INTRODUCTION

Personal health practices have been shown to be important determinants of overall health. Unhealthy behaviors 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 certain health risk factors and health conditions among their adult populations. West Virginia, through the West Virginia Bureau for Public Health (WVBPH) of the state Department of Health and Human Resources, became 1 of the 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 of interviewing a random sample of state residents by telephone offers quality control advantages and is a faster, 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 benefit of permitting states to compare their data with estimates derived using the same methodologies. 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.

Eighteen 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 2004 and 2005 risk factor prevalence rates and compares them to the years 1984 through 2003. 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, 1995-2005

Торіс	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Seatbelt nonuse	x	X	х	x	х			х			
Hypertension	x	x	x		x		x	x	х		x
Cholesterol	x		x		x		x	x	x		x
Leisure-time physical activity		x		x		x	x	x	x	x	x
Obesity	x	x	х	x	х	x	x	x	х	x	х
Cigarette use	x	х	х	x	х	x	x	х	х	х	х
Smokeless tobacco use	х	х	х	х	х	х	х	х	х	х	
Alcohol consumption	x		x		х		x	x	x	x	x
Weight control		x		x		x			x		
Fruits & vegetables		х		x		x		x	x		x
Diabetes	x	x	x	x	x	x	x	x	х	x	x
Routine checkup	x	x	x	x	x	x					x
Breast cancer screening	x	x	х	x	x	x		x		x	
Cervical cancer screening	x	x	х	x	x	x		x		x	
Prostate cancer screening							x	x		x	
Excess sun exposure					х			x	х	x	
AIDS/HIV	x	x	х	x	х	x	x	x	x	x	x
Bicycle helmets, smoke alarms	x	x	x		x						
Immunization	x		х	x	х		x	x	х	x	x
Health insurance	x	x	x	x	x	x	x	x	х	x	x
Health status	х	х	х	х	х	х	х	х	х	х	х
Colorectal cancer screening	x		x		x		x	x		x	
Oral health	х		х		х	x		x		x	
Emotional support/Life satisfaction											x
Firearm ownership	x	х					x	x		x	
Asthma						x	x	x	x	x	x
Born / Years in WV	x	x	х								x
Disability	х						x		x	x	x
Cardiovascular disease		x			х	х	x	х	х	x	х
Veteran status										x	x
Osteoporosis			x	x	x					x	
Arthritis					x		x		x	x	x