A positive family history for a disease, which reflects the consequences of genetic susceptibilities, shared environment, and common behaviors, is a risk factor for almost all chronic diseases and is increasingly being promoted as a tool for addressing many diseases of public health importance. In response to the increased emphasis on using family history in both clinical and public health settings, some state public health departments have begun to develop plans for collecting information about family history through population-based surveillance systems. For example, public health departments in Michigan, Minnesota, Oregon, and Utah plan to include family history questions on the 2005 Behavioral Risk Factor Surveillance System (BRFSS).

The BRFSS, an ongoing telephone survey conducted in all states, is the primary source of information on the health-related behaviors of adults. Public health professionals use BRFSS data for numerous purposes, including: identifying emerging health issues, documenting health trends (such as the alarming rise in the prevalence of obesity among U.S. adults in recent years), comparing health behaviors across states, and measuring progress toward health goals. The BRFSS survey consists of standard core questions developed by the Centers for Disease Control and Prevention, as well as state-specific questions to gather data on behaviors and risk factors that are of particular interest to individual states.

Family history data collected through such population-based surveys may contribute to answering the following important questions:

- What proportion of adults... have a family history of a given disease (e.g., diabetes, heart disease, certain types of cancer)?
- have actively collected health information from relatives for the purpose of developing a family health history?
- have had a health care provider discuss their risk for disease based upon family history information?
- perceive themselves to be at high risk for a given disease based upon family history?
- have made changes in lifestyle to reduce risk of a given disease based upon family history information?

**The answers to such questions may be useful for:**
- assessing the prevalence of a positive family history of disease,
- monitoring trends in prevalence,
- gauging public awareness of family history as a risk factor for disease,
- tracking provider practices regarding the collection of family history information,
- understanding how family history contributes to patients’ perceptions of risk, and
- investigating beliefs about the ability to modify risk by changing lifestyle factors (such as smoking, diet, and exercise habits).

Public health programs could use such data for planning campaigns to increase public awareness about family history or to promote the collection and use of family history in healthcare settings.

The University of Washington Center for Genomics and Public Health is one of three centers funded by the Centers for Disease Control through the Association of Schools of Public Health to integrate advances in genomics into public health practice. Recently the center developed a working group to coordinate efforts between states that are interested in collecting data on family history through population-based surveillance systems. One goal for the working group may be to facilitate development of a standard set of questions for recommendation to other states interested in collecting data on this topic.

For more information about these efforts, or if you would like to share your experience using family history questions in population-based surveys, please contact Sarah Raup at the University of Washington Center for Genomics and Public Health, at 206-616-0684, or raups@u.washington.edu. To learn more about the University of Washington Center for Genomics and Public Health, please visit: [www.uwcgph.org](http://www.uwcgph.org).

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