



**2004 BEHAVIORAL RISK FACTORS
OF ARIZONA ADULTS**

July 2005



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TABLE OF CONTENTS

EXECUTIVE SUMMARY	2
RISK FACTORS/CHRONIC DISEASE TERM USAGE	4
RISK FACTORS/CHRONIC DISEASE TERM USAGE (CONT)	5
INTRODUCTION.....	6
METHODOLOGY.....	8
I. SURVEY RESULTS: ANALYSIS OF HIGH-RISK GROUPS	11
A. HEALTH CARE ACCESS.....	12
B. EXCESS SUN EXPOSURE	14
C. CIGARETTE SMOKING.....	16
D. ALCOHOL	18
E. ASTHMA.....	20
F. DIABETES	22
G. ORAL HEALTH	24
H. OBESITY (BMI).....	26
I. ROUTINE MAMMOGRAPHY	28
J. PROSTATE CANCER SCREENING.....	30
K. COLORECTAL CANCER SCREENING.....	32
II. MODULE SURVEY RESULTS: ANALYSIS OF HIGH-RISK GROUPS.....	35
A. FOLIC ACID AWARENESS.....	36
B. ARTHRITIS.....	38
III. STATE-ADDED QUESTIONS SURVEY: ANALYSIS OF HIGH-RISK GROUPS	41
A. FRUIT AND VEGETABLE CONSUMPTION	42
B. PHYSICAL ACTIVITY - CATEGORIES.....	44
APPENDIX I: ARIZONA RESPONDENT PROFILE	46
APPENDIX II: 2004 ARIZONA BRFSS QUESTIONS LISTING	47
APPENDIX III: 2004 ARIZONA QUESTIONNAIRE.....	48
APPENDIX IV: 2004 BRFSS WEIGHTING FORMULA.....	61

EXECUTIVE SUMMARY

This document reports specific behavioral risk factors and chronic diseases in adults in the State of Arizona for the year 2004. The Annual Survey Results portion of this report contains information on high-risk behaviors and chronic diseases that are surveyed each year. The Module Survey Results portion contains information on high-risk behaviors and chronic diseases that were chosen to be surveyed in 2004. The State-Added Questions Survey Results portion contains information on high-risk behaviors added by request. The Behavioral Risk Factor Surveillance System (BRFSS) program is a rich source of state-level public health data; these data have become integral to health promotion, disease prevention, and intervention planning throughout Arizona.

Highlights of the 2004 Behavioral Risk Factors Survey:

- 17.9% of respondents reported that they did not have health care coverage.
- Over one-third of respondents (35.3%) reported having a sunburn in the past 12 months.
- 18.5% of respondents were current smokers. This is down from 20.8% last year.
- 15.5% of Arizonans reported being at risk for binge drinking.
- 12.4% were told by a doctor, nurse or other health professional that they had asthma.
- 6.6% of respondents reported that a doctor told them they had diabetes.
- About one-third of Arizonans reported not having a dental visit within the past year.
- 22.2% of male respondents and 20.1% of female respondents had a body mass index that classified them as obese.
- 9.8% of female respondents 40 years of age or older reported they never had a mammogram.
- 34.5% of male respondents who were at least 40 years of age responded they have not had a PSA blood test.
- Almost one-half (47.9%) of respondents over age 50 have not had a sigmoidoscopy or colonoscopy.
- 62.8% of respondents did not know that folic acid prevents birth defects.
- 55.3% of respondents aged 65 years or older reported they were told by a doctor they have arthritis. For those respondents aged 18 years or older the percentage is 26.5%.
- Over three-quarters of respondents (77.9%) do not eat five or more servings of fruits and vegetables daily.
- 51.8% of respondents reported insufficient or no physical activity.

RISK FACTORS/CHRONIC DISEASE TERM USAGE

Arthritis	Respondents who reported a doctor told them they had arthritis.
Binge Drinking	Respondents who reported having five or more drinks on an occasion, one or more times in the past month.
Current Smoking	Respondents who reported smoking 100 cigarettes during their lifetime and who smoke now (regularly or irregularly).
Dental Visit	Respondents who reported they had not had a dental visit in the past year.
Diabetes	Respondents who reported a doctor told them they had diabetes.
Five A Day	Respondents who reported they had not heard of the program “Five A Day for Better Health.”
Flu Shot	Respondents who reported not receiving a flu shot in the past 12 months.
Folic Acid	Respondents 18-44 years of age who reported a reason other than preventing birth defects as the reason experts recommend that women take folic acid.
Fruits/Vegetables	Respondents who reported that they consumed fewer than five servings of fruits and vegetables daily.
Health Care Plan	Respondents who reported that they did not have health care coverage.
HIV/AIDS Testing	Respondents 18-64 years of age who reported that they have not been tested for HIV.
Limited Activities	Respondents who reported they were limited in any activities due to any impairment or health problems.
Mammography	Female respondents 40 years of age or older who reported that they had never had a mammogram.
No Leisure-Time Activity	Respondents who reported that they did not participate in physical activity in the past month outside of normal work-related activities.
Obese	Respondents with a Body Mass Index (BMI) of 30.0 to 99.8. BMI is weight in kilograms divided by height in meters squared (W/H ²).
Overweight	Respondents with a Body Mass Index (BMI) of 25.0 to 29.9.

RISK FACTORS/CHRONIC DISEASE TERM USAGE (CONT)

Pap Smear	Female respondents who reported that they never had a Pap Smear test.
Pneumonia Vaccination	Respondents who reported not never receiving a pneumonia vaccination.
PSA Blood Test	Male respondents aged 50 years or older who reported that they had not had a Prostate Specific Antigen (PSA) blood test.
Respondent	Arizona residents 18 years of age or older. In some cases various subset(s) of this group may be used.
Seatbelt	Respondents who reported that they "sometimes", "seldom", or "never" wear seat belts when driving or riding in a car.

INTRODUCTION

In 2004, 42,736 Arizona residents died. The table below lists the top 10 causes of death of Arizona residents in 2004.¹

“Chronic diseases such as heart disease, cancer, and diabetes are the top causes of disability and death in the United States. Each year, chronic diseases claim the lives of more than 1.7 million Americans. These diseases are responsible for 7 of every 10 deaths in the United States. Chronic diseases cause major limitations in daily living for more than 1 of every 10 Americans, or 25 million people. These diseases account for more than 70% of the \$1 trillion spent on health care each year in the United States.”²

Since 1982, the Arizona Department of Health Services (ADHS) has implemented the Behavioral Risk Factor Surveillance System (BRFSS) through a cooperative agreement with the Centers for Disease Control and Prevention (CDC). The BRFSS is an on-going data collection system for gathering information on adult health-related behaviors of non-institutionalized residents 18 years of age or older. The purpose of the BRFSS is to provide data that can be used to plan, implement, and monitor health promotion and disease prevention efforts in Arizona.

LEADING CAUSES OF DEATH, ARIZONA 2004

RANK	CAUSE OF DEATH	NUMBER OF DEATHS	PERCENTAGE OF TOTAL DEATHS	AGE ADJUSTED MORTALITY RATE	AGE ADJUSTED MORTALITY RATE
				Total	Male/Female
1	Heart Disease	10,402	24.3	186.7	235.0/148.1
2	Malignant Neoplasms - Cancer	9,506	22.2	164.7	202.0/138.1
3	Unintentional Injury	2,641	6.2	46.0	61.2/31.6
4	Cerebrovascular Disease	2,412	5.6	43.6	42.8/43.5
5	Chronic Lower Respiratory Disease	2,392	5.6	41.9	48.2/37.6
6	Alzheimer's Disease	1,672	3.9	31.3	26.4/34.2
7	Diabetes Mellitus	1,180	2.8	20.7	23.5/18.4
8	Influenza and Pneumonia	1,108	2.6	20.1	25.8/16.3
9	Intentional Self-harm - Suicide	854	2.0	14.9	24.2/6.3
10	Chronic Liver Disease & Cirrhosis	629	1.5	11.1	15.6/6.8

Source: Arizona health status and vital statistics, 2004. * All death rates are age-adjusted to the estimated 2000 U.S. population.

References

1. Mrela, CK, ARIZONA HEALTH STATUS AND VITAL STATISTICS, 2004. Bureau of Public Health Statistics, Arizona Department of Health Services.
2. CDC. The Burden of Chronic Diseases and Their Risk Factors: National and State Perspectives, February 2004.

METHODOLOGY

A. SAMPLING DESIGN

The Arizona BRFSS is a random sample telephone survey, using disproportionate stratified sampling, random digit dialing, and a Computer Assisted Telephone Interviewing (CATI) system. The survey has the potential to represent 96.3% of all households in Arizona (i.e., those who have telephones according to Arizona Department of Economic Security data for the year 2000, the latest year available). A sample size of 4,700 interviews over a 12-month period was selected to achieve an acceptable 95% confidence interval of $\pm 3\%$ on risk factor prevalence estimates of the adult population. This means that the estimated prevalence of a given risk factor can be reliably projected across the total population of Arizona residents. Prevalence estimates of individual demographic variables, especially those that yield smaller sample sizes, do not achieve the same level of accuracy as the total sample.

A demographic profile of the Arizona population is reported in Appendix I: 2004 Arizona Demographic Profile.

B. QUESTIONNAIRE

The questionnaire, designed through cooperative agreements with the CDC, was divided into three sections, Core, Optional Modules, and State Added questions. The Core section contained questions on health risk behavior and demographic information; the next section contained optional modules: Diabetes, Adult Asthma History, Childhood Asthma, Folic Acid, Smoking Cessation, Secondhand Smoke Policy, Arthritis Burden and Arthritis Management. The last section contained State-added questions consisting of: Fruits and Vegetables, Physical Activity, Oral Health, Cardiovascular Disease and Family Planning.

C. BRFSS PROTOCOL

The ADHS has contracted with a private survey research firm since August 2000 to contact randomly selected Arizona residences from 9 A.M. to 9 P.M. weekdays, from 11 A.M. to 7 P.M. Saturdays, and from 11 A.M. to 7 P.M. Sundays. All telephone numbers released in each month's sample received at least 15 attempts over a minimum 14 day period, including at least three attempts during weekends, three attempts during weekday evenings; and three attempts during the daytime weekday. Furthermore, selected respondents who were not able to complete the interview at the time of selection received a minimum of 10 callbacks during the interviewing period.

After a residence had been contacted, one adult (18 years of age or older) was randomly selected from all adults residing in the household to be interviewed.

D. DATA ANALYSIS

The collected data were compiled and weighted by the CDC. Weighted counts were based on the Arizona population to accurately reflect the population demographics. The weighting factor considered the number of adults and telephone lines in the household, cluster size, stratum size, and age/race/sex distribution of the general population. The weighting formula is described in Appendix IV: 2004 BRFSS Weighting Formula.

All analyses presented are based on cell size counts of at least eight cases. The demographic information that was collected and presented in these results includes sex, age, education, household income, race, and ethnicity. Comparisons between responses within demographic categories were analyzed for statistical significance at the $\alpha = .05$ level. Throughout the report, statistical difference is noted when analysis provides 95% confidence that the categories described are different.

**I. SURVEY RESULTS:
ANALYSIS OF HIGH-RISK GROUPS**

A. HEALTH CARE ACCESS

Uninsured people are less likely than people with health insurance to have a primary care provider; to have received appropriate preventive care, such as current mammograms; or to have had recent medical visits. Lack of insurance also affects access to care for relatively serious medical conditions. Evidence suggests that the risk of premature death increases considerably for people without health insurance over an extended period and that death rates of hospitalized patients without health insurance are significantly higher than among patients with insurance.¹

In 2004 17.9%* of Arizonans reported they did not currently have health care coverage (Figure I-A-1). This is the second increase that started in 2003. Improving access to health care is a *Healthy People 2010* objective, an initiative which sets a goal of increasing the proportion of adults with health insurance to 100%.¹ This is also a *Healthy Arizona 2010* objective, with a goal of increasing of persons with health care coverage to 90%.³

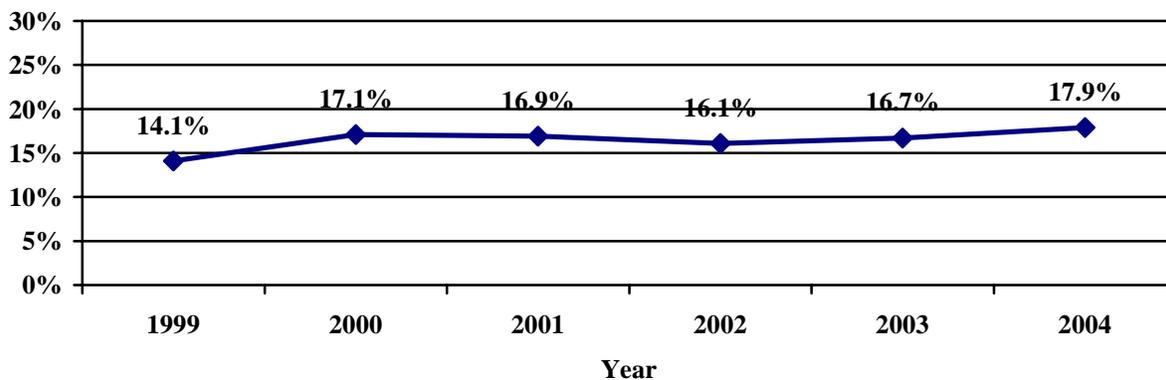


Figure I-A-1. Percentage of Arizona BRFSS respondents who reported they did not have health coverage in 1999-2004.

Males (20.2%) were more likely than females (15.6%) to not have health care coverage. Differences in coverage were evident among age, education, income, race and ethnicity categories (Table I-A-1). Respondents aged 18-24 (33.5%) and 25-34 (27.9%), were least likely to have coverage. As age increases the percentage of respondents with health care coverage increases.

In addition, Arizonans with less education and lower incomes were more likely to lack health care coverage. Respondents with less than a high school education (37.4%) were significantly less likely to have coverage than those with some college or technical training (14.2%) and college graduates (9.4%). Also, as with age and education, as income increased the percentage of respondents reporting they did not have health care coverage decreased. Respondents earning less than \$15,000 annually were the least likely to have health care coverage (44.1%) followed by those earning from \$15,000-\$24,999 (28.1%). Significant differences also appeared between race and ethnic groups. While more than one-third (35.4%) of Non-Whites lacked health care coverage, only 10.4% of White respondents lacked coverage.

* 95% Confidence Interval: 15.4%-20.3%.

Similarly, 39.2% of Hispanics were not covered by health care insurance while only 11.8% of Non-Hispanics lacked coverage.

Reference

1. U.S. Department of Health and Human Services. *Healthy People 2010: Understanding and Improving Health*. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.
2. Arizona Department of Health Services. *Healthy Arizona 2010: Collaborating For A Healthier Future*, March 2001.

2004 Arizona BRFSS: Respondents with No Health Care Coverage		
GROUPS	WEIGHTED PERCENT	UNWEIGHTED N
<u>Sex</u>		
Male	20.2	280
Female	15.6	446
<u>Age</u>		
18-24	33.5	93
25-34	27.9	163
35-44	17.8	167
45-54	15.5	160
55-64	13.3	118
65+	1.3	21
<u>Education</u>		
Less than High School	37.4	176
High School Graduate/GED	21.5	236
Some College/Tech School	14.2	189
College Grad	9.4	125
<u>Income</u>		
<\$15,000	44.1	152
\$15,000-\$24,999	28.1	223
\$25,000-\$34,999	20.7	105
\$35,000-\$49,999	6.7	76
≥\$50,000	5.8	65
<u>Race</u>		
White	10.4	304
Non-White	35.4	417
<u>Ethnicity</u>		
Hispanic	39.2	337
Non-Hispanic	11.8	388

Table I-A-1. 2004 BRFSS results: Arizona respondents with no health care coverage.

B. EXCESS SUN EXPOSURE

“While frequent, low level exposure to the sun is linked to premature wrinkling and to the most common types of skin cancer, research suggests the most deadly skin cancers are caused by intermittent periods of intense sun -- the kind that causes sunburn -- rather than repeated exposure over time.”¹

A study in the April 29, 1999, issue of The New England Journal of Medicine found the threat of melanoma, the most lethal form of skin cancer, increases directly with the number of sunburns we experience.¹

Protection equals prevention, when it is done correctly. Try to avoid outdoor activities from 10 a.m. to 4 p.m., be sure to wear lightly-colored, tightly woven clothing, a wide-brimmed hat, and a generous quantity of sunscreen of at least SPF 15.¹

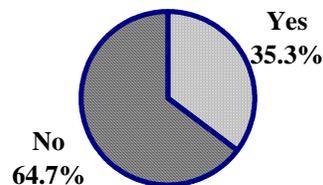


Figure I-B-1. 2004 Percentage of Arizona BRFSS respondents who reported having a sunburn in the past 12 months.

Analysis of the 2004 Arizona BRFSS data indicated that 35.3%* of all respondents reported having had a sunburn in the past 12 months. (Figure I-B-1).

Males (41.0%) were more likely than females (29.7%) to report they had a sunburn within the past 12 months. Regarding age there is an inverse relationship, as age increases the respondent is less likely to report having had a sunburn within the past 12 months; the 18 to 24 year age group is most likely (50.7%) with respondents that are at least 65 years old the least likely (7.9%). There is a positive relationship between having a sunburn in the previous 12 months and education, with those having a college education the most likely to have had a sunburn with 43.4% and those having less than an high school education the least likely at 22.7%. There is also a positive relationship between having a sunburn in the previous 12 months and income; those having incomes of at least \$50,000 were most likely to have had a sunburn with 49.2% and those incomes with less than \$15,000 the least likely at 17.5%. White Arizonans were more likely to report having had a sunburn within the past 12 months (39.6%), compared to Non-White respondents (25.0%). Regarding ethnicity, Non-Hispanics were higher (38.2%) than Hispanics (25.3%).

* 95% Confidence Interval: 32.6%-38.0%.

References

1. American Cancer Society. Skin Cancer Study: Sunburns May Cause More Skin Cancer than Total Exposure, June 11, 1999.

2004 Arizona BRFSS: Arizona respondents who reported having a sunburn in the past 12 months.		
GROUPS	WEIGHTED PERCENT	UNWEIGHTED N
<u>Sex</u>		
Male	41.0	622
Female	29.7	788
<u>Age</u>		
18-24	50.7	133
25-34	45.5	313
35-44	43.1	343
45-54	37.5	324
55-64	27.3	197
65+	7.9	94
<u>Education</u>		
Less than High School	22.7	92
High School Graduate/GED	31.4	342
Some College/Tech School	36.1	461
College Grad	43.4	513
<u>Income</u>		
<\$15,000	17.5	104
\$15,000-\$24,999	26.5	210
\$25,000-\$34,999	30.3	163
\$35,000-\$49,999	36.1	244
≥\$50,000	49.2	565
<u>Race</u>		
White	39.6	1,086
Non-White	25.0	311
<u>Ethnicity</u>		
Hispanic	25.3	235
Non-Hispanic	38.2	1,170

Table I-B-1. 2004 BRFSS results: Arizona respondents who reported having a sunburn in the past 12 months.

C. CIGARETTE SMOKING

“Tobacco use is the single most preventable cause of death and disease in the United States. Tobacco use increases the risk for lung and other cancers and for cardiovascular and respiratory diseases. The American Cancer Society estimates that cigarette smoking is responsible for one of every five deaths in the United States, or more than 440,000 deaths each year. If current smoking patterns continue, an estimated 25 million people alive today will die of smoking-related illnesses.”¹

In the United States, “Direct medical expenditures attributed to smoking total more than \$75 billion per year. In addition, smoking costs an estimated \$80 billion per year in lost productivity.”² Clearly, smoking is an important public health issue. *Healthy People 2010* set a target of no more than 12% current smokers 18 years of age or older.³ According to the 2004 Arizona BRFSS, 18.5%* of respondents identified themselves as current smokers. For the coming decade, *Healthy Arizona 2010* has identified tobacco use as one of its 12 focus areas, and has set a target of reducing adult smokers to 14% of the state population. Continued efforts to prevent initial smoking behavior in adolescents, as well as efforts to promote smoking cessation in current smokers using techniques that have documented effectiveness, may decrease the rate of Arizona smokers to meet the *Healthy Arizona 2010* target.

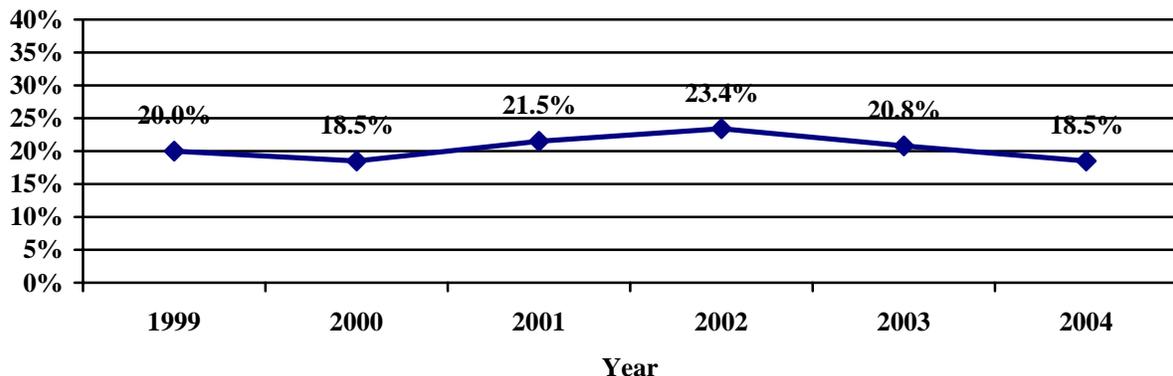


Figure I-C-1. Percentage of Arizona BRFSS respondents who reported that they were current smokers in 1999-2004. *Healthy People 2010* Objective 27.1a is 12.0%.

The percentage of male respondents who were smokers exceeded female respondents (18.5% and 17.8%, respectively). Regarding age, the 35-44 year group were more likely to smoke (23.8%) and the next highest group was the 18-24 group (21.7%). Respondents with some college or technical school were more likely to be current smokers (23.9%) followed by respondents with a high school education (22.8%). Those with incomes of \$15,000-\$24,999 annually were most likely to smoke (23.3%) followed by those making less than \$15,000 (21.1%). White Arizonans were more likely to be current smokers (19.8%) than Non-White respondents (15.2%). Regarding ethnicity, Non-Hispanic respondents were more likely to be smokers (20.1%) than Hispanic Arizonans (13.2%).

* 95% Confidence Interval: 16.3%-20.8%.

References

1. The Burden of Chronic Diseases and Their Risk Factors: National and State Perspectives. CDC. 2004.
2. Centers for Disease Control and Prevention. The Power of Prevention: Reducing The Health And Economic Burden Of Chronic Disease. 2003.
3. U.S. Department of Health and Human Services. *Healthy People 2010: Understanding and Improving Health*. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.

2004 Arizona BRFSS: Respondents Who Are Current Smokers		
GROUPS	WEIGHTED PERCENT	UNWEIGHTED N
Sex		
Male	18.5	324
Female	17.8	524
Age		
18-24	21.7	55
25-34	19.4	133
35-44	23.8	185
45-54	20.3	197
55-64	19.2	151
65+	7.9	122
Education		
Less than High School	18.8	114
High School Graduate/GED	22.8	269
Some College/Tech School	23.9	307
College Grad	10.1	157
Income		
<\$15,000	21.1	133
\$15,000-\$24,999	23.3	193
\$25,000-\$34,999	20.4	113
\$35,000-\$49,999	19.5	130
≥\$50,000	14.6	187
Race		
White	19.8	635
Non-White	15.2	206
Ethnicity		
Hispanic	13.2	133
Non-Hispanic	20.1	711

Table I-C-1. 2004 BRFSS results: Respondents who reported that they are current smokers and have smoked at least 100 cigarettes in their life.

D. ALCOHOL

Each year, about 100,000 deaths in the United States are related to alcohol consumption.¹ Long-term heavy drinking increases risk for high blood pressure, heart rhythm irregularities (arrhythmias), heart muscle disorders (cardiomyopathy), and stroke. Long-term heavy drinking also increases the risk of developing certain forms of cancer, especially of the esophagus, mouth, throat, and larynx.² Alcohol use has been linked with a substantial proportion of injuries and deaths from motor vehicle crashes, falls, fires, and drownings.³ Clearly, alcohol consumption is an important public health issue.

Healthy People 2010 has a target to reduce the percentage of the population engaging in binge drinking of alcoholic beverages to no more than 6% for persons 18 years of age or older.⁵ According to the 2004 Arizona BRFSS, 15.5%* of respondents reported having five or more drinks on an occasion, one or more times in the past month.

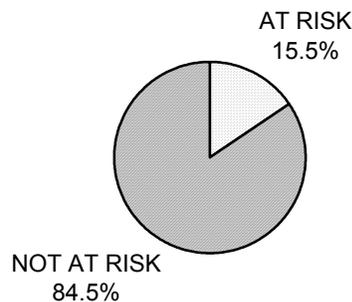


Figure I-D-1. Arizona BRFSS respondents who are at risk for binge drinking, 2004. *Healthy People 2010 Objective 26.11c* is 6.0%.

Male respondents were three times more at risk than female respondents for binge drinking (23.4% and 7.8%, respectively). Regarding age, there is a negative relationship between age and risk for binge drinking, the 18-24 year group were more likely to binge drink (26.2%) and the next highest group was the 25-34 year group (23.0%). Respondents that are high school graduates were more likely to binge drink (18.8%) followed by respondents who had some college or technical school (15.9%). Regarding income, those with incomes \$25,000 to \$34,999 annually are at greatest risk for binge drinking (20.0%) followed by those with incomes greater than or equal to \$50,000 (17.9%). Non-White Arizonans were more likely to be at risk for binge drinking (17.7%) than White respondents (14.7%). Regarding ethnicity, Hispanic respondents were about one-third more likely to be at risk for binge drinking (27.2%) than Non-Hispanic Arizonans (15.1%).

* 95% Confidence Interval: 13.4%-17.7%.

References

1. McGinnis, J.M., and Foege, W.H. Actual causes of death in the United States. *Journal of the American Medical Association* 270:2207-2212, 1993.
2. NIAAA. Alcohol and cancer. *Alcohol Alert*. No. 21. Rockville, MD: NIH, 1993.
3. NIAAA. *Ninth Special Report to the U.S. Congress on Alcohol and Health From the Secretary of Health and Human Services*. NIH Pub. No. 97-4017. Rockville, MD: NIH, 1997.

2004 Arizona BRFSS: Respondents At Risk For Binge Drinking		
GROUPS	WEIGHTED PERCENT	UNWEIGHTED N
Sex		
Male	23.4	339
Female	7.8	190
Age		
18-24	26.2	71
25-34	23.0	126
35-44	20.2	125
45-54	11.9	98
55-64	8.5	55
65+	3.3	53
Education		
Less than High School	15.4	58
High School Graduate/GED	18.8	172
Some College/Tech School	15.9	165
College Grad	12.5	133
Income		
<\$15,000	12.8	49
\$15,000-\$24,999	16.6	104
\$25,000-\$34,999	20.0	86
\$35,000-\$49,999	10.6	76
≥\$50,000	17.9	165
Race		
White	14.7	333
Non-White	17.7	193
Ethnicity		
Hispanic	17.2	153
Non-Hispanic	15.1	373

Table I-D-1. 2004 BRFSS results: Respondents at risk for binge drinking.

E. ASTHMA

Asthma is a chronic disease of the airways that causes persistent and distressing episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing. Asthma can be difficult to diagnose and to distinguish from other respiratory illnesses.¹

Asthma is a serious and growing health problem. According to estimates 14.9 million persons in the United States have asthma. Asthma is responsible for approximately 500,000 hospitalizations, 5,000 deaths, and 134 million restricted activity days annually. Yet, people with asthma can avoid most of the problems caused by asthma if they and their health care providers managed the disease according to accepted guidelines.²

Asthma is a complicated disease that requires a long-term and multifaceted answer. This includes educating, treating, and providing continuing medical care and monitoring for people with asthma, changing behaviors that lead to asthma or exacerbates it, and eliminating or avoiding triggers.¹

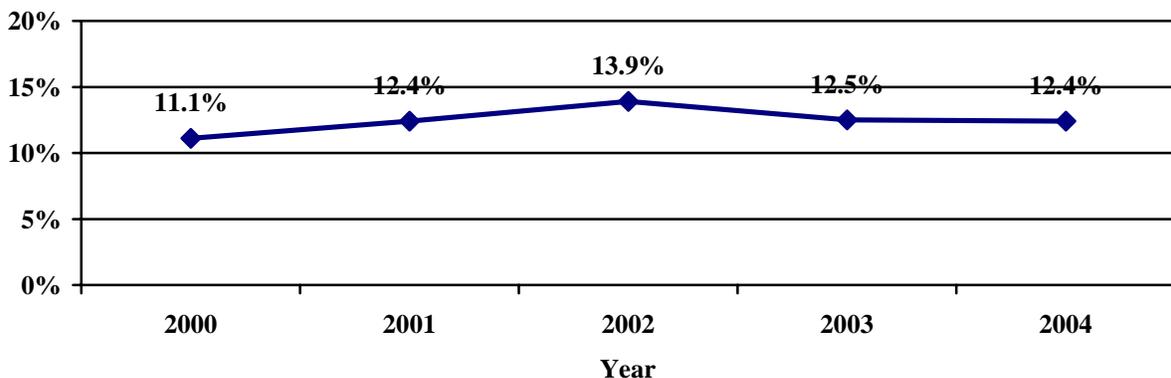


Figure I-E-1. Percentage of Arizona BRFSS respondents who reported being told that they had asthma in 2000-2004.

According to the 2004 BRFSS, 12.4%* of all respondents reported being told by a doctor or other health professional that they had asthma.

Females were more likely than (13.6%) than males (11.1%) to be told they have asthma. The 45-54 age group were most likely to be told they have asthma (14.2%), followed by the 18-24 age group (13.6%). Regarding education, respondents with some college or technical school were most likely to be told they have asthma (14.9%), the next highest group were college graduates (13.8%). Respondents with incomes of \$35,000-\$49,999 annually had the highest percentage reporting asthma (14.4%), followed by respondents earning less than \$15,000 (13.8%). White respondents were more than 50 percent more likely to be told they have asthma than Non-White respondents (13.9% and 9.0% respectively). Non-Hispanics were more than twice as likely as Hispanic respondents to be told they have asthma (14.0% and 6.7% respectively).

* 95% Confidence Interval: 10.7%-14.0%.

References

1. Asthma: Asthma Speaker's Kit for Health Care Professionals. Retrieved from the Internet May 20, 2004.
<http://www.cdc.gov/asthma/speakit/intro.ht>
2. U.S. Department of Health and Human Services. Healthy People 2010: Understanding and Improving Health. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.

2004 Arizona BRFSS: Respondents Told They Have Asthma		
GROUPS	WEIGHTED PERCENT	UNWEIGHTED N
<u>Sex</u>		
Male	11.1	210
Female	13.6	416
<u>Age</u>		
18-24	13.6	41
25-34	10.1	91
35-44	12.0	103
45-54	14.2	126
55-64	10.7	102
65+	13.5	159
<u>Education</u>		
Less than High School	7.5	58
High School Graduate/GED	10.7	148
Some College/Tech School	14.9	208
College Grad	13.8	211
<u>Income</u>		
<\$15,000	13.8	78
\$15,000-\$24,999	10.9	107
\$25,000-\$34,999	10.1	92
\$35,000-\$49,999	14.4	97
≥\$50,000	12.5	171
<u>Race</u>		
White	13.9	467
Non-White	9.0	157
<u>Ethnicity</u>		
Hispanic	6.7	98
Non-Hispanic	14.0	528

Table I-E-1. 2004 BRFSS results: Respondents told they had asthma.

F. DIABETES

Diabetes is a serious, costly disease and it is on the rise. Currently, 17 million Americans have diabetes, and over 200,000 people die each year of related complications. Diabetes can cause heart disease, stroke, blindness, kidney failure, leg and foot amputations, pregnancy complications, and deaths related to flu and pneumonia. Particularly at risk are the 5.9 million Americans who are unaware that they have the disease.¹

“Early detection, improved delivery of care, and better self-management are key strategies for preventing much of the burden of diabetes. Type 2 diabetes, formerly considered “adult onset” diabetes, is now being diagnosed more frequently among children and adolescents. This type of diabetes is linked to two modifiable risk factors: obesity and physical inactivity.”²

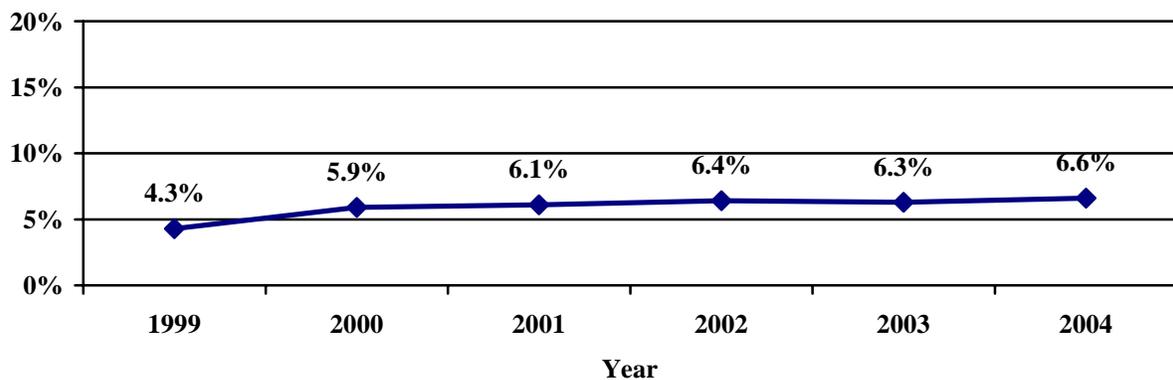


Figure I-F-1. Percentage of Arizona BRFSS respondents who reported that they were told they had diabetes in 1999-2004. *Healthy People 2010 Objective No. 5.3 is 4.0%.*

According to the 2004 BRFSS, 6.6%* of all respondents reported being told by a doctor they had diabetes. This percentage, shown in Figure I-F-1, represents a slight increase from 2003. The figure continues to exceed the *Healthy People 2010* objective for diabetes incidence of 4.0%.³

Males were more likely (7.2%) than females (6.1%) to be told they have diabetes. There is a positive relationship between age and the percentage of respondents being told they have diabetes. The age group 65+ were most likely to be told they have diabetes (16.1%), followed by the 55-64 age group (8.6%). Respondents with less than a high school education were most likely to be told they have diabetes (10.5%); the next highest group were respondents who had some college or technical school (6.6%). Respondents earning \$15,000 to \$24,999 annually had the highest percentage saying they were told they have diabetes (8.8%), followed by respondents earning less than \$15,000 (7.9%). Non-White respondents were slightly more likely to be told they have diabetes than White respondents (6.8% and 6.6% respectively). Non-Hispanics were

* 95% Confidence Interval: 5.53%-7.77%.

slightly more likely than Hispanic respondents to be told they have diabetes (6.7% and 6.5% respectively).

Finally, the survey measured use of dilated eye exams among respondents with diabetes. *Healthy People 2010* Objective 5.13 set a goal of increasing to 75% the number of diabetics receiving an annual dilated eye examination.³ Arizona exceeded that goal with 79.4% reported having an dilated eye exam in the past year.

References

1. Centers for Disease Control and Prevention. Diabetes: Disabling, Deadly, and on the Rise. 2002
2. U.S. Department of Health and Human Services. The Burden of Chronic Diseases and Their Risk Factors: National and State Perspectives, February 2002.
3. U.S. Department of Health and Human Services. Healthy People 2010: Understanding and Improving Health. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.

2004 Arizona BRFSS: Respondents Told They Have Diabetes		
GROUPS	WEIGHTED PERCENT	UNWEIGHTED N
Sex		
Male	7.2	164
Female	6.1	227
Age		
18-24	*	*
25-34	1.4	13
35-44	4.6	39
45-54	8.1	72
55-64	8.6	83
65+	16.1	179
Education		
Less than High School	10.5	95
High School Graduate/GED	5.5	102
Some College/Tech School	6.6	118
College Grad	6.0	76
Income		
<\$15,000	7.9	66
\$15,000-\$24,999	8.8	100
\$25,000-\$34,999	7.5	52
\$35,000-\$49,999	6.3	53
≥\$50,000	3.7	53
Race		
White	6.6	240
Non-White	6.8	149
Ethnicity		
Hispanic	6.5	109
Non-Hispanic	6.7	281

Table I-F-1. 2004 BRFSS results: Respondents told they had diabetes. *= Cell size too small.

G. ORAL HEALTH

Oral diseases are progressive and cumulative and become more complex over time. They can affect our ability to eat, the foods we choose, how we look, and the way we communicate. These diseases can affect economic productivity and compromise our ability to work at home, at school, or on the job.¹

About 30,000 Americans are diagnosed with oral and throat cancers annually. There are also more than 8,000 deaths from both diseases each year.² Recently, the importance of oral health was emphasized in the U.S. Surgeon General's Report on Oral Health, released in 2000.³ *Healthy Arizona 2010* includes the objective of increasing the proportion of children and adults who receive dental care each year.⁴

Results from the 2004 BRFSS showed that 33.4% of respondents had not had a dental visit within the past year (Figure I-G-1). This percentage increased from 2002 (31.3%). This exceeds the *Healthy Arizona 2010* goal of 55% of adults receiving regular dental visits within the past year.⁴

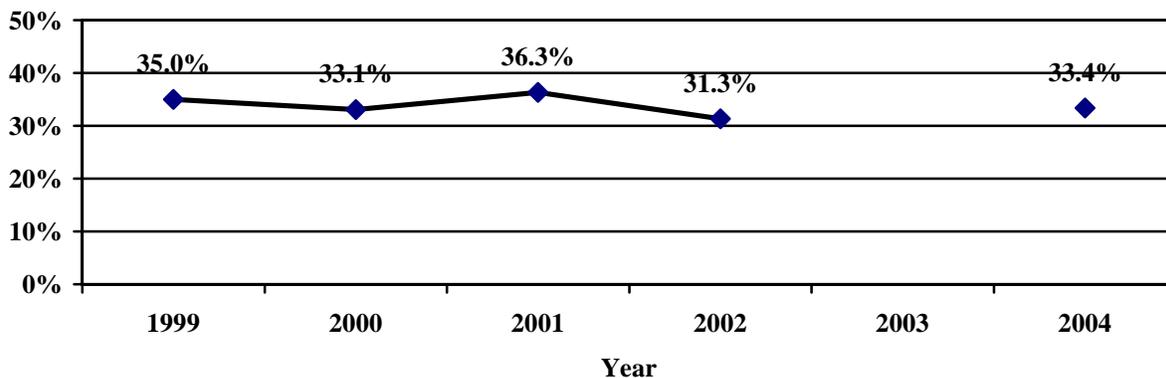


Figure I-G-1. 1999-2004 (no data collected in 2003) percentage of Arizona BRFSS respondents who reported that they have not had a dental visit within the past year.

Table I-G-1 describes respondents who reported they did not have a dental visit in the past year. Men were less likely to have visited a dentist in the past year (35.7%) than women (31.1%). Respondents in the 25-34 year group were the least likely to have had a visit within the last 12 months (38.9%) and the next highest was the 18-24 age group (35.3%). Education and income levels had a positive relationship with regard to having a dental visit in the past year, that is, as education and income increased so did the likelihood of having had a dental visit in the past year. Arizonans with less than a high school education and high school graduates were less likely to have had a visit to the dentist in the past 12 months compared to those with some college or college graduates (50.1% and 39.1% respectively). Respondents with incomes under \$15,000 annually (57.9%) and \$15,000-\$24,999 (46.3%) were significantly less likely to have visited a dentist in the past year than higher income categories. Respondents who did not have a dental visit in the past year are primarily Non-White (40.6%) and Hispanic (41.4%).

References

1. Oral Health in America: A Report of the Surgeon General—Executive Summary. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.
2. Centers for Disease Control and Prevention. Improving Oral Health: Preventing Unnecessary Disease Among All Americans, At-A-Glance, 1999.
3. U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General – Executive Summary, 2000.
4. Arizona Department of Health Services. Arizona 2010: Collaborating for a Healthier Future. 2001.

2004 Arizona BRFSS: Respondents Who Did Not Visit The Dentist Or A Dental Clinic Within Past Year		
GROUPS	WEIGHTED PERCENT	UNWEIGHTED N
<u>Sex</u>		
Male	35.7	656
Female	31.1	904
<u>Age</u>		
18-24	35.3	88
25-34	38.9	263
35-44	31.8	262
45-54	31.6	288
55-64	32.5	255
65+	29.8	404
<u>Education</u>		
Less than High School	50.1	320
High School Graduate/GED	39.1	480
Some College/Tech School	28.6	428
College Grad	25.4	329
<u>Income</u>		
<\$15,000	57.9	291
\$15,000-\$24,999	46.3	376
\$25,000-\$34,999	36.9	233
\$35,000-\$49,999	36.0	206
≥\$50,000	20.2	253
<u>Race</u>		
White	30.4	997
Non-White	40.6	556
<u>Ethnicity</u>		
Hispanic	41.4	433
Non-Hispanic	31.1	1,124

Table I-G-1. 2004 BRFSS survey results: Respondents who did not visit the dentist or a dental clinic within the past year.

H. OBESITY (BMI)

Obesity has reached epidemic proportions among Americans in every age group. Obesity among adults has doubled since 1980. People who are overweight or obese are at greater risk for many diseases such as heart disease, high blood pressure, diabetes, arthritis-related disabilities, and some cancers.¹

According to the most recent weight guidance, more than 57% of adults in America were overweight by self-reported height and weight in 2000.¹ The body mass index (BMI) is a relationship between weight and height and is used to determine obesity and assess health risk. BMI is calculated using the following formula: $(\text{pounds} * 0.454) \div (\text{inches} * 0.0254)^2$ or (Kg/M^2) .

According to the 2004 Arizona BRFSS, 21.2%* of respondents met or exceeded the BMI standard for obesity, defined as a BMI ≥ 30.0 (Figure I-H-1). This rate represents a slight steady increase from 18.5% in 2001 to the current rate in 2004. *Healthy People 2010* Objective 19.2 set a goal of reducing obesity to a prevalence of <15% among adults 20 years of age or older.³

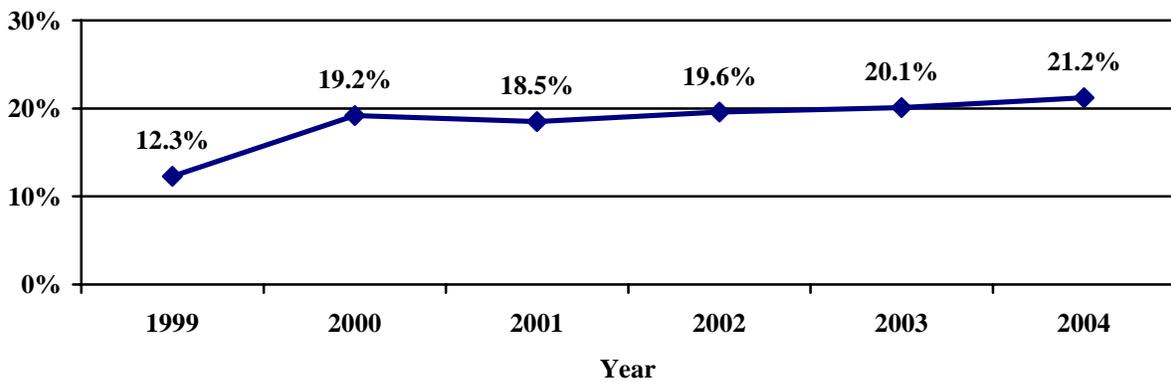


Figure I-H-1. Arizona BRFSS respondents who reported weights exceeding BMI limits of obesity. *Healthy People 2010* Objective 19.2 is less than 15.0% 1999-2004.

Men were more likely to be obese (22.2%) than women (20.1%). Respondents in the 45-54 age group were the most likely to be obese (25.5%) while the 55-64 age group were next most likely (23.7%). Those with some college or technical school were most likely to be obese (24.0%) and the highest group were respondents with a high school education (23.5%). Regarding income, the group most likely to be obese were those with incomes \$35,000 - \$49,999 (26.5%) with the least likely occurring among Arizonans with incomes of at least \$50,000 (18.3%). Non-Whites were more likely to be obese (26.4%) than Whites (18.9%). Hispanics (26.7%) were more likely to be obese than Non-Hispanics (19.7%). It will be important to focus efforts to reduce overweight and obesity on all segments of the Arizona population.

* 95% Confidence Interval: 18.9%-23.4%.

References

1. The Burden of Chronic Diseases and Their Risk Factors: National and State Perspectives. CDC. 2002.
2. U.S. Department of Health and Human Services. *Healthy People 2010: Understanding and Improving Health*. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.

2004 Arizona BRFSS: Respondents Classified As Obese		
GROUPS	WEIGHTED PERCENT	UNWEIGHTED N
Sex		
Male	22.2	387
Female	20.1	605
Age		
18-24	15.8	38
25-34	21.9	169
35-44	21.8	167
45-54	25.5	211
55-64	23.7	183
65+	17.8	224
Education		
Less than High School	21.1	157
High School Graduate/GED	23.5	306
Some College/Tech School	24.0	297
College Grad	16.7	231
Income		
<\$15,000	19.4	134
\$15,000-\$24,999	21.8	219
\$25,000-\$34,999	21.7	130
\$35,000-\$49,999	26.5	169
≥\$50,000	18.3	231
Race		
White	18.9	589
Non-White	26.4	398
Ethnicity		
Hispanic	26.7	292
Non-Hispanic	19.7	699

Table I-H-1. 2004 BRFSS results: Respondents classified as obese, defined as BMI ≥ 30.0.

I. ROUTINE MAMMOGRAPHY

Studies illustrate that early detection of breast and cervical cancers saves lives. Timely mammography screening of women 40 years of age or older could reduce breast cancer mortality by approximately 16% compared with women who are not screened.¹ The key to reduction in breast cancer mortality is dependent upon successful treatments and early detection. Routine mammography is a critical tool for breast cancer detection. Currently, the American Cancer Society recommends mammography for women at least 40 years of age, while the National Cancer Institute recommends that women discuss mammography with their physician. The benefit of obtaining routine mammograms is the ability of this test to detect tumors smaller than would be detectable using a breast self-exam. Small tumors are more likely to be associated with an early stage of breast cancer and therefore respond better to treatment.

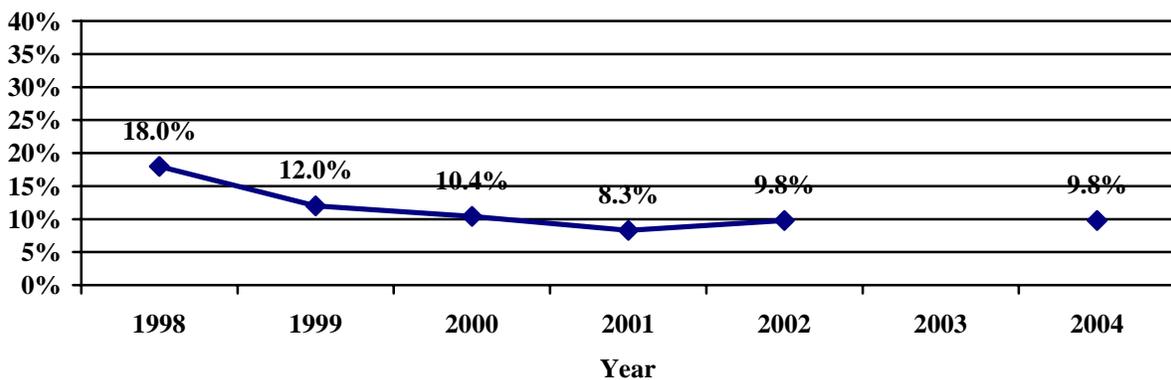


Figure I-I-1. Percentage of Arizona BRFSS female respondents 40 years of age or older who reported they never had a mammogram (no data collected in 2003). Healthy People 2010 Objective 3.14 is 70.0% of women \geq 40 years of age having a mammogram.

Analysis of the 2004 Arizona BRFSS showed that 9.8% of females 40 years of age or older responded that they had never had a mammogram.

Table I-I-1 shows that women in the 40-44 age group were the least likely to have had a mammogram (27.3%). Women in the 65+ age group were the most likely to have had a mammogram; only 4.8% indicated they had not had one. Women with less than a high school education were less likely to have had the exam (14.6%) and respondents with a college education were most likely to have had one (7.6%). Women with incomes \$35,000 to \$49,999 annually were more than four times less likely to have had a mammogram compared to those with incomes greater than or equal to \$50,000 (16.8% compared to 3.5%). White women were more than twice as likely to have had a mammogram as Non-Whites (8.2% and 17.5% respectively). Hispanics were more than twice less likely (18.6%) than Non-Hispanics (8.6%) to have had mammography. Like other health behaviors, efforts to increase mammography must be emphasized to all segments of Arizona's female population.

Reference

1. Fact Sheet: The National Breast and Cervical Cancer Early Detection Program. Centers for Disease Control and Prevention, 2004.
2. Facione NC, Dodd MJ, Holzemer W, Meleis AI. Helpseeking for Self-Discovered Breast Symptoms. Implications for Early Detection. Cancer Pract., 1997; 5(4): 220-227.

2004 Arizona BRFSS: Female Respondents Age 40+ Who Have Never Had A Mammogram		
GROUPS	WEIGHTED PERCENT	UNWEIGHTED N
Sex		
Male	N/A	N/A
Female	9.8	213
Age		
18-24	N/A	N/A
25-39	N/A	N/A
40-44	27.3	73
45-54	7.2	57
55-64	7.3	31
65+	4.8	52
Education		
Less than High School	14.6	41
High School Graduate/GED	9.3	60
Some College/Tech School	10.1	66
College Grad	7.6	44
Income		
<\$15,000	9.3	27
\$15,000-\$24,999	9.4	51
\$25,000-\$34,999	12.2	29
\$35,000-\$49,999	16.8	37
≥\$50,000	3.5	25
Race		
White	8.2	138
Non-White	17.5	73
Ethnicity		
Hispanic	18.6	56
Non-Hispanic	8.6	157

Table I-I-1. 2004 BRFSS results: Female respondents 40+ years of age, who reported that they never had a mammogram. N/A=Not applicable. *=Cell size < 8.

J. PROSTATE CANCER SCREENING

The two most common tests used by doctors are the digital rectal exam and the prostate specific antigen test. The Digital Rectal Exam (DRE) has been recommended for years as a screening test for prostate cancer, yet it is limited in its ability to detect prostate cancer, or distinguish a cancer from something else. The Prostate-Specific Antigen (PSA) is a blood test that measures the PSA enzyme. The PSA test is limited in its ability to distinguish between a benign and cancerous tumor and other conditions, e.g., prostatitis (inflammation of the prostate).¹

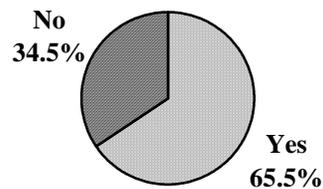


Figure I-J-1. Responses of males ages 40+ to the 2004 Arizona BRFSS question: Have you ever had a PSA blood test?

Male respondents who were at least 40 years of age were surveyed on whether they had a Prostate Specific Antigen (PSA) blood test. Almost 35%* responded that they had not had a PSA blood test (Figure I-J-1).

There was a positive relationship regarding age and education with regards to having a PSA blood test. Men in the younger age groups were less likely to have had the PSA test (68.3% of men 40-44 years old followed by 51.3% of men 45-54 years old). Arizona men with less than a high school education were least likely (58.5%) followed by those with a high school education (39.4%) to have had this test. Respondents with the lowest income level were less likely to have had the test (48.3%) followed by respondents with incomes of \$35,000-\$49,999 annually (37.7%). Test taking differed significantly by race, Non-White respondents were much less likely to have the test than Whites (56.1% and 29.2% respectively). Non-Hispanics were almost twice as likely to have had the test (30.2%) than Hispanics (59.1%).

* 95% Confidence Interval: 29.8%-39.1%.

References

1. Prostate Cancer: The Public Health Perspective, Centers for Disease Control and Prevention, 2002.

2004 Arizona BRFSS: Male Respondents Who Have Not Had A PSA Test		
GROUPS	WEIGHTED PERCENT	UNWEIGHTED N
<u>Sex</u>		
Male	34.5	389
Female	N/A	N/A
<u>Age</u>		
18-24	N/A	N/A
25-39	N/A	N/A
40-44	68.3	93
45-54	51.3	147
55-64	19.7	84
65+	9.1	65
<u>Education</u>		
Less than High School	58.5	66
High School Graduate/GED	39.4	107
Some College/Tech School	36.9	114
College Grad	24.5	102
<u>Income</u>		
<\$15,000	48.3	58
\$15,000-\$24,999	35.5	75
\$25,000-\$34,999	33.1	54
\$35,000-\$49,999	37.7	50
≥\$50,000	32.8	123
<u>Race</u>		
White	29.2	263
Non-White	56.1	124
<u>Ethnicity</u>		
Hispanic	59.1	95
Non-Hispanic	30.2	293

Table I-J-1. 2004 BRFSS survey results: Male respondents over age 40 who have not had a PSA blood test. N/A=Not applicable.

K. COLORECTAL CANCER SCREENING

Colorectal cancer is the second leading cause of cancer-related deaths in the United States, accounting for 10% of all cancer deaths. According to estimates from the American Cancer Society 56,700 Americans will die of colorectal cancer in 2004.¹

With age comes an increasing risk of developing colorectal cancer. People at least 50 years old who suffer from inflammatory bowel disease, are overweight or physically inactive or who have a personal or family history of colorectal polyps or colorectal cancer are at higher risk. Additionally, low fruit and vegetable consumption, a diet low in fiber, alcohol consumption, and tobacco use may contribute to the risk for colorectal cancer.¹

Fecal occult blood test, flexible sigmoidoscopy and colonoscopy are utilized regularly to detect colorectal cancer in its earliest stages, when treatment is most likely to be effective. Regular colorectal cancer screening, as recommended by the U.S. Preventive Services Task Force, can reduce the number of deaths from this disease by at least 30%. In 2001, 44% of Americans at least 50 years of age reported ever having had a fecal occult blood test and 47% reported ever having had a sigmoidoscopy or colonoscopy.¹

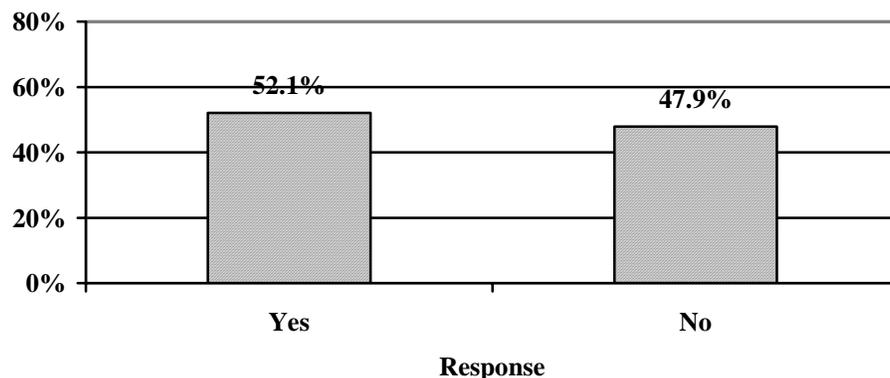


Figure I-K-1. Responses of those 50 years or older to the 2004 Arizona BRFSS question: Have you ever had a sigmoidoscopy or colonoscopy?

Respondents who were at least 50 years of age were surveyed on whether they had ever had a sigmoidoscopy and colonoscopy. Almost 48%* responded that they had not had a sigmoidoscopy or colonoscopy (Figure I-K-1).

Men were less likely than women to have had either a sigmoidoscopy or colonoscopy (49.1% and 46.9% respectively). There appears to be a positive relationship regarding age and those having either of these exams. Respondents in the younger age groups were less likely to have had a sigmoidoscopy or colonoscopy (67.9% of the 50-54 age group followed by 54.0% of those 55-64 years old). Arizonans with less than a high school education were least likely (64.8%) followed by those with some college or technical school (50.2%) to have had either of these exams. Respondents with an income level of \$15,000--\$24,999 annually were less likely to

* 95% Confidence Interval: 44.5%-51.3%.

have had a sigmoidoscopy or colonoscopy (54.5%) followed by respondents with incomes of \$35,000-\$49,999 (49.4%). Whether a respondent had either of these exams differed significantly by race and ethnicity. Non-White respondents were less likely to have the tests than Whites (61.8% and 45.6% respectively). Hispanics were less likely to have the tests (65.5%) than Non-Hispanics (45.9%).

References

1. The Burden of Chronic Diseases and Their Risk Factors: National and State Perspectives. CDC. 2004.

2004 Arizona BRFSS: Respondents Who Have Not Had A Sigmoidoscopy Or Colonoscopy		
GROUPS	WEIGHTED PERCENT	UNWEIGHTED N
Sex		
Male	49.1	434
Female	46.9	711
Age		
18-24	N/A	N/A
25-34	N/A	N/A
35-49	N/A	N/A
50-54	67.9	274
55-64	54.0	427
65+	34.4	444
Education		
Less than High School	64.8	167
High School Graduate/GED	48.4	319
Some College/Tech School	50.2	337
College Grad	41.3	320
Income		
<\$15,000	48.9	147
\$15,000-\$24,999	54.5	233
\$25,000-\$34,999	44.7	146
\$35,000-\$49,999	49.4	163
≥\$50,000	47.7	269
Race		
White	45.6	876
Non-White	61.8	263
Ethnicity		
Hispanic	65.5	200
Non-Hispanic	45.9	943

Table I-K-1. 2004 BRFSS survey results: Respondents over age 50 who have not had a sigmoidoscopy or colonoscopy. N/A=Not applicable.

**II. MODULE SURVEY RESULTS:
ANALYSIS OF HIGH-RISK GROUPS**

A. FOLIC ACID AWARENESS

Each year in the United States, approximately 4000 pregnancies are affected by neural tube defects (NTDs).¹ Studies have shown that up to 50% of neural tube defects (NTDs) such as spina bifida and anencephaly may be preventable through adequate intake of folic acid.² Folic acid is a B vitamin that helps form red blood cells and has been found to reduce the risks of certain types of birth defects, cancer, and cardiovascular disease. While folic acid is important for everyone's health, it is especially vital for women of childbearing age. The United States Public Health Service recommends that all women of childbearing age in the United States who are capable of becoming pregnant should consume 400 micrograms (mcg) of folic acid per day for the purpose of reducing their risk of having a pregnancy affected with a neural tube defect.³

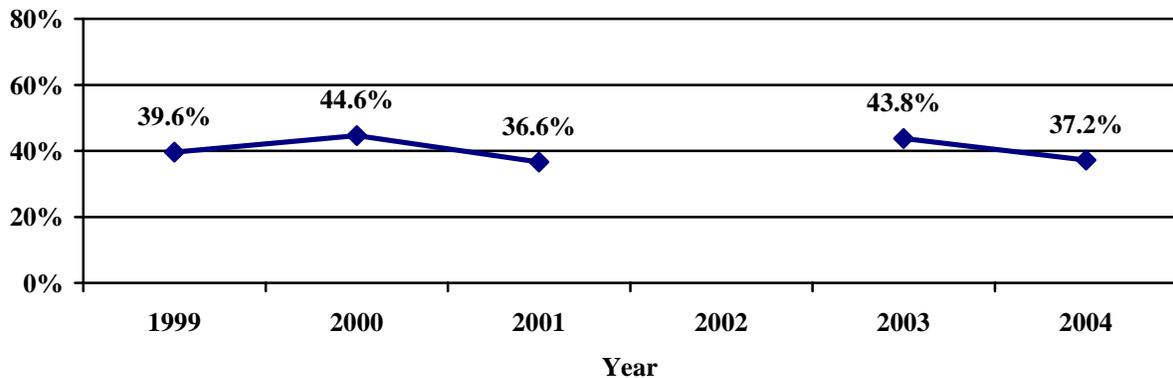


Figure II-A-1. Percentage of BRFs female respondents (18-44 years old) who reported knowing that folic acid prevents birth defects in 1999-2004 (no data collected in 2002).

Healthy Arizona 2010 has set an objective of increasing the proportion to 80% of pregnancies begun with an optimum folic acid intake (400 mcg).

Results from the 2004 BRFs showed that 62.8% of women aged 18-44 years old did not know that folic acid might prevent birth defects (Figure II-A-1). Respondents in the 35-44 age group were least likely to know of folic acid's benefits in reducing birth defects (43.0%) followed by the 18-24 age group with 37.7%. Regarding education, women with a high school education were the least likely to know of folic acid benefits in preventing NTDs (48.1%), next were those with less than a high school education (41.1%). Respondents with less than \$15,000 in annual income were least likely to know about these benefits (55.3%) followed by Arizonans making \$35,000 to \$49,999 (51.9%). A closer look at those respondents who reported not knowing that folic acid may prevent birth defects (Table II-A-1) illustrates that awareness differed among race and ethnic groups. About 40% of Non-Whites were unaware of this benefit, compared to 34.6% of Whites; 39.1% of Non-Hispanics were unaware of folic acid's protective effects compared to 33.3% of Hispanics. These results suggest a continued need to educate Arizona residents about folic acid and the role it plays in producing healthy babies.

References

1. Centers for Disease Control and Prevention. CDC Surveillance Summaries, August 8, 1997. MMWR 1997; 46 (No. 31).
2. Rayburn WF, Stanley JR, Garrett ME. Periconceptional folate intake and neural tube defects. Journal of the American College of Nutrition 15(2): 121-5, 1996.
3. Centers for Disease Control and Prevention. CDC Surveillance Summaries, April 30, 1999. MMWR 1999; 48 (No. 16).

2004 Arizona BRFSS		
Prevalence Of Women (18-44) Who Did Not Know That Folic Acid Prevented Birth Defects		
GROUPS	WEIGHTED PERCENT	UNWEIGHTED N
Sex		
Male	N/A	N/A
Female	37.2	351
Age		
18-24	37.7	52
25-34	30.5	121
35-44	43.0	172
45-54	N/A	N/A
55-64	N/A	N/A
65+	N/A	N/A
Education		
Less than High School	41.1	62
High School Graduate/GED	48.1	105
Some College/Tech School	36.3	105
College Grad	28.6	78
Income		
<\$15,000	55.3	57
\$15,000-\$24,999	39.1	78
\$25,000-\$34,999	34.1	45
\$35,000-\$49,999	51.9	65
≥\$50,000	25.6	76
Race		
White	34.6	163
Non-White	40.2	185
Ethnicity		
Hispanic	33.3	142
Non-Hispanic	39.1	208

Table II-A-1. 2004 BRFSS survey results: Prevalence of women (18-44) who did not know that folic acid prevented birth defects. N/A =Not applicable.

B. ARTHRITIS

Arthritis and other rheumatic conditions affect nearly 43 million Americans or about one out of six people. Arthritis is the leading cause of disability in the United States, encompassing more than 100 diseases that affect the joints, the tissues surrounding the joints, and other connective tissue. Arthritis and its related disability are increasing. In 2020, an estimated 60 million Americans, or almost 20% of the population, will be affected by arthritis, and nearly 12 million will experience activity limitations. The pain and disability that accompany arthritis can be reduced through early diagnosis and proper management, including weight control, physical activity, and self-management programs that increase people's ability to manage their condition.¹

Arthritis results in 44 million physician visits and 750,000 hospitalizations in the United States annually. The estimated total cost associated with arthritis (including medical care and lost productivity) exceeds \$65 billion annually.¹

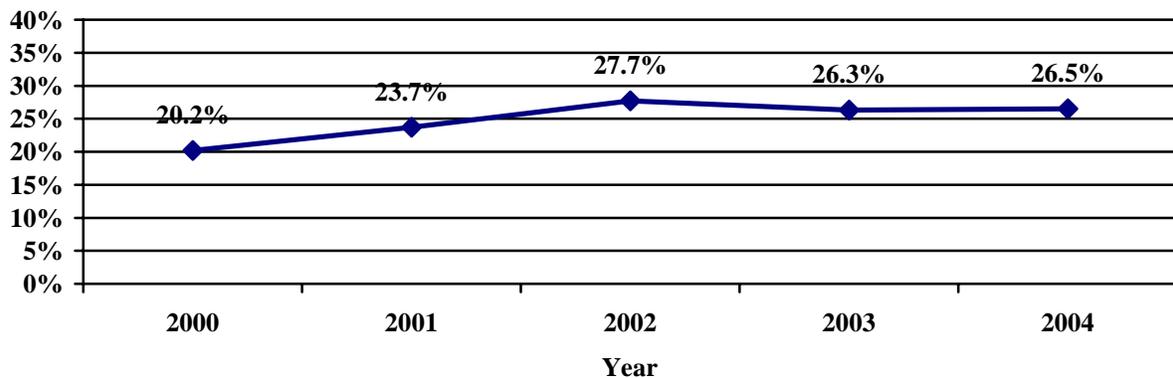


Figure II-B-1: 2000-2004 Percentage of Arizona BRFSS respondents reported being told by a doctor that they have arthritis.

Over one-quarter (26.5%*) of adult Arizonans have been told by a doctor that they have arthritis. More women than men have been told they have arthritis (29.5% vs. 23.4%). As expected, there is a positive relationship with regards to age, as age increases so does the percentage of people being told they have arthritis. Those over age 65 were highest (55.3%) followed by those in the 55-64 age group (44.0%). Respondents with some college or technical school were the most likely to be told they have arthritis (33.2%); next were those with a high school education (30.0%). Less than one-third of Arizonans with incomes from \$25,000 to \$34,999 (30.8%) reported being told they have arthritis, followed by those earning less than \$15,000 annually with 29.2%. However, arthritis affected Non-Whites less than White respondents: 31.8% of White respondents were diagnosed with arthritis compared to 14.0% of Non-Whites, Non-Hispanics were considerably more likely than Hispanics to be diagnosed with arthritis (30.6% and 12.0% respectively).

Increasing the length of healthy life for all Americans is one of the objectives contained in the *Healthy People 2010* program. The combination of public health programs, improved social

* 95% Confidence Interval: 24.3%-28.7%.

conditions, and private medical care, have contributed to the lengthening of life expectancy from 47 years in 1900 to 75 years in 1989. However, increased life expectancy has included periods of lower health-related quality of life for some people.²

The 2004 Arizona BRFSS asked respondents if they are limited in any activities because of arthritis or joint symptoms. About 30% responded that their activities are limited because of arthritis or joint symptoms.

References

1. The Burden of Chronic Diseases and Their Risk Factors: National and State Perspectives. CDC. 2002.
2. Centers for Disease Control and Prevention. CDC Surveillance Summaries, May 27, 1994 MMWR 1994 43 (No. 20).

2004 Arizona BRFSS: Respondents Reporting Being Told They Have Arthritis		
GROUPS	WEIGHTED PERCENT	UNWEIGHTED N
Sex		
Male	23.4	511
Female	29.5	954
Age		
18-24	6.9	16
25-34	8.2	59
35-44	18.4	132
45-54	28.6	258
55-64	44.0	339
65+	55.3	661
Education		
Less than High School	16.8	167
High School Graduate/GED	30.0	425
Some College/Tech School	33.2	485
College Grad	21.9	387
Income		
<\$15,000	29.2	201
\$15,000-\$24,999	28.6	304
\$25,000-\$34,999	30.8	207
\$35,000-\$49,999	26.3	225
≥\$50,000	22.8	322
Race		
White	31.8	1,188
Non-White	14.0	268
Ethnicity		
Hispanic	12.0	194
Non-Hispanic	30.6	1,264

Table II-B-1. 2004 BRFSS results: Respondents reporting being told they have arthritis.

**III. STATE-ADDED QUESTIONS SURVEY:
ANALYSIS OF HIGH-RISK GROUPS**

A. FRUIT AND VEGETABLE CONSUMPTION

Good nutrition, including a diet low in saturated fats and including at least five servings of fruits and vegetables each day, plays a key role in maintaining good health. Improving the American diet could extend the productive life span of Americans and reduce the occurrence of chronic diseases, including heart disease, stroke, some types of cancers, diabetes, and osteoporosis.¹

It has been known for many years that diet plays a large role in the quality of long-term health. Among adults who do not drink excessively or smoke, diet is the most significant controllable risk factor that determines their health status. It is widely accepted that a significant percentage of all cancer deaths can be attributed to poor dietary habits.

One of the most important dietary habits is the consumption of at least five servings of fruits and vegetables per day. Analysis of the 2004 Arizona BRFSS showed that 77.9% of respondents reported that they consume less than five servings of fruits and vegetables per day (Figure III-A-1). This falls short of *Healthy Arizona 2010* Objective 2.1, which stresses the importance of vegetable consumption and sets a target of increasing the proportion of Arizonans aged two years and older who consume at least two daily servings of fruit and at least three daily servings of vegetables (with at least one-third being dark green or deep yellow vegetables) to at least 50%.²

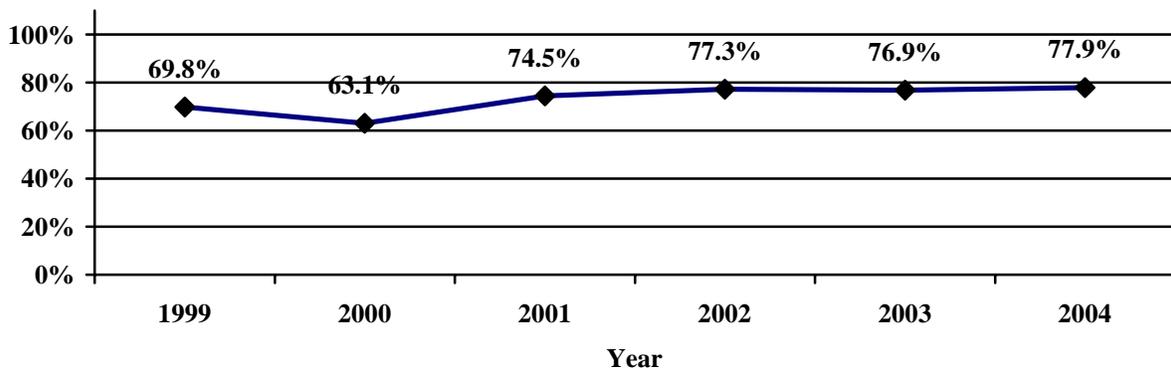


Figure III-A-1. Percentage of Arizona BRFSS respondents who reported that they consume less than five servings of fruits and vegetables per day in 1999-2004.

Males (85.9%) were much less likely to consume less than five servings of fruits and vegetables per day than females (70.2%). Respondents aged 18-24 were least likely to eat five or more servings of fruits and vegetables (86.1%) followed by persons 25-34 years (82.2%). Respondents who were high school graduates were less likely (83.3%) to eat at least five servings of fruits and vegetables followed by less than a high school education (82.8%). Arizonans making less than \$15,000 annually had the highest percentage of people who did not eat five or more servings of fruits and vegetables (78.5%) followed by the \$35,000-\$49,999 category (78.1%). White respondents were more likely to eat five servings each day (77.7%) than Non-White respondents (78.1%). Regarding ethnicity, Hispanics (79.8%) were less likely to eat five or more servings of fruits and vegetables than Non-Hispanics (77.3%).

References

1. The Burden of Chronic Diseases and Their Risk Factors: National and State Perspectives. CDC. 2002.
2. Department of Health Services. Arizona 2010: Collaborating for a Healthier Future. 2001.

2004 Arizona BRFSS: Respondents Not Consuming At Least Five Servings Of Fruits And Vegetables Per Day		
GROUPS	WEIGHTED PERCENT	UNWEIGHTED N
Sex		
Male	85.9	1,367
Female	70.2	1,981
Age		
18-24	86.1	204
25-34	82.2	517
35-44	76.5	590
45-54	78.6	647
55-64	75.3	560
65+	69.4	830
Education		
Less than High School	82.8	451
High School Graduate/GED	83.3	973
Some College/Tech School	77.1	1,008
College Grad	71.7	911
Income		
<\$15,000	78.5	397
\$15,000-\$24,999	77.5	626
\$25,000-\$34,999	74.3	447
\$35,000-\$49,999	78.1	506
≥\$50,000	77.0	924
Race		
White	77.7	2,321
Non-White	78.1	1,009
Ethnicity		
Hispanic	79.8	786
Non-Hispanic	77.3	2,556

Table III-A-1. 2004 BRFSS survey results: Respondents who reported that they did not consume at least five servings of fruits and vegetables per day.

B. PHYSICAL ACTIVITY - CATEGORIES

Physical inactivity and its related health problems have significant economic consequences for the U.S. health care system. In the long term, physical inactivity threatens to reverse the decades-long progress that has been made in reducing the morbidity and mortality related with many chronic conditions, for example, cardiovascular disease. A physically inactive population is at medical and financial risk for many chronic diseases and conditions including heart disease, stroke, colon cancer, diabetes, obesity, and osteoporosis.¹

Regular physical activity greatly reduces the risk of dying of heart disease, the nation's leading cause of death, and decreases the risk for colon cancer, diabetes, and high blood pressure. It also helps to control weight; contributes to healthy bones, muscles, and joints; helps to relieve the pain of arthritis; reduces symptoms of anxiety and depression; and can decrease the need for hospitalizations, physician visits, and medications. Moreover, physical activity need not be strenuous to be beneficial; people of all ages benefit from moderate physical activity, such as 30 minutes of brisk walking at least five times a week.² Regular exercise also can contribute to the functional independence of the elderly and improves the quality of life for people of all ages.³

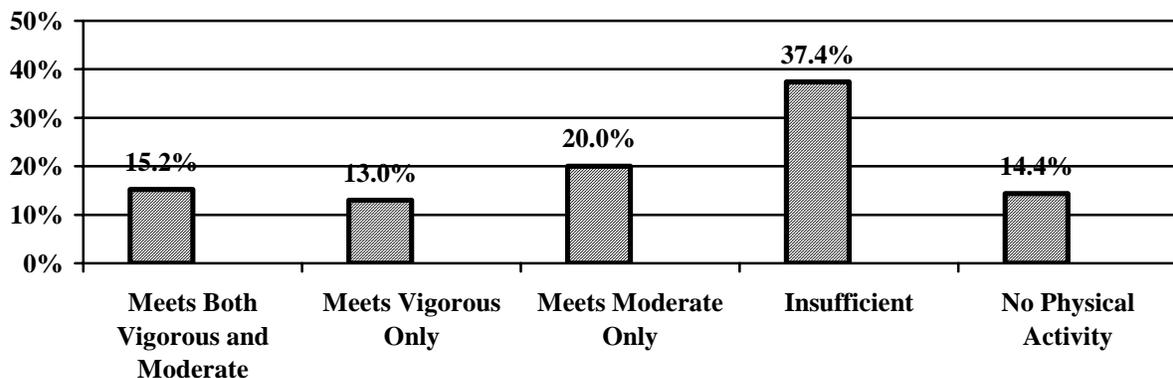


Figure III-B-1. Arizona BRFSS respondents' reported physical activity according to CDC guidelines for both moderate or vigorous activity categories.

Analysis of the 2004 Arizona BRFSS data indicated that 51.8% of all respondents reported insufficient activity for both moderate and vigorous physical activity categories. (Figure III-B-1).

There was no significant differences between males and females (51.7% and 51.9% respectively) in reporting either no physical activity or insufficient levels of both moderate and vigorous physical activity categories. Regarding age, Arizonans 65+ years were most likely to report insufficient or no activity (59.4%) and the next largest category were respondents 55-64 years (57.3%). Respondents with less than a high school education (62.5%) were most likely to report insufficient or no physical activity followed by respondents with a high school education (55.7%). Arizonans with incomes less than \$15,000 annually were the most likely to report insufficient or no physical activity (61.8%). The next highest group were those making less than \$15,000 to \$24,999 (54.5%). Non-White Arizonans were more likely to lack sufficient physical activity (58.9%), compared to White respondents (49.0%). Regarding ethnicity, Hispanics were higher (62.0%) than Non-Hispanics (48.9%).

References

1. U.S. Department of Health and Human Services. Physical Activity Fundamental To Preventing Disease, June 2002.
2. U.S. Department of Health and Human Services. The Burden of Chronic Diseases and Their Risk Factors: National and State Perspectives, February 2002.
3. Katz S, Branch LG, Branson MH, et al., Active Life Expectancy. N Engl J Med, 1983; 309: 1218-1224.

2004 Arizona BRFSS: Arizona respondents who reported doing insufficient moderate or vigorous physical activity to meet recommendations, or respondents that report doing no moderate or vigorous physical activity.		
GROUPS	WEIGHTED PERCENT	UNWEIGHTED N
Sex		
Male	51.7	768
Female	51.9	1,371
Age		
18-24	45.6	110
25-34	50.3	290
35-44	45.3	334
45-54	53.6	398
55-64	57.3	397
65+	59.4	610
Education		
Less than High School	62.5	344
High School Graduate/GED	55.7	623
Some College/Tech School	50.3	632
College Grad	45.2	535
Income		
<\$15,000	61.8	291
\$15,000-\$24,999	54.5	432
\$25,000-\$34,999	47.0	307
\$35,000-\$49,999	53.4	326
≥\$50,000	44.8	502
Race		
White	49.0	1,421
Non-White	58.9	708
Ethnicity		
Hispanic	62.0	569
Non-Hispanic	48.9	1,565

Table III-B-1. 2004 BRFSS results: Arizona respondents who reported doing insufficient moderate or vigorous physical activity to meet recommendations, or respondents that report doing no moderate or vigorous physical activity in Fig III-B-1.

APPENDIX I: ARIZONA RESPONDENT PROFILE

2004 Arizona Respondent Profile		
GROUPS	WEIGHTED PERCENTAGE	UNWEIGHTED N
<u>Sex</u>		
Male	49.5	1,767
Female	50.5	2,952
<u>Age</u>		
18-24	13.6	275
25-34	19.1	697
35-44	19.3	810
45-54	17.4	881
55-64	12.8	805
65+	17.7	1,251
<u>Education</u>		
Less than High School	14.0	613
High School Graduate or GED	26.7	1,301
Some College or Tech School	27.6	1,401
College Grad	21.6	1,396
<u>Income</u>		
< \$15,000	7.8	556
\$15,000-\$24,999	17.2	884
\$25,000-\$34,999	12.0	632
\$35,000-\$49,999	16.0	732
≥\$50,000	32.5	1,272
Unknown/Refused	14.5	643
<u>Race</u>		
White	69.5	3,250
Non-White	29.9	1,436
<u>Ethnicity</u>		
Hispanic	22.3	1,107
Non-Hispanic	77.5	3,598

Source: 2004 Arizona BRFSS Sample

APPENDIX II: 2004 ARIZONA BRFSS QUESTIONS LISTING

CORE SECTIONS

Section 1: Health Status
Section 2: Healthy Days – Health-related Quality of Life
Section 3: Health Care Access
Section 4: Exercise
Section 5: Environmental Factors
Section 6: Excess Sun Exposure
Section 7: Tobacco Use
Section 8: Alcohol Consumption
Section 9: Asthma
Section 10: Diabetes
Section 11: Oral Health
Section 12: Immunization
Section 13: Demographics
Section 14: Veteran’s Status
Section 15: Women’s Health
Section 16: Prostate Cancer Screening
Section 17: Colorectal Cancer Screening
Section 18: Family Planning
Section 19: Disability
Section 20: HIV/AIDS
Section 21: Firearms

OPTIONAL MODULES

Module 1: Diabetes
Module 9: Adult Asthma History
Module 10: Childhood Asthma
Module 13: Folic Acid
Module 15: Smoking Cessation
Module 16: Secondhand Smoke Policy
Module 17: Arthritis Burden
Module 18: Arthritis Management

STATE ADDED QUESTIONS

Section 1: Fruits and Vegetables
Section 2: Physical Activity
Section 3: Oral Health
Section 4: Cardiovascular Disease
Section 5: Family Planning

APPENDIX III: 2004 ARIZONA QUESTIONNAIRE

<p>Section 1: Health Status</p> <p>1.1. Would you say that in general your health is:</p> <table border="0"> <tr><td>Excellent</td><td>1</td></tr> <tr><td>Very good</td><td>2</td></tr> <tr><td>Good</td><td>3</td></tr> <tr><td>Fair</td><td>4</td></tr> <tr><td>Poor</td><td>5</td></tr> <tr><td>Don't know/Not sure</td><td>7</td></tr> <tr><td>Refused</td><td>9</td></tr> </table>	Excellent	1	Very good	2	Good	3	Fair	4	Poor	5	Don't know/Not sure	7	Refused	9	<p>3.3. Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?</p> <table border="0"> <tr><td>Yes</td><td>1</td></tr> <tr><td>No</td><td>2</td></tr> <tr><td>Don't know/Not sure</td><td>7</td></tr> <tr><td>Refused</td><td>9</td></tr> </table>	Yes	1	No	2	Don't know/Not sure	7	Refused	9				
Excellent	1																										
Very good	2																										
Good	3																										
Fair	4																										
Poor	5																										
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Refused	9																										
Yes	1																										
No	2																										
Don't know/Not sure	7																										
Refused	9																										
<p>Section 2: Healthy Days</p> <p>2.1. 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?</p> <table border="0"> <tr><td>Number of days</td><td>—</td><td>—</td></tr> <tr><td>None</td><td>8</td><td>8</td></tr> <tr><td>Don't know/Not sure</td><td>7</td><td>7</td></tr> <tr><td>Refused</td><td>9</td><td>9</td></tr> </table>	Number of days	—	—	None	8	8	Don't know/Not sure	7	7	Refused	9	9	<p>Section 4: Exercise</p> <p>4.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?</p> <table border="0"> <tr><td>Yes</td><td>1</td></tr> <tr><td>No</td><td>2</td></tr> <tr><td>Don't know/Not sure</td><td>7</td></tr> <tr><td>Refused</td><td>9</td></tr> </table>	Yes	1	No	2	Don't know/Not sure	7	Refused	9						
Number of days	—	—																									
None	8	8																									
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Refused	9	9																									
Yes	1																										
No	2																										
Don't know/Not sure	7																										
Refused	9																										
<p>2.2. 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?</p> <table border="0"> <tr><td>Number of days</td><td>—</td><td>—</td></tr> <tr><td>None</td><td>8</td><td>8</td></tr> <tr><td>Don't know/Not sure</td><td>7</td><td>7</td></tr> <tr><td>Refused</td><td>9</td><td>9</td></tr> </table>	Number of days	—	—	None	8	8	Don't know/Not sure	7	7	Refused	9	9	<p>Section 5: Environmental Factors</p> <p>5.1. Things like dust, mold, smoke and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptoms that you think was caused by something in the air inside a home, office, or other building?</p> <table border="0"> <tr><td>Yes</td><td>1</td></tr> <tr><td>No</td><td>2</td></tr> <tr><td>Don't know/Not sure</td><td>7</td></tr> <tr><td>Refused</td><td>9</td></tr> </table>	Yes	1	No	2	Don't know/Not sure	7	Refused	9						
Number of days	—	—																									
None	8	8																									
Don't know/Not sure	7	7																									
Refused	9	9																									
Yes	1																										
No	2																										
Don't know/Not sure	7																										
Refused	9																										
<p>2.3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?</p> <table border="0"> <tr><td>Number of days</td><td>—</td><td>—</td></tr> <tr><td>None</td><td>8</td><td>8</td></tr> <tr><td>Don't know/Not sure</td><td>7</td><td>7</td></tr> <tr><td>Refused</td><td>9</td><td>9</td></tr> </table>	Number of days	—	—	None	8	8	Don't know/Not sure	7	7	Refused	9	9	<p>5.2. Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptoms that you think was caused by pollution in the air outdoors?</p> <table border="0"> <tr><td>Yes</td><td>1</td></tr> <tr><td>No</td><td>2</td></tr> <tr><td>Don't know/Not sure</td><td>7</td></tr> <tr><td>Refused</td><td>9</td></tr> </table>	Yes	1	No	2	Don't know/Not sure	7	Refused	9						
Number of days	—	—																									
None	8	8																									
Don't know/Not sure	7	7																									
Refused	9	9																									
Yes	1																										
No	2																										
Don't know/Not sure	7																										
Refused	9																										
<p>Section 3: Health Care Access</p> <p>3.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?</p> <table border="0"> <tr><td>Yes</td><td>1</td></tr> <tr><td>No</td><td>2</td></tr> <tr><td>Don't know/Not sure</td><td>7</td></tr> <tr><td>Refused</td><td>9</td></tr> </table>	Yes	1	No	2	Don't know/Not sure	7	Refused	9	<p>Section 6: Excess Sun Exposure</p> <p>6.1. Have you had a sunburn within the past 12 months?</p> <table border="0"> <tr><td>Yes</td><td>1</td></tr> <tr><td>No</td><td>2</td></tr> <tr><td>Don't know/Not sure</td><td>7</td></tr> <tr><td>Refused</td><td>9</td></tr> </table>	Yes	1	No	2	Don't know/Not sure	7	Refused	9										
Yes	1																										
No	2																										
Don't know/Not sure	7																										
Refused	9																										
Yes	1																										
No	2																										
Don't know/Not sure	7																										
Refused	9																										
<p>3.2. Do you have one person you think of as your personal doctor or health care provider?</p> <table border="0"> <tr><td>Yes, only one</td><td>1</td></tr> <tr><td>More than one</td><td>2</td></tr> <tr><td>No</td><td>3</td></tr> <tr><td>Don't know/Not sure</td><td>7</td></tr> <tr><td>Refused</td><td>9</td></tr> </table>	Yes, only one	1	More than one	2	No	3	Don't know/Not sure	7	Refused	9	<p>6.2. Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?</p> <table border="0"> <tr><td>One</td><td>1</td></tr> <tr><td>Two</td><td>2</td></tr> <tr><td>Three</td><td>3</td></tr> <tr><td>Four</td><td>4</td></tr> <tr><td>Five</td><td>5</td></tr> <tr><td>Six or more</td><td>6</td></tr> <tr><td>Don't know/Not sure</td><td>7</td></tr> <tr><td>Refused</td><td>9</td></tr> </table>	One	1	Two	2	Three	3	Four	4	Five	5	Six or more	6	Don't know/Not sure	7	Refused	9
Yes, only one	1																										
More than one	2																										
No	3																										
Don't know/Not sure	7																										
Refused	9																										
One	1																										
Two	2																										
Three	3																										
Four	4																										
Five	5																										
Six or more	6																										
Don't know/Not sure	7																										
Refused	9																										

APPENDIX III: 2004 ARIZONA QUESTIONNAIRE

<p>Section 7: Tobacco Use</p> <p>7.1. Have you smoked at least 100 cigarettes in your entire life?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	<p>9.2. Do you still have asthma?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>
<p>7.2. Do you now smoke cigarettes every day, some days, or not at all?</p> <p>Every day 1 Some days 2 Not at all 3 Refused 9</p>	
<p>7.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	<p>Section 10: Diabetes</p> <p>10.1. Have you ever been told by a doctor that you have diabetes?</p> <p>Yes 1 Yes, only during pregnancy 2 No 3 Don't know/Not sure 7 Refused 9</p>
<p>Section 8: Alcohol Consumption</p> <p>8.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how often have you had at least one drink of any alcoholic beverage?</p> <p>Days per week 1 ___ Days per month 2 ___ No drinks in past 30 days 8 8 8 Don't know/Not sure 7 7 7 Refused 9 9 9</p>	<p>Section 11: Oral Health</p> <p>11.1. How long has it been since you last visited a dentist or a dental clinic for any reason?</p> <p>Within the past year 1 Within the past 2 years 2 Within the past 5 years 3 5 or more years ago 4 Don't know/Not sure 7 Never 8 Refused 9</p>
<p>8.2. On the days when you drank, about how many drinks did you drink on the average?</p> <p>Number of drinks ___ Don't know/Not sure 7 7 Refused 9 9</p>	
<p>8.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?</p> <p>Number of times ___ None 8 8 Don't know/Not sure 7 7 Refused 9 9</p>	<p>11.2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.</p> <p>1 to 5 1 6 or more but not all 2 All 3 Don't know/Not sure 7 None 8 Refused 9</p>
<p>8.4. During the past 30 days, how many times have you driven when you've had perhaps too much to drink?</p> <p>Number of times ___ None 8 8 Don't know/Not sure 7 7 Refused 9 9</p>	
<p>Section 9: Asthma</p> <p>9.1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	

APPENDIX III: 2004 ARIZONA QUESTIONNAIRE

<p>11.3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?</p> <p>Within the past year 1 Within the past 2 years 2 Within the past 5 years 3 5 or more years ago 4 Don't know/Not sure 7 Never 8 Refused 9</p>	<p>13.4. Which one of these groups would you say best represents your race?</p> <p>White 1 Black/African American 2 Asian 3 Native Hawaiian/Other Pacific Islander 4 American Indian, Alaska Native 5 Other 6 Don't know/Not sure 7 Refused 9</p>
<p>Section 12: Immunization</p> <p>12.1. During the past 12 months, have you had a flu shot?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	<p>13.5. Are you:</p> <p>Married 1 Divorced 2 Widowed 3 Separated 4 Never been married 5 Member of an unmarried couple 6 Refused 9</p>
<p>12.2. During the past 12 months, have you had a flu vaccine that was sprayed in your nose?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	<p>13.6. How many children less than 18 years of age live in your household ?</p> <p>Number of children — —</p> <p>None 8 8 Refused 9 9</p>
<p>12.3. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	<p>13.7. What is the highest grade or year of school you completed?</p> <p>≤ Kindergarten 1 Elementary 2 Some high school 3 High school graduate 4 Some college/tech school 5 College graduate 6 Refused 9</p>
<p>Section 13: Demographics</p> <p>13.1. What is your age</p> <p>Code age in years — —</p> <p>Don't know/Not sure 0 7 Refused 0 9</p>	<p>13.8. Are you currently:</p> <p>Employed for wages 1 Self-employed 2 Out of work for more than 1 year 3 Out of work for less than 1 year 4 Homemaker 5 Student 6 Retired 7 Unable to work 8 Refused 9</p>
<p>13.2. Are you Hispanic or Latino?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	
<p>13.3. Which one or more of the following would you say is your race?</p> <p>White 1 Black/African American 2 Asian 3 Native Hawaiian/Other Pacific Islander 4 American Indian, Alaska Native 5 Other 6 Don't know/Not sure 7 Refused 9</p>	<p>13.9. Is your annual household income from all sources:</p> <p>< \$10,000 01 \$10,000 to < \$15,000 02 \$15,000 to < \$20,000 03 \$20,000 to < \$25,000 04 \$25,000 to < \$35,000 05 \$35,000 to < \$50,000 06 \$50,000 to < \$75,000 07 ≤ \$75,000 08 Don't know/Not sure 77 Refused 99</p>

APPENDIX III: 2004 ARIZONA QUESTIONNAIRE

<p>13.10. About how much do you weigh without shoes? Weight _____ pounds Don't know/Not sure 7 7 7 Refused 9 9 9</p>	<p>Section 14: Veteran's Status 14.1. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>
<p>13.11. About how tall are you without shoes? Height _____ ft/inches Don't know/Not sure 7 7 7 Refused 9 9 9</p>	<p>14.2. Which of the following best describes your service in the United States military? Currently on active duty 1 Currently in a National Guard or Reserve unit 2 Retired from military service 3 Medically discharged from military service 4 Discharged from military service 5 Don't know/Not sure 7 Refused 9</p>
<p>13.12. What county do you live in? FIPS county code _____ Don't know/Not sure 7 7 7 Refused 9 9 9</p>	<p>14.3. In the last 12 months have you received some or all of your health care from VA facilities? Yes, all of my health care 1 Yes, some of my health care 2 No, no VA health care received 3 Don't know/Not sure 7 Refused 9</p>
<p>13.13. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	<p>Section 15: Women's Health 15.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>
<p>13.14. How many of these are residential numbers? Residential phone numbers _____ Don't know/Not sure 7 Refused 9</p>	<p>15.2. How long has it been since you had your last mammogram? Within the past year 1 Within the past 2 years 2 Within the past 3 years 3 Within the past 5 years 4 5 or more years ago 5 Don't know/Not sure 7 Refused 9</p>
<p>13.15. During the past 12 months, has your household been without telephone service for 1 week or more? Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	<p>15.3. A clinical breast exam is when a doctor or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>
<p>13.16. Indicate sex of respondent Male 1 Female 2</p>	<p>15.4. How long has it been since your last breast exam? Within the past year 1 Within the past 2 years 2 Within the past 3 years 3 Within the past 5 years 4 5 or more years ago 5 Don't know/Not sure 7 Refused 9</p>
<p>13.17. To your knowledge, are you now pregnant? Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	

APPENDIX III: 2004 ARIZONA QUESTIONNAIRE

<p>15.5. A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	
<p>15.6. How long has it been since you had your last Pap test?</p> <p>Within the past year 1 Within the past 2 years 2 Within the past 3 years 3 Within the past 5 years 4 5 or more years ago 5 Don't know/Not sure 7 Refused 9</p>	<p>Section 17: Colorectal Cancer Screening</p> <p>17.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>
<p>15.7. Have you had a hysterectomy?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	<p>17.2. How long has it been since you had your last blood stool test using a home kit?</p> <p>Within the past year 1 Within the past 2 years 2 Within the past 5 years 3 5 or more years ago 4 Don't know/Not sure 7 Refused 9</p>
<p>Section 16: Prostate Cancer Screening</p> <p>16.1. A prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	<p>17.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>
<p>16.2. How long has it been since you had your last PSA test?</p> <p>Within the past year 1 Within the past 2 years 2 Within the past 3 years 3 Within the past 5 years 4 5 or more years ago 5 Don't know/Not sure 7 Refused 9</p>	<p>17.4. How long has it been since you had your last sigmoidoscopy or colonoscopy?</p> <p>Within the past year 1 Within the past 2 years 2 Within the past 5 years 3 Within the past 10 years 4 10 or more years ago 5 Don't know/Not sure 7 Refused 9</p>
<p>16.4. How long has it been since your last digital rectal exam?</p> <p>Within the past year 1 Within the past 2 years 2 Within the past 3 years 3 Within the past 5 years 4 5 or more years ago 5 Don't know/Not sure 7 Refused 9</p>	<p>Section 18: Family Planning</p> <p>18.1. Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you doing anything now to keep from getting pregnant?</p> <p>Yes 1 No 2 No partner/not sexually active 3 Same sex partner 4 Don't know/Not sure 7 Refused 9</p>
<p>16.5. Have you ever been told by a doctor or other health professional that you had prostate cancer?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	

APPENDIX III: 2004 ARIZONA QUESTIONNAIRE

<p>18.2 What are you doing now to keep from getting pregnant?</p> <p>Tubes tied 1</p> <p>Hysterectomy 2</p> <p>Vasectomy 3</p> <p>Pill, all kinds 4</p> <p>Condoms 5</p> <p>Contraceptive implants 6</p> <p>Shots (Depo-Provera) 7</p> <p>Shots (Lunelle) 8</p> <p>Contraceptive Patch 9</p> <p>Diaphragm, cervical ring, or cap 10</p> <p>IUD 11</p> <p>Emergency contraception 12</p> <p>Withdrawal 13</p> <p>Not having sex at certain times 14</p> <p>Other method 15</p> <p>Don't know/Not sure 77</p> <p>Refused 99</p>	<p>Section 19: Disability</p> <p>19.1. Are you limited in any way in any activities because of physical, mental, or emotional problems?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>18.3 What is your main reason for not doing anything to keep from getting pregnant?</p> <p>Didn't think was going to have sex/ no regular partner 1</p> <p>You want a pregnancy 2</p> <p>You or your partner don't want to use birth control 3</p> <p>You or your partner don't like birth control/ fear side effects 4</p> <p>Can't pay for birth control 5</p> <p>Lapse in use of a method 6</p> <p>Don't think you or your partner can get pregnant 7</p> <p>You or your partner had tubes tied 8</p> <p>You or your partner had a vasectomy 9</p> <p>You or your partner had a hysterectomy 10</p> <p>You or your partner are too old 11</p> <p>You or your partner are currently breast- feeding 12</p> <p>You or your partner just had a baby/postpartum 13</p> <p>Other reason 14</p> <p>Don't care if get pregnant 15</p> <p>Partner is pregnant now 16</p> <p>Don't know/Not sure 77</p> <p>Refused 99</p>	<p>19.2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>18.4. How do you feel about having a child now or sometime in the future? Would you say:</p> <p>Don't want to have one 1</p> <p>Do want to have one 2</p> <p>Not sure if you do or don't 3</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	
<p>18.5. How soon would you want to have a child? Would you say:</p> <p>Less than 12 months 1</p> <p>Between 12 months to less than 2 years 2</p> <p>Between two years to less than 5 years 3</p> <p>More than 5 years 4</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>Section 20: HIV/AIDS</p> <p>20.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby.</p> <p>True 1</p> <p>False 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>

APPENDIX III: 2004 ARIZONA QUESTIONNAIRE

<p>21.3. Are any of these loaded firearms also unlocked?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	<p>MOD1_7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?</p> <p>Number of times None 8 8 Don't know/Not sure 9 8 Refused 9 9</p>
<p>Module 1: Diabetes</p> <p>MOD1_1. How old were you when you were told you have diabetes?</p> <p>Code age in years Don't know/Not sure 9 8 Refused 9 9</p>	<p>MOD1_8. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"?</p> <p>Number of times None 8 8 Never heard of hemoglobin "A one C" test 9 8 Don't know/Not sure 7 7 Refused 9 9</p>
<p>MOD1_2. Are you now taking insulin?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	<p>MOD1_9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?</p> <p>Number of times None 8 8 Don't know/Not sure 7 7 Refused 9 9</p>
<p>MOD1_3. Are you now taking diabetes pills?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	<p>MOD1_10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.</p> <p>Within past month 1 Within past 2 years 2 ≥ 2 years 3 Never 8 Don't know/Not sure 7 Refused 9</p>
<p>MOD1_4. About how often do you check your blood for glucose or sugar?</p> <p>Times per day 1 ___ Times per week 2 ___ Times per month 3 ___ Times per year 4 ___ Never 5 5 5 Don't know/Not sure 7 7 7 Refused 9 9 9</p>	<p>MOD1_11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>
<p>MOD1_5. About how often do you check your feet for any sores or irritations?</p> <p>Times per day 1 ___ Times per week 2 ___ Times per month 3 ___ Times per year 4 ___ Never 5 5 5 Don't know/Not sure 7 7 7 Refused 9 9 9</p>	<p>MOD1_12. Have you ever taken a course or class in how to manage your diabetes yourself?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>
<p>MOD1_6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	<p>Module 9: Adult Asthma History</p> <p>MOD9_1. How old were you when you were first told by a doctor or other health professional that you had asthma?</p> <p>Code age in years Age 10 or younger 9 7 Don't know/Not sure 9 8 Refused 9 9</p>

APPENDIX III: 2004 ARIZONA QUESTIONNAIRE

<p>MOD9_2. During the past 12 months, have you had an episode of asthma or an asthma attack?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	<p>MOD9_9. During the past 30 days, how often did you take asthma medication that was prescribed or given to you by a doctor? This includes using an inhaler. Would you say?</p> <p>Less than once a week 1 Once or twice a week 2 More than 2 times a week, but not every day 3 Once every day 4 Two or more times every day 5 Don't know/Not sure 7 Didn't take any 8 Refused 9</p>
<p>MOD9_3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?</p> <p>None 8 8 Don't know/Not sure 9 8 Refused 9 9</p>	<p>Module 10: Childhood Asthma</p> <p>MOD10_1. Earlier you said there were children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma?</p> <p>Number of children Don't know/Not sure 7 7 None 8 8 Refused 9 9</p>
<p>MOD9_4. During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?</p> <p>None 8 8 Don't know/Not sure 9 8 Refused 9 9</p>	<p>MOD10_2. Does this child/How many of these children from Q1 still have asthma?</p> <p>Don't know/Not sure 7 7 None 8 8 Refused 9 9</p>
<p>MOD9_5. During the past 12 months, how many times did you see a doctor, nurse or other health professional for a routine checkup for your asthma?</p> <p>None 8 8 Don't know/Not sure 9 8 Refused 9 9</p>	<p>Module 13: Folic Acid</p> <p>MOD13_1. Do you currently take any vitamin pills or supplements? Include liquid supplements</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>
<p>MOD9_6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?</p> <p>None 8 8 8 Don't know/Not sure 7 7 7 Refused 9 9 9</p>	<p>MOD13_2. Are any of these a multivitamin?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>
<p>MOD9_7. During the past 30 days, how often did you have any symptoms of asthma? Would you say...</p> <p>Less than once a week 1 Once or twice a week 2 More than 2 times a week, but not every day 3 Every day, but not all the time 4 Every day, all the time 5 Not at any time 8 Don't know/Not sure 7 Refused 9</p>	<p>MOD13_3. Do any of the vitamin pills or supplements you take contain folic acid?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>
<p>MOD9_8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say...</p> <p>One or two 1 Three to four 2 Five 3 Six to ten 4 More than ten 5 Don't know/Not sure 7 None 8 Refused 9</p>	<p>MOD13_4. How often do you take this vitamin pill or supplement?</p> <p>Times per day 1 ___ Times per week 2 ___ Times per month 3 ___ Don't know/Not sure 7 7 7 Refused 9 9 9</p>

APPENDIX III: 2004 ARIZONA QUESTIONNAIRE

<p>MOD13_5. Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons</p> <p>To make strong bones 1 To prevent birth defects 2 To prevent high blood pressure 3 Some other reason 4 Don't know/Not sure 7 Refused 9</p>	<p>Module 16: Secondhand Smoke Policy MOD16_1. Which statement best describes the rules about smoking inside your home?</p> <p>Smoking not allowed anywhere inside home 1 Smoking allowed in some places or some times 2 Smoking allowed anywhere inside home 3 There are no rules about smoking inside home 4 Don't know/Not sure 7 Refused 9</p>
<p>Module 15: Smoking Cessation MOD15_1. About how long has it been since you last smoked cigarettes?</p> <p>Within the past month 1 Within the past 3 months 2 Within the past 6 months 3 Within the past year 4 Within the past 5 years 5 Within the past 10 years 6 10 or more years ago 7 Don't know/Not sure 77 Refused 99</p>	<p>MOD16_2. While working at your job, are you indoors most of the time?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>
<p>MOD15_2. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider?</p> <p>Number of times Don't know/Not sure 77 None 88 Refused 99</p>	<p>MOD16_3. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunchrooms?</p> <p>Not allowed in any public areas 1 Allowed in some public areas 2 Allowed in all public areas 3 No official policy 4 Don't know/Not sure 7 Refused 9</p>
<p>MOD15_3. In the last 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself?</p> <p>Number of times Don't know/Not sure 77 None 88 Refused 99</p>	<p>MOD16_4. Which of the following best describes your place of work's official smoking policy for work areas?</p> <p>Not allowed in any work areas 1 Allowed in some work areas 2 Allowed in all work areas 3 No official policy 4 Don't know/Not sure 7 Refused 9</p>
<p>MOD15_4. On how many visits did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion?</p> <p>Number of times Don't know/Not sure 77 None 88 Refused 99</p>	<p>Module 17: Arthritis Burden MOD17_1. DURING THE PAST 30 DAYS, have you had symptoms of pain, aching, or stiffness in or around a joint?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>
<p>MOD15_5. On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking?</p> <p>Number of times Don't know/Not sure 77 None 88 Refused 99</p>	<p>MOD17_2. Did your joint symptoms FIRST begin more than 3 months ago?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>

APPENDIX III: 2004 ARIZONA QUESTIONNAIRE

<p>MOD17_3. Have you EVER seen a doctor or other health professional for these joint symptoms?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	<p>MOD18_4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>
<p>MOD17_4. Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	<p>State Added: Fruits and Vegetables</p> <p>AZ1_1. How often do you drink fruit juices such as orange, grapefruit, or tomato?</p> <p>Per day 1 ___ Per week 2 ___ Per month 3 ___ Per year 4 ___ Never 5 5 5 Don't know/Not sure 7 7 7 Refused 9 9 9</p>
<p>MOD17_5. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	<p>AZ1_2. Not counting juice, how often do you eat fruit?</p> <p>Per day 1 ___ Per week 2 ___ Per month 3 ___ Per year 4 ___ Never 5 5 5 Don't know/Not sure 7 7 7 Refused 9 9 9</p>
<p>MOD17_6. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	<p>AZ1_3. How often do you eat green salad?</p> <p>Per day 1 ___ Per week 2 ___ Per month 3 ___ Per year 4 ___ Never 5 5 5 Don't know/Not sure 7 7 7 Refused 9 9 9</p>
<p>Module 18: Arthritis Management</p> <p>MOD18_1. Thinking about your arthritis or joint symptoms, which of the following best describes you TODAY?</p> <p>I can do everything I would like to do 1 I can do most things I would like to do 2 I can do some things I would like to do 3 I can hardly do anything I would like to do 4 Don't know/Not sure 7 Refused 9</p>	<p>AZ1_4. How often do you eat potatoes not including French fries, fried potatoes, or potato chips?</p> <p>Per day 1 ___ Per week 2 ___ Per month 3 ___ Per year 4 ___ Never 5 5 5 Don't know/Not sure 7 7 7 Refused 9 9 9</p>
<p>MOD18_2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	<p>AZ1_5. How often do you eat carrots?</p> <p>Per day 1 ___ Per week 2 ___ Per month 3 ___ Per year 4 ___ Never 5 5 5 Don't know/Not sure 7 7 7 Refused 9 9 9</p>
<p>MOD18_3. Has a doctor or other health professional EVER suggested physical activity or exercise to help your arthritis or joint symptoms?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	<p>AZ1_6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?</p> <p>Per day 1 ___ Per week 2 ___ Per month 3 ___ Per year 4 ___ Never 5 5 5 Don't know/Not sure 7 7 7 Refused 9 9 9</p>

APPENDIX III: 2004 ARIZONA QUESTIONNAIRE

<p>State Added: Physical Activity AZ2_1. When you are at work, which of the following best describes what you do? Would you say?</p> <p>Mostly sitting or standing 1 Mostly walking 2 Mostly heavy labor or physically demanding work 3 Don't know/Not sure 7 Refused 9</p>	<p>State Added: Cardiovascular Disease AZ4_1. Within the past 12 months, has a doctor, nurse, or other health professional told you to...</p> <p>a. Eat fewer high fat or high cholesterol foods? Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>
<p>AZ2_2. Now, thinking about the moderate activities you do in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	<p>b. Eat more fruits and vegetables? Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>
<p>AZ2_3. How many days per week do you do these moderate activities for at least 10 minutes?</p> <p>Days per week <u>7</u> <u>7</u> Don't know/Not sure <u>7</u> <u>7</u> Do not do any moderate physical activity 8 8 Refused 9 9</p>	<p>c. Be more physically active? Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>
<p>AZ2_4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?</p> <p>Hours and minutes per day <u>7</u> <u>7</u> <u>7</u> Don't know/Not sure <u>7</u> <u>7</u> <u>7</u> Refused 9 9 9</p>	<p>AZ4_2. Has a doctor, nurse or other health professional ever told you that you had any of the following?</p> <p>a. A heart attack, also called a myocardial infarction Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>
<p>AZ2_5. Now, thinking about the vigorous activities you do in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	<p>b. Angina or coronary heart disease Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>
<p>AZ2_6. How many days per week do you do these vigorous activities for at least 10 minutes at a time?</p> <p>Days per week <u>7</u> <u>7</u> Don't know/Not sure <u>7</u> <u>7</u> Do not do any moderate physical activity 8 8 Refused 9 9</p>	<p>c. A stroke Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>
<p>AZ2_7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?</p> <p>Hours and minutes per day <u>7</u> <u>7</u> <u>7</u> Don't know/Not sure <u>7</u> <u>7</u> <u>7</u> Refused 9 9 9</p>	
<p>State Added: Oral Health AZ3_1. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid/AHCCCS?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	<p>State Added: Family Planning AZ5_1. Have you or your partner been pregnant in the last five years?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>

APPENDIX III: 2004 ARIZONA QUESTIONNAIRE

<p>AZ5_2a. Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant? Would you say:</p> <p>Wanted to be pregnant sooner 1</p> <p>Wanted to be pregnant later 2</p> <p>Wanted to be pregnant then 3</p> <p>Didn't want to be pregnant then or at anytime in the future 4</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	
<p>AZ5_2b. Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant? Would you say:</p> <p>Wanted to be pregnant sooner 1</p> <p>Wanted to be pregnant later 2</p> <p>Wanted to be pregnant then 3</p> <p>Didn't want to be pregnant then or at anytime in the future 4</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	

APPENDIX IV: 2004 BRFSS WEIGHTING FORMULA

$$\text{FINALWT} = \text{STRWT} * 1 \text{ OVER NPH} * \text{NAD} * \text{POSTSTRAT}$$

FINALWT is the final weight assigned to each respondent.

STRWT accounts for differences in the basic probability of selection among strata (subsets of area code/prefix combinations). It is the inverse of the sampling fraction of each stratum. There is almost never a complete correspondence between strata, which are defined by subsets of area code/prefix combinations, and regions, which are defined by the boundaries of government entities.

1/NPH is the inverse of the number of residential telephone numbers in the respondent's household.

NAD is the number of adults in the respondent's household.

POSTSTRAT is the number of people in an age-by-gender or age-by-race-by-gender category in the population of a region or a state divided by the sum of the products of the preceding weights for the respondents in that same age-by-gender or age-by-race-by-gender category. It adjusts for non-coverage and non-response and, before 1995, also adjusts for different probabilities of selection by region, where applicable.



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