. -- **only get this question if q62 = 1 (yes)** How long has it been since you had your last Pap smear?

- Read only if necessary
1. Within the past year (1 to 12 months ago)
  2. Within the past 2 years (1 to 2 years ago)
  3. Within the past 3 years (2 to 3 years ago)
  4. Within the past 5 years (3 to 5 years ago)
  5. 5 or more years ago
  7. Don't know / not sure
  9. Refused

Q64. -- **only get this question if q62 = 1 (yes)** Was your last Pap smear done as part of a routine exam, or to check a current or previous problem?

1. Routine exam
2. Check current or previous problem
3. Other
7. Don't know / not sure
9. Refused

Q65. Have you had a hysterectomy? A hysterectomy is an operation to remove the uterus (womb)

1. Yes -- **skips to q67**
2. No
7. Don't know / not sure
9. Refused

Q66. -- **only get this question if q65 = 2, 7, or 9 and age is less than 44.** To your knowledge, are you now pregnant?

1. Yes
2. No
7. Don't know / not sure
9. Refused

## HIV / AIDS (1995-98)

**\*Only get these questions if respondent is < 65 years old.**

Q67. -- The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to. If you had a child in school, at what grade do you think he or she should begin receiving education about HIV infection and AIDS?

- Enter grade  
Code 1 through 12
55. Kindergarten
  88. Never
  77. Don't know / not sure
  99. Refused

Q68. -- If you had a teenager who was sexually active, would you encourage him or her to use a condom?

1. Yes
2. No
3. Would give other advice (do not read)
7. Don't know / not sure
9. Refused

Q69. -- What are your chances of getting infected with HIV, the virus that causes AIDS? Would you say: high, medium, low, or none?

1. High
2. Medium
3. Low
4. None
5. Not applicable
7. Don't know / not sure
9. Refused

Q70. -- **only get this question if q70 = 2, 7 or 9** Have you donated blood since march 1985?

1. Yes
2. No
7. Don't know / not sure
9. Refused

Q71. -- Have you ever had your blood tested for HIV?

1. Yes
2. No
7. Don't know / not sure
9. Refused

Q72. -- **only get this question if q71 = 1 (tested for AIDS)** What was the main reason you had your last blood test for HIV?

- Read only if necessary  
Enter reason code
01. For hospitalization or surgical procedure
  02. To apply for health insurance
  03. To apply for life insurance
  04. For employment
  05. To apply for a marriage license
  06. For military induction or military service
  07. For immigration
  08. Just to find out if you were infected
  09. Because of referral by a doctor
  10. Because of pregnancy
  11. Referred by your sex partner
  12. Because it was part of a blood donation process **skips to q76**
  13. For routine checkup
  14. Because of occupational exposure
  15. Because of illness
  16. Because I am at risk for HIV
  87. Other reason
  77. Don't know/not sure (don't read)
  99. Refused (don't read)

# Appendix B

Q73. -- **only get this question if q71 = 1 (tested for AIDS)** Where did you have your last blood test for HIV?

Read only if necessary

Enter facility code

01. Private doctor, HMO
02. Blood bank, plasma center, Red Cross
03. Health department
04. AIDS clinic, counseling, testing site
05. Hospital, emergency room, outpatient clinic
06. Family planning clinic
07. Prenatal clinic, obstetrician's office
08. Tuberculosis clinic
09. STD clinic
10. Community health clinic
11. Clinic run by employer
12. Insurance company clinic
13. Other public clinic
14. Drug treatment facility
15. Military induction or military service site
16. Immigration site
17. At home, home visit by nurse or health worker
18. At home using self-sampling kit
19. In jail or prison
87. Other
77. Don't know / not sure (don't read)
99. Refused (don't read)

Q74. -- **only get this question if q71 = 1 (tested for AIDS)** Did you receive the results of your last test?

1. Yes
2. No -- **skips to mod4\_Q1**
7. Don't know / not sure -- **skips to mod4\_Q1**
9. Refused -- **skips to mod4\_Q1**

Q75. -- **only get this question if q74 = 1 (yes)** Did you receive counseling or talk with a health care professional about the results of your test?

1. Yes
2. No
7. Don't know / not sure
9. Refuse

## HEALTH CARE COVERAGE (1996-97)

Mod4\_Q1. -- **only get this question if q7a or q7b = none (not insured)** I asked you previously about your health care coverage. What is the main reason you are without health care coverage?

Enter the reason code

01. Lost job or changed employers
02. Spouse or parent lost job or changed employers
03. Became divorced or separated
04. Spouse or parent died
05. Became ineligible because of age or because left school
06. Employer doesn't offer or stopped offering coverage
07. Cut back to part time or became temporary employee
08. Benefits from employer or former employer ran out
09. Couldn't afford to pay the premiums
10. Insurance company refused coverage
11. Lost Medicaid or medical assistance eligibility
87. Other -- **skips to mod4\_q1**
77. Don't know / not sure -- **skips to mod4\_q1**
99. Refused -- **skips to mod4\_q1**

Mod4\_Q2 -- **only get this question if have some type of insurance** About how long have you had this particular health care coverage.

Interviewer: if necessary, say "The coverage you use currently to pay for most of your medical care."

Read only if necessary

1. For less than 12 months (1 to 12 months ago)
2. For less than 2 years (1 to 2 years ago)
3. For less than 3 years (2 to 3 years ago)
4. For less than 5 years (3 to 5 years ago)
5. For 5 or more years
7. Don't know / not sure
9. Refused

Mod4\_Q3. -- **only get this question if have some type of insurance** Is there a book or list of doctors associated with your health coverage plan / Medicaid / Medicare.

Interviewer: if necessary, say "The coverage you use currently to pay for most of your medical care."

1. Yes --**skips to q10**
2. No
7. Don't know / not sure
9. Refused --**skips to q10**

Mod4\_Q4. -- **only get this if respondent has some kind of insurance** Does your health coverage plan / Medicaid / Medicare require you to select a certain doctor or clinic for all of your routine care? Do not include emergency care or referral to a specialist.

Interviewer: if necessary, say "The coverage you use currently to pay for most of your medical care."

1. Yes
2. No
7. Don't know / not sure
9. Refused

Mod4\_Q5. -- **only get this question if respondent has health care coverage** I asked you previously about your health care coverage. Other than health coverage plan / Medicaid / Medicare do you have any other type of health care coverage? Do not include plans that only cover one type of service or care.

1. Yes
2. No
7. Don't know / not sure
9. Refused

## ORAL HEALTH (1995-98)

Mod6\_Q1. How long has it been since you last visited the dentist or a dental clinic?

Read only if necessary

1. Within the past year (1 to 12 months ago) -- **skips to mod6\_q3**
2. Within the past 2 years (1 to 2 years ago)
3. Within the past 5 years (2 to 5 years ago)
4. 5 or more years ago
7. Don't know / not sure -- **skips to mod6\_q3**
8. Never
9. Refused -- **skips to mod6\_q3**

Mod6\_Q2. -- **only get this if mod6\_q1 = 2, 3, 4, or 8** What is the main reason you have not visited the dentist in the last year?

Enter the code

Read only if necessary

01. Fear, apprehension, nervousness, pain, dislike going
02. Cost
03. Do not have/know a dentist
04. Cannot get to the office/clinic (too far away, no transportation, no appointments available)
05. No reason to go (no problems, no teeth)
06. Other priorities
07. Have not thought of it
08. Other
77. Don't know / not sure
99. Refused

Mod6\_Q3. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.

1. 5 or fewer
2. 6 or more but not all
3. All
7. Don't know / not sure
8. None
9. Refused

Mod6\_Q4. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

1. Yes
2. No
7. Don't know / not sure
9. Refused

# Appendix B

## HYPERTENSION AWARENESS (1995, 97)

Mod8\_Q1. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

Read only if necessary

1. Within the past 6 months (1 to 6 months ago)
2. Within the past year (6 to 12 months ago)
3. Within the past 2 years (1 to 2 years ago)
4. Within the past 5 years (2 to 5 years ago)
5. 5 or more years ago
7. Don't know / not sure
8. Never -- **skips to mod9\_q1**
9. Refused

Mod8\_Q2. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

1. Yes
2. No -- **skips to mod9\_q1**
7. Don't know / not sure -- **skips to mod9\_q1**
9. Refused -- **skips to mod9\_q1**

Mod8\_Q3. -- **only get this question if mod8\_q2 = yes** Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

1. More than once
2. Only once
7. Don't know / not sure
9. Refused

## CHOLESTEROL AWARENESS (1995, 97)

Mod9\_Q1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

1. Yes
2. No -- **skips to mod10\_q1**
7. Don't know / not sure -- **skips to mod10\_q1**
9. Refused -- **skips to mod10\_q1**

Mod9\_Q2. -- **only get this question if mod9\_q1 = yes** About how long has it been since you last had your blood cholesterol checked?

Read only if necessary

1. Within the past year (1 to 12 months ago)
2. Within the past 2 years (1 to 2 years ago)
3. Within the past 5 years (2 to 5 years ago)
4. 5 or more years ago
7. Don't know / not sure
9. Refused

Mod9\_Q3. -- **only get this question if mod9\_q1 = yes** Have you ever been told by a doctor or other health professional that your blood cholesterol is high?

1. Yes
2. No
7. Don't know / not sure
9. Refused

## COLORECTAL CANCER SCREENING (1995, 97)

Mod10\_Q1. -- **only get this question if respondent is over the age of 39** A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

1. Yes
2. No -- **skips to mod10\_q3**
7. Don't know / not sure -- **skips to mod10\_q3**
9. Refused -- **skips to mod10\_q3**

Mod10\_Q2. -- **only get this question if mod10\_q1 = 1 (yes)** When did you have your last blood stool test using a home kit?

Read only if necessary

1. Within the past year (1 to 12 months ago)
2. Within the past 2 years (1 to 2 years ago)
3. Within the past 5 years (2 to 5 years ago)
4. 5 or more years ago
7. Don't know / not sure
9. Refused

Mod10\_Q3. A sigmoidoscopy or proctoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had this exam?

1. Yes
2. No -- **skips to mod11\_q1**
7. Don't know / not sure -- **skips to mod11\_q1**
9. Refused -- **skips to mod11\_q1**

Mod10\_Q4. -- **only get this question if mod10\_q3 = 1 (yes)** When did you have your last sigmoidoscopy or proctoscopy?

Read only if necessary

1. Within the past year (1 to 12 months ago)
2. Within the past 2 years (1 to 2 years ago)
3. Within the past 5 years (2 to 5 years ago)
4. 5 or more years ago
7. Don't know / not sure
9. Refused

## IMMUNIZATIONS (1995, 97)

Mod11\_Q1. During the past 12 months, have you had a flu shot?

1. Yes
2. No
7. Don't know / not sure
9. Refused

Mod11\_Q2. Have you ever had a pneumonia vaccination?

1. Yes
2. No
7. Don't know / not sure
9. Refused

## INJURY CONTROL (1995, 97)

Mod12\_Q1. How often do you use seatbelts when you drive or ride in a car? Would you say:

1. Always
2. Nearly always
3. Sometimes
4. Seldom
5. Never
7. Don't know / not sure
8. Never drive or ride in a car
9. Refused

Mod12\_Q2. What is the age of the oldest child in your household under the age of 16?

Code age less than one year as 01

Enter age in years

77. Don't know / not sure -- **skips to mod12\_q5**
88. No children under age 16 -- **skips to mod12\_q5**
99. Refused -- **skips to mod**

Mod12\_Q3. **B only get this if mod12\_q2 = 1,2,3 or 4** How often does the XX year-old child in your household use a child safety seat or use a seat belt when they ride in a car? Would you say:

1. Always
2. Nearly always
3. Sometimes
4. Seldom
5. Never
7. Don't know / not sure
8. Never rides in a car
9. Refused

Mod12\_Q4. -- **only get this question if mod12\_q2 > 4** During the past year, how often has the XX year-old child worn a bicycle helmet when riding a bicycle? Would you say:

1. Always
2. Nearly always
3. Sometimes
4. Seldom
5. Never
7. Don't know / not sure
8. Never rides a bicycle
9. Refused



# Appendix B

Mod12\_Q5. When was the last time you or someone else deliberately tested all of the smoke detectors in your home, either by pressing the test buttons or holding a source of smoke near them?

Read only if necessary

1. Within the past month (0 to 1 month ago)
2. Within the past 6 months (1 to 6 months ago)
3. Within the past year (6 to 12 months ago)
4. One or more years ago
5. Never
6. No smoke detectors in home
7. Don't know / not sure
9. Refused

## ALCOHOL USE (1995, 97)

Mod13\_Q1. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

1. Yes
2. No -- **skips to STGC\_Q1**
7. Don't know / not sure -- **skips to STGC\_Q1**
9. Refused -- **skips to STGC\_Q1**

Mod13\_Q2. -- **only get this question if mod13\_q1 = 1** During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?

Enter days per week or per month

101-107 = days per week

201-231 = days per month

777. Don't know / not sure -- **skips to STGC\_Q1**

999. Refused -- **skips to STGC\_Q1**

Mod13\_Q3. -- **only get this question if mod13\_q1 = 1** A drink 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. On the days when you drank, about how many drinks did you drink on the average?

Enter number of drinks

77. Don't know / not sure

99. Refused

Mod13\_Q4. -- **only get this question if mod13\_q1 = 1** Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?

Enter number of times

77. Don't know / not sure

88. None

99. Refused

Mod13\_Q5. -- **only get this question if mod13\_q1 = 1** During the past month, how many times have you driven when you've had perhaps too much to drink?

Enter number of times

77. Don't know / not sure

88. None

99. Refused

## STATE GOVERNOR'S COUNCIL PHYSICAL ACTIVITY QUESTIONS (1998)

STGC\_Q1. In an average week, how many times do you engage in some type of physical activity either at home or at work?

1. Less than 1 time per week
2. 1 to 2 times per week
3. At least 3 times per week
7. Don't know / not sure
9. Refused

STGC\_Q2. Which answer best describes your physical activity at home or at work? **Read this statement and the first three responses** -- "I am physically active less than 3 times per week and I . . . ."

1. Have no plans to increase my physical activity level
2. I plan to increase my physical activity level in the next 6 months
3. I plan to increase my physical activity level in the next month
7. Don't know / not sure
9. Refused

STGC\_Q3. Which answer best describes your physical activity at home or at work? **Read this statement and the first two responses** -- "I am physically active 3 or more times per week and I . . . ."

1. Have been for 6 months or less
2. I have been for more than 6 months
3. Don't know / not sure
4. Refused

STGC\_Q4. How many fruit and vegetables do you eat each day?

1. 0
2. 1-2
3. 3-4
4. 5 or more
7. Don't know / not sure
9. Refused

STGC\_Q5. About how long have you been eating this number of daily servings of fruit and vegetables?

1. 6 months or less
2. Longer than 6 months
7. Don't know / not sure
9. Refused

STGC\_Q6. Are you thinking about eating more servings of fruit and vegetables starting sometime in the next 6 months?

1. Yes
2. No
7. Don't know / not sure
9. Refused

STGC\_Q7. Are you planning to eat more servings of fruit and vegetables during the next month?

1. Yes
2. No
7. Don't know / not sure
9. Refused



**Utah's  
Local Health  
District  
and State  
Demographic  
Profiles**

# Appendix C

## Bear River Health District

Counties:

Box Elder  
Cache  
Rich

Population Estimates by Selected Demographic Characteristics  
Utah 1995-1998

<b>Bear River</b>	<b>Number in Each Category</b>	<b>Percentage of Population</b>
<i>Sex</i>		
Male	63,513	50.2%
Female	62,976	49.8%
<b>Total</b>	<b>126,488</b>	<b>100.0%</b>
<i>Age</i>		
Less Than 18	45,082	35.6%
18-24	18,465	14.6%
25-34	18,631	14.7%
35-44	16,365	12.9%
45-54	10,400	8.2%
55-64	7,158	5.7%
65 or Over	10,387	8.2%
<b>Total</b>	<b>126,488</b>	<b>100.0%</b>
<i>Race</i>		
White	121,441	96.0%
Black	367	0.3%
American Indian	1,138	0.9%
Asian/Pacific Islander	3,542	2.8%
<b>Total</b>	<b>126,488</b>	<b>100.0%</b>
<i>Hispanic Origin</i>		
Hispanic	5,350	4.2%
Non-Hispanic	121,138	95.8%
<b>Total</b>	<b>126,488</b>	<b>100.0%</b>

Source: Estimates for the average population counts for Age, Sex, and Total Population were provided by the Governor's Office of Planning and Budget (Published in 1997). Estimates for the population distribution by Race and Hispanic Origin were provided by the U.S. Census Bureau.

# Appendix C

## Population Estimates by Selected Demographic Characteristics Utah 1995-1998

Bear River	Number in Each Category	Percentage of Population	95% Confidence Intervals	
			Lower	Upper
<i>Income</i>				
<\$20,000	25,323	20.0%	16.3%	23.7%
\$20,000-\$34,999	38,996	30.8%	27.1%	34.5%
\$35,000+	62,169	49.2%	44.7%	53.6%
<b>Total</b>	<b>126,488</b>	<b>100.0%</b>		
<i>Education (Age 18+)</i>				
< High School	5,780	7.1%	5.1%	9.1%
High School	26,042	32.0%	28.2%	35.7%
Some College	27,678	34.0%	30.3%	37.7%
College Grad	21,906	26.9%	23.4%	30.4%
<b>Total Adults</b>	<b>81,406</b>	<b>100.0%</b>		
<i>Employment Status (Age 18+)</i>				
Employed	50,993	62.6%	58.7%	66.6%
Unemployed	1,986	2.4%	1.3%	3.6%
Homemaker	9,801	12.0%	9.5%	14.6%
Student	7,652	9.4%	6.7%	12.1%
Retired	10,965	13.5%	10.7%	16.2%
<b>Total Adults</b>	<b>81,406</b>	<b>100.0%</b>		
<i>Marital Status (Age 18+)</i>				
Married	58,124	71.4%	67.3%	75.5%
Divorced	4,502	5.5%	4.1%	7.0%
Widowed	3,761	4.6%	3.2%	6.0%
Separated	456	0.6%	0.2%	0.9%
Never Married	13,554	16.7%	13.1%	20.2%
Living As Married	1,009	1.2%	0.1%	2.4%
<b>Total Adults</b>	<b>81,406</b>	<b>100.0%</b>		

Source: Estimates for the population distribution by Income, Education, Employment Status, and Marital Status, were derived from the BRFSS surveys from 1995-1998. The estimates for the average population count from 1995-1998 was provided by the Governor's Office of Planning and Budget (Published in 1997).

# Appendix C

## Central Utah Public Health District

Counties:

Juab  
 Millard  
 Piute  
 Sanpete  
 Sevier  
 Wayne

Population Estimates by Selected Demographic Characteristics  
 Utah 1995-1998

<b>Central</b>	<b>Number in Each Category</b>	<b>Percentage of Population</b>
<i>Sex</i>		
Male	30,821	49.7%
Female	31,158	50.3%
<b>Total</b>	<b>61,979</b>	<b>100.0%</b>
<i>Age</i>		
Less Than 18	20,807	33.6%
18-24	7,598	12.3%
25-34	7,708	12.4%
35-44	8,309	13.4%
45-54	6,070	9.8%
55-64	3,920	6.3%
65 or Over	7,568	12.2%
<b>Total</b>	<b>61,979</b>	<b>100.0%</b>
<i>Race</i>		
White	60,150	97.1%
Black	124	0.2%
American Indian	1,109	1.8%
Asian/Pacific Islander	595	1.0%
<b>Total</b>	<b>61,979</b>	<b>100.0%</b>
<i>Hispanic Origin</i>		
Hispanic	2,454	4.0%
Non-Hispanic	59,524	96.0%
<b>Total</b>	<b>61,979</b>	<b>100.0%</b>

Source: Estimates for the average population counts for Age, Sex, and Total Population were provided by the Governor's Office of Planning and Budget (Published in 1997). Estimates for the population distribution by Race and Hispanic Origin were provided by the U.S. Census Bureau.

# Appendix C

## Population Estimates by Selected Demographic Characteristics Utah 1995-1998

Central	Number in Each Category	Percentage of Population	95% Confidence Intervals	
			Lower	Upper
<i>Income</i>				
<\$20,000	16,678	26.9%	23.2%	30.6%
\$20,000-\$34,999	23,378	37.7%	33.2%	42.2%
\$35,000+	21,922	35.4%	31.0%	39.8%
Total	61,979	100.0%		
<i>Education (Age 18+)</i>				
< High School	3,224	7.8%	5.7%	10.0%
High School	16,819	40.9%	36.6%	45.1%
Some College	14,525	35.3%	31.2%	39.4%
College Grad	6,600	16.0%	13.1%	19.0%
Total Adults	41,172	100.0%		
<i>Employment Status (Age 18+)</i>				
Employed	24,118	58.6%	54.6%	62.6%
Unemployed	2,812	6.8%	4.5%	9.2%
Homemaker	4,578	11.1%	8.7%	13.5%
Student	1,210	2.9%	1.0%	4.9%
Retired	8,448	20.5%	17.3%	23.7%
Total Adults	41,172	100.0%		
<i>Marital Status (Age 18+)</i>				
Married	29,244	71.0%	66.9%	75.1%
Divorced	2,462	6.0%	4.2%	7.8%
Widowed	3,751	9.1%	7.1%	11.2%
Separated	268	0.7%	0.1%	1.2%
Never Married	5,196	12.6%	9.4%	15.8%
Living As Married	255	0.6%	-0.2%	1.4%
Total Adults	41,172	100.0%		

Source: Estimates for the population distribution by Income, Education, Employment Status, and Marital Status, were derived from the BRFSS surveys from 1995-1998. The estimates for the average population count from 1995-1998 was provided by the Governor's Office of Planning and Budget (Published in 1997).

# Appendix C

## Davis County Health District

Counties:

Davis

### Population Estimates by Selected Demographic Characteristics Utah 1995-1998

<b>Davis</b>	<b>Number in Each Category</b>	<b>Percentage of Population</b>
<i>Sex</i>		
Male	111,771	50.4%
Female	109,979	49.6%
<b>Total</b>	<b>221,750</b>	<b>100.0%</b>
<i>Age</i>		
Less Than 18	78,025	35.2%
18-24	25,189	11.4%
25-34	33,347	15.0%
35-44	33,105	14.9%
45-54	22,377	10.1%
55-64	14,192	6.4%
65 or Over	15,517	7.0%
<b>Total</b>	<b>221,750</b>	<b>100.0%</b>
<i>Race</i>		
White	212,259	95.7%
Black	3,149	1.4%
American Indian	1,308	0.6%
Asian/Pacific Islander	5,034	2.3%
<b>Total</b>	<b>221,750</b>	<b>100.0%</b>
<i>Hispanic Origin</i>		
Hispanic	11,598	5.2%
Non-Hispanic	210,152	94.8%
<b>Total</b>	<b>221,750</b>	<b>100.0%</b>

Source: Estimates for the average population counts for Age, Sex, and Total Population were provided by the Governor's Office of Planning and Budget (Published in 1997). Estimates for the population distribution by Race and Hispanic Origin were provided by the U.S. Census Bureau.



# Appendix C

## Population Estimates by Selected Demographic Characteristics Utah 1995-1998

Davis	Number in Each Category	Percentage of Population	95% Confidence Intervals	
			Lower	Upper
<i>Income</i>				
<\$20,000	29,404	13.3%	10.4%	16.2%
\$20,000-\$34,999	51,535	23.2%	19.6%	26.8%
\$35,000+	140,833	63.5%	59.2%	67.8%
Total	221,750	100.0%		
<i>Education (Age 18+)</i>				
< High School	5,634	3.9%	2.4%	5.4%
High School	44,454	30.9%	27.0%	34.9%
Some College	49,499	34.4%	30.5%	38.3%
College Grad	44,124	30.7%	26.8%	34.6%
Total Adults	143,725	100.0%		
<i>Employment Status (Age 18+)</i>				
Employed	98,092	68.3%	64.4%	72.1%
Unemployed	3,593	2.5%	1.3%	3.7%
Homemaker	20,251	14.1%	11.2%	17.0%
Student	5,462	3.8%	2.1%	5.5%
Retired	16,342	11.4%	9.0%	13.8%
Total Adults	143,725	100.0%		
<i>Marital Status (Age 18+)</i>				
Married	108,052	75.2%	71.5%	78.8%
Divorced	9,069	6.3%	4.6%	8.0%
Widowed	4,326	3.0%	1.9%	4.1%
Separated	589	0.4%	0.0%	0.8%
Never Married	21,314	14.8%	11.5%	18.2%
Living As Married	374	0.3%	0.0%	0.6%
Total Adults	143,725	100.0%		

Source: Estimates for the population distribution by Income, Education, Employment Status, and Marital Status, were derived from the BRFSS surveys from 1995-1998. The estimates for the average population count from 1995-1998 was provided by the Governor's Office of Planning and Budget (Published in 1997).

# Appendix C

## Salt Lake City/County Health District

Counties:

Salt Lake

Population Estimates by Selected Demographic Characteristics  
Utah 1995-1998

<b>Salt Lake</b>	<b>Number in Each Category</b>	<b>Percentage of Population</b>
<i>Sex</i>		
Male	411,949	49.8%
Female	415,281	50.2%
<b>Total</b>	<b>827,229</b>	<b>100.0%</b>
<i>Age</i>		
Less Than 18	272,759	33.0%
18-24	90,678	11.0%
25-34	126,079	15.2%
35-44	128,166	15.5%
45-54	88,371	10.7%
55-64	51,043	6.2%
65 or Over	70,134	8.5%
<b>Total</b>	<b>827,229</b>	<b>100.0%</b>
<i>Race</i>		
White	781,814	94.5%
Black	8,851	1.1%
American Indian	7,280	0.9%
Asian/Pacific Islander	29,284	3.5%
<b>Total</b>	<b>827,229</b>	<b>100.0%</b>
<i>Hispanic Origin</i>		
Hispanic	66,509	8.0%
Non-Hispanic	760,720	92.0%
<b>Total</b>	<b>827,229</b>	<b>100.0%</b>

Source: Estimates for the average population counts for Age, Sex, and Total Population were provided by the Governor's Office of Planning and Budget (Published in 1997). Estimates for the population distribution by Race and Hispanic Origin were provided by the U.S. Census Bureau.

# Appendix C

## Population Estimates by Selected Demographic Characteristics Utah 1995-1998

Salt Lake	Number in Each Category	Percentage of Population	95% Confidence Intervals	
			Lower	Upper
<i>Income</i>				
<\$20,000	142,532	17.2%	15.7%	18.8%
\$20,000-\$34,999	241,882	29.2%	27.4%	31.1%
\$35,000+	442,816	53.5%	51.4%	55.6%
Total	827,229	100.0%		
<i>Education (Age 18+)</i>				
< High School	42,971	7.8%	6.7%	8.8%
High School	163,070	29.4%	27.6%	31.2%
Some College	177,042	31.9%	30.1%	33.7%
College Grad	171,387	30.9%	29.1%	32.8%
Total Adults	554,471	100.0%		
<i>Employment Status (Age 18+)</i>				
Employed	388,573	70.1%	68.3%	71.9%
Unemployed	29,442	5.3%	4.4%	6.2%
Homemaker	51,289	9.3%	8.2%	10.3%
Student	21,236	3.8%	3.1%	4.6%
Retired	63,930	11.5%	10.3%	12.7%
Total Adults	554,471	100.0%		
<i>Marital Status (Age 18+)</i>				
Married	361,459	65.2%	63.4%	67.0%
Divorced	54,172	9.8%	8.8%	10.8%
Widowed	27,724	5.0%	4.3%	5.7%
Separated	8,705	1.6%	1.1%	2.0%
Never Married	93,262	16.8%	15.3%	18.3%
Living As Married	9,260	1.7%	1.2%	2.1%
Total Adults	554,471	100.0%		

Source: Estimates for the population distribution by Income, Education, Employment Status, and Marital Status, were derived from the BRFSS surveys from 1995-1998. The estimates for the average population count from 1995-1998 was provided by the Governor's Office of Planning and Budget (Published in 1997).

# Appendix C

## Southeastern Utah Health District

Counties:

Carbon  
Emery  
Grand  
San Juan

Population Estimates by Selected Demographic Characteristics  
Utah 1995-1998

<b>Southeastern</b>	<b>Number in Each Category</b>	<b>Percentage of Population</b>
<i>Sex</i>		
Male	27,197	49.4%
Female	27,819	50.6%
<b>Total</b>	<b>55,016</b>	<b>100.0%</b>
<i>Age</i>		
Less Than 18	18,325	33.3%
18-24	6,416	11.7%
25-34	6,942	12.6%
35-44	7,793	14.2%
45-54	5,819	10.6%
55-64	3,765	6.8%
65 or Over	5,957	10.8%
<b>Total</b>	<b>55,016</b>	<b>100.0%</b>
<i>Race</i>		
White	46,511	84.5%
Black	165	0.3%
American Indian	8,027	14.6%
Asian/Pacific Islander	314	0.6%
<b>Total</b>	<b>55,016</b>	<b>100.0%</b>
<i>Hispanic Origin</i>		
Hispanic	4,671	8.5%
Non-Hispanic	50,345	91.5%
<b>Total</b>	<b>55,016</b>	<b>100.0%</b>

Source: Estimates for the average population counts for Age, Sex, and Total Population were provided by the Governor's Office of Planning and Budget (Published in 1997). Estimates for the population distribution by Race and Hispanic Origin were provided by the U.S. Census Bureau.

# Appendix C

## Population Estimates by Selected Demographic Characteristics Utah 1995-1998

Southeastern	Number in Each Category	Percentage of Population	95% Confidence Intervals	
			Lower	Upper
<i>Income</i>				
<\$20,000	12,258	22.3%	19.0%	25.6%
\$20,000-\$34,999	21,143	38.4%	34.1%	42.7%
\$35,000+	21,616	39.3%	34.8%	43.7%
Total	55,016	100.0%		
<i>Education (Age 18+)</i>				
< High School	4,227	11.5%	9.0%	14.1%
High School	14,177	38.6%	34.5%	42.7%
Some College	11,870	32.4%	28.3%	36.4%
College Grad	6,417	17.5%	14.4%	20.6%
Total Adults	36,691	100.0%		
<i>Employment Status (Age 18+)</i>				
Employed	21,978	59.9%	55.7%	64.1%
Unemployed	2,242	6.1%	4.3%	8.0%
Homemaker	4,432	12.1%	9.5%	14.7%
Student	1,431	3.9%	2.0%	5.8%
Retired	6,608	18.0%	14.7%	21.3%
Total Adults	36,691	100.0%		
<i>Marital Status (Age 18+)</i>				
Married	25,581	69.7%	66.0%	73.5%
Divorced	2,656	7.2%	5.5%	9.0%
Widowed	2,825	7.7%	5.8%	9.7%
Separated	466	1.3%	0.5%	2.0%
Never Married	4,590	12.5%	9.5%	15.5%
Living As Married	576	1.6%	0.7%	2.5%
Total Adults	36,691	100.0%		

Source: Estimates for the population distribution by Income, Education, Employment Status, and Marital Status, were derived from the BRFSS surveys from 1995-1998. The estimates for the average population count from 1995-1998 was provided by the Governor's Office of Planning and Budget (Published in 1997).

# Appendix C

## Southwest Utah Public Health District

Counties:

Beaver  
Garfield  
Iron  
Kane  
Washington

Population Estimates by Selected Demographic Characteristics  
Utah 1995-1998

<b>Southwest</b>	<b>Number in Each Category</b>	<b>Percentage of Population</b>
<i>Sex</i>		
Male	59,498	49.5%
Female	60,622	50.5%
<b>Total</b>	<b>120,120</b>	<b>100.0%</b>
<i>Age</i>		
Less Than 18	37,530	31.2%
18-24	14,404	12.0%
25-34	17,878	14.9%
35-44	15,180	12.6%
45-54	10,487	8.7%
55-64	7,680	6.4%
65 or Over	16,963	14.1%
<b>Total</b>	<b>120,120</b>	<b>100.0%</b>
<i>Race</i>		
White	116,949	97.4%
Black	216	0.2%
American Indian	2,078	1.7%
Asian/Pacific Islander	877	0.7%
<b>Total</b>	<b>120,120</b>	<b>100.0%</b>
<i>Hispanic Origin</i>		
Hispanic	2,919	2.4%
Non-Hispanic	117,201	97.6%
<b>Total</b>	<b>120,120</b>	<b>100.0%</b>

Source: Estimates for the average population counts for Age, Sex, and Total Population were provided by the Governor's Office of Planning and Budget (Published in 1997). Estimates for the population distribution by Race and Hispanic Origin were provided by the U.S. Census Bureau.

# Appendix C

## Population Estimates by Selected Demographic Characteristics Utah 1995-1998

Southwest	Number in Each Category	Percentage of Population	95% Confidence Intervals	
			Lower	Upper
<i>Income</i>				
<\$20,000	23,459	19.5%	16.2%	22.8%
\$20,000-\$34,999	48,276	40.2%	36.1%	44.3%
\$35,000+	48,384	40.3%	35.9%	44.6%
<b>Total</b>	<b>120,120</b>	<b>100.0%</b>		
<i>Education (Age 18+)</i>				
< High School	6,781	8.2%	6.1%	10.4%
High School	28,353	34.3%	30.4%	38.3%
Some College	30,303	36.7%	33.0%	40.4%
College Grad	17,154	20.8%	17.6%	24.0%
<b>Total Adults</b>	<b>82,591</b>	<b>100.0%</b>		
<i>Employment Status (Age 18+)</i>				
Employed	48,679	58.9%	55.1%	62.8%
Unemployed	3,271	4.0%	2.5%	5.4%
Homemaker	8,152	9.9%	7.7%	12.1%
Student	2,635	3.2%	1.6%	4.7%
Retired	19,863	24.1%	20.6%	27.5%
<b>Total Adults</b>	<b>82,591</b>	<b>100.0%</b>		
<i>Marital Status (Age 18+)</i>				
Married	61,365	74.3%	70.7%	77.9%
Divorced	5,913	7.2%	5.2%	9.1%
Widowed	4,410	5.3%	3.9%	6.8%
Separated	735	0.9%	0.3%	1.5%
Never Married	9,019	10.9%	8.0%	13.8%
Living As Married	1,140	1.4%	0.2%	2.5%
<b>Total Adults</b>	<b>82,591</b>	<b>100.0%</b>		

Source: Estimates for the population distribution by Income, Education, Employment Status, and Marital Status, were derived from the BRFSS surveys from 1995-1998. The estimates for the average population count from 1995-1998 was provided by the Governor's Office of Planning and Budget (Published in 1997).

# Appendix C

## Summit County Public Health District

Counties:

Summit

Population Estimates by Selected Demographic Characteristics  
Utah 1995-1998

<b>Summit</b>	<b>Number in Each Category</b>	<b>Percentage of Population</b>
<i>Sex</i>		
Male	12,241	50.9%
Female	11,801	49.1%
<b>Total</b>	<b>24,042</b>	<b>100.0%</b>
<i>Age</i>		
Less Than 18	7,094	29.5%
18-24	2,253	9.4%
25-34	4,054	16.9%
35-44	4,700	19.5%
45-54	3,043	12.7%
55-64	1,405	5.8%
65 or Over	1,494	6.2%
<b>Total</b>	<b>24,042</b>	<b>100.0%</b>
<i>Race</i>		
White	23,732	98.7%
Black	31	0.1%
American Indian	118	0.5%
Asian/Pacific Islander	159	0.7%
<b>Total</b>	<b>24,042</b>	<b>100.0%</b>
<i>Hispanic Origin</i>		
Hispanic	690	2.9%
Non-Hispanic	23,352	97.1%
<b>Total</b>	<b>24,042</b>	<b>100.0%</b>

Source: Estimates for the average population counts for Age, Sex, and Total Population were provided by the Governor's Office of Planning and Budget (Published in 1997). Estimates for the population distribution by Race and Hispanic Origin were provided by the U.S. Census Bureau.



# Appendix C

## Population Estimates by Selected Demographic Characteristics Utah 1995-1998

Summit	Number in Each Category	Percentage of Population	95% Confidence Intervals	
			Lower	Upper
<i>Income</i>				
<\$20,000	2,940	12.2%	9.4%	15.0%
\$20,000-\$34,999	6,051	25.2%	21.1%	29.2%
\$35,000+	15,050	62.6%	58.0%	67.2%
Total	24,042	100.0%		
<i>Education (Age 18+)</i>				
< High School	522	3.1%	1.6%	4.6%
High School	3,581	21.1%	17.0%	25.3%
Some College	4,918	29.0%	24.9%	33.2%
College Grad	7,926	46.8%	42.1%	51.5%
Total Adults	16,948	100.0%		
<i>Employment Status (Age 18+)</i>				
Employed	13,470	79.5%	75.7%	83.2%
Unemployed	346	2.0%	0.8%	3.3%
Homemaker	1,427	8.4%	6.4%	10.4%
Student	403	2.4%	0.7%	4.1%
Retired	1,300	7.7%	5.3%	10.0%
Total Adults	16,948	100.0%		
<i>Marital Status (Age 18+)</i>				
Married	11,136	65.7%	61.7%	69.8%
Divorced	1,256	7.4%	5.6%	9.2%
Widowed	485	2.9%	1.5%	4.2%
Separated	193	1.1%	0.4%	1.9%
Never Married	3,237	19.1%	15.6%	22.6%
Living As Married	642	3.8%	2.0%	5.6%
Total Adults	16,948	100.0%		

Source: Estimates for the population distribution by Income, Education, Employment Status, and Marital Status, were derived from the BRFSS surveys from 1995-1998. The estimates for the average population count from 1995-1998 was provided by the Governor's Office of Planning and Budget (Published in 1997).

# Appendix C

## Tooele County Health District

Counties:

Tooele

Population Estimates by Selected Demographic Characteristics  
Utah 1995-1998

<b>Tooele</b>	<b>Number in Each Category</b>	<b>Percentage of Population</b>
<i>Sex</i>		
Male	15,987	50.4%
Female	15,725	49.6%
<b>Total</b>	<b>31,712</b>	<b>100.0%</b>
<i>Age</i>		
Less Than 18	9,996	31.5%
18-24	3,692	11.6%
25-34	4,595	14.5%
35-44	4,545	14.3%
45-54	3,555	11.2%
55-64	2,362	7.4%
65 or Over	2,968	9.4%
<b>Total</b>	<b>31,712</b>	<b>100.0%</b>
<i>Race</i>		
White	30,564	96.4%
Black	308	1.0%
American Indian	492	1.6%
Asian/Pacific Islander	349	1.1%
<b>Total</b>	<b>31,712</b>	<b>100.0%</b>
<i>Hispanic Origin</i>		
Hispanic	4,595	14.5%
Non-Hispanic	27,117	85.5%
<b>Total</b>	<b>31,712</b>	<b>100.0%</b>

Source: Estimates for the average population counts for Age, Sex, and Total Population were provided by the Governor's Office of Planning and Budget (Published in 1997). Estimates for the population distribution by Race and Hispanic Origin were provided by the U.S. Census Bureau.

# Appendix C

## Population Estimates by Selected Demographic Characteristics Utah 1995-1998

Tooele	Number in Each Category	Percentage of Population	95% Confidence Intervals	
			Lower	Upper
<i>Income</i>				
<\$20,000	4,367	13.8%	10.9%	16.6%
\$20,000-\$34,999	11,461	36.1%	32.1%	40.2%
\$35,000+	15,888	50.1%	45.8%	54.4%
Total	31,712	100.0%		
<i>Education (Age 18+)</i>				
< High School	2,289	10.5%	7.5%	13.6%
High School	8,999	41.4%	37.1%	45.8%
Some College	7,101	32.7%	28.8%	36.6%
College Grad	3,327	15.3%	12.3%	18.3%
Total Adults	21,716	100.0%		
<i>Employment Status (Age 18+)</i>				
Employed	14,876	68.5%	64.4%	72.6%
Unemployed	1,212	5.6%	3.8%	7.4%
Homemaker	2,243	10.3%	7.4%	13.3%
Student	104	0.5%	-0.1%	1.0%
Retired	3,281	15.1%	12.3%	17.9%
Total Adults	21,716	100.0%		
<i>Marital Status (Age 18+)</i>				
Married	16,606	76.5%	73.2%	79.8%
Divorced	1,635	7.5%	5.7%	9.3%
Widowed	890	4.1%	2.8%	5.4%
Separated	159	0.7%	0.2%	1.3%
Never Married	2,300	10.6%	8.0%	13.2%
Living As Married	126	0.6%	0.0%	1.2%
Total Adults	21,716	100.0%		

Source: Estimates for the population distribution by Income, Education, Employment Status, and Marital Status, were derived from the BRFSS surveys from 1995-1998. The estimates for the average population count from 1995-1998 was provided by the Governor's Office of Planning and Budget (Published in 1997).

# Appendix C

## Tri-County Health District

Counties:

Daggett  
Duchesne  
Uintah

Population Estimates by Selected Demographic Characteristics  
Utah 1995-1998

<b>Tri-County</b>	<b>Number in Each Category</b>	<b>Percentage of Population</b>
<i>Sex</i>		
Male	19,459	49.8%
Female	19,648	50.2%
<b>Total</b>	<b>39,107</b>	<b>100.0%</b>
<i>Age</i>		
Less Than 18	14,018	35.8%
18-24	4,224	10.8%
25-34	4,771	12.2%
35-44	5,958	15.2%
45-54	3,992	10.2%
55-64	2,747	7.0%
65 or Over	3,398	8.7%
<b>Total</b>	<b>39,107</b>	<b>100.0%</b>
<i>Race</i>		
White	35,474	90.7%
Black	47	0.1%
American Indian	3,387	8.7%
Asian/Pacific Islander	199	0.5%
<b>Total</b>	<b>39,107</b>	<b>100.0%</b>
<i>Hispanic Origin</i>		
Hispanic	1,584	4.1%
Non-Hispanic	37,523	96.0%
<b>Total</b>	<b>39,107</b>	<b>100.0%</b>

Source: Estimates for the average population counts for Age, Sex, and Total Population were provided by the Governor's Office of Planning and Budget (Published in 1997). Estimates for the population distribution by Race and Hispanic Origin were provided by the U.S. Census Bureau.

# Appendix C

## Population Estimates by Selected Demographic Characteristics Utah 1995-1998

Tri-County	Number in Each Category	Percentage of Population	95% Confidence Intervals	
			Lower	Upper
<i>Income</i>				
<\$20,000	10,277	26.3%	22.6%	30.0%
\$20,000-\$34,999	15,142	38.7%	34.6%	42.8%
\$35,000+	13,687	35.0%	30.8%	39.2%
Total	39,107	100.0%		
<i>Education (Age 18+)</i>				
< High School	3,450	13.8%	10.8%	16.7%
High School	10,866	43.3%	39.2%	47.5%
Some College	6,749	26.9%	23.2%	30.6%
College Grad	4,024	16.0%	12.9%	19.2%
Total Adults	25,089	100.0%		
<i>Employment Status (Age 18+)</i>				
Employed	16,070	64.1%	60.3%	67.8%
Unemployed	1,726	6.9%	4.8%	8.9%
Homemaker	3,104	12.4%	9.8%	15.0%
Student	768	3.1%	1.6%	4.6%
Retired	3,420	13.6%	11.0%	16.3%
Total Adults	25,089	100.0%		
<i>Marital Status (Age 18+)</i>				
Married	18,446	73.5%	69.9%	77.1%
Divorced	1,990	7.9%	5.8%	10.1%
Widowed	1,495	6.0%	4.3%	7.6%
Separated	301	1.2%	0.4%	2.0%
Never Married	2,444	9.7%	6.8%	12.6%
Living As Married	411	1.6%	0.4%	2.9%
Total Adults	25,089	100.0%		

Source: Estimates for the population distribution by Income, Education, Employment Status, and Marital Status, were derived from the BRFSS surveys from 1995-1998. The estimates for the average population count from 1995-1998 was provided by the Governor's Office of Planning and Budget (Published in 1997).

# Appendix C

## Utah County Health District

Counties:

Utah

Population Estimates by Selected Demographic Characteristics  
Utah 1995-1998

<b>Utah County</b>	<b>Number in Each Category</b>	<b>Percentage of Population</b>
<i>Sex</i>		
Male	159,084	49.6%
Female	161,914	50.4%
<b>Total</b>	<b>320,998</b>	<b>100.0%</b>
<i>Age</i>		
Less Than 18	115,394	35.9%
18-24	61,589	19.2%
25-34	49,228	15.3%
35-44	35,656	11.1%
45-54	23,374	7.3%
55-64	14,543	4.5%
65 or Over	21,215	6.6%
<b>Total</b>	<b>320,998</b>	<b>100.0%</b>
<i>Race</i>		
White	311,882	97.2%
Black	578	0.2%
American Indian	2,343	0.7%
Asian/Pacific Islander	6,227	1.9%
<b>Total</b>	<b>320,998</b>	<b>100.0%</b>
<i>Hispanic Origin</i>		
Hispanic	13,707	4.3%
Non-Hispanic	307,292	95.7%
<b>Total</b>	<b>320,998</b>	<b>100.0%</b>

Source: Estimates for the average population counts for Age, Sex, and Total Population were provided by the Governor's Office of Planning and Budget (Published in 1997). Estimates for the population distribution by Race and Hispanic Origin were provided by the U.S. Census Bureau.

# Appendix C

## Population Estimates by Selected Demographic Characteristics Utah 1995-1998

Utah County	Number in Each Category	Percentage of Population	95% Confidence Intervals	
			Lower	Upper
<i>Income</i>				
<\$20,000	87,633	27.3%	23.0%	31.6%
\$20,000-\$34,999	88,242	27.5%	24.2%	30.8%
\$35,000+	145,091	45.2%	41.1%	49.3%
<b>Total</b>	<b>320,998</b>	<b>100.0%</b>		
<i>Education (Age 18+)</i>				
< High School	9,314	4.5%	3.2%	5.9%
High School	48,214	23.5%	20.3%	26.6%
Some College	81,851	39.8%	35.9%	43.8%
College Grad	66,246	32.2%	28.8%	35.6%
<b>Total Adults</b>	<b>205,605</b>	<b>100.0%</b>		
<i>Employment Status (Age 18+)</i>				
Employed	129,202	62.8%	59.4%	66.3%
Unemployed	7,463	3.6%	2.4%	4.8%
Homemaker	24,035	11.7%	9.8%	13.6%
Student	23,048	11.2%	8.2%	14.3%
Retired	21,856	10.6%	8.6%	12.7%
<b>Total Adults</b>	<b>205,605</b>	<b>100.0%</b>		
<i>Marital Status (Age 18+)</i>				
Married	136,974	66.6%	62.5%	70.7%
Divorced	13,673	6.7%	5.0%	8.3%
Widowed	7,052	3.4%	2.5%	4.4%
Separated	329	0.2%	0.0%	0.3%
Never Married	46,940	22.8%	18.7%	27.0%
Living As Married	637	0.3%	0.0%	0.6%
<b>Total Adults</b>	<b>205,605</b>	<b>100.0%</b>		

Source: Estimates for the population distribution by Income, Education, Employment Status, and Marital Status, were derived from the BRFSS surveys from 1995-1998. The estimates for the average population count from 1995-1998 was provided by the Governor's Office of Planning and Budget (Published in 1997).

# Appendix C

## Wasatch City/County Health District

Counties:

Wasatch

Population Estimates by Selected Demographic Characteristics  
Utah 1995-1998

<b>Wasatch</b>	<b>Number in Each Category</b>	<b>Percentage of Population</b>
<i>Sex</i>		
Male	6,455	50.1%
Female	6,420	49.9%
<b>Total</b>	<b>12,875</b>	<b>100.0%</b>
<i>Age</i>		
Less Than 18	4,340	33.7%
18-24	1,449	11.3%
25-34	1,676	13.0%
35-44	2,042	15.9%
45-54	1,390	10.8%
55-64	825	6.4%
65 or Over	1,153	9.0%
<b>Total</b>	<b>12,875</b>	<b>100.0%</b>
<i>Race</i>		
White	12,715	98.8%
Black	13	0.1%
American Indian	104	0.8%
Asian/Pacific Islander	44	0.3%
<b>Total</b>	<b>12,875</b>	<b>100.0%</b>
<i>Hispanic Origin</i>		
Hispanic	429	3.3%
Non-Hispanic	12,446	96.7%
<b>Total</b>	<b>12,875</b>	<b>100.0%</b>

Source: Estimates for the average population counts for Age, Sex, and Total Population were provided by the Governor's Office of Planning and Budget (Published in 1997). Estimates for the population distribution by Race and Hispanic Origin were provided by the U.S. Census Bureau.



# Appendix C

## Population Estimates by Selected Demographic Characteristics Utah 1995-1998

Wasatch	Number in Each Category	Percentage of Population	95% Confidence Intervals	
			Lower	Upper
<i>Income</i>				
<\$20,000	1,665	12.9%	9.4%	16.4%
\$20,000-\$34,999	4,612	35.8%	31.5%	40.1%
\$35,000+	6,598	51.3%	46.6%	55.9%
Total	12,875	100.0%		
<i>Education (Age 18+)</i>				
< High School	572	6.7%	4.9%	8.5%
High School	2,967	34.8%	30.8%	38.7%
Some College	2,813	33.0%	28.7%	37.2%
College Grad	2,182	25.6%	21.7%	29.4%
Total Adults	8,535	100.0%		
<i>Employment Status (Age 18+)</i>				
Employed	5,821	68.2%	64.3%	72.1%
Unemployed	322	3.8%	2.2%	5.4%
Homemaker	1,214	14.2%	11.6%	16.9%
Student	143	1.7%	0.6%	2.8%
Retired	1,035	12.1%	9.4%	14.9%
Total Adults	8,535	100.0%		
<i>Marital Status (Age 18+)</i>				
Married	6,650	77.9%	74.4%	81.4%
Divorced	446	5.2%	3.6%	6.8%
Widowed	398	4.7%	3.4%	6.0%
Separated	70	0.8%	0.3%	1.4%
Never Married	928	10.9%	8.1%	13.6%
Living As Married	44	0.5%	0.1%	1.0%
Total Adults	8,535	100.0%		

Source: Estimates for the population distribution by Income, Education, Employment Status, and Marital Status, were derived from the BRFSS surveys from 1995-1998. The estimates for the average population count from 1995-1998 was provided by the Governor's Office of Planning and Budget (Published in 1997).

# Appendix C

## Weber-Morgan Health District

Counties:

Weber  
Morgan

Population Estimates by Selected Demographic Characteristics  
Utah 1995-1998

<b>Weber/Morgan</b>	<b>Number in Each Category</b>	<b>Percentage of Population</b>
<i>Sex</i>		
Male	92,232	49.6%
Female	93,827	50.4%
<b>Total</b>	<b>186,059</b>	<b>100.0%</b>
<i>Age</i>		
Less Than 18	59,348	31.9%
18-24	22,656	12.2%
25-34	27,036	14.5%
35-44	25,167	13.5%
45-54	18,850	10.1%
55-64	12,731	6.8%
65 or Over	20,272	10.9%
<b>Total</b>	<b>186,059</b>	<b>100.0%</b>
<i>Race</i>		
White	177,705	95.5%
Black	3,479	1.9%
American Indian	1,451	0.8%
Asian/Pacific Islander	3,423	1.8%
<b>Total</b>	<b>186,059</b>	<b>100.0%</b>
<i>Hispanic Origin</i>		
Hispanic	16,987	9.1%
Non-Hispanic	169,072	90.9%
<b>Total</b>	<b>186,059</b>	<b>100.0%</b>

Source: Estimates for the average population counts for Age, Sex, and Total Population were provided by the Governor's Office of Planning and Budget (Published in 1997). Estimates for the population distribution by Race and Hispanic Origin were provided by the U.S. Census Bureau.

# Appendix C

## Population Estimates by Selected Demographic Characteristics Utah 1995-1998

Weber/Morgan	Number in Each Category	Percentage of Population	95% Confidence Intervals	
			Lower	Upper
<i>Income</i>				
<\$20,000	30,904	16.6%	13.3%	19.9%
\$20,000-\$34,999	63,241	34.0%	30.1%	37.9%
\$35,000+	91,913	49.4%	45.1%	53.7%
Total	186,059	100.0%		
<i>Education (Age 18+)</i>				
< High School	10,352	8.2%	6.0%	10.4%
High School	45,325	35.8%	32.0%	39.6%
Some College	43,361	34.2%	30.3%	38.1%
College Grad	27,686	21.9%	18.4%	25.3%
Total Adults	126,711	100.0%		
<i>Employment Status (Age 18+)</i>				
Employed	81,475	64.3%	60.1%	68.5%
Unemployed	7,109	5.6%	3.7%	7.5%
Homemaker	9,579	7.6%	5.6%	9.5%
Student	5,917	4.7%	2.7%	6.6%
Retired	22,643	17.9%	14.7%	21.1%
Total Adults	126,711	100.0%		
<i>Marital Status (Age 18+)</i>				
Married	84,326	66.6%	62.7%	70.4%
Divorced	12,595	9.9%	7.8%	12.1%
Widowed	8,249	6.5%	4.9%	8.1%
Separated	1,787	1.4%	0.6%	2.3%
Never Married	17,714	14.0%	11.1%	16.9%
Living As Married	2,040	1.6%	0.5%	2.7%
Total Adults	126,711	100.0%		

Source: Estimates for the population distribution by Income, Education, Employment Status, and Marital Status, were derived from the BRFSS surveys from 1995-1998. The estimates for the average population count from 1995-1998 was provided by the Governor's Office of Planning and Budget (Published in 1997).

# Appendix C

## State of Utah

### Population Estimates by Selected Demographic Characteristics Utah 1995-1998

<b>State of Utah</b>	<b>Number in Each Category</b>	<b>Percentage of Population</b>
<i>Sex</i>		
Male	1,010,204	49.8%
Female	1,017,171	50.2%
<b>Total</b>	<b>2,027,374</b>	<b>100.0%</b>
<i>Age</i>		
Less Than 18	682,716	33.7%
18-24	258,611	12.8%
25-34	301,944	14.9%
35-44	286,984	14.2%
45-54	197,727	9.8%
55-64	122,369	6.0%
65 or Over	177,024	8.7%
<b>Total</b>	<b>2,027,374</b>	<b>100.0%</b>
<i>Race</i>		
White	1,931,479	95.3%
Black	17,233	0.9%
American Indian	28,586	1.4%
Asian/Pacific Islander	50,076	2.5%
<b>Total</b>	<b>2,027,374</b>	<b>100.0%</b>
<i>Hispanic Origin</i>		
Hispanic	131,374	6.5%
Non-Hispanic	1,896,000	93.5%
<b>Total</b>	<b>2,027,374</b>	<b>100.0%</b>

Source: Estimates for the average population counts for Age, Sex, and Total Population were provided by the Governor's Office of Planning and Budget (Published in 1997). Estimates for the population distribution by Race and Hispanic Origin were provided by the U.S. Census Bureau.

# Appendix C

## State of Utah

Population Estimates by Selected Demographic Characteristics  
Utah 1995-1998

State of Utah	Number in Each Category	Percentage of Population	95% Confidence Intervals	
			Lower	Upper
<i>Income</i>				
<\$20,000	385,404	19.0%	17.9%	20.1%
\$20,000-\$34,999	613,281	30.3%	29.1%	31.4%
\$35,000+	1,028,690	50.7%	49.4%	52.1%
<b>Total</b>	<b>2,027,374</b>	<b>100.0%</b>		
<i>Education (Age 18+)</i>				
< High School	94,933	7.1%	6.5%	7.6%
High School	411,466	30.6%	29.5%	31.7%
Some College	457,184	34.0%	32.8%	35.2%
College Grad	380,942	28.3%	27.2%	29.5%
<b>Total Adults</b>	<b>1,344,659</b>	<b>100.0%</b>		
<i>Employment Status (Age 18+)</i>				
Employed	894,870	66.6%	65.4%	67.7%
Unemployed	61,585	4.6%	4.1%	5.1%
Homemaker	139,710	10.4%	9.7%	11.1%
Student	69,922	5.2%	4.5%	5.9%
Retired	178,571	13.3%	12.5%	14.1%
<b>Total Adults</b>	<b>1,344,659</b>	<b>100.0%</b>		
<i>Marital Status (Age 18+)</i>				
Married	916,654	68.2%	67.0%	69.4%
Divorced	110,934	8.3%	7.6%	8.9%
Widowed	65,081	4.8%	4.4%	5.2%
Separated	14,119	1.1%	0.8%	1.3%
Never Married	221,196	16.5%	15.4%	17.5%
Living As Married	16,674	1.2%	1.0%	1.5%
<b>Total Adults</b>	<b>1,344,659</b>	<b>100.0%</b>		

Source: Estimates for the population distribution by Income, Education, Employment Status, and Marital Status, were derived from the BRFSS surveys from 1995-1998. The estimates for the average population count from 1995-1998 was provided by the Governor's Office of Planning and Budget (Published in 1997).



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