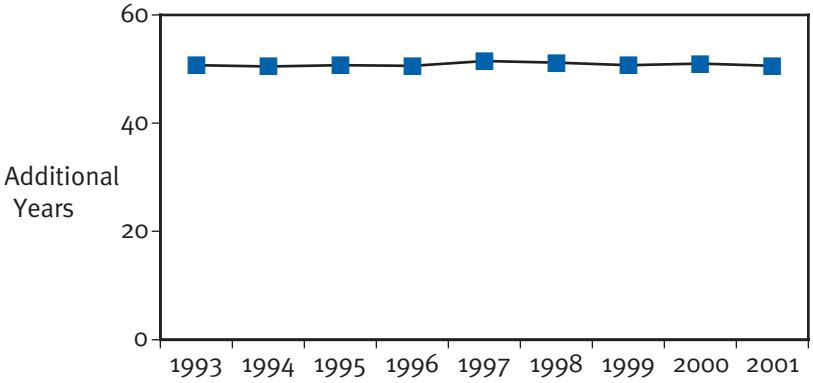
Appendix 3: State Report Card Data

For more information on the definitions used for these indicators, please see "Technical Notes, Data Definitions, and Data Sources," beginning on page 55.

General Health

Years of Healthy Life

A 20 year-old Washington resident can expect about 50 additional years of healthy life.

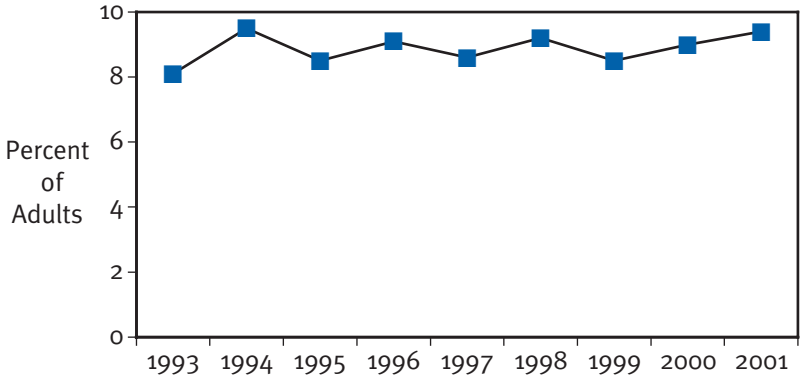


Source: Washington State Death Certificate and BRFSS
Prepared by DOH Office of Epidemiology

Many people value a high quality of life that includes good physical health. In spite of medical advances, overall the number of years of healthy life that can be expected by a 20 year-old has not changed since 1993, although men gained 1 additional year. A 20 year-old woman can expect an additional 53 years of healthy life, while a 20 year-old man can expect 49 additional years.

Emotional Well-being

Almost 1 in 10 adults in Washington report 14 or more days of poor mental health in the past month.



Source: BRFSS
Prepared by DOH Center for Health Statistics

The percent of people reporting 14 or more days of poor mental health has been constant since it was first measured in 1993.

Healthy Child Development

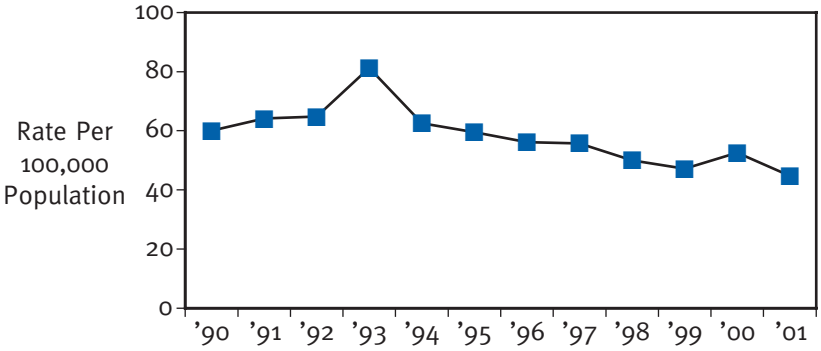
Early childhood development programs, such as programs that help children get ready for school, have been shown to have long-lasting benefits for health and health-related factors. Success in kindergarten, demonstrated by moving into first grade at the end of the school year, is one indication that children are ready for school. The Office of Superintendent of Public Instruction expects to have information on the number of children repeating kindergarten in 2005.

How Safe and Supportive Are Our Surroundings?

How Safe Are Our Food, Water, and Air?

Illnesses Associated with Unsafe Food, Unsafe Water, or Poor Hygiene

With a rate of almost 45 per 100,000, there were about 2,700 reports of illnesses due to unsafe food, unsafe water, or poor hygiene in 2001.



Source: Communicable Disease Database
Prepared by DOH Office of Epidemiology

The annual rate of illness due to unsafe food, unsafe water, or poor hygiene is influenced by the year-to-year variability in rates for specific diseases, which can vary due to many factors, including large multi-state outbreaks. Overall, the rate of illness associated with unsafe food, unsafe water, or poor hygiene has been decreasing.

Safe Drinking Water

Most of Washington's large water systems meet standards for nitrates and coliform.

More than five million people in Washington live in residences served by public water systems that have more than 14 connections or serve more than 24 people (Group A systems). From July 2001 through June 2002, about 62% of these systems, serving approximately 53% of this population, completed testing for nitrates and coliform bacteria and did not exceed allowable levels of these substances. The 38% of systems that did not meet these criteria are not necessarily providing poor quality water. Most systems did some testing even though they did not test as often as required. Approximately 98% of the systems, serving about 92% of this population, did some testing and did not exceed allowable levels of nitrates or coliform bacteria.

Source: Drinking Water Automated Information Network
Prepared by DOH Division of Drinking Water

Air Quality

The percent of people exposed to air pollution at levels that exceed the national outdoor air quality standards decreased substantially over the 1990s.

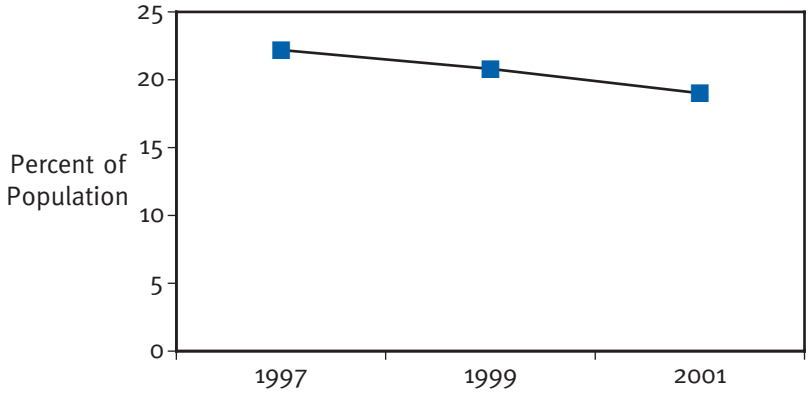
By 2002, no Washington resident was exposed to levels of the six air pollutants covered in the Clean Air Act in excess of the levels allowed by the national standards. The national standards are designed to protect against most adverse health impacts, but not all. Health impacts occur at levels below the standards, especially for sensitive populations. Determining how many residents might be affected is complicated by a lack of known thresholds for some pollutants and resource constraints on monitoring and evaluating air pollution data. Additionally, national standards do not exist for many air pollutants. Recent data indicate that a large proportion of Washington's population faces health risks from pollutants other than the six traditional air pollutants. Air pollution from motor vehicles, especially diesel engines, continues to be a concern.

How Safe and Supportive Are Our Communities?

Economic

Percent Below Poverty Level

In 2001, 1 in 5 Washington households had incomes indicating poverty or risk of poverty.



Source: Washington State Population Survey
State Office of Financial Management

In general, people with higher incomes enjoy better health than people with lower incomes. Stress, difficulty adopting healthy lifestyles, and lack of access to medical care are some of the factors that contribute to this phenomenon. In 2000, the federal poverty level for a household of four people was an annual income of $17,050. But people in households with higher incomes may effectively be living in poverty as well. This Report Card uses double the federal poverty level (annual income of $34,100 for a household of four) as an indicator of poverty or risk for poverty.

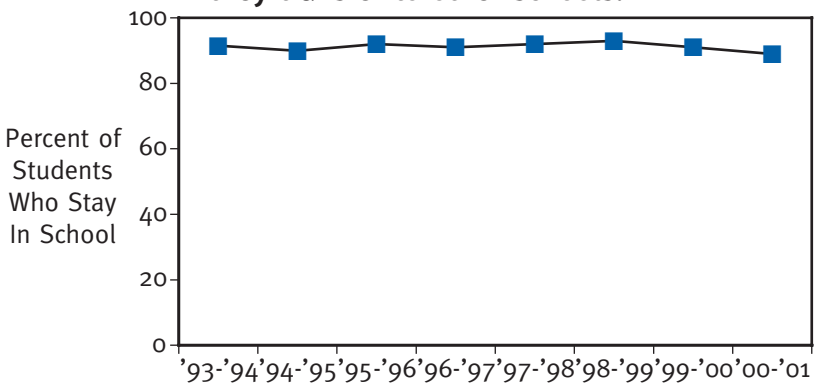
Social Connectedness

Civic Involvement and Interpersonal Trust

People living in communities with high levels of civic involvement and interpersonal trust are healthier than people in communities with low levels of these factors, but the reason for this is not certain. Income disparity could play a role, since communities with large income gaps between the rich and poor often have lower levels of civic involvement and interpersonal trust. Infrastructure supporting health and healthy lifestyles could also play a role, since communities with low levels of civic involvement and interpersonal trust often do not invest in parks, schools, affordable housing, clinics, libraries, and other infrastructure. Compared to other states, Washington residents report relatively high levels of interpersonal trust and civic involvement. More complete information on civic involvement and interpersonal trust in Washington will be available in 2003.

High School Retention Rate

Each year, about 9 out of 10 high school students in Washington stay in their school for the entire year or they transfer to other schools.



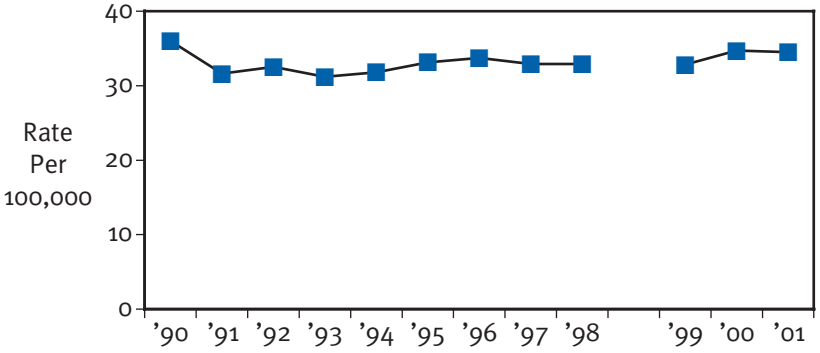
Source: Office of Superintendent of Public Instruction

People with higher levels of education have better health. Of about 10% of students who do not stay in school, about half drop out each year while the status of the other half is unknown. They may have dropped out or they may have gone elsewhere without formally requesting a transfer. The percentage of students who stay in school has been constant for nearly a decade. Estimates of the overall graduation rate in Washington range from about 70% to 80%.

Injuries and Violence

Unintentional Injury

With a death rate of nearly 35 per 100,000, unintentional injury causes about 1 in 20 deaths each year.*



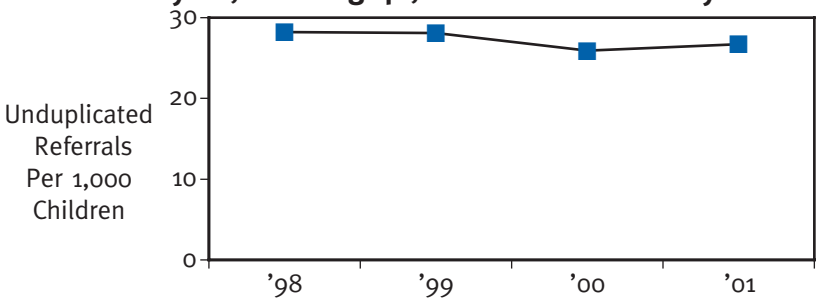
*Coding of death was changed between 1998 and 1999.

Source: Washington State Death Certificate Data

While the overall death rate for injury shows little change, changes are evident for certain types of injury. During the past decade, the motor vehicle death rate declined substantially due to increases in the use of occupant protection devices, efforts to discourage drunk driving, more safety features in cars, and highway engineering improvements. Poisoning death rates, however, increased, with most of the increase attributed to use of drugs or misuse of prescription drugs.

Child Abuse and Neglect

More than 25 of every 1,000 children in Washington are involved in investigations* for child abuse or neglect each year, affecting 40,000 children annually.



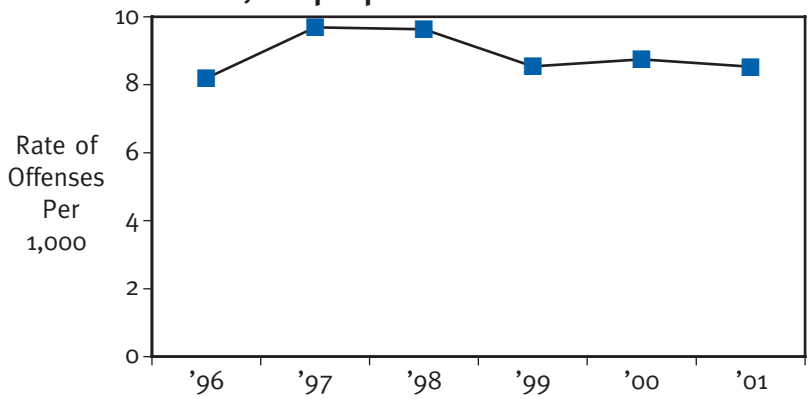
*By Department of Social and Health Services Children's Administration

Source: Children's Administration, Department of Social and Health Services

Child maltreatment causes immediate suffering of the child and often has long-term effects on physical and emotional well-being. Children who have been abused or neglected are at increased risk for delinquency, substance abuse, adolescent pregnancy, suicide attempts, and HIV-risk behaviors. Washington's rate is similar to that reported nationally.

Domestic Violence

Since 1996, domestic violence offenses have occurred in Washington at the rate of 8-10 offenses for every 1,000 people in the state.

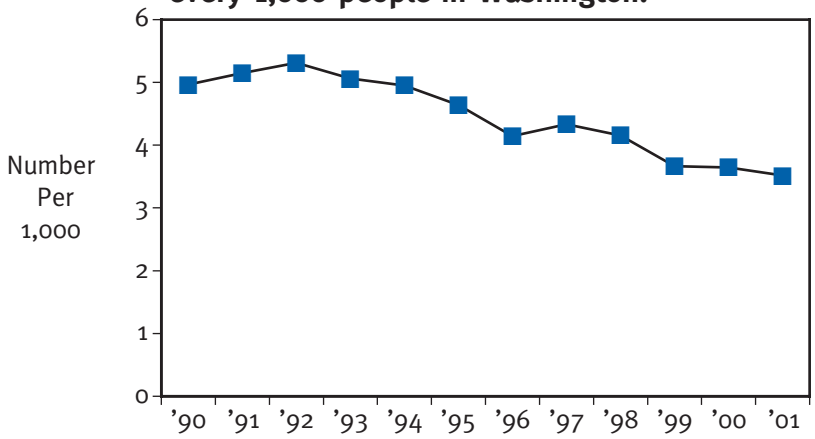


Source: Washington State Association of Sheriffs and Police Chiefs

One in five Washington women reports being injured by domestic violence sometime in her lifetime; in some cases, domestic violence even leads to death. Domestic violence is also associated with impaired social, emotional, and cognitive development of children who are witnesses, and, at least for boys, with perpetuating violence in the next generation. The annual rate of domestic violence-related offenses has not changed substantially since 1996.

Serious Violent Crime

In 2001, about 3.5 serious violent crimes occurred for every 1,000 people in Washington.



Source: Washington State Association of Sheriffs and Police Chiefs

Serious violent crimes include murder, rape, robbery, and aggravated assault. Nationally, rates of violent crime have declined since 1994. The national rate for 2001 was the lowest level recorded since monitoring began in 1973. Violent crime has also been decreasing in Washington.

How Supportive is Our Health Care System?

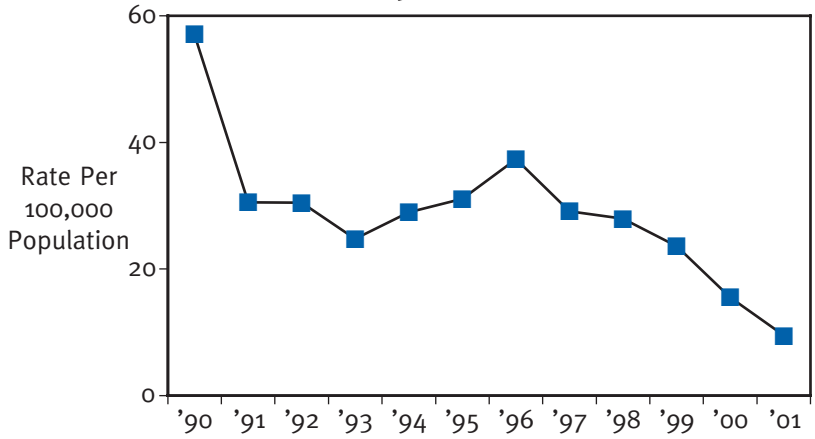
Access to Health Care

In 2001, 1 in 6 households in Washington reported that they were unable to obtain or experienced difficulty or delay in accessing health care.

The major reasons people report unmet health care needs nationally are lack of insurance, under-insurance, other insurance-related factors, unavailability of specialists or appropriate referrals, and transportation-related issues. In Washington, adults lacking health insurance coverage for a full or partial year are four to five times more likely to report unmet health care needs compared to those with insurance for the full year. Among adults who had insurance for the entire year, 11% reported unmet health care needs. Other factors that need to be considered include cultural context and providing the same quality of health care regardless of race, ethnicity, or socio-economic position.

Vaccine-preventable Disease

Rates of Vaccine-preventable Disease



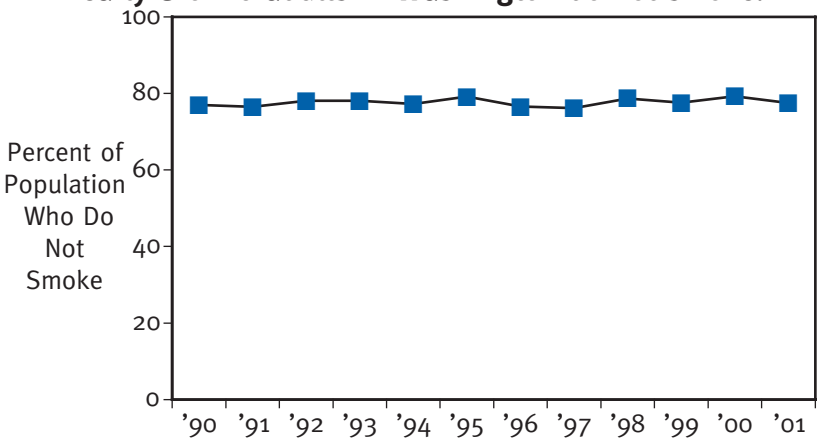
Source: Communicable Disease Database
Prepared by DOH Office of Epidemiology

Rates for Hepatitis A and B, measles, mumps, and *Haemophilus influenzae* have dropped since 1990, while rates for pertussis show considerable year-to-year variation and may be increasing. Occasional measles outbreaks occur with up to several dozen cases. Rates for polio (vaccine-associated), rubella, and tetanus have remained very low since 1990.

How Healthy Are Our Behaviors?

Do we smoke cigarettes?

Nearly 8 of 10 adults in Washington do not smoke.



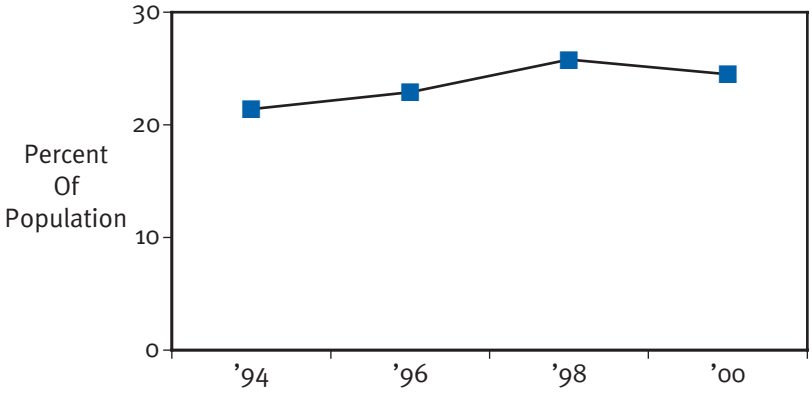
Source: BRFSS
Prepared by DOH Office of Community Wellness and Prevention

The percent of adults who do not smoke has remained steady since 1990, despite increasing knowledge that tobacco is harmful. About one in five deaths in Washington can be attributed to tobacco use.

Among youth, cigarette smoking within the past 30 days increased during the early 1990s and has remained constant since then. In 2000, about 20% of 10th-graders and nearly 30% of 12th-graders reported smoking.

Do we eat fruits and vegetables?

About a fourth of Washington adults eat fruits and vegetables about five times each day.



Source: BRFSS
Prepared by DOH Office of Epidemiology

Eating at least five servings of fruits and vegetables each day is good for your health. But we cannot measure "servings" directly. For 1994-2000, about a fourth of Washington residents report eating fruits and vegetables five *times* a day. But DOH estimates that about half of Washington adults eat at least five *servings* of fruits and vegetables each day. Only about 23% of high school students report eating fruits or vegetables five times daily.

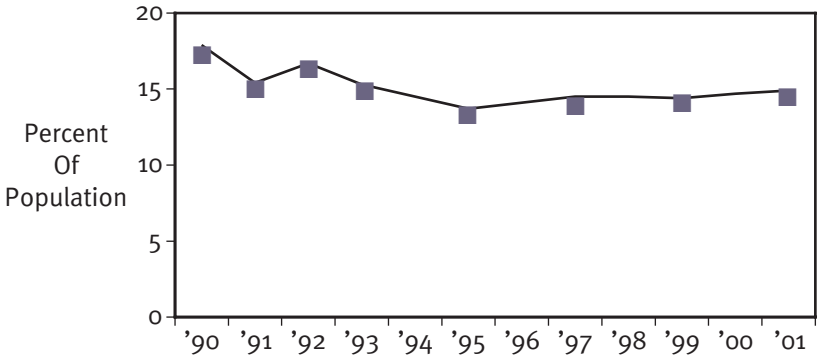
Are we physically active?

In 2001, nearly two-thirds of Washington adults reported that they met the recommendations for vigorous or moderate physical activity during their work or leisure time.

Health benefits from being physically active include reducing the occurrence and/or negative impacts of heart disease, high blood pressure, colon cancer, Type 2 diabetes, falls and fractures, obesity, osteoarthritis, depression, and anxiety. Physical activity is difficult to measure. Prior to 2001, a different set of questions found that about half met the recommendations. It is not clear which measure more accurately depicts physical activity in Washington. The proportion of adults who report meeting recommendations for physical activity during leisure time has changed little since 1987.

Do we abuse alcohol?

Since 1995, approximately 1 in 7 adults in Washington reports drinking 5 or more alcoholic beverages on one occasion, at least once in the past month.



Source: BRFSS
Prepared by DOH Office of Epidemiology

The negative health effects of alcohol, such as liver disease, some cancers, trauma, and impaired fetal development, are associated with greater quantities and duration of use. Drinking five or more alcoholic beverages on one occasion is indicative of heavy drinking. The percent of adults reporting drinking five or more alcoholic beverages on one occasion decreased from 1990-95 and has since remained stable. Decreases in rates of alcohol-related traffic crashes and in deaths from cirrhosis of the liver are consistent with a reduction in heavy drinking. In contrast, the rate of drug-related deaths has been increasing, but there are still fewer drug-related deaths than deaths related to alcohol.

Technical Notes, Data Definitions, and Data Sources For the Key Health Indicators

Technical notes

Age-adjustment

Rates of disease and factors associated with disease generally vary by age. For example, heart disease and cancer increase as people age. Health data are often adjusted for age to allow comparisons between two or more populations independent of their age structures. For simplicity, we did not adjust the data in this appendix for age. Because the most common age-adjustment standard is the 2000 U.S. standard population and because Washington's current population is similar to that standard, age-adjustment does not substantively change any of the rates or percents reported in this appendix. Nonetheless, the reader should exercise caution when comparing these rates and percentages to those from other sources. Additional information on age-adjustment can be found at http://www.doh.wa.gov/Data/Guidelines/Rateguide.htm.

Confidence intervals

A confidence interval is a range of values that is normally used to describe the uncertainty or variability around a rate or percent. It is especially important to know the variability around a rate or percent when the variability is relatively large and when comparing rates or percents, such as between two populations or two different years. Confidence intervals are commonly reported as plus or minus a certain amount. For simplicity, we did not include confidence intervals for the data presented in this appendix. The variability is relatively small for most of the data presented (e.g., plus or minus 1 or 2 percent). We also discussed the findings in a manner intended to remind the reader that the data are estimates with some variability. For example, in discussing fruit and vegetable consumption, we say "Only about a fourth of Washington residents eat fruits and vegetables at least five times each day," rather than giving an exact percent with a confidence interval. Providing annual data allows the reader to see the amount of year-to-year variability. If the yearly estimates bounce up and down, as in the chart on Emotional Well-being, the annual fluctuations are most likely due

to chance and would be described by the use of confidence intervals. Additional information on confidence intervals is available at http://www.doh.wa.gov/Data/Guidelines/ConfIntguide.htm.

Tests of trend

We use tests of trend to determine whether rates and frequencies are increasing, decreasing, or staying the same over time. For the data in this appendix, we used the "joinpoint" methodology developed by the National Cancer Institute. Information on this method is available at http://srab.cancer.gov/joinpoint.

General Health Status

Years of healthy life

"Years of healthy life" is calculated by adjusting life expectancy derived from death certificate data with health status measured by the Behavioral Risk Factor Surveillance System (BRFSS) question, "Would you say your health in general is excellent, very good, good, fair, or poor?" The method used is described in U.S. Centers for Disease Control and Prevention, National Center for Health Statistics (CDC-NCHS) Statistical Notes, Number 21, August 2001. The method is slightly modified because the measure of health status is available only for people age 18 and older. Thus, we calculate years of healthy life (referred to as "healthy life expectancy" in the CDC-NCHS report) as the number of additional years a 20 year-old is expected to live in good, very good, or excellent health. Information on the death certificate and BRFSS is available at http://www.doh.wa.gov/HWS/doc/AppendixB.doc.

Emotional well-being

The indicator for emotional well-being is frequent mental distress, measured by the percent of people reporting 14 or more days in response to the BRFSS question, "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?" Additional information on BRFSS is available at http://www.doh.wa.gov/HWS/doc/AppendixB.doc.

Healthy child development

The indicator for healthy child development is a child's readiness to learn when he or she enters kindergarten. Readiness to learn includes both cognitive and social functioning. Repeating kindergarten is one indication that a child was not ready to learn when entering kindergarten. The state Office of Superintendent of Public Instruction expects to have information on the percent of children repeating kindergarten beginning in 2005 for the 2003-04 school year.

How safe and supportive are our surroundings?

How safe are our food, water, and air?

Illnesses commonly associated with unsafe food, unsafe water, or poor hygiene

Many pathogens can be spread through contaminated water or food, or through poor hygiene, such as when a food preparer does not wash his hands after using the lavatory. The Washington Administrative Code (WAC) 246-101 requires that health care providers, hospitals, and/or laboratories report diseases of public health importance to state or local public health officials. These reports are compiled at the state level and become part of the Infectious Disease Reporting System. This indicator is measured by the number of reported cases of the following diseases per 100,000 persons:

- Acute viral gastroenteritis
- Campylobacteriosis
- E. coli O157:H7 infection or hemolytic uremic syndrome
- Giardiasis
- Listeriosis
- Salmonellosis
- Shigellosis
- Vibriosis (non-cholera)
- Yersiniosis

Additional information on the Infectious Disease Reporting System is available at http://www.doh.wa.gov/HWS/doc/AppendixB.doc. Population data needed to calculate rates is developed by the state Office of Financial Management and available at http://www.ofm.wa.gov/pop/index.htm#est.

Safe drinking water

To assure safe drinking water, water systems must test water and the water must be clean. The Report Card indicator for safe drinking water is the percent of the population that receive their water from a Group A system that has completed all required testing, does not have E. coli or fecal coliforms in the water, and has nitrate levels that are below 10 parts per million. Group A systems are public water supplies that have more than 14 connections or serve 25 or more people each day. Water systems provide information on testing to the Washington State Department of Health Division of Drinking Water. The Department compiles this information into the Drinking Water Automated Information Network (DWAIN). Population served is estimated from the number of connections. A data system capturing information for smaller public water systems (Group B) and for contaminants in addition to coliform bacteria and nitrates is under development.

Air quality

One indicator of air quality is whether areas meet the National Ambient Air Quality Standards (NAAQS). NAAQS include particulate matter (PM10), carbon monoxide (CO), ground-level ozone (O_3), nitrogen dioxide, sulfur dioxide, and lead. In Washington State, we currently monitor PM10, CO, and O_3. Monitoring for nitrogen dioxide, sulfur dioxide, and lead is not required in Washington because levels of these pollutants have not exceeded national standards for many years. This indicator provides the percent of the population in the areas of Washington that have not met the standards for one of the NAAQS. Data on areas that continue to be monitored are collected by the Washington State Department of Ecology and local Clean Air agencies. Data for this report were provided by the Department of Ecology.

How safe and supportive are our communities?

Economic

Percent below poverty threshold

This indicator is measured by the percent of Washington State households with incomes less than twice the U.S. poverty threshold. In 2000, the federal poverty level for a family of four was $17,050; twice the federal poverty level was $34,100. The state Office of Financial Management collects information on household size and income on the State Population Survey and uses this information to calculate the percent of households with incomes less than twice the federal poverty rate. The State Population Survey is a telephone survey of the general population that focuses primarily on issues of employment, family poverty, immigration, health, and health insurance coverage. Information on the State Population Survey is available at http://www.ofm.wa.gov/sps/index.htm.

Social connectedness

Civic involvement/interpersonal trust

This measure is under development. The 2002 BRFSS includes one question from each of the five domains used in the Social Capital Index derived by Robert Putnam (Bowling Alone, 2000). We will develop an index similar to that recommended by Putnam or use a smaller set of questions if we find that a subset has the same predictive power as an index using all five questions. The five domains of the Social Capital Index are community organizational life (question 1 below), engagement in public affairs (question 2), community volunteerism (question 3), informal sociability (question 4), and social trust (question 5). For community organizational life and social trust, we selected the specific question from each domain with the highest correlation to the overall index. For engagement in public affairs and community volunteerism, we selected the measure that had good correlation to the overall index and could be asked in a self-report format. Finally, for informal sociability we are testing two questions. While one has a slightly higher correlation with the rest of the scale, the other might provide more objective responses. All of these questions have been used previously on large national surveys. The questions and response categories are as follows:

1. In the past year, did you serve on a committee for a local organization? Yes, No, Don't know, Refused

2. In the past year, did you attend a public meeting on town or school affairs? Yes, No, Don't know, Refused

3. How many times, if any, did you do volunteer work in the past year? None, Number of times per week, month, or year with respondents using the time frame that is easiest for them, Don't know, Refused

4a. How many times, if any, did you entertain people in your home in the past year? None, Number of times per week, month, or year with respondents using the time frame that is easiest for them, Don't know, Refused

4b. I spend a lot of time visiting friends. Agree, Disagree

5. Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people? Most people can be trusted, Can't be too careful, Depends, Don't know, Refused.

General information on BRFSS can be found at http://www.doh.wa.gov/HWS/doc/AppendixB.doc.

School retention rates

This is measured as the percent of students enrolled in grade 9-12 in October who are not coded to "drop out" or "status unknown" in June of the same academic year. These data are provided by the Office of Superintendent of Public Instruction. Information is available at http://www.k12.wa.us/dataadmin/#dropoutgrad.

Injuries and violence

Unintentional injuries

Unintentional injuries are measured as the number of deaths per 100,000 population with an underlying cause of unintentional injury. These data are available through the death certificate. Information on the death certificate system can be found at http://www.doh.wa.gov/HWS/doc/AppendixB.doc. Population data needed to calculate rates are developed by the Office of Financial Management and available at http://www.ofm.wa.gov/pop/index.htm#est.

Domestic violence

The number of offenses involving domestic violence per 1,000 population is reported by local police jurisdictions to the Washington Association of Sheriffs and Police Chiefs (WASPC). Offenses include felonies, gross and simple misdemeanors, and violations of protection and no contact orders. An offense does not necessarily involve an arrest. Reporting to WASPC is voluntary, but WASPC estimates that reporting covers 98% of Washington's population. Data are available from http://www.waspc.org/wucrwibr/index.shtml. The rates reported in this Report Card are based on the entire population, even though the offenses cover about 98% of the population. While this practice does not result in substantive errors when using offenses for the entire state, local jurisdictions need to determine whether a large enough portion of their population is covered by the voluntary reporting to allow use of the total population or whether populations that are not covered need to be excluded in calculating rates. Population data needed to calculate rates are developed by the Office of Financial Management and available at http://www.ofm.wa.gov/pop/index.htm#est.

Child abuse and neglect

Child abuse and neglect is measured as the unduplicated number of children in Washington younger than 18 years old in referrals accepted for investigation by Washington State Child Protective Services (CPS) per 1,000 children. About half of referrals to CPS are accepted, meaning that they passed an initial screening to determine whether investigation was required. Reports that do not provide enough information, that have no legal basis for complaint, or where the child cannot be located are not accepted for investigation. Also, if the suspected perpetrator is not a caretaker, the case might not be accepted by CPS but might instead be referred to law enforcement authorities for investigation. But CPS can become involved if the perpetrator is a licensed caretaker or if the child's parent or guardian refuses to remove the child from a situation that places the child at risk of abuse. These data do not include findings of the subsequent investigation. "Unduplicated" means that each child is counted only once even if he or she is reported several times during a year. Information on the number of children involved in accepted referrals was provided by the Washington State Department of Social and Health Services, Children's Administration. Population data needed to calculate rates are developed by the Office of Financial Management and available at http://www.ofm.wa.gov/pop/index.htm#est.

Violent crimes
This indicator reports the number of serious violent crime offenses reported per 100,000 population. Serious violent crimes include murder, rape, robbery, and aggravated assault. Because not all serious violent crimes result in an arrest, reported offenses provide a more complete indicator of violence than do arrests. These data are developed in the same manner as the data for domestic violence described above.

How supportive is our health care system?

Access to health care
Access to health care is measured as the percent of households in which people report being unable to obtain health care or experiencing difficulty or delay in obtaining health care. Households are counted as being unable to obtain health care or experiencing difficulties or delays if a BRFSS respondent answers "yes" to any of the following questions:

- In the last 12 months, were you or any adult in your household unable to obtain any type of health care you or they thought was needed?
- In the last 12 months, did you or any adult in your household experience difficulty or delay in obtaining any type of health care you or they thought was needed?
- In the last 12 months, were any children living in your home unable to obtain any type of health care you thought they needed?
- In the last 12 months, did any children living in your home experience difficulty or delay in obtaining any type of health care you thought they needed?

These questions were added to the Washington BRFSS in 2001. We plan to ask them every two years. The questions are similar to those asked on the Medical Expenditure Panel Survey (MEPS), which is administered as a computer-assisted, in-person interview to a representative sub-sample of the National Health Interview Survey (NHIS). The data are used at the national level in conjunction with NHIS to monitor use of medical care services, access to care, and satisfaction with care. General information on BRFSS can be found at http://www.doh.wa.gov/HWS/doc/AppendixB.doc.

Vaccine-preventable diseases
The Washington Administrative Code (WAC) 246-101 requires that health care providers, hospitals, and/or laboratories report diseases of public health importance to state or local public health officials. These reports are compiled at the state level and become part of the Infectious Disease Reporting System. This indicator provides a rate per 100,000 people for the following diseases:

- *Haemophilus influenzae*
- Hepatitis A
- Hepatitis B
- Measles
- Mumps
- Pertussis
- Polio
- Rubella
- Tetanus

Information on the Infectious Disease Reporting System is available at http://www.doh.wa.gov/HWS/doc/AppendixB.doc. Population data needed to calculate rates is developed by the Office of Financial Management and available at http://www.ofm.wa.gov/pop/index.htm#est.

How healthy are our behaviors?

Do we smoke cigarettes?

This indicator is measured as the percent of BRFSS respondents who answer "no" to "Have you smoked at least 100 cigarettes in your entire life?" or "Not at all" to "Do you now smoke cigarettes every day, some days, or not at all?" While other forms of tobacco use and exposure to second hand tobacco smoke also have detrimental effects on health, cigarette smoking is the most common type of tobacco use. The questions on cigarette smoking have been asked annually since 1987. Information on BRFSS is available at http://www.doh.wa.gov/HWS/doc/AppendixB.doc.

Do we eat fruits and vegetables?

A healthy diet includes numerous factors, such as maintaining a balance among protein, carbohydrates, and fats; eating the number of calories needed to maintain a healthy weight; eating at least five servings of fruits and vegetables each day; and providing breast milk for children for at least six months. The nutrition indicator is the percent of BRFSS respondents who report consuming fruits and vegetables at least five times per day. The measure is a composite of six BRFSS questions that ask how many times the respondent drinks fruit juice and eats fruit, potatoes, carrots, green salad, and other vegetables. The respondent can answer with the number of times each day, week, month, or year.

Substantial evidence suggests consuming at least five daily servings of fruits and vegetables can prevent cancer in the mouth, pharynx, larynx, esophagus, lung, stomach, colon, rectum, bladder, and cervix. Recent evidence also suggests eating fruits and vegetables, regardless of fat intake, might prevent coronary heart disease and stroke. The BRFSS measures times per day, not servings. A special survey conducted by DOH in 1998 indicated that the percent of people consuming at least five servings each day is about double the percent who consume fruits and vegetables at least five times each day.

Information on BRFSS is available at http://www.doh.wa.gov/HWS/doc/AppendixB.doc.

Are we physically active?

Physical activity is measured as the percent of BRFSS respondents who report physical activity at work or report meeting CDC's recommendations for moderate or vigorous physical activity during their leisure time.

- Physical activity at work is measured as those who answer "mostly walking" or "mostly heavy labor or physically demanding work" in response to the question, "When you are at work, which of the following best describes what you do?" OR
- Those who meet recommendations for moderate leisure-time physical activity report at least five days a week and at least 30 minutes a day in response to the questions, "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 small increases in breathing or heart rate?" If yes, "How many days per week do you do these moderate activities for at least 10 minutes at a time?" and "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?" OR
- Those who meet recommendations for vigorous physical activity report at least three days a week and at least 20 minutes a day in response to the questions, "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?" If yes, "How many days per week do you do these vigorous activities for at least 10 minutes at a time?" and "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?"

The questions on moderate and vigorous physical activity include an introductory sentence that tells people not to consider activity at work.

Information on BRFSS is available at http://www.doh.wa.gov/HWS/doc/AppendixB.doc.

Do we abuse alcohol?

Negative health effects of alcohol are associated with greater quantities and duration of use. We cannot measure alcohol abuse directly, but people who drink five or more drinks on one occasion are at risk for alcohol abuse. The report card measures the percent of BRFSS respondents who answer "one or more times" to the question, "Considering all types of alcoholic beverages, how many times during the past 30 days did you have five or more drinks on an occasion?"

Information on BRFSS is available at http://www.doh.wa.gov/HWS/doc/AppendixB.doc.