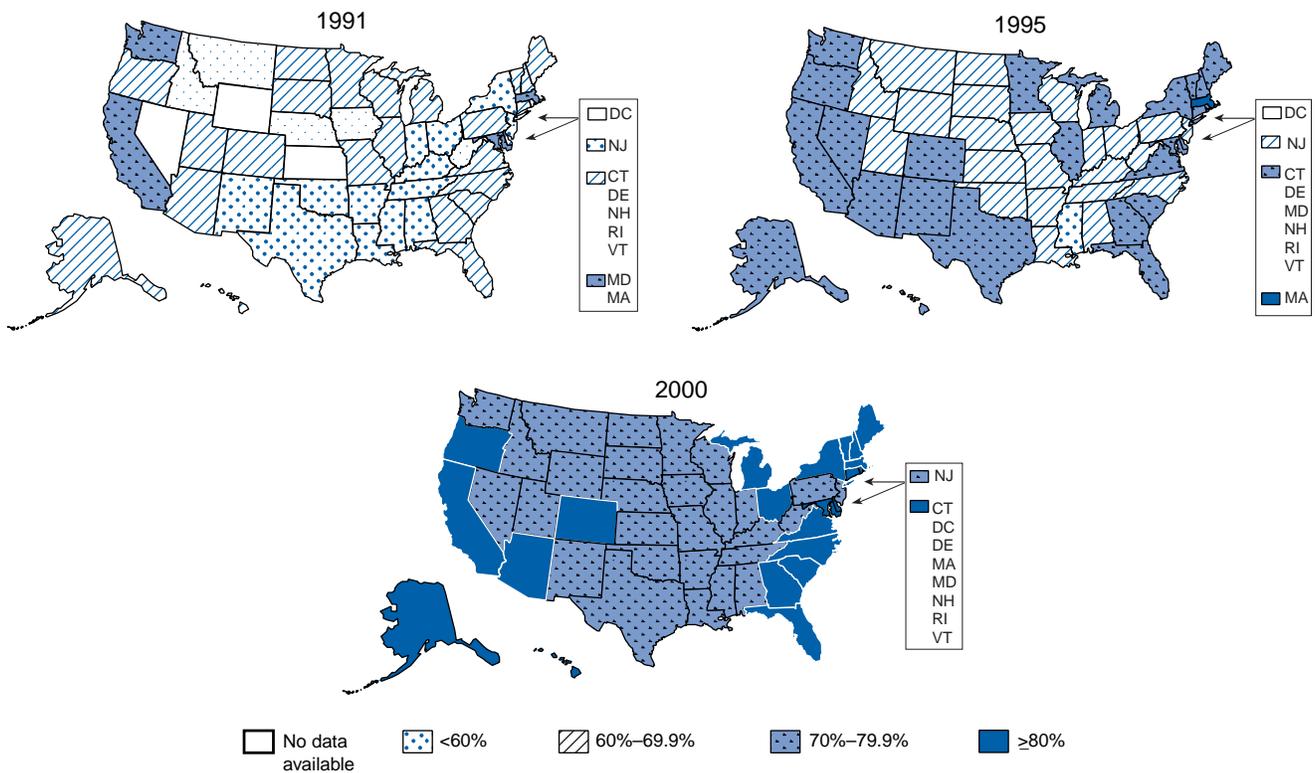


Health Risks in America: Behavioral Risk Factor Surveillance System 2002

Women Aged 50 Years or Older Who Had Had a Recent Mammogram*



*Had their last mammogram within the previous 2 years.
Source: CDC, Behavioral Risk Factor Surveillance System.

“The BRFSS is essential to our public health efforts to protect and improve the health of communities. It provides data for planning and policy, an infrastructure for behavioral surveillance, and a focus for collaboration with other health organizations.”

*Kathleen E. Toomey, MD, MPH, Director,
Division of Public Health
Georgia Department of Human Resources*

Measuring Health Risks Among Adults

For 18 years, CDC has helped states survey U.S. adults to learn more about a wide range of behaviors that affect their health. A strong focus has been on the following behaviors, which are linked with heart disease, stroke, cancer, and diabetes—the nation’s leading killers:

- Not getting enough physical activity.
- Eating a high-fat, low-fiber diet.
- Using tobacco and alcohol.
- Not getting medical care that is known to save lives (for example, mammograms, Pap smears, colorectal cancer screening, and flu shots).

The surveys have given us a wealth of knowledge about these and other harmful behaviors—how common they are, whether they are increasing over time, and which people might be most at risk. Such

Nearly 40% of deaths in America can be attributed to smoking, physical inactivity, poor diet, or alcohol misuse—behaviors practiced by many people every day for much of their lives.

information is essential to public health agencies at the national, state, and local levels.

We must continue to monitor health behaviors to ensure our programs are on track, because chronic diseases are a growing public health threat. Heart disease is the leading cause of death in this country, accounting for more than 30% of all deaths. Cancer is the second leading cause, accounting for about 25% of all deaths.

CDC’s Unique State-Based Surveillance System

In the early 1980s, CDC worked with states to develop the Behavioral Risk Factor Surveillance System (BRFSS). Now active in all 50 states, 3 territories, and the District of Columbia, the BRFSS is the primary source of information on health-related behaviors of Americans. States use standard procedures to collect data through a series of monthly telephone interviews with adults. Questions are related to chronic diseases, injuries, and infectious diseases that can be prevented.

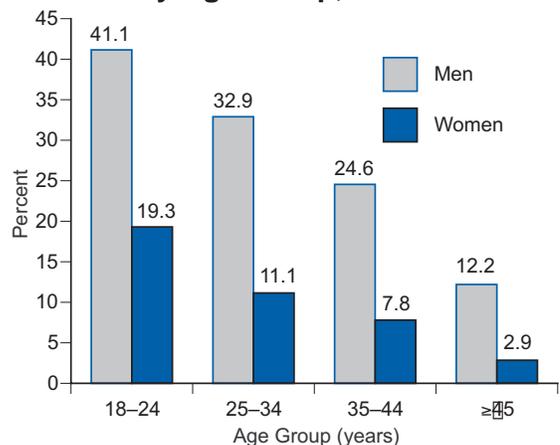
State and local health departments rely heavily on data from the BRFSS to

- Determine priority health issues and identify populations at highest risk for illness, disability, and death.
- Develop strategic plans and target prevention programs.
- Monitor the effectiveness of interventions and progress in meeting prevention goals.
- Educate the public, the health community, and policy makers about disease prevention.
- Support community policies that promote health and prevent disease.

BRFSS data also help public health professionals monitor progress in meeting the nation’s health

objectives outlined in *Healthy People 2010*. BRFSS information is used by researchers, voluntary and professional organizations, and managed care organizations to target prevention efforts. Recognizing the value of the BRFSS, Canada, Australia, Russia, and other countries have asked CDC to help them establish similar surveillance systems for their own populations.

Men and Women Who Binge Drink,* by Age Group, 1999



*Consumed five or more drinks on at least one occasion during the previous month.

Source: CDC, Behavioral Risk Factor Surveillance System.

Versatility of the BRFSS

CDC's Behavioral Risk Factor Surveillance System benefits states in many ways:

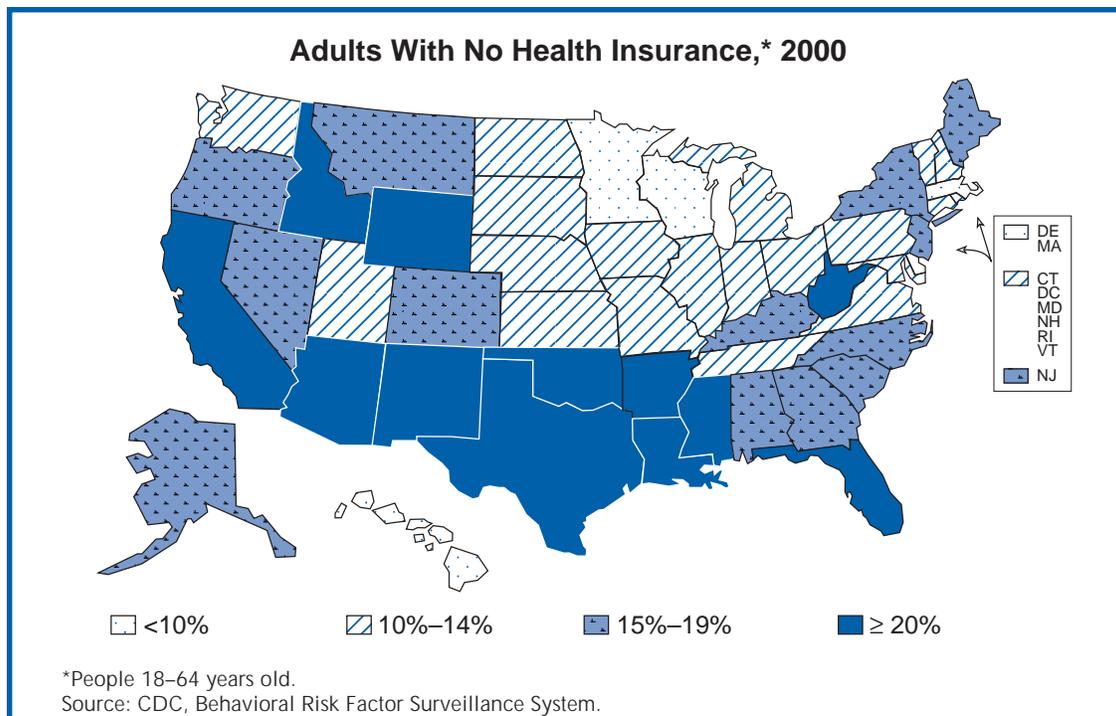
- The BRFSS data can be analyzed according to age, sex, education, income, race, ethnicity, and other variables. This allows states to find groups at highest risk for health problems and make better use of scarce resources to prevent these problems.
- The BRFSS is designed to examine trends over time. For example, state-based data from the BRFSS have revealed a national epidemic of obesity.
- States can readily address urgent and emerging health issues. Questions may be added for a wide range of important health issues, such as diabetes, arthritis, tobacco use, folic acid consumption, health care coverage, and even terrorism. For example, following the bomb explosion at the Alfred P. Murrah Federal Building in Oklahoma City, the Oklahoma BRFSS included questions on such issues as stress, nightmares, and feelings of hopelessness so that health department personnel could better address the psychological impact of the disaster.
- States can use the BRFSS to find out if their programs are working and keep them on track. In Arkansas, for example, health officials are using the BRFSS to determine if the state's *BreastCare*

“Because the BRFSS is so flexible, New York State was able to use the survey to collect data in response to the terrorist attacks on the World Trade Center. I know of no other survey that would have enabled us to respond so quickly to the need for timely information. The BRFSS is a critical source of up-to-date information on many important health topics in our state.”

Tom Melnik, DrPH
BRFSS Project Director
New York State Department of Health

program is boosting the percentage of women over 40 who have mammograms. The state also uses BRFSS data to improve and refine the program, which provides breast cancer education, screening, and treatment to women with limited resources.

The BRFSS is flexible in that it allows states to add timely questions specific to their needs. Yet standard core questions enable health professionals to make comparisons between states and reach national conclusions. BRFSS data have highlighted wide state-to-state differences in key health issues. In 2000, for example, the percentage of adults who smoked ranged from a low of 13% in Utah to a high of 30% in Kentucky.



State Success Stories and Future Directions

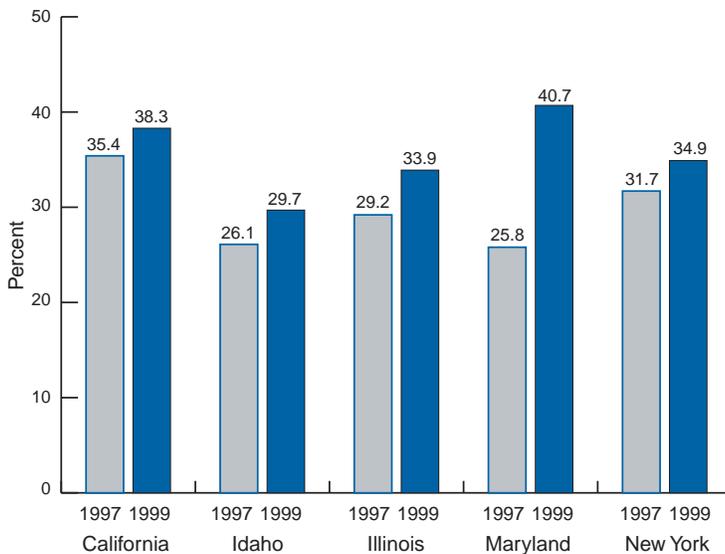
Oregon. The fight to pass workplace smoking bans has been tough in Oregon. Supporters of workplace smoking bans were called health fanatics who were out of step with the wishes of ordinary citizens. The BRFSS produced powerful evidence that proved otherwise. The surveys revealed that about 9 in 10 Oregonians think that breathing secondhand smoke is harmful to health and that people should be protected. As a result, workplace smoking bans have been passed in communities across the state. About 30% of Oregonians now live in localities where smoking is banned in all or nearly all workplaces.

New York. Flu and pneumonia are common causes of death for older Americans, but not all seniors get flu shots or pneumonia vaccinations. New York health officials used the BRFSS to identify populations with the greatest needs. They found that older adults living in New York City were far less likely to be vaccinated against flu or pneumonia than elders elsewhere in the

state. Vaccination rates were also low among African Americans and Hispanics across the state. The BRFSS revealed good news as well: flu and pneumonia vaccination rates have increased dramatically statewide, particularly in areas where vaccination campaigns have been launched. Now, about half of all state residents over age 65 are vaccinated.

Kansas. Kansas City area employers know that good health is good business. With the help of state health officials, the employers used BRFSS survey methods to identify serious health problems and risks affecting employees and their families. By improving the health of employees and dependents, the companies hope to cut health care costs and absenteeism. Two serious health conditions—diabetes and depression—were identified and are now being targeted. The employers concluded that community approaches, rather than just workplace programs, are the answer, and strong community partnerships are essential.

Adults Aged 50 Years or Older Who Were Recently Screened for Colorectal Cancers,* Selected States, 1997 and 1999



*Had their last sigmoidoscopy or colonoscopy within the previous 5 years.
Source: CDC, Behavioral Risk Factor Surveillance System.

Future Directions for the BRFSS

The BRFSS faces many challenges. As more people become aware of the system's usefulness, more questions are being added to the surveys. The challenge is keeping the phone interviews to a reasonable length. In addition, caller ID, cell phones, and competition from telemarketers are making it difficult for interviewers to contact and survey people by phone. Yet another challenge is how to continually increase the number of adults interviewed to meet the rising demand for data at the state, city, county, district, and subpopulation levels.

These challenges might dictate future changes in the BRFSS. For example, we might need to establish several different surveillance systems or change the way we collect data. Whatever direction the BRFSS takes, CDC must work closely with state and federal partners to continue providing data useful for good public health research and practice.

For more information or additional copies of this document, please contact the
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