

## **Change Request**

### **2016 Field Test of**

### **Proposed Changes to the 2017 Behavioral Risk Factor Surveillance System (BRFSS)**

(OMB No. 0920-1061 Exp. Date 3/31/2018)

June 24, 2016

#### **Summary**

We request the following: OMB approval of the 2016 field test of new or revised items that are under consideration for use in the 2017 BRFSS.

#### **Attachments**

13b. 2016 BRFSS Field Test Questionnaire

13c. Screener for Field Test

13d. Source/history of questions included on the 2016 BRFSS Field Test Questionnaire

#### **Background and Justification**

The Behavioral Risk Factor Surveillance System (BRFSS) consists of landline and cell phone interviews in each of the 50 states, Washington DC, and several US territories (“states” or “BRFSS partners”). In addition, personal interviews are conducted in one territory where phone lines are unavailable. The currently approved survey instrument is based on modular design principles, consisting of a standardized core questionnaire administered by all states, and topic-specific optional modules that may be appended to the standardized core, at each state’s discretion. The modular design allows each state to customize the BRFSS questionnaire to address state-specific needs. To ensure that BRFSS content is relevant to the current needs of BRFSS partners, CDC updates selected items in the core questionnaire and/or the optional modules on an annual basis. Information collection needs and priorities for 2017 were discussed by CDC and the states at the annual BRFSS partners meeting held in April 2016. At that time states voted on the items to be adopted in 2017.

A field test of proposed changes is needed before the changes are formally incorporated into the CDC-sponsored core questions and optional modules for 2017.

The 2016 field test includes 7 sections of the core, 7 proposed new modules, and one minor change to a screening question for landline respondents.

Sections of the core that will be included in the field test are:

Section 1: Health Status

Section 2: Healthy Days

Section 3: Demographics

Section 4: E-Cigarettes

Section 5: Fruits and Vegetables

Section 6: Cholesterol Screening

Section 7: Tobacco Use

Testing of new wording of the fruit and vegetable consumption questions is included in the core sections that will be field tested. In addition, a slightly revised introductory section for landline respondents will be tested. This revision will make minor changes in the enumeration of household adults in that respondents will be asked once about the number of adult males and females in the household, rather than asking for the total number and then asking again for the number by sex.

New modules to be tested include the following topics:

- Module 1: Social Determinants of Health
- Module 2: Sodium or Salt Intake
- Module 3: Respiratory Health (COPD Symptoms)
- Module 4: Lung Cancer Screening
- Module 5: Marijuana
- Module 6: Sexual Orientation and Gender Identity
- Module 7: Family Planning

The proposed new modules are designed to provide more detailed information about specific health topics (e.g., sodium or salt intake), or to address emerging public health priorities (e.g., marijuana use, as it becomes legal in several states). **Attachment 13d** provides information on the source of each question on the field test.

### **Purpose and Use of Field Test Results**

The annual field test has distinct objectives. Field testing is the final means by which changes are made in data collection methods and data collection software is tested. Field tests are used to identify problems with instrument documentation or instructions, problems with conditional logic (e.g., skip patterns), software errors or other implementation and usability issues. Field testing is conducted only with those parts of the questionnaire which have been substantively changed or sections of the extant questionnaire which lead into new or updated questions. In some instances, extant sections of the questionnaire may be field tested if they are topically related to new items on the questionnaire. For example, if a new question on disability is added, extant disability questions are included in the field testing to ensure that respondents do not feel that the questions are redundant or overlapping. Field testing is not intended to replace cognitive testing, it is only to check to be sure that questions which have already been thoroughly vetted are appropriately placed on the BRFSS. Sections of the questionnaire which are unchanged and unrelated to new or modified sections of the questionnaire are not field tested, although the demographic sections of the core are included in the field test.

Field tests are not designed to produce statistical estimates and field test data are not incorporated into the analytic BRFSS datasets. Results of the field test are used to inform development of the upcoming year's BRFSS questionnaire(s) and the technical assistance and implementation guidance that CDC provides to BRFSS partners.

After results of the 2016 field test have been reviewed by the Division of Population Health and the state BRFSS Coordinators, CDC will send a separate Change Request to OMB outlining plans for the 2017 BRFSS information collection.

### **Information Collection Methods**

Field testing is conducted with a limited number of respondents in a single state that has the capacity to rapidly implement the field test instrument. The 2016 field test will be conducted in the state (Commonwealth) of Pennsylvania by the University of Pittsburgh in **June-July 2016**. Information collection will begin immediately after receipt of OMB approval.

Field testing is conducted in a manner that mimics the full-scale project protocol, to the degree that is feasible. Both landline and cell phone respondents will be included. The field test will use the same calling protocols as previously approved for the BRFSS. Samples will be drawn in the same manner as previously approved. The majority of respondents will be interviewed by landline and up to 35% (n=105) by cell phone.

### **Burden Estimate**

The 2016 field test will target 300 completions with adults  $\geq 18$  years of age. The estimated burden per response for a completed field test is 26 minutes, which includes 1 minute for the Field Test Screener (see **Attachment 13c**) and 25 minutes for the 2016 Field Test Questionnaire (see **Attachment 13b**).

In addition, we estimate that 240 respondents will participate in screening, but will not complete the Field Test Questionnaire. This estimate includes individuals who are found to be ineligible, and individuals who decline to participate in the field test. The estimated burden for these respondents is 1 minute per response and the total burden is 4 hours. The total estimated burden for the 2016 field test is 134 hours. Based on an average hourly wage of \$25.54 (as in the main BRFSS), the cost of respondents' time is estimated at \$3,422.

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden per Response (in hr)	Total Burden (in hr)
U.S. General Population	Field Test Screener	240	1	1/60	4
Field Test Respondents (Adults >18 Years)	Field Test Screener and 2016 Field Test Questionnaire	300	1	26/60	130
	Total				134

### **Effect of Proposed Changes on Currently Approved Instruments and Attachments**

None. Inclusion of any item in the field test does not necessarily indicate that any question or wording change will be included in the final 2017 BRFSS questionnaire or in any optional module. Optional modules which are tested may be available, among other previously tested optional module, for state adoption in 2017. The field test has no impact on the instruments approved for the 2016 BRFSS information collection.