

PHOTOCOPY
PRESERVATION

B. R. F. S. J.

States Use the BRFSS in Many Ways

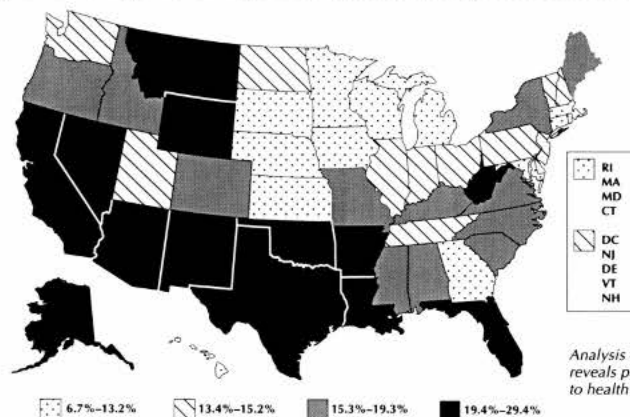
- ◆ The eight states participating in the Rocky Mountain Tobacco-Free Challenge use BRFSS data to measure the success of their respective efforts in reducing the prevalence of smoking.
- ◆ Many states find BRFSS an invaluable adjunct to the National Breast and Cervical Cancer Early Detection Program in that they can monitor their progress in providing life-saving mammography and cervical cancer screening to low-income women.
- ◆ Oregon has used BRFSS data to evaluate the effect of a new bicycle helmet law on preventing head injuries.

Vast Potential of the BRFSS

Through the unique capabilities of the BRFSS, all 50 states now have state-specific information on health-related knowledge and behaviors. Moreover, states are able to sample special groups in unprecedented ways. For example, several states can collaborate on health issues unique to geographic areas that cross state boundaries. Such information enables states to better target scarce resources.

The BRFSS survey has proven useful in other ways as well, such as enabling states to collect information on the percentage of uninsured adults in their jurisdictions. Health maintenance organizations have used the BRFSS to learn about their clients' health risk behaviors and use of clinical services. As health care management evolves in America and emphasis on prevention increases, information from the BRFSS will become even more critical to making sound health policy decisions.

Percentage of Adults Aged 18-64 Years Who Reported Having No Health Insurance, 1996*



Analysis of BRFSS data reveals patterns in access to health care.

*All data are age adjusted, 1970 total U.S. population.
Source: CDC, Behavioral Risk Factor Surveillance System (provisional data).

For more information or additional copies of this document, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-30, 4770 Buford Highway NE, Atlanta, GA 30341-3717, (770) 488-5292.
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Assessing Health Risks in America

The Behavioral Risk Factor Surveillance System (BRFSS)

AT-A-GLANCE
1998



"CDC provides a standardized product that lets us do specialized, detailed analyses. Without that product, we'd be hung up just getting the data into any kind of order. CDC's role provides an economy of scale."

BRFSS Coordinator, Washington State Department of Health



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention



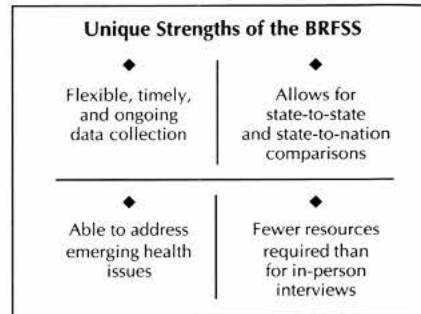
Poor Health Behavior Choices Take a Heavy Toll

In the United States, over half of the two million deaths each year are due to personal health behaviors—the choices people make every day that affect their health. Such behaviors include

- ◆ Tobacco use.
- ◆ Physical inactivity.
- ◆ Poor diet.
- ◆ Alcohol and other drug use.
- ◆ Violence.
- ◆ Risky sexual behaviors.
- ◆ Lack of preventive services (e.g., screening, immunization).

Health promotion efforts at the national, state, and local levels aim to reduce the prevalence of these health risk behaviors. For such efforts to succeed, health planners need to know the extent to which Americans are engaging in such behaviors and which groups of people are most at risk.

- ◆ Leisure-time physical activities.
- ◆ Injury control, including the use of seatbelts.
- ◆ Women's health issues (e.g., pregnancy and hysterectomy).
- ◆ Use of preventive services (e.g., immunization; screening for breast, cervical, and colorectal cancer).
- ◆ HIV and AIDS.



Collecting Critical Information

CDC's Behavioral Risk Factor Surveillance System (BRFSS) is a unique, state-based surveillance system active in all 50 states. This system is the primary source of state-based information on risk behaviors among adult populations.

Since the early 1980s, CDC has worked with the states to develop questions designed to gather information from adults on their knowledge, attitudes, and practices related to issues such as

- ◆ Health status and access to care.
- ◆ Tobacco and alcohol use.
- ◆ Dietary patterns (e.g., dietary fat intake, consumption of fruits and vegetables).

How Information Is Collected

Every month, states select a random sample of adults for a telephone interview. This selection process results in a representative sample for each state so that statistical inferences can be made from the information collected.

The questionnaire has three parts:

- ◆ Core questions used by all states.
- ◆ Standard sets of questions on selected topics that states may choose to add.
- ◆ Questions developed by individual states on issues of special interest (e.g., prostate cancer, bicycle helmet use).

"The BRFSS is the perfect instrument for adding state-specific questions. What else do we have for surveying the behavior of the general, adult population?"

Epidemiologist, Connecticut Department of Public Health

Information on age, sex, racial and ethnic background, education, and other demographic factors is gathered so that estimates can be made for specific population groups and interventions can be directed to people at greatest risk.

CDC edits and processes data from each state's monthly interviews and then returns prevalence information and selected reports to all states for their use.

Many Uses for BRFSS Data

The BRFSS was designed from the outset to allow comparisons between states, and between individual states and the nation. Every state uses a similar method of selecting respondents and the same core questions to facilitate comparisons.

In addition, because many of the same questions are asked each year, nationwide and state trends in health-related behaviors and knowledge can be monitored over time. This capability is crucial in measuring the effectiveness of health promotion efforts.

State participants use the information available from the BRFSS for many purposes:

- ◆ Determine priority health issues and develop strategic plans.
- ◆ Monitor the effectiveness of intervention measures and the achievement of prevention program goals.
- ◆ Support appropriate public health policy.
- ◆ Create reports, fact sheets, press releases, and other publications designed to educate the public, the health community, and policymakers about disease prevention.

BRFSS data also enable public health professionals to monitor progress in achieving the nation's health objectives, as outlined in *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*. For example, states have used BRFSS data to follow mammography use over a period of years. Mammography trends for three states are shown below.

Percentage of Women Aged 50 Years or Older Who Reported Having Had a Mammogram Within the Previous Two Years, Selected States, BRFSS, 1987–1995

