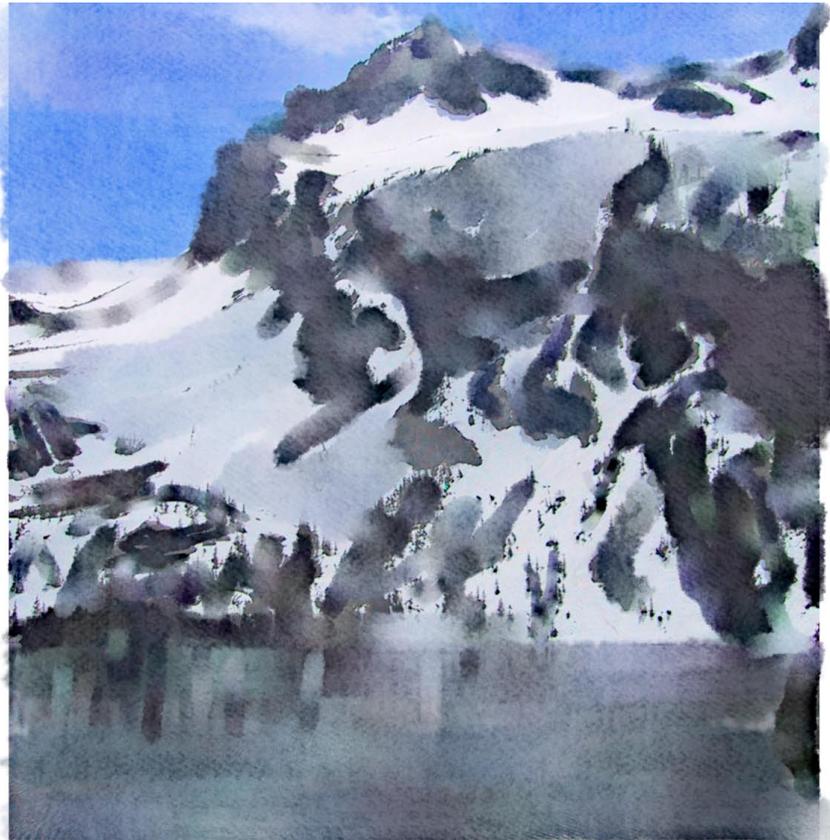




The Burden of Heart Disease and Stroke in Idaho 2005



IDAHO DEPARTMENT OF
HEALTH & WELFARE



Executive Summary

The purpose of this burden document is to help identify specific areas of concern relating to morbidity and mortality associated with cardiovascular diseases (CVD) which comprise cerebrovascular diseases, diseases of heart and other cardiovascular diseases.

Mortality

In 2003 (the most recent year data are available nationally), Idaho ranked 40th among states for heart disease deaths and 17th for stroke deaths. The Idaho heart disease death rate decreased 19.1% from 219.2 in 1999 to 177.4 in 2005. In 2004:

- Cardiovascular diseases accounted for one-third of Idaho resident deaths.
- Heart disease was the leading cause of death, accounting for 24% of all resident deaths.
- Cerebrovascular deaths (stroke) accounted for 7% of all deaths and was the 3rd leading cause of death in Idaho in 2004.
- Among the major cardiovascular diseases, 48% of deaths were due to ischemic heart disease, 21% were due to cerebrovascular diseases, and 13% were due to other heart diseases.

In 2003, Idaho ranked 40th among states for heart disease deaths and 17th for stroke deaths.

Mortality rates for diseases of the heart vary among the seven Public Health Districts in Idaho. Health District 4 has the lowest age-adjusted cardiovascular disease death rate of 174.7 per 100,000 population, and Health District 6 has the highest age-adjusted cardiovascular death rate of 227.7 per 100,000 population. Mortality rates for cerebrovascular diseases also vary from health district to health district. The lowest age-adjusted mortality rate for cerebrovascular diseases is 48.5 per 100,000 population in Health District 7. The highest rate is found in Health District 6 (69.5 per 100,000 population) based on the 2002-2004 age-adjusted death rates.

While CVD deaths are not common among younger Idahoans, the number of deaths due to cardiovascular diseases increases markedly among those age 65 and older. Of the 3,369 Idahoans who died in 2004 of major cardiovascular diseases, 51% were female (1,734 deaths) and 49% were male (1,635 deaths).



Morbidity

Idaho does not currently have statewide hospitalization data, which makes CVD morbidity difficult to measure. However, Idaho does collect limited information on CVD morbidity for adults age 18 and older via the Idaho Behavioral Risk Factor Surveillance System (BRFSS). BRFSS is conducted as a random telephone survey of the noninstitutionalized adult population. For the 2005 BRFSS, a minimum of 700 Idaho adults were interviewed in each of the seven public health districts, for a total sample size of 5,734. Prevalence estimates based on denominators with fewer than 50 respondents have been suppressed and are indicated in the data tables with an asterisk (*). Results of the 2005 Idaho BRFSS were tabulated by the Bureau of Health Policy and Vital Statistics.

Heart Disease

According to results of the 2005 Idaho BRFSS, 5% of Idaho adults have been diagnosed with heart disease.

- Males (6%) were significantly more likely than females (4%) to have been diagnosed with heart disease.
- Among Idahoans age 65 and older, 13.8% have been diagnosed with heart disease compared to 1.9% of Idaho adults aged 18 to 44.

Disparities relating to CVD morbidity are also evident among Idahoans of differing household incomes and levels of educational attainment. Like many health-related disparities that exist in Idaho, those with lower household income and lower educational attainment are at higher risk of being diagnosed with heart disease. Cardiovascular disease diagnoses did not differ significantly among Idaho's seven public health districts.

Stroke

Overall in 2005, 2% of Idaho adults indicated that they had been diagnosed with a stroke. Although there is no difference in rates of stroke diagnoses among males and females, adults aged 65 and older (8%) were significantly more likely to have been diagnosed with stroke than those aged 45 to 64 (3%) or those aged 18 to 44 (1%). Similar to heart disease morbidity, persons of lower household incomes and lower educational attainment were at a greater risk for being diagnosed with a stroke. Stroke diagnoses differed slightly between public health districts; the lowest prevalence of stroke diagnoses among adults was 2% in Health District 4, while the highest prevalence was 4% in Health District 2.

Risk Factors for CVD

Risk factors associated with heart disease and stroke include smoking, diabetes, high blood pressure (hypertension), high blood cholesterol, obesity, poor diet and a sedentary lifestyle. Adults who have been diagnosed with high cholesterol, hypertension and diabetes are significantly more likely to have ever been diagnosed with heart disease or stroke (2005 BRFSS).

Smoking

Although smoking contributes to heart disease and stroke, Idaho adults who had been diagnosed with some form of CVD were not significantly more likely to be current smokers than those who had not been diagnosed with cardiovascular diseases.

Diabetes

In 2005, adults diagnosed with CVD were more than 3 times as likely to have been diagnosed with diabetes than the state population as a whole.

Hypertension

More than half of all Idaho adults diagnosed with CVD had also been diagnosed with hypertension. In comparison, less than 25% of adults who have not been diagnosed with CVD have been diagnosed with hypertension.

Blood Cholesterol

Respondents who were diagnosed with CVD were more likely to have also been told that they have high cholesterol than the state total. However, respondents diagnosed with CVD were more likely to have had a cholesterol screening in the last 5 years than those not diagnosed with CVD.



Overweight/Obesity

In 2005, Idaho adults who had experienced a heart attack were more likely to be overweight than the state total. In the same year, there was no difference in overweight prevalence between the state total and those that had been diagnosed with angina or a stroke. There was also no difference in obesity rates between the state total and those that had been diagnosed with CVD.

Sedentary Lifestyle

Idaho adults who had been diagnosed with a heart attack or stroke were statistically more likely to have NOT participated in leisure time physical activity than the state total.

Racial and Ethnic Disparities for CVD

Data on the various races and ethnicities in Idaho are limited due to the relatively small proportion of Idahoans who report that they are of other racial categories than White or other ethnicities than non-Hispanic. By aggregating several years of BRFSS data it is possible to provide some data on Asians, Native Americans and persons of Hispanic origin. For many of the measures obtained from the BRFSS survey, Native Americans are at significantly greater risk for smoking, not having blood cholesterol screened, overweight and obesity, and diabetes. Idaho's Hispanic adults have significantly greater risks for smoking, binge drinking, no leisure time physical activity and no moderate or vigorous exercise. Despite increased health risks for Hispanics in some health risk areas, Hispanic adults have significantly lower prevalence rates for heart attacks and strokes, high blood cholesterol and hypertension than non-Hispanic Idaho adults.



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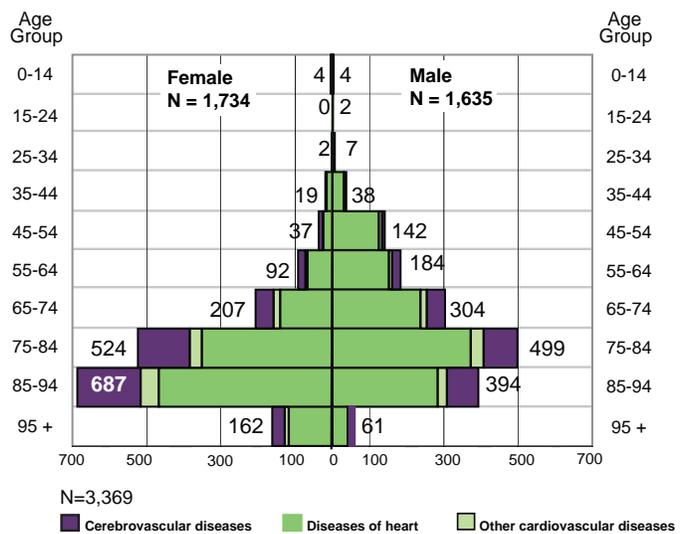
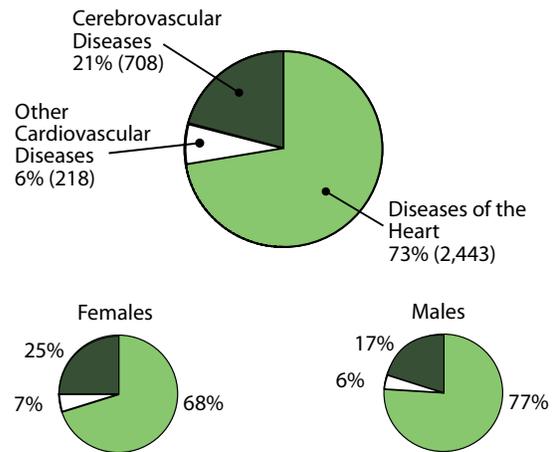
Diseases of Heart and Cerebrovascular Diseases



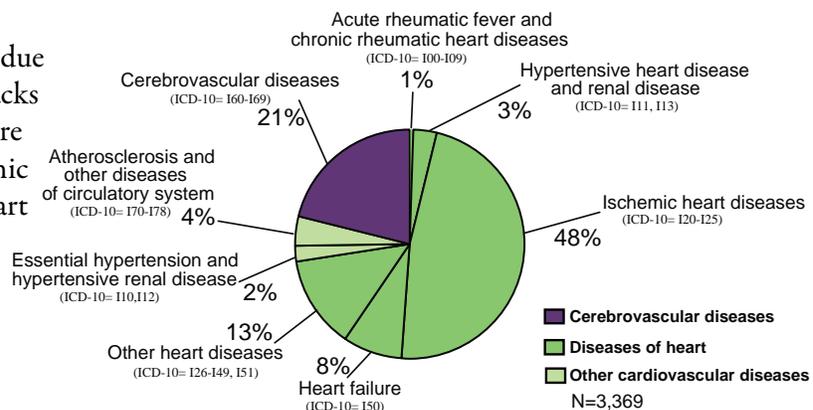
Overview

Cardiovascular disease (heart disease and stroke) accounted for one-third of Idaho resident deaths in 2004 (2,269 deaths); of those deaths, 51% were females (1,734) and 49% were males (1,635). Heart disease is the leading cause of death in Idaho, accounting for 24% of the total deaths to Idaho residents in 2004. The third leading cause of death in Idaho is stroke, which accounted for 7% of the total deaths to Idaho residents. Idaho ranked 40th among the states for heart disease deaths and 17th for stroke deaths in 2003 (the most recent year for which state rankings are available).

- Every day, on average, 7 Idahoans die from heart disease and 2 Idahoans die from stroke.
- In 2004, 1 in 3 resident deaths was due to major CVD.



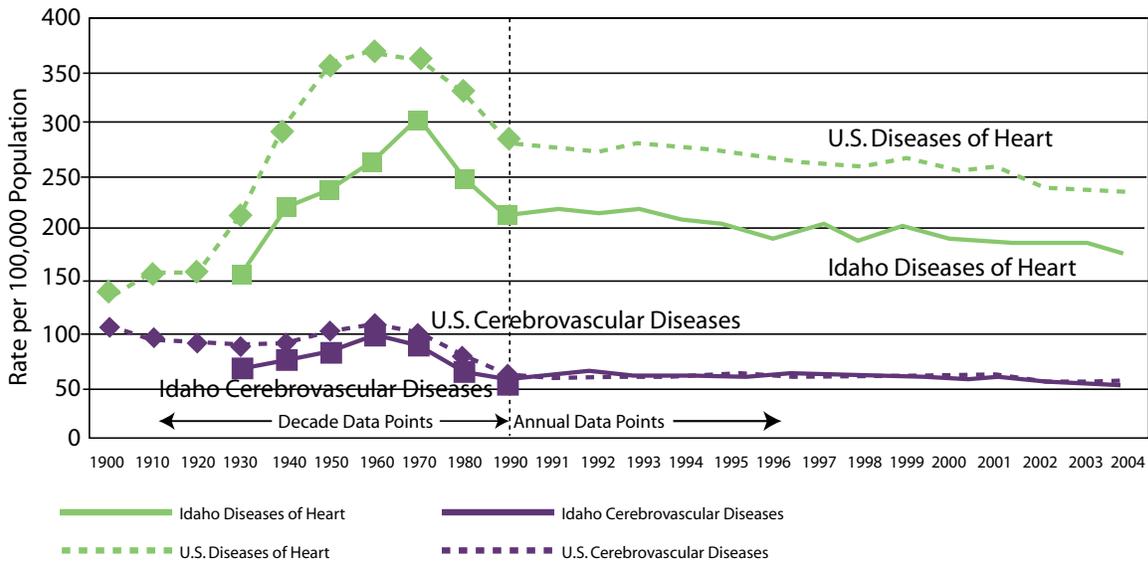
The ICD-10 disease classification for ischemic heart disease includes; angina pectoralis, acute myocardial infarction (heart attack), other acute ischemic heart diseases and chronic ischemic heart disease. Together they accounted for the largest portion of major CVD deaths in 2004 (48%). Of the ischemic heart disease deaths, 51% were deaths due to heart attacks and 49% were due to chronic ischemic heart disease.



Major Cardiovascular Disease Mortality Trend

Heart disease has been the leading cause of death in the U.S. since 1921 and cerebrovascular diseases have been the third leading cause of death since 1938.³ In the time-series graph below, the U.S. and Idaho crude death rate trends are shown for diseases of heart and cerebrovascular diseases.

U.S. and Idaho Diseases of Heart and Cerebrovascular Diseases Crude Death Rates



Crude Death Rate	1900	1910	1920	1930	1940	1950	1960	1970	1980	1990	1991	1992
¹ Idaho Diseases of heart ³	NA	NA	NA	156.8	220.8	235.0	260.8	302.4	248.7	213.9	218.6	212.9
¹ Idaho Cerebrovascular Diseases ⁴	NA	NA	NA	67.3	75.4	83.0	99.2	89.9	63.1	56.2	58.6	63.2
² U.S. Diseases of heart ³	137.4	158.9	159.6	214.2	292.5	355.5	369.0	362.0	330.8	285.0	280.6	275.6
² U.S. Cerebrovascular Diseases ⁴	106.9	96.0	93.0	89.0	90.9	104.0	108.4	101.9	78.8	60.6	59.4	58.7
Rates based on International Classification of Diseases Revision	ICD-5	ICD-5	ICD-5	ICD-5	ICD-5	ICD-6	ICD-7	ICD-8	ICD-9*	ICD-9*	ICD-9*	ICD-9*
Crude Death Rate	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
¹ Idaho Diseases of heart ³	219.2	207.7	206.4	195.5	203.9	192.0	201.5	194.0	188.0	188.6	187.9	175.3
¹ Idaho Cerebrovascular Diseases ⁴	62.0	60.4	58.5	62.4	61.7	60.0	61.3	55.1	59.0	55.0	55.8	50.8
² U.S. Diseases of heart ³	281.7	274.1	272.8	268.1	262.6	258.7	265.9	257.9	258.2	241.3	235.4	235.6
² U.S. Cerebrovascular Diseases ⁴	60.5	61.0	62.2	62.2	61.3	60.2	61.8	60.3	60.9	56.5	54.3	54.2
Rates based on International Classification of Diseases Revision	ICD-9*	ICD-9*	ICD-9*	ICD-9*	ICD-9*	ICD-9*	ICD-10	ICD-10	ICD-10	ICD-10	ICD-10	ICD-10

1. Idaho Death Rates 1930-1940 from NCHS “Vital Statistics Rates in the United States 1900-1940,” 1950-1970 from Idaho Annual Vital Statistics Reports, 1980-1998 from Vital Statistics database, 1999-2004 from Idaho Annual Vital Statistics Reports.

2. U.S. Death Rates 1900-1960 from NCHS “Leading Causes of Death, 1900-1998,” 1970 from “Vital Statistics of the United States 1970-volume II-Mortality,” 1980-1998 from NCHS WONDER database, 1999-2004 from Idaho Annual Vital Statistics Report based on NCHS U.S. numbers.

3. Diseases of heart: [Diseases of the heart (ICD5 = 9095), Diseases of the heart (ICD6 = 410433), Diseases of the heart (ICD7 = 400402, 410443), Diseases of heart (ICD8 = 390398, 402, 404, 410429), Diseases of heart (ICD9* = 390398, 402, 404429), Diseases of heart (ICD10 = I00I09, I11, I13, I20I51)]

4. Cerebrovascular diseases: [Intracranial lesions of vascular origin (ICD5 = 83), Intracranial lesions affecting central nervous system (ICD6 = 330334), Intracranial lesions affecting central nervous system (ICD7 = 330334), Cerebrovascular diseases (ICD8 = 430438), Cerebrovascular diseases (ICD9* = 430434, 436438), Cerebrovascular diseases (ICD10 = I60I69)]

NA: Data not available.

*Death Rates are based on the modified ICD9 codes that are comparable with the ICD10 codes for the disease category with the comparability ratio ICD10 to ICD9 applied to the rate.

Diseases of Heart Mortality Trend

Idaho has been following the U.S. trend in the decline of death rates due to diseases of heart. There is no Healthy People 2010 goal for diseases of heart; however, there is a goal for coronary heart disease, which is a subcategory of diseases of heart. The Healthy People 2010 goal is to reduce coronary heart disease deaths to an age-adjusted death rate of 162.0 per 100,000 population. In 2005, Idaho's coronary heart disease age-adjusted death rate was 121.6, which was 25% lower than the Healthy People 2010 coronary heart disease mortality goal.

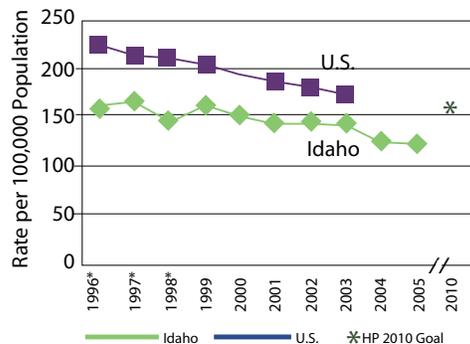
U.S. and Idaho Diseases of Heart Mortality, 1999-2005

Year	Idaho Diseases of Heart Death Rates (rate per 100,000)					U.S. Diseases of Heart Death Rates (rate per 100,000)					
	Idaho Population	Idaho Total Deaths	Idaho Diseases of Heart Deaths	Percentage of Deaths due to Heart Diseases	Crude	Age-Adjusted	Age-Adjusted Rate percent change from previous year	Percentage of Deaths due to Heart Diseases	Crude	Age-Adjusted	Age-Adjusted Rate percent change from previous year
1999	1,251,700	9,508	2,522	26.5	201.5	219.2		30.3	259.9	266.5	
2000	1,293,953	9,535	2,510	26.3	194.0	214.4	-2.2	29.6	252.6	257.6	-3.3
2001	1,321,006	9,751	2,484	25.5	188.0	208.1	-2.9	29.0	245.8	247.8	-3.8
2002	1,341,131	9,909	2,530	25.5	188.6	202.9	-2.5	28.5	241.7	240.8	-2.8
2003	1,366,332	10,364	2,568	24.8	187.9	197.0	-2.9	28.0	235.6	232.3	-3.5
2004	1,393,262	10,013	2,443	24.4	175.3	183.8	-6.7	27.2	222.2	217.0	-6.6
2005	1,429,096	10,513	2,443	23.2	170.9	177.4	-3.5		NA	NA	

U.S. and Idaho Coronary Heart Disease Mortality Trend (1996-2005) Compared to Healthy People 2010 Goal

Age-Adjusted Rate per 100,000

	Idaho	US	HP 2010
1996*	160.6	222.5	
1997*	164.4	213.8	
1998*	147.2	207.6	
1999	161.4	202.9	
2000	152.7	195.4	
2001	144.1	186.5	
2002	143.8	180.0	
2003	141.4	172.4	
2004	127.4	NA	
2005	121.6	NA	
			162.0



The Idaho heart disease death rate decreased 19.1% from 219.2 in 1999 to 177.4 in 2005.

Crude rate: Number of deaths per 100,000 population. Age-Adjusted rate: Number of deaths per 100,000 population adjusted to the age composition of the area. Diseases of heart ICD-10 codes: I00-I109, I11, I13, I20-I51. NA: U.S. 2005 data are not available at this time.

*1996-1998 Age-adjusted rates are based on modified ICD9 codes (402, 410-414, 429.2), and had the comparability ratio of 1.0006 applied to them. Coronary heart disease defined by HP2010 includes the ICD10 codes: I11 which is the ICD code for Hypertensive heart disease and I20-I25 which are the codes for Ischemic heart disease. Idaho data source: Idaho Dept. of Health and Welfare, Bureau of Health Policy and Vital Statistics. U.S. data source: CDC WONDER, <http://wonder.cdc.gov/> NA: U.S. 2005 data are not available at this time.

Diseases of Heart Mortality Trend (continued)

In 2003, Idaho ranked 40th among the states for deaths due to diseases of heart based on age-adjusted death rates.

U.S. and Idaho Resident Deaths due to Heart Diseases Average Annual Age-Adjusted Rates - 1996-1998, 1999-2001, and 2001-2004

3-Year Period	Idaho Heart Disease Deaths	Idaho Rate	95% Confidence Interval (CI)	Year	U.S. Rate
1996-1998	7,151	220.2	215.1 - 225.3	1997	273.6
1999-2001	7,516	214.0	209.1 - 218.8	2000	257.9
2002-2004	7,541	193.2	188.8 - 197.6	2003	232.3

Heart Diseases Deaths State Ranking Based on Age-Adjusted Rates in 2003 (Top and Bottom 5 States)

Rank	State	Number of Deaths	Age Adjusted Rate Per 100,000
1	Mississippi	8,683	316.7
2	Oklahoma	11,061	305.4
3	Alabama	13,150	286.8
4	West Virginia	6,186	286.0
5	Kentucky	11,319	278.9
40	Idaho	2,566	197.5
46	Alaska	626	182.5
47	Oregon	7,049	181.5
48	Colorado	6,499	178.6
49	Hawaii	2,461	173.7
50	Minnesota	8,144	152.2



The Idaho three-year average diseases of heart age-adjusted death rate decreased significantly from 220.2 in 1996-1998 to 193.2 in 2002-2004.

Diseases of heart ICD10 codes: I00-I09, I11, I13, I20-I51. The Idaho three-year age-adjusted rate for diseases of heart in 1999-2001 (214.0) was not significantly different than the Idaho rate in 1996-1998 (220.2). The Idaho three-year age-adjusted death rate in 2002-2004 (193.2) was significantly lower than the Idaho rate in 1999-2001 (214.0). Statistical tests were computed at the 95% confidence level using the z-test; rates are statistically significant at $p=0.05$ or less.

Diseases of heart ICD10 codes: I00-I09, I11, I13, I20-I51. U.S. data source: CDC WONDER Compressed Mortality File Underlying Cause-of-Death - 2003; <http://wonder.cdc.gov/>. Note: Idaho data from national files may differ slightly from Idaho Bureau of Health Policy and Vital Statistics data.

Cerebrovascular Diseases Mortality Trend

Cerebrovascular diseases (stroke) age-adjusted death rates among Idahoans have historically remained higher than U.S. age-adjusted death rates. The U.S. and Idaho stroke death rates have been declining over the past years. The Healthy People 2010 goal for stroke deaths is 50.0 per 100,000 population for the age-adjusted death rate. The U.S. met that goal in 2004 and Idaho is near to meeting the goal. In 2005, Idaho had an age-adjusted stroke death rate of 51.8. Idaho needs a 4% decrease to meet the Healthy People 2010 goal for stroke deaths of 50.0 per 100,000 in the age-adjusted rate.

From 1999 to 2005 the Idaho stroke age-adjusted death rate decreased 23% from 66.9 in 1999 to 51.8 in 2005 and the U.S. rate decreased 19% from 1999 to 2004.

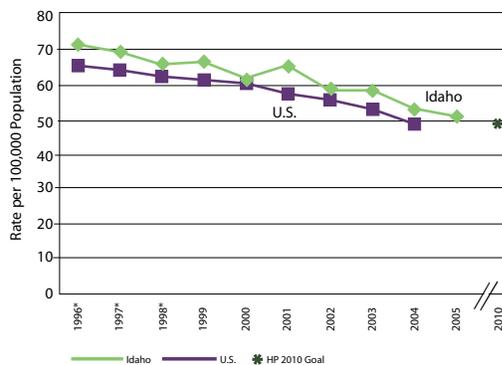
U.S. and Idaho Cerebrovascular Diseases (Stroke) Mortality, 1999-2005

Year	Idaho Population	Idaho Total Deaths	Idaho Stroke Deaths	Percentage of Deaths due to Stroke	Idaho Stroke Death Rates (rate per 100,000)			Percentage of Deaths due to Stroke	U.S. Stroke Death Rates (rate per 100,000)		
					Crude	Age-Adjusted	Age-Adjusted Rate percent change from previous year		Crude	Age-Adjusted	Age-Adjusted Rate percent change from previous year
1999	1,251,700	9,508	767	8.1	61.3	66.9		7.0	60.0	61.6	
2000	1,293,953	9,535	713	7.5	55.1	61.2	-8.5	7.0	59.6	60.9	-1.1
2001	1,321,006	9,751	779	8.0	59.0	65.6	7.2	6.8	57.4	57.9	-4.9
2002	1,341,131	9,909	737	7.4	55.0	59.4	-9.5	6.7	56.4	56.2	-2.9
2003	1,366,332	10,364	762	7.4	55.8	58.8	-1.0	6.4	54.2	53.5	-4.8
2004	1,393,262	10,013	708	7.1	50.8	53.5	-9.0	6.3	51.1	50.0	-6.5
2005	1,429,096	10,513	712	6.8	49.8	51.8	-3.2		NA	NA	

U.S. and Idaho Cerebrovascular Diseases (Stroke) Mortality Trend (1996-2005)

Age-Adjusted Rate per 100,000

Year	Idaho	US	HP 2010
1996*	71.4	65.6	
1997*	69.4	64.2	
1998*	66.3	62.3	
1999	66.9	61.6	
2000	61.2	60.9	
2001	65.6	57.9	
2002	59.4	56.2	
2003	58.8	53.5	
2004	53.5	50.0	
2005	51.8	NA	
			50.0



* 1996-1998 Age-Adjusted rates are based on modified ICD-9 codes (430-434,436-438), and had the comparability ratio of 1.0502 applied to them. Idaho data source: Idaho Dept of Health and Welfare, Bureau of Health Policy and Vital Statistics. U.S. data source: CDC WONDER, <http://wonder.cdc.gov/>. U.S. 2005 data are not available at this time.

Crude rate: Number of deaths per 100,000 population. Age-Adjusted rate: Number of deaths per 100,000 population adjusted to the age composition of the area. Cerebrovascular diseases ICD-10 codes: I60-I69. NA: U.S. 2005 data are not available at this time.

Cerebrovascular Diseases Mortality Trend (continued)

In 2003, Idaho ranked 17th among the states for deaths due to cerebrovascular diseases based on age-adjusted death rates. The second table below shows the top five states, Idaho's ranking, and the bottom five states for deaths due to cerebrovascular diseases.

U.S. and Idaho Resident Deaths Due to Cerebrovascular Diseases (Stroke) Average Annual Age-Adjusted Rates

3-Year Period	Idaho Stroke Deaths	Idaho Rate	95% Confidence Interval (CI)	Year	U.S. Rate
1996-1998	2,226	69.0	66.1 - 71.9	1997	64.8
1999-2001	2,259	64.6	62.0 - 67.3	2000	60.8
2002-2004	2,207	56.8	54.4 - 59.1	2003	53.5

Cerebrovascular Diseases (Stroke) Deaths State Ranking Based on Age-Adjusted Rates in 2003

Rank	State	Number of Deaths	Age Adjusted Rate Per 100,000
1	Arkansas	2,107	70.7
2	South Carolina	2,748	69.5
3	Oklahoma	2,485	69.0
4	Tennessee	3,883	69.0
5	Alabama	3,028	66.5
17	Idaho	762	59.0
47	Connecticut	1,828	42.7
48	New Jersey	3,966	41.8
49	New Hampshire	536	41.4
50	Rhode Island	565	41.1
51	New York	7,281	35.0



The Idaho three-year average cerebrovascular diseases age-adjusted death rate declined significantly from 69.0 in 1996-1998 to 56.8 in 2002-2004.

Cerebrovascular Diseases ICD10 codes: I60-I69. The Idaho three-year age-adjusted rate for cerebrovascular diseases in 1999-2001 (64.6) was significantly lower than the Idaho rate in 1996-1998 (69.0). The Idaho three-year age-adjusted rate in 2002-2004 (56.8) was significantly lower than the Idaho rate in 1999-2001 (64.6). Statistical tests were computed at the 95% confidence level using the z-test; rates are statistically significant at p=0.05 or less.

Cerebrovascular Diseases ICD10 codes: I60-I69. U.S. data source: CDC WONDER Compressed Mortality File Underlying Cause-of-Death - 2003; <http://wonder.cdc.gov/>. Note: Idaho data from national files may differ slightly from Idaho Bureau of Health Policy and Vital Statistics data.

Heart Disease and Cerebrovascular Diseases Mortality Trend by Race/Ethnicity

Idaho Resident Diseases of Heart Deaths by Race¹ 2003-2005

Race	Number of Deaths	Percentage of Total ³	Age-Adjusted Rate ⁴	Mean Age at Death
White	7,329	24.4	186.6	78.0
American Indian	54	15.1	177.7	70.7
Other Races ²	68	15.4	174.3	73.1
Black	12	22.2	NA	64.1
Asian/Pacific Islander	32	20.8	105.3	76.8
Other Race	24	10.3	NA	72.8

Idaho Resident Diseases of Heart Deaths by Ethnicity¹ 2003-2005

Ethnicity	Number of Deaths	Percentage of Total ³	Age-Adjusted Rate ⁴	Mean Age at Death
Non-Hispanic	7,331	24.4	187.7	78.1
Hispanic	116	14.5	122.1	68.0

Idaho Resident Cerebrovascular Diseases Deaths by Race¹ 2003-2005

Race	Number of Deaths	Percentage of Total ³	Age-Adjusted Rate ⁴	Mean Age at Death
White	2,145	7.1	54.8	81.1
American Indian	12	3.4	NA	70.1
Other Races ²	25	5.7	61.0	68.6
Black	-	0.0	NA	-
Asian/Pacific Islander	10	6.5	NA	68.2
Other Race	15	6.4	NA	68.9

Idaho Resident Cerebrovascular Diseases Deaths by Ethnicity¹ 2003-2005

Ethnicity	Number of Deaths	Percentage of Total ³	Age-Adjusted Rate ⁴	Mean Age at Death
Non-Hispanic	2,139	7.1	54.9	81.0
Hispanic	40	5.0	44.5	70.3

The 2003-2005 age-adjusted death rate for diseases of heart was highest among Whites followed by American Indians and then by “other races”. The difference between the death rates was not significant. The mean age at death was also higher among Whites, which was significantly higher than the mean death age of American Indians and “other races”.

The 2003-2005 age-adjusted death rate for diseases of heart was highest among non-Hispanics and significantly higher than the age-adjusted death rate for Idaho Hispanics. There was also a significant difference in the mean age at death for non-Hispanics compared to Hispanics.

The 2003-2005 cerebrovascular diseases age-adjusted death rate for Whites was 54.8. Whites had a mean age at death of 81.1 years, which was significantly higher than the mean age at death for “other races”. The age-adjusted rate for “other races” was 61.0, which was not significantly different than Whites.

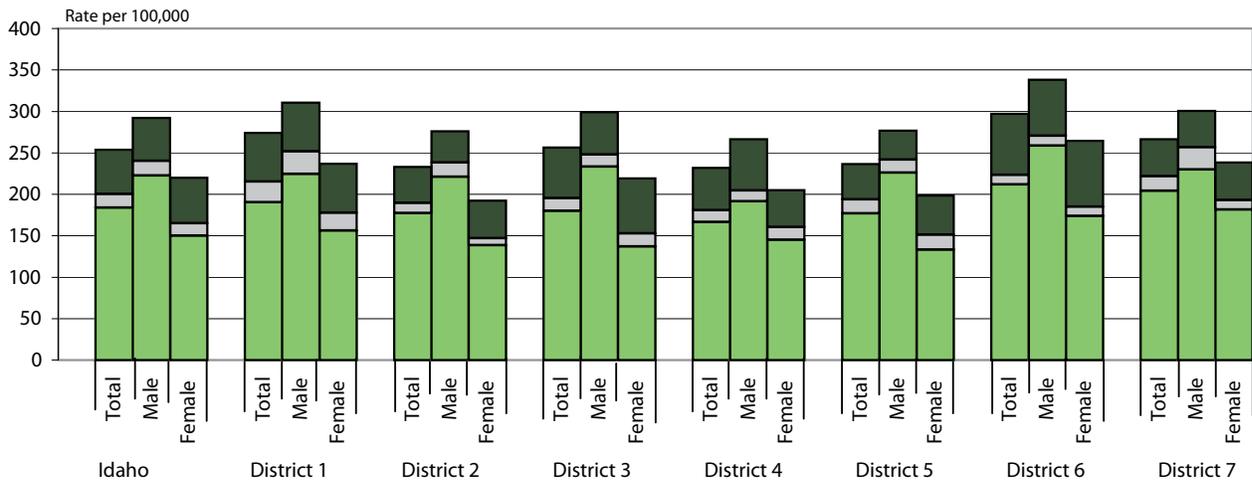
The 2003-2005 age-adjusted rate for cerebrovascular diseases was higher among non-Hispanics but was not significantly different than the age-adjusted death rate for Hispanics. There was a significant difference between the mean age at death for non-Hispanics (81.0) and Hispanics (70.3).

1. Race and Hispanic origin are reported separately on the death certificate. Persons of Hispanic origin are included in appropriate race totals. Caution should be used when making comparisons of Hispanic death rates with non-Hispanic death rates. Mortality for Hispanics is somewhat understated due to the underreporting of Hispanic origins on the death certificate. 2. Other Races include Black, Asian or Pacific Islander, or Other Race. 3. Percentage of total is based on the total deaths from 2003 to 2005 in the Race/Ethnicity category. 4. Age-adjusted rates are artificial measures developed to eliminate the bias inherent in differing age compositions, thus allowing comparisons between geographic regions. Age-adjusted rates were calculated using the 2000 U.S. population estimate as the standard population. Rates are per 100,000 population. NA: Age-adjusted rates not calculated for causes with fewer than 20 deaths or for other race category. Notes: Disease of heart ICD-10 codes: I00-I09, I11, I13, I20-I51 / Cerebrovascular Diseases ICD-10 codes: I60-I69. Statistical tests were computed at the 95% confidence level using the t-test; rates/means are statistically significant at p=0.05 or less. Data source: Idaho Department of Health and Welfare, Bureau of Health Policy and Vital Statistics.

Cardiovascular Diseases Age-Adjusted Rate Idaho and Health Districts

In 2004, there were disparities in the death rates for diseases of heart and cerebrovascular diseases among the seven Idaho Public Health Districts. The 2004 age-adjusted death rates for diseases of heart ranged from a low of 166.6 (District 4) to a high of 211.8 (District 6). The age-adjusted death rate for cerebrovascular diseases ranged from a low of 42.2 (District 5) to a high of 73.8 (District 6).

Idaho and Health District Resident Deaths Major Cardiovascular Disease Age-Adjusted Rates - 2004

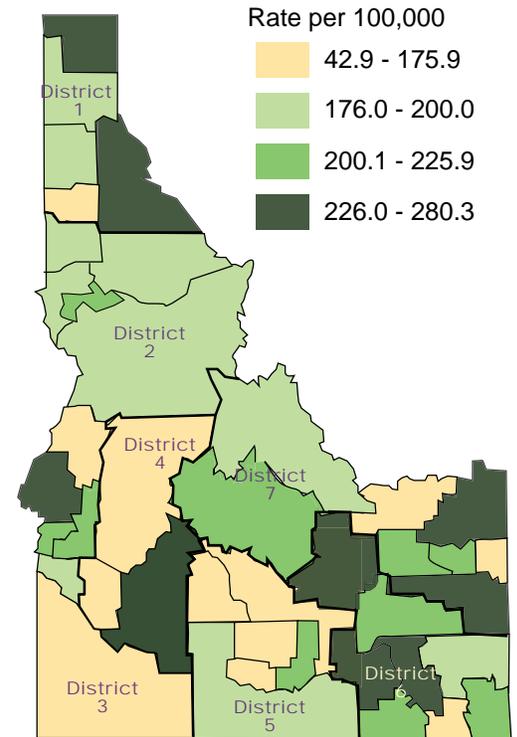


		Idaho		District 1		District 2		District 3		District 4		District 5		District 6		District 7	
		Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Diseases of Heart	Total	2,443	183.8	404	190.5	226	177.3	384	180.1	514	166.6	325	177.1	311	211.8	279	204.1
	Male	1,258	222.6	213	224.5	119	221.2	209	233.3	245	191.5	177	226.0	159	258.9	136	230.1
	Female	1,185	150.1	191	156.2	107	138.6	175	137.1	269	145.3	148	133.2	152	173.9	143	181.4
Other Cardiovascular Diseases	Total	218	16.5	53	25.0	16	12.4	33	15.4	44	14.4	31	17.0	17	11.5	24	17.9
	Male	98	17.8	26	27.5	9	17.2	13	14.8	16	13.0	12	15.8	7	11.7	15	26.7
	Female	120	15.2	27	21.6	7	8.4	20	15.8	28	15.3	19	17.9	10	11.2	9	11.5
Cerebrovascular Diseases	Total	708	53.5	123	58.6	56	43.2	129	60.9	153	50.9	79	42.2	106	73.8	62	44.5
	Male	279	51.6	51	58.5	20	37.6	46	51.1	71	61.8	27	35.1	39	67.4	25	43.7
	Female	429	54.6	72	59.0	36	45.2	83	66.3	82	44.5	52	47.3	67	79.5	37	45.3
Major CVD	Total	3,369	253.8	580	274.0	298	232.9	546	256.5	711	231.8	435	236.3	434	297.0	365	266.6
	Male	1,635	292.1	290	310.5	148	276.1	268	299.1	332	266.4	216	276.9	205	338.0	176	300.4
	Female	1,734	219.9	290	236.8	150	192.2	278	219.3	379	205.0	219	198.4	229	264.6	189	238.3

Diseases of Heart—Idaho Resident Deaths by Health District and County of Residence 2002-2004

County death rates for diseases of heart ranged from a high of 280.3 in Power County (District 6) to a low of 42.9 in Clark County (District 7).

Residence	Total Deaths	Age-Adjusted Rate*
IDAHO	7,541	193.2
District 1	1,169	191.5
Benewah	58	171.1
Bonner	229	183.5
Boundary	80	252.4
Kootenai	659	181.2
Shoshone	143	257.4
District 2	676	181.8
Clearwater	60	182.0
Idaho	119	186.1
Latah	164	177.4
Lewis	38	206.9
Nez Perce	295	180.3
District 3	1,240	196.0
Adams	23	161.9
Canyon	764	188.2
Gem	137	212.5
Owyhee	52	152.1
Payette	157	216.5
Washington	107	235.0
District 4	1,539	174.7
Ada	1,357	171.8
Boise	21	121.0
Elmore	118	233.2
Valley	43	158.7
District 5	1,031	186.3
Blaine	43	101.9
Camas	2	51.8
Cassia	137	189.3
Gooding	101	181.6
Jerome	96	175.1
Lincoln	19	137.1
Minidoka	135	211.8
Twin Falls	498	199.7
District 6	997	227.7
Bannock	484	244.4
Bear Lake	55	225.8
Bingham	229	213.0
Butte	28	270.6
Caribou	47	195.6
Franklin	62	170.9
Oneida	36	211.5
Power	56	280.3
District 7	889	219.3
Bonneville	510	231.3
Clark	1	42.9
Custer	32	211.9
Fremont	79	227.5
Jefferson	97	211.5
Lemhi	60	188.4
Madison	92	204.8
Teton	18	156.1



*Average annual ageadjusted death rate per 100,000 population.

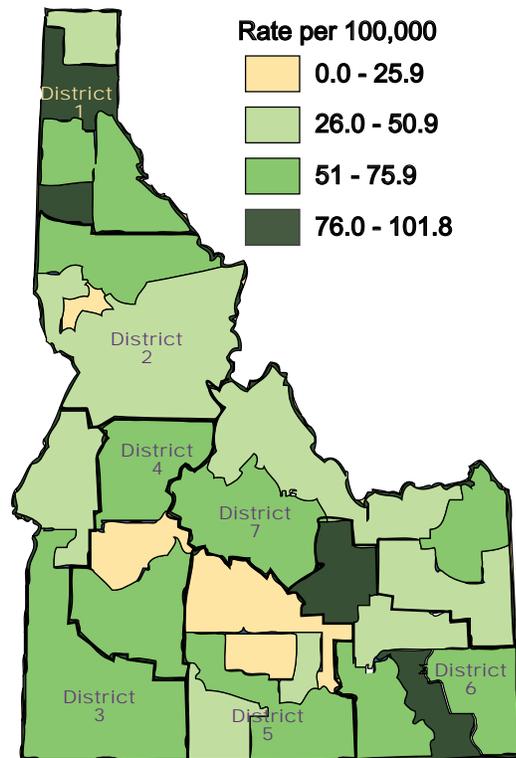
County rates were age-adjusted to Idaho threeyear average annual rate (standardized to the U.S. Standard million) using the indirect method of standardization.

Idaho and district's rates were ageadjusted using the direct method of standardization (standardized to the U.S. Standard million).

Cerebrovascular Diseases—Idaho Resident Deaths by Health District and County of Residence 2002-2004

Residence	Total Deaths	Age-Adjusted Rate*
IDAHO	2,207	56.8
District 1	415	69.2
Benewah	34	100.6
Bonner	97	80.4
Boundary	12	38.7
Kootenai	237	65.8
Shoshone	35	62.7
District 2	188	49.5
Clearwater	18	55.5
Idaho	32	49.9
Latah	50	53.8
Lewis	2	10.6
Nez Perce	86	50.9
District 3	375	59.1
Adams	6	43.1
Canyon	258	63.0
Gem	33	49.7
Owyhee	21	61.3
Payette	38	51.6
Washington	19	40.3
District 4	458	53.2
Ada	408	52.8
Boise	3	19.1
Elmore	30	62.2
Valley	17	65.3
District 5	275	48.9
Blaine	7	18.5
Camas	-	-
Cassia	50	67.5
Gooding	37	64.6
Jerome	34	62.0
Lincoln	2	14.3
Minidoka	31	48.3
Twin Falls	114	44.4
District 6	302	69.5
Bannock	155	78.8
Bear Lake	13	52.3
Bingham	49	46.3
Butte	10	97.3
Caribou	15	62.0
Franklin	38	101.8
Oneida	9	50.9
Power	13	66.4
District 7	194	48.5
Bonneville	98	45.3
Clark	1	44.1
Custer	11	74.1
Fremont	25	72.4
Jefferson	16	35.8
Lemhi	14	44.0
Madison	26	58.8
Teton	3	28.1

Franklin County (District 6) had the highest cerebrovascular diseases death rate of 101.8, and of the 21 total deaths among Camas County (District 5) residents, none were due to cerebrovascular diseases from 2002 to 2004. The five counties with the highest death rates were Franklin, Benewah, Butte, Bonner, and Bannock counties.



*Average annual ageadjusted death rate per 100,000 population.

County rates were age-adjusted to the Idaho threeyear average annual rate (standardized to the U.S. Standard million) using the indirect method of standardization.

Idaho and district's rates were ageadjusted using the direct method of standardization (standardized to the U.S. Standard million).

Years of Potential Life Lost Before Age 75: Total Population and by Sex - 2005

Cause of Death	Persons Aged Less than 75 Years		Years of Potential Life Lost (YPLL) Before Age 75		
	Number of Deaths	Percentage of Deaths	Average Number of YPLL per Death	Total Number of YPLL	YPLL Rate2
Total Population	4,319	100.0	19.1	82,573.5	6,107.4
1. Accidents	470	10.9	35.2	16,556.0	1,224.5
2. Malignant Neoplasms	1,254	29.0	12.6	15,863.0	1,173.3
3. Diseases of heart	749	17.3	13.4	10,016.5	740.9
4. Intentional self-harm (suicide)	196	4.5	32.8	6,426.0	475.3
5. Certain conditions originating in the perinatal period	59	1.4	74.5	4,395.5	325.1
6. Congenital malformations	65	1.5	60.6	3,939.5	291.4
7. Chronic lower respiratory diseases	257	6.0	9.4	2,411.5	178.4
8. Chronic liver disease and cirrhosis	110	2.5	19.0	2,095.0	155.0
9. Assault (homicide)	44	1.0	46.9	2,065.0	152.7
10. Cerebrovascular diseases	156	3.6	10.9	1,695.0	125.4
All Other Causes	959	22.2	17.8	17,110.5	1,265.5
Total Males	2,616	100.0	19.9	52,007.0	7,584.6
1. Accidents	335	12.8	35.0	11,738.5	1,711.9
2. Malignant neoplasms	696	26.6	12.3	8,555.0	1,247.6
3. Diseases of heart	510	19.5	13.8	7,050.0	1,028.2
4. Intentional self-harm (suicide)	162	6.2	33.2	5,382.0	784.9
5. Certain conditions originating in the perinatal period	38	1.5	74.5	2,831.0	412.9
6. Congenital malformations	26	1.0	64.8	1,684.0	245.6
7. Assault (homicide)	34	1.3	46.5	1,582.0	230.7
8. Chronic liver disease and cirrhosis	71	2.7	18.5	1,312.5	191.4
9. Chronic lower respiratory diseases	132	5.0	8.9	1,181.0	172.2
10. Diabetes mellitus	76	2.9	13.9	1,057.0	154.2
All Other Causes	536	20.5	18.0	9,634.0	1,405.0
Total Females	1,703	100.0	17.9	30,566.5	4,587.3
1. Malignant Neoplasms	558	32.8	13.1	7,308.0	1,096.8
2. Accidents	135	7.9	35.7	4,817.5	723.0
3. Diseases of heart	239	14.0	12.4	2,966.5	445.2
4. Congenital malformations	39	2.3	57.8	2,255.5	338.5
5. Certain conditions originating in the perinatal period	21	1.2	74.5	1,564.5	234.8
6. Chronic lower respiratory diseases	125	7.3	9.8	1,230.5	184.7
7. Intentional self-harm (suicide)	34	2.0	30.7	1,044.0	156.7
8. Chronic liver disease and cirrhosis	39	2.3	20.1	782.5	117.4
9. Cerebrovascular diseases	69	4.1	9.6	663.5	99.6
10. Assault (homicide)	10	0.6	48.3	483.0	72.5
All Other Causes	434	25.5	17.2	7,451.0	1,118.2

2005 Behavioral Risk Factor Surveillance System (BRFSS*) Data Related to Cardiovascular Disease Risk Factors

Heart Disease Prevalence

Has a doctor, nurse, or other health professional EVER told you that you had angina or coronary heart disease?



Males (6.3%) were more likely to be diagnosed with angina/heart disease than females (3.7%). Adults aged 65 and older (13.8%) were significantly more likely to be diagnosed with heart disease than Idaho adults age 18 to 44 (1.9%) or adults age 45 to 64 (5.7%).

Adults with less than a high school education were more likely to be diagnosed with heart disease than persons with a college degree.

There were no significant differences in the rates of heart disease among Idaho's seven public health districts.

Percentage of Idaho Adults Who Had Angina/Heart Disease - 2005 BRFSS

	%	95% C.I.		N
Total	5.0	4.1	6.0	5672
Sex				
Males	6.3	4.7	8.3	2168
Females	3.7	3.1	4.4	3504
Age				
18-44	1.9	0.8	4.3	2187
45-64	5.7	4.5	7.1	2156
65+	13.8	11.7	16.2	1291
Income				
Less than \$15,000	6.7	4.8	9.3	618
\$15,000-\$24,999	7.4	5.5	9.8	1039
\$25,000-\$34,999	8.0	4.0	15.3	789
\$35,000-\$49,999	3.7	2.6	5.2	986
\$50,000+	2.9	2.0	4.0	1648
Education				
K-11th Grade	10.5	5.0	20.7	493
12th Grade or GED	4.3	3.3	5.5	1792
Some College	5.2	4.2	6.6	1835
College Graduate+	3.6	2.6	5.0	1543

Angina/Heart Disease Prevalence in Idaho's Health Districts - 2005 BRFSS

	%	95% C.I.		N
District 1	5.1	3.8	6.7	894
District 2	4.2	3.0	6.0	784
District 3	4.2	2.8	6.2	775
District 4	5.5	3.1	9.4	779
District 5	4.7	3.5	6.3	914
District 6	5.2	3.8	7.3	750
District 7	5.3	3.7	7.7	776

BRFSS is conducted as a random telephone survey of the noninstitutionalized adult population. A minimum of 700 Idaho adults were interviewed in each of the seven public health districts, for a total sample size of 5,734 (2005 BRFSS). Prevalence estimates based on denominators with fewer than 50 respondents have been suppressed and are indicated in the data tables with an asterisk (). Results of the 2005 Idaho BRFSS were tabulated by the Bureau of Health Policy and Vital Statistics.

Heart Disease Prevalence (continued)

Idahoans who had ever been diagnosed (i.e., told by a health professional) with angina/heart disease were significantly more likely to have also been told they have high blood cholesterol, hypertension, diabetes, had a previous heart attack, or previous stroke than those who have not ever been told that they have angina/heart disease.

Percentage of Idaho Adults with Angina/Heart Disease by Selected Risk Factors, 2005 BRFSS

	%	95% C.I.		N
Binge Drinking				
No	5.0	4.3	5.8	5077
Yes	5.0	1.6	14.7	561
Chronic Drinking				
No	5.1	4.2	6.2	5366
Yes	2.8	1.3	5.8	243
High Cholesterol				
No	2.5	2.0	3.2	2608
Yes	12.0	10.1	14.1	1672
Hypertension				
No	2.7	1.8	4.1	4062
Yes	12.3	10.6	14.3	1598
Diabetes				
No	4.2	3.3	5.3	5192
Yes	15.9	12.4	20.2	473
No Leisure Time Physical Activity				
No	4.5	3.4	5.8	4360
Yes	6.8	5.4	8.5	1302
Moderate and Vigorously Active				
Yes	4.4	3.0	6.4	2785
No	5.6	4.7	6.8	2449
Overweight				
No	4.0	2.3	6.7	2073
Yes	5.8	4.9	6.8	3308
Obese				
No	4.9	3.8	6.3	4036
Yes	5.6	4.3	7.2	1345
Did Not Eat Five Servings of Fruits and Vegetables				
No	6.4	3.8	10.6	1401
Yes	4.6	3.9	5.4	4163
Smoking				
No	5.0	4.0	6.2	4659
Yes	5.0	3.6	7.0	998
Heart Attack				
No	2.8	2.0	3.9	5351
Yes	54.9	47.9	61.8	282
Stroke				
No	4.4	3.5	5.5	5493
Yes	28.1	19.4	38.7	167

Heart Attack Prevalence

Has a doctor, nurse, or other health professional EVER told you that you had a heart attack, also called a myocardial infarction?

A significant majority of heart attacks occurred among Idahoans age 65 and older (12.6%) compared to younger Idaho adults. Idaho adults with a household income of \$50,000 or more are significantly less likely than all other income levels to have ever had a heart attack. Adults with less than a high school education (6.8%) were significantly more likely than those with a college degree (2.9%) to have ever had a heart attack.

There were no significant differences in the rates of heart attack among Idaho's seven public health districts.

Percentage of Idaho Adults Who Have Had a Heart Attack/Myocardial Infarction 2005 BRFSS

	%	95% C.I.		N
Total	4.2	3.7	4.8	5688
Sex				
Males	5.3	4.3	6.4	2175
Females	3.2	2.7	3.8	3513
Age				
18-44	0.4	0.2	0.8	2188
45-64	6.3	5.0	7.8	2160
65+	12.6	10.7	14.8	1302
Income				
Less than \$15,000	6.4	4.6	8.6	624
\$15,000-\$24,999	7.5	5.7	9.7	1041
\$25,000-\$34,999	3.9	2.7	5.6	791
\$35,000-\$49,999	3.4	2.4	4.9	983
\$50,000+	2.5	1.7	3.6	1650
Education				
K-11th Grade	6.8	4.8	9.5	495
12th Grade or GED	4.7	3.8	6.0	1792
Some College	4.1	3.3	5.2	1841
College Graduate+	2.9	2.0	4.1	1551

Heart Attack/Myocardial Infarction Prevalence in Idaho's Health Districts, 2005 BRFSS

	%	95% C.I.		N
District 1	4.3	3.2	5.8	899
District 2	4.5	3.2	6.3	778
District 3	5.6	4.1	7.6	779
District 4	2.9	1.8	4.5	781
District 5	4.5	3.3	6.1	919
District 6	4.2	3.0	5.8	752
District 7	5.1	3.7	6.9	780

Adults with a household income of \$50,000 or greater were significantly less likely to be diagnosed with heart disease than adults with a household income of \$24,999 or less.



Heart Attack Prevalence (continued)

Idahoans that had been diagnosed with high cholesterol, hypertension, diabetes, angina, or stroke were statistically more likely to have experienced a heart attack than those that had not been diagnosed with any of these conditions.

Percentage of Idaho Adults Who Have Had a Heart Attack/Myocardial Infarction by Selected Risk Factors, 2005 BRFSS

	%	95% C.I.		N
Binge Drinking				
No	4.7	4.1	5.4	5095
Yes	1.4	0.7	2.8	558
Chronic Drinking				
No	4.4	3.8	5.0	5379
Yes	2.7	1.4	5.1	244
High Cholesterol				
No	2.7	2.1	3.4	2605
Yes	11.3	9.6	13.3	1688
Hypertension				
No	1.9	1.4	2.5	4057
Yes	11.7	10.1	13.6	1617
Diabetes				
No	3.4	2.9	4.0	5201
Yes	15.4	12.0	19.4	480
No Leisure Time Physical Activity				
No	3.5	2.9	4.2	4368
Yes	6.8	5.5	8.3	1308
Moderate and Vigorous Activity				
Yes	3.4	2.8	4.2	2795
No	5.1	4.2	6.2	2454
Overweight				
No	3.0	2.3	3.9	2076
Yes	5.2	4.4	6.1	3320
Obese				
No	3.9	3.3	4.6	4048
Yes	5.7	4.5	7.2	1348
Did Not Eat Five Servings of Fruits and Vegetables				
No	3.8	2.9	5.0	1406
Yes	4.3	3.7	5.1	4174
Smoking				
No	4.0	3.5	4.7	4671
Yes	5.0	3.7	6.8	1002
Angina				
No	1.9	1.6	2.3	5332
Yes	44.8	35.5	54.5	301
Stroke				
No	3.5	3.0	4.1	5510
Yes	32.1	23.8	41.6	165

People who were overweight and who did not participate in leisure time physical activity were more likely to have had a heart attack than those who were not overweight or those who engaged in leisure time physical activity. Adults who had consumed five or more drinks on any one occasion in the past 30 days (i.e., binge drinkers) were statistically less likely to have ever had a heart attack than those who were not considered binge drinkers.



Male Idahoans (5.3%) are significantly more likely than females (3.2%) to have ever had a heart attack.

Stroke Prevalence

Has a doctor, nurse, or other health professional EVER told you that you had a stroke?

Respondents age 65 and older (7.2%) were statistically more likely to have been diagnosed with a stroke than those that were younger. There was no statistical difference between men and women, or within income and educational categories regarding stroke diagnosis.

No significant differences exist with stroke rates between Idaho's seven public health districts.

Percentage of Idaho Adults Who Have Been Diagnosed With a Stroke, 2005 BRFSS

	%	95% C.I.		N
Total	2.4	2.0	2.9	5718
Sex				
Males	2.3	1.7	3.2	2190
Females	2.4	1.9	3.0	3528
Age				
18-44	0.6	0.2	1.3	2194
45-64	2.7	2.0	3.7	2165
65+	7.5	6.0	9.4	1321
Income				
Less than \$15,000	6.5	4.3	9.6	630
\$15,000-\$24,999	4.3	2.9	6.3	1055
\$25,000-\$34,999	1.4	0.9	2.4	794
\$35,000-\$49,999	1.5	0.9	2.3	985
\$50,000+	0.6	0.3	1.0	1652
Education				
K-11th Grade	4.8	3.0	7.6	507
12th Grade or GED	2.4	1.7	3.3	1807
Some College	2.5	1.8	3.6	1847
College Graduate+	1.4	0.9	2.0	1548

Stroke Prevalence in Idaho's Health Districts, 2005 BRFSS

	%	95% C.I.		N
District 1	2.7	1.9	3.9	903
District 2	4.0	2.6	6.0	789
District 3	2.2	1.3	3.6	780
District 4	1.8	1.0	3.2	784
District 5	2.1	1.3	3.2	923
District 6	2.3	1.5	3.6	755
District 7	2.8	1.6	5.0	784

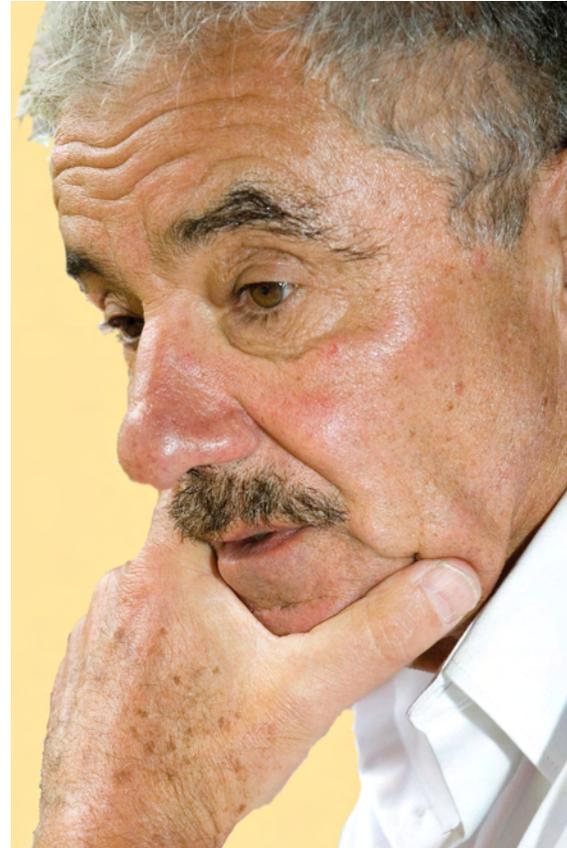
In 2005, Idahoans diagnosed with angina, heart attack and stroke were significantly more likely to have also been told that they have high cholesterol than the state total.

Stroke Prevalence (continued)

Those that had been diagnosed with hypertension, high cholesterol, diabetes, angina, or a heart attack were more likely to have had a stroke than those who were not diagnosed with any of these conditions. Also, binge drinkers (0.6%) were significantly less likely than nonbinge drinkers (2.6%) to have ever had a stroke.

Percentage of Idaho Adults with a Diagnosed Stroke by Selected Risk Factors 2005 BRFSS

	%	95% C.I.		N
Binge Drinking				
No	2.6	2.2	3.2	5120
Yes	0.6	0.2	2.0	564
Chronic Drinking				
No	2.4	2.0	3.0	5411
Yes	1.2	0.5	3.0	243
High Cholesterol				
No	1.6	1.1	2.3	2621
Yes	5.4	4.3	6.9	1697
Hypertension				
No	1.1	0.7	1.6	4076
Yes	6.6	5.3	8.1	1628
Diabetes				
No	2.0	1.6	2.5	5226
Yes	7.7	5.3	11.0	485
No Leisure Time Physical Activity				
No	1.9	1.5	2.4	4387
Yes	4.0	3.0	5.5	1319
Moderate and Vigorously Active				
No	1.8	1.3	2.4	2804
Yes	3.0	2.3	3.8	2473
Overweight				
No	2.6	1.9	3.4	2083
Yes	2.4	1.8	3.1	3340
Obesity				
No	2.6	2.1	3.3	4067
Yes	1.9	1.3	2.8	1356
Did Not Eat Five Servings of Fruits and Vegetables				
No	3.1	2.2	4.4	1410
Yes	2.2	1.7	2.7	4199
Smoking				
No	2.1	1.7	2.6	4694
Yes	3.5	2.3	5.3	1009
Angina				
No	1.8	1.4	2.2	5353
Yes	13.2	8.6	19.8	307
Heart Attack				
No	1.6	1.3	2.1	5376
Yes	17.4	12.8	23.2	299



Adults who participated in no leisure time activity were significantly more likely to have a stroke than those who did participate in leisure time physical activity.

Smoking

Current smoker = respondent has smoked 100 or more cigarettes during lifetime, and currently smokes everyday or some days.

The prevalence of cigarette smoking among those who have been diagnosed with angina, heart attack, or stroke did not differ significantly from the statewide average. Cigarette smoking prevalence also did not differ among adults diagnosed with angina, heart attack, or stroke when compared to the statewide average.

Percentage of Idaho Adults Who Smoked Cigarettes 1997-2005 BRFSS

	%	Lower C.I.	Upper C.I.	N
1997	19.9	18.5	21.4	4915
1998	20.3	18.9	21.6	4925
1999	21.5	20.1	23.0	4942
2000	22.3	20.9	23.7	4967
2001	19.6	18.3	21.0	4823
2002	20.7	19.3	22.2	4846
2003	18.9	17.6	20.3	4813
2004	17.4	16.2	18.8	5054
2005	17.9	16.6	19.4	5719

Percentage of Idaho Adults Who Smoked Cigarettes, by Diagnosed Cardiovascular Disease 2005 BRFSS

	%	Lower C.I.	Upper C.I.	N
Angina	18.1	12.8	24.9	308
Heart Attack	21.2	15.9	27.5	300
Stroke	26.2	18.0	36.5	173



Alcohol Use

Binge drinking = consuming five or more alcoholic drinks in a row on one or more of the past 30 days.

The prevalence of binge drinking among those who had been diagnosed with a heart attack (4.5%) or stroke (3.4%) was significantly lower than the state prevalence of binge drinking (13.3% in 2005). There was no difference in the prevalence of binge drinking among adults diagnosed with angina (13.3%) and the statewide average.

Percentage of Idaho Adults Who Were Binge Drinkers 1997-2005 BRFSS

	%	Lower C.I.	Upper C.I.	N
1997	14.9	13.6	16.4	4886
1998	14.8	13.6	16.1	4907
1999	14.7	13.5	16.1	4930
2000	14.9	13.8	16.2	4919
2001	12.8	11.6	14.0	4788
2002	15.7	14.4	17.2	4840
2003	15.6	14.3	17.0	4801
2004	12.8	11.6	14.1	5041
2005	13.3	11.8	14.9	5698

Percentage of Idaho Adults Who Were Binge Drinkers by Diagnosed Cardiovascular Disease 2005 BRFSS

	%	Lower C.I.	Upper C.I.	N
Angina	13.3	4.4	33.6	307
Heart Attack	4.5	2.3	8.5	302
Stroke	3.4	1.1	10.5	173

Heavy drinking = consuming 60 or more alcoholic drinks during the past 30 days.

Percentage of Idaho Adults Who Were Heavy Drinkers by Diagnosed Cardiovascular Disease 2005 BRFSS

	%	Lower C.I.	Upper C.I.	N
Angina	2.5	1.2	5.3	304
Heart Attack	2.9	1.5	5.3	302
Stroke	2.2	0.9	5.5	173

Blood Cholesterol

Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

Idaho adults who have ever been diagnosed with a heart attack (5.1%) or stroke (12.5%) were significantly less likely to have had a cholesterol screening in the last 5 years than the state total (33.6% in 2005).

Percentage of Idaho Adults Who Were Ever Told They Had High Cholesterol, Among Those Screened 1997-2005 BRFSS

	%	Lower C.I.	Upper C.I.	N
1997	29.8	27.7	32.0	3473
1999	30.1	28.2	32.0	3459
2001	30.3	28.6	32.1	3486
2003	31.1	29.3	32.9	3588
2005	36.3	34.5	38.1	4329

Percentage of Idaho Adults Who Were Ever Told They Had High Cholesterol by Diagnosed Cardiovascular Disease, 2005 BRFSS

	%	Lower C.I.	Upper C.I.	N
Angina	72.8	66.3	78.4	284
Heart Attack	70.7	64.1	76.6	282
Stroke	65.9	55.8	74.8	153

About how long has it been since you last had your blood cholesterol checked?

Percentage of Idaho Adults Who Had Not Had a Cholesterol Screening in the Last 5 Years 1997-2005 BRFSS

	%	Lower C.I.	Upper C.I.	N
1997	35.0	33.2	36.9	4753
1999	36.2	34.6	37.9	4755
2001	34.1	32.4	35.8	4674
2003	32.6	30.9	34.3	4645
2005	33.6	31.8	35.4	5549

Percentage of Idaho Adults Who Had Not Had a Cholesterol Screening in the Last 5 Years by Diagnosed Cardiovascular Disease 2005 BRFSS

	%	Lower C.I.	Upper C.I.	N
Angina	17.6	7.7	35.6	300
Heart Attack	5.1	3.0	8.5	295
Stroke	12.5	6.6	22.3	168

General Health

Would you say that in general your health is: Excellent, Very Good, Good, Fair or Poor?



Idahoans who were diagnosed with a cardiovascular disease were statistically more likely to report “fair” or “poor” general health than the statewide total. Although more Idaho adults with a diagnosed cardiovascular disease had reported 14 or more days of poor mental health, the difference between those who suffered from a cardiovascular disease and the state total was not statistically significant.

Respondents with a diagnosed cardiovascular disease were significantly more likely to have their activities limited due to poor mental or physical health than those who had not been diagnosed with cardiovascular disease.

**Percentage of Idaho Adults Who Report “Fair” or “Poor” General Health by Diagnosed Cardiovascular Disease
2005**

	%	Lower C.I.	Upper C.I.	N
State Total	14.9	13.7	16.2	5724
Angina	45.8	36.5	55.4	308
Heart Disease	52.1	45.2	58.9	302
Stroke	46.1	36.7	55.8	174

Percentage of Idaho Adults With 14 or More Days of Poor Mental Health in the Last Month by Diagnosed Cardiovascular Disease, 2005 BRFSS

	%	Lower C.I.	Upper C.I.	N
State Total	9.7	8.7	10.8	5618
Angina	13.7	8.8	20.5	298
Heart Disease	14.8	9.7	22.0	295
Stroke	16.8	10.3	26.2	170

**Percentage of Idaho Adults Whose Activities Were Limited Due to Poor Mental or Physical Health by Diagnosed Cardiovascular Disease
2005 BRFSS**

	%	Lower C.I.	Upper C.I.	N
State Total	20.5	19.2	21.8	5664
Angina	43.9	34.9	53.4	306
Heart Disease	53.2	46.2	60.0	298
Stroke	53.0	43.2	62.6	171

Hypertension

Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?



More than half of those diagnosed with a cardiovascular disease had also been diagnosed with high blood pressure.

Less than a quarter of Idaho adults had been diagnosed with high blood pressure in 2005. Idaho adults who had been diagnosed with a cardiovascular disease AND high blood pressure were statistically less likely to not be taking high blood pressure medication than Idaho adults without a diagnosed cardiovascular disease (27.5% in 2005).

Percentage of Idaho Adults Who Were Ever Told They Had High Blood Pressure 1997-2005 BRFSS

	%	Lower C.I.	Upper C.I.	N
1997	24.1	22.5	25.7	4900
1999	23.0	21.6	24.4	4929
2001	24.6	23.1	26.1	4823
2003	23.2	21.8	24.6	4811
2005	23.6	22.3	25.0	5720

Percentage of Idaho Adults Who Were Ever Told They Had High Blood Pressure by Diagnosed Cardiovascular Disease 2005 BRFSS

	%	Lower C.I.	Upper C.I.	N
Angina	58.0	46.7	68.5	307
Heart Attack	65.6	58.3	72.3	299
Stroke	65.1	54.7	74.2	174

Percentage of Idaho Adults With High Blood Pressure Who Were Not Taking High Blood Pressure Medication 2001-2005 BRFSS

	%	Lower C.I.	Upper C.I.	N
2001	34.3	31.2	37.6	1236
2003	28.1	25.1	31.3	1281
2005	27.7	24.9	30.8	1635

Percentage of Idaho Adults With High Blood Pressure Who Were Not Taking High Blood Pressure Medication by Diagnosed Cardiovascular Disease, 2005 BRFSS

	%	Lower C.I.	Upper C.I.	N
Angina	8.8	4.6	16.3	212
Heart Attack	8.1	4.7	13.6	207
Stroke	12.6	5.6	26.1	122

Diabetes Prevalence

In 2005, Idaho adults with angina (21.5%), heart attack (24.6%), or stroke (22.1%) were significantly more likely to have been diagnosed with diabetes than the state population (6.8%).

Have you EVER been told by a doctor that you have diabetes?

Percentage of Idaho Adults Who Have Ever Been Told They Have Diabetes 1997-2005 BRFSS

	%	Lower C.I.	Upper C.I.	N
1997	4.0	3.4	4.7	4921
1998	4.3	3.7	5.1	4928
1999	4.8	4.1	5.5	4953
2000	4.9	4.2	5.6	4973
2001	5.4	4.8	6.2	4830
2002	6.1	5.4	6.8	4853
2003	6.3	5.5	7.1	4823
2004	6.2	5.5	6.9	5070
2005	6.8	6.1	7.6	5726

Percentage of Idaho Adults Who Have Been Told They Have Diabetes by Diagnosed Cardiovascular Disease 2005 BRFSS

	%	Lower C.I.	Upper C.I.	N
Angina	21.5	16.0	28.3	308
Heart Attack	24.6	19.4	30.7	301
Stroke	22.1	15.4	30.6	174



Fruit and Vegetable Consumption

How often do you eat/drink fruit juices, fruit, green salad, potatoes, carrots and other vegetables?

In 2005 there were no significant differences regarding fruit and vegetable consumption between those that had been diagnosed with a cardiovascular disease and the state total (76.8% in 2005).

Percentage of Idaho Adults Who Did Not Eat Five Servings of Fruits and Vegetables Each Day 1998-2005 BRFSS

	%	Lower C.I.	Upper C.I.	N
1998	76.2	74.8	77.6	4931
2000	78.9	77.6	80.2	4978
2002	78.6	77.2	80.0	4856
2003	79.3	77.9	80.7	4823
2005	76.8	75.3	78.3	5625

Percentage of Idaho Adults Who Did Not Eat Five Servings of Fruits and Vegetables Each Day by Diagnosed Cardiovascular Disease 2005 BRFSS

	%	Lower C.I.	Upper C.I.	N
Angina	70.2	57.0	80.7	303
Heart Attack	79.1	73.5	83.8	297
Stroke	69.8	60.3	77.8	171



Weight Management

Overweight = Body Mass Index (BMI) greater than or equal to 25.

In 2005, Idaho adults who had experienced a heart attack (73.2%) were more likely to be overweight than the state total (61.4%). There was no difference in overweight between the state total and those that had been diagnosed with angina or a stroke.

Percentage of Idaho Adults Who Were Overweight (BMI>25) 1997-2005 BRFSS

	%	Lower C.I.	Upper C.I.	N
1997	52.2	50.4	54.0	4803
1998	53.1	51.4	54.8	4784
1999	55.2	53.5	57.0	4809
2000	55.7	54.0	57.4	4781
2001	59.3	57.6	61.1	4588
2002	57.3	55.6	59.1	4661
2003	59.3	57.5	61.1	4583
2004	58.2	56.4	60.0	4890
2005	61.4	59.5	63.1	5439

Percentage of Idaho Adults Who Were Overweight (BMI>25) by Diagnosed Cardiovascular Disease 2005 BRFSS

	%	Lower C.I.	Upper C.I.	N
Angina	69.7	56.2	80.4	296
Heart Attack	73.2	66.8	78.9	293
Stroke	59.9	50.3	68.8	169

Obese = Body Mass Index (BMI) greater than or equal to 30.

There was no difference in obesity between the state total (24.5% in 2005) and those that had been diagnosed with angina (27.1%), heart attack (32.1%), or stroke (19.1%).

Percentage of Idaho Adults Who Were Obese (BMI>30) 1997-2005 BRFSS

	%	Lower C.I.	Upper C.I.	N
1997	16.3	15.0	17.7	4803
1998	16.4	15.2	17.7	4784
1999	20.0	18.6	21.4	4809
2000	18.9	17.6	20.2	4781
2001	20.5	19.2	21.9	4588
2002	20.4	19.1	21.8	4661
2003	22.0	20.5	23.5	4583
2004	21.1	19.7	22.5	4890
2005	24.5	23.1	26.1	5439

Percentage of Idaho Adults Who Were Obese (BMI>30) by Diagnosed Cardiovascular Disease 2005 BRFSS

	%	Lower C.I.	Upper C.I.	N
Angina	27.1	20.3	35.0	296
Heart Attack	32.1	25.9	38.9	293
Stroke	19.1	13.2	26.7	169

Leisure Time Physical Activity

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

Idaho adults who had been diagnosed with a heart attack (34.7%) or stroke (36.8%) were statistically more likely to have not participated in leisure time physical activity than the state total (21.6% in 2005).

Percentage of Idaho Adults Who Did Not Participate in Leisure Time Physical Activity 1998-2005 BRFSS

	%	Lower C.I.	Upper C.I.	N
1998	20.4	19.1	21.8	4930
2000	19.8	18.5	21.1	4974
2001	21.0	19.6	22.5	4831
2002	19.4	18.1	20.7	4855
2003	18.3	17.0	19.7	4817
2004	18.8	17.5	20.1	5061
2005	21.6	20.2	23.1	5722

Percentage of Idaho Adults Who Did Not Participate in Leisure Time Physical Activity by Diagnosed Cardiovascular Disease 2005 BRFSS

	%	Lower C.I.	Upper C.I.	N
Angina	29.3	22.6	37.0	307
Heart Attack	34.7	28.8	41.1	298
Stroke	36.8	28.1	46.5	172

Exercise

Exercise = 30+ minutes of moderate physical activity 5 or more days a week, or vigorous physical activity for 20+ minutes 3 or more days a week.

There was no statistical difference in moderate and vigorous activity between those who had been diagnosed with a cardiovascular disease and the state average (35.2% in 2005).

Percentage of Idaho Adults with 30+ Minutes of Moderate Physical Activity Five or More Days Per Week, or Vigorous Physical Activity for 20+ Minutes Three or More Days Per Week 2003-2005 BRFSS

	%	Lower C.I.	Upper C.I.	N
2003	34.8	33.2	36.6	4580
2005	35.2	33.5	37.0	5290

Racial and Ethnic Breakout of Cardiovascular Disease Risk Factors in Idaho

Heart Disease Prevalence

Has a doctor, nurse, or other health professional EVER told you that you had angina or coronary heart disease?

Although not significantly higher, 8% of Idaho's Hispanic adults have been told they have heart disease compared to 5% of nonHispanic Idaho adults.

Prevalence of Heart Disease Among Idaho Adults in Select Subgroups 2005 BRFSS

	%	95% CI		n
African American	*	*	*	18
Asian	*	*	*	39
Native Hawaiian or Pacific Islander	*	*	*	12
American Indian or Alaskan Native	2.9	1.1	7.4	89
White	5.3	4.4	6.5	5314
Hispanic	8.0	2.8	21.0	337
Non-Hispanic	4.7	4.1	5.4	5310

Heart Attack Prevalence

Has a doctor, nurse, or other health professional EVER told you that you had a heart attack, also called a myocardial infarction?

Prevalence of Heart Attack Among Idaho Adults in Select Subgroups 2005 BRFSS

	%	95% CI		n
African American	*	*	*	18
Asian	*	*	*	38
Native Hawaiian or Pacific Islander	*	*	*	12
American Indian or Alaskan Native	5.5	2.5	11.4	89
White	4.4	3.9	5.1	5333
Hispanic	1.1	0.5	2.6	339
Non-Hispanic	4.5	3.9	5.2	5324



The only group for which heart attack prevalence differed was among Hispanic adults. In 2005, Hispanic adults (1%) were significantly less likely than nonHispanic adults (5%) to have had a heart attack.

Heart disease and heart attack prevalence has been collected as part of the Idaho BRFSS only since 2005; therefore, due to sample sizes of less than 50 respondents for each race, some rates are not available for all races.

Stroke Prevalence

Has a doctor, nurse, or other health professional EVER told you that you had a stroke?

As with heart attacks, Hispanic adults (0.4%) were significantly less likely than nonHispanic Idahoans (2.6%) to have ever been diagnosed with a stroke.

Prevalence of Stroke Among Idaho Adults by Subgroups 2005 BRFSS

	%	95% CI		n
African American	*	*	*	18
Asian	*	*	*	39
Native Hawaiian or Pacific Islander	*	*	*	12
American Indian or Alaskan Native	1.9	0.5	6.7	89
White	2.5	2.1	3.1	5359
Hispanic	0.4	0.1	1.2	340
Non-Hispanic	2.6	2.1	3.1	5353

Smoking

Do you currently smoke cigarettes every day, some days, or not at all?

Among the different racial groups in Idaho, Asians (7.6%) are significantly less likely to smoke cigarettes than Whites (17.6%) or American Indians (36.2%). Hispanic adults (23.7%) are significantly more likely than non-Hispanic adults (17.7%) to smoke cigarettes.

Adult Smoking Prevalence by Subgroups 2003-2005 BRFSS

	%	95% CI		n
African American	*	*	*	41
Asian	7.6	3.9	14.0	101
Native Hawaiian or Pacific Islander	*	*	*	34
American Indian or Alaskan Native	36.2	29.0	44.2	248
White	17.6	16.8	18.4	14691
Hispanic	23.7	19.5	28.5	680
Non-Hispanic	17.7	16.9	18.5	14830



Stroke prevalence has been collected as part of the Idaho BRFSS only since 2005; therefore, due to sample sizes of less than 50 respondents for each race, some rates are not available for all races.

Alcohol Use

Binge Drinking = consuming 5 or more alcoholic drinks in a row on one or more of the past 30 days.

Binge drinking prevalence did not differ significantly among Idaho's racial groups; however, Hispanic adults were significantly more likely than non-Hispanic adults to have consumed 5 or more alcoholic drinks on any one occasion in the past 30 days.

Prevalence of Binge Drinking Among Idaho Adults by Subgroups 2003-2005 BRFSS

	%	95% CI		n
African American	*	*	*	40
Asian	8.4	2.9	21.9	100
Native Hawaiian or Pacific Islander	*	*	*	34
American Indian or Alaskan Native	20.0	13.4	28.7	243
White	13.4	12.6	14.2	14659
Hispanic	23.4	18.2	29.5	676
Non-Hispanic	13.2	12.4	14.0	14791

Heavy Drinking

Heavy drinking = consuming 60 or more alcoholic drinks during the past 30 days.

Although the rates of heavy drinking did not differ significantly among Idaho's racial groups, American Indians had an elevated rate of heavy drinking compared to Asians and Whites. There were no significant differences in heavy drinking prevalence between Hispanic and non-Hispanic adults in Idaho.

Prevalence of Heavy Drinking Among Idaho Adults by Subgroups 2003-2005 BRFSS

	%	95% CI		n
African American	*	*	*	40
Asian	2.2	0.7	7.1	101
Native Hawaiian or Pacific Islander	*	*	*	33
American Indian or Alaskan Native	9.4	4.4	19.2	245
White	4.9	4.4	5.4	14612
Hispanic	6.3	4.0	10.0	672
Non-Hispanic	4.9	4.4	5.4	14744

Blood Cholesterol

About how long has it been since you last had your blood cholesterol checked?

American Indians (42.8%) were significantly more likely to have not ever had their blood cholesterol checked than Whites (33.1%). Hispanic adults (55.0%) were significantly more likely than non-Hispanic adults (32.6%) to have not ever had their blood cholesterol checked.

Percentage of Idaho Adults Who Had Not Had Their Blood Cholesterol Checked in the Last 5 Years by Subgroups 2001, 2003, 2005 BRFSS

	%	95% CI		n
African American	*	*	*	42
Asian	38.0	26.5	51.1	97
Native Hawaiian or Pacific Islander	*	*	*	33
American Indian or Alaskan Native	42.8	34.6	51.4	223
White	33.1	32.0	34.1	13992
Hispanic	55.0	49.8	60.0	694
Non-Hispanic	32.6	31.6	33.6	14118

Have you EVER been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

American Indian adults in Idaho are slightly more likely to have been told their blood cholesterol is high, although there are no significant differences between the prevalence of high blood cholesterol among races. Idaho's Hispanic adults (24.0%) were significantly less likely to be told they have high blood cholesterol than non-Hispanic adults (32.7%).

Prevalence of High Blood Cholesterol Among Idaho Adults by Subgroups 2001, 2003, 2005 BRFSS

	%	95% CI		n
African American	*	*	*	30
Asian	37.6	24.6	52.7	64
Native Hawaiian or Pacific Islander	*	*	*	22
American Indian or Alaskan Native	39.4	30.7	48.7	162
White	32.3	31.3	33.4	10831
Hispanic	24.0	19.2	29.6	396
Non-Hispanic	32.7	31.6	33.7	10961

Hypertension

Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

With high blood pressure, there are no significant differences among races, although Asian adults have slightly less risk for high blood pressure according to BRFSS results. Non-Hispanic adults (23.9%) in Idaho however, are significantly more likely to have ever been told their blood pressure is high compared to Hispanic adults (15.3%)

Prevalence of High Blood Pressure Among Idaho Adults by Subgroups 2001, 2003, 2005 BRFSS

	%	95% CI		n
African American	*	*	*	42
Asian	14.2	8.1	23.6	99
Native Hawaiian or Pacific Islander	*	*	*	34
American Indian or Alaskan Native	23.8	18.2	30.4	233
White	23.7	22.9	24.5	14447
Hispanic	15.3	12.4	18.7	717
Non-Hispanic	23.9	23.1	24.7	14573

Diabetes

Have you EVER been told by a doctor, nurse, or other health professional that you have diabetes?

American Indian adults (12.2%) are significantly more likely to be diagnosed with diabetes than Asian (3.4%) or White (6.4%) adults in Idaho. According to BRFSS results, Hispanic adults (5.05) in Idaho are slightly less likely than non-Hispanic adults (6.55) to be diagnosed with diabetes.

Diabetes Prevalence Among Idaho Adults by Subgroups 2003-2005 BRFSS

	%	95% CI		n
African American	*	*	*	41
Asian	3.4	1.4	8.2	101
Native Hawaiian or Pacific Islander	*	*	*	34
American Indian or Alaskan Native	12.2	8.4	17.4	248
White	6.4	6.0	6.9	14722
Hispanic	5.0	3.6	6.9	682
Non-Hispanic	6.5	6.1	7.0	14862

Fruit & Vegetable Consumption

How often do you eat/drink: fruit juices, fruit, green salad, potatoes, carrots, and other vegetables?

There are no differences among Idaho's races or ethnicities when it comes to fruit and vegetable consumption. On average, roughly threefourths of Idaho adults eat five servings of fruit and vegetables a day.

Percentage of Adults Who Did Not Eat Five Servings of Fruits and Vegetables a Day by Subgroups 2002, 2003, 2005 BRFSS

	%	95% CI		n
African American	*	*	*	43
Asian	70.0	56.6	80.7	86
Native Hawaiian or Pacific Islander	*	*	*	29
American Indian or Alaskan Native	67.1	58.8	74.5	239
White	78.3	77.4	79.1	14432
Hispanic	78.3	73.1	82.8	689
Non-Hispanic	78.2	77.3	79	14549



Weight Management

Overweight = Body Mass Index (BMI) greater than or equal to 25

Among Idaho's different races, Asian (13.05) and White (22.4%) adults are significantly less likely to be overweight (based on BMI) than American Indians (34.7%). Although slightly greater proportion of Hispanic adults (26.8%) in Idaho are overweight, there is no significant difference between Hispanic and non-Hispanic adults (22.3%).

Prevalence of Overweight Among Idaho Adults by Subgroups 2003-2005 BRFSS

	%	95% CI		n
African American	*	*	*	40
Asian	13.0	6.2	25.1	98
Native Hawaiian or Pacific Islander	*	*	*	34
American Indian or Alaskan Native	34.7	28.0	42.0	235
White	22.4	21.5	23.2	14093
Hispanic	26.8	22.5	31.6	608
Non-Hispanic	22.3	21.5	23.1	14236

Obese = Body Mass Index (BMI) greater than or equal to 30

Much like overweight prevalence, Asian (13.0%) and White (22.4%) adults in Idaho are significantly less likely than American Indians (34.7%) to be obese (based on BMI). There are no significant differences in obesity prevalence between Hispanic adults and non-Hispanic adults in Idaho.

Prevalence of Obesity Among Idaho Adults by Subgroups 2003-2005 BRFSS

	%	95% CI		n
African American	*	*	*	40
Asian	13.0	6.2	25.1	98
Native Hawaiian or Pacific Islander	*	*	*	34
American Indian or Alaskan Native	34.7	28.0	42.0	235
White	22.4	21.5	23.2	14093
Hispanic	26.8	22.5	31.6	608
Non-Hispanic	22.3	21.5	23.1	14236
American Indian or Alaskan Native	34.7	28.0	42.0	235
White	22.4	21.5	23.2	14093
Hispanic	26.8	22.5	31.6	608
Non-Hispanic	22.3	21.5	23.1	14236

Leisure Time Physical Activity

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

Prevalence of leisure time physical activity did not differ significantly between Asian, American Indian, and White adults in Idaho. Hispanic adults (28.8%) however, are significantly more likely not to participate in leisure time physical activity than non-Hispanic adults (19.1%).

Percentage of Idaho Adults Who Did Not Participate in Leisure Time Physical Activity by Subgroups 2003-2005 BRFSS

	%	95% CI		n
African American	*	*	*	41
Asian	15.4	8.8	25.5	101
Native Hawaiian or Pacific Islander	*	*	*	34
American Indian or Alaskan Native	23.0	17.3	29.9	246
White	19.3	18.6	20.2	14707
Hispanic	28.8	24.4	33.7	682
Non-Hispanic	19.1	18.3	19.9	14844

Exercise

Exercise = Did you participate in 30+ minutes of moderate physical activity 5 or more days a week, or vigorous physical activity for 20+ minutes 3 or more days a week?

There are no significant differences among racial groups when it comes to the prevalence of not participating in the recommended levels of moderate or vigorous physical activity. However, Hispanic adults (16.6%) are significantly more likely to not participate in moderate or vigorous physical activity than non-Hispanic adults (9.5%).

Percentage of Idaho Adults Who Did Not Participate in Recommended Levels of Physical Activity by Subgroups 2003, 2005 BRFSS

	%	95% CI		n
African American	*	*	*	29
Asian	6.6	2.9	14.3	58
Native Hawaiian or Pacific Islander	*	*	*	23
American Indian or Alaskan Native	15.0	9.5	22.8	148
White	9.7	8.9	10.5	9306
Hispanic	16.6	12.2	22.3	486
Non-Hispanic	9.5	8.8	10.3	9343



**Bureau of Community and Environmental Health
Bureau of Health Policy and Vital Statistics
Division of Health
Idaho Department of Health and Welfare
450 W. State St., Boise, ID 83720**

If you have any questions, contact:
Mimi Hartman-Cunningham, MA, RD, CDE
Diabetes Prevention and Control Program
Bureau of Community and Environmental Health
Ph: 208-334-4928; hartmanm@dhw.idaho.gov
or the Bureau of Health Policy and Vital Statistics at
208-334-5977

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