

Change Request

2021 Field Test of

Proposed Changes to the 2022 Behavioral Risk Factor Surveillance System (BRFSS)

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

April 30, 2019

Summary

We request the following: OMB approval of the 2021 field test of new or revised items that are under consideration for use in the 2022 BRFSS.

Attachments

13. 2021 BRFSS Field Test Questionnaire

13c. Screener for the 2021 Field Test

13d. List of Changes in 2021 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 2022 were discussed by CDC and the states at the annual BRFSS partners meeting held in March 2021. At that time states voted on the items to be adopted in 2022. Changes were made to the screening text to allow respondents to indicate that their sex is nonbinary followed by a question on sex at birth, to determine skip patterns for questions on men’s and women’s health. Changes to the core include a one year emerging core section on long term effects of COVID, minor changes in the chronic disease questions which ask respondents about cancer, and a change in the placement of the definition of a standard drink in the alcohol consumption section. Module changes include:

- Wording of questions in the diabetes modules, to accommodate new test for vision issues related to diabetes;
- New questions to specify the type of diabetes diagnoses;
- A module on COVID vaccination (previously approved by OMB through the national center for immunization and respiratory disease (NCIRD));
- Minor changes in the response set for types of cancer diagnoses;
- Changes in wording of the questions in the family planning module;
- Minor changes in wording on questions related to prostate screening;
- Changes in questions to identify how respondents use marijuana;

- New questions on heated tobacco products which are coming to market in some states, and;

A field test of proposed changes is needed before the changes are formally incorporated into the CDC-sponsored core questions and optional modules for 2022. The 2022-2024 OMB package is currently under review and will include versions of these questions to allow for public input on all changes and additions.

The 2021 field test includes 11 sections of the core, and 9 modules.

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

1. Health Status
2. Healthy Days
3. Health Care Access
4. Chronic Health Conditions
5. Demographics
6. Disability
7. Colorectal Cancer Screening
8. Tobacco Use
9. Lung Cancer Screening
10. Alcohol Consumption
11. Emerging Core: Long term COVID Effects

Modules to be included in the field test are:

1. COVID Vaccination
2. Prediabetes
3. Diabetes
4. Respiratory Health
5. Cancer Survivorship: Type of Cancer
6. Prostate Cancer Screening
7. Marijuana Use
8. Other Tobacco Use
9. Family Planning

Attachment 13d provides information on each modification included in 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 or needed for the flow of data collection. 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 some questions from 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.

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 2021 field test will be conducted in the state of Nebraska by the Nebraska Department of Health using a state supported telephone calling center in **July 2021**.

Field testing is conducted in a manner that is similar to the full-scale project protocol, to the degree that is feasible. Field tests only use cell phone samples, and no household selection is conducted. 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.

Burden Estimate

The 2019 field test will target 300 completions with adults ≥ 18 years of age. The estimated burden per response for a completed field test is 20 minutes, which includes 1 minute for the Field Test Screener (see **Attachment 13c**) and 19 minutes for the 2021 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 2021 field test is 104 hours. Based on an average hourly wage of \$25.54 (as in the main BRFSS), the cost of respondents’ time is estimated at \$2,656.

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 2019 Field Test Questionnaire	300	1	20/60	100
	Total				104

The 2021 field test request is based on estimates of 540 unique respondents and 104 burden hours (inclusive of screening and questionnaire administration). These estimates are below the maximum estimates of 1400 unique respondents and 390 hours per field test which were approved in the recent Revision ICR.

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 2022 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 2022. The field test has no impact on the instruments approved for the 2022-2024 BRFSS information collection.