



Turning Information into Health

A PARTNERSHIP OF THE LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH AND THE CENTERS
FOR DISEASE CONTROL AND PREVENTION

LSU



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION





BRFSS in the United States

- 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.



ACHIEVED

What can we do with BRFSS data ???

- 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

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.

Healthy People Goals

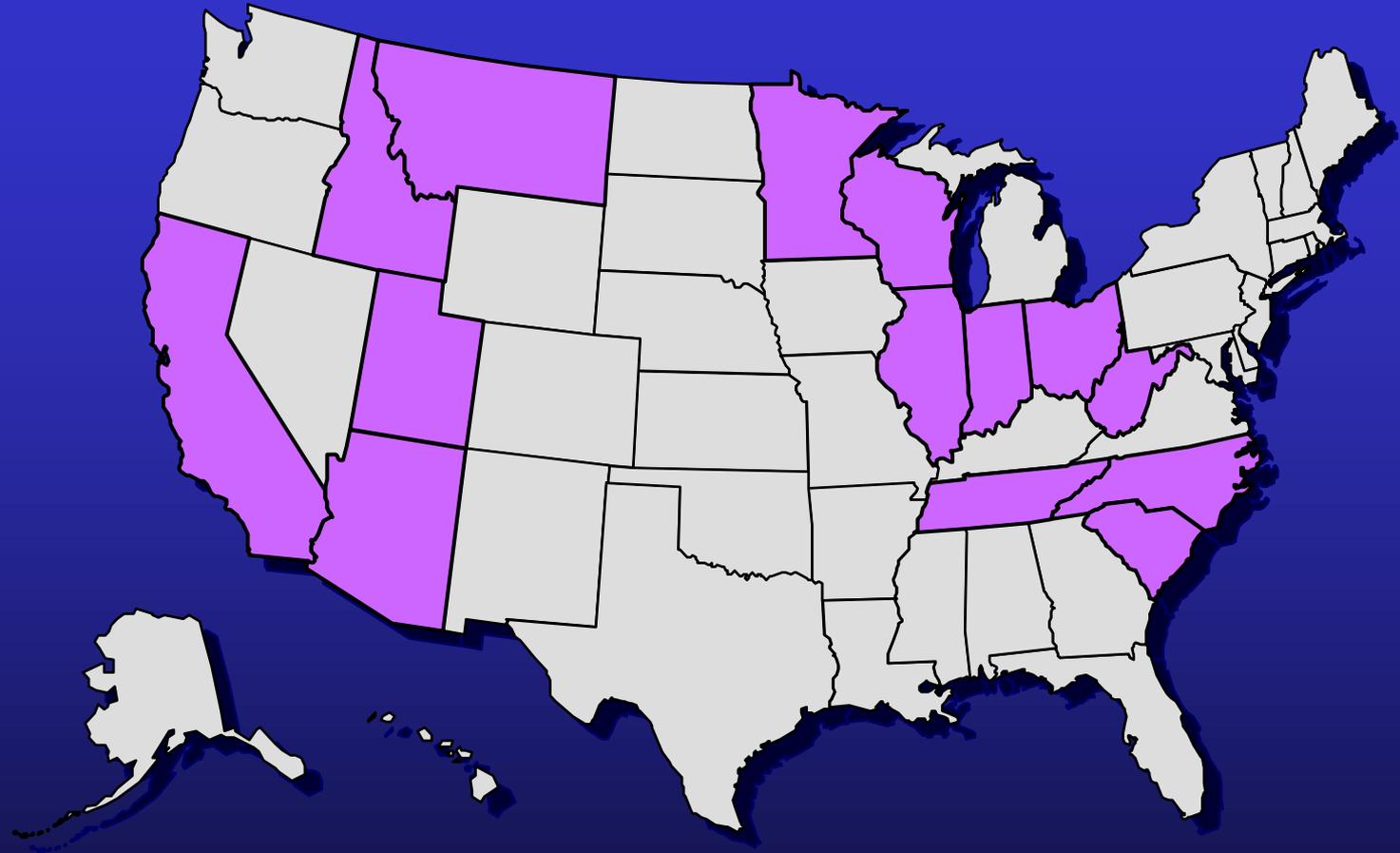
Healthy People 2000 goal: Increase to at least 60% the proportion of women age 50 and older who have received a clinical breast exam and a mammogram within the preceding two years.

1 in 3 African Americans is uninsured
1 in 3 African Americans is uninsured

NOT ACHIEVED

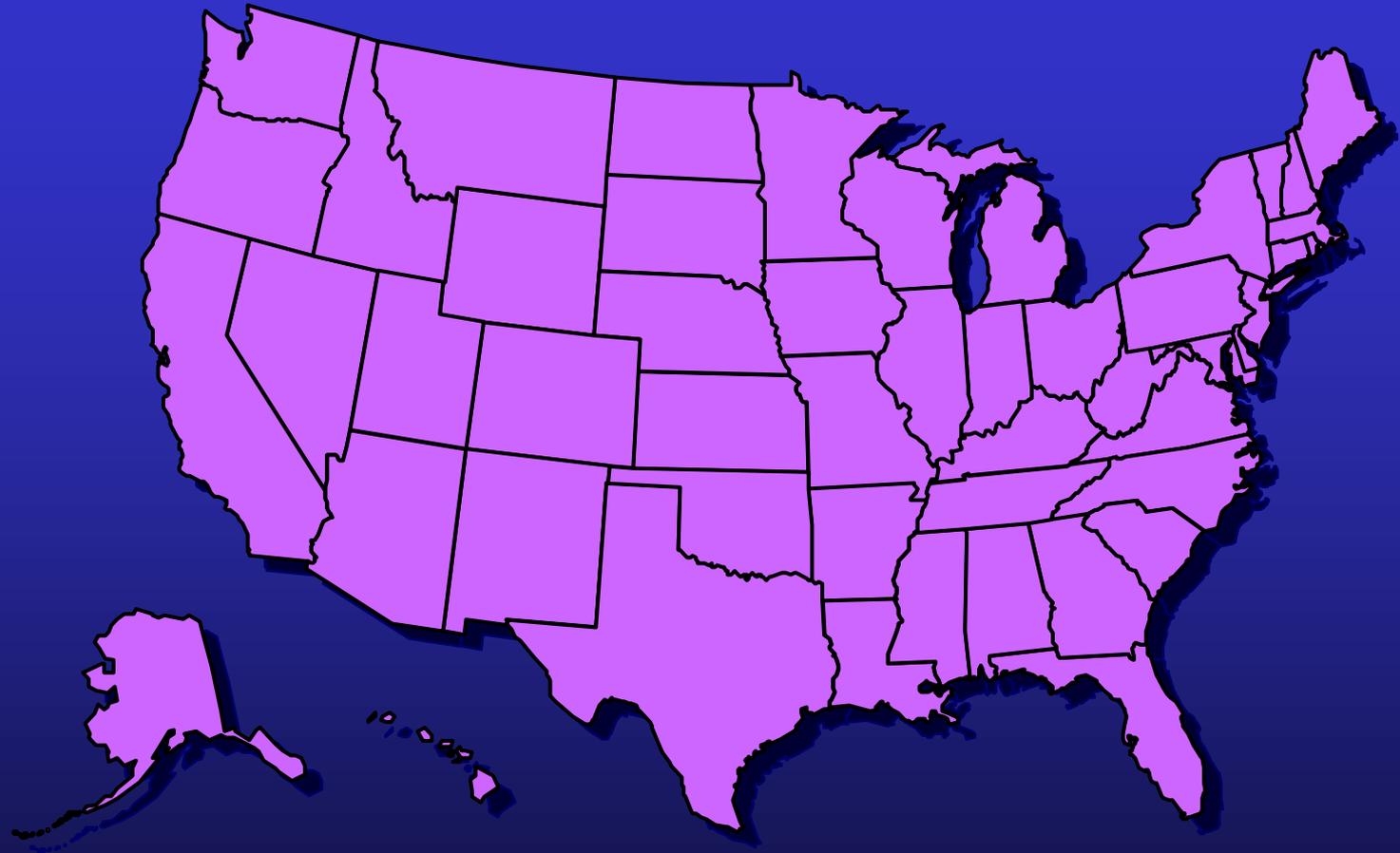


BRFSS in the United States, 1984





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



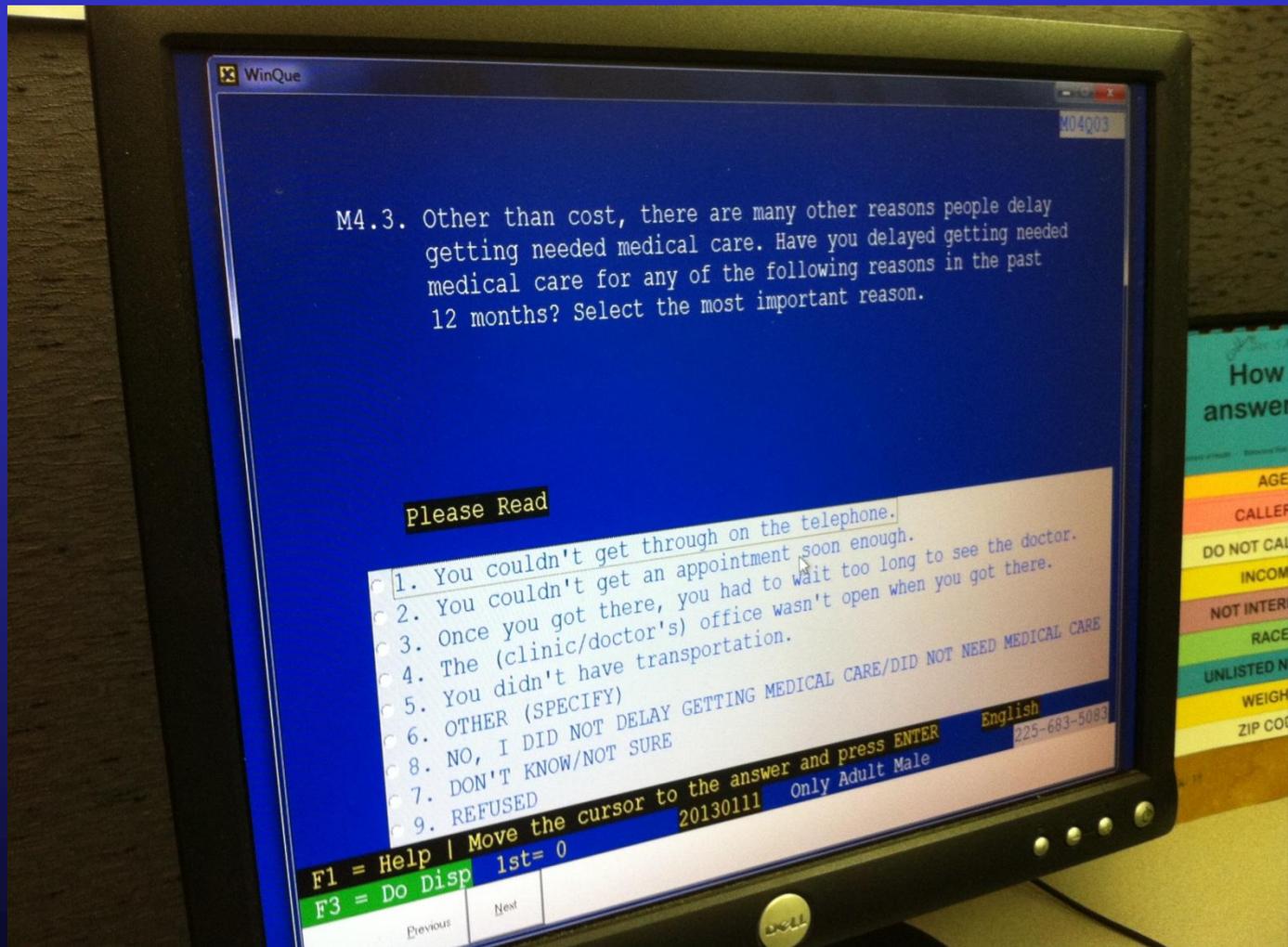


Rigorous Methodological Controls (I)

- 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



Telephone Interview and Data Entry by CATI (Computer Assisted Telephone Interview)





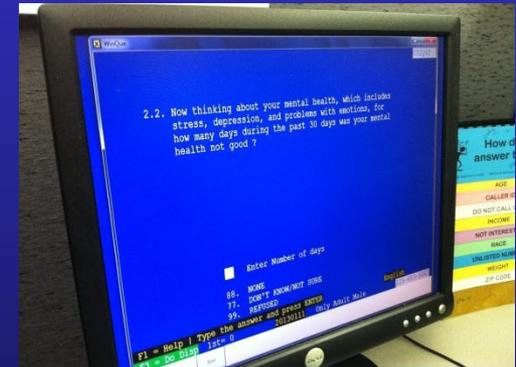
Rigorous Methodological Controls (II)

- 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?





States can also add questions

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

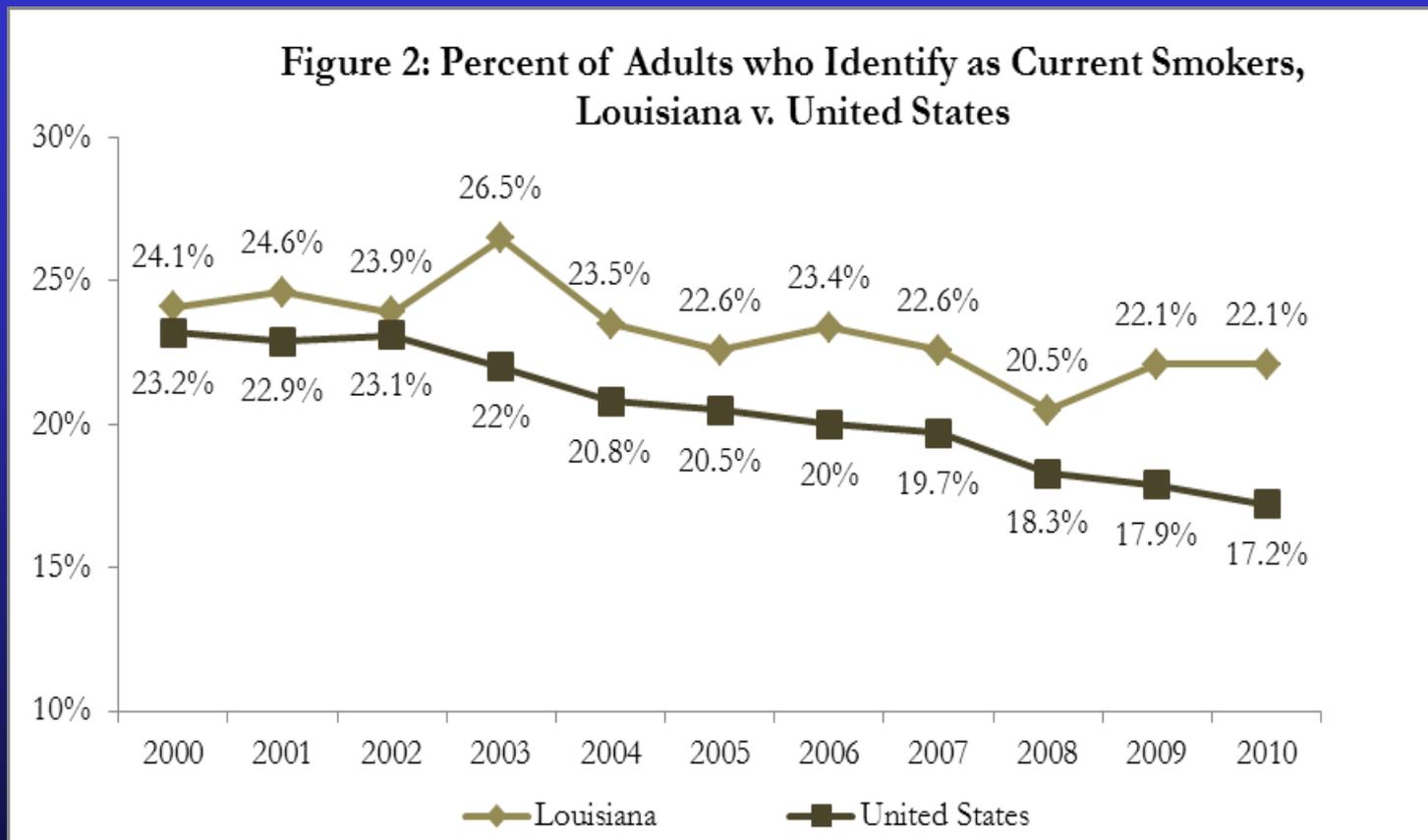


How are the data used?

- Tracking health risk trends
- Program development
- Policy development
- Program evaluation



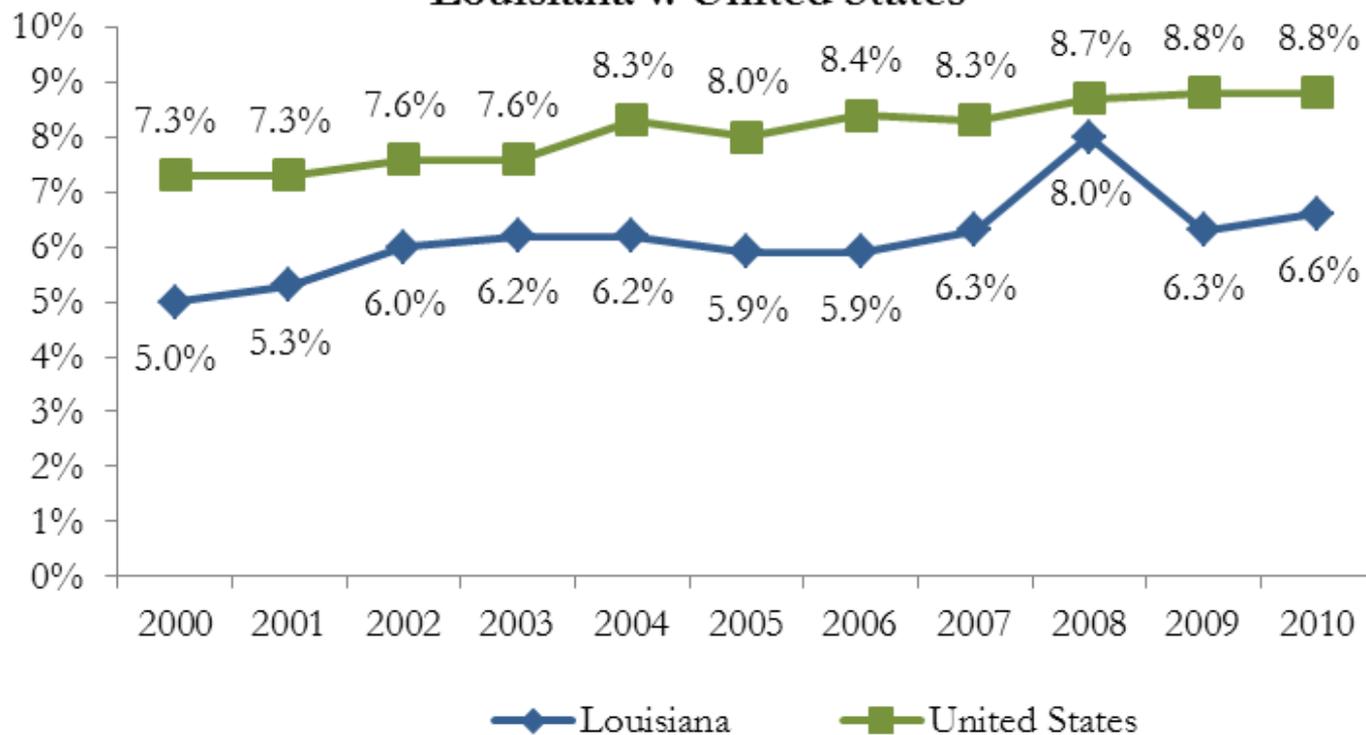
Smoking Prevalence in LA 2000-2010





Asthma Prevalence LA Adults 2000-2010

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





Diabetes Prevalence LA Adults BRFSS, 2004–2010

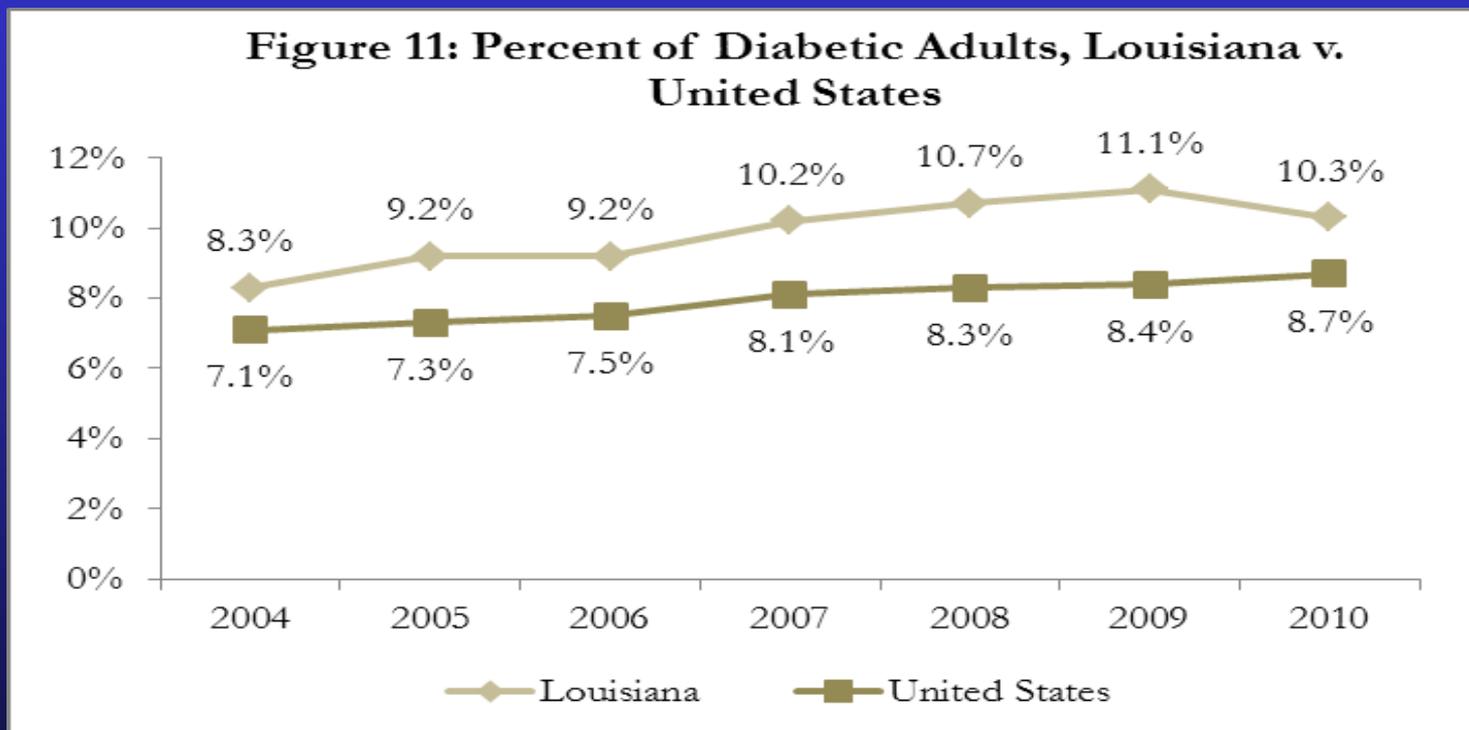
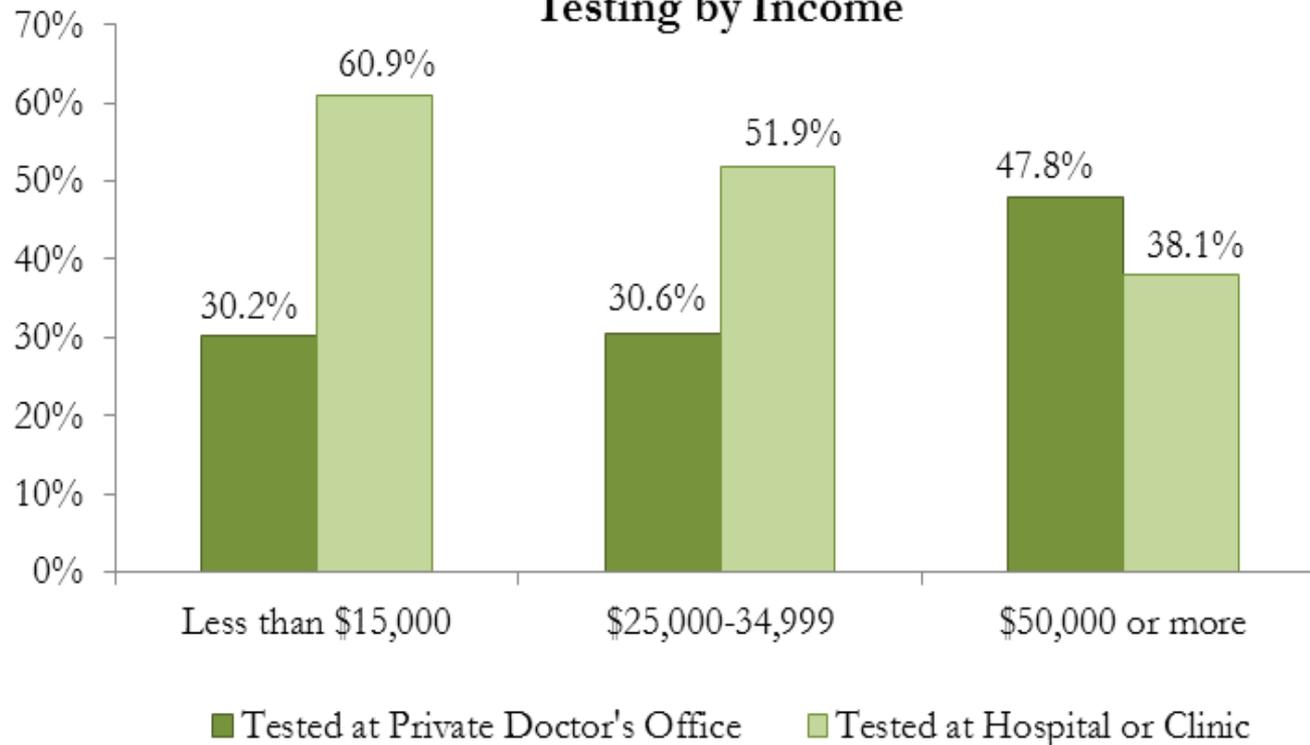




Figure 38: Louisiana Adults who have received HIV Testing by Income





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

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



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

SEARCH Home | Register
The Nation
September 12, 2001
Obesity,
News

Georgia Tobacco Use Remains High

July 7, 2000
75 F
Full Forecast

 Why go to Boston?

The Patriot Ledger

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More Utahns

State health study says half are too portly

More than half of Utahns are fat putting residents at an increased risk of chronic disease, health officials said.

Between 1989 and 1999, the number of obese adults jumped from 35.9 percent to 56 percent, a new study by the Utah Department of Health said.

"It's a scary picture of an important public health problem," said state epidemiologist Bob Roth. Obesity is a leading cause of chronic disease such as heart ailments, stroke, Type 2 diabetes and osteoarthritis, he said.

August 16, 2001

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More From The Times Picayune

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 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

2002 LOUISIANA STATE OF THE HEART & STROKE REPORT

**Statistics for
Cardiovascular Diseases,
Including
Parish-by-Parish
Mortality**

Cardiovascular disease (CVD), including heart disease and stroke, is the number one killer in every state of the nation. More Louisiana die each year from CVD than from any other cause.

Published by:
American Heart Association
in partnership with the
Louisiana Office of Public Health

1995-2000 CVD Deaths by Parish

- Top Ten Parishes
- Hot Top Parishes

Between 1995 and 2000, the CVD death rate in Louisiana declined by an average of 2.4% per year. In contrast, from 1992-2000, the average national decline slowed to only 1.0% per year.

Louisiana Office of Public Health

Fact Sheet

**Cardiovascular Health Program
Program Description**

**Cardiovascular Health Program
Francine Grossmann Kendall
564-568-7616**

The Louisiana Cardiovascular Health Program (CHP)

The Louisiana Cardiovascular Health Program (CHP) has received funding from the Centers for Disease Control and Prevention since July 1, 1999. The Louisiana CHP is working to Develop and Coordinate Partnerships, The Chronic Disease Control Program, the unit within the Louisiana Department of Health and Hospitals where this Cardiovascular Health Program is located, is developing internal and external partners (e.g., professional associations, medical schools and universities, the Governor's Council on Physical Fitness and Sports, the Cooperative Extension Program, the Primary Care Association, and the State Department of Education) to form an advisory panel to develop a statewide plan to reduce cardiovascular disease.

Develop Scientific Capacity to Define the Cardiovascular Disease Problem. Through this grant, the program will assemble a data work group to help develop a comprehensive cardiovascular surveillance system. In addition, program staff will identify and access existing sources of cardiovascular data (i.e., vital statistics, Behavioral Risk Factor Surveillance System and hospital discharge data).

Develop an Inventory of Policy and Environmental Strategies. As part of the data review in the previous section, data on environmental and policy resources will be researched and staff will develop this information into a policy and environmental strategy clearinghouse.

Develop or Update State Plan. The LAF will be organized into work groups to review data as compiled by the epidemiologist to be drawn from Vital Statistics, Behavioral Risk Factor Surveillance System (BRFSS) and the hospital discharge database. The LAF will also suggest interventions as researched by staff in the policy and environmental strategy clearinghouse that was discussed in the previous section. The LAF will go through a strategic planning process to develop a plan by the end of the second funding year.

Provide Training and Technical Assistance. Staff training needs and opportunities will be assessed by the principal investigator who will also be monitoring staff improvement rates. Additionally, summaries of training will be catalogued for future internal staff development.

Louisiana Department of Health and Hospitals - Office of Public Health
325 Loyola Avenue, Room 212 - New Orleans, Louisiana 70112 - 564-568-7616
<http://www.dhh.state.la.us/oph>

LOUISIANA

DEPARTMENT OF HEALTH AND HOSPITALS OFFICE OF PUBLIC HEALTH CHRONIC DISEASE EPIDEMIOLOGY UNIT

CHRONIC DISEASE SURVEILLANCE REPORT

LOUISIANA BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM 1991-2000

Louisiana Morbidity Report

Louisiana Office of Public Health - Infectious Disease Epidemiology Section
P.O. Box 60626, New Orleans, LA 70160 (504) 586-5065

January-February Volume 11 Number 1

Influenza Vaccination Trends

Data on self-reported influenza vaccination status in Louisiana among non-institutionalized adults, 65 years and older, is available for five years (1997, 1998, 1999, 2000) from the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is an ongoing, statewide telephone surveillance system that collects data on self-reported behaviors and conditions. An average of 200 subjects (65 years and older) was interviewed each year.

In 1998, 69.7% of the Louisiana senior adult population reported receiving an influenza vaccine in the last 12 months. Senior males (68.8%) and females (69.7%) had similar rates. However, non-Hispanic whites were more likely than non-Hispanic blacks to be vaccinated (72.7% and 57.9%, respectively).

Vaccination trends are improving for all seniors. Although overall vaccination rates for Louisiana continue to be below those of the U.S. as a whole (Figure 1), Louisiana is approaching the Healthy People 2010 (HR7) objective of 80% coverage rate for adults aged 65 years and older. Positive vaccination trends occur for both males and females (Figure 2) with blacks surpassing the HR7 goal and males closely approaching. The white, non-Hispanic population showed a sharp increase from 1997 to 1999 with a slight level through 2000. However, non-Hispanic African Americans showed a negative trend from 1993-1996 (Figure 3) with a sharp increase in 1997.

It remains responsible for significant morbidity and mortality during epidemics and causes thousands of deaths each year, mostly among the elderly. (The Louisiana Morbidity Report, September-October 1999 issue, reported an outbreak of influenza A in an adult day care center in Baton Rouge.) Influenza is spread by person to person contact and by airborne droplet spray. Due to changes in the influenza virus, the vaccine administered is updated each year. People at risk for developing a serious case of

* HR705, Chronic Care Coordination

* HR705, Chronic Care Coordination

* HR705, Chronic Care Coordination

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State of Louisiana

2004 Diabetes Prevention and Control Program Annual Report

Patrice L. Rose, MPH
Tia Gipson, MBA
Shawn Smith, MSW
Sandria Melstod, BS

Louisiana Department of Health and Hospitals
Office of Public Health
Community Health Promotion and Chronic Disease



Behavioral Surveillance Branch Publications

CDC **AT A GLANCE**

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**

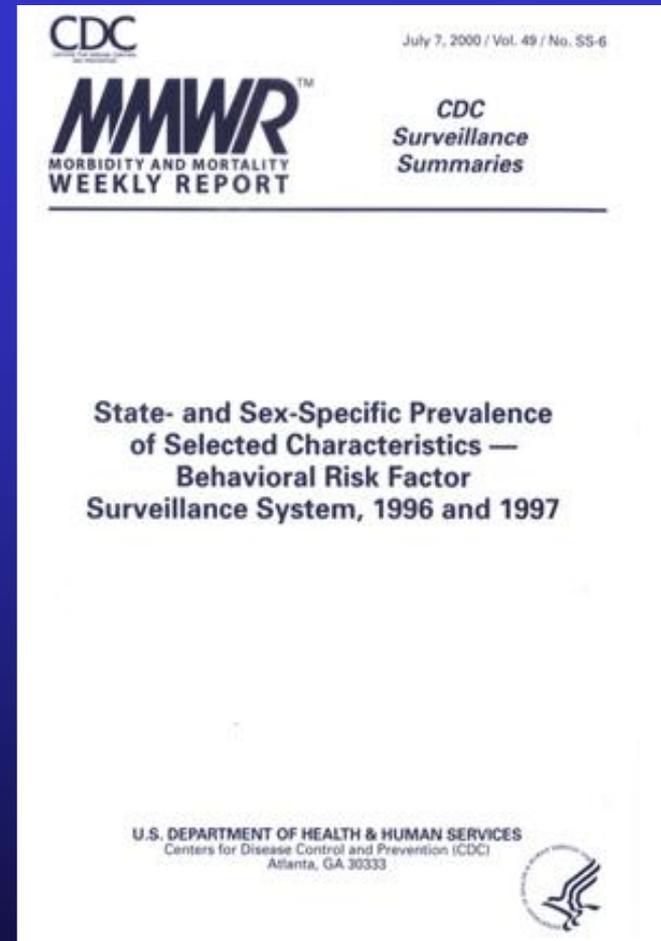
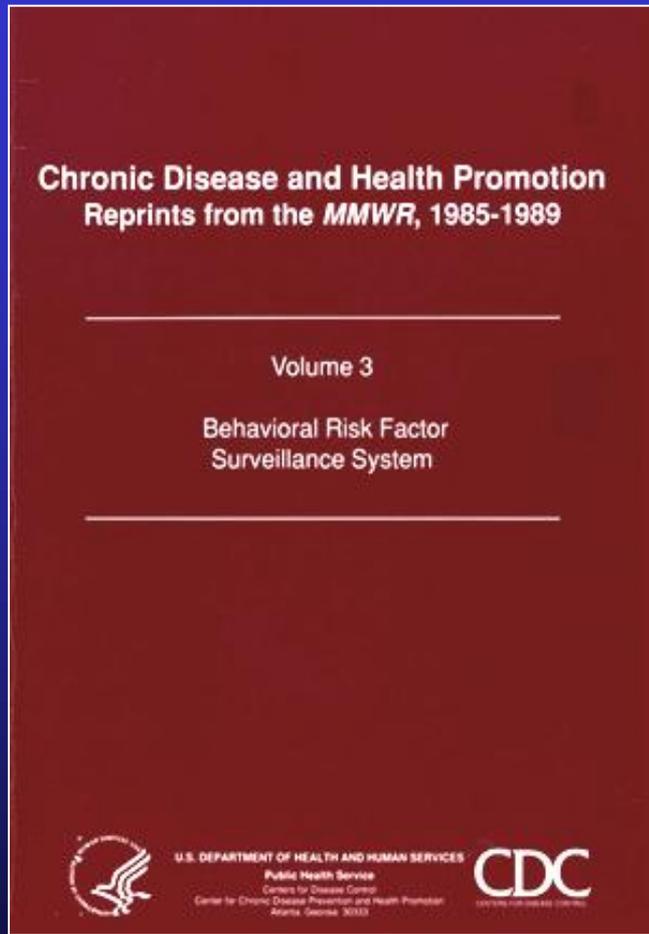
Behavioral Health in the Gulf Coast Region Following the *Deepwater Horizon* Oil Spill

SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov • 1-877-SAMHSA (1-877-726-4722)

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION



CDC Publications





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>