fact sheet

Colorado Behavioral Risk Factor Surveillance System (BRFSS)

Rickey Tolliver, M.P.H., Health Statistics Section



Colorado Department of Public Health and Environment

Health Statistics Section

Alyson Shupe, Ph.D., Section Chief

Monica Clancy

Patricia Holguin

Rickey Tolliver, M.P.H.

Research and Evaluation Unit

Jodi Drisko, M.S.P.H., Director

Janelle Mares

Debra Tuenge

Chris Wells, M.S.

Survey Research Unit

Becky Rosenblatt, M.A., Director

Mark King

Kathleen Rice

Vital Statistics Unit

Mary Chase, Director Kirk Bol, M.S.P.H Juanita Galvan

4300 Cherry Creek Drive South Denver, Colorado 80246-1530 (303)692-2160 (800)886-7689

health.statistics@state.co.us www.cdphe.state.co.us/hs/ The Behavioral Risk Factor Surveillance System (BRFSS) is a standardized instrument developed by the Centers for Disease Control and Prevention (CDC) to monitor lifestyles and behaviors related to the leading causes of mortality and morbidity. BRFSS is the largest telephone-based surveillance system in the world. The Survey Research Unit of the Health Statistics Section of the Colorado Department of Public Heath and Environment has been collecting these data since January 1990. Questionnaire topics include:

Chronic Conditions

- ► Obesity
- ➤ Diabetes
- ► Hypertension
- ► Asthma
- Cardiovascular disease
- ► Disability
- ► Arthritis

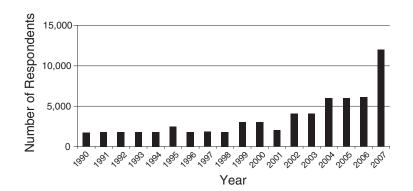
Preventive Practices

- Breast and cervical cancer screening
- Colorectal cancer screening
- ► Prostate cancer screening
- ► Skin cancer screening
- ► Flu and pneumonia vaccination
- ► HIV testing
- ► Cholesterol screening
- Diabetes self management practices

Risk Factors

- Tobacco use
- Secondhand Smoke
- Alcohol consumption
- Physical activity
- ► Diet
- Emotional support and life satisfaction
- Health insurance coverage

Growth of the Colorado Behavioral Risk Factor Surveillance System



1990 completed interviews = 1,725 2007 completed interviews = 11,901

References

The 467 *Healthy People 2010* Objectives are 10-year nationwide targets for increasing quality and years of healthy life and eliminating health disparities.

Body Mass Index (BMI) is a number calculated from a person's weight and height. It is a reliable indicator of body fatness for people but does not measure body fat directly. Research has shown that BMI correlates to direct measures of body fat and can be considered an alternative for other direct measures. Additionally, BMI is an inexpensive and easy toperform method of screening for weight categories that may lead to health problems. It is calculated as follows: [weight (lb) / (height (in) x height (in))] x 703.

The Health Statistics Section joins the Centers for Disease Control and Prevention in recognizing that race and ethnicity do not represent valid biological or genetic categories but are social constructs with cultural and historical meaning.

The BRFSS questionnaire is divided into three sections:

Core (80 questions) Provided by CDC

Examples: demographics, diabetes, tobacco use, diet and exercise, health status, health care access, alcohol consumption, weight status, cancer screening;

- Optional Modules (46 questions) Provided by CDC and selected by CDPHE *Examples:* adult asthma history, immunizations, prediabetes, diabetes, visual impairment and access to eye care, anxiety and depression;
- State-Added Questions (54 questions) Developed by internal and external stakeholders

Examples: graduated drivers license, weight control, folic acid intake

How are the data used?

- To provide behavioral statistics for state and regional health program planning;
- ► To highlight differences/disparities between demographic groups;
- ► To reveal health trends;
- ► To allow comparisons to other states and to national health goals;
- ► To identify emerging health problems;
- ► To educate the public about risk behaviors and preventive health practices;
- ▶ To monitor health objectives, such as those stated in *Healthy People 2010*;

Example One: Monitoring Colorado* progress with the *Healthy People 2010* Health Objectives**

	Colorado Estimate	HP 2010 Objective
Health insurance (ages >18):	85%	100%
Pap smear, within past three years (women, ages >18):	81%	90%
Mammogram, within past two years (women, ages >40):	73%	70%
Influenza immunization, within past year (ages >65):	78%	90%
Pneumococcal pneumonia vaccination, ever had (ages >65):	75%	90%
Diabetes, diagnosed (ages >18):	5.4%	2.5%
Obese, BMI*** 30.0 or higher (ages >20):	20%	15%

* Colorado 2006 BRFSS Estimates

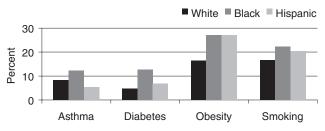
** Healthy People 2010: Understanding and Improving Health; U.S. Department of

Health and Human Services, 2000

*** Body Mass Index

Example Two: Using Colorado BRFSS data to detect health disparities

Prevalence of select health risk factors by race/ethnicity, Colorado BRFSS, 2006



Additional Information

For more data and information about the Colorado BRFSS,

- visit the Colorado Department of Public Health and Environment Web site at www.cdphe.state.co.us/hs/brfss
- visit the Colorado Health Information Dataset (CoHID) Web site at www.cdphe.state.co.us/cohid
- call the Health Statistics Section at the Colorado Department of Public Health and Environment, 303-692-2160.