Potential Research Questions to Address Using 2014 BRFSS

Topic: Preventive Health Services
Question(s): What is the association between socio-demographics (race, income, education) and health care access (insurance, personal doctor) and receipt of "long-lasting protective interventions" [1] such as immunizations, cancer screening, screening for diabetes/pre-diabetes and HIV testing? Is the association consistent depending upon the protective intervention considered? What do the results inform us about policies we can adopt in public health to promote receipt of these interventions among populations in need?
Rationale: "Long-lasting protective interventions" have been identified as a part of a comprehensive response to any public health issue.[1] Exploring the potential contribution that socio-demographic factors and health care access contribute to their receipt would be valuable to public health practice.
Reference:
[1] Frieden, TR. A framework for public health action: The health impact pyramid. *Am J Public Health.* 2010; 100: 590-595.

Topic: Trends in Health Insurance Status
Question(s): What is the burden of lack of adequate health insurance among New York State adults? Is lack of adequate health insurance related to underutilization of preventive health measures or self-reported health status? Are there disparities in lack of adequate health insurance by sociodemographic characteristics?
Rationale: Understanding consequences of lack adequate health insurance provides important information to public health practitioners and policymakers as health reform continues to be discussed statewide and nationally. For example, insured adults with high blood pressure are twice as likely to report taking medication for control of their high blood pressure.

Topic: Adult Overweight and Obesity
Question(s): What are the shared and independent risk factors of adult overweight and obesity?
Rationale: Obesity and overweight are labels used to describe individuals who weigh more than what is considered healthy for a given height. For adults obesity and overweight are defined based on Body Mass Index (BMI). Adults with a body mass greater than or equal to 25 but less than 30 are classified as overweight and adults with a BMI of 30 or more are classified as obese. In public health messaging and practice, overweight and obesity are often described as if they represent a continuous attribute. However, the classifications were developed from actuarial tables intended to categorize groups of individuals who were at elevated risk for mortality. Knowing the shared and independent risk factors for overweight and obesity should inform our public health approach addressing them. If the risk factors are significantly different, it could suggest that different strategies are required to address adult overweight as opposed to adult obesity.

Topic: Clustering of Chronic Disease Risk Factors
Question(s): To what extent do behavioral risk factors for chronic disease cluster (physical inactivity, tobacco use, soda consumption, eating a diet low in fruits and vegetables)? To what extent can sociodemographic characteristics account for observed clustering?
Rationale: Increasingly public health is taking an integrated approach to addressing the risk factors that underlie chronic disease. Examining the clustering of risk factors and the extent to which socio-demographic characteristics account for shared variance among modifiable health behaviors can help inform how an integrated approach to chronic disease prevention. The results would also have implications for understanding how public health could address long standing disparities in health in the population.