



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Print Date: 5/5/20

Title: OMB Renew Document of BRFSS Asthma Call-back Survey (ACBS)
Project Id: 0900f3eb81b0af81
Accession #: NCEH-AST-3/26/20-0af81
Project Contact: Qin_Xiaoting (csk5)
Organization: NCEH/ATSDR/DEHSP/ACHB/AST
Status: Pending Clearance
Intended Use: Project Determination
Estimated Start Date: 03/26/2020
Estimated Completion Date: 05/06/2020
CDC/ATSDR HRPO/IRB Protocol #: IRB exempt for BRFSS
OMB Control #: OMB No. 920-1204

Determinations

Determination	Justification	Completed	Entered By & Role
HSC: Does NOT Require HRPO Review	Not Research	5/5/20	Davis_Stephanie I. (sgd8) CIO HSC
PRA: PRA Applies		5/5/20	Davis_Stephanie I. (sgd8) CIO OMB / PRA

Description & Funding

Description

Priority: Standard
Date Needed: 05/06/2020
Determination Start Date: 03/26/20

Description: ??This is a revision ICR for the Behavioral Risk Factor Surveillance System (BRFSS) Asthma Call-back Survey (ACBS). ACBS will produce state- or jurisdiction-level data about asthma. The goal of this information collection is to add in-depth data about those with asthma (e.g., symptoms, environmental factors, medication use etc.) and their experiences (e.g., activity limitation, health system use, self-management education, etc.). ACBS is approved under OMB Control No. 0920-1204, expiration date 11/30/2020. CDC is seeking PRA clearance to revise and to continue to collect state level asthma data for next three-year cycle. This package includes Supporting Statements A and B, attachments, and other required supporting information. A new proposal has been made to revise the survey protocol to improve ACBS response. The revisions include three significant changes: 1. To recommend the ACBS interview be done within two days of the BRFSS interview, instead of two weeks; 2. Instead of identifying the most knowledgeable person at beginning of ACBS, to identify the most knowledgeable person at the end of BRFSS, record it in the state-added questions section, and not record it in the public release data; and 3. If both the randomly selected child and adult responding to the BRFSS have a diagnosis of asthma, increasing the child proportion from 75% up to 100% in order to maximize child sample size.

IMS/CIO/Epi-Aid/Chemical Exposure Submission: No

IMS Activation Name: Not selected

CIO Emergency Response Name: Not selected

Epi-Aid Name: Not selected

Assessment of Chemical Exposure Name: Not selected

Goals/Purpose: CDC is requesting a three-year Paperwork Reduction Act (PRA) clearance to revise and to continue to collect information under the Behavioral Risk Factor Surveillance System (BRFSS) Asthma Call-back Survey (ACBS) (OMB Control No. 0920-1204, expiration date 11/30/2020)

Objective: Current ACBS OMB number: 920-1204, expired at 11/30/2020. CDC is seeking PRA clearance to continue to collect state level asthma data for next three year cycle.

Activities or Tasks: New Collection of Information, Data, or Biospecimens

Target Populations to be Included/Represented: General US Population

Tags/Keywords: Surveys and Questionnaires

CDC's Role: Activity originated and designed by CDC staff, or conducted at the specific request of CDC, or CDC staff will approve study design and data collection as a condition of any funding provided

Method Categories: Survey

Data will be collected through a follow-up survey approximately two days after the Behavioral Risk Factor Surveillance System

Methods:

(BRFSS) survey is administered. The ACBS is an ongoing data collection administered, on behalf of NCEH, by CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) through their BRFSS cooperative agreement under CDC-RFA DP15-1513 (BRFSS, OMB Control No. 0920-1061, expiration date 3/31/2021). The ACBS is an in-depth asthma survey that contains questions on asthma such as medication use, symptoms, health care use, and disease management. The respondent will be either an adult (BRFSS respondent) or child (chosen using the Random Child Selection and Childhood Asthma Prevalence module) who has ever had asthma. The ACBS sample includes all cases meeting the qualification criteria in BRFSS. ACBS will only conduct one call-back interview per household. In order for a state to include children in the ACBS, it must have the Random Child Selection and Childhood Asthma Prevalence modules in the BRFSS. If a randomly selected child with response on the BRFSS has a diagnosis of asthma, then he/she is eligible for the ACBS. If both the randomly selected child and adult responding to the BRFSS have a diagnosis of asthma, then one is eligible for the ACBS through a 75/25 split. NCEH/DEHSP/ACHB funds Behavioral Risk Factors Surveillance System (BRFSS) for Asthma-Call-back Survey (ACBS) annually. The BRFSS provides funding to each recipient/jurisdictions using cooperative agreement for them to conduct ACBS in their jurisdiction. Each recipient/jurisdiction has their own methods of collecting data, whether to use contractor or not.

Collection of Info, Data or Biospecimen:

1. CDC annually provides the ACBS questionnaire and compiles requests regarding the questionnaire modifications from states and sends the requests to the questionnaire work group. This work group is comprised of state epidemiologists and CDC Health Scientists, who review and vote on proposed changes and new questions. Questionnaire revisions are described in the supporting documents part A1. All states use the same ACBS questionnaire. CDC also produces data processing layouts. 2. Information collection is conducted by telephone interview. CDC provides Computer-Assisted Telephone Interviewing (CATI) programming to states for their use. States may also opt to use their own CATI programming software. 3. ACBS awardees are responsible for field operations and to determine how their data will be collected within the BRFSS and ACBS guidelines. States may collect data using in-house calling centers, hire vendors using RFP procedures, or contract with universities. The data collector is the same for BRFSS and ACBS. Data collectors must develop and maintain procedures to ensure respondents' privacy, assure and document the quality of the interviewing process, and supervise and monitor the interviewers. Files containing phone numbers must be maintained separately from any files containing responses. 4. States submit de-identified data files to CDC on a monthly or quarterly basis for cleaning and weighting. CDC returns clean, weighted data files to the state of origin for its use. Through the BRFSS ACBS website, CDC also makes cleaned subsets of state data files available for public use, along with information about the source of sample (landline or cell phone), weighting, and any restrictions on publication or use of the data (<https://www.cdc.gov/brfss/acbs/index.htm>).

Expected Use of Findings/Results:

CDC National Asthma Control Program (NACP) uses BRFSS ACBS data to plan for and evaluate public health programs at the (sub) state level. Information collected will be used by asthma control programs located in state health departments and at the federal level to improve tracking the disease, and for planning and evaluating interventions to reduce the disease burden. For most states, ACBS data is the only source of asthma related health information that is targeted to state asthma prevention and intervention and needs.

Could Individuals potentially be identified based on Information Collected?	Yes
Will PII be captured (including coded data)?	Yes
Does CDC have access to the identifiers?	No
Is an assurance of confidentiality in place or planned?	No
Is a certificate of confidentiality in place or planned?	No
Is there a formal written agreement prohibiting the release of identifiers?	No

Funding

Funding Type	Funding Title	Funding #	Original Budget Yr	# Years Award
CDC Cooperative Agreement	CDC-RFA DP15-1513			

Review Attributes

Public Health Surveillance

Regulation and Policy

Do you anticipate this project will be submitted to the IRB office No

Estimated number of study participants

Population - Children N/A

Population - Minors N/A

Population - Prisoners N/A

Population - Pregnant Women N/A

Population - Emancipated Minors N/A

Suggested level of risk to subjects Do you anticipate this project will be exempt research or non-exempt research

Requested consent process wavers

Informed consent for adults No Selection

Children capable of providing assent No Selection

Parental permission No Selection

Alteration of authorization under HIPPA Privacy Rule No Selection

Requested documents of informed consent

Informed consent for adults No Selection

Children capable of providing assent No Selection

Parental permission No Selection

Consent process shown in an understandable language

Reading level has been estimated No Selection

Comprehension tool is provided No Selection

Short form is provided No Selection

Translation planned or performed No Selection

Certified translation / translator No Selection

Translation and back-translation to/from target language(s) No Selection

Other method No Selection

Clinical Trial

Involves human participants No Selection

Assigned to an intervention No Selection

Evaluate the effect of the intervention No Selection

Evaluation of a health related biomedical or behavioral outcome No Selection

Registerable clinical trial No Selection

Other Considerations

Exception is requested to PHS informing those bested about HIV serostatus No Selection

Human genetic testing is planned now or in the future No Selection

Involves long-term storage of identifiable biological No Selection

specimens

Involves a drug, biologic, or device No Selection

Conducted under an Investigational New Drug exemption or Investigational Device Exemption No Selection

Institutions & Staff

Institutions

Institutions yet to be added

Staff

Staff Member	SIQT Exp. Date	CITI Biomedical Exp. Date	CITI Social & Behavioral Exp. Date	CITI Good Clinical Practice Exp. Date	Staff Role	Email	Phone	Organization
Hatice Zahran	10/25/2021	11/28/2021			Principal Investigator	hbz4@cdc.gov	770-488-1509	ASTHMA AND COMMUNITY HEALTH BRANCH
Xiaoting Qin	12/12/2021		09/14/2019		Principal Investigator	csk5@cdc.gov	770-488-0797	ASTHMA SURVEILLANCE TEAM

Data

DMP

Proposed Data Collection Start Date: 1/1/21

Proposed Data Collection End Date: 4/1/24

Proposed Public Access Level: Public

Public Access Justification:

States submit de-identified data files to CDC on a monthly or quarterly basis for cleaning and weighting. CDC returns clean, weighted data files to the state of origin for its use. Through the BRFSS ACBS website, CDC also makes cleaned subsets of state data files available for public use, along with information about the source of sample (landline or cell phone), weighting, and any restrictions on publication or use of the data (<https://www.cdc.gov/brfss/acbs/index.htm>).

ACBS sample files from BRFSS asthma eligible respondents, include phone numbers only. Since sample files are separate from

How Access Will Be Provided for Data:

datasets, no phone numbers are included in the datasets. No dates of birth, last names, or email address are obtained. Information that details race/ethnicity, occupation and small geographic residence (such as county or zip code) is transferred from BRFSS and suppressed in the public use dataset based on BRFSS protocol. In order to determine which variables to suppress, the BRFSS ACBS uses the HHS Safe Harbor guidelines (<https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html>).

Plans for Archival and Long Term Preservation:

Spatiality

Spatiality (Geographic Locations) yet to be added

Dataset

Dataset Title	Data Publisher /Owner	Public Access Level	Public Access Justification	External Access URL	Download URL	Type of Data Released	Collection Start Date	Collection End Date
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Dataset yet to be added...



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