

Tracking in Action

USING NJDOH AND NJDEP DATA & RESOURCES TO MAKE A DIFFERENCE IN THE LIVES OF NJ RESIDENTS

January 2023

Using Behavioral Risk Factor Survey Data to Improve Chronic Disease Outcomes

What was the problem/situation?

When NJ Environmental Public Health Tracking (Tracking) was initially funded by CDC to build an environmental health data portal for NJ, it was clear that NJ Tracking's success and sustainability hinged on creating a public-facing website that would serve all of the NJ Department of Health (NJDOH). Partners within the NJDOH Center for Health Statistics were simultaneously looking to upgrade their data portal and specifically wanted to make survey data from the NJ Behavioral Risk Factor Survey (BRFS) available. The two groups joined forces and since NJSHAD launched in 2007-8, it has expanded to contain 12 query modules, and over 225 indicators.

How were NJ Tracking and partners involved?

Tracking partners in NJDOH work to collect, analyze and publish NJ BRFS data within the NJSHAD BRFS query module, https://www-doh.state.nj.us/doh-

shad/query/selection/njbrfs/BRFSSSelection.html. This module makes complex weighted NJ BRFS data available to a variety of users, both within and beyond NJDOH. Data are available by respondent demographics (age, race/ethnicity, sex, marital status, employment status, education, and health characteristics), year, and county of residence. In addition to BRFS data on current and former smoking status, use of smokeless tobacco, and smoking cessation efforts, NJSHAD also contains incidence and prevalence data on related health outcomes such as COPD,



cancer, asthma, and heart disease. As stated by NJDOH Chronic Disease Program Research Scientist Uta Steinhauser: "We've used NJSHAD BRFS data to target funding for smoking cessation programs/quit centers in the southern region and northeast corner of NJ. Additionally, having the BRFS query module has cut the number of data request





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calls from local community-based organizations we need to respond to from eight-10 per year to none."

What specific outcomes or improvements have resulted from these actions?

NJDOH's Chronic Disease Program has reported they are using NJSHAD BRFS data in multiple ways: to support program evaluation; track chronic disease trends; provide data for use in federal grant applications and reports; target interventions both geographically and demographically; create talking points for NJDOH upper management; and respond to media inquiries.

NJDOH's Office of Tobacco Control and Prevention (OTCP) has utilized NJSHAD BRFS and other data to target funding and resources for 11 new Quit Centers. Data on smoking prevalence and the prevalence of other co-morbidities were used to help determine where to distribute funds to serve those populations most in need of additional resources.

As depicted in the adjacent map, Quit Centers are currently operating in 12 of NJ's 21 counties: Passaic, Essex, Hudson, Union, Middlesex, Mercer, Monmouth, Ocean, Atlantic, Cape May, Cumberland, and Salem counties. Between July 2020 and May 2022, 4,355 tobacco users were served at the 11 Quit Centers.



