Behavioral Risk Factor Surveillance Survey Health Care Coverage, 2007-present

Overview

Center for Community Health,
Division of Chronic Disease Prevention
Bureau of Chronic Disease, Evaluation and Research

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BRFSS General Description

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual statewide telephone surveillance system designed and funded by the Centers for Disease Control and Prevention (CDC), and conducted by the NYSDOH, Division of Chronic Disease and Prevention, Bureau of Chronic Disease Evaluation and Research.

The BRFSS collects data on preventive health practices and risk behaviors that affect chronic diseases, injuries, and preventable infectious diseases. Examples include tobacco use, health care coverage, HIV/AIDS knowledge and prevention, physical activity, and consumption of fruits and vegetables. Demographic information is also collected to permit analyses of specific populations. While all data collected are self-reported, some variables are calculated based on given responses. For example, obesity is calculated based on the respondent's reported height and weight. Current smoking status and leisure time physical activity are also calculated variables. Questions about the health of a child are answered by the parent. There is a process for randomly selected the child, if there is more than one child in the household.

BRFSS completes between 6,000 and 9,000 interviews each year. Interviews are conducted throughout the year in both English and Spanish, using standardized calling procedures. Beginning in 2011, BRFSS began reaching households with landline telephones and households which only had cell phones.

New York State's BRFSS is designed to be representative of the non-institutionalized adult household population, aged 18 years and older. The BRFSS provides information for New York State, New York State, excluding New York City and New York City (5 boroughs combined). Survey results are analyzed and disseminated as reports and datasets to inform disease prevention and control statewide and in community settings.

Health Care Access Module

Since 1993, CDC has included a module on health care access in the core of the BRFSS survey. The first question in this module is "Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, (health maintenance organizations), or government plans such as Medicare?"

For each year from 2007 to the most recent year for which BRFSS data are available, estimates are calculated based on respondents who replied to this question with either "Yes" or "No"; Respondents who skipped this question, refused to answer, or gave response of "Don't know/Not sure" are excluded from all calculations. SAS statistical software is used to aggregate the responses, utilizing the survey weights determined by CDC. The following calculations are performed, and the results are included in this dataset:

- Overall sample size – the total number of sample cases in the demographic group
- Overall population size - the estimated size of the demographic group's population
- Sample cases with characteristic – the number of sample cases in the demographic group indicating that they have health insurance coverage/do not have health insurance
- Estimated population with characteristic – the estimated size of the demographic group's population who have health insurance/do not have health insurance

- Percentage with characteristic – the estimated percentage of the population who have health insurance/do not have health insurance, obtained by dividing the estimated population with/without health insurance by the overall population size
- Lower confidence level – the lower 95% confidence level for this percentage
- Upper confidence level – the upper 95% confidence level for this percentage

In addition to the total, which corresponds to all non-institutionalized adults (age 18 and over) residing in New York State, calculations are broken out within various demographic categories, including:

- New York City/Rest of State
- Sex
- Race/Ethnicity
- Age
- Education
- Income
- Disability Status
- Employment Status
- Mental Health Status

Methodology

There were two significant changes to the BRFSS sampling methodology beginning with the 2011 survey. First, the BRFSS sampling frame was expanded to include sampling of cell phones. Second, the weighting methodology was changed from post-stratification to iterative raking, a method which adjusts the statistical weights so that estimated totals for various subgroups will match the known values for those totals. In addition, raking adjusts the weights so that groups which are underrepresented in the sample are properly weighted in the final dataset.

Both changes were piloted and evaluated for three years prior to implementation in 2011, and were found to improve the representativeness of the BRFSS sample. However, these changes in the methodology were found to have a significant impact on many calculations from BRFSS data. Consequently, BRFSS data prior to 2011 should not be directly compared to data from 2011 forward.

Additional Resources

BRFSS questionnaires, datasets, and documentation for 2009 forward can be found on New York State's Health Data NY website (https://health.data.ny.gov/).

Further information on health care coverage and related topics can be investigated using BRFSS, including:

- Type of health care coverage
- Having a primary care physician
- Avoidance of seeing a doctor due to cost
- Time elapsed since last routine checkup
- Additional demographic information (marital status, home ownership, etc.)

County-level data on health care coverage are expected to be available as part of the 2013-2014 expanded BRFSS.

For inquiries about further investigation on these topics, contact the BRFSS coordinator at (518)473-0673 or BRFSS@health.state.ny.us