Executive Summary

INTRODUCTION

Each year since 1984, the West Virginia Behavioral Risk Factor Survey has measured a range of risk factors that can affect our health. This report presents state survey results for the year 2003 as well as county data for the combined years 1999 through 2003.

The survey is conducted by telephone and represents a collaborative effort between the West Virginia Bureau for Public Health (WVBPH) and the Centers for Disease Control and Prevention (CDC) in Atlanta. Standardized survey methods are provided by CDC. All 50 states, the District of Columbia, and three U.S. territories now participate in the system, known as the Behavioral Risk Factor Surveillance System (BRFSS).

The information in this document serves as a resource for governments, business leaders, schools, and community groups, all of which are helping to shape the health of West Virginia.

HIGHLIGHTS OF FINDINGS

Health Status

- West Virginia ranked 2nd highest (of the 54 BRFSS participants) in the prevalence of persons reporting their general health as either "fair" or "poor" (25.3%).
- "Fair" or "poor" health was most common among adults without a high school diploma/GED (51.0%) and those with an annual income less than \$15,000 (49.2%).

Health Care Access

- Nearly one-fourth (23.5%) of adults aged 18 to 64 had no health care coverage.
- Eighteen percent (17.8%) of adults needed medical care within the past 12 months but could not afford it.
- Twenty-two percent (21.6%) of adults did not have a specific source of ongoing health care (no personal doctor or health care provider).

Diabetes Awareness

- West Virginia ranked 4th highest (of the 54 BRFSS participants) in the prevalence of diabetes awareness (9.8%). In 2002, West Virginia ranked 2nd.
- Of all diabetic adults, 12.6% had not had an HbA1c test, 35.4% had not had a professional foot exam, and 33.8% had not had a dilated eye exam in the past one year.
- Well over half of all diabetic adults (59.8%) had not taken a class in the self-management of diabetes. More than one-third (38.3%) checked their blood glucose at home less than once daily or never.

Obesity and Overweight

- West Virginia ranked 3rd highest (of the 54 BRFSS participants) in the prevalence of obesity (27.7%) and 51st in the prevalence of overweight (34.0%). The prevalence of obesity has steadily increased since 1987.
- Men were significantly more likely to be overweight (39.0% versus 29.2%) and obese (30.5% versus 25.0%) than women.

Weight Control

- Thirty-nine percent (38.9%) of adults were currently trying to lose weight.
- The rate was significantly higher among women than men (44.7% versus 32.7%).
- Since 1991, the prevalence of attempting weight loss has increased among overweight and obese adults.

Physical Inactivity

- Recent data indicate a sharp decline in the prevalence of physical inactivity. The 2003 rate of 28.0% was significantly lower than the rates from the year 2000 and before. However, West Virginia still ranks high in this risk factor (11th highest among 54 BRFSS participants).
- The prevalence of physical inactivity was significantly higher among women than men (30.9% versus 24.9%) and was more common among older adults and those at the lowest levels of education and income.
- However, 61.8% of adults were being more physically active in order to lower their risk of heart disease or stroke.

Nutrition

- More than 8 out of every 10 adults (81.3%) consumed fewer than the recommended 5 servings of fruits and vegetables each day. West Virginia ranked 8th highest (of the 54 BRFSS participants) in the prevalence of this risk factor.
- In particular, males, young adults, those without a high school diploma/GED, and those with an annual household income less than \$15,000 had high rates of this behavior.
- Nevertheless, more than two-thirds of adults were eating more fruits and vegetables and fewer high-fat or high-cholesterol foods in order to reduce their risk of heart disease and stroke.

Tobacco Use and Policies

- *Current cigarette smoking*: More than one-fourth (27.3%) of adults smoked every day or some days. West Virginia ranked 3rd highest (of the 54 BRFSS participants) in the prevalence of this risk factor.
- Current smokeless tobacco use: The rate of smokeless tobacco use among both men and women was 7.7%. Among men, the prevalence was 15.9%.
- Fewer than half (44.0%) of every day smokers reported trying to quit for at least one day in the past year. Among every day smokeless tobacco users, the rate of quit attempts was 34.5%.
- Twenty-eight percent (27.6%) of current smokers reported that they did not receive advice on smoking cessation from their health professional during a medical visit in the past 12 months.
- More than three-fourths (77.3%) of employed adults reported that smoking was not allowed in any indoor public or work areas at their workplace.
- A majority of adults (57.1%) reported that smoking was not allowed inside their home.

Alcohol Consumption

- West Virginia ranked considerably low in the prevalence of heavy drinking (3.1%, 49th) and binge drinking (11.1%, 49th).
- Men had a significantly higher rate of heavy (4.5% versus 1.9%) and binge (16.8% versus 5.9%) drinking than women.

Cholesterol

- Twenty percent (20.4%) of adults had never had their cholesterol checked. Of those who had, 38.1% reported that it was high (2nd highest among 54 BRFSS participants).
- Women were significantly more likely to have high cholesterol than men (41.7% versus 33.8%).

Hypertension

- West Virginia ranked 1st (of the 54 BRFSS participants) in the prevalence of hypertension. More than a third of adults (33.6%) had ever been diagnosed with high blood pressure.
- The prevalence of hypertension was highest among older adults, those without a high school diploma/GED, and those with an annual household income less than \$15,000.

Cardiovascular Disease

- The prevalence rates of heart attack, angina, and stroke were 7.4%, 8.7%, and 4.2%, respectively. Almost half (49.0%) of adults who had ever had a heart attack had their first attack before the age of 55.
- More than three-fourths of adults who had experienced heart attack or stroke (76.2%) did not receive any outpatient rehabilitation after leaving the hospital.
- More than a third (38.2%) of all adults aged 35 and older reported that they were on daily or alternate-day aspirin therapy.

Asthma

- Twelve percent (11.8%) of adults had ever been diagnosed with asthma (22nd highest among 54 BRFSS participants) while 8.1% currently had asthma (17th highest among 54 BRFSS participants).
- Women had significantly higher rates of lifetime and current asthma than men. Asthma rates were also higher among adults with low levels of education and annual household income.

Arthritis

- West Virginia ranked 1st (of the 54 BRFSS participants) in the prevalence of arthritis (37.2%).
- Arthritis was most common among older adults, those without a high school diploma/GED, and those with an annual income less than \$25,000.
- Approximately one-third of adults had an arthritis-related activity (36.3%) or work (31.6%) limitation.

Disability and Falls

- West Virginia had the highest disability rate (of the 54 BRFSS participants). More than one-fourth (26.4%) of adults were disabled because of a physical, mental, or emotional problem.
- Sixteen percent (16.0%) of adults aged 45 and older had experienced a fall and 37.4% of them were injured by a fall during the past three months.

Immunization

• Among adults aged 65 and older, 30.9% had not had a flu shot in the past 12 months and 36.2% had never had a pneumonia shot.

Sexually Transmitted Diseases

• The majority (91.3%) of adults aged 18 to 64 had not received any counseling about condom use from a health professional in the past one year.

Sunburn

- More than a third (38.1%) of adults had experienced sunburn with redness lasting at least 12 hours in the past 12 months.
- The prevalence of sunburn was higher among men, young adults, and those with higher levels of education and income.

ESTIMATED NUMBER OF PERSONS AT RISK

Table I below shows selected risk factor rates and the corresponding numbers of persons in West Virginia who are at risk. Table II shows the postcensal population estimates for 2003 that were obtained from the U.S. Census Bureau and used to derive the numbers of persons at risk. A more exhaustive examination of these and other topics can be found in the body of the report.

Table I: Percentage and estimated number of persons at risk due to selected factors (ages 18 and older unless otherwise specified): WVBRFSS, 2003

Risk factor	Estimated percentage at risk ^a	Estimated number at risk ^a
Self-rated general health is fair or poor. No health care coverage, ages 18-64. Diabetes. Obesity (BMI 30.0+). Overweight (BMI 25.0-29.9). Trying to lose weight. No leisure-time exercise. Less than 5 servings of fruits/vegetables per day. Current smoking. Current smokeless tobacco use. Heavy drinking. Binge drinking. High blood cholesterol (among those ever checked). High blood pressure. Have had heart attack. Have angina or coronary heart disease. Have had stroke. Lifetime asthma. Current asthma. Arthritis. Disability.	25.3 23.5 9.8 27.7 34.0 38.9 28.0 81.3 27.3 7.7 3.1 11.1 38.1 33.6 7.4 8.7 4.2 11.8 8.1 37.2 26.4	359,891 269,096 139,404 394,031 483,649 553,351 398,299 1,156,490 388,341 109,532 44,097 157,897 541,971 477,959 105,264 123,757 59,744 167,854 115,222 529,169 375,539
Experienced a fall in past three months, ages 45+	16.0 30.9 36.2 38.2 38.1	122,795 114,124 133,698 437,425 541,971

a. Prevalence rates and number of persons at risk are subject to sampling error. Please refer to the confidence intervals presented in the chapters of this report. Calculating the number at risk using the CDC's population weight provided in the data may result in different estimates.

Table II: West Virginia 2003 estimated population by age group used in calculating Table I figures.

Age	Both	Male	Female
All Ages	1,811,440	884,374	927,066
18+	1,422,498	685,186	737,312
18-64	1,145,092	569,429	575,663
45+	767,470	357,305	410,165
65+	369,334	160,202	209,132

Source: Population Division, U.S. Census Bureau. http://www.census.gov/popest/states/asrh/SC-est2004-02.html. Retrieved in March 2005.