

Introduction

Personal health practices have been shown to be important determinants of overall health. Unhealthy behaviors (risk factors) such as smoking, overeating, or lack of exercise can lead to the chronic diseases that cause more than 50% of all deaths in the United States. Other practices, such as getting vaccinated or wearing seatbelts, have a positive effect by preventing disease and unintentional injury. It is clear that the adoption of healthier lifestyles can reduce the suffering, disability, and economic burden imposed by illness and extend life expectancy in West Virginia and the nation.

The Behavioral Risk Factor Surveillance System (BRFSS) was established by the U.S. Centers for Disease Control and Prevention (CDC) based in Atlanta in order to permit states to determine the prevalence of health risk factors among their adult populations. The West Virginia Bureau for Public Health (WVBPH), one of the Bureau's of the West Virginia Department of Health and Human Resources, became 1 of 15 initial participants in 1984. Since then, the system has expanded to include all 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands.

The technique used, that of interviewing a random sample of state residents by telephone, is a faster and more cost-effective way of obtaining this information than in-person interviews. Over time, trends that occur in risk factors can be monitored. Participation in the BRFSS has the additional advantage of permitting states to compare their data with estimates derived using the same methodologies in other states. The data can be used by health planners to identify high-risk groups, establish health policy and priorities, and monitor the impact of health promotion efforts.

Seventeen reports have been published by the WVBPH presenting survey results of the state's participation in the BRFSS since 1984. This report focuses on the 2003 risk factor prevalence rates and compares them to the years 1984 through 2002. Table I.1 on the following page shows topics that have been included in the last 11 years of surveillance, many of which are examined in the present report.

Table I.1: Topics administered in the survey: WVBRFSS, 1993-2003

Topic	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Seatbelt nonuse	x	x	x	x	x	x	x			x	
Hypertension	x	x	x	x	x		x		x	x	x
Cholesterol	x		x		x		x		x	x	x
Leisure-time physical activity		x		x		x		x	x	x	x
Obesity	x	x	x	x	x	x	x	x	x	x	x
Cigarette use	x	x	x	x	x	x	x	x	x	x	x
Smokeless tobacco use	x	x	x	x	x	x	x	x	x	x	x
Alcohol consumption	x	x	x		x		x		x	x	x
Weight control		x		x		x		x			x
Fruits & vegetables		x		x		x		x		x	x
Diabetes	x	x	x	x	x	x	x	x	x	x	x
Routine checkup	x	x	x	x	x	x	x	x			
Breast cancer screening	x	x	x	x	x	x	x	x		x	
Cervical cancer screening	x	x	x	x	x	x	x	x		x	
Prostate cancer screening									x	x	
Excess sun exposure							x			x	x
AIDS/HIV	x	x	x	x	x	x	x	x	x	x	x
Bicycle helmets, smoke alarms	x		x	x	x		x				
Immunization	x		x		x	x	x		x	x	x
Health insurance	x	x	x	x	x	x	x	x	x	x	x
Health status	x	x	x	x	x	x	x	x	x	x	x
Colorectal cancer screening	x		x		x		x		x	x	
Oral health	x	x	x		x		x	x		x	
COPD	x	x									
Firearm ownership			x	x					x	x	
Asthma								x	x	x	x
Born / years in WV			x	x	x						
Disability			x						x		x
Preventive health counseling				x							
Cardiovascular disease				x			x	x	x	x	x
Older adult health							x				
Osteoporosis					x	x	x				
Arthritis							x		x		x