

Using the Behavioral Risk Factor Surveillance System to Assess the Public's Understanding of Genomics

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Background

In 2003, the Centers for Disease Control and Prevention funded four state health departments to assess, in part, the impact of genomics on the public. To accomplish this task, questions were added to the 2004 and 2005 Behavioral Risk Factor Surveillance System (BRFSS).

The BRFSS is:

- ▶ A state-based cross-sectional telephone survey
- ▶ Conducted with non-institutionalized adults aged 18 years and older
- ▶ Collects information on health risk behaviors, clinical preventive practices, and health care access

STATE FINDINGS

Michigan Department of Community Health	Minnesota Department of Health	Oregon Department of Health and Human Services	Utah Department of Health
<p>Focus: provider practices. <i>Preliminary results show:</i></p> <ul style="list-style-type: none"> ▶ 85.8% of adults reported having been asked to fill out a form or personally asked by a health care professional about their family history. ▶ Among these, 61.2% had discussed with a health care professional their risk for certain diseases or health problems based on their family history. ▶ 67.6% of adults who discussed their risk with a health care professional were given recommendations based on their family history. ▶ Diet, exercise, getting routine tests for screening, and stop smoking were the most frequent recommendations. 	<p>Focus: family history</p> <ul style="list-style-type: none"> ▶ 50.1% of adults reported a family history of diabetes. ▶ 73% of adults with diabetes reported a family history of diabetes. ▶ 71.8% of adults with pre-diabetes reported a family history of diabetes. ▶ 48.5% of adults without diabetes reported a family history of diabetes. ▶ Of adults with a BMI > 30, 62.7% reported a family history of diabetes. <p>Disclaimer: These questions were developed by the MDH Diabetes and BRFSS programs.</p> 	<p>Focus: family history of diabetes.</p> <ul style="list-style-type: none"> ▶ 26.8% of adults without diabetes had a family history of diabetes (parent, brother, sister related by blood — does not include diabetes during pregnancy). 	<p>Focus: public perceptions and provider practices.</p> <ul style="list-style-type: none"> ▶ The majority would spend 30 minutes or less completing a family health history. ▶ 86.6% of adults reported knowing that having a family history of a chronic disease increased a person's risk of developing the disease. ▶ 73.8% reported that heart disease, stroke, diabetes, or cancer tended to run in their family. ▶ 33.6% reported their doctor had discussed with them their risk for disease based on their family history. ▶ Of these, 68.3% reported their doctor made recommendations to them based on their family history. 

Next Steps

- These results show a great need for health care provider education. Consumers perceive family history as important to their health but rarely do they understand how health care providers use it in their care. Easy-to-use family history tools are needed to collect family history and assess disease risk. These results can be used to:
- ▶ Identify at risk populations
 - ▶ Target public health interventions
 - ▶ Develop educational messages for providers and consumers
 - ▶ Use resources efficiently
 - ▶ Develop additional questions for the 2006 BRFSS