Prevalence of Selected Risk Behaviors and Chronic Diseases — Behavioral Risk Factor Surveillance System (BRFSS), 39 Steps Communities, United States, 2005

CONTENTS

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Abstract

Problem: Behavioral risk factors (e.g., tobacco use, poor diet, and physical inactivity) can lead to chronic diseases. In 2005, of the 10 leading causes of death in the United States, seven (heart disease, cancer, stroke, chronic lower respiratory diseases, diabetes, Alzheimer's disease, and kidney disease) were attributable to chronic disease. Chronic diseases also adversely affect the quality of life of an estimated 90 million persons in the United States, resulting in illness, disability, extended pain and suffering, and major limitations in daily living.

Reporting Period Covered: 2005.

Description of the System: CDC's Steps Program funds 40 selected U.S. communities to address six leading causes of death and disability and rising health-care costs in the United States: obesity, diabetes, asthma, physical inactivity, poor nutrition, and tobacco use. In 2005, a total of 39 Steps communities conducted a survey to collect adult health outcome data. The survey instrument was a modified version of the Behavioral Risk Factor Surveillance System (BRFSS) survey, a community-based, random-digit–dialing telephone survey with a multistage cluster design. The survey instrument collected information on health risk behaviors and preventive health practices among noninstitutionalized adults aged >18 years.

Results: Prevalence estimates of risk behaviors and chronic conditions varied among the 39 Steps communities that reported data for 2005. The proportion of the population that achieved *Healthy People 2010* (HP 2010) objectives also varied among the communities. The estimated prevalence of obesity (defined as having a body mass index [BMI] of >30.0 kg/m² as calculated from self-reported weight and height) ranged from 15.6% to 44.0%. No communities reached the HP2010 objective of reducing the proportion of adults who are obese to 15.0%.

The prevalence of diagnosed diabetes (excluding gestational diabetes) ranged from 4.3% to 16.6%. Eighteen communities achieved the HP2010 objective to increase the proportion of adults with diabetes who have at least an annual foot examination to 75.0%; five communities achieved the HP2010 objective to increase the proportion of adults with diabetes who have an annual dilated eye examination to 75.0%.

The prevalence of reported asthma ranged from 7.0% to 17.6%. Among those who reported having asthma, the prevalence of having no symptoms of asthma during the preceding 30 days ranged from 15.4% to 40.3% for 10 communities with sufficient data for estimates. The prevalence of respondents who engaged in moderate physical activity for >30 minutes at least five times a week or who reported vigorous physical activity for >20 minutes at least three times

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a week ranged from 42.0% to 62.2%. The prevalence of consumption of fruits and vegetables at least five times a day ranged from 15.6% to 30.3%.

The estimated prevalence among respondents aged ≥ 18 years who reported having smoked ≥ 100 cigarettes in their lifetime and who were current smokers on every day or some days at the time of the survey ranged from 11.0% to 39.7%. One community achieved the HP2010 objective to reduce the proportion of adults who smoke to 12.0%. Among smokers, the prevalence of having stopped smoking for ≥ 1 day as a result of trying to quit smoking during the previous 12 months ranged from 47.8% to 63.3% for 31 communities. No communities reached the HP2010 objective of increasing smoking cessation attempts by adult smokers to 75%.

Interpretation: The findings in this report indicate variations in health risk behaviors, chronic conditions, and use of preventive health screenings and health services. These findings underscore the continued need to evaluate intervention programs at the community level and to design and implement policies to reduce morbidity and mortality caused by chronic disease.

Public Health Action: Steps BRFSS data can be used to monitor the prevalence of specific health behaviors, diseases, conditions, and use of preventive health services. Steps Program staff at the national, state, local, and tribal levels can use BRFSS data to demonstrate accountability to stakeholders, monitor progress in meeting program objectives, focus programs on activities with the greatest promise of results, identify opportunities for strategic collaboration, and identify and disseminate successes and lessons learned.

Introduction

Behavioral risk factors (e.g., tobacco use, poor diet, and physical inactivity) can lead to chronic diseases (e.g., diabetes, asthma, and obesity) (1). In 2005, of the 10 leading causes of death in the United States, seven (heart disease, cancer, stroke, chronic lower respiratory diseases, diabetes, Alzheimer's disease, and kidney disease) were attributable to chronic diseases, and chronic diseases affect the quality of life of an estimated 90 million U.S. residents (2). The estimated direct and indirect annual costs of diabetes, asthma, and obesity are $132 billion for diabetes (2,3), $16.1 billion for asthma (4), and $118 billion for obesity (5). Diabetes, asthma, and obesity largely can be prevented and controlled through the modification of certain interrelated risk behaviors (e.g., exercising regularly, eating a healthy diet, and avoiding tobacco use and exposure). To respond to the chronic disease burden, CDC's Steps Program uses a population-based approach that addresses multiple determinants of health. Key elements of this approach include implementing evidence-based interventions, responding to community needs, reaching diverse population groups, working across multiple sectors (e.g., schools, work sites, health care, and the community), and creating nontraditional partnerships (e.g., with transportation and cooperative extension services). All of these elements serve to accelerate positive health changes in communities and reduce chronic disease.

CDC's Steps Program operates a cooperative agreement that provides funding to 40 communities nationwide to support evidence-based community interventions. Interventions focus on six priority areas, comprising three health conditions or diseases (obesity, diabetes, and asthma) and three related risk

behaviors (physical inactivity, poor nutrition, and tobacco use). Communities were selected as part of a Request for Funding announcement (RFA) designed to ensure inclusion of populations disproportionately affected by chronic disease and associated risk factors; inclusion of geographic areas with high age-adjusted rates of chronic disease and associated risk factors; geographic distribution of Steps programs nationwide; and inclusion of communities of varying sizes, including rural, suburban, and urban communities. Steps sites include small cities and rural communities (with sites coordinated at the state level), large cities and urban communities, and tribal communities. As part of the RFA, grantees participate in the Steps Behavioral Risk Factor Surveillance System (BRFSS) to collect data on health conditions and diseases and on related risk factors at the community level and track Steps Program health outcomes and behaviors over time. This report provides baseline data for Steps communities; additional years of data will be used to make community to community, national, and HP2010 comparisons. Data are reported for 39 Steps communities* that reported data for 2005 on the six priority areas.

Methods

The Steps BRFSS survey instrument is a modified version of the 2005 BRFSS national survey and includes standardized questions related to the three Steps-specific disease outcomes (diabetes, asthma, and obesity) and the three related risk factors (physical inactivity, poor nutrition, and tobacco use). A multistage cluster design based on random-digit–dialing methods was used to select a representative sample of the civilian, noninstitutionalized population aged ≥ 18 years. To

ensure coordinated efforts and efficient use of resources, 39 Steps communities used BRFSS infrastructure and capacity already in place at the national, state, and local levels to collect data. The survey instrument included standard 2005 BRFSS questions (available at http://www.cdc.gov/brfss) related to the six priority areas. Data collection procedures or processes varied by community because of each community's particular characteristics. For example, certain Steps communities conducted a stand-alone survey whereas others coordinated data collection with the state or local BRFSS. Several Steps communities adapted their data collection methods to respond to local cultural needs. For the majority of Steps communities, CDC provided technical assistance, data cleaning, weighting, and analysis of surveillance data.

Questionnaire

The 2005 Steps BRFSS questionnaire comprised three parts: 1) core questions, 2) optional supplemental modules containing sets of questions on specific topics (e.g., diabetes, health-related-quality of life, and arthritis management), and 3) state-added questions. The 2005 Steps BRFSS questionnaire asked core and optional questions related to risk factors associated with obesity, diabetes, and asthma and the accompanying underlying risk factors of physical inactivity, poor nutrition, and tobacco use. Questions from the following Core Sections of the 2005 BRFSS National Survey were used: Healthy Days, Health Care Access, Diabetes, Asthma, Tobacco Use, Demographics, Fruits, Vegetables, and Physical Activity. In addition, certain questions from the following Optional Modules were part of the survey: Diabetes Self-Management, Adult Asthma History, and Smoking Cessation. Additional information about the national BRFSS standard questions is available at http://www.cdc.gov/brfss/questionnaires.

Data Collection and Processing

A total of 39 Steps communities* collected data in 2005 using trained interviewers to administer the survey via a computer-assisted telephone interviewing (CATI) system; 30 communities forwarded their data to CDC for data reliability checks and preparation for analyses, and nine communities conducted individual analyses and reported the results to CDC. Six of the nine communities that conducted their own analysis sent weighted data to CDC to produce estimates. For

each community, data were collected either monthly or at a single point in time.

Data Weighting and Analysis

Upon completion of data collection, 30 communities submitted data to CDC, which edited and aggregated the data files to create a sample for each community. For this analysis, each sample was weighted to the respondent's probability of selection and to the age- and sex-specific population or to the age-, sex-, and race-specific population data, using current population estimates provided by the community or 2005 intercensal estimates provided by Claritas, Inc. (San Diego, California), a private data vendor that uses census projections as part of its process for developing yearly population estimates. These sampling weights then were used to calculate community-level prevalence estimates. Detailed weighting and analytic methodologies used for BRFSS have been documented previously (6).

Statistical Analyses

SAS® (release 9.1.3) and SUDAAN® were used in the analyses to account for the complex sampling design and to calculate prevalence estimates, standard errors, and 95% confidence intervals (CIs) (7,8). Statistics for selected communities were reported as "not available" if the unweighted sample size for the denominator was <50 or the CI half width was >10. Because those data are not included in this report, the number of communities represented for each indicator varies (range: 20–39).

Data Presented

The tables in this report contain the weighted percentage, sample size, standard error, and CIs. Data for three of the communities that conducted their own data analysis are reported without standard errors. Standard errors are reported for the six communities that conducted their own data analysis and sent their data to CDC to produce estimates from the weighted data set that they provided. When comparable, national BRFSS median prevalence estimates and *Healthy People 2010* (HP2010) goals are presented (9,10). National prevalence estimates are not available for questions from BRFSS optional modules. For several questions, comparative HP2010 goals are not available because the results cannot be compared with the BRFSS indicators.

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* One Steps community, the Tohono O'odham Tribe, did not report data because BRFSS does not include persons residing in households without telephones, and this community's low telephone coverage precluded reaching the numbers required for standard sampling methodology.

Results

Overweight and Obesity

Prevalence of Overweight and Obesity Among Adults Aged ≥18 Years

Self-reported weight and height were used to calculate body mass index (BMI) (weight [kg]/height [m²]). Being overweight or obese was defined as having a BMI of ≥25.0 kg/m²; obesity alone was classified as BMI of ≥30.0 kg/m². The estimated prevalence of respondents aged ≥18 years being overweight or obese ranged from 35.4% (95% CI = 33.0–37.9) in Cleveland, Ohio, to 75.5% (95% CI = 64.7–83.9) in Colville Confederated Tribes, Washington (median: 60.8%) (Table 1). The 2005 nationwide BRFSS median was 61.3%; this median was exceeded by 19 Steps communities.

Prevalence of Obesity Among Adults Aged ≥18 Years

Overall, the estimated prevalence of obesity (BMI ≥30.0 kg/m²) among respondents aged ≥18 years ranged from 15.6% (95% CI = 13.5–17.6) in Teller County, Colorado, to 44.0% (95% CI = 36.3–51.6) in Inter-Tribal Council, Michigan (median: 24.6%) (Table 2). The HP2010 objective is to reduce the proportion of adults who are obese to 15.0%. The 2005 nationwide BRFSS median was 24.4%; this median was exceeded by 20 communities, and no communities achieved the HP2010 objective[†] (objective no. 19.2) to reduce the proportion of adults who are obese to 15.0%.

Diabetes

Overall Rate of Diabetes

Overall, the estimated prevalence of diabetes among respondents aged ≥18 years who reported ever having been told by a doctor that they have diabetes (other than during pregnancy) ranged from 4.3% (95% CI = 2.4–6.2) in St. Paul-Ramsey County, Minnesota, to 16.6% (95% CI = 10.1–23.1) in Inter-Tribal Council, Michigan (median: 8.1%) (Table 3). The nationwide 2005 BRFSS median was 7.3%; this median was exceeded by 25 Steps communities.

Foot Examination Among Adults Aged ≥18 Years with Diabetes

Among 25 Steps communities, the estimated prevalence among respondents aged ≥18 years who reported having ever been told by a doctor that they have diabetes (excluding women who were told only when pregnant) and who reported

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[†] The HP2010 objective refers to adults aged ≥20 years whereas Steps data are collected for adults aged ≥18 years.

having a clinical foot examination during the preceding 12 months ranged from 60.4% (95% CI = 50.8–70.0) in Santa Clara County, California, to 93.6% (95% CI = 88.7–98.6) in Inter-Tribal Council, Michigan (median: 79.7%) (Table 4). The HP2010 objective (objective no. 5-14) is to increase the proportion of adults with diabetes who have at least an annual foot examination to 75.0%.

Dilated Eye Examination Among Adults Aged ≥18 Years with Diabetes

Among 21 Steps communities, the estimated prevalence among respondents aged ≥18 years who reported having ever been told by a doctor that they have diabetes (excluding women who were told only when pregnant) and who reported having received a dilated eye examination during the preceding 12 months ranged from 63.2% (95% CI = 53.5–72.9) in Cleveland, Ohio, to 81.9% (95% CI = 74.2–89.7) in Boston, Massachusetts (median: 72.0%) (Table 5). The HP2010 objective (objective no. 5.13) is to increase the proportion of adults with diabetes who have an annual dilated eye examination to 75.0%.

Glycosylated Hemoglobin Measurement at Least Twice a Year Among Adults Aged ≥18 Years with Diabetes

Among 22 Steps communities, the estimated prevalence among respondents aged ≥18 years who reported having ever been told by a doctor that they have diabetes (other than during pregnancy) and who reported having received a glycosylated hemoglobin measurement ("A1c") at least twice a year ranged from 54.8% (95% CI = 45.8–63.8) in Cleveland, Ohio, to 89.8% (95% CI = 83.5–96.0) in Inter-Tribal Council, Michigan (median: 69.8%) (Table 6).

Self–Blood Glucose Monitoring Among Adults Aged ≥18 Years with Diabetes

Among 22 Steps communities, the estimated prevalence among respondents aged ≥18 years who reported ever having been told by a doctor that they have diabetes (other than during pregnancy) and who reported self–blood glucose monitoring at least twice daily ranged from 28.2% (95% CI = 19.2–37.1) in Austin, Texas, to 46.8% (95% CI = 37.5–56.1) in Philadelphia, Pennsylvania (median: 40.2%) (Table 7).

Self–Foot Examination Among Adults Aged ≥18 Years with Diabetes

Among 20 Steps communities, the estimated prevalence among respondents aged ≥18 years who reported ever having been told by a doctor that they have diabetes (other than during pregnancy) who reported checking their feet at least once

daily for any sores or irritations ranged from 61.7% (95% CI = 52.7–70.7) in Chautauqua County, New York, to 79.2% (95% CI = 72.5–85.9) in Southeast Alabama (median: 74.6%) (Table 8).

Asthma

Symptom-Free Days Among Adults Aged ≥18 Years with Asthma

Among 35 Steps communities, the prevalence of reported asthma ranged from 7.0% (95% CI = 4.3–9.7) in Santa Cruz County, Arizona, to 17.6% (95% CI = 15.2–20.0) in Philadelphia, Pennsylvania (Table 9). The Steps communities' median was 12.4%. The national BRFSS median was 12.6%; this median was exceeded by 18 Steps communities. Of persons with asthma who reported having had an episode of asthma or an asthma attack during the preceding 12 months, the prevalence of persons reporting having had no symptoms in the previous 30 days ranged from 15.4% (95% CI = 9.1–21.7) in Pueblo County, Colorado, to 40.3% (95% CI = 30.5–50) in St. Petersburg-Pinellas County, Florida. Among 10 communities, the median was 20.9% (Table 10).

Physical Activity Among Adults Aged ≥18 Years

Overall, the estimated prevalence among respondents aged ≥18 years who reported engaging in moderate physical activity for ≥30 minutes at least five times a week or who reported engaging in vigorous physical activity for ≥20 minutes at least three times a week ranged from 42.0% (95% CI = 38.7–45.3) in New Orleans, Louisiana, to 62.2% (95% CI = 59.0–65.3) in Jefferson County, New York (median: 51.1%) (Table 11). The nationwide 2005 BRFSS median was 49.1%; this median was exceeded by 22 Steps communities.

Fruit and Vegetable Consumption Among Adults Aged ≥18 Years

Overall, the percentage of respondents aged ≥18 years who reported eating fruits and vegetables at least five times a day ranged from 15.6% (95% CI = 13.7–17.5) in Cherokee Nation, Oklahoma, to 30.3% (95% CI = 27.6–33.0) in Salinas-Monterey County, California (median: 24.9%) (Table 12). The nationwide 2005 BRFSS median of 23.2% was exceeded by 27 Steps communities.

Tobacco Use

Cigarette Smoking Among Adults Aged ≥18 Years

The estimated prevalence among respondents aged ≥18 years who reported having smoked at least 100 cigarettes in their lifetime and who were current smokers on every day or some days ranged from 11.0% (95% CI = 7.6–14.4) in Rochester-Olmstead County, Minnesota, to 39.7% (95% CI = 28.8–51.6) in Colville Confederated Tribes, Washington (median: 21.7%) (Table 13). The national 2005 BRFSS median was 20.6%; this median was exceeded by 24 Steps communities. The HP2010 objective (objective no. 27-1a) is to reduce the proportion of adults who smoke to 12.0%.

Tobacco Use Cessation Attempts by Smokers Aged ≥18 Years

Among 31 communities, the estimated prevalence among smokers aged ≥18 years who reported having stopped smoking for ≥1 day during the preceding 12 months because they were trying to quit smoking ranged from 47.8% (95% CI = 41.7–54.0) in Teller County, Colorado, to 63.3% (95% CI = 55.0–71.6) in DeKalb County, Georgia (median: 55.9%) (Table 14). The HP2010 objective (objective no. 27.5) is to increase smoking cessation attempts by adult smokers to 75.0%.

Discussion

The CDC Steps Program responds to community needs and works to affect change at the population level using a community-based approach. The program funds communities across the country to demonstrate how local initiatives across sectors (e.g., community, school, worksite, and health care) in collaboration with traditional and nontraditional partners (e.g., media outlets and departments of, transportation) can reduce the burden of chronic conditions such as obesity, chronic diseases such as diabetes and asthma, and the underlying risk factors of physical inactivity, poor nutrition, and tobacco use. The Steps Program's focus of joining the resources and perspectives of a wide range of sectors and entities dedicated to collaboration for health improvement draws on common interests and accelerates progress toward health promotion efforts. Such efforts create measurable improvements in community health through the selection, implementation, and evaluation of programmatic activities.

The findings in this report indicate variations in the estimated prevalence of chronic conditions and diseases, health-risk behaviors, and use of preventive screening practices across Steps communities. With respect to achieving HP2010 objectives,

18 communities achieved the HP2010 objective to increase the proportion of adults with diabetes who have at least an annual foot examination to 75.0%; five communities achieved the HP2010 objective to increase the proportion of adults with diabetes who have an annual dilated eye examination to 75.0%; one community achieved the HP2010 objective to reduce the proportion of adults who smoke to 12.0%. No communities achieved the HP2010 objective to reduce the proportion of adults who are obese to 15.0% or achieved the HP2010 objective to increase smoking cessation attempts by adult smokers to 75.0%.

Steps communities' use of BRFSS questions for community-specific surveys permits useful collection of data at the local level. The data presented in this report indicate that communities vary widely in prevalence rates of important chronic disease indicators. In part, this variability might reflect differences in state and local laws and policies, enforcement practices, availability of effective community interventions, prevailing behavioral and social norms, demographic and adult practices, characteristics of the population, and other social determinants of health.

Going forward, collection of Steps BRFSS data will provide trend estimates that will permit making community-to-community, national, and HP2010 comparisons. These data also will provide useful information for programmatic decision-making at the community, local, and state levels and guide local health officials and decision-makers in program planning and evaluation. Steps Program staff and other public health and education practitioners can use these data to assess changes in these behaviors over time and assist in evaluating the effectiveness of Steps community programs. An examination of the variations among communities can identify which communities would benefit from additional targeted technical assistance related to effective community interventions and policies. Differences between communities also can alert program managers to the opportunity to learn from each other by taking advantage of the national network they have established within the Steps Program. Communities can use these data to identify, prioritize, and develop community-specific activities to further reduce obesity, diabetes, and asthma by increasing physical activity, encouraging healthy eating, and reducing tobacco use.

Limitations

The findings in this report are subject to at least five limitations. First, the Steps BRFSS survey queries only persons with landline telephone access and excludes persons who reside in households that lack telephone access or persons who use only cellular telephones; therefore, the data might not reflect the characteristics of persons who reside in households without landline telephones. Second, prevalence estimates are self-reported and thus the reported estimates might be subject to recall bias. Third, each Steps community has the option to modify BRFSS data collection methodology, which might preclude standardization in some cases. Fourth, the number of interviews varied widely (range: 490–2,247). Therefore, estimates for some communities are based on smaller sample sizes and might yield unstable estimates for rare events. Finally, Steps BRFSS does not collect information from institutionalized persons, thereby excluding persons residing in nursing homes, long-term–care facilities, and correctional institutions.

Conclusion

Steps BRFSS data enable public health authorities to monitor health risk behaviors over time and support focused prevention and intervention programs. Steps Program staff at the national, state, local, and tribal levels will use these data for decision-making, program planning, and enhancing technical assistance. The Steps Program works to achieve HP2010 objectives by using BRFSS data to enhance existing program activities, focus existing programs on activities with the greatest promise of results, identify opportunities for strategic collaboration, and disseminate lessons learned.

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TABLE 1. Estimated prevalence of respondents aged ≥18 years who have a body mass index (BMI) of ≥25.0 kg/m² calculated from self-reported weight and height, by community — United States, Behavioral Risk Factor Surveillance Steps Communities, 2005

Community	Sample Size	Weighted %	SE*	95% CI†
River Region, Alabama	1,197	64.4	1.9	60.7–68.0
Southeast Alabama, Alabama	1,295	71.3	1.7	68.0–74.7
Southeast Alaska Regional Health Consortium, Alaska	538	70.8	2.4	66.1–75.5
Cochise County, Arizona	459	58.1	3.0	52.3–63.9
Santa Cruz County, Arizona	479	67.5	2.5	62.7–72.3
Yuma County, Arizona	459	66.6	2.8	61.0–72.1
Salinas-Monterey County, California	1,556	69.5	1.4	66.7–72.2
Santa Clara County, California	1,557	61.5	1.6	58.5–64.6
Mesa County, Colorado	1,400	59.0	1.5	56.1–62.0
Pueblo County, Colorado	1,415	58.5	1.7	55.2–61.7
Teller County, Colorado	1,470	52.5	1.5	49.6–55.4
Weld County, Colorado	1,376	60.7	1.6	57.6–63.9
Hillsborough, Florida	1,521	61.5	1.6	58.4–64.5
St. Petersburg-Pinellas County, Florida	1,510	56.9	1.5	53.9–59.9
DeKalb County, Georgia	1,839	56.9	1.7	53.5–60.3
New Orleans, Louisiana	1,421	59.8	1.6	56.6–63.0
Boston, Massachusetts	1,533	55.1	§	51.7-58.6
Inter-Tribal Council, Michigan	581	73.3	3.7	66.0–80.5
St. Paul-Ramsey County, Minnesota	465	59.2	2.9	53.5–64.9
Minneapolis, Minnesota	514	55.4	2.8	49.8–60.9
Rochester-Olmstead County, Minnesota	459	59.0	2.8	53.5–64.4
Willmar, Minnesota	475	60.6	2.9	55.0–66.2
Broome County, New York	1,469	61.4	1.7	58.1–64.7
Chautauqua County, New York	1,407	60.7	1.8	57.2–64.2
Jefferson County, New York	1,453	63.4	1.7	60.1–66.7
Rockland County, New York	1,380	59.3	1.8	55.9–62.7
Cleveland, Ohio	1,056	35.4	§	33.0-37.9
Cherokee Nation, Oklahoma	2,138	65.5	1.3	62.9–68.1
Philadelphia, Pennsylvania	1,455	60.2	1.6	57.0–63.4
Fayette County, Pennsylvania	1,493	69.7	1.4	67.1–72.4
Luzerne County, Pennsylvania	1,445	63.2	1.4	60.4–66.0
Tioga County, Pennsylvania	1,478	66.6	1.4	63.9–69.2
Austin, Texas	1,418	59.8	2.0	55.8–63.7
San Antonio, Texas	486	66.0	2.8	60.6–71.4
Chelan-Douglas-Okanogan Counties, Washington	1,507	63.1	1.5	60.1–66.1
Clark County, Washington	1,503	62.0	1.5	59.0–64.9
Colville Confederated Tribes, Washington	150	75.5	§	64.7-83.9
Seattle-King, County, Washington	1,494	56.6	1.5	53.6–59.6
Thurston County, Washington	1,574	60.9	1.6	57.8–63.9
Range		*35.4–75.5*		
Median		*60.8*		
National range		*18.2–31.8*		
National median		*24.4%*		

* Standard error.
† Confidence interval.
§ Data analysis conducted by the community; SE not reported.

TABLE 2. Estimated prevalence of respondents aged ≥18 years who have a body mass index (BMI) of ≥30.0 kg/m² calculated from self-reported weight and height, by community — United States, Behavioral Risk Factor Surveillance Steps Communities, 2005

Community	Sample Size	Weighted %	SE*	95% CI†
River Region, Alabama	1,197	28.7	1.7	25.4–32.1
Southeast Alabama, Alabama	1,295	33.5	1.7	30.2–36.8
Southeast Alaska Regional Health Consortium, Alaska	538	30.8	2.4	26.1–35.5
Cochise County, Arizona	459	27.6	2.7	22.4–32.8
Santa Cruz County, Arizona	479	23.2	2.3	18.7–27.7
Yuma County, Arizona	459	30.6	2.7	25.4–35.9
Salinas-Monterey County, California	1,556	28.5	1.4	25.7–31.2
Santa Clara County, California	1,557	20.6	1.3	18.0–23.1
Mesa County, Colorado	1,400	20.3	1.3	17.8–22.8
Pueblo County, Colorado	1,415	22.6	1.4	19.8–25.3
Teller County, Colorado	1,470	15.6	1.0	13.5–17.6
Weld County, Colorado	1,376	24.0	1.4	21.3–26.8
Hillsborough, Florida	1,521	27.0	1.5	24.0–29.9
St. Petersburg-Pinellas County, Florida	1,510	22.0	1.2	19.5–24.4
DeKalb County, Georgia	1,839	20.6	1.3	18.1–23.2
New Orleans, Louisiana	1,421	24.9	1.4	22.2–27.7
Boston, Massachusetts	1,533	21.4	§	18.7–24.1
Inter-Tribal Council, Michigan	581	44.0	3.9	36.3–51.6
St. Paul-Ramsey County, Minnesota	465	22.4	2.6	17.3–27.5
Minneapolis, Minnesota	514	20.8	2.3	16.4–25.2
Rochester-Olmstead County, Minnesota	459	20.8	2.3	16.3–25.2
Willmar, Minnesota	475	23.6	2.3	19.2–28.0
Broome County, New York	1,469	25.6	1.5	22.7–28.5
Chautauqua County, New York	1,407	23.7	1.5	20.9–26.6
Jefferson County, New York	1,453	24.2	1.5	21.3–27.0
Rockland County, New York	1,380	17.9	1.4	15.2–20.7
Cleveland, Ohio	1,056	33.1	§	30.7–35.5
Cherokee Nation, Oklahoma	2,138	27.8	1.2	25.5–30.1
Philadelphia, Pennsylvania	1,455	28.6	1.4	25.9–31.4
Fayette County, Pennsylvania	1,493	31.0	1.4	28.3–33.7
Luzerne County, Pennsylvania	1,445	25.6	1.3	23.0–28.1
Tioga County, Pennsylvania	1,478	28.1	1.3	25.5–30.6
Austin, Texas	1,418	24.1	1.7	20.7–27.4
San Antonio, Texas	486	31.0	2.5	26.1–35.9
Chelan-Douglas-Okanogan Counties, Washington	1,507	25.3	1.3	22.7–27.9
Clark County, Washington	1,503	25.4	1.3	22.8–28.0
Colville Confederated Tribes, Washington	150	33.3	§	23.1–45.4
Seattle-King, County, Washington	1,494	21.7	1.3	19.3–24.2
Thurston County, Washington	1,574	23.7	1.3	21.1–26.3
Range		*15.6–44.0*		
Median		*24.5*		
National range		*18.2–31.8*		
National median		*24.4%*		
Healthy People 2010 (HP 2010) objective¶		*15.0*		

* Standard error.
† Confidence interval.
§ Data analysis conducted by the community; SE not reported.
¶ The HP2010 objective refers to adults aged ≥20 years whereas Steps data are collected for adults aged ≥18 years.

TABLE 3. Estimated prevalence of respondents aged ≥18 years who reported ever having been told by a doctor that they have diabetes (other than during pregnancy), by community — United States, Behavioral Risk Factor Surveillance System, 39 Steps Communities, 2005

Community	Sample Size	Weighted %	SE*	95% CI†
River Region, Alabama	1,249	10.3	1.0	8.3–12.3
Southeast Alabama, Alabama	1,351	11.4	1.0	9.4–13.3
Southeast Alaska Regional Health Consortium, Alaska	562	8.3	1.4	5.5–11.1
Cochise County, Arizona	490	12.8	1.9	9.2–16.5
Santa Cruz County, Arizona	513	10.8	1.6	7.8–13.8
Yuma County, Arizona	507	9.4	1.4	6.6–12.1
Salinas-Monterey County, California	1,696	8.3	0.7	6.9–9.7
Santa Clara County, California	1,701	8.2	0.8	6.6–9.7
Mesa County, Colorado	1,465	6.9	0.7	5.5–8.3
Pueblo County, Colorado	1,489	8.0	0.8	6.6–9.5
Teller County, Colorado	1,520	4.5	0.6	3.4–5.6
Weld County, Colorado	1,483	5.8	0.7	4.4–7.3
Hillsborough, Florida	1,568	9.2	0.9	7.5–10.9
St. Petersburg-Pinellas County, Florida	1,551	11.0	1.0	9.1–12.9
DeKalb County, Georgia	1,949	6.4	0.6	5.2–7.6
New Orleans, Louisiana	1,495	8.5	0.8	6.9–10.0
Boston, Massachusetts	1,616	7.6	§	6.2–9.0
Inter-Tribal Council, Michigan	610	16.6	3.3	10.1–23.1
St. Paul-Ramsey County, Minnesota	487	4.3	1.0	2.4–6.2
Minneapolis, Minnesota	536	5.2	1.1	3.1–7.3
Rochester-Olmstead County, Minnesota	477	5.8	1.0	3.8–7.8
Willmar, Minnesota	499	6.5	1.1	4.3–8.7
Broome County, New York	1,528	7.6	0.7	6.2–8.9
Chautauqua County, New York	1,486	6.9	0.6	5.7–8.1
Jefferson County, New York	1,524	7.5	0.7	6.2–8.8
Rockland County, New York	1,455	5.8	0.6	4.6–7.0
Cleveland, Ohio	1,107	11.1	§	9.8–12.5
Cherokee Nation, Oklahoma	2,243	9.6	0.7	8.2–10.9
Philadelphia, Pennsylvania	1,516	10.2	0.9	8.4–12.0
Fayette County, Pennsylvania	1,557	11.2	0.8	9.6–12.9
Luzerne County, Pennsylvania	1,516	8.9	0.8	7.3–10.4
Tioga County, Pennsylvania	1,552	11.0	0.9	9.3–12.8
Austin, Texas	1,588	6.8	0.8	5.3–8.3
San Antonio, Texas	527	12.3	1.5	9.4–15.3
Chelan-Douglas-Okanogan Counties, Washington	1,594	7.4	0.7	6.0–8.8
Clark County, Washington	1,594	5.5	0.6	4.4–6.5
Colville Confederated Tribes, Washington	153	10.4	§	5.7–18.5
Seattle-King, County, Washington	1,592	7.0	0.7	5.7–8.2
Thurston County, Washington	1,639	6.9	0.7	5.6–8.1
Range		*4.3–16.6*		
Median		*8.1*		
National range		*4.4–12.5*		
National median		*7.3*		

* Standard error.
† Confidence interval.
§ Data analysis conducted by the community; SE not reported.

TABLE 4. Estimated prevalence of respondents aged ≥18 years ever told by a doctor that they have diabetes (excluding women who were told only when pregnant) who reported having a clinical foot examination during the preceding 12 months, by community — United States, Behavioral Risk Surveillance System, 39 Steps Communities, 2005

Community	Sample Size	Weighted %	SE*	95% CI†
River Region, Alabama	146	81.0	3.7	73.8–88.2
Southeast Alabama, Alabama	175	79.3	3.3	72.8–85.7
Southeast Alaska Regional Health Consortium, Alaska	46	—§	—	—
Cochise County, Arizona	59	—	—	—
Santa Cruz County, Arizona	59	—	—	—
Yuma County, Arizona	52	—	—	—
Salinas-Monterey County, California	164	65.2	4.2	56.9–73.5
Santa Clara County, California	152	60.4	4.9	50.8–70.0
Mesa County, Colorado	113	81.2	4.4	72.5–89.8
Pueblo County, Colorado	137	74.2	4.1	66.1–82.2
Teller County, Colorado	75	—	—	—
Weld County, Colorado	86	—	—	—
Hillsborough, Florida	154	73.1	4.4	64.5–81.6
St. Petersburg-Pinellas County, Florida	161	64.1	4.9	54.6–73.6
DeKalb County, Georgia	162	72.8	4.8	63.4–82.1
New Orleans, Louisiana	152	83.9	3.5	77.0–90.7
Boston, Massachusetts	145	76.3	¶	64.9–87.6
Inter-Tribal Council, Michigan	93	93.6	2.5	88.7–98.6
St. Paul-Ramsey County, Minnesota	27	—	—	—
Minneapolis, Minnesota	36	—	—	—
Rochester-Olmstead County, Minnesota	38	—	—	—
Willmar, Minnesota	39	—	—	—
Broome County, New York	149	86.1	3.1	79.9–92.2
Chautauqua County, New York	132	80.2	3.7	72.9–87.6
Jefferson County, New York	147	80.1	3.4	73.4–86.8
Rockland County, New York	105	81.6	4.1	73.5–89.7
Cleveland, Ohio	154	79.7	¶	68.9–90.5
Cherokee Nation, Oklahoma	0	—	—	—
Philadelphia, Pennsylvania	171	84.0	3.3	77.5–90.5
Fayette County, Pennsylvania	191	75.8	3.3	69.4–82.2
Luzerne County, Pennsylvania	145	73.6	3.9	65.9–81.3
Tioga County, Pennsylvania	166	78.6	3.5	71.8–85.4
Austin, Texas	159	—	—	—
San Antonio, Texas	82	—	—	—
Chelan-Douglas-Okanogan Counties, Washington	131	82.2	3.7	75.0–89.5
Clark County, Washington	114	79.8	4.0	71.9–87.7
Colville Confederated Tribes, Washington	—	—	¶	—
Seattle-King, County, Washington	128	77.6	4.1	69.7–85.6
Thurston County, Washington	140	80.8	3.6	73.7–87.9
Range		*60.4–93.6*		
Median		*79.5*		
Healthy People 2010 objective		*75.0*		

* Standard error.
† Confidence interval.
§ Not available if the unweighted sample size for the denominator was <50 or if the CI half width is >10.
¶ Data analysis conducted by the community; SE not reported.

TABLE 5. Estimated prevalence of respondents aged ≥18 years ever told by a doctor that they have diabetes (excluding women who were told only when pregnant) who reported having received a dilated eye examination during the preceding 12 months, by community — United States, Behavioral Risk Factor Surveillance System, 39 Steps Communities, 2005

Community	Sample Size	Weighted %	SE*	95% CI†
River Region, Alabama	146	73.6	4.5	64.8–82.4
Southeast Alabama, Alabama	184	73.6	3.8	66.2–81.0
Southeast Alaska Regional Health Consortium, Alaska	45	—§	—	—
Cochise County, Arizona	60	—	—	—
Santa Cruz County, Arizona	59	—	—	—
Yuma County, Arizona	52	—	—	—
Salinas-Monterey County, California	163	68.9	4.1	60.8–77.0
Santa Clara County, California	152	69.3	4.6	60.4–78.3
Mesa County, Colorado	120	—	—	—
Pueblo County, Colorado	142	75.8	4.0	68.0–83.6
Teller County, Colorado	74	—	—	—
Weld County, Colorado	86	—	—	—
Hillsborough, Florida	159	80.7	3.4	74.0–87.4
St. Petersburg-Pinellas County, Florida	171	72.8	3.9	65.2–80.4
DeKalb County, Georgia	162	—	—	—
New Orleans, Louisiana	158	79.1	4.1	71.0–87.2
Boston, Massachusetts	153	81.9	¶	74.2–89.7
Inter-Tribal Council, Michigan	93	—	—	—
St. Paul-Ramsey County, Minnesota	27	—	—	—
Minneapolis, Minnesota	36	—	—	—
Rochester-Olmstead County, Minnesota	39	—	—	—
Willmar, Minnesota	41	—	—	—
Broome County, New York	153	72.8	4.1	64.8–80.8
Chautauqua County, New York	136	73.3	4.2	65.1–81.6
Jefferson County, New York	158	66.2	4.3	57.7–74.6
Rockland County, New York	107	81.8	4.2	73.6–90.0
Cleveland, Ohio	154	63.2	¶	53.5–72.9
Cherokee Nation, Oklahoma	0	—	—	—
Philadelphia, Pennsylvania	172	72.4	4.2	64.1–80.6
Fayette County, Pennsylvania	200	71.6	3.6	64.7–78.6
Luzerne County, Pennsylvania	148	65.9	4.8	56.4–75.3
Tioga County, Pennsylvania	167	63.4	4.4	54.8–71.9
Austin, Texas	167	—	—	—
San Antonio, Texas	84	—	—	—
Chelan-Douglas-Okanogan Counties, Washington	138	—	—	—
Clark County, Washington	115	68.5	4.8	59.0–77.9
Colville Confederated Tribes, Washington	—	—	¶	—
Seattle-King, County, Washington	131	71.1	4.4	62.4–79.8
Thurston County, Washington	141	71.5	4.6	62.6–80.4
Range		*63.2–81.9*		
Median		*72.0*		
Healthy People 2010 objective		*75.0*		

* Standard error.
† Confidence interval.
§ Not available if the unweighted sample size for the denominator was <50 or if the CI half width is >10.
¶ Data analysis conducted by the community; SE not reported.

TABLE 6. Estimated prevalence of respondents aged ≥18 years ever told by a doctor that they have diabetes (excluding women who were told only when pregnant) who reported having received a glycosylated hemoglobin measurement ("A1c") at least twice a year, by community — United States, Behavioral Risk Factor Surveillance System, 39 Steps Communities, 2005

Community	Sample Size	Weighted %	SE*	95% CI†
River Region, Alabama	137	66.9	4.8	57.6–76.2
Southeast Alabama, Alabama	166	73.8	3.9	66.2–81.4
Southeast Alaska Regional Health Consortium, Alaska	40	—§	—	—
Cochise County, Arizona	56	—	—	—
Santa Cruz County, Arizona	54	—	—	—
Yuma County, Arizona	49	—	—	—
Salinas-Monterey County, California	157	61.4	4.3	53.0–69.8
Santa Clara County, California	0	—	—	—
Mesa County, Colorado	108	70.5	4.9	60.8–80.2
Pueblo County, Colorado	122	61.2	4.9	51.6–70.8
Teller County, Colorado	71	—	—	—
Weld County, Colorado	83	—	—	—
Hillsborough, Florida	137	64.7	5.0	54.8–4.5
St. Petersburg-Pinellas County, Florida	147	—	—	—
DeKalb County, Georgia	154	66.6	5.0	56.9–76.4
New Orleans, Louisiana	145	—	—	—
Boston, Massachusetts	122	73.3	¶	63.7–82.9
Inter-Tribal Council, Michigan	90	89.8	3.2	83.5–96.0
St. Paul-Ramsey County, Minnesota	26	—	—	—
Minneapolis, Minnesota	33	—	—	—
Rochester-Olmstead County, Minnesota	37	—	—	—
Willmar, Minnesota	39	—	—	—
Broome County, New York	146	73.8	4.3	65.4–82.2
Chautauqua County, New York	128	77.2	4.1	69.2–85.2
Jefferson County, New York	143	66.0	4.7	56.8–75.2
Rockland County, New York	94	88.0	3.4	81.4–94.6
Cleveland, Ohio	154	54.8	¶	45.8–63.8
Cherokee Nation, Oklahoma	NA	—	—	—
Philadelphia, Pennsylvania	157	64.4	4.7	55.2–73.6
Fayette County, Pennsylvania	181	62.1	4.0	54.2–69.9
Luzerne County, Pennsylvania	135	64.4	4.8	55.0–73.7
Tioga County, Pennsylvania	161	75.2	3.7	68.0–82.5
Austin, Texas	145	—	—	—
San Antonio, Texas	68	—	—	—
Chelan-Douglas-Okanogan Counties, Washington	130	79.8	4.0	71.9–87.7
Clark County, Washington	107	77.9	4.2	69.7–86.2
Colville Confederated Tribes, Washington	—	—	¶	—
Seattle-King, County, Washington	125	69.8	4.7	60.7–78.9
Thurston County, Washington	134	76.1	4.4	67.4–84.8
Range		*54.8–89.8*		
Median		*69.8%*		

* Standard error.
† Confidence interval.
§ Not available if the unweighted sample size for the denominator was <50 or if the CI half width is >10.
¶ Data analysis conducted by the community; SE not reported.

TABLE 7. Estimated prevalence of respondents aged ≥18 years ever told by a doctor that they have diabetes (excluding women who were told only when pregnant) who reported self–blood glucose monitoring at least two times daily, by community — United States Behavioral Risk Factor Surveillance System, 39 Steps Communities, 2005

Community	Sample Size	Weighted %	SE*	95% CI†
River Region, Alabama	146	36.1	5.1	26.2–46.1
Southeast Alabama, Alabama	184	45.0	4.7	35.9–54.1
Southeast Alaska Regional Health Consortium, Alaska	43	—§	—	—
Cochise County, Arizona	60	—	—	—
Santa Cruz County, Arizona	58	—	—	—
Yuma County, Arizona	51	—	—	—
Salinas-Monterey County, California	164	40.2	4.3	31.7–48.6
Santa Clara County, California	150	33.8	4.9	24.3–43.3
Mesa County, Colorado	117	NA	NA	NA
Pueblo County, Colorado	141	44.4	4.8	35.0–53.8
Teller County, Colorado	76	—	—	—
Weld County, Colorado	89	—	—	—
Hillsborough, Florida	159	43.9	4.9	34.3–53.6
St. Petersburg-Pinellas County, Florida	169	38.5	4.8	29.1–47.8
DeKalb County, Georgia	166	40.2	5.0	30.5–49.9
New Orleans, Louisiana	159	42.8	4.8	33.3–52.2
Boston, Massachusetts	148	38.5	¶	28.7–48.4
Inter-Tribal Council, Michigan	94	—	—	—
St. Paul-Ramsey County, Minnesota	27	—	—	—
Minneapolis, Minnesota	36	—	—	—
Rochester-Olmstead County, Minnesota	38	—	—	—
Willmar, Minnesota	41	—	—	—
Broome County, New York	155	40.2	4.7	30.9-49.4
Chautauqua County, New York	139	44.1	4.6	35.1–53.2
Jefferson County, New York	157	39.2	4.6	30.2–48.1
Rockland County, New York	107	—	—	—
Cleveland, Ohio	154	42.8	¶	34.8–50.8
Cherokee Nation, Oklahoma	0	—	—	—
Philadelphia, Pennsylvania	173	46.8	4.7	37.5–56.1
Fayette County, Pennsylvania	202	45.4	3.8	38.0–52.9
Luzerne County, Pennsylvania	150	45.5	4.8	36.0–54.9
Tioga County, Pennsylvania	171	40.0	4.2	31.6–48.3
Austin, Texas	165	28.2	4.6	19.2–37.1
San Antonio, Texas	84	—	—	—
Chelan-Douglas-Okanogan Counties, Washington	136	39.0	4.8	29.7–48.4
Clark County, Washington	112	—	—	—
Colville Confederated Tribes, Washington	0	—	¶	—
Seattle-King, County, Washington	132	43.0	4.8	33.5–52.4
Thurston County, Washington	139	42.9	5.1	33.0–52.8
Range		*28.2–46.8*		
Median		*40.2*		

* Standard error.
† Confidence interval.
§ Not available if the unweighted sample size for the denominator was <50 or if the CI half width is >10.
¶ Data analysis conducted by the community; SE not reported.

TABLE 8. Estimated prevalence of respondents aged >18 years ever told by a doctor that they have diabetes (excluding women who were told only when pregnant, refusals, and unknowns) who reported checking their feet at least one time daily for any sores or irritations, by community — United States, Behavioral Risk Surveillance System, 39 Steps Communities, 2005

Community	Sample Size	Weighted %	SE*	95% CI†
River Region, Alabama	147	74.6	4.3	66.1–83.1
Southeast Alabama, Alabama	178	79.2	3.4	72.5–85.9
Southeast Alaska Regional Health Consortium, Alaska	44	—§	—	—
Cochise County, Arizona	60	—	—	—
Santa Cruz County, Arizona	59	—	—	—
Yuma County, Arizona	51	—	—	—
Salinas-Monterey County, California	163	67.3	4.3	58.9–75.8
Santa Clara County, California	0	—	—	—
Mesa County, Colorado	115	—	—	—
Pueblo County, Colorado	138	77.6	3.9	70.0–85.2
Teller County, Colorado	74	—	—	—
Weld County, Colorado	88	—	—	—
Hillsborough, Florida	158	74.6	4.6	65.6–83.6
St. Petersburg-Pinellas County, Florida	163	65.1	5.0	55.4–74.8
DeKalb County, Georgia	157	NA	NA	NA
New Orleans, Louisiana	157	78.2	4.3	69.8–86.6
Boston, Massachusetts	150	65.3	¶	54.4–76.3
Inter-Tribal Council, Michigan	91	—	—	—
St. Paul-Ramsey County, Minnesota	27	—	—	—
Minneapolis, Minnesota	35	—	—	—
Rochester-Olmstead County, Minnesota	36	—	—	—
Willmar, Minnesota	38	—	—	—
Broome County, New York	152	64.5	4.4	56.0–73.1
Chautauqua County, New York	136	61.7	4.6	52.7–70.7
Jefferson County, New York	149	78.1	3.5	71.2–85.0
Rockland County, New York	105	74.2	4.5	65.5–83.0
Cleveland, Ohio	154	74.9	¶	64.4–85.4
Cherokee Nation, Oklahoma	0	—	—	—
Philadelphia, Pennsylvania	169	75.7	4.1	67.8–83.6
Fayette County, Pennsylvania	195	74.8	3.4	68.2–81.3
Luzerne County, Pennsylvania	147	74.7	4.5	65.9–83.4
Tioga County, Pennsylvania	167	69.4	4.0	61.6–77.1
Austin, Texas	162	—	—	—
San Antonio, Texas	83	—	—	—
Chelan-Douglas-Okanogan Counties, Washington	134	65.1	4.7	55.9–74.3
Clark County, Washington	114	—	—	—
Colville Confederated Tribes, Washington	0	—	¶	—
Seattle-King, County, Washington	131	65.7	4.7	56.5–75.0
Thurston County, Washington	137	75.2	4.1	67.2–83.2
Median		*74.6*		

* Standard error.
† Confidence interval.
§ Not available if the unweighted sample size for the denominator was <50 or if the CI half width is >10.
¶ Data analysis conducted by the community; SE not reported.

TABLE 9. Estimated prevalence of respondents aged >18 years who reported being told by health professional that they had asthma, by community — United States, Behavioral Risk Surveillance System, 39 Steps Communities, 2005

Community	Sample Size	Weighted %	SE*	95% CI†
River Region, Alabama	1,245	10.4	1.1	8.3–12.4
Southeast Alabama, Alabama	1351	14.2	1.4	11.6–16.8
Southeast Alaska Regional Health Consortium, Alaska	561	10.2	1.4	7.4–13.0
Cochise County, Arizona	490	14.5	2.1	10.4–18.6
Santa Cruz County, Arizona	513	7.0	1.4	4.3–9.7
Yuma County, Arizona	507	14.7	2.0	10.8–18.7
Salinas-Monterey County, California	1,695	9.7	0.9	8.0–11.4
Santa Clara County, California	1701	11.9	1.0	10.0-13.8
Mesa County, Colorado	1,465	12.2	1.0	10.3–14.2
Pueblo County, Colorado	1,485	14.2	1.1	12.0–16.4
Teller County, Colorado	1,521	14.1	1.0	12.1–16.1
Weld County, Colorado	1,480	12.3	1.1	10.2–14.4
Hillsborough, Florida	1,562	11.3	1.0	9.4–13.2
St. Petersburg-Pinellas County, Florida	1,547	13.1	1.0	11.1–15.0
DeKalb County, Georgia	1,946	12.4	1.1	10.3–14.5
New Orleans, Louisiana	1,497	10.2	1.0	8.3–12.2
Boston, Massachusetts	§	§	§	§
Inter-Tribal Council, Michigan	613	17.6	2.2	13.4–21.9
St. Paul-Ramsey County, Minnesota	486	13.1	2.2	8.7–17.4
Minneapolis, Minnesota	532	15.6	2.0	11.6–19.6
Rochester-Olmstead County, Minnesota	475	9.4	1.6	6.4–12.4
Willmar, Minnesota	499	9.9	1.6	6.7–13.1
Broome County, New York	1,527	13.4	1.2	11.1–15.8
Chautauqua County, New York	1,484	13.5	1.2	11.2–15.8
Jefferson County, New York	1,521	12.7	1.2	10.4–15.1
Rockland County, New York	1,454	11.8	1.3	9.2–14.4
Cleveland, Ohio	§	§	§	§
Cherokee Nation, Oklahoma	2,239	16.7	1.0	14.6–18.7
Philadelphia, Pennsylvania	1,516	17.6	1.2	15.2–20.0
Fayette County, Pennsylvania	1,553	10.8	0.9	9.1–12.6
Luzerne County, Pennsylvania	1,514	10.0	0.9	8.3–11.7
Tioga County, Pennsylvania	1,553	12.0	0.9	10.2–13.8
Austin, Texas	1,587	10.9	1.2	8.7–13.1
San Antonio, Texas	528	11.7	1.8	8.2–15.2
Chelan-Douglas-Okanogan Counties, Washington	1,589	14.5	1.1	12.3–16.7
Clark County, Washington	1,590	16.2	1.1	14.0–18.5
Colville Confederated Tribes, Washington	§	§	§	§
Seattle-King, County, Washington	1,591	13.2	1.0	11.2–15.1
Thurston County, Washington	1,632	16.6	1.3	14.2–19.1
Range		*7.0–17.6*		
Median		*12.4*		
National range		*8.9–19.3*		
National median		*12.6*		

* Standard error.
† Confidence interval.
§ Data not provided.

TABLE 10. Estimated prevalence of respondents aged ≥18 years with asthma who reported having no symptoms of asthma during the preceding 30 days, by community — United States, Behavioral Risk Surveillance System, 39 Steps Communities, 2005

Community	Sample Size	Weighted %	SE*	95% CI†
River Region, Alabama	89	—§	—	—
Southeast Alabama, Alabama	101	—	—	—
Southeast Alaska Regional Health Consortium, Alaska	0	—	—	—
Cochise County, Arizona	51	—	—	—
Santa Cruz County, Arizona	18	—	—	—
Yuma County, Arizona	46	—	—	—
Salinas-Monterey County, California	116	—	—	—
Santa Clara County, California	118	—	—	—
Mesa County, Colorado	121	22.8	4.3	14.4–31.1
Pueblo County, Colorado	143	15.4	3.2	9.1–21.7
Teller County, Colorado	119	24.8	4.6	15.7–33.8
Weld County, Colorado	103	—	—	—
Hillsborough, Florida	105	—	—	—
St. Petersburg-Pinellas County, Florida	138	40.3	5.0	30.5–50.1
DeKalb County, Georgia	0	—	—	—
New Orleans, Louisiana	88	—	—	—
Boston, Massachusetts	0	—	¶	—
Inter-Tribal Council, Michigan	70	16.0	5.0	6.2–5.8
St. Paul-Ramsey County, Minnesota	0	—	—	—
Minneapolis, Minnesota	0	—	—	—
Rochester-Olmstead County, Minnesota	0	—	—	—
Willmar, Minnesota	0	—	—	—
Broome County, New York	0	—	—	—
Chautauqua County, New York	0	—	—	—
Jefferson County, New York	0	—	—	—
Rockland County, New York	0	—	—	—
Cleveland, Ohio	75	—	—	10.3–22.3
Cherokee Nation, Oklahoma	0	—	—	—
Philadelphia, Pennsylvania	172	26.7	4.1	18.6–34.8
Fayette County, Pennsylvania	123	19.8	4.2	11.6–27.9
Luzerne County, Pennsylvania	110	20.9	4.6	11.8–29.9
Tioga County, Pennsylvania	118	21.6	4.0	13.7–29.5
Austin, Texas	123	17.8	4.7	8.5–27.0
San Antonio, Texas	38	—	—	—
Chelan-Douglas-Okanogan Counties, Washington	0	—	—	—
Clark County, Washington	0	—	—	—
Colville Confederated Tribes, Washington	—	—	—	—
Seattle-King, County, Washington	0	—	—	—
Thurston County, Washington	0	—	—	—
Range		*15.4–40.3*		
Median		*20.9*		

* Standard error.
† Confidence interval.
§ Not available if the unweighted sample size for the denominator was <50 or if the CI half width is >10.

TABLE 11. Estimated prevalence of number of adults aged ≥18 years who reported moderate physical activity for ≥30 minutes at least five times a week or who reported vigorous physical activity for ≥20 minutes at least three times a week, by community — United States, Behavioral Risk Surveillance System, 39 Steps Communities, 2005

Community	Sample Size	Weighted %	SE*	95% CI†
River Region, Alabama	1,188	43.5	1.9	39.8–47.2
Southeast Alabama, Alabama	1,263	44.7	1.9	41.0–48.4
Southeast Alaska Regional Health Consortium, Alaska	529	59.9	2.6	54.8–64.9
Cochise County, Arizona	458	54.0	2.9	48.2–59.7
Santa Cruz County, Arizona	476	48.2	2.8	42.8–53.6
Yuma County, Arizona	478	48.0	2.9	42.4–53.6
Salinas-Monterey County, California	1,562	51.7	1.6	48.6–54.8
Santa Clara County, California	1,594	44.9	1.6	41.8–48.0
Mesa County, Colorado	1,358	54.7	1.6	51.7–57.8
Pueblo County, Colorado	1,377	53.6	1.7	50.3–56.9
Teller County, Colorado	1,409	57.6	1.5	54.7–60.5
Weld County, Colorado	1,388	52.0	1.6	48.8–55.2
Hillsborough, Florida	1,469	46.6	1.6	43.4–49.7
St. Petersburg-Pinellas County, Florida	1,454	44.1	1.5	41.1–47.1
DeKalb County, Georgia	1,818	44.6	1.7	41.2–48.0
New Orleans, Louisiana	1,385	42.0	1.7	38.7–45.3
Boston, Massachusetts	1,522	51.1	§	47.7–54.5
Inter-Tribal Council, Michigan	417	52.7	3.2	46.4–59.0
St. Paul-Ramsey County, Minnesota	467	55.2	3.0	49.4–61.0
Minneapolis, Minnesota	496	56.6	2.9	50.9–62.3
Rochester-Olmstead County, Minnesota	445	52.5	2.9	46.8–58.2
Willmar, Minnesota	458	46.5	2.9	40.8–52.2
Broome County, New York	1436	51.3	1.7	47.9–54.6
Chautauqua County, New York	1359	51.8	1.8	48.3–55.3
Jefferson County, New York	1423	62.2	1.6	59.0–65.3
Rockland County, New York	1377	47.0	1.8	43.4–50.5
Cleveland, Ohio	1,020	44.4	§	41.6–47.2
Cherokee Nation, Oklahoma	2,086	43.7	1.4	41.0–46.4
Philadelphia, Pennsylvania	1,373	47.6	1.7	44.3–50.9
Fayette County, Pennsylvania	1,418	47.8	1.5	44.8–50.8
Luzerne County, Pennsylvania	1,384	51.1	1.5	48.1–54.1
Tioga County, Pennsylvania	1,395	52.0	1.5	49.1–54.9
Austin, Texas	1,501	50.6	2.0	46.7–54.4
San Antonio, Texas	482	42.8	2.8	37.3–48.4
Chelan-Douglas-Okanogan Counties, Washington	1,494	55.4	1.5	52.3–58.4
Clark County, Washington	1,520	54.7	1.5	51.6–57.7
Colville Confederated Tribes, Washington	145	48.8	§	37.3–60.4
Seattle-King, County, Washington	1,505	51.1	1.6	48.1–54.2
Thurston County, Washington	1,546	58.9	1.6	55.8–61.9
Range		*42.0–62.2*		
Median		*51.1*		
National range		*35.7–59.2*		
National median		*49.1*		

* Standard error.
† Confidence interval.
§ Data analysis conducted by the community; SE not reported.

TABLE 12. Estimated prevalence of respondents aged ≥18 years who reported eating at least five fruits and vegetables per day, by community —United States, Behavioral Risk Surveillance System, 39 Steps Communities, 2005

Community	Sample Size	Weighted %	SE*	95% CI†
River Region, Alabama	1,228	23.3	1.6	20.1–26.5
Southeast Alabama, Alabama	1,325	22.6	1.5	19.7–25.5
Southeast Alaska Regional Health Consortium, Alaska	563	20.8	2.1	16.7–24.9
Cochise County, Arizona	484	26.8	2.4	22.0–31.6
Santa Cruz County, Arizona	499	28.4	2.4	23.7–33.1
Yuma County, Arizona	493	21.3	2.2	17.0–25.6
Salinas-Monterey County, California	1,697	30.3	1.4	27.6–33.0
Santa Clara County, California	1,649	28.0	1.4	25.3–30.8
Mesa County, Colorado	1,440	23.6	1.2	21.2–26.0
Pueblo County, Colorado	1,464	18.9	1.2	16.5–21.3
Teller County, Colorado	1,485	22.7	1.2	20.4–25.0
Weld County, Colorado	1,456	20.1	1.3	17.7–22.6
Hillsborough, Florida	1,537	27.7	1.4	24.9–30.5
St. Petersburg-Pinellas County, Florida	1,524	25.9	1.3	23.4–28.4
DeKalb County, Georgia	1,911	28.2	1.5	25.2–31.1
New Orleans, Louisiana	1,482	24.0	1.4	21.3–26.6
Boston, Massachusetts	1,601	24.8	§	21.9–27.6
Inter-Tribal Council, Michigan	613	21.6	3.5	14.8–28.4
St. Paul-Ramsey County, Minnesota	482	24.6	2.5	19.8–29.4
Minneapolis, Minnesota	532	25.4	2.3	20.8–29.9
Rochester-Olmstead County, Minnesota	473	22.5	2.2	18.3–26.8
Willmar, Minnesota	487	20.7	2.3	16.3–25.1
Broome County, New York	1,528	25.5	1.4	22.8–28.3
Chautauqua County, New York	1,87	26.2	1.5	23.3–29.1
Jefferson County, New York	1,526	26.4	1.5	23.5–29.4
Rockland County, New York	1,454	28.3	1.7	24.9–31.6
Cleveland, Ohio	1,031	29.2	§	27.9–31.5
Cherokee Nation, Oklahoma	2,225	15.6	1.0	13.7–17.5
Philadelphia, Pennsylvania	1,459	26.2	1.4	23.4–29.0
Fayette County, Pennsylvania	1,517	20.1	1.2	17.8–22.4
Luzerne County, Pennsylvania	1,481	23.8	1.2	21.4–26.2
Tioga County, Pennsylvania	1,533	26.0	1.2	23.6–28.5
Austin, Texas	1,586	25.3	1.6	22.1–28.4
San Antonio, Texas	511	18.8	2.1	14.7–23.0
Chelan-Douglas-Okanogan Counties, Washington	1,572	24.9	1.4	22.3–27.6
Clark County, Washington	1,584	25.0	1.3	22.5–27.4
Colville Confederated Tribes, Washington	153	24.8	§	16.2–36.0
Seattle-King, County, Washington	1,583	26.7	1.3	24.1–29.2
Thurston County, Washington	1,627	26.2	1.3	23.6–28.8
Range		*15.6–30.3*		
Median		*24.9*		
National range		*14.3–32.3*		
National median		*23.2*		

* Standard error.
† Confidence interval.
§ Data analysis conducted by the community; SE not reported.

TABLE 13. Estimated prevalence of respondents aged ≥18 years who reported having smoked ≥100 cigarettes in their lifetime and who are current smokers on every day or some days, by community — United States, Behavioral Risk Surveillance System, 39 Steps Communities, 2005

Community	Sample Size	Weighted %	SE*	95% CI†
River Region, Alabama	1,246	21.7	1.6	18.6–24.8
Southeast Alabama, Alabama	1,349	22.4	1.6	19.3–25.5
Southeast Alaska Regional Health Consortium, Alaska	557	34.7	2.5	29.8–39.6
Cochise County, Arizona	487	20.8	2.4	16.2–25.5
Santa Cruz County, Arizona	512	21.3	2.3	16.8–25.7
Yuma County, Arizona	504	13.1	2.0	9.2–17.0
Salinas-Monterey County, California	1,697	14.8	1.1	12.6–17.0
Santa Clara County, California	1,698	14.9	1.1	12.8–17.1
Mesa County, Colorado	1,462	22.6	1.4	19.9–25.2
Pueblo County, Colorado	1,485	24.9	1.5	22.1–27.8
Teller County, Colorado	1,513	22.2	1.2	19.8–24.6
Weld County, Colorado	1,478	21.4	1.3	18.9–24.0
Hillsborough, Florida	1,558	24.8	1.5	21.9–27.8
St. Petersburg-Pinellas County, Florida	1,544	28.9	1.4	26.2–31.7
DeKalb County, Georgia	1,943	14.1	1.2	11.8–16.4
New Orleans, Louisiana	1,491	18.8	1.3	16.3–21.3
Boston, Massachusetts	1,612	17.1	§	14.7–19.5
Inter-Tribal Council, Michigan	612	33.6	2.5	28.8–38.5
St. Paul-Ramsey County, Minnesota	486	18.7	2.6	13.7–23.7
Minneapolis, Minnesota	532	22.0	2.3	17.4–26.6
Rochester-Olmstead County, Minnesota	476	11.0	1.7	7.6–14.4
Willmar, Minnesota	497	20.6	2.5	15.6–25.5
Broome County, New York	1,525	24.3	1.6	21.2–27.3
Chautauqua County, New York	1,484	23.6	1.5	20.7–26.6
Jefferson County, New York	1,519	22.4	1.4	19.6–25.2
Rockland County, New York	1,450	14.1	1.3	11.6–16.5
Cleveland, Ohio	1,103	31.6	§	29.3–33.9
Cherokee Nation, Oklahoma	2,238	28.5	1.2	26.0–30.9
Philadelphia, Pennsylvania	1,509	25.5	1.4	22.7–28.3
Fayette County, Pennsylvania	1,555	25.9	1.3	23.4–28.4
Luzerne County, Pennsylvania	1,510	27.7	1.3	25.1–30.3
Tioga County, Pennsylvania	1,547	23.4	1.2	21.1–25.7
Austin, Texas	1,584	20.2	1.6	17.0–23.4
San Antonio, Texas	528	19.8	2.2	15.4–24.1
Chelan-Douglas-Okanogan Counties, Washington	1,587	21.0	1.3	18.4–23.5
Clark County, Washington	1,587	19.5	1.2	17.1–21.9
Colville Confederated Tribes, Washington	151	39.7	§	28.8–51.6
Seattle-King, County, Washington	1,587	18.6	1.2	16.3–21.0
Thurston County, Washington	1,632	19.1	1.3	16.6–21.6
Range		*11.0–39.7*		
Median		*21.6*		
National range		*8.1–28.7*		
National median		*20.6*		
Healthy People 2010 objective		*12.0*		

* Standard error.
† Confidence interval.
§ Data analysis conducted by the community; SE not reported.

TABLE 14. Estimated prevalence of respondents aged >18 years who reported having stopped smoking for >1 day because they were trying to quit smoking during the preceding 12 months, by community — United States, Behavioral Risk Surveillance System, 39 Steps Communities, 2005

Community	Sample Size	Weighted %	SE*	95% CI†
River Region, Alabama	245	48.0	4.2	39.6–56.3
Southeast Alabama, Alabama	273	55.7	4.0	47.9–63.4
Southeast Alaska Regional Health Consortium, Alaska	174	48.3	4.6	39.3–57.3
Cochise County, Arizona	94	—§	—	—
Santa Cruz County, Arizona	98	—	—	—
Yuma County, Arizona	59	—	—	—
Salinas-Monterey County, California	225	57.9	4.1	49.8–65.9
Santa Clara County, California	235	54.7	4.0	47.0–62.5
Mesa County, Colorado	298	52.3	3.5	45.6–59.1
Pueblo County, Colorado	320	57.5	3.5	50.8–64.3
Teller County, Colorado	329	47.8	3.1	41.7–54.0
Weld County, Colorado	300	59.5	3.4	52.9–66.1
Hillsborough, Florida	362	58.9	3.6	51.8–66.0
St. Petersburg-Pinellas County, Florida	413	53.3	3.0	47.4–59.0
DeKalb County, Georgia	260	63.3	4.3	55.0–71.6
New Orleans, Louisiana	270	62.1	3.7	54.9–69.4
Boston, Massachusetts	215	58.0	4.6	48.9–67.0
Inter-Tribal Council, Michigan	300	59.9	¶	52.6–67.1
St. Paul-Ramsey County, Minnesota	85	—	—	—
Minneapolis, Minnesota	120	—	—	—
Rochester-Olmstead County, Minnesota	57	—	—	—
Willmar, Minnesota	89	—	—	—
Broome County, New York	320	50.8	3.8	43.3–58.2
Chautauqua County, New York	312	52.3	3.7	45.1–59.6
Jefferson County, New York	313	55.0	3.6	48.0–62.0
Rockland County, New York	192	51.8	5.0	42.1–61.5
Cleveland, Ohio	319	61.1	¶	55.5–66.7
Cherokee Nation, Oklahoma	608	53.2	2.6	48.0–58.4
Philadelphia, Pennsylvania	364	63.2	3.1	57.0–69.3
Fayette County, Pennsylvania	381	52.2	3.0	46.4–58.1
Luzerne County, Pennsylvania	394	56.0	2.9	50.4–61.5
Tioga County, Pennsylvania	346	53.2	3.0	47.3–59.0
Austin, Texas	303	59.9	4.3	51.5–68.2
San Antonio, Texas	95	—	—	—
Chelan-Douglas-Okanogan Counties, Washington	314	61.6	3.3	55.1–68.0
Clark County, Washington	287	56.6	3.6	49.6–63.5
Colville Confederated Tribes, Washington	51	56.6	¶	36.9–74.5
Seattle-King, County, Washington	288	51.2	3.6	44.1–58.2
Thurston County, Washington	275	58.0	3.6	50.9–65.2
Range		*47.8–63.3*		
Median		*55.9*		
Healthy People 2010 objective		*75.0*		

* Standard error.
† Confidence interval.
§ Not available if the unweighted sample size for the denominator was <50 or if the CI half width is >10.
¶ Data analysis conducted by the community; SE not reported.