































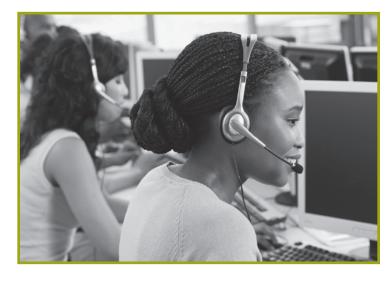






HEALTH RISKS IN THE UNITED STATES BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2009



Monitoring the Flu Vaccine Shortage

When CDC learned that flu vaccine would be in short supply in 2004, public health officials needed to rapidly assess current vaccination rates among groups at highest risk for the flu. Within 1 month, new questions were temporarily added to BRFSS surveys in all states to collect information on vaccine use by all residents aged 6 months or older. The resulting data helped to shape national and state public awareness messages about the vaccine shortage and to guide the distribution of the limited supply.

Mandating Colorectal Cancer Screening Coverage to Save Lives

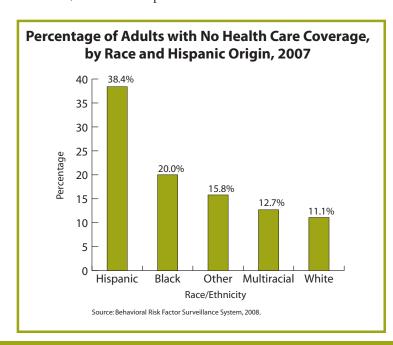
Data show that screening for colorectal cancer lags far behind screening for other cancers. In 2006, BRFSS data showed that New Mexico's colorectal cancer screening rates were below the national median. Citing BRFSS data, which indicated better colorectal cancer screening rates in states with mandatory coverage, New Mexico's legislature passed a law requiring health insurance providers to cover colorectal screening for New Mexico residents aged 50 years and older, joining 22 other states with mandatory coverage.

Clean Indoor Air Act Protects the Public from Secondhand Smoke

According to the U.S. Surgeon General, nonsmokers who are exposed to secondhand smoke at home or work have a 25%-30% higher risk for heart disease risk and a 20%-30% higher risk for lung cancer. No level of secondhand smoke exposure is safe. According to BRFSS, current smoking prevalence among Arkansas adults was 23.5% in 2005, compared with 20.5% nationwide. In April 2006, state lawmakers used BRFSS data to help inform their decision to pass the Arkansas Clean Indoor Act, which prohibits smoking in all work and public places including bars and restaurants.

Promoting Physical Activity in Montana

Montana used the BRFSS survey to determine what types of outdoor recreational facilities its residents wanted and needed. The resulting data indicated a need for walking trails, fishing access sites, and boat ramps. State officials used this information













































to plan new programs, guide how money was spent, and promote physical activity throughout the state.

Chronic Disease and the Environment

Pollutants in the environment have been linked to chronic diseases, such as cancer, asthma, and cardiovascular health problems. Chronic Disease and the Environment is a project which links BRFSS data with EPA air quality data and documents the effects of environmental pollutants on adult health. Although the BRFSS does not directly measure environmental quality (e.g., air pollution, water pollution, community-wide pesticide spraying), environmental information available from other sources, such as the Environmental Protection Agency, was used in conjunction with BRFSS data to compare measures of environmental quality and chronic disease.

Detecting the Obesity Epidemic

In the United States, obesity has risen at an epidemic rate during the past 20 years, and research indicates that the situation is worsening rather than improving. Data from the BRFSS detected a national, state-by-state obesity epidemic faster than any national data set by identifying the areas of the country facing a critical obesity problem. Maps based on BRFSS data were developed, which illustrated the dramatic change in the prevalence of obesity and focused national attention on the issue.

Trend data from BRFSS demonstrated the increasing prevalence of obesity in the United States, regardless of sex, age, race, or educational level. In 1991, four states reported obesity prevalence rates of 15%-19% and no state reported rates higher than 19%. In 2006, only four states had a prevalence of obesity less than 20%. Twentytwo states had obesity prevalence rates equal or greater than 25%, including two states with obesity rates higher than 30%.

