

## **Change Request**

### **2017 Field Test of Proposed Changes to the 2018 Behavioral Risk Factor Surveillance System (BRFSS)**

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

April 11, 2017

#### **Summary**

We request the following: OMB approval of the 2017 field test of new or revised items that are under consideration for use in the 2018 BRFSS.

#### **Attachments**

13b. 2017 BRFSS Field Test Questionnaire

13c. Screener for Field Test

13d. Source/history of questions included on the 2017 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 2018 were discussed by CDC and the states at the annual BRFSS partners meeting held March 26-29, 2017. At that time states voted on the items to be adopted in 2018.

A field test of proposed changes is needed before the changes are formally incorporated into the CDC-sponsored core questions and optional modules for 2018.

The 2017 field test includes 3 sections of the core, 3 modules, and changes in the introduction to the screener.

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

Section 1: Health Status

Section 2: Healthy Days

Section 3: Demographics (including changes in the respondent sex question, insertion of the Sexual Orientation and Gender Identity Module and the addition of a question on food stamps)

A slightly revised screening will be introduced. The new screener moves the safety question to earlier in the introduction. It also removes reference to the sampling state, as many cell phone respondents live in states other than those of the area code of their phone numbers. In order to test the insertion of new

phrasing of the respondent sex question, the previously approved Sexual Orientation and Gender Identity Module has been inserted into the Demographics Section. A question on use of the SNAP (food stamp) program is also being tested in the Demographics Section for possible inclusion as a one-question option in the 2018 questionnaire.

New modules to be tested include the following topics:

Module Section 4: Depression/ Anxiety

Module Section 5: Indoor Tanning and Excess Sun Exposure

Module Section 6: Colorectal Cancer Screening (2 Options/ randomized)

The proposed new modules are designed to provide more detailed information about specific health topics (e.g., indoor tanning and sun exposure), or to address changes in preventive standards and new methods of testing (colorectal cancer screening).

**Attachment 13d** provides information on the need for change and/or the source of each question on the field test. All new language on any question and changes in interviewer notes are highlighted using red text in the Field Test Questionnaire (**Attachment 13b**).

### **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 2017 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 2018 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 2017 field test will be conducted in the state of

Alabama by the University of Alabama/ Birmingham in April-June 2017. 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 2017 field test will target 300 completions with adults ≥ 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 2017 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 2017 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 2017 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 2018 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 2018. The field test has no impact on the instruments previously approved for the 2017 BRFSS information collection.