U.S. COPD COALITION *A Breath of Fresh Air for America™*

# The Community's Role in Putting the BRFSS Data to Work

BRFSS
Turning Information Into Health

U.S. COPD COALITION *A Breath of Fresh Air for America™*

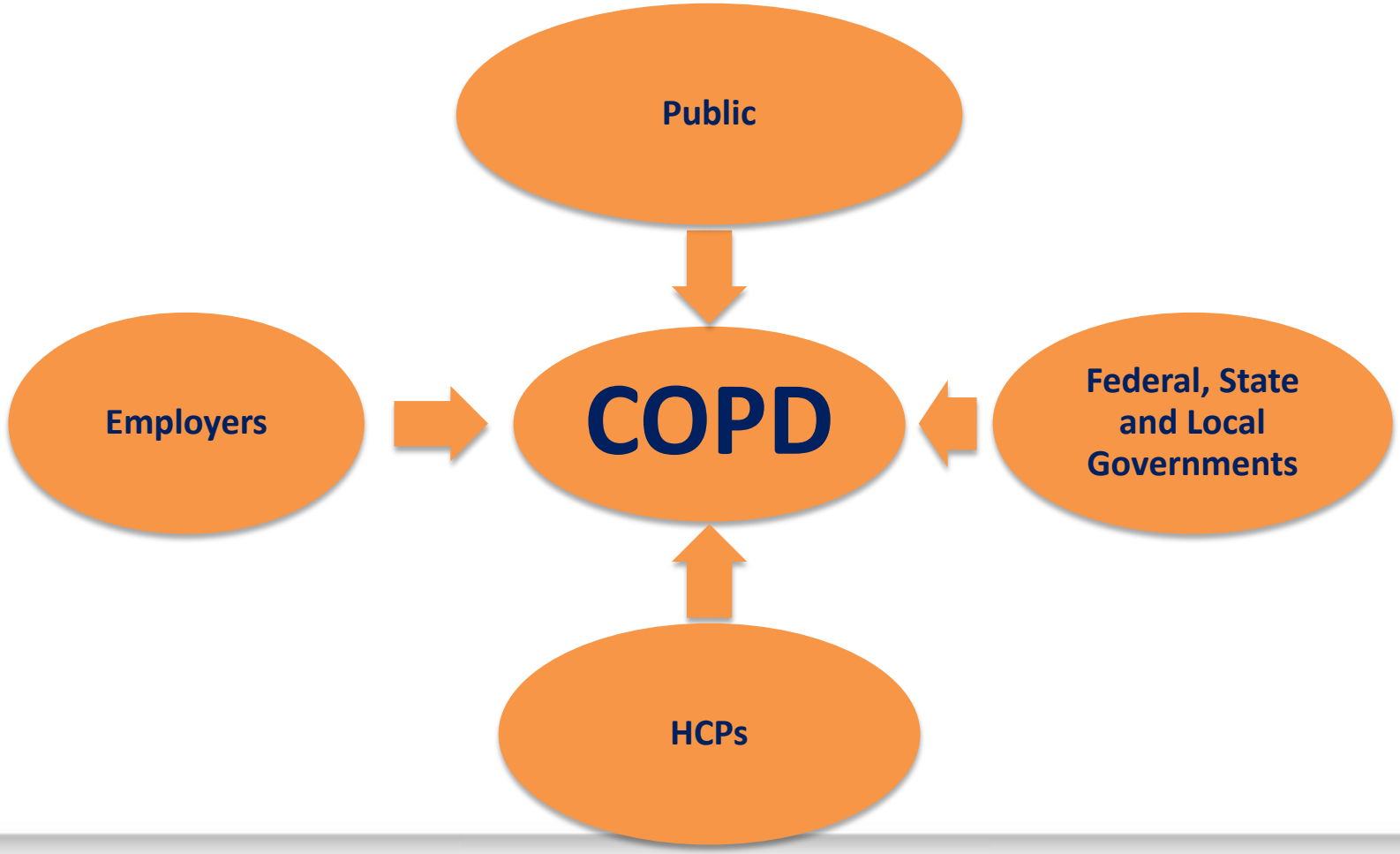
# How is BRFSS Data Used by States-*Understand, Monitor, Document, Prioritize, Measure*

An example from Florida

- Provide data on progress toward *Healthy People 2010* and Florida State Health Plan 1999–2003 objectives
- Monitor the prevalence of cancer screening in high-risk populations for the Florida Cancer Control and Research Advisory Council.
- Document the need for and monitor the progress of prevention programs targeting smoking during pregnancy, cancer, and hypertension.
- Conduct a pilot project in a five-county region in northeast Florida to promote physical activity and healthy nutrition.
- Estimate the prevalence of health risk factors of Duval County residents.
- Determine the prevalence of asthma among respondents who were employed at the time of the BRFSS survey.
- Provide data for diabetes disease management indicators as measures of progress toward objectives of the Diabetes Control Program.
- Monitor the prevalence of adult smoking behaviors and home/work environmental tobacco smoke exposure.
- Provide data for program planning, evaluation, and general reports.

U.S. COPD COALITION *A Breath of Fresh Air for America™*

# BRFSS Data Can be Woven Into Messages to Any Stakeholder That Can Make a Difference!



U.S. COPD COALITION *A Breath of Fresh Air for America®*

# What Do We Want Stakeholders to Know About BRFSS Data?

- **COPD is a public health problem in THEIR state** (the prevalence rate in the MMWR)
- **How COPD impact in their state compares to neighboring states**
- **COPD impacts people still in the workforce** (group by age)
- **COPD impacts everyone but certain groups are more at risk** (group by sex, age, income, education & race)
- **COPD occurs in people who have never smoked & those that quit years ago (**Cross tabulation will allow comparisons of reported COPD rates in people who also reported no current or former tobacco use)
- ***If they had an optional module*- That COPD impacts utilization of healthcare & quality of life**

U.S. COPD COALITION *A Breath of Fresh Air for America®*

# BRFSS Community Action Plan

## Preparing for the MMWR Release

1. Familiarize yourself with the data & how to use interactive system
2. Coordinate with other national and state organizations that may be preparing to get the word out in your state
3. Speak to your state health department epidemiologist about plans for data analysis & the optional module data if applicable
4. Draft your press release template and make a plan for how and to whom you want to alert about the data in your state

U.S. COPD COALITION *A Breath of Fresh Air for America®*

# BRFSS Community Action Plan

When MMWR is released

1. Create a buzz!
    1. Press releases about COPD in your state
    2. Email blasts to constituents
    3. Encourage constituents to respond to action alerts of USCC orgs
2. Update your burden report if applicable or think about creating one with your health department
3. Integrate the data into publications, social media, blog posts, public policy activities and more
4. Write!  Submit abstracts on the BRFSS data in your state to state and national healthcare provider, environmental and occupational health and public health conferences

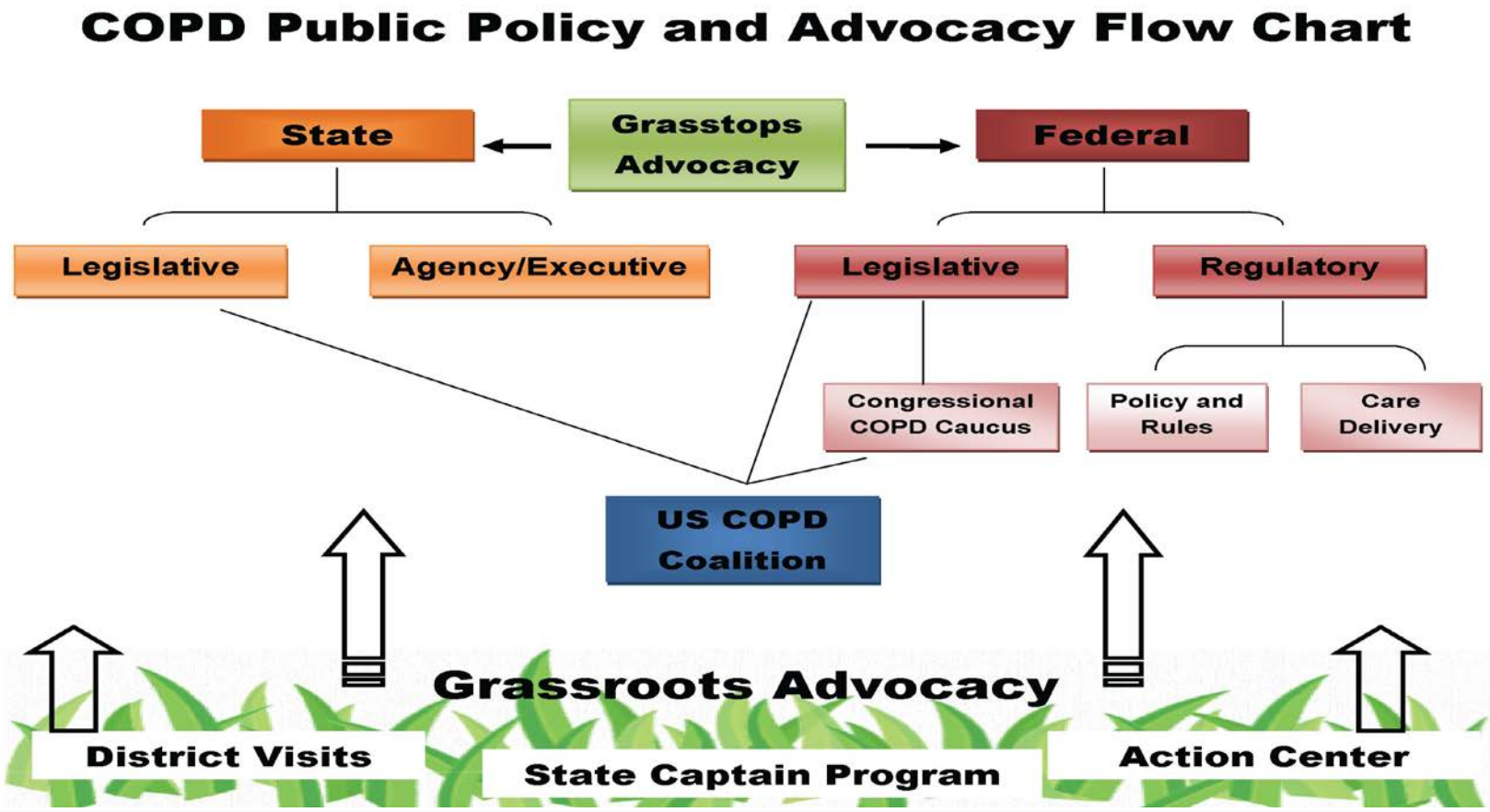
U.S. COPD COALITION *A Breath of Fresh Air for America®*

# COPD Foundation's Action Plan

- ✓ **Partner with CDC and NHLBI to create a media buzz around the MMWR release**
- ✓ **Issue action alerts & load customizable letters to elected officials with each state's data into the COPD Action Center**
- ✓ **Create call tips for each state**
- ✓ **Support the dissemination of *LMBB* template letter to the editor about the MMWR release**
- ✓ **Host a Virtual Voices: A World COPD Day Call to Action to generate a one day tsunami of electronic messages**
- ✓ **Facilitate social media networking with sample posts about data in the MMWR**
- ✓ **Partner with state organizations to create robust burden reports and identify needs for further analysis**

U.S. COPD COALITION *A Breath of Fresh Air for America®*

# Public Policy-Who Needs to Hear from You?



U.S. COPD COALITION *A Breath of Fresh Air for America®*

# Hawaii COPD Coalition's Experience

- The COPD question was included on Hawaii's BRFSS from 2008-2010
  - The Coalition worked with the state health department to produce the Burden of COPD in Hawaii report and a corresponding poster presentation for various venues *(ex. The Global Public Health Conference)*
  - Data was used to draft a 2012 COPD resolution mandating the creation of a COPD state plan for Hawaii
  - Data will be used in a second piece of legislation and in grant applications in 2013

HAWAII COPD COALITION

U.S. COPD COALITION *A Breath of Fresh Air for America®*

# The Burden of Chronic Obstructive Pulmonary Disease (COPD) in Hawaii, 2012

Reyes-Salvail F[1], Chang V[2], Hertz, R[1], and Bradbury E[1]
[1]Hawai'i State Department of Health
[2]Hawai'i COPD Coalition

## INTRODUCTION

Chronic Obstructive Pulmonary Disease (COPD) is permanent and progressive, includes emphysema and chronic bronchitis; largely caused by tobacco and poor indoor air quality.

U. S. COPD mortality is steadily increasing – and in 2011 became the THIRD leading cause of death.

COPD is the second leading cause of U. S. morbidity.

## OBJECTIVE

To provide insight on the burden and impact of COPD among Hawaii's residents, thereby allowing local communities to focus their resources and attention to where it is most needed.

## DATA SOURCES & METHODS

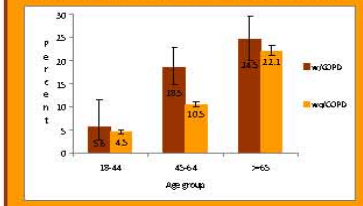
Three years (2008-2010) of Hawaii Behavioral Risk Factor Surveillance System (HBRFSS) data were Combined and stratified by COPD status controlling for three age groups, namely 18-44, 45-64 and 65 plus.

Income, number of adults, life satisfaction, general health, and equipment use, co-morbidities (e.g. asthma, angina, heart attack, stroke, diabetes, smoking, alcohol consumption and exercise and Body Mass Index (BMI) were analyzed.

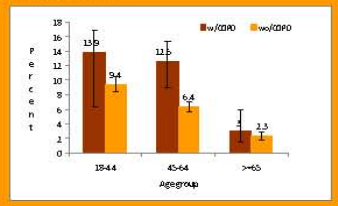
For more information, see "The Burden of Chronic Obstructive Pulmonary Disease (COPD) in Hawai'i – 2010" at www.hawaii.gov/health/about/pr/publication.html or Hawaii COPD Coalition at www.hawaiicopd.org.

## RESULTS

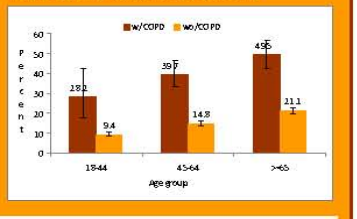
Adults living alone by COPD status, HBRFSS 2008-2010



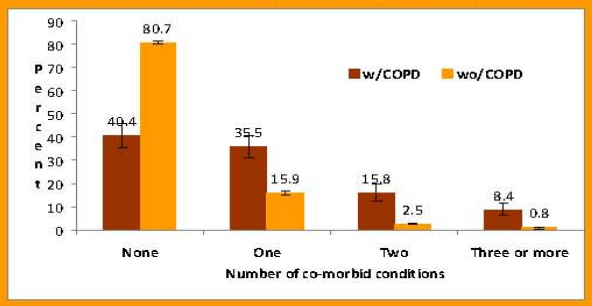

Did not see a doctor due to cost by COPD status, HBRFSS 2008-2010



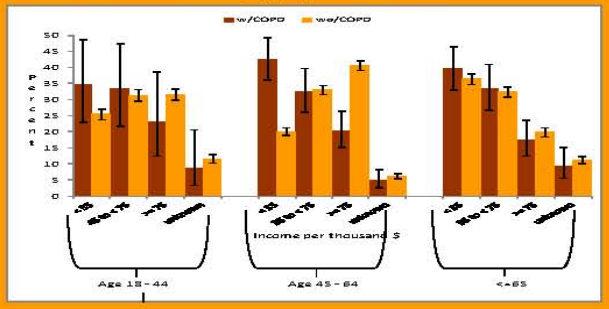

Prevalence of adults who reported fair/poor health by age and COPD status, HBRFSS 2008-2010




Adults of all ages with COPD and number of co-morbid conditions, HBRFSS 2008-2010




Household income and COPD status by age group, HBRFSS 2008-2010




## CONCLUSIONS

COPD prevalence for adults more than doubled across age groups examined (18-44 is 1.5%, 45-64 is 3.4% and 65+ is 6.1%).

Adults with COPD were more likely to be living alone than adults without COPD for ages 45-64 (statistically significant).

Being unable to see a doctor in the twelve months prior to the survey due to cost, was proportionately greater for COPD sufferers compared to those without COPD; significantly so for age group 45-64 (12.5% vs. 6.4%), despite health insurance coverage.

Adults with COPD were more than twice as likely to report fair or poor health than adults without COPD.

Adults with COPD often had co-morbidities. This is consistent with the result that across ALL age groups, people with COPD reported higher rates of chronic diseases including current asthma, diabetes, and cardiovascular disease such as angina, heart attack and stroke. (Slides available upon request—not shown here due to space limitations.)

Adults with COPD were more likely to live in low-income households (less than $35,000 annual incomes) than those without COPD. This is quite pronounced for those aged 45-64 years old (42.5% vs. 20.0%).

U.S. COPD COALITION *A Breath of Fresh Air for America™*

# Discussion: If you have used BRFSS data before, tell us how and what was most effective for you?

- To get started: North Carolina lead the way in developing the optional module and a MMWR was published with their results!

U.S. COPD COALITION *A Breath of Fresh Air for America®*

# Discussion: What information do you think will be most impactful for the community you serve?

U.S. COPD COALITION *A Breath of Fresh Air for America™*

# Discussion: What resources would be most helpful to you in order to help support the dissemination of the BRFSS data?