Behavioral Risk Factor Surveillance System (BRFSS) - A1c Test

Indicator Specific Information

Numerator
Number of persons age 18 or older with diabetes and report that a doctor, nurse, or other health professional has checked their hemoglobin A1c (Hgb A1c) two or more times in the past year.

Numerator specifications
Survey question: A test for hemoglobin A1c measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked for hemoglobin A1c?

Changes to numerator
Measure changed in 2005 BRFSS (see technical notes).

Denominator
Number of persons age 18 or older who report that they have ever been diagnosed with diabetes and responded to the A1c test survey question, including those diagnosed only during pregnancy. Missing values are not included in the denominator.

Denominator specifications
Survey question: Have you ever been told by a doctor that you have diabetes? (If female, add, Was this only when you were pregnant?)

Technical notes

General Information - BRFSS

Category
National and State Data Source

Level of geographic aggregation
Possible units of analysis include the US and states, territories, and countries that are contained within the US. Prior to 1996, data were available for only select states and counties.

Population
Non-institutionalized adult US population age 18 years or older.

Method of data collection
BRFSS data are collected via telephone survey; most areas use computer-assisted telephone interviewing (CATI). CATI is a system that randomly generates telephone numbers.

Purpose of data collection
CDC coordinates the collection of BRFSS data for state-level surveillance of health risks among Americans in an effort to decrease morbidity and mortality from chronic disease and preventable infectious diseases. Additional information about the purpose of the BRFSS can be found at http://www.cdc.gov/nccdphp/brfss/training_cvi/default.htm.

Periodicity
Data for selected core questions are collected each year, whereas other questions on the core BRFSS are asked on alternative (either even or odd numbered) years. Additional data are collected using various survey modules that supplement the core questionnaire; these modules are fielded on as needed basis, at the discretion of each state. For example, states may include modules for 2 or 3 consecutive years in order to obtain sufficient sample size for reliable estimates.

Data access
BRFSS coordinators in each state can provide information about data access, BRFSS data, and summaries of results from the BRFSS. A list of all BRFSS state coordinators can be found at http://www.cdc.gov/nccdphp/brfss/coordinator.asp. BRFSS survey data, starting with results from the 1996 survey, can also be obtained from the following website: http://www.cdc.gov/brfss/brfssdata2001.html#survey. Selected questions of BRFSS data can be conducted at http://apps.nccd.cdc.gov/brfss/findlau.asp.

Data privacy
No personal identifiers are collected in the BRFSS. In addition, so that respondents cannot be identified based on demographic responses, the county code is removed from the public data set for any county with less than 50 respondents.

Statistical and analytical issues
Data are limited to adults 18 and over. Not all states have the capacity to conduct interviews in languages other than English; therefore, some non-English speaking minorities may be underrepresented. Interviewers are limited to non-institutionalized adults; therefore people in nursing homes, prisons; and other residential facilities are not included. Weighing procedures are used to adjust for differences in the probability of selection, non-response, and telephone non-coverage and may correct bias introduced by including only persons with telephones. In addition, data are weighted to reflect the age and sex distribution of the state. Detailed information about data limitations, weighing, and other statistical issues can be found in the document "Comparability of Data" that is available at https://www.cdc.gov/brfss/brfssdata2001.html#survey. Additional information about using BRFSS data can be found in the BRFSS users guide.

State have the option, but are not required, to collect additional data using various survey modules. The diabetes prevalence question is in the core questionnaire. The diabetes module, however, is considered optional and there is no guarantee that all states include this module annually.

Data summary
- BRFSS Trends Data [website]

Indicators that can be measured using this Data Source
- A1c Test
- Aspirin Therapy
- Cholesterol Tested
- Dental Exam
- Diabetes Care Related Office Visit to a: Health Professional, Diabetes Educator, Diabetic Eye Exam, Flu Vaccination, Foot Exam, Obesity - Primary Prevention in Adults, Obesity - Secondary Prevention in Adults with Diabetes, Overweight or Obese - Secondary Prevention in Adults with Diabetes, Overweight or Obese - Primary Prevention in Adults, Preventive Medical Examination, Prevalence of Cardiovascular Risk Factors, Prevalence of Diabetes in Adults, Prevalence of Primary Diabetes in Adults, Prevalence of Diabetes in Adults, Prevalence of Primary Diabetes in Adults, Regular Physical Activity - Primary Prevention in Adults, Regular Physical Activity - Secondary Prevention in Adults with Diabetes, Self-Blood Glucose Monitoring, Smoking - Primary Prevention, Smoking - Secondary Prevention in Adults with Diabetes, Unhealthy Days among Adults with Diabetes, Visual Foot Exam (Self or Someone Other than Health Professional)

Comments
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