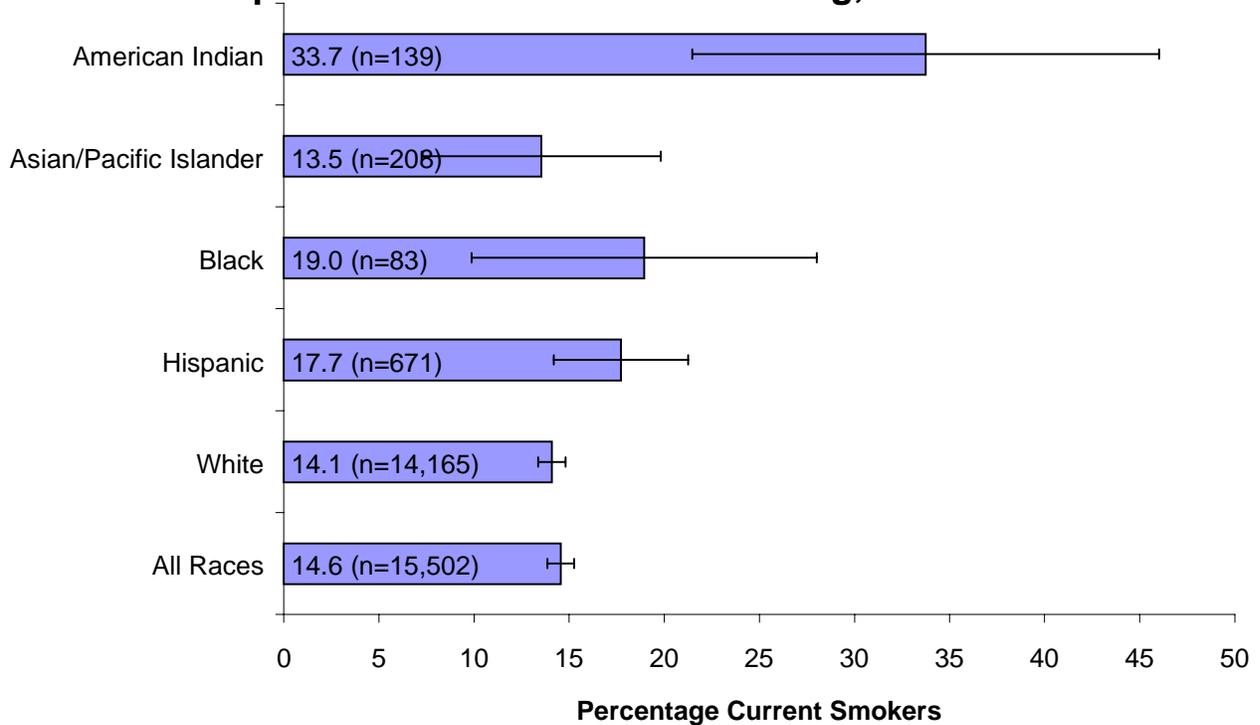


**Percentage of Utah Adults (Age 18 or Over) Who Reported Current Tobacco Smoking, 1992-1998**



Data Source: Utah Behavioral Risk Factor Surveillance System, Jan 1992 - June 1998

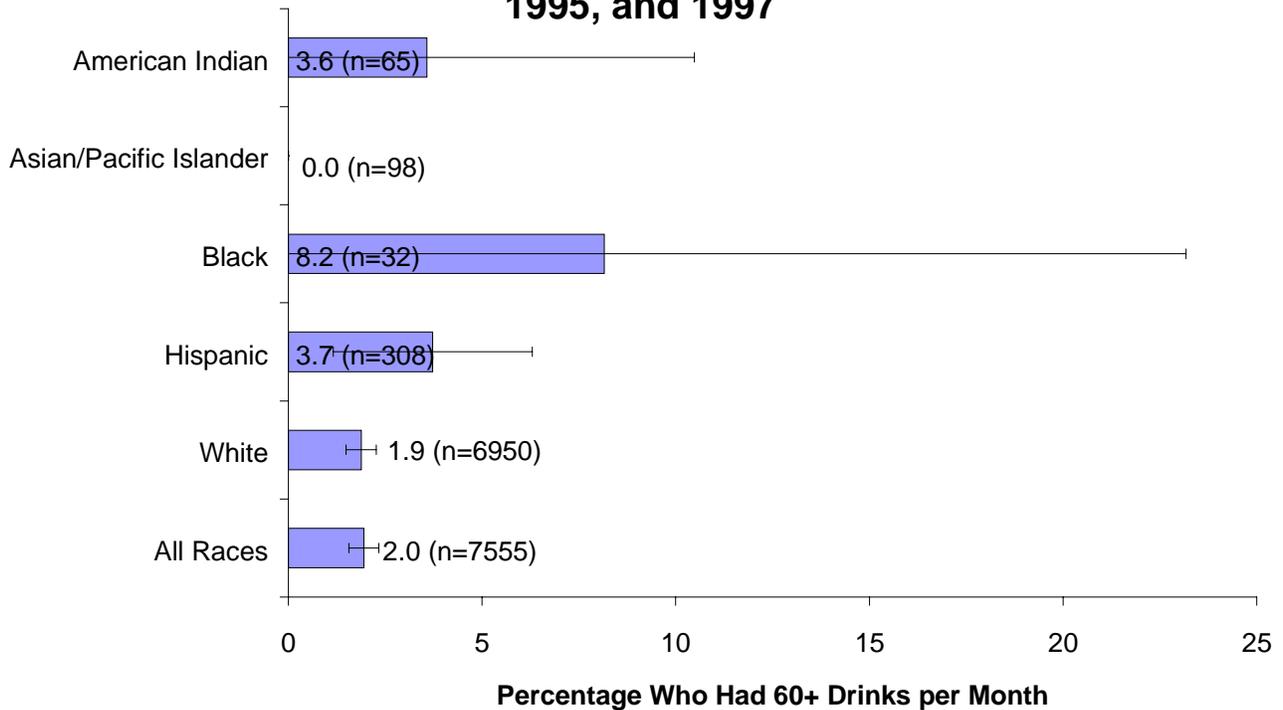
*HP2000 OBJECTIVE 3.4 GOAL: 15% (SEE APPENDIX)*

Smoking causes heart disease, the leading cause of death in Utah and the United States, as well as lung cancer, other types of cancer, and chronic lung disease. Smoking during pregnancy increases the risk of low birth weight and other adverse pregnancy outcomes. Utah usually has had the lowest smoking rate of any state. However, smoking rates for American Indian people in Utah were significantly higher than for the state overall. National data have indicated that American Indian people had the highest smoking rate among different race and ethnic groups.<sup>8</sup> Smoking rates for Black and Hispanic adults were also higher than for the state overall, but those differences were not statistically significant.

The results presented here were not age-adjusted, but age adjustment did not have an important effect on the results.

## Alcohol Use (60+ drinks per month)

### Percentage of Utah Adults (Age 18 or Over) Who Reported Drinking 60+ Drinks per Month, 1992, 1993, 1995, and 1997

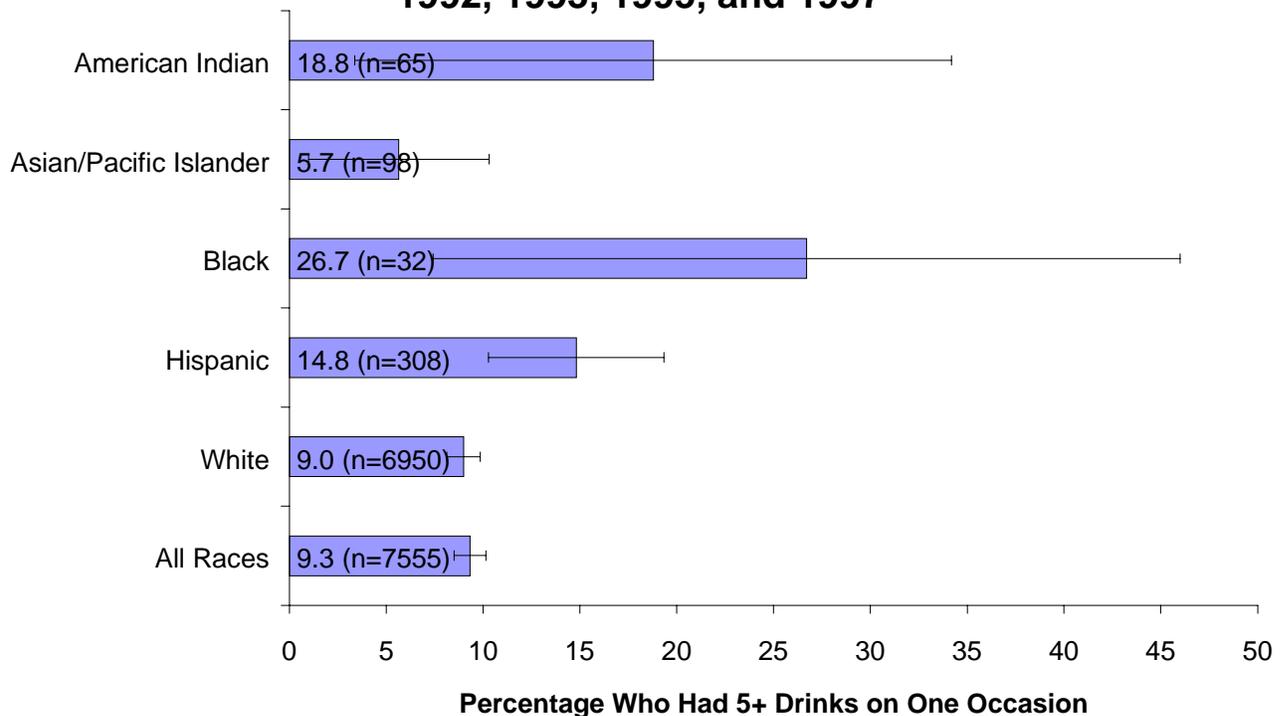


Data Source: Utah Behavioral Risk Factor Surveillance System, 1992, 1993, 1995, and 1997

Drinking excessive amounts of alcoholic beverages has many adverse health effects, including damage to the liver and other organs, increased risk of motor vehicle crashes and other injuries, and impaired work and social function. Utah has low drinking rates overall. These data suggest that excessive drinking may be more common for several race/ethnic populations, but these differences might be due to chance variation. National data from the BRFSS analyzed for 1991-1992 did not show important differences in excessive drinking according to race/ethnicity.<sup>8</sup>

## Alcohol Use (5+ drinks on one occasion)

### Percentage of Utah Adults (Age 18 or Over) Who Reported Drinking 5 or More Drinks on One Occasion in the Past Month, 1992, 1993, 1995, and 1997

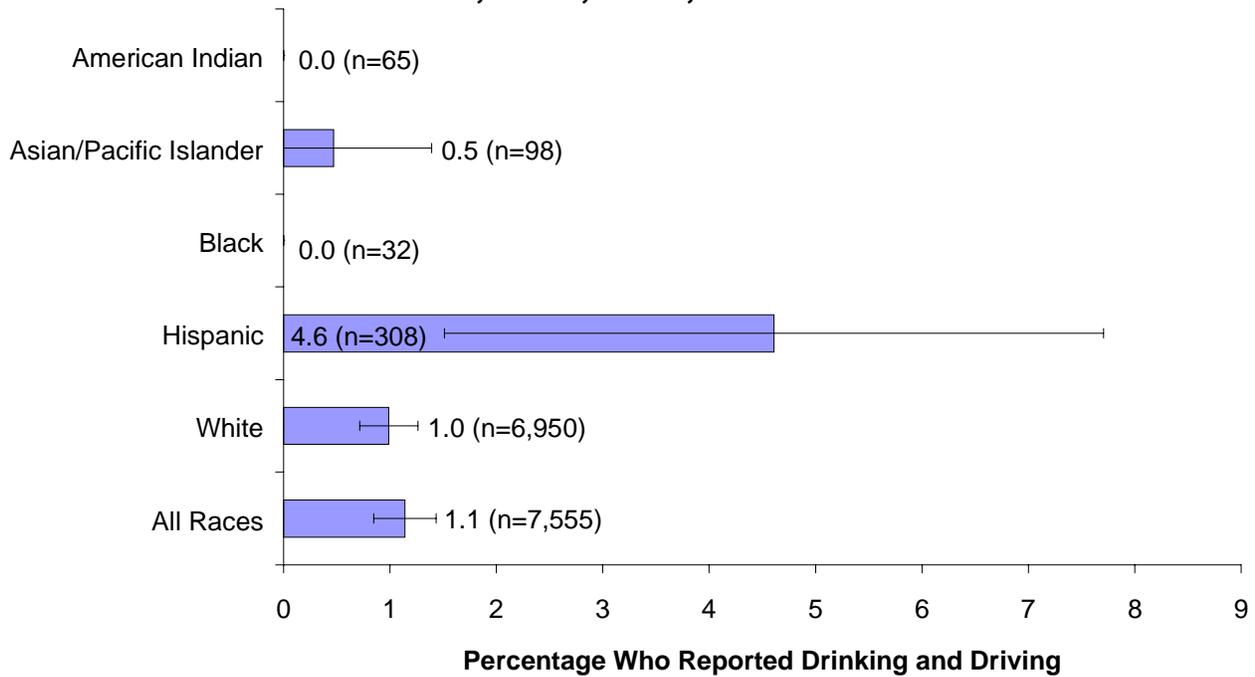


Data Source: Utah Behavioral Risk Factor Surveillance System, 1992, 1993, 1995, and 1997

Binge drinking, here defined as 5 or more drinks on one occasion in the past 30 days, is another measure of excessive alcohol drinking. Binge drinking was reported more frequently by Black, American Indian, and Hispanic people, although due to the small numbers of respondents in those groups, this finding might be due to chance variation.

## Alcohol Use (drink and drive)

### Percentage of Utah Adults (Age 18 or Over) Who Reported Driving After Alcohol Use in the Past Month, 1992, 1993, 1995, and 1997

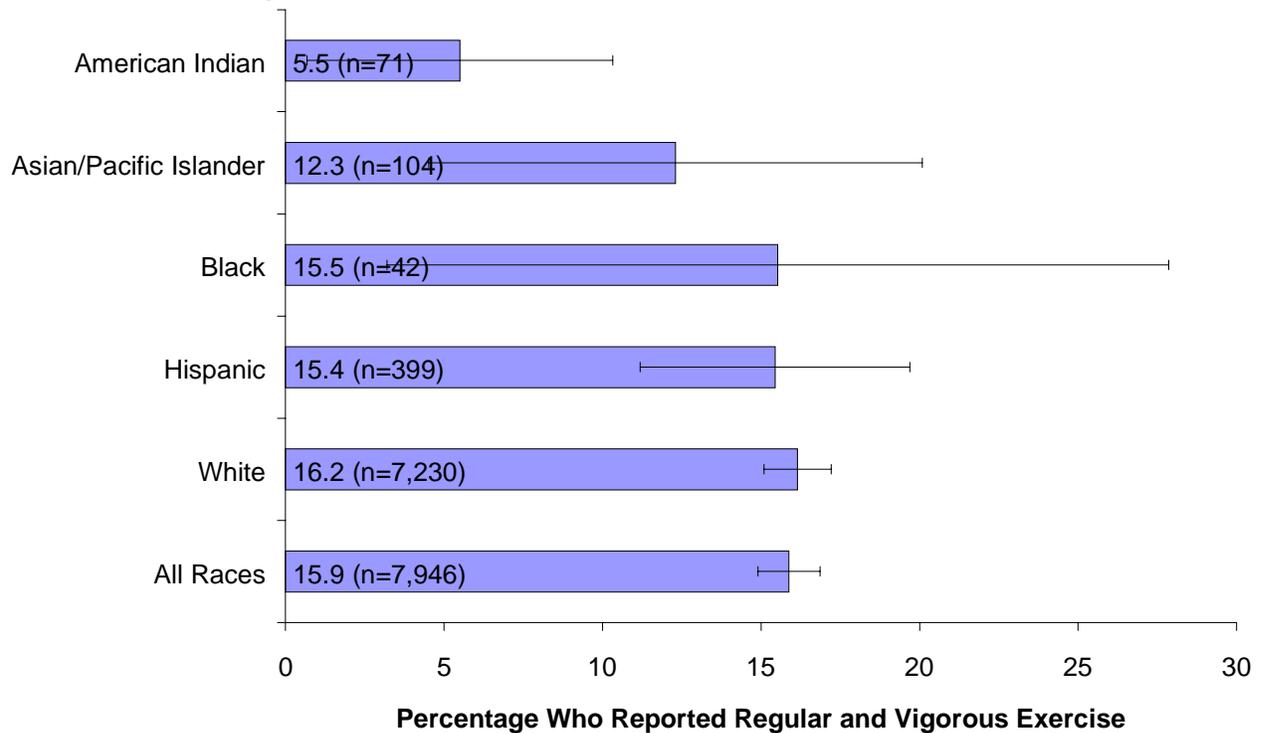


Data Source: Utah Behavioral Risk Factor Surveillance System, 1992, 1993, 1995, and 1997

Motor vehicle crashes are one of the most serious societal consequences of excessive alcohol drinking. Driving after alcohol use was reported by 4.6% of Hispanic adults in Utah, a rate substantially higher than the state overall rate.

## Physical Activity (Regular and Vigorous Exercise)

### Percentage of Utah Adults Who Reported Regular and Vigorous Exercise, 1992, 1994, 1996, and 1998



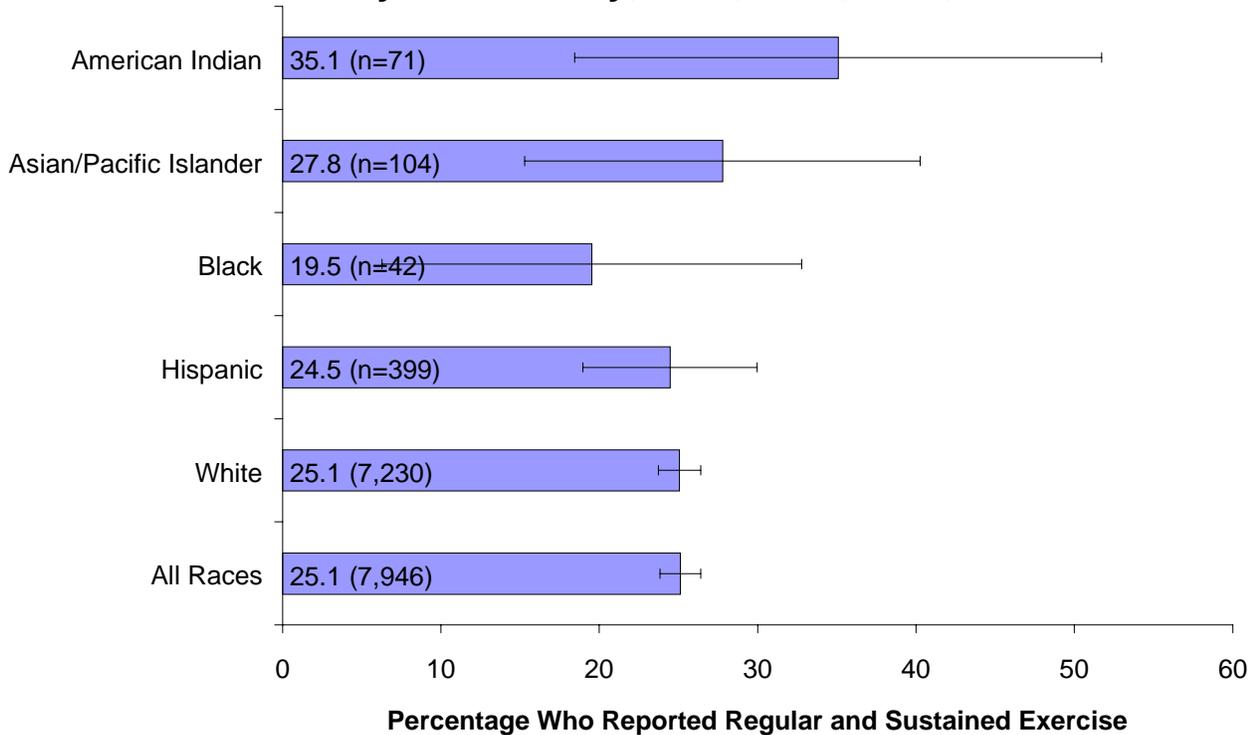
Data Source: Utah Behavioral Risk Factor Surveillance System, 1992, 1994, 1996, and 1998

\* Regular and vigorous exercise was defined as vigorous exercise for at least 20 minutes, 3 or more days each week during the past month.

Regular exercise reduces the risk of heart disease, cancer, and diabetes, helps prevent osteoporosis, and provides other health benefits. Any level of exercise is beneficial, but regular vigorous exercise provides conditioning and may provide more protection against cardiovascular disease. Unfortunately, only about one in six of Utah adults reported regular, vigorous exercise. Among race/ethnic populations, only about one in twenty American Indian adults reported regular vigorous exercise.

## Physical Activity (Regular and Sustained)

### Percentage of Utah Adults Who Reported Regular and Sustained Physical Activity, 1992, 1994, 1996, and 1998

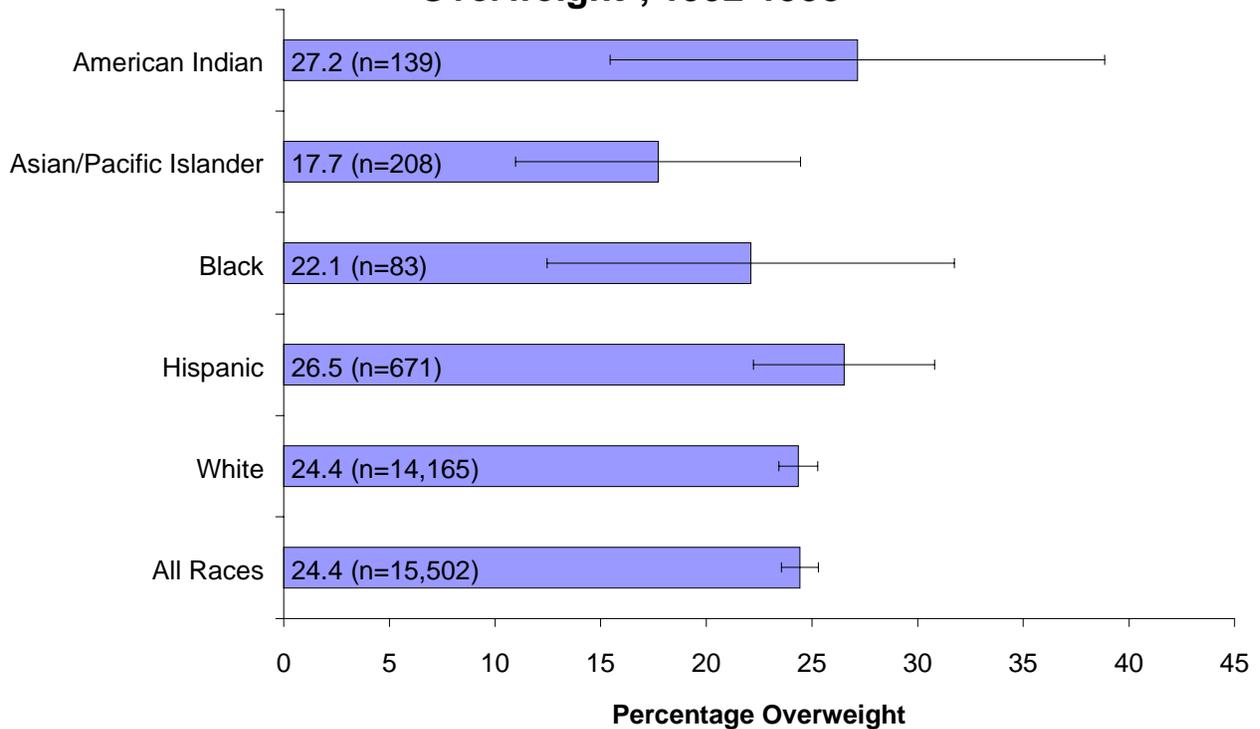


Data Source: Utah Behavioral Risk Factor Surveillance System, 1992, 1994, 1996, and 1998

\* Regular and sustained physical activity was defined as physical activity of any intensity performed for at least 30 minutes a day and at least 5 days per week.

This measure of physical activity assessed the percentage of Utah adults who are physically active (at any intensity) on most days of the week. Such activity has substantial health benefits, but only about one quarter of Utah adults reported this level of activity. No race/ethnic population was significantly different from the state overall rate.

### Percentage of Utah Adults (Age 18 or Over) Who Were Overweight\*, 1992-1998



Data Source: Utah Behavioral Risk Factor Surveillance System, Jan 1992 - June 1998

\* Overweight - Females with body mass index (weight in kilograms divided by height in meters squared)  $\geq 27.3$ ; males with body mass index  $\geq 27.8$ .

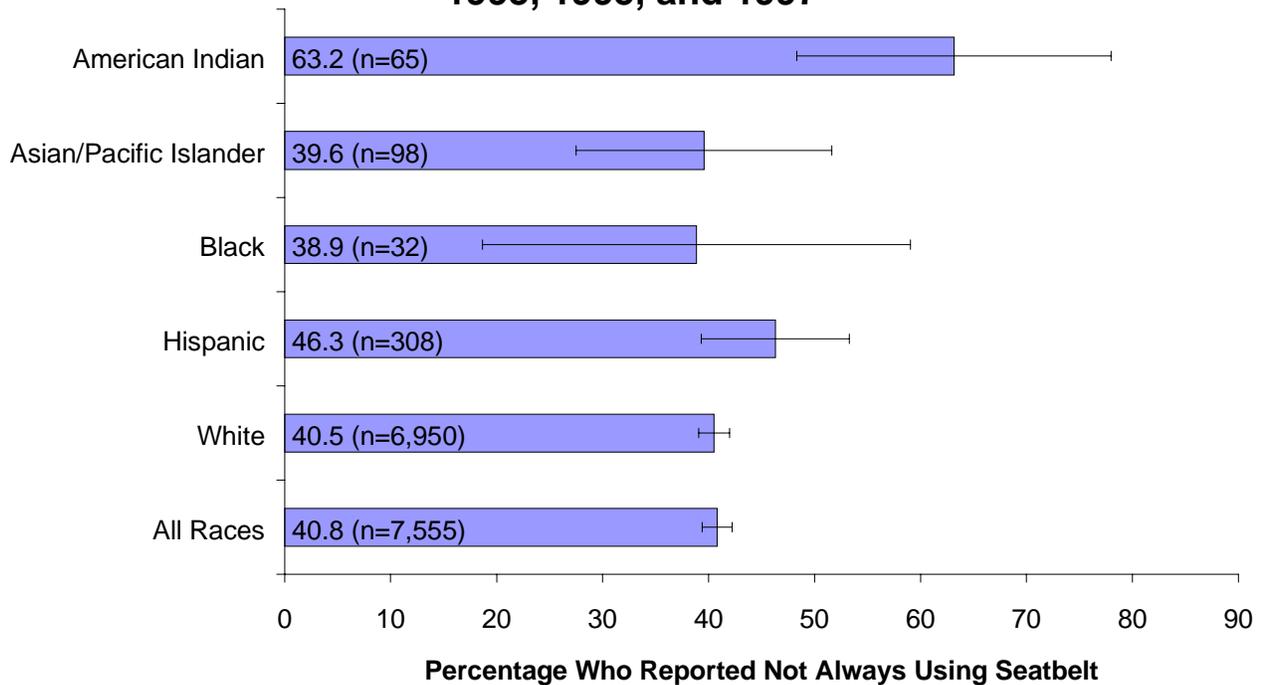
*HP2000 OBJECTIVE 1.2 GOAL:  $\leq 20\%$  AMONG PEOPLE AGE 20+ (SEE APPENDIX)*

The proportion of Americans who are overweight or obese has been increasing, despite overwhelming evidence of the health risks associated with this condition. Being overweight or obese substantially increases the risk of high blood pressure, diabetes, osteoarthritis, coronary heart disease, stroke, gall bladder disease, several cancers, and other conditions. Based on this measure of overweight, about one in four Utah adults were overweight. The proportion overweight did not vary significantly among race/ethnic populations.

Recently, the National Heart, Lung, and Blood Institute released new federal guidelines on identification, evaluation, and treatment of overweight and obesity in adults.<sup>9</sup> Those guidelines, based on objective, systematic review of current evidence set an even lower body mass index criterion for overweight (BMI  $\geq 25.0$ ). Using that new standard, even more Utahns would be judged overweight.

## Seatbelt Non-use

### Percentage of Utah Adults (Age 18 or Over) Who Reported They Did Not Always Use a Seatbelt\*, 1992, 1993, 1995, and 1997



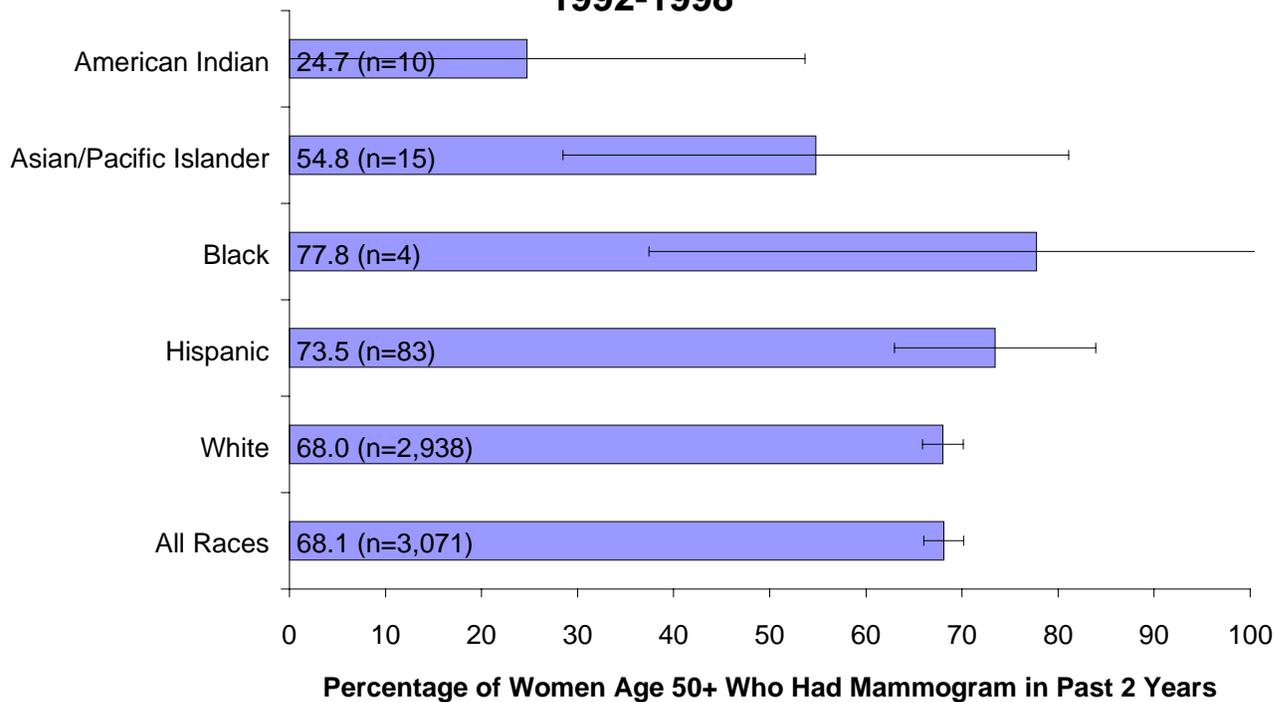
Data Source: Utah Behavioral Risk Factor Surveillance System, 1992, 1993, 1995, and 1997

\* Respondents reporting they “nearly always”, “sometimes”, “seldom”, or “never” used safety belts.

*HP2000 OBJECTIVE 9.12 GOAL: 85% OF ALL OCCUPANTS USING SEATBELT OR CHILD SAFETY SEAT (SEE APPENDIX)*

Motor vehicle crash is the leading cause of death for Utahns under the age of 45. Many of those lives could be saved if all Utahns used seatbelts or age appropriate restraints. About two of five Utah adults reported they did not always use seatbelts. Observational surveys have suggested that use rates are even worse than these self-reported data suggest. Rates of seatbelt non-use were substantially worse for American Indian adults, who also have disproportionately high motor vehicle crash death rates.

### Percentage of Utah Women Who Reported Having Had a Mammogram in the Past Two Years (Age 50 or Over), 1992-1998

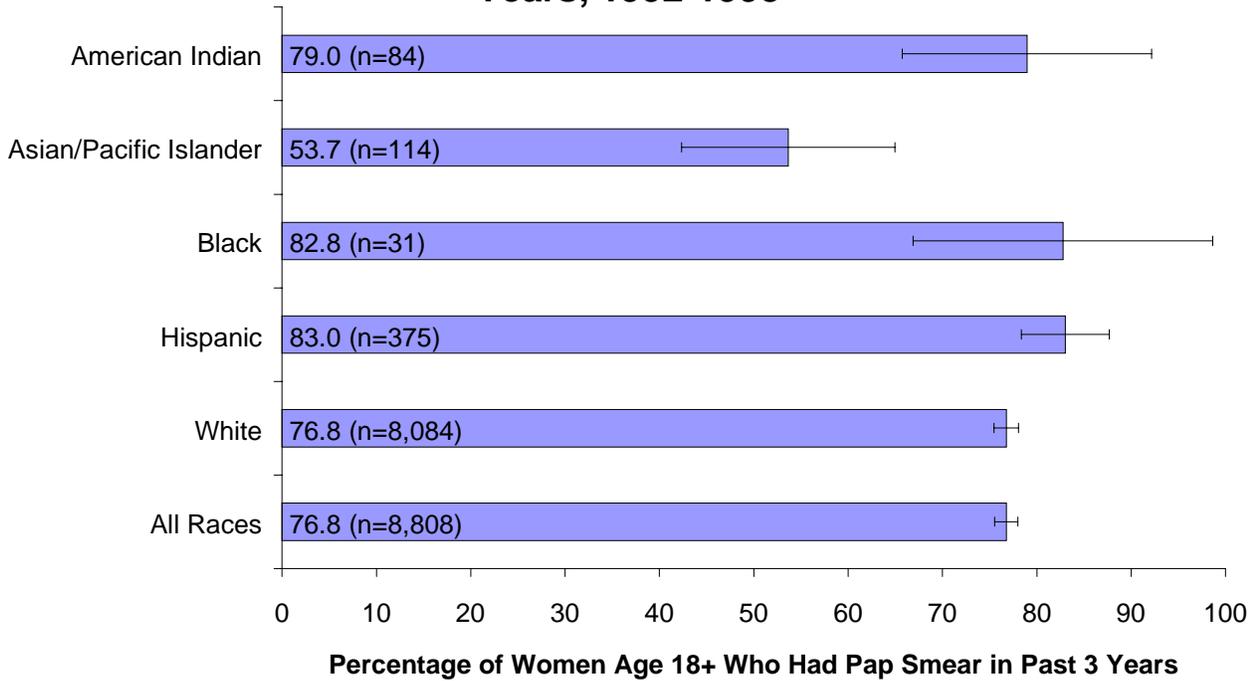


Data Source: Utah Behavioral Risk Factor Surveillance System, Jan 1992 - June 1998

*HP2000 OBJECTIVE 16.11 GOAL: 60% OF WOMEN AGE 50+ WITH MAMMOGRAPHY IN PAST TWO YEARS (SEE APPENDIX)*

Mammography is an important, safe and effective way to detect breast cancer early when it can be treated effectively and often cured. Recent recommendations on mammogram screening have differed somewhat for women in their 40's, but all have recommended routine screening (every 1-2 years) for all women age 50 and over. About two thirds of Utah women, but only about one quarter of American Indian women, age 50 or over reported having a screening mammogram in the past two years as recommended.

**Percentage of Utah Women\* (Age 18 or Over) Who Reported Having Had a Pap Smear in the Past Three Years, 1992-1998**



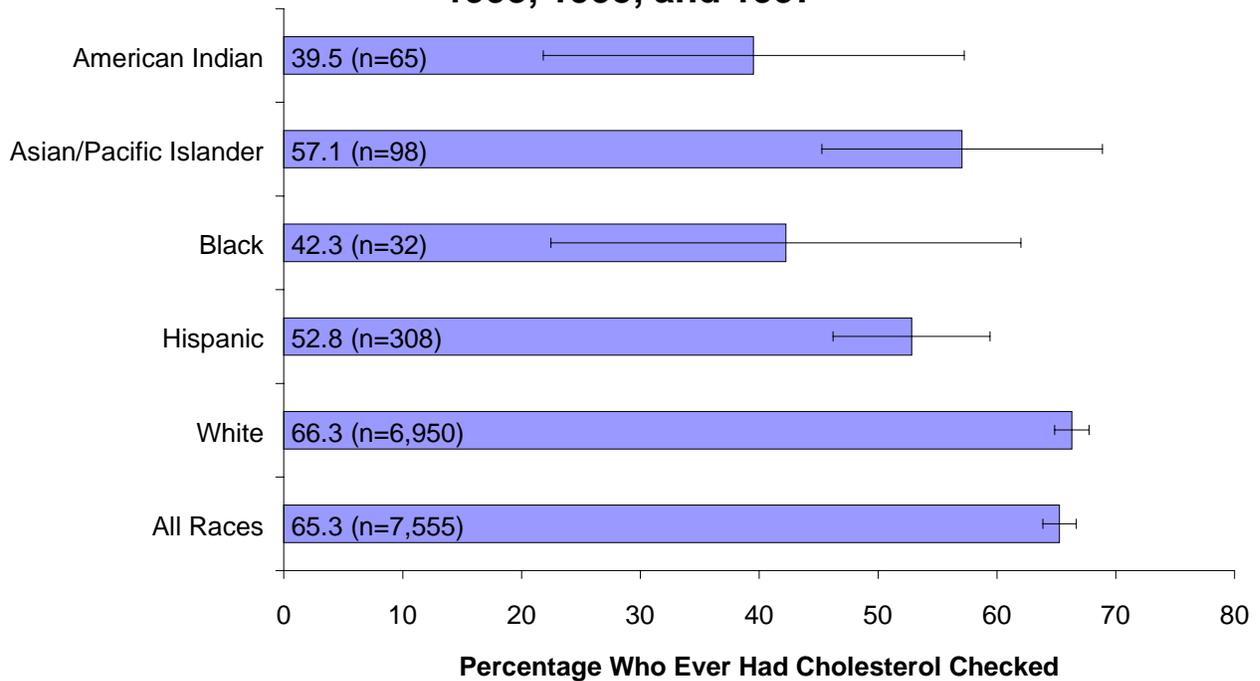
Data Source: Utah Behavioral Risk Factor Surveillance System, Jan 1992 - June 1998

\* Women with uterine cervix

*HP2000 OBJECTIVE 16.12 GOAL: 85% OF WOMEN WITH A PAP SMEAR IN THE PAST THREE YEARS (SEE APPENDIX)*

Regular Pap smear exams are a safe and effective way to detect cervical cancer early, at a stage when it can be treated effectively and usually cured. About three quarters of Utah women age 18 or over reporting having had a Pap smear in the past three years. That proportion was substantially smaller for Asian/Pacific Islander women - only about half reported a recent Pap smear.

**Percentage of Utah Adults (Age 18 or Over) Who Reported Ever Having Their Cholesterol Checked, 1992, 1993, 1995, and 1997**



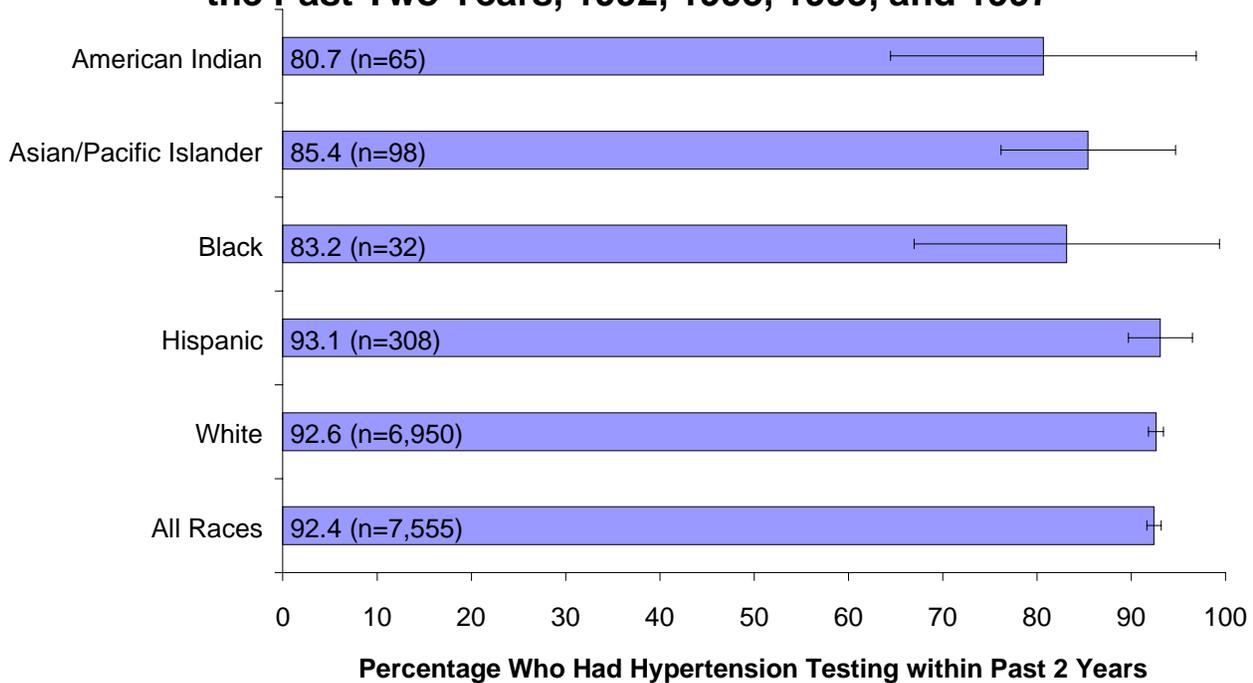
Data Source: Utah Behavioral Risk Factor Surveillance System, 1992, 1993, 1995, and 1997

*HP2000 OBJECTIVE 15.14 GOAL: 75% OF ADULTS AGE 18 AND OVER WITH CHOLESTEROL CHECKED IN PAST 5 YEARS (SEE APPENDIX)*

High blood cholesterol increases a person’s risk of coronary heart disease. Effective treatments (diet, exercise, and medicines) are available to lower blood cholesterol and reduce the risk of heart disease. It is important that people have their cholesterol checked to find out if they need treatment. Only about two thirds of Utah adults reported ever having their cholesterol checked, and that proportion was significantly lower for American Indian, Black, and Hispanic adults.

## Hypertension Testing

### Percentage of Utah Adults (Age 18 or Over) Who Reported Having Had Their Blood Pressure Checked in the Past Two Years, 1992, 1993, 1995, and 1997

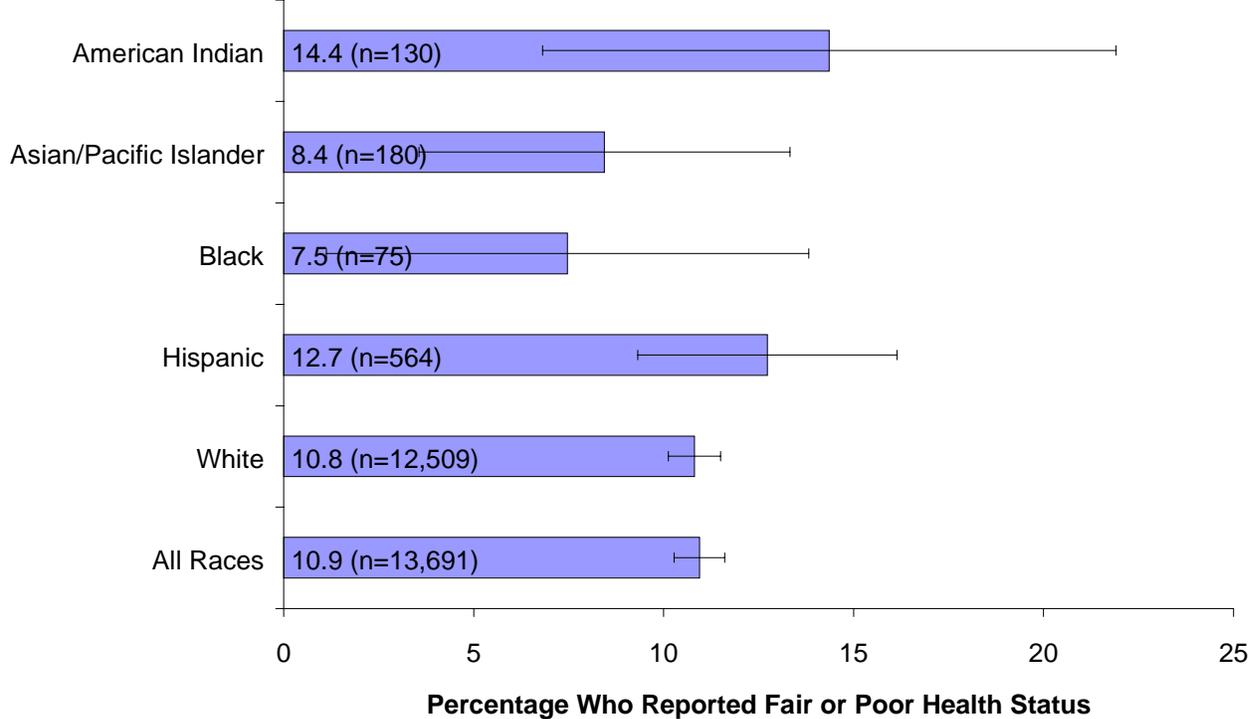


Data Source: Utah Behavioral Risk Factor Surveillance System, 1992, 1993, 1995, and 1997

*HP2000 OBJECTIVE 15.13 GOAL: 90% OF ADULTS WITH BLOOD PRESSURE CHECK IN LAST TWO YEARS (SEE APPENDIX)*

High blood pressure, or hypertension, increases the risk of heart disease, stroke, and other diseases. If detected, high blood pressure can be treated and those risks substantially reduced. Over 90% of Utahns reported having had their blood pressure checked in the past 2 years. No race/ethnic population was significantly different from the overall rate on this measure.

**Percentage of Utah Adults (Age 18 or Over) Who Reported Fair/Poor Health Status, 1993-1998**



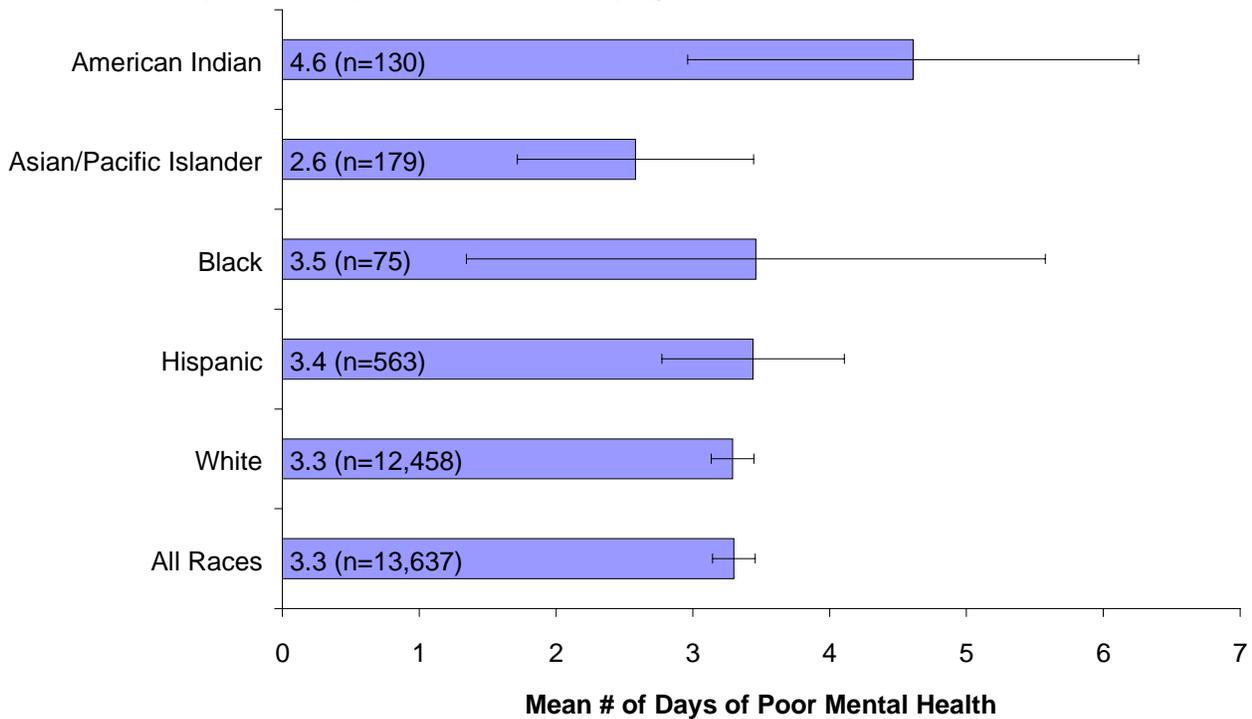
Data Source: Utah Behavioral Risk Factor Surveillance System, Jan 1992 - June 1998

Although important information about health can be gained from rates of death and reportable disease, much of what affects people’s health is missed if only death and reportable diseases are considered. For example, the effects of depression and chronic non-fatal conditions such as arthritis and low back pain are not well captured by those data. For those reasons, measures of peoples’ subjective overall health status are important. The data shown on this page are from a question about whether people considered their health to be poor, fair, good, very good, or excellent. About 10% of Utah adults reported they were in fair or poor health. That percentage did not differ significantly among Utah’s race/ethnic populations.

The data presented here were not age-adjusted. When rates were adjusted for differences in the age distributions of the different race/ethnic populations, Hispanic adults were slightly, but significantly, more likely to report fair or poor health (age-adjusted odds ratio 1.28; 95% CI 1.03-1.58). Other groups were not significantly different in the age-adjusted analyses.

## Poor Mental Health

### Average Number of Days of Poor Mental Health Reported by Utah Adults (Age 18 or Over), 1993-1998



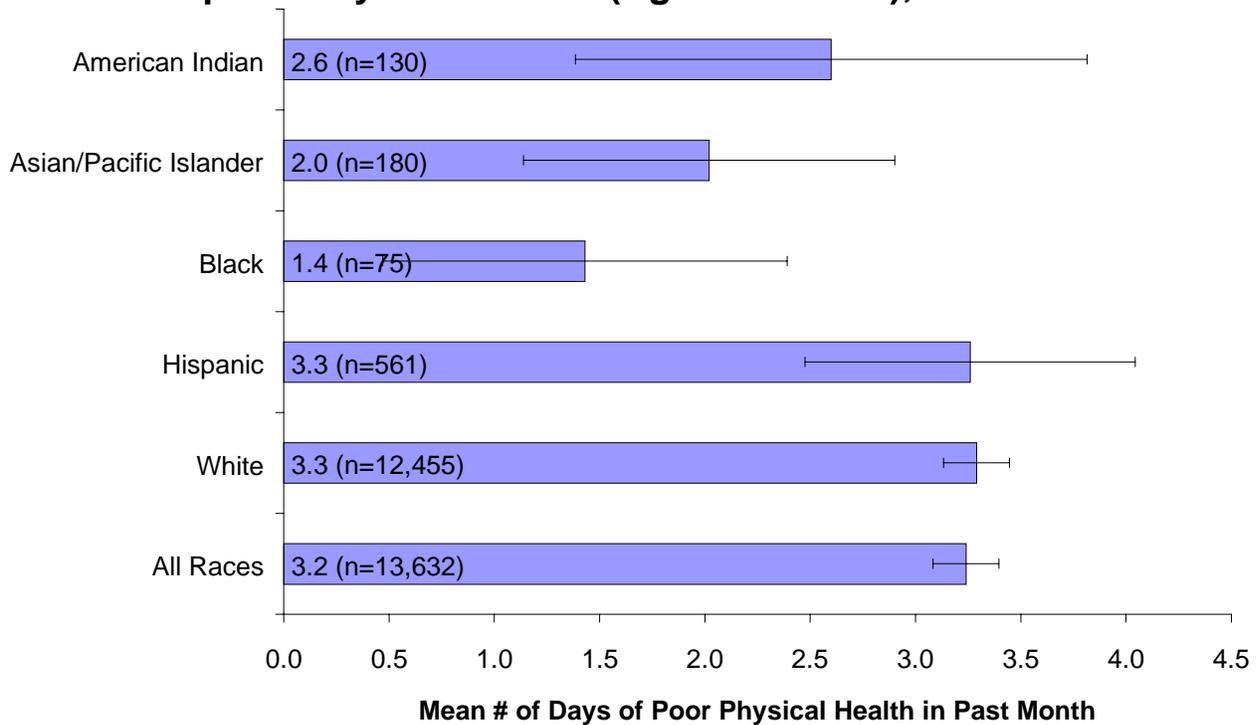
Data Source: Utah Behavioral Risk Factor Surveillance System, 1993-1998

This measure of health status assesses overall mental health, based on the 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?*”

On average, Utah adults reported about 3 days of poor mental health per month. That reported average number of days did not differ significantly among Utah’s race/ethnic populations.

The data presented here were not adjusted for age. When the data were adjusted for differences in the age distribution of the different populations, Asian/Pacific Islander people reported significantly fewer days of poor mental health on average (about 1 day less per month). Adjusted for age, American Indian people reported about one more day of poor mental health per month, but that difference was not statistically significant ( $p=0.28$ ).

### Average Number of Days of Poor Physical Health Reported by Utah Adults (Age 18 or Over), 1993-1998



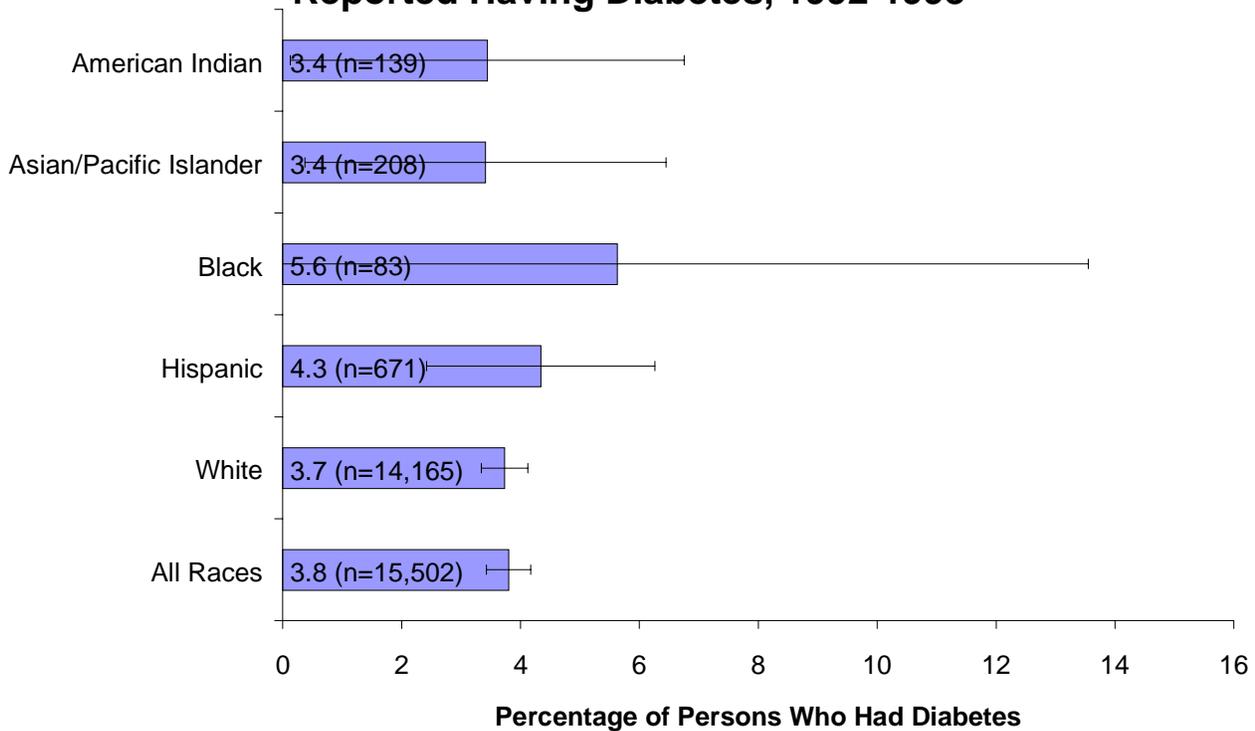
Data Source: Utah Behavioral Risk Factor Surveillance System, 1993-1998

This measure of health status assesses overall physical health, based on the 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?*”

On average, Utah adults reported about 3 days of poor physical health per month. Black and Asian/Pacific Islander adults reported significantly fewer days of poor physical health.

The data presented above were not adjusted for differences in age distributions of the different race/ethnic populations. The lower numbers of days of poor physical health reported by American Indian, Asian/Pacific Islander, and Black adults were in part because those populations included fewer older adults. However, even after age adjustment, Asian/Pacific Islander and Black adults reported fewer days of poor physical health.

## Percentage of Utah Adults (Age 18 or Over) Who Reported Having Diabetes, 1992-1998

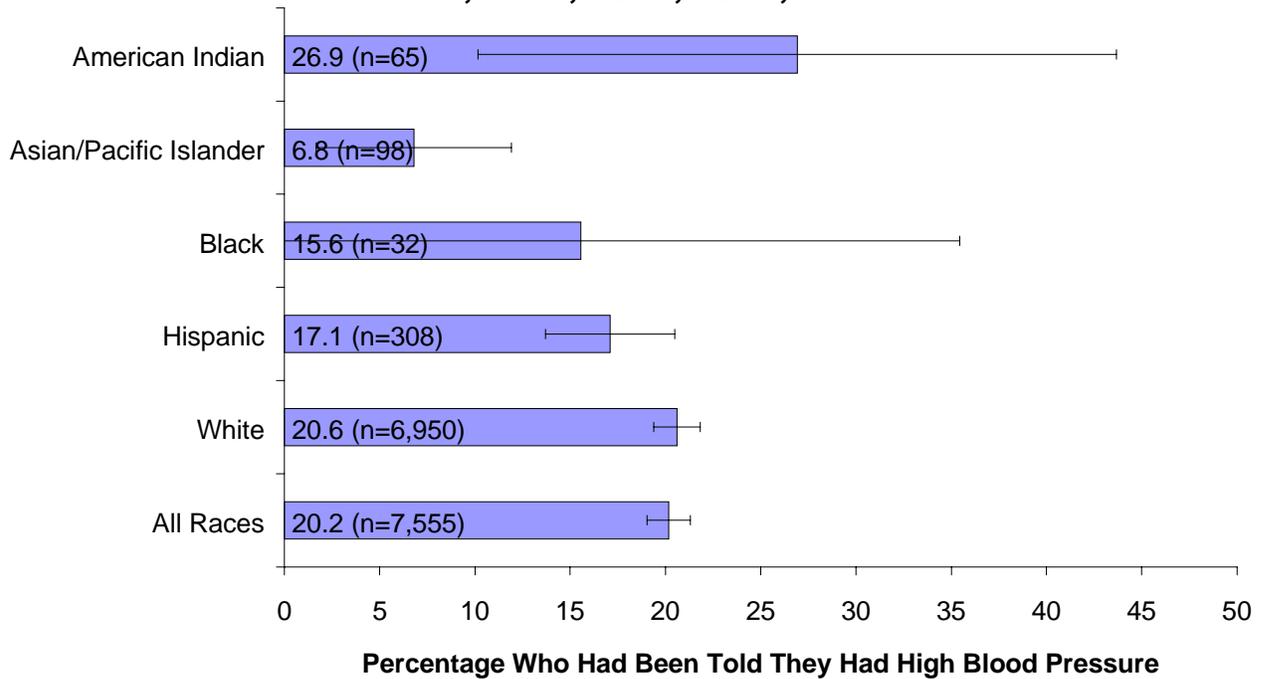


Data Source: Utah Behavioral Risk Factor Surveillance System, Jan 1992 - June 1998

Diabetes is a condition in which a person's blood sugar is elevated because of insufficient insulin or resistance to its action. It can cause damage to eyes, kidneys, heart, nervous system, and other organs. Many of its complications can be prevented by careful management, including control of blood sugar, eye exams, proper foot care, and blood pressure control.

About 1 in 25 Utah adults have diagnosed diabetes. Nearly as many more are estimated to have undiagnosed diabetes. The data presented above were not adjusted for differences in the age distributions of the different populations and indicate that the prevalence of diagnosed diabetes was about the same for each of Utah's race/ethnic populations. When the rates were adjusted for age, the risk of diabetes was higher for Black, American Indian, Hispanic, and Asian/Pacific Islander adults. The increased risk was statistically significant for Hispanic adults. Other data also indicate that American Indian, Black, Hispanic, and Asian/Pacific Islander people are at higher risk of developing diabetes.

**Percentage of Utah Adults (Age 18 or Over) Who Reported Having Been Told They Had High Blood Pressure, 1992, 1993, 1995, and 1997**



Data Source: Utah Behavioral Risk Factor Surveillance System, 1992, 1993, 1995, and 1997

High blood pressure, or hypertension, increases the risk of heart disease and stroke. When high blood pressure is detected and properly treated, many of its complications can be prevented.

The data presented above were not adjusted for differences in the age distributions of the different race/ethnic populations. After age adjustment, the risks of high blood pressure were similar for all populations except Asian/Pacific Islander people, who had a lower risk.

This question measures how many people are aware that they have high blood pressure. Thus, a population could have lower prevalence either because they are less likely to have high blood pressure, or because they are less likely to have been tested. National data have indicated that the risk of high blood pressure is greater for Black Americans.<sup>10</sup>