

SUMMARY
OF THE



1997

Behavioral Risk Factor Surveillance System

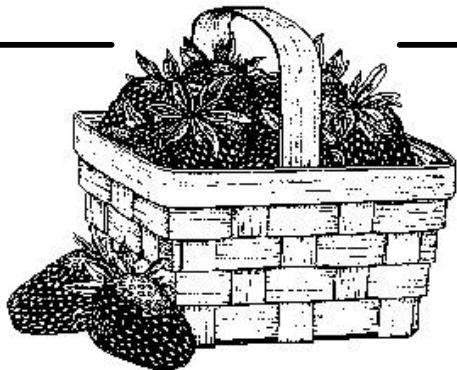
With the year 2000 approaching, health care in this century has moved from treating symptoms in 1900 to curing disease in 1998. Some conditions that were not even curable in the year 1900 now are preventable through lifestyle and behavior changes or through the use of appropriate screening routines.

In fact, in the early 1900s the infectious diseases of pneumonia, influenza, tuberculosis, gastritis, enteritis and colitis accounted for nearly one-third of all deaths. Today, with increased environmental sanitation, the introduction of antibiotics and the use of immunizations, the chronic diseases of heart disease, cancer and cerebrovascular disease (stroke) account for nearly two-thirds of all deaths.¹

This document summarizes the results of the 1997 Behavioral Risk Factor Surveillance System (BRFSS) conducted by the North Dakota Department of Health.

About BRFSS...

- Since 1985, the BRFSS has collected information about North Dakota residents and the behaviors that put them at risk for chronic diseases.
- In 1997, telephone surveys of 1,802 North Dakota residents provided information to assist program planners, lend insight to health professionals and inform the public about the status of a variety of health issues.
- This summary shows the findings from this survey and compares North Dakota results with the *Healthy People 2000 Objectives for the Nation* (herein referred to as *Year 2000 objectives*).²
- The BRFSS is made possible by resident participation. The North Dakota Department of Health greatly appreciates the willingness of North Dakota residents to complete this survey.



Topics Covered by the 1997 Survey

- ◆ Tobacco Use
- ◆ Alcohol Use
- ◆ Body Weight
- ◆ Firearms
- ◆ Injury Control
- ◆ Cancer Screening
- ◆ Diabetes
- ◆ HIV/AIDS
- ◆ Immunizations
- ◆ Blood Pressure
- ◆ Cholesterol
- ◆ Health Care Access

HEALTH RISKS

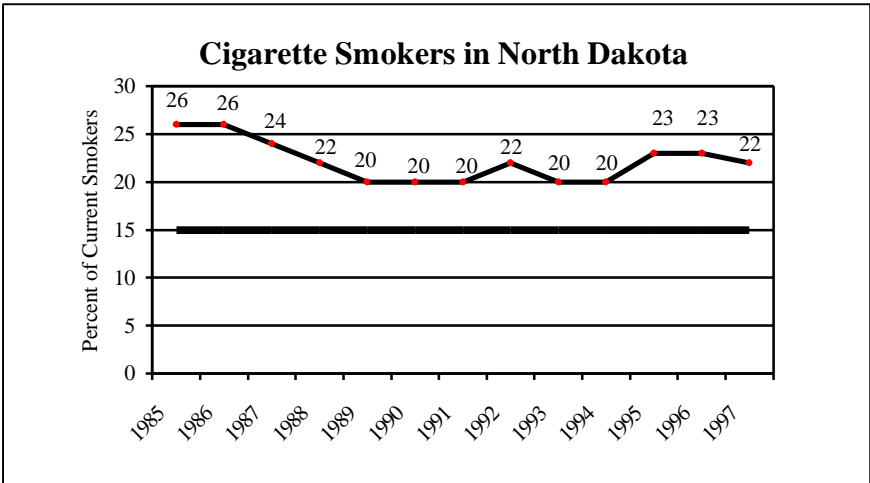
Tobacco Use

Smoking, a major contributor to cardiovascular disease and cancer, is the most preventable cause of death. In North Dakota, 22.2 percent of adults currently smoke (24.3 percent of males and 20.3 percent of females). Among American Indians, the smoking rate is 42.5 percent. This is nearly double the rate of smoking among Caucasians – 21.6 percent. The *Year 2000* objective is to cut smoking to less than 15 percent of adults.



Alcohol Use

Several *Year 2000* objectives promote responsible behavior in regard to alcohol intake and reducing the consumption of alcohol before driving. In 1997, 18.3 percent of North Dakota residents participated in binge drinking; that is having five or more drinks on one or more occasions during the past month. Further, 3.7 percent reported having driven after having too much to drink.



Health Care

Access to health care is an essential part of obtaining recommended medical screenings and exams.

In 1997, the North Dakota BRFSS showed 11.7 percent of residents older than age 18 did not have health care coverage, and 32.5 percent of those who were uninsured had been without health care coverage for five years or more.

The North Dakota BRFSS also showed 7.5 percent of residents were unable to see a physician because of the cost, and 33.7 percent had not had a routine checkup in the past year.

Body Weight

Being overweight continues to be a problem in North Dakota. Body Mass Index (BMI) is the standard used for calculating whether or not a person is considered overweight.

According to the BMI, 32.4 percent of North Dakota residents were considered overweight in 1997. American Indians (35.8 percent) had a slightly higher rate of being overweight than Caucasians (32.2 percent).

The *Year 2000* objective is to reduce the prevalence of overweight residents to less than 20 percent.

Sources

¹ Brownson, R.C., Remington, P.L., & Davis, J.R. (1993). *Chronic Disease Epidemiology and Control*. Washington, D.C.: American Public Health Association.

² U.S. Department of Health and Human Services Public Health Service. (1990). *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*. DHHS Publication Number 91-50212.

³ National Highway Traffic Safety Administration. (1994). *1994 Occupant Protection Idea Sampler*. Washington, D.C.: U.S. Department of Transportation.

Body Mass Index

BMI is determined by calculating body weight in kilograms and dividing by height in meters squared.

Women are considered overweight if their BMI ≥ 27.3 ; men are considered overweight if their BMI ≥ 27.8 .

INJURY CONTROL

Automobile Safety

Safety belts save lives. When used properly, they can reduce the risk of fatal or serious injury by 50 percent.³

Even though safety belt use continues to rise in North Dakota, 59.5 percent of adults report that they do NOT always wear a safety belt when driving or riding in a car. Men are more at risk (70.3 percent) than women (49.0 percent).

And, according to the adults surveyed, 37.7 percent of children ages 5 to 15 do NOT always wear safety belts when riding in cars.

North Dakotans have not reached the *Year 2000* objective which aims to increase the use of occupant protection systems such as safety belts to at least 85 percent of all motor vehicle occupants.

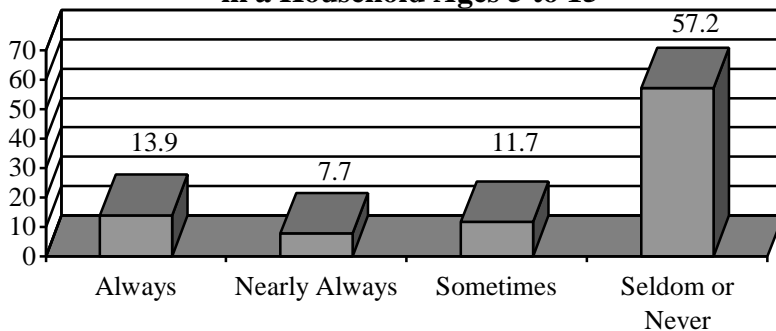
However, 96.8 percent of adults report that children age 4 and younger always use car safety seats. This meets the *Year 2000* objective which sets the goal for safety seat use among this age group at 95 percent.



Bicycle Helmet Safety

Head injury is the leading cause of death in bicycle crashes. The risk of head injury for unhelmeted bicyclists is more than 6.5 times greater than for helmeted bicyclists. One *Year 2000* objective is to increase the use of helmets to at least 50 percent of all bicyclists. In 1997, only 13.9 percent of adults reported that children between ages 5 and 15 always wore bicycle helmets. In fact, 57.2 percent reported that children seldom or never wore bicycle helmets.

Bicycle Helmet Use Among the Oldest Child in a Household Ages 5 to 15



Firearms

In 1997, the North Dakota BRFSS collected firearm data for the first time. More than one-half, 53.6 percent, of North Dakota residents keep firearms in or around their homes. Most, 88.3 percent, have firearms for hunting or sports rather than for protection, work or some other reason.

3.0 percent reported keeping firearms that were BOTH loaded and unlocked in or around their homes, and 3.1 percent have driven or been a passenger in a motor vehicle in which there was a loaded firearm.

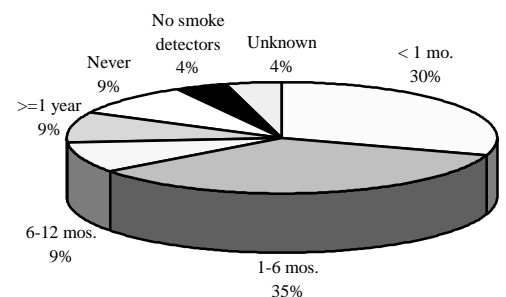
Unfortunately, only 7.5 percent of firearms owners have attended a firearms safety workshop, class or clinic in the past three years.

Smoke Detector Testing

Residential fires account for 75 to 80 percent of all fire deaths in the United States. They are the fourth leading cause of unintentional injury deaths.

Smoke detectors should be installed on every floor of a home and tested each month. Batteries should be changed once a year.

The following graph shows when North Dakotans reported last testing their smoke detectors.



DISEASE PREVENTION

Cancer Screening

In 1997, North Dakota residents exceeded or came close to achieving several *Year 2000* objectives for breast, cervical and colorectal cancer screening.

| Cancer Screening Objective | North Dakota Rate | Year 2000 Goal |
|--|-------------------|----------------|
| Women age 40 and older who have had mammograms and clinical breast exams (CBEs) at least once in their lives | 81.8% | 80% |
| Women age 50 and older who have had mammograms and CBEs in the past two years | 65.7% | 60% |
| Women age 18 and older who have had Pap tests at least once in their lives | 93.9% | 95% |
| Women age 18 and older who have had Pap tests in the past three years | 82.1% | 85% |
| Residents age 50 and older who have had proctoscopic exams at least once in their lives | 44.5% | 40% |
| Residents age 50 and older who have had blood stool tests in the past two years | 22.6% | 50% |

Diabetes

Diabetes is a serious health problem affecting more than 16 million Americans. By 1997, 3.5 percent of North Dakota residents had been told by physicians that they had diabetes. This exceeds the *Year 2000* objective which aims to reduce the number of people affected by the disease to 2.5 percent.

◆ Prevention Tip ◆

Even though family history and aging increase the chance of developing diabetes, several things may be done to prevent the disease.

These include:

- maintaining an ideal body weight,
- eating a low-fat diet including plenty of fruits, vegetables and whole grains, and
- participating in regular physical activity.

HIV/AIDS

In 1997, North Dakotans held the following opinions about HIV infection and AIDS:

- 71.2 percent believed HIV/AIDS education should begin in elementary school (grades kindergarten through six); 19.6 percent thought it should be taught in junior high or high school; and only 1.5 percent thought it should never be taught in schools.
- 86.6 percent said that if they were the parent of a sexually active teenager they would encourage him or her to use condoms.
- 4.9 percent thought their risk of becoming infected with HIV was medium or high; 29.7 percent thought their risk was low; and 64.2 percent believed they had no risk.

Immunizations

Even with great advances in the treatment of infectious diseases, influenza and pneumococcal pneumonia continue to appear in the top 10 causes of death in the United States.

In 1997, 64.6 percent of North Dakotans age 65 and older reported receiving flu shots within the past 12 months. Of this same population, 39.5 percent had received a pneumonia vaccination. The *Year 2000* objective aims to increase immunization of high-risk populations (such as senior citizens) to at least 60 percent.

For more information contact ...

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