

Nebraska Behavioral Risk Factor Surveillance System (BRFSS)



Frequently Asked Questions (FAQs)

What is the Behavioral Risk Factor Surveillance System (BRFSS)?

The BRFSS is a state-based system of health surveys that generate information about health risk behaviors, clinical preventive practices, and health care access and use primarily related to chronic diseases and injury.

How is the survey conducted?

The BRFSS is a cross-sectional telephone survey conducted by state health departments with technical and methodological assistance provided by the Centers for Disease Control and Prevention (CDC). Every year, states conduct monthly telephone surveillance using a standardized questionnaire to determine the distribution of risk behaviors and health practices among non-institutionalized adults. The states forward the responses to the CDC, where the monthly data are aggregated for each state. The data are returned to the states for further data analysis and reporting.

Who collects BRFSS data in Nebraska?

The Nebraska Department of Health and Human Services (DHHS) contracts with the University of Nebraska Medical Center (UNMC) to manage the BRFSS program, which means that they finalize the questionnaire each year, collect data, and maintain contact with the CDC.

What type of information does the BRFSS collect? How often is it collected?

BRFSS interviewers ask questions related to behaviors that are associated with preventable chronic diseases, injuries, and infectious diseases. General demographic information such as age, race, sex, income, education, and disability status are also collected. States use standard procedures to collect data through monthly telephone interviews.

Are responses to interview questions confidential?

The information from all of the interviews is confidential. The survey is conducted according to strict CDC protocol. The phone numbers are randomly generated, and the phone system has computerized, automated dialing so information can not be traced back to any caller.

What is done with this information?

BRFSS may be used to identify emerging health problems; establish and track health objectives; develop, implement, and evaluate a broad array of disease prevention activities; and support health-related legislative efforts.

In Nebraska, the BRFSS has been used to:

- Provide risk behavior statistics to several health and human services systems agencies to support program development and evaluation.
- Document the need for and monitor the progress of prevention programs, including those targeting breast and cervical cancer.
- Identify populations at high risk for certain health conditions, such as diabetes, and assess the health behavior of these populations to support intervention program development.

Who takes part in the BRFSS survey? Are they compensated?

Adults 18 years or older are asked to take part in the survey. Only one adult is interviewed per household in a randomized selection process once the telephone number is verified as a functioning residential phone number. Participants are not compensated.

What are the components of the BRFSS questionnaire?

The BRFSS questionnaire is comprised of core questions and optional modules. There are three types of core questions. Fixed core questions are asked every year. Rotating core questions are asked every other year. Emerging core questions typically focus on "late-breaking" health issues. These questions are evaluated at the end of a survey year to determine if they are valuable. If the coordinators decide to keep the questions, they are added to the fixed core, rotating core, or optional modules, whichever is most appropriate. All states must ask all core questions.

The optional modules are standardized questions that are supported by the CDC that cover additional health topics or are more detailed questions on a health topic included in the core. Each year states must choose which optional modules they will use based on the data needs of their state. Examples of optional modules used in Nebraska include Childhood Asthma Prevalence, Other Tobacco Products, Random Child Selection, and Reactions to Race.

Is the BRFSS questionnaire available in languages other than English?

The questionnaire is also available in Spanish.

How are home telephone numbers obtained?

Home telephone numbers are obtained through random-digit dialing.

Are interviews conducted with Nebraskans who do not have home telephone numbers?

Recently, operators have started to call people on their cell phones in order to reach Nebraskans who only use mobile phones.

How are BRFSS data weighted? And what post-stratification variables are used when weighting BRFSS data?

BRFSS data are directly weighted for the probability of selection of a telephone number, the number of adults in a household, and the number of telephones in a household. A final poststratification adjustment is made for nonresponse and noncoverage of households without telephones. The weights for each relevant factor are multiplied together to get a final weight.

Who owns the BRFSS data? Do I need to obtain permission when publishing or otherwise disseminating graphs and tables based on BRFSS data?

No one "owns" the BRFSS data. Many different partners have a stake in the data set, including federal, state, and local public health agencies. Data collection is paid for by all of these agencies. Generally, data and materials produced by federal agencies are in the public domain and may be reproduced without permission. However, we do ask that any published material derived from the data acknowledge CDC's BRFSS as the original source.

Where can I get more information about the BRFSS?

For more information about the BRFSS, visit the Centers for Disease Control and Prevention (CDC) BRFSS website: <http://www.cdc.gov/brfss>.

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