

Division of Behavioral Surveillance

Monitoring Behavioral and Mental Health to Improve Public Health



The Centers for Disease Control and Prevention (CDC)'s Division of Behavioral Surveillance (DBS) designs and manages state and local surveillance activities that provide integrated disease, risk behavior, and health information to state and local public health authorities and CDC programs. For example, DBS plans, coordinates, and implements activities related to the Behavioral Risk Factor Surveillance System (BRFSS)—the nation's premier system of telephone health surveys that collects state and local data on the health-related behaviors and chronic conditions of Americans. DBS also conducts other specialized surveys to support CDC programs and obtain data on important emerging health issues such as influenza and mental health.

Federal, state, and local governments use the information collected by DBS surveys to develop and evaluate programs, policies, and legislation to improve public health and track progress toward achieving public health goals.

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DBS works collaboratively with state and territorial health departments to

- provide technical assistance in BRFSS survey operations to ensure standardized, high-quality data;
- develop metropolitan statistical area (MSA) estimates, which allow for health tracking on the MSA level;
- assess state epidemiologists' mental health and disaster response surveillance priorities and needs;
- support and enhance analyses of data from BRFSS and specialized surveys;
- disseminate data widely by promoting the broad use and application of DBS databases; and
- support development of standardized and validated state and local specialized surveys.

DBS also works collaboratively with many CDC programs and other federal agencies, such as the Substance Abuse and Mental Health Services Administration (SAMHSA), to

- develop special reports, such as the annual *Morbidity and Mortality Weekly Report (MMWR) Mental Health Surveillance Summary*;
- integrate surveillance across federal and state agencies;
- support and enhance use of DBS surveillance databases; and
- develop and implement standardized and validated state and local specialized surveys for emerging public health issues, such as mental health and disaster response, and for focused initiatives, such as the Communities Putting Prevention to Work (CPPW) project, a locally driven American Recovery and Reinvestment Act initiative that assists the public health response to obesity and tobacco use in 50 CPPW communities.

DBS is in CDC's Public Health Surveillance and Informatics Program Office (proposed); Office of Surveillance, Epidemiology, and Laboratory Services.

About BRFSS

The Behavioral Risk Factor Surveillance System

- is a state-based system of telephone health surveys that collects information on health risk behaviors, chronic conditions, healthcare access, healthcare practices, and measures of health primarily related to chronic disease and injury;
- is conducted monthly in every state as well as the District of Columbia and six U.S. territories; and
- provides state-based prevalence data on key health behaviors; for many states, it is the only source of state-based health data.

DBS is

- working with countries around the globe, including Brazil, China, Jordan, nations in the Caribbean, Italy, Vietnam, and Korea, to help them establish and maintain standardized and validated community-level surveillance systems;
- developing tools for metropolitan statistical area estimates that state authorities can use for health tracking on the MSA level; and
- evaluating newer methods, such as cell phones and Web-based surveys, of conducting state and local surveillance and coordinating interview data with electronic health records and other measures of population health.

About Specialized Surveys

DBS conducts specialized surveys such as the following:

- BRFSS tracked 2009 H1N1 vaccination coverage estimates and racial and ethnic differences for key target groups: high-risk adults, healthcare personnel, pregnant women, and children.
 - » State health officials used state-specific data provided by BRFSS to evaluate their progress toward achieving H1N1 vaccination objectives and to design targeted communication campaigns about vaccine availability.
 - » State health officials used BRFSS data to compare estimates from local and city health districts to nationwide and regional estimates of H1N1 and seasonal vaccination rates to identify areas at high risk of an outbreak.
- The Gulf States Population Survey (GSPS) was developed and conducted to provide state health and mental health departments, SAMHSA, and other organizations with information concerning the mental and behavioral health status of the Gulf coastal population most directly affected by the 2010 Deepwater Horizon oil spill.
 - » GSPS was conducted between December 2010 and December 2011.
 - » CDC is conducting analyses to help collaborators assess the need for mental health services in the region and to inform provision of those services.
- BRFSS methodology, such as design, sampling, weighting, and state-based collection, was adapted to support community-based data collection for the Communities Putting Prevention to Work project.
- DBS is collaborating with the Council of State and Territorial Epidemiologists to assess state epidemiologists' needs, priorities, and capacity for mental health surveillance during a disaster response.



Division Key Activities

DBS's key activities include

- coordinating and supporting current BRFSS field operations;
- providing high-quality, current BRFSS data to state officials and other users;
- developing novel statistical methods to help state and local officials and others evaluate local-level data, such as MSA data;
- exploring newer state and local survey methods, such as cell phones and Web-based surveys;
- analyzing and interpreting mental health data from the GSPS; and
- supporting the Communities Putting Prevention to Work project by providing BRFSS CPPW data to evaluate the CPPW intervention.

Division Accomplishments

DBS's key accomplishments include the following:

- DBS initiated, designed, and completed the Gulf States Population Survey, which monitored the mental and behavioral health of the population affected by the 2010 Deepwater Horizon oil rig explosion.
 - » The GSPS is the first CDC telephone survey to monitor the mental health status and potential stress-associated physical health effects following a disaster. It can be used as a model for other disaster mental health surveys.
 - » The GSPS collected nearly 40,000 interviews during its 12 months of data collection. CDC expects to release the survey's results in a joint report with SAMSHA in 2012.
- DBS provided leadership in developing the CDC report *Mental Illness Surveillance Among Adults in the United States*, released on September 2, 2011, as a supplement to the *Morbidity and Mortality Weekly Report*.
 - » This report was the result of CDC's first agency-wide compilation of data from selected CDC surveillance and information systems that measure the prevalence and effect of mental illness in the U.S. adult population.
 - » Findings suggest that half of U.S. adults will develop a mental illness during their lifetime; that increased surveillance efforts can improve treatment and prevention therapy; and that many chronic diseases, such as cardiovascular diseases, diabetes, and obesity, are associated with mental illness.
- Beginning with its 2011 data, BRFSS implemented a new weighting methodology that is now the only weighting strategy used for its data.
 - » Compared with the post-stratification weighting method used by BRFSS for more than 2 decades, the new method—iterative, proportional fitting (also known as raking)—improves the accuracy of BRFSS estimates.
 - » Compared with the post-stratification weighting method, iterative, proportional fitting allows the use of more demographic variables and interview type (landline or cell phone) in the weighting.

Division Future Plans

DBS's future plans include

- working closely with state and federal partners to ensure that DBS continues to provide data that are useful for public health research and practice and for state and local health policy decisions;
- increasing cell-phone interviews as a proportion of total completed BRFSS interviews;
- testing and implementing the use of multimode data collection, such as cell phone, Web-based, and mail surveys;
- making BRFSS more representative by exploring new ways to interview hard-to-reach respondents; and
- measuring important emerging health issues such as access to care, preventive services, and mental health.

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