

Change Request

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

(OMB No. 0920-1061 Exp. Date 3/31/2022)

August 17, 2020

Summary

We request the following: OMB approval of revisions to the 2021 BRFSS Questionnaire and Data Collectors' Protocol for use in the 2021 BRFSS. Specifically, we request the following:

1. Approval for minor changes in the 2021 Core Questionnaire. Including removal of some questions from the core to modules (tobacco use, HIV). And moving one question from modules to core (e-cigarette use); changes in response options, minor changes in text to allow for improved understanding (health care access, cholesterol awareness);
2. Approval for changes to modules including Women's Health and Prostate Cancer Screening, Adverse Childhood Experiences, and Marijuana Use;
3. Approval for using the waiver applicable for the COVID 19 response, for questions on COVID vaccination, after vaccinations are available to the public, and;
4. Approval of changes to the Data Collectors' Protocol, to include reduce calling efforts on interim dispositions which do not produce completed interviews in the landline sample.

Attachments

Attachment 5a-2021 BRFSS Questionnaire

Attachment 10a-2021 Calling Protocol and Dispositions

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 2021 were discussed internally in the various state health department. The annual questionnaire meeting in 2020 was suspended due to the COVID response. The 2021 questionnaire includes 15 core sections and 28 modules. Although the number of optional modules is close to the number offered in 2020, the number of core sections has been reduced from 18 to 15. This is due in part to an effort to reduce the length of the core over time thereby reducing respondent burden and decreasing break off interviews. There are only a few minor changes to the questionnaire to be approved in this change request. The table below lists all sections of the 2021 BRFSS core sections and optional modules to illustrate where in the questionnaire changes have been made. All other items on the questionnaire have been previously reviewed and approved.

Table 1 List of Changes to the BRFSS for 2020

Section	Previously Approved Text	New Text	Changes in skip patters or interviewer notes	Reason For Change
Healthy Days	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? Now thinking about your mental health, which includes stress, depression, and problems with emotions, for	N/A	Allow interviewer to code “88” if respondent says “never”	In the past, we prompted interviewers to require the respondent to say “zero” before coding if the respondent said they never had day that were not healthy

	how many days during the past 30 days was your mental health not good?			
Healthcare Access	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?	What is the current primary source of your health insurance?	Includes a longer list of options (which are not read to the respondents unless they are confused or ask for options), allows for a single question rather than two questions. Replaces the term “health care coverage” with “insurance” due to the number of persons who misinterpreted previous language.	This will permit additional analyses related to the sources of health care coverage.
	Do you have one person you think of as your personal doctor or health care provider?	Do you have one person or a group of doctors that you think of as your personal health care provider?	Adds “group of doctors” to allow for “yes” responses when respondents regularly use a medical practice that includes multiple physicians.	This will improve the validity of the responses, which are intended to reflect whether the respondent has a regular provider of care.
	Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?	Replaces the word “cost” which was difficult to hear over the phone and often required interviewers to repeat the	This will improve administrative efficiency and reduce respondent burden.

			question.	
Cholesterol Awareness	<p>Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?</p> <p>Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?</p>	<p>Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood-cholesterol checked?</p> <p>Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?</p>	Removal of the word “blood” as some respondents asked if this was the same thing as cholesterol.	This will improve administrative efficiency and reduce respondent burden.
	Ever told you had chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis?	Ever told you had C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?	In the newer version of the question the words “chronic obstructive pulmonary disease” are not read unless the question has to be repeated. The newer version uses the C.O.P.D. acronym in the question as respondents seem to know this more often than the full name of the diagnosis.	This will improve administrative efficiency and reduce respondent burden.
Demographics	How old are you?	In what year were you born?	The new question is more specific and is easier for some respondents to recall.	This will improve administrative efficiency and reduce respondent burden.

	<p>Is your annual household income from all sources—</p> <p>01 Less than \$10,000?</p> <p>02 Less than \$15,000? (\$10,000 to less than \$15,000)</p> <p>03 Less than \$20,000? (\$15,000 to less than \$20,000)</p> <p>04 Less than \$25,000</p> <p>If no, ask 05; if yes, ask</p> <p>05 Less than \$35,000 If (\$25,000 to less than \$35,000)</p> <p>06 Less than \$50,000 If (\$35,000 to less than \$50,000)</p> <p>07 Less than \$75,000? (\$50,000 to less than \$75,000)</p> <p>08 \$75,000 or more</p>	<p>01 Less than \$10,000?</p> <p>02 Less than \$15,000? (\$10,000 to less than \$15,000)</p> <p>03 Less than \$20,000? (\$15,000 to less than \$20,000)</p> <p>04 Less than \$25,000</p> <p>If no, ask 05; if yes, ask</p> <p>05 Less than \$35,000 If (\$25,000 to less than \$35,000)</p> <p>06 Less than \$50,000 If (\$35,000 to less than \$50,000)</p> <p>07 Less than \$75,000? (\$50,000 to less than \$75,000)</p> <p>08 Less than \$100,000? (\$75,000 to less than \$100,000)</p> <p>09 Less than \$150,000? (\$100,000 to less than \$150,000)?</p> <p>10 Less than \$200,000? (\$150,000 to less than \$200,000)</p> <p>11 \$200,000 or more</p>	<p>Increases the number of categories to allow for more variance in response. NOTE: All of these categories are not read, the CATI system will instruct interviewers to begin in the middle sections and work up/down the categories according to responses.</p>	<p>This will allow for more precise information when income is used in analyses of the BRFSS data.</p>
<p>Women’s Health Module (Rotating Core in Even</p>	<p>Have you ever had a Pap test?</p> <p>How long has it been since you</p>	<p>How long has it been since you had your last cervical cancer screening test?</p>	<p>Reduction in the number of questions from 4 to 3.</p>	<p>Recommended by the program to link the HPV question to regular screening for cervical cancer.</p>

Years)	<p>had your last Pap test?</p> <p>An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?</p> <p>How long has it been since you had your last H.P.V. test?</p>	<p>At your most recent cervical cancer screening, did you have a Pap test?</p> <p>At your most recent cervical cancer screening, did you have an H.P.V. test?</p>		This will improve administrative efficiency and reduce respondent burden.
Prostate Cancer Screening	<p>Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?</p> <p>Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?</p>	When you met with a doctor, nurse, or other health professional did they talk about the advantages, the disadvantages or both advantages and disadvantages of the Prostate-Specific Antigen or P.S.A. test?	Reduces the number of questions from two to one. Respondents were often confused by two questions which sounded the same over the phone.	This will improve administrative efficiency and reduce respondent burden.
Adverse Childhood Experiences	N/A	For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say never, a little of the time,	These questions which were cognitively tested in 2019, are supplemental to the current ACE module. They extend current information in	This will improve analyses of the data from the ACE Module on the BRFSS.

		some of the time, most of the time, or all of the time? For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say never, a little of the time, some of the time, most of the time, or all of the time?	that the set the context for other experiences. The questions are part of the same set of questions from the YRBS.	
Marijuana Use Module	During the past 30 days, on how many days did you use marijuana or cannabis?	N/A	Changes in interviewer notes to inform respondents not to include CBD products.	This will improve administrative efficiency and reduce respondent burden.
	During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...	N/A	Changes in response options to include dabbing.	This will improve administrative efficiency and reduce respondent burden.
	When you used marijuana or cannabis during the past 30 days, was it usually:	N/A	Changes in response set to exclude some examples	This will improve administrative efficiency and reduce respondent burden.
COVID 19 Vaccination Module	N/A	Since [DATE OF VACCINE AVAILABILITY], have you had a COVID-19 vaccination? How many COVID-19 vaccinations have	Addition of questions to determine whether respondents have had COVID vaccinations, the time and place of the vaccination.	These questions will be used only if/when COVID vaccinations are available. This approval will provide a placeholder on the questionnaire in case the

		<p>you received?</p> <p>During what month and year did you receive your (first) COVID-19 vaccination?</p> <p>At what kind of place did you get your (first) COVID-19 vaccination?</p> <p>During what month and year did you receive your (second) COVID-19 vaccination?</p> <p>At what kind of place did you get your (second) COVID-19 vaccination?</p>	<p>These questions are identical in format to questions currently used for flu vaccination.</p>	<p>vaccinations becomes available.</p>
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All changes noted here are also highlighted in red text in Attachment 5a-2021, the 2021 BRFSS Questionnaire.

Effect of Proposed Changes on the Burden Estimate

No increases are anticipated in burden estimate, as provided in the 2019 OMB review, and presented below in Table 2. Given the reduced number of core questions provided for state use, it is likely that respondent burden will be lower than anticipated by preapproved estimates.

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	Landline Screener	375,000	1	1/60	6,250
	Cell Phone	292,682	1	1/60	4,879

	Screeener				
	Field Test Screeener	900	1	1/60	15
Annual Survey Respondents (Adults >18 Years)	BRFSS Core Survey	480,000	1	15/60	120,000
	BRFSS Optional Modules	440,000	1	15/60	110,000
Field Test Respondents (Adults >18 Years)	Field Test Survey	500	1	45/60	375
Total					09

Effect of Proposed Changes on Currently Approved Instruments and Attachments

The following table describes those attachments which have been updated as a result of changes in the questions or screener language of the BRFSS. All updates are provided in red text in each attachment.

Previous Attachment Title	Change Request Attachment Title
5a 2020 BRFSS Questionnaire	5a 2021 BRFSS Questionnaire
10a- 2020 Calling Protocol and Dispositions	10a- 2021 Calling Protocol and Dispositions