JEFFERSON COUNTY 2001 BEHAVIORAL RISK FACTOR SURVEY

1. What is it?

The Behavioral Risk Factor Surveillance System (BRFSS) questionnaires consist of modules or small groups of questions developed by the US Center for Disease Control and Prevention (CDC) beginning about 1985. These questions all have validity and reliability sufficient to meet the standard of scientific acceptability. The focus of modules was originally on health care access and chronic disease risk factors, but in more recent years it has been expanded to include modules on firearms, family violence, and environmental health.

The Jefferson County BRFSS questionnaire was administered to a random sample of 603 county residents between April 1 and December 31, 2001. Although the sample size might seem small, in fact it gives a statistically accurate portrait of the county's adult population and allows us to calculate rates that are valid within a range of ± 4%. The method used is the same used by political parties and other large organizations that routinely do public polling.

Jefferson County's BRFSS questionnaire contained the following modules:

- Self-reported health status
- Health insurance coverage and access to a provider
- Additional access questions getting at actual use of health care services, delay, or lack of available care
- High blood pressure knowledge and prevention behaviors
- Cigarette and other tobacco use
- Alcohol consumption
- Firearms
- Physical activity
- Colorectal screening
- Oral health
- Environmental health
- Family violence

The Jefferson County demographic questions, like those used by BRFSS generally, had information that could be used to determine whether or not a person was overweight based on body mass index (BMI). The county questionnaire also added questions identical to those on the census about where respondents had lived five years earlier, where they worked, and their one-way commuting time from home.

2. How is the data analysis organized?

We first calculated the prevalence of each risk factor or characteristic. That is, what percent of the population had each factor or characteristic?

We next looked for statistical differences between these prevalences by five demographic characteristics:

- Gender
- Age (mean age plus a grouped measure, 18-34, 35-64, 65+)
- Education (used as a measure of socioeconomic well-being and defined as high school or less, some post-secondary, 4+ years of college)
- Residence (ZIP CODE 98368/other)
- Recent arrival in the county (lived here five years ago/lived elsewhere five years ago).

Finally, we looked for statistically significant differences in rates between measures in the BRFSS survey. For example, in assessing routine medical care and use of preventive services, we compared those with a regular health care provider with those not having a regular provider. We also compared the major health risk behaviors – being overweight or physically inactive, currently smoking, heavy drinking – with each other and with the major risk factors or other conditions.

3. How will the results be made public?

There will be two meetings of the Data Steering Committee to review these findings – March 8th and 20th. A report will be made in the March 21st Board of Health meeting. Other dissemination efforts will occur after those three meetings.