



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

**BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM
APPROPRIATIONS FACT SHEET**

FY 2007	President's Budget	FY 2008 Suggested
\$7,534,000	\$7,534,000	\$15,000,000

We support a FY 2008 appropriation of \$15 million. Funding BRFSS will enhance the capacity and quality of health tracking and program evaluation in states across America. With additional funding, Congress, CDC and states will have essential information on health status and trends for healthcare planning to increase impact across America.

Basic Facts about BRFSS

The BRFSS is an annual telephone questionnaire conducted by state health departments to gather data on health risk behaviors, clinical preventive practices, and health care access and use. Collected information relates to the leading causes of premature illness and death – heart disease, cancer, stroke, diabetes, and injury – among non-institutionalized adults. CDC first established BRFSS in 1984, with all states (in addition to the District of Columbia, Puerto Rico, the Virgin Islands, and Guam) participating in data collection by 1994.

The private and public sectors utilize BRFSS information to:

- Identify high-priority health issues and determine high-risk populations.
- Educate the public, health community, and policy makers on risk and disease status.
- Plan, implement, support, and evaluate strategic plans and public health programs.
- Monitor trends in risk behaviors and examine the effectiveness of programs and policies.
- Address emerging health problems and infectious disease – for example, to measure the mental health effects of the terrorist attacks on September 11, 2001 or determine flu vaccination coverage during the 2004-2005 influenza season.
- Analyze smaller geographic areas within the state through the SMART (Selected Metropolitan/Micropolitan Area Risk Trends) BRFSS Web site and provide data on health-specific risks for local communities.

BRFSS in Action

Federal, state, and local policy makers rely on high-quality BRFSS data to prioritize allocation of already scarce public health resources. For example, while no state had obesity rates higher than 20% in 1993, the BRFSS indicated that by 2004, the prevalence had jumped to 20%-24% in 31 states and over 25% in four states. Health officials and policymakers were quickly alerted to the rising epidemic and could identify areas in greatest need. Additionally, BRFSS data demonstrated that 35.3% of women over the age of 40 had never had a mammogram in 1990, encouraging states to require insurance coverage for mammograms, dropping the figure to 15.9% in 2002.

BRFSS is the principal resource for information about personal behaviors related to physical activity, overweight, seatbelt use, tobacco and alcohol, preventive medical care, and other health-related behaviors of adults.

The BRFSS is a unique and versatile data source addressing the demand for health related data.

For more information visit: www.cdc.gov/brfss or contact: Lisa Meyer, Cornerstone Government Affairs Phone (202) 488-9500 Email Lmeyer@cgagroup.com