



**Virginia Behavioral Risk Factor Surveillance System (BRFSS)
WORK GROUP**

Behavioral Risk Factor Surveillance System (BRFSS) Work Group Guidelines

I. Executive Summary Statement

The Office of Family Health Services (OFHS) at the Virginia Department of Health (VDH) proposes the creation of a Virginia Behavioral Risk Factor Surveillance System Work Group (VBWG). This Work Group will formalize and strengthen our relationships with individuals, programs, and agencies (both public and private) that are interested in the Virginia BRFSS. More specifically, this group will provide guidance for Virginia's Behavioral Risk Factor Surveillance System activities. The creation of the Work Group concept has received strong support from the CDC Behavioral Surveillance Branch.

II. Core Work Group Members

The Virginia BRFSS Work Group will be comprised of individuals within VDH and external partners who can offer their expertise in areas related to chronic disease, injury and violence prevention, administrators, public relations, and data collection and analysis systems. THE work group will consist of a core group of members with additional individuals invited to attend meetings sporadically, as appropriate. The core members will be responsible for attending the scheduled monthly meetings. The initial work group will help identify additional core members.

The work group will likely consist of representatives from the following VDH divisions, and individuals from external agencies such as Virginia Commonwealth University.

- Division of Chronic Disease Prevention and Control
- Center for Injury and Violence Prevention
- Division of Dental Health
- Office of Family Health Services Policy and Planning Group

III. Benefits of Work Group

Previously in Virginia, decisions about the Behavioral Risk Factor Surveillance System (BRFSS) were made through ad hoc communications with VDH divisions, and other external individuals, programs or organizations. Agreements were often made without formal documentation and formal decision making strategies. Often, data were collected without an evaluation of stakeholder needs or reported with inadequate input from public health experts. As a result, Virginia has not yet realized the full potential of BRFSS as a public health assessment tool.

The BRFSS coordinator believes that the formation of a BRFSS work group will have the following benefits:

- Increase usefulness to VDH programs and other stakeholders that rely on BRFSS data for public health assessments, program evaluations, grant applications, and ongoing publications;
- Proactive approach to decision making regarding BRFSS questionnaire development that better relates to VDH priorities;

- Improve collaboration among BRFSS stakeholders and between BRFSS staff and stakeholders;
- Better planning of BRFSS publications;
- Improve assessment of VDH program data needs;
- Improved BRFSS data analysis and dissemination;
- Increase use of objective health information in policy and decision-making;
- Additional resources for BRFSS from CDC and other BRFSS partners; and
- Raise awareness of VDH data and programs.

IV. Work Group Tasks and Functions

The Behavioral Risk Factor Surveillance System Work Group would:

- A. Provide guidance on BRFSS decision-making and implementation;
 - Address the state's top health priorities;
 - Evaluate VDH data needs;
 - Monitor Healthy People 2010 objectives relative to BRFSS data;
 - Meet the application and reporting needs of health program grants (as possible); and
 - Identify sufficient financial resources for BRFSS activities.

- B. Provide guidance in developing BRFSS questionnaires and survey methods;
 - Provide guidance in developing analysis and dissemination plans;
 - Promote awareness, understanding, and the use of Virginia BRFSS and related data; and
 - Provide a structure environment for increased collaboration among staff across VDH divisions.

- C. Provide Guidance on BRFSS data collection system
 - Review proposals for state-added and optional questions;
 - Make recommendations about survey length and content, including the selection of state-added questions;
 - Provide advice about survey stratification, number of completions, and other sample design issues; and
 - Aid BRFSS coordinator and contractor in monitoring CDC standards and procedures.

- D. Provide guidance in developing analysis and dissemination plans
 - Consider the intended uses of the information (data) and that target audience(s);
 - Assure accurate presentation of the data;
 - Review of final reports and research briefs;
 - Use data to better communicate public health needs and priorities; and

- Provide timely data and analytical products to all BRFSS stakeholders including nonpublic and private agencies, local health agencies, VDH programs, researchers and students, and interested citizens.

E. Promote awareness, understanding and utilization of Virginia BRFSS data

- Program planning, implementation, and evaluation;
- Health policy development and legislation;
- Setting public health priorities;
- Assessing trends;
- Public health research; and
- Community planning.

V. BRFSS Background

For more than 20 years, CDC's Behavioral Risk Factor Surveillance System (BRFSS) has helped states survey U.S. adults to gather information about a wide range of behaviors that affect their health. The primary focus of these surveys has been on behaviors that are linked with the leading causes of death including heart disease, cancer, stroke, diabetes, and injury—and other important health issues.

Through the BRFSS surveys, CDC and the states have learned much about these and other harmful behaviors. This information is essential for planning, conducting, and evaluating public health programs at the national, state, and local levels. Private organizations also rely on the survey data to develop health promotion programs to reduce the prevalence of unhealthy behaviors and to document the effectiveness of these programs.

The BRFSS is a telephone survey conducted by the health departments of all states, the District of Columbia, Puerto Rico, the Virgin Islands, and Guam with assistance from CDC. Congress appropriated \$7.6 million for this system in fiscal year 2005. The BRFSS is the largest continuously conducted telephone health surveillance system in the world. States use BRFSS data to identify emerging health problems; to establish health objectives and track their progress toward meeting them, and to develop and evaluate public health policies and programs to address identified problems. The BRFSS is the primary source of information for states and the nation on the health-related behaviors of adults. States collect data through monthly telephone interviews with adults aged 18 years or older. BRFSS interviewers ask questions related to behaviors that are associated with preventable chronic diseases, injuries, and infectious diseases.

The BRFSS is flexible because it allows states to add timely questions specific to their needs. At the same time, standard core questions on the survey enable health professionals to make comparisons among states and local areas and also to reach national conclusions. BRFSS data have highlighted state-to-state differences in key health issues.

The Virginia Department of Health, Office of Family Health Services, receives cooperative agreement funds from the Centers for Disease Control and Prevention to operate a state-based Behavioral Risk Factor Surveillance System. Virginia has been conducting BRFSS since 1988. As part of the cooperative agreement, CDC requires

that states use a specified core questionnaire each year. There are three types of core questions:

- Fixed core questions that are asked every year;
- Rotating core questions that are asked every other year; and
- Emerging core questions that typically focus on “late-breaking” health issues (i.e. flu vaccination).

The CDC offers basic data analysis and tabulation support for the BRFSS core and optional topics. For the state-added questions, funding for the pre-testing, analysis and reporting is the responsibility of the state.

Additional documentation regarding the BRFSS project can be found at <http://www.cdc.gov/brfss/>.