

Montana's BRFSS Website: Interpreting and Accessing Regional Health Information

Background

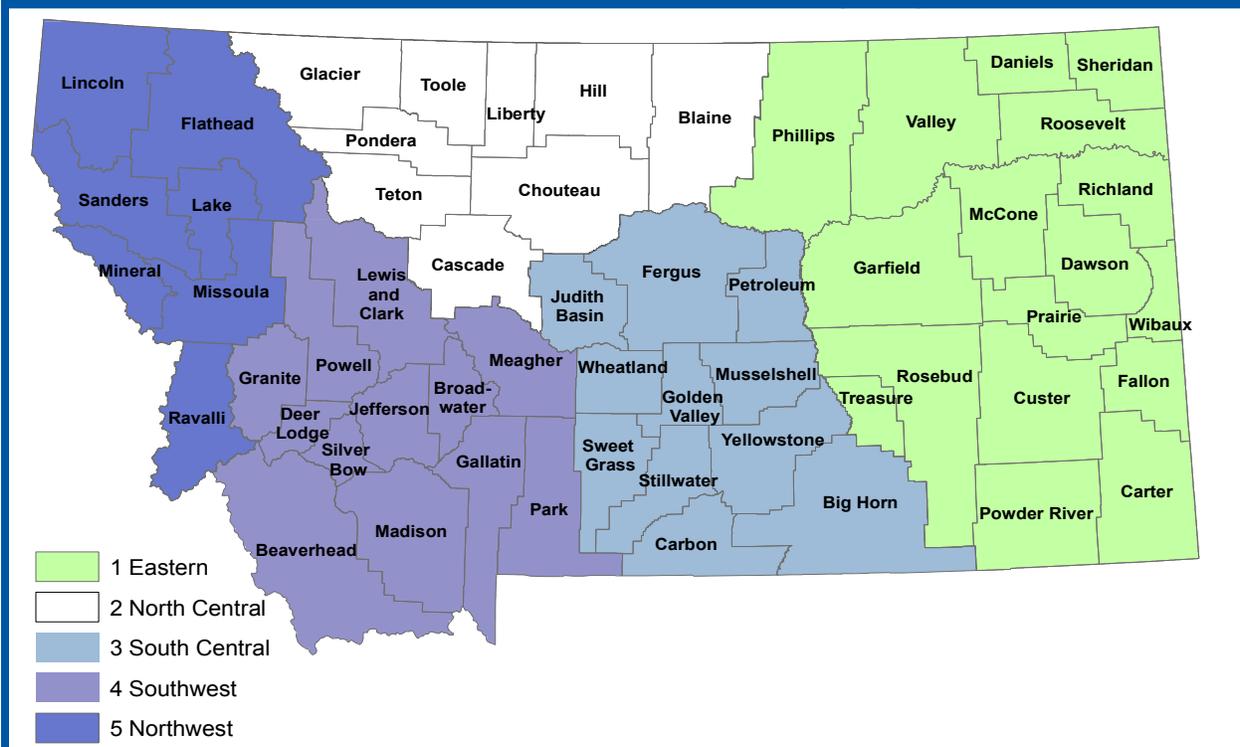
The Behavioral Risk Factor Surveillance System (BRFSS) was introduced in 1984 in collaboration between the states and the Centers for Disease Control and Prevention (CDC) for the purpose of producing state-level estimates of health behaviors and risks. However, as the program continues to grow there has been more demand to produce estimates for smaller geographic areas within states. Since 2003, Montana BRFSS data have been weighted for analysis based on the five health planning regions (Figure 1). The health planning regions were defined by the Montana Department of Public Health and Human Services and the State Legislature in the 1980's based on population estimates and varying need for social services. The regions were also intended to group counties that commonly collaborate in local public

health initiatives. By analyzing BRFSS data for the health planning regions, communities across Montana can access important health data that is specific to their geographic area.

In addition to regional estimates, some Metropolitan/Micropolitan Statistical Areas (MMSA) in Montana have a sufficient number of respondents in a given year to produce reliable estimates for even smaller geographic areas. Such estimates are available for Montana starting in 2004.

This issue of Montana BRFSS Fact[or]s presents a comprehensive explanation of how to find and interpret Montana's regional BRFSS estimates on the Montana BRFSS website: www.brfss.mt.gov

Figure 1: Montana Health Planning Regions



Interpreting BRFSS Statistics

Non-institutionalized adult Montana residents age 18 years and older are randomly select to participate in the survey. Potential respondents are contacted by random digit dialing, but not all adults have the same chance to be contacted. If a household has more than one phone line they are more likely to be called. Similarly, if a household has no telephone service, it cannot be selected. In addition, each respondent represents a number of Montana residents with similar sociodemographic characteristics. Therefore, the prevalence estimates in BRFSS are presented as weighted percents, to reflect individual respondents' probability of being contacted and their sociodemographic profile. For example, the raw percent of respondents in 2009 who reported that they did not participate in any leisure-time physical activity was 26%, but the weighted percent reported was 22%.

While BRFSS data yield accurate estimates of the prevalence of health behaviors of adult Montanans, all prevalence estimates calculated from survey data contain some amount of uncertainty. The magnitude of this uncertainty is measured by the 95% confidence interval (95% CI) that is reported with every BRFSS prevalence estimate. A 95% CI is the range of values that 95 out of 100 times will be certain to contain the true prevalence. To continue the physical activity example, the 95% CI associated with the no leisure time physical activity prevalence estimate in 2009 was 21% to 23%. This means that 95% of the time the actual percent of Montana adults who did not do any physical activity outside of their regular job in 2009 falls between 21% and 23%. Broader confidence intervals (generally anything more than $\pm 10\%$) reflect substantial imprecision of the estimate.¹

It is not appropriate to simply compare two prevalence estimates based on their numeric value. Being numerically different does not indicate being statistically different. The easiest way to determine whether two estimates are statistically different is to compare their 95% CI. If the intervals do not overlap the two values can be called statistically significantly different from each other. Again looking at estimates of no leisure time physical activity, one may want to compare adults who reported having a disability to those with no disability. In 2009, an estimated 34% of adult Montanans with a disability reported not participating in any physical activity outside of their regular job, while 19% of those with no disability reported the same. The two estimates certainly seem very different but it is necessary look at the 95% CI to be sure. The 95% CI for those with a disability is 31% to 37% and for those with no disability it is 17% to 20%. The two intervals do not overlap so the two estimates are in fact statistically significantly different from each other. Where confidence intervals do overlap, a statistical test (such as a Chi Square test) is needed to determine if a significant difference exists.

Finally, most publications also report the unweighted count (UnWt. N or Total). The unweighted count is the number of respondents that reported that particular health risk or behavior. Unweighted counts are provided for reference but cannot be used to directly calculate the weighted percent.

Accessing Montana BRFSS Results

The best way to access results from Montana BRFSS surveys is through the website, www.brfss.mt.gov. A variety of applications are available to enable users to find needed information:

Publications

PDF versions of all publications including annual reports, special reports and Montana Fact[or]s reports are available on the website. select the "**Publications**", "**Montana Fact[or]s**" or the "**Special Reports**" options located in the left column menu. These options lead to a list of all available publications. Annual reports since 2007 have health planning region and available MMSA estimates included in every table. Annual reports also include an appendix comparing estimates for the U.S., Montana, health planning regions, and available MMSAs for select health indicators.

Montana BRFSS Homepage: www.brfss.mt.gov

mt.gov
Montana's Official State Website

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

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BRFSS
The Behavioral Risk Factor Surveillance System (BRFSS) is the primary source of state-based information on health risk behaviors among adult populations.

For over 20 years, the Behavioral Risk Factor Surveillance System (BRFSS) has gathered information from U.S. adults 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—heart disease, cancer, stroke, diabetes, and injury—and other important health issues.

The information collected is used to improve health care for citizens on a national and statewide basis. More specifically, BRFSS data are used:

- To determine priority health issues and develop strategic plans.
- To monitor the effectiveness of intervention measures.
- To examine the achievement of prevention program goals.
- To support appropriate public health policy.
- To educate the public, the health community, and policy makers about disease prevention through the creation of reports, fact sheets, press releases, and other publications.

BRFSS is about people and how to improve and maintain their health. In order to accomplish that goal, valid and reliable data are needed by policy-makers, legislators, researchers, professional organizations, and community-based organizations to create policies, target prevention activities, and establish programs to assist persons in developing healthier lifestyles.

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Data Query System

The “**MT Data Query**” option provides access to estimates for all indicators on the 2003 to 2010 surveys. For each indicator, the default estimate is for the total population. In addition, the drop-down menu “Demographic Grouping” offers the option of comparing rates across sex, age group, race, educational attainment, household income, disability status, and geographic region. The estimates may be accessed through this query system in 4 steps:

Step 1: Select the desired survey year and click “go”.

Montana BRFSS Prevalence Data

View Montana BRFSS prevalence data by selecting a year from the drop down box and clicking Go.

2003 ▾ Go

Montana BRFSS Prevalence

View Montana BRFSS prevalence data by selecting a topic from the drop down box and clicking Go.

ALCOHOL CONSUMPTION ▾ Go

Go Back

Step 2: Select the topic you are interested in from the alphabetical list and click “go” or click “go back” to select a different year.

Step 3: Click the desired question from the available list or click “go back” to select a different topic.

Montana BRFSS Prevalence

View Montana BRFSS prevalence data by clicking on a question below.

[COULD NOT SEE DR. BECAUSE OF COST](#)

[HAVE ANY HEALTH CARE COVERAGE](#)

[HAVE PERSONAL HEALTH CARE PROVIDER](#)

[LENGTH OF TIME SINCE LAST ROUTINE CHECKUP](#)

[ROUTINE CHECKUP WITHIN PAST 2 YEARS \(YES/NO\)](#)

Go Back

Montana BRFSS Prevalence Data

You may change your data search by clicking on the Survey Year, Survey Category or Survey Question below. By default, All is displayed for Demographic Grouping. You may refine your display by selecting a Demographic Grouping option and clicking on Go.

Survey Year: 2010	Survey Category: HEALTH CARE ACCESS	Survey Question: HAVE ANY HEALTH CARE COVERAGE	Demographic Grouping: All ▾	Go
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Survey Question: HAVE ANY HEALTH CARE COVERAGE
Demographic: All

All: 2010			
Answer	Unwt. N *	Wt %	95% CI
yes	6286.0	81.6	79.6 - 83.3
no	991.0	18.4	16.7 - 20.4

* - “unwt. N.” represents the unweighted sample counts.

Step 4: Select a demographic grouping from the drop-down menu.

SMART BRFSS

The “SMART Data Query” option allows access to estimates specific to Montana’s Selected Metropolitan\Micropolitan Area Risk Trends (SMART).

Selecting the “SMART Data Query” option will display a table of available MMSAs by survey year. Click on the MMSA name for the desired year and scroll to the desired topic.

SMART: BRFSS City and County Data for Montana

2010	Billings			Kalispell	Helena
2009	Billings	Bozeman	Butte	Kalispell	
2008	Billings	Bozeman	Butte		
2007	Billings			Kalispell	
2006	Billings		Great Falls	Kalispell	Missoula
2005	Billings				
2004	Billings				

2009 Kalispell, MT Metropolitan Statistical Area

Alcohol Consumption

- [Adults who have had at least one drink of alcohol within the past 30 days](#)
- [Heavy drinkers \(adult men having more than two drinks per day and adult women having more than one drink per day\)](#)
- [Binge drinkers \(males having five or more drinks on one occasion, females having four or more drinks on one occasion\)](#)

Click on the desired question within that topic.

The website will be routed to the CDC web page with the corresponding MMSA results: www.cdc.gov/brfss.

Montana SMART BRFSS Data :: You are viewing data external to the Montana BRFSS web site.

CDC Home | Search | Health Topics A-Z

Office of Surveillance, Epidemiology, and Laboratory Services
Behavioral Risk Factor Surveillance System
[BRFSS Home](#) | [Contact Us](#)

SMART: BRFSS City and County Data

View Health Risk Data

2009 - Kalispell, MT Micropolitan Statistical Area

Note: An asterisk (*) denotes that county-specific data are available for this area. If there is only one county listed, the MMSA and county have identical data sets.

Included in this area: [Flathead County, MT*](#)

Alcohol Consumption: Heavy drinkers (adult men having more than two drinks per day and adult women having more than one drink per day)

	Yes	No
%	5.0	95.0
CI	(3.0-6.9)	(93.0-96.9)
n	35	501

% = Percentage, CI = Confidence Interval, n = Cell Size
 Percentages are weighted to population characteristics.
 N/A = Not available if the unweighted sample size for the denominator was < 50 or the CI half width was > 10 for any cell.

Select

- [Compare to another MMSA or year](#)
- [Select another question](#)
- [List all MMSAs for this question](#)

If the needed data are not available through any of these applications found on the MT BRFSS website please contact the MT BRFSS office directly during regular business hours.

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Survey Limitations:

The BRFSS relies on self-reported data. This type of survey has certain limitations: many times, respondents have the tendency to under-report some behaviors that may be considered socially unacceptable (e.g., smoking, heavy alcohol use); conversely, respondents may over-report behaviors that are desirable (e.g., physical activity, nutrition). Cross-sectional design makes causal conclusions impossible. BRFSS data through 2008 excludes households without land-line telephones.

Acknowledgements:

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Endnotes:

¹Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology and Laboratory Services. Behavioral Risk Factor Surveillance System Operational and User's Guide Version 3.0. <http://cdc.gov/brfss>. Accessed on February 28, 2011.

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