STATE SPOTLIGHT

North Carolina

This state uses BRFSS data to address:
* women’s health/preconception,
* mother-infant health,
* health disparities, and
* rising health-care costs.

In 2007, state-based health data about women of childbearing age—from BRFSS and other sources—helped inform the formation of the North Carolina Preconception Health Coalition and its 2008–2013 preconception health strategy, which called for promoting planned pregnancies and maintaining healthy body weight. Each year, the Preconception Health Leadership Team shares updates on BRFSS and other data indicators during the annual meeting of the Preconception Health Coalition to help track the state’s progress on preconception health and determine the effectiveness of different initiatives throughout the state. Data sources like BRFSS are critical to the work currently being done to prepare the 2014–2019 Preconception Health Strategic Plan, as the data are systematically reviewed during stakeholder meetings to inform funding efforts, design of educational materials, follow a social marketing strategy, and support program development. As a result of the BRFSS-aided stakeholder discussions, participants determined the following core areas should be included in the state’s revised Preconception Health Strategic Plan:

1. Reproductive life planning, including comprehensive sexual health education and healthy relationships education;
2. Mental health;
3. Access to care, including systems issues and coordination with chronic disease;
4. Social determinants of Health, including self-sufficiency; and
5. Fatherhood/male involvement.

1 The North Carolina Preconception Health Coalition includes partners from the state’s Division of Public Health and Department of Health and Human Services, the Department of Public Instruction, local health departments, public and private universities, community-based organizations, non-profit agencies, and health care consumers.

Health Links

Community Gardens & Healthy Body Weight

Diabetes Incidence: Large Urban Centers & Southern, Appalachian States’ Counties

Epilepsy Drug Study

Fittest Cities

Influenza Vaccination among Pregnant Women

Memory Loss (MMWR)

Use of the RE-AIM Framework

COPD Fact Sheets

This graphic notice (   ) means that you are leaving a CDC Web site.
Next Steps

Continue to draft goals, objectives, strategies and action steps related to these core areas and populations and then to share this draft information with key stakeholders and consumers throughout North Carolina.

Preliminary Results

> February 2013: A member of North Carolina’s Preconception Health Leadership Team was asked to present at the Association of Maternal and Child Health’s (AMCHP) Annual conference to share how data have been used in their team’s strategic planning process.

> 2010 Publication: State of Women’s Health in North Carolina
http://www.schs.state.nc.us/schs/pdf/Preconception_WEB_110310.pdf

> The coalition’s first strategic plan
http://whb.ncpublichealth.com/Manuals/PreconceptionHealthStrategicPlan-3-6-09.pdf

In North Carolina: The BRFSS Questionnaire Responses that Help Guide the Coalition

**Percentage of women who -----**
- …report good, very good, or excellent health 2004 to 2011
- …currently have some type of health care coverage: 2004 to 2011
- …had a routine checkup in the past year: 2005 to 2011
- …had a PAP test within the past three years 2004 to 2011
- …currently smoke every day or some days 2004 to 2011
- …participated in heavy drinking on at least one occasion within the past month: 2004 to 2011.
- …participated in binge drinking on at least one occasion in the past month 2004-2011
- …consume fruits and vegetables at least five times per day 2005, 2007, 2009
- …are overweight or obese based on body mass index (BMI) : 2004-2011
- …participate in enough moderate and/or vigorous physical activity in a usual week to meet the recommended levels of physical activity: 2005, 2007, 2009
- …report that their mental health was not good for at least 14 out of the past 30 days: 2004-2011
- …always or usually get the social and emotional support they need: 2004-2011
- …have ever been told by a health care provider that they had diabetes including gestational diabetes: 2004-2011
- …have ever been told by a health care provider that they had hypertension including hypertension during pregnancy: 2005, 2007, 2009
- ….currently have asthma: 2004-2011
- …received an influenza vaccination within the past year: 2004-2011

**Percentage of women with -----**
- …a high school education/GED or greater: 2004 to 2011
- …a BMI ≥ 25 kg/m2 but < 30 kg/m2: 2004-2011 (overweight)
- ….a BMI ≥ 30 kg/m2: 2004-2011 (obesity)

***Have a BRFSS-related story, program, achievement, or case study for the State Spotlight section of this newsletter? Please let us know! Email the details to Dave Flegel, BRFSS technical writer, at dflegel@cdc.gov.
Communications From the Division

Now Available

> BRFSS 2012 Survey Data and Documentation.
> Find information about the September 2013 BRFSS training events.

New Publications & Presentations


Okoro CA, Dhingra SS, Coates RJ, Zack M, Simoes EJ. What does the Massachusetts experience tell us about the potential impact of the Affordable Care Act on the use of clinical preventive services? Presented at the 46th Annual Society for Epidemiologic Research Conference in Boston, MA, June 18–21, 2013.

Okoro CA, Stoodt G, Rohrer JE, Strine TW, Li C, Balluz LS. Physical activity patterns among U.S. adults with and without serious psychological distress. (Accepted by Public Health Reports. Publication date pending.)


Qayad MG, Pierannunzi C, Chowdhury PP, Hu S, Balluz L. Landline and cell phone response measures in Behavioral Risk Factor Surveillance System (Accepted by Survey Practice. Publication date pending.)


Did You Know?

...For the past few years, Missouri BRFSS had included a state-added question to gauge awareness of the Missouri Tobacco Quitline.
...In Arkansas, BRFSS will help monitor flu and pneumonia vaccine uptake in residents age 65 years and older.

Recent Webinars

August Recording
Rapid Response Health Surveillance and the Utility of Small Area Estimation: Estimate Monthly county-Level Outcomes Using the BRFSS - Haomiao Jia
Recording URL: https://www.livemeeting.com/cc/cdc/view Recording ID: CSGN82-14

July Recording
*Diabetes and obesity prevalence estimates in Missouri counties: comparison of Missouri county-level study and CDC's model-based estimates - Shumei Yun
*Multiple approaches on conducting small area estimation - Haci Akcin
Recording URL: https://www.livemeeting.com/cc/cdc/view Recording ID: CSGN82-13

June Recording
Update on industry and occupation module - Aaron Sussell and Pam Schumacher
Recording URL: https://www.livemeeting.com/cc/cdc/view Recording ID: CSGN82-12

May Recording
*A SAS Small Area Estimation System for the BRFSS - Martin Frankel and Michael Battaglia
Recording URL: https://www.livemeeting.com/cc/cdc/view Recording ID: CSGN82

Upcoming Webinars for the Remainder of 2013*

September
Binge Drinking Among Women and High School Girls — United States, 2011 - Dafna Kanny
Preparing for PSRs: Using CDC prevention status reports to inform the prevention of excessive drinking - Jessica Mesnick

October
Impact of depression on quality adjusted life expectancy - Haomiao Jia
Healthy life expectancy for the US population by sex, race/ethnicity and geographic region: 2007-2009 - Man-huei Chang

November, 2013
Drowsy Driving — 19 States and the District of Columbia, 2009–2010 - Anne Wheaton

December
Assess Change in Prevalence Over Time - Amy Fan
*Unless otherwise noted, webinars occur on the second Tuesday of each month at 3pm Eastern time and run for one hour
Access the slide presentation at the scheduled time here: https://www.livemeeting.com/cc/cdc/join?id=CSGN82&role=attend
Access the audio by calling (866) 692-3582 (Toll free) or (517) 466-2232 (Toll). When prompted, enter participant code 69962612#

Resources

Arkansas: PHACS database
Cognitive Decline in Ga: Data From the 2011 BRFSS (Alzheimer’s Association)
Chronic Obstructive Pulmonary Disease Surveillance—United States, 1999-2011

*Unless otherwise noted, webinars occur on the second Tuesday of each month at 3pm Eastern time and run for one hour.