Surveillance and the BRFSS

Surveillance is a fundamental and essential public health tool.

- Surveillance is used to develop data on the incidence, prevalence, risk factors and burden of particular diseases and conditions as well as the health status of a population.

- Common topics of surveillance include cardiovascular disease, diabetes, disability, exercise, alcohol consumption and access to health care.

- Data gathered from regular surveillance can be used to support the development of strategies to reduce disease risk and to devise effective interventions to lessen the burden of disease.

Surveillance is required to understand Alzheimer's disease and cognitive impairment on the state level.

- There currently is no state-level population-based data on cognitive impairment, Alzheimer's disease, dementia and caregivers of individuals with these conditions.

- Effective surveillance would provide information about the impact of cognitive impairment; the number of family members who are caring for someone with Alzheimer's or another dementia; and the age, income, living arrangements, health problems and other characteristics of those with cognitive impairment and their caregivers.

Information gathered through surveillance can be used in support of efforts to:

- Increase public awareness about Alzheimer's and other dementias as well as its societal impact.

- Promote the early detection and diagnosis of Alzheimer's and other dementias.

- Include Alzheimer's and other dementias as part of public health prevention campaigns (including among diverse communities) on other serious medical conditions such as hypertension, diabetes and stroke.
The Behavioral Risk Factor Surveillance System (BRFSS) is a proven surveillance tool used in every state, the District of Columbia and the U.S. Territories.

- The BRFSS is a telephone survey conducted annually by state health departments. It was established in 1984.
- Financial, technical and methodological assistance for the survey is provided to the states by the Centers for Disease Control and Prevention (CDC).
- The BRFSS has three components:
  - the core questions, which are asked either annually or on a rotating basis
  - optional modules, each of which covers a particular topic in more detail and is developed by the CDC
  - state-added questions, determined by each state based on the health and data needs of that state

Two 10-question BRFSS modules have been developed to help understand Alzheimer’s disease and other dementias on the state level.

- The Cognitive Impairment Module, which asks about memory and cognitive abilities as well as whether a physician has ever diagnosed Alzheimer’s disease or another dementia.
- The Caregiver Module, which includes questions about a care recipient’s health problems and greatest care needs.

Use of these modules has been growing, providing valuable information in the fight against Alzheimer’s.

- In 2011 and 2012, 38 states used the Cognitive Impairment Module at least once – the most rapidly adopted module outside the core CDC program.
- Since 2005, the Caregiver Module has been used in 27 states. In 2012, nine states asked the 10 caregiving questions.

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