Although, the CDC began collecting data on behavior risk factors in 1981, the BRFSS was not initiated until 1985.

Louisiana began collecting BRFSS data in 1990.

It took a collaboration of Federal, State, and independent experts to develop the BRFSS.

Today it is the largest continuously conducted telephone survey in the world.

Collects uniform, state-specific data on preventive health practices & risk behaviors that are linked to chronic diseases, injuries, and preventable infectious diseases in the adult population.
Recommendations and Guidelines
Identify Disparities
State and national trends
Progress towards Healthy People 2010/2020 goals
Program Evaluation
Program Planning
Assessing/Monitoring Chronic Diseases Risks

What can we do with BRFSS data ???

Healthy People Goals
Healthy People 2000 goal: Increase to at least 60% the proportion of women age 50 and older who have received a clinical breast exam and a mammogram within the preceding two years.

Not Achieved
1 in 3 African Americans is uninsured
1 in 3 African Americans is uninsured

SAFER • HEALTHIER • PEOPLE™

Recommendation
The National Heart, Lung, and Blood Institute recommends that everyone over 20 years of age have a fasting lipid profile performed at least once every 5 years.
BRFSS in the United States, 1984
BRFSS in the United States, Today

- Guam
- Puerto Rico
- Virgin Islands
Survey Methodology
Telephone Surveys

People 18 and older are randomly selected.
Interviewers are Trained
Rigorous Methodological Controls (I)

- WinCATI – Computer Assisted Telephone Interviewing
  - Minimizing Coding Error
  - Strict Adherence to the Script
  - Call-Back Scheduling
  - Auto-Dialing (Landline Only)
  - Reducing Nonresponse
    15 Call Attempts to numbers that do not result in a complete or not identified as a nonworking number
M4.3. Other than cost, there are many other reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.

1. You couldn't get through on the telephone.
2. You couldn't get an appointment soon enough.
3. Once you got there, you had to wait too long to see the doctor.
4. The (clinic/doctor's) office wasn't open when you got there.
5. You didn't have transportation.
6. OTHER (SPECIFY)
7. NO, I DID NOT DELAY GETTING MEDICAL CARE/DID NOT NEED MEDICAL CARE
8. DON'T KNOW/NOT SURE
9. REFUSED

F1 = Help | Move the cursor to the answer and press ENTER

F3 = Do Disp 1st= 0

20130111 Only Adult Male
Rigorous Methodological Controls (II)

- Experienced Lab Supervisors
  - Respond to Interviewer Questions
  - Listen to (and Evaluate) Interviews
  - Make Call Backs to Completed Interviews
- Site Visits from BRFSS Coordinator (Jude Haney)
  - Listens to Interviewers
- Reducing Nonresponse
  - 15 Call Attempts to numbers that do not result in a complete or not identified as a nonworking number
Calls are made 7 days a week

- More than 350,000 adults are interviewed nationally each year.
- Approximately 8,000 per year in Louisiana.
Sampling

- Developed in Collaboration with CDC
  - Statewide Survey with Large Sample to Represent Subpopulations
  - Geographic Targeting Requires Stratification ($)
- Provided by Marketing Systems Group
  - Total Phone Numbers Based on Targeted Number of Completes
    - 100,000 Numbers => 7,000 Completes
  - 2010 and 2011 Inclusion of Cell Phone Numbers
    - Cell Phone Only and Cell Phone Mostly Populations
- Performance Evaluated by CDC
  - Representation of Demographic Groups (Gender, Race, Age)
  - 2010 Response Rates (58%) & Cooperation Rates (77%)
  - Available on BRFSS Web Site
Data are weighted...

- to compensate for unequal selection probability
- to ensure that data can be used to develop population estimates
Data Processing

- Sample Data Provided Monthly
- Data Submitted Monthly to CDC
  - Identification of errors/problems
- CDC Cleans Data and Constructs Weights on Annual Year (Jan–Dec 2010)
  - Post-Stratification to Raking (Iterative)
- Released to States (April/May)
  - Analysis/Reports
Survey Questionnaire
BRFSS Core Questions

- Demographics
- General health measures
- Health conditions
- Risk behaviors
- Health services
Topics Included in the BRFSS Questionnaire: *Demographics*

- Age
- Sex
- Ethnicity
- Race
- Marital status
- Education level
- Employment status
- Income
- County of residence
- Pregnancy status
- Children <18 in household
Topics Included in the BRFSS Questionnaire: *General Health Measures*

- Self-reported health status
- Health insurance
Core Section of BRFSS Questionnaire

- Health Status
- Healthy Days – Quality of life
- Health Care Access
- Exercise
- Diabetes
- Awareness for Hypertension, Cholesterol, and Cardiovascular Disease Prevalence
- Asthma
- Immunization
- Tobacco Use
Topics Included in the BRFSS Questionnaire: *Health Conditions*

- Diabetes
- Awareness of high blood pressure
- Awareness of high cholesterol
- Oral health
- Asthma
- Cardiovascular disease
- Arthritis
Topics Included in the BRFSS Questionnaire: *Risk Behaviors*

- Smoking
- Alcohol use
- Physical inactivity
- Injury related risk behaviors
- Sexual behavior
- Diet
- Excess weight
Topics Included in the BRFSS Questionnaire: Health Services

- Breast cancer screening
- Cervical cancer screening
- Prostate cancer screening
- Colorectal cancer screening
- Flu and Pneumococcal vaccine
Louisiana Optional Modules 2010

- Pre-Diabetes
- Diabetes
- Adult Asthma History
- Anxiety and Depression
- Random Child Selection
- Childhood Asthma Prevalence
- Asthma Follow Up Callback Script
Louisiana Optional Modules

Optional Modules 2011
- Diabetes
- Cardiovascular Health
- Actions to Control High Blood Pressure
- Heart Attack and Stroke
- Smoking Cessation
- Secondhand Smoke
- Adult Asthma History
- General Preparedness
- Anxiety and Depression
- Cognitive Impairment
- Emotional Support and Life Satisfaction
- Adverse Childhood Experience
- Random Child Selection
- Asthma Follow Up Callback Script

Optional Modules 2012
- Pre-Diabetes
- Diabetes
- Adult Asthma History
- Mental Illness and Stigma
- Social Context
- Random Child Selection
- Childhood Asthma Prevalence
- Emotional Support and Life Satisfaction
- Asthma Follow Up Callback Script
Emerging core

State-added questions
Addressing Health Risks
States can also add questions

During the past 12 months, have you been subject to any physical violence?
In the last year, have you called the Medicaid office to ask a question, make a statement, or deal with a problem?
States can also add questions

There are three types of Diabetes. Do you know what type of diabetes you have?
Strengths

- Flexible
- Timely
- Standardized
  - allows state-to-state comparisons
Data Driven Decision Making
How are the data used?

- Tracking health risk trends
- Program development
- Policy development
- Program evaluation
Smoking Prevalence in LA 2000-2010

Figure 2: Percent of Adults who Identify as Current Smokers, Louisiana v. United States
Asthma Prevalence LA Adults 2000-2010

Figure 15: Adults who Currently Have Asthma, Louisiana v. United States

<table>
<thead>
<tr>
<th>Year</th>
<th>Louisiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>5.0%</td>
<td>7.3%</td>
</tr>
<tr>
<td>2001</td>
<td>5.3%</td>
<td>7.3%</td>
</tr>
<tr>
<td>2002</td>
<td>6.0%</td>
<td>7.6%</td>
</tr>
<tr>
<td>2003</td>
<td>6.2%</td>
<td>7.6%</td>
</tr>
<tr>
<td>2004</td>
<td>6.2%</td>
<td>8.3%</td>
</tr>
<tr>
<td>2005</td>
<td>5.9%</td>
<td>8.0%</td>
</tr>
<tr>
<td>2006</td>
<td>5.9%</td>
<td>8.4%</td>
</tr>
<tr>
<td>2007</td>
<td>6.3%</td>
<td>8.3%</td>
</tr>
<tr>
<td>2008</td>
<td>6.3%</td>
<td>8.7%</td>
</tr>
<tr>
<td>2009</td>
<td>6.3%</td>
<td>8.8%</td>
</tr>
<tr>
<td>2010</td>
<td>6.6%</td>
<td>8.8%</td>
</tr>
</tbody>
</table>
Diabetes Prevalence LA Adults  
BRFSS, 2004—2010
Figure 38: Louisiana Adults who have received HIV Testing by Income

- Less than $15,000: 30.2% Tested at Private Doctor’s Office, 60.9% Tested at Hospital or Clinic
- $25,000-34,999: 30.6% Tested at Private Doctor’s Office, 51.9% Tested at Hospital or Clinic
- $50,000 or more: 47.8% Tested at Private Doctor’s Office, 38.1% Tested at Hospital or Clinic
2011 Methodological Changes

• Survey improvements
  Cell phone interviews
  Weighting method proportional fitting (or raking).

• Change does not consistently impact all prevalence estimates the same way.

• Changes to the BRFSS methodology **will cause breaks in trends**, but will improve validity, accuracy, and representativeness of the Louisiana BRFSS.
Table 1: Comparison of 2010 Post-stratified Estimates, 2010 Raked Estimates, 2011 Raked Estimates for Selected Health Indicators, Louisiana, BRFSS

<table>
<thead>
<tr>
<th>Category</th>
<th>2010 Post-stratified Estimate (95% CI)</th>
<th>2010 Raked Estimate (95% CI)</th>
<th>2011 Raked Estimate (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured Non-elderly Adults in Louisiana*</td>
<td>24.5 (22.6-26.5)</td>
<td>30.2 (27.9-32.5)</td>
<td>26.8 (25.1-28.4)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>10.3 (9.5-11.1)</td>
<td>10.5 (9.6-11.5)</td>
<td>11.8 (11.0-12.7)</td>
</tr>
<tr>
<td>Current Asthma</td>
<td>6.6 (5.7-7.6)</td>
<td>8.1 (6.9-9.3)</td>
<td>6.4 (5.7-7.2)</td>
</tr>
<tr>
<td>General Health (Adults in Louisiana in Fair or Poor Health)</td>
<td>21.1 (19.9-22.4)</td>
<td>23.5 (21.9-25.1)</td>
<td>23.0 (21.8-24.2)</td>
</tr>
<tr>
<td>Leisure Time Physical Activity</td>
<td>69.9 (68.3-71.4)</td>
<td>66.7 (64.8-68.6)</td>
<td>66.2 (64.8-67.7)</td>
</tr>
<tr>
<td>Current Smoking</td>
<td>22.1 (20.6-23.5)</td>
<td>28.2 (26.3-30.2)</td>
<td>25.7 (24.3-27.1)</td>
</tr>
<tr>
<td>Overweight BMI**</td>
<td>34.7 (33.1-36.4)</td>
<td>34.7 (32.8-36.6)</td>
<td>34.1 (32.7-35.6)</td>
</tr>
<tr>
<td>Obese BMI**</td>
<td>31.7 (30.2-33.3)</td>
<td>33.18 (31.3-35.1)</td>
<td>33.4 (32.0-34.9)</td>
</tr>
<tr>
<td>Binge Drinking***</td>
<td>15.0 (13.7-16.4)</td>
<td>15.6 (14-17.3)</td>
<td>16.1 (14.8-17.3)</td>
</tr>
<tr>
<td>Heart Attack</td>
<td>5.1 (4.5-5.9)</td>
<td>5.6 (4.8-6.5)</td>
<td>5.0 (4.4-5.6)</td>
</tr>
<tr>
<td>Coronary</td>
<td>5.3 (4.7-6)</td>
<td>5.2 (4.6-6.0)</td>
<td>4.8 (4.3-5.4)</td>
</tr>
<tr>
<td>Stroke</td>
<td>3.4 (2.9-3.9)</td>
<td>3.5 (2.9-4.2)</td>
<td>3.6 (3.1-4.2)</td>
</tr>
<tr>
<td>Adults 65+ with flu shot</td>
<td>64.3 (61.9-66.6)</td>
<td>61.9 (58.7-65)</td>
<td>70.2 (68.1-72.3)</td>
</tr>
<tr>
<td>HIV Never Tested</td>
<td>51.4 (49.5-53.4)</td>
<td>47.7 (45.3-50.1)</td>
<td>54.3 (52.6-55.96)</td>
</tr>
</tbody>
</table>
A Powerful Tool for Health Professionals
Organizations that use BRFSS data

- Universities
- Research organizations
- Health professionals
- Non-profit organizations
- Insurance companies
- Managed care organizations
- Media
More Utahns Too Thick, Study Shows

State health study shows 43% of adults are overweight or obese

More than half of Utahns are fallible, putting residents at an increased risk for weight-related health problems, a new study by the Utah Department of Health says.

Between 1989 and 1999, the number of adults in Utah who were overweight or obese rose from 35.9 percent to 45 percent, the study shows. The increase was seen the number of obese or overweight adults rose from 43 percent to 56 percent.

"It's a scary picture of an important public health concern," said state epidemiologist Bob Roffe. Obesity is a chronic disease such as heart attacks, strokes, Type 2 diabetes and osteoarthritis, he said.

Prostate seminar offered Aug. 6
Free screenings set during Xavier event

Saturday, July 23, 2005
From staff reports

Free screenings, question-and-answer sessions and information about new treatments for prostate cancer will be among the offerings Aug. 6 at a daylong symposium on the disease at Xavier University.

There is no admission fee for the symposium, which starts with registration and a free continental breakfast at 7:30 a.m. in the third-floor ballroom of the Xavier Student Center at 1 Drexel Drive. It is sponsored by Xavier and the Louisiana State University Health Sciences Center.
Reports Produced using BRFSS Data

LOUISIANA
STATE OF THE HEART & STROKE REPORT

CHRONIC DISEASE SURVEILLANCE REPORT

LOUISIANA
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM
1991-2000

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Behavioral Surveillance Branch Publications

Tracking Major Health Risks Among Americans:
The Behavioral Risk Factor Surveillance System
2001

Percentage of Women Aged 50 Years or Older Who Reported Having Had a 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."

BRFSS Coordinator, Georgia

Department of Health and Human Services
Centers for Disease Control and Prevention
Safer • Healthier • People

Behavioral Health in the Gulf Coast Region Following the Deepwater Horizon Oil Spill

SAMHSA

SAFER • HEALTHIER • PEOPLE™
CDC Publications

Chronic Disease and Health Promotion
Reprints from the *MMWR*, 1985-1989

Volume 3
Behavioral Risk Factor
Surveillance System

State- and Sex-Specific Prevalence of Selected Characteristics —
Behavioral Risk Factor
Surveillance System, 1996 and 1997

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention (CDC)
Atlanta, GA 30333
A Federal-State Partnership
Goals and Objectives for Louisiana BRFSS 2013

- To regain the data support for Chronic disease reports and activities.
- Establish a working relationship with BRFSS partners to understand goals and objectives.
- Review questionnaire with BRFSS partners to add or change questions based on overall state needs.
- To determine how to market the BRFSS to assist organizations and possibly increase funding support to increase sample size.
- Survey contained basic demographic questions and used BRFSS as model for many health related questions.
Questions?

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THANK YOU !!

http://www.dhh.louisiana.gov/index.cfm/page/578