

Nota Bene (NB) for EPA Asthma Maps

Behavioral Risk Factor Surveillance System (BRFSS)

This is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury on a national level. It was established by the Centers for Disease Control and Prevention (CDC), and each state has a BRFSS coordinator, who manages the data. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.

The BRFSS is a cross-sectional random-digit dialing telephone survey conducted by state health departments with technical and methodological assistance provided by the CDC. Every year, states conduct monthly telephone surveillance using a standardized questionnaire to determine the distribution of risk behaviors and health practices among noninstitutionalized adults. The states forward the responses to the CDC, where the monthly data are aggregated for each state. The data are returned to the states, then published on the BRFSS Web site. Adults 18 years or older are asked to take part in the survey. Only one adult is interviewed per household. Participants are not compensated.

-Adapted from the CDC BRFSS website: <http://www.cdc.gov/brfss/faqs.htm>

Due to the survey method, there are limitations as to who the respondents are. The survey can only reach those who have an active telephone line, and who choose to respond to the survey questions. This method may not represent the homeless, those who don't have a telephone (or who only have a cell phone), and those who may be disabled and therefore not able to respond to the survey. There have also been declining response rates from telephone surveys overall, and therefore results from those who may respond may be fully representative of those who choose not to or aren't able to respond. Some data on these maps have not been made available due to the unreliability of the numbers based on the small sample sizes in certain counties. It is also important to note that this survey is contingent upon the respondent's self-report, and thus it has limitations related to reporter reliability.

Hospital Discharge Data (HDD)

State's data systems, hospitals, or hospital association collect and maintain records that contain items that relate to the personal characteristics of the patient. These items include age, sex, race, ethnicity, marital status, and expected sources of payment. Administrative items such as admission and discharge dates (which allow calculation of length of stay), as well as discharge status are also included. Medical information about patients includes diagnoses and procedures coded to the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)*.

- Adapted from the CDC NHDH Website: <http://www.cdc.gov/nchs/about/major/hdasd/nhdsdes.htm>

This information can indicate the number of patients who were discharged from the hospital for problems related to asthma. When looking at hospital discharge data, it is important to note that there are some limitations. The number of hospitals in an area varies greatly in New England. A person may be less likely to seek medical attention at a hospital or medical center if they live farther away from a hospital, and vice versa. Also, due to the survey method, the HDD may not fully account for those who may seek medical treatment in a different state.

Time Period

Grouping data into a period several years provides information that is much more representative of the area. It is also much more reliable due to the increase in sample size. In grouping the years, however, some states have chosen to group at different intervals. Other states have only made available data from one year. Although the years are close, it should be noted that the best data available for the New England states may not all be in the exact same time interval.

Access to Health Care

The availability of health care is unevenly distributed in the New England area. Some areas have a much higher concentration of physicians and medical centers than others. This may lead some areas of lower concentration to have asthma under diagnosed and under treated than other areas. Also, those who have health insurance may be more likely to seek out medical attention for their asthma symptoms than those who are uninsured or underinsured.