Nonsubstantive Change Request

RAPID SURVEYS SYSTEM

OMB No. 0920-1408, Expiration Date 06/30/2026

Contact Information:

Stephen Blumberg, PhD

Division of Health Interview Statistics
National Center for Health Statistics/CDC
3311 Toledo Road
Hyattsville, MD 20782
301.458.4107 (voice)
301.458.4035 (fax)
swb5@cdc.gov

November 14, 2024

Table of Contents

Rapid Surveys System – Round 6

This is a request for approval of a nonsubstantive change to the Rapid Surveys System (RSS) (OMB No. 0920-1408, Exp. Date 06/30/2026), conducted by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). This nonsubstantive change requests is for the sixth round of the RSS.

A. Justification

1. Circumstance Making the Collection of Information Necessary

Section 306 of the Public Health Service (PHS) Act (42 U.S.C.), as amended, authorizes that the Secretary of Health and Human Services (HHS), acting through NCHS, collect data about the health of the population of the United States.

RSS collects data on emerging public health topics, attitudes, and behaviors using cross-sectional samples from two commercially available, national probability-based online panels. The RSS then combines these data to form estimates that approximate national representation in ways that many data collection approaches cannot. The RSS collects data in contexts in which decision makers' need for time-sensitive data of known quality about emerging and priority health concerns is a higher priority than their need for statistically unbiased estimates.

The RSS complements NCHS's current household survey systems. As quicker turnaround surveys that require less accuracy and precision than CDC's more rigorous population representative surveys, the RSS incorporates multiple mechanisms to carefully evaluate the resulting survey data for their appropriateness for use in public health surveillance and research (*e.g.*, hypothesis generating) and facilitate continuous quality improvement by supplementing these panels with intensive efforts to understand how well the estimates reflect populations at most risk. The RSS data dissemination strategy communicates the strengths and limitations of data collected through online probability panels as compared to more robust data collection methods.

The RSS has three major goals: (1) to provide CDC and other partners with time-sensitive data of known quality about emerging and priority health concerns; (2) to use these data collections to continue NCHS's evaluation of the quality of public health estimates generated from commercial online panels; and (3) to improve methods to communicate the appropriateness of public health estimates generated from commercial online panels.

The RSS is designed to have several rounds of data collection each year with data being collected by two contractors with probability panels. A cross-sectional national sample will be drawn from the online probability panel maintained by each of the contractors.

Each round's questionnaire will consist of four main components: (1) basic demographic information on respondents to be used as covariates in analyses; (2) new, emerging, or supplemental content proposed by NCHS, other CDC Centers, Institutes, and Offices, and other

HHS agencies; (3) questions used for calibrating the survey weights; and (4) additional content selected by NCHS to evaluate against relevant benchmarks. NCHS will use questions from Components 1 and 2 to provide relevant, timely data on new, emerging, and priority health topics to be used for decision making. NCHS will use questions from Components 3 and 4 to weight and evaluate the quality of the estimates coming from questions in Components 1 and 2. Components 1 and 2 will contain different topics in each round of the survey. NCHS submits a 30-day Federal Register Notice with information on the contents of each round of data collection.

2. Purpose and Use of Information Collection

In the sixth round of the RSS, contributed content includes content on stroke knowledge and awareness, produce prescription programs, human papillomavirus infection testing – self collection, and chronic wasting disease.

NCHS calibrates survey weights from the RSS to gold standard surveys. Questions used for calibration in this round of RSS, over and above the standard demographic variables, will include healthcare access and utilization, social and work limitation, employment, marital status, civic engagement, language used at home, and health information technology use. All these questions have been on the National Health Interview Survey (NHIS) in prior years allowing calibration to these data.

Finally, several questions that were previously on NHIS will be used for benchmarking to evaluate data quality. Panelists in the RSS will be asked health status, chronic conditions, cigarette and tobacco use, healthcare access and utilization, immunization, health insurance, and social determinants of health including the ability to pay medical bills and food insecurity. The questionnaire for round 6 is included as Attachment A and the content justification is included as Appendix A within this document.

12. Estimates of Annualized Burden Hours and Costs

A. Time Estimates

This nonsubstantive change request seeks approval to the OMB data collection that was approved on 06/30/2023 (OMB# 0920-1408, expires 06/30/2026). The average burden for the sixth round survey cycle is shown in the table below.

The NCHS RSS Round 6 (2024) data collection is based on 8,000 complete surveys (2,664 hours) and 20 cognitive interviews (20 hours) using the same survey instrument. The total number of responses is 8,020 and the total burden is 2,684 hours.

Estimated Annualized Burden Hours

Type of Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden
Adults 18+	Survey: NCHS RSS Round 6 (2024)	8,000	1	20/60	2,664
Adult 18+	Cognitive Interviews	20	1	1	20
Total					2,684

B. Cost to Respondents

At an average wage rate of $35.21 per hour, the estimated annualized cost for the 2,684 burden hours is $94,504 for Round 6.

Estimated Annualized Burden Costs

Type of Respondent	Form Name	Total Burden Hours	Hourly Wage Rate	Total Respondent
Adult + Household	Cognitive Interviews	2,684	$35.21	$94,504

15. Explanation for Program Changes or Adjustments

There is no additional burden. The burden is included in the original submission that was approved on June 30, 2023.

Appendix A: Justifications for Content from Sponsors

The new, emerging, or supplemental content in this round of RSS includes the following topic areas:

1. Stroke Knowledge and Awareness
2. Produce Prescription Programs
3. Human Papillomavirus Infection Testing – Self Collection
4. Chronic Wasting Disease

The justification for each of these topic questions follows. Each of the topic areas must meet criteria for at least one of the four possible reasons for inclusion of a topic area in RSS:

1) **Time-sensitive data needs**
2) **Public health attitudes and behaviors** (e.g., opinions, beliefs, stated preferences, and hypotheticals)
3) **Developmental work** to improve concept measurement/questionnaire design
4) **Methodological studies** to compare, test, and develop approaches to data collection and analysis

Stroke Knowledge and Awareness
Program: National Center for Chronic Diseases Prevention and Health Promotion (NCCDPHP), Division of Heart Disease and Stroke Prevention (DHDSP)

Background/Rationale
Stroke is the fifth leading cause of death and a leading cause of disability in the United States. Acute stroke treatments are time-dependent after a stroke occurs. With each minute that a stroke goes untreated, the nervous tissue in the brain is rapidly and irreversibly damaged. This proposed project will collect data on the public's awareness of stroke, and its signs, symptoms, recognition, and response.

By quantifying the public's knowledge of stroke signs and symptoms, these data will directly inform programs and campaigns to improve the recognition of stroke signs and symptoms among specific populations. These data will allow messages to be tailored to specific populations to fill gaps in stroke awareness and to promote appropriate response to stroke. This awareness is a key component of the division's goal to reduce the burden of stroke in the United States and address disparities in awareness of signs and symptoms of stroke.

Proposed Use of the Data
- RSS data will help CDC understand the public's understanding of the signs and symptoms of stroke and of the appropriate response to a stroke.
- Data may be used to inform public information campaigns.
- The results of the RSS will be communicated to colleagues, healthcare professionals, and the public health community through:
    - We plan on publishing these data in peer-reviewed scientific publications. RSS data will be used to estimate the prevalence of knowing each stroke sign individually and combined. These estimates will be stratified by age group, race and ethnicity, sex, and other available sociodemographic variables.
    - A second planned publication will focus on awareness of stroke signs and symptoms among Spanish-speaking respondents.
    - Presentations at national conferences
    - Dissemination to partners, including state and local health departments.

Justification for Rapid Surveys
These estimates will inform public **knowledge and awareness** regarding the signs and symptoms of stroke. Prior work from 2017 showed variability in awareness of stroke signs and symptoms by race and ethnicity and select sociodemographic factors. Estimates from the Rapid Surveys System will update these results and help the division and its partners identify populations most in need of these messages.

Concepts Measured
- Knowledge of what action to take in response to stroke symptoms
    - Sudden drooping of the face (stroke symptom)
    - Sudden numbness or weakness of an arm or leg (stroke symptom)
    - Sudden slurred or garbled speech (stroke symptom)
    - Sudden trouble seeing in one or both eyes (stroke symptom)

    - Sudden trouble walking, dizziness, or loss of balance (stroke symptom)
    - Cramping or locking of muscles of hand or fingers (nonstroke symptom)
    - Burning feeling during urination and cloudy urine (nonstroke symptom)
- Stroke awareness
    - Best thing to do for a stroke
    - Ever had a stroke
    - Ever seen another person have a stroke
    - Any close friends or relatives who had stroke
    - Held any healthcare professional job or title
- Awareness of FAST acronym (FACE, ARM, SPEECH, TIME)

Duplication and measurement on other national surveys

Data on this topic were last collected using the 2017 National Health Interview Survey and published in a 2020 Morbidity and Mortality Weekly Report. No other data source exists for this information.

The Rapid Surveys System's knowledge of stroke symptoms items were adapted from the University of Massachusetts's Stroke Action Test (STAT). The STAT instrument includes items that describe both stroke and nonstroke symptoms and provides four possible actions as response options. The STAT instrument has been validated across multiple data sources and has been shown to directly assesses practical stroke knowledge.

Proposed Data Dissemination

Estimates and the microdata will be made publicly available after each round. These include an online interactive dashboard where users can select pre-tabulated estimates including standard errors/confidence intervals, and a public-use file. All of these analytic products will include transparent information regarding any known limitations and data quality. In particular, the documentation will indicate that Rapid Surveys is not designed to replace NCHS' higher-quality established data collections, and it will highlight key methodological differences that may increase the risk of bias in Rapid Surveys estimates. Following each round, each data collection contractor will produce a methodology report that describes the composition and representativeness of the sample.

References

Billings-Gagliardi, S and Mazor, K. Development and Validation of the Stroke Action Test. Stroke. 2005. 36: 1035-1039

Jackson SL, Legvold B, Vahratian A, Blackwell DL, Fang J, Gillespie C, Hayes D, Loustalot F. Sociodemographic and Geographic Variation in Awareness of Stroke Signs and Symptoms Among Adults - United States, 2017. MMWR Morb Mortal Wkly Rep. 2020 Nov 6;69(44):1617-1621. doi: 10.15585/mmwr.mm6944a1. PMID: 33151923; PMCID: PMC7643899.

Patel A, Fang J, Gillespie C, Odom E, King SC, Luncheon C, Ayala C. Awareness of Stroke Signs and Symptoms and Calling 9-1-1 Among US Adults: National Health Interview Survey,

2009 and 2014. Prev Chronic Dis. 2019 Jun 20;16:E78. doi: 10.5888/pcd16.180564. PMID: 31228234; PMCID: PMC6638588.

Produce Prescription Programs
Program: National Center for Chronic Diseases Prevention and Health Promotion (NCCDPHP), Division of Nutrition, Physical Activity, and Obesity (DNPAO)

Background/Rationale
Division of Nutrition, Physical Activity, and Obesity (DNPAO) launched three new cooperative grant programs in 2023 to support state, local, and community organizations to coordinate the uptake and expansion of produce prescription programs to improve nutrition quality and reduce health disparities in chronic conditions – thereby addressing CDC's mission to increase the health security of the nation. Produce prescription programs are a medical service that allows healthcare providers or health insurance plans to prescribe fresh fruit and vegetables to patients with food insecurity and diet-rated health conditions. The program can help improve health outcomes and reduce food insecurity. Increased federal investments to support produce prescription programs may have increased enrollment in these programs in recent years. However, these programs are also be funded by non-federal mechanisms, and thus there is no systematic way to assess the extent to which such programs are being utilized to address food insecurity.

Food insecurity is strongly associated with low income. The Community Prevention Services Task Force (CPSTF) recommends fruit and vegetable incentive programs, including produce prescription programs, for household with lower incomes based on strong evidence of effectiveness in reducing household food insecurity and increasing household fruit and vegetable consumption. Eligibility for receiving benefits from a produce prescription program can include screening positive for food insecurity as an indicator of risk for diet-related health conditions.

Most published research on food insecurity screening and referrals is based on data from physician practices and hospitals. However, these data may represent intent and/or commitment to addressing food insecurity and may not match patient experience. The proposed questions will provide data on survey respondents experience with food insecurity screening and referrals, which can be used to inform federal grant recipients on how to ask these questions to evaluate their programs as well as inform development of follow-up questions on food insecurity on national surveys.

Proposed Use of the Data
- RSS data will be used to assess gaps DNPAO's grant programs are addressing related to food insecurity through produce prescription programs. For example, the data will provide information on screening for food insecurity, an initial step to make referrals to appropriate resources.
- RSS data will provide information on what types of referrals are made, including for produce prescription programs among other available programs.
- RSS results will be disseminated through webinar presentations during regularly scheduled calls with recipients.
- RSS results will be disseminated through manuscript submissions answer the following question:
    - Among respondents who have received health care in the past 12 months, what percentage were asked during a health care visit

Justification for Rapid Surveys

- Resources and expertise for data collection and evaluation resources are limited among grant recipients. RSS provides an opportunity for **developmental work** by developing, administering, and analyzing the proposed questions, that can be share with recipients. Recipients can then use and administer these questions to individuals within their own jurisdiction (e.g. to individuals at a clinic site) to determine the level of food insecurity screening and prevalence of referrals to food is medicine interventions. Monitoring this data over time can inform recipient efforts to implement/expand food is medicine initiatives.
- The RSS also offers the opportunity for **developmental work** to develop questions that could be used on national surveys, like the National Health Interview Survey, to complement existing food insecurity questions by asking about screening for food insecurity and referral to programs.
- Active referrals have been shown to be more successful at linking individuals to the resource they are being referred. The **time sensitive** data will be used to inform the extent that the grant program is filling gaps to address food insecurity through supporting produce prescription programs.

Concepts Measured

- Past 12 month, received health care
- Food insecurity screening
    - Ever asked if you/ your family could afford enough food
    - Worried whether your food would run out
    - Food bought, didn't last
- Someone gave you information on (passive food referrals):
    - Food pantry or food bank
    - Home-delivered meals
    - WIC or SNAP
- Someone helped you sign up for (active food referrals):
    - Food pantry or food bank
    - Home-delivery meals
    - WIC or SNAP
    - Fruit or vegetable prescription programs
        - Have you used the coupons, bucks, or gotten bag of produce
    - Meals or groceries specifically prepare to manage a medical condition
        - Did you use the meals or groceries

Duplication and measurement on other national surveys

Similar data on this topic are not available from other sources. While other surveys (e.g., National Health Interview Survey, Behavioral Risk Factor Surveillance System, and Pregnancy Risk Assessment Monitoring System) ask if the survey respondent is experiencing food insecurity, these surveys do not ask the survey respondent if a doctor or other health professional asked if they have enough to eat, and other surveys do not ask about referrals to resources related to food insecurity.

The only federal data available on produce prescription programs comes from the United States Department of Agriculture (USDA). USDA funds the Gus Schumacher Nutrition Incentive Program (GusNIP) which is a collection of three grant programs that support projects that distribute financial incentives to consumers with low income to increase the purchase of fruits and vegetables. Produce Prescription programs are 1 of the 3 programs funded by GusNIP. From September 1, 2020 to August 31, 2021, USDA funded 19 produce prescription projects, which increased to 72 funded programs just 2 years later.

Proposed Data Dissemination

Estimates and the microdata will be made publicly available after each round. These include an online interactive dashboard where users can select pre-tabulated estimates including standard errors/confidence intervals, and a public-use file. All of these analytic products will include transparent information regarding any known limitations and data quality. In particular, the documentation will indicate that Rapid Surveys is not designed to replace NCHS' higher-quality established data collections, and it will highlight key methodological differences that may increase the risk of bias in Rapid Surveys estimates. Following each round, each data collection contractor will produce a methodology report that describes the composition and representativeness of the sample.

References

Food is Medicine: Types of Interventions. U.S. Health and Human Services, Office of Disease Prevention and Health Promotion. (2024) https://health.gov/foodismedicine/understanding-food-medicine/types-interventions

Guide to Community Preventive Services. Social Determinants of Health: Fruit and Vegetable Incentive Programs. (2024) https://www.thecommunityguide.org/findings/social-determinants-health-fruit-vegetable-incentive-programs.html

GusNIP NTAE. Gus Schumacher Nutrition Incentive Program (GusNIP): Impact Findings Y4: September 1, 2022 to August 31, 2023. Prepared for U.S. Department of Agriculture, National Institute of Food and Agriculture; 2024. https://www.nutritionincentivehub.org/ gusnip-ntae-impact-findings

Human Papillomavirus (HPV) Infection Testing – Self Collection
Program: National Center for Chronic Diseases Prevention and Health Promotion (NCCDPHP), Division of Cancer Prevention and Control (DCPC)

Background/Rationale
Persistent infection with high-risk human papillomavirus (HPV) can cause cervical, vulvar, vaginal, penile, anal, and oropharyngeal cancers. HPV is likely responsible for more than 90% of anal and cervical cancers, about 70% of vaginal and vulvar cancers, and 60% of penile cancers. Approximately 60% to 70% of oropharyngeal cancers may also be linked to HPV.

Cervical cancer can also be found early or prevented through cervical cancer screening. Recommendations for cervical cancer screening depend on age. The U.S. Preventive Services Task Force (USPSTF) currently recommends women aged 21-29 years should get Pap tests every 3 years (if results are normal); women 30-65 years of age can receive primary HPV testing every 5 years, co-testing with HPV test and Pap test every 5 years, or Pap testing only every 3 years.

In May 2024, the FDA approved self-collection with the use of previously approved HPV tests within a healthcare setting. The test would not have to be conducted by a clinician during a pelvic exam and may have numerous benefits, including expanding access to testing to populations who are rarely or never screened. Clinical studies have found self-collected tests to be as accurate as clinician-collected tests. HPV self-collection for cervical cancer screening is increasing internationally. Around 17 countries have approved self-sampling for use. There are ongoing trials in the US that will look at the efficacy of at-home self-collection and it is possible that, in the future, at-home collection will be approved as well, which would expand access and options for screening even further. Cervical cancer screening in the U.S. is still below Healthy People 2030 targets; self-testing could improve screening coverage. Collecting data through this mechanism will allow us to address CDC and DCPC priorities around prevention, namely screening for cancer.

Proposed Use of the Data
- Preference of self-collection for HPV testing among women ages 21-65 compared to clinician-sampling.
- Perceived benefits and concerns about using self-collection.
- Preference for whether self-collection should occur in the clinic or at home setting
- Reasons for preferring self-testing in the home setting.
- Reasons for preferring self-testing in the clinic setting.

Descriptive analyses to calculate these estimates and regression modeling to look at the predictors of the above would be conducted. Several dissemination products are planned. These include peer reviewed publications on preferences and reasons for HPV self-sampling, and presentations to various audiences (e.g., scientists, DCPC program cooperative agreement recipients). These data can inform cancer prevention and control activities including education on perceived beliefs and concerns about HPV self-collection, including through public and provider education activities through CDC’s National Breast and Cervical Cancer Early Detection Program.

Justification for Rapid Surveys

- FDA recently approved self-collection with the use of previously approved HPV tests within a healthcare setting. The **time sensitive** data will be essential to track uptake with new approvals and support public health efforts to prevent cervical cancer.
- These estimates will inform public **attitudes and behavior** towards self-collection for HPV testing.
- There is a particular lack of information on why women might not prefer self-testing. Using the Rapid Survey as a mechanism for **developmental work** to develop questions for other surveys would help us better monitor uptake of this preventive service.
- Investigation of the potential of HPV self-collection and strategies to inform implementation were identified by the USPSTF as research needs or gaps.

Concepts Measured

- How long since last Pap test
- Ever had HPV test
- Preference for HPV self-collection
- Benefit of HPV self-collection
    - More privacy
    - Less embarrassing
    - Less painful
    - Less stressful
    - More convenient
    - More control
    - Do not like physical exams
    - Another benefit
- Concerns about HPV self-collection
    - Might do test wrong
    - Feel embarrassed
    - Painful or injury
    - Inaccuracy of results
    - Another concern
- Preference for HPV self-collection in home or clinical setting
    - Reasons for HPV self-collection in home setting preference
        - More convenient
        - Privacy
        - Take on own time
        - Hard to get to clinic or doctor's office
        - More comfortable
        - Do not like going to doctor
        - Another reason
    - Reasons for HPV self-collection in clinical setting preference
        - Do not want to use mail for at-home test
        - Do not want other people I live with to know
        - Clinical setting is cleaner
        - Clinical staff would be able to help

- I have to go to the doctor anyway
- Another reason

Duplication and measurement on other national surveys

National Survey of Family Growth asks questions about acceptability of self-collection for HPV testing on the 2022-2023 cycle and only of respondents 15-49 years old.

Similar questions are also asked as part of a National Cancer Institute-funded U.S.-based clinical trial study of HPV self-collection, but this clinical trial study is just starting to enroll patients at 25 clinical sites, so more comprehensive and timely data are needed. The NCI-funded clinical trials recruit from a range of healthcare system settings with a focus on underserved populations.

Proposed Data Dissemination

Estimates and the microdata will be made publicly available after each round. These include an online interactive dashboard where users can select pre-tabulated estimates including standard errors/confidence intervals, and a public-use file. All of these analytic products will include transparent information regarding any known limitations and data quality. In particular, the documentation will indicate that Rapid Surveys is not designed to replace NCHS' higher-quality established data collections, and it will highlight key methodological differences that may increase the risk of bias in Rapid Surveys estimates. Following each round, each data collection contractor will produce a methodology report that describes the composition and representativeness of the sample.

References

About the National Breast and Cervical Cancer Early Detection Program. U.S. Center for Disease Control and Prevention. (2024)
https://www.cdc.gov/breast-cervical-cancer-screening/about/index.html

Increase the proportion of females who get screened for cervical cancer-C-09. U.S. Health and Human Services, Office of Disease Prevention and Health Promotion.
https://health.gov/healthypeople/objectives-and-data/browse-objectives/cancer/increase-proportion-females-who-get-screened-cervical-cancer-c-09

Montealegre JR, et al. Acceptability of self-sample human papillomavirus testing among medically underserved women visiting the emergency department. Gynecol Oncol. 2015 Aug;138(2):317-22. doi: 10.1016/j.ygyno.2015.05.028. Epub 2015 May 28. PMID: 26026733.

Montealegre JR, et al. Feasibility of Cervical Cancer Screening Utilizing Self-sample Human Papillomavirus Testing Among Mexican Immigrant Women in Harris County, Texas: A Pilot Study. J Immigr Minor Health. 2015 Jun;17(3):704-12. doi: 10.1007/s10903-014-0125-5. PMID: 25358741.

Serrano, B, et al. Worldwide use of HPV self-sampling for cervical cancer screening. Preventive Medicine. 2022 January (154) PMID: 106900

Cervical Cancer: Screening. U.S. Preventive Service Task Force. (2018) https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening#bootstrap-panel--8

Chronic Wasting Disease
Program: National Center for Emerging and Zoonotic Infectious Disease (NCEZID), Division of High-Consequence Pathogens and Pathology (DGCPP)

Background/Rationale:
Chronic Wasting Disease (CWD) is a type of prion disease like bovine spongiform encephalopathy (BSE, popularly known as "mad cow disease") which caused human disease through consumption of contaminated meat, leading to a major global epidemic. CWD was first identified in captive mule deer in Colorado in 1967 and has since spread to affect wild deer or elk in 35 US states, 4 Canadian provinces, and three European countries. The potential for CWD to be transmitted to humans is currently unknown. Unlike BSE, which was primarily contained within the brain and spinal cord of cattle, CWD prions can be found throughout the bodies of infected deer and elk including in skeletal muscle and various bodily fluids. Combined with the growing geographic distribution of CWD, this could indicate that a sizable, yet currently unknown number of people are encountering this fatal disease.

Obtaining these data will help CDC understand how many people are being exposed to CWD and the specific behavior that may expose them: hunting deer and elk, and consumption of venison. Data collected using Rapid Surveys will also explore what respondents know about CWD, what they think about the risk to humans, and if they would consume meat that might be contaminated with the CWD agent. This information will aid in tailoring public health messages to reduce exposure most effectively to CWD.

The CDC last conducted a survey on behaviors related to CWD exposure as part of the 2006-2007 FoodNet survey. The current CWD questions through RSS are not intended to be a continuation of or interoperable with the FoodNet questions, for two reasons. First, the respondents of the two surveys are not expected to be interchangeable due to methodological differences: the 2006-2007 FoodNet survey sampled from 10 discrete sites across the US using random-digit-dialing of household phones and randomized selection of household individuals. Second, of all the CWD-related questions asked in both surveys, only two are the same: the introductory questions about whether the respondent had ever hunted for deer or elk, and whether the respondent had ever eaten deer or elk meat. More specific questions about hunting and venison consumption have been updated to reflect increasing occurrence and heightened concern about CWD. The number of states with CWD in free-ranging cervids has grown from 11 in 2006 to 35 in 2024, and the current survey questions identify if the respondents' hunting history may have intersected with this growing geographic range. Additionally, the extensive spread of CWD has led to increases in CWD testing and media coverage, and this data collection will include questions about knowledge, attitudes, and practices related to CWD testing and venison consumption.

Proposed Use of the Data
- RSS data will help CDC understand if respondents have engaged in specific behaviors that may expose them to the CWD including hunting deer and elk, and consumption of venison.
- RSS data will help CDC understand what respondents know about CWD, what they think about the risk to humans, and if they would consume meat that might be contaminated with the CWD agent.

- CWD is a prion disease, and a major aspect of differentiating zoonotic transmission of CWD from existing human prion diseases is determining if those exposed to CWD (hunters and venison consumers) have an increased incidence of prion disease. RSS data will help CDC to get better information on the number of people potentially exposed to CWD. If there is zoonotic transmission of CWD, then knowing the number of people exposed in different ways can also give us better estimates of transmission parameters, which will help in efforts to model epidemic spread and contain the disease.
- The results of the survey will be communicated to scientific colleagues, public health officials, wildlife management organizations, and other stakeholders in several ways:
    - Presentation at the next annual international Prion conference.
    - Presentation at other relevant conferences or meetings, such as the Chronic Wasting Disease Stakeholder and Tribal Nations Update and the International Chronic Wasting Disease Symposium.
    - Publication of the results in a peer-reviewed scientific journal.
    - Discussion of the results with collaborators in prion disease research and surveillance, including the National Prion Disease Pathology Surveillance Center (NPDPSC), state health agencies, and state wildlife agencies.

Justification for Rapid Surveys

There is a need to better understand the **knowledge, attitudes, and behaviors** regarding chronic wasting disease and potentially poses a threat to human health. These results and the more focused messaging could be shared with partners in other federal and state agencies including the state wildlife departments who regulate hunting, manage deer and elk populations, and often are at the forefront of communicating health concerns to hunters.

Concepts Measured

- Ever eaten deer or elk meat
- Ever gone hunting for deer or elk
    - Age first time hunting
    - How often gone hunting
    - States where deer or elk were hunted
        - States where deer or elk were harvested
        - How is harvested deer or elk processed
            - Processed their own meat
            - Someone they know processed meat
            - Took it to commercial meat processor
            - Donated whole animal to charity
            - Something else
- Ever heard of chronic wasting disease
- How much knowledge of chronic wasting disease
- Concern about eating deer or elk meat from CWD areas
    - If meat was not tested for CWD
    - If meat tested positive for CWD
    - Affecting human health

Duplication and measurement on other national surveys

Similar questions were asked in the CDC's 2006-2007 FoodNet survey. There have been some small, local surveys about deer/elk hunting and venison consumption, and the FWS's National Survey of Fishing, Hunting, & Wildlife-Associated Recreation (FHWAR) provides estimates for big game hunting, there haven't been any large national surveys conducted on behaviors more specific to chronic wasting disease exposure since the 2006-2007 FoodNet survey.

Proposed Data Dissemination

Estimates and the microdata will be made publicly available after each round. These include an online interactive dashboard where users can select pre-tabulated estimates including standard errors/confidence intervals, and a public-use file. All of these analytic products will include transparent information regarding any known limitations and data quality. In particular, the documentation will indicate that Rapid Surveys is not designed to replace NCHS' higher-quality established data collections, and it will highlight key methodological differences that may increase the risk of bias in Rapid Surveys estimates. Following each round, each data collection contractor will produce a methodology report that describes the composition and representativeness of the sample.

References

Belay ED, Maddox RA, Williams ES, Miller MW, Gambetti P, Schonberger LB. Chronic wasting disease and potential transmission to humans. Emerging infectious diseases. 2004 Jun;10(6):977.

Willmorth, M. FoodNet Population Survey: Technical Report. (2008)

Abrams, J. Maddox, R. Harvey, A. Schonberger, L. Ermias, B. Travel History, Hunting, and Venison Consumption Related to Prion Disease Exposure, 2006-2007 FoodNet Population Survey. American Dietetic Association. 2011: 111: 858-863

Waddell L, Greig J, Mascarenhas M, Otten A, Corrin T, Hierlihy K. Current evidence on the transmissibility of chronic wasting disease prions to humans—a systematic review. Transboundary and emerging diseases. 2018 Feb;65(1):37-49.

Vaske JJ, Miller CA. Changes in Illinois hunters' beliefs about chronic wasting disease management between 2012 and 2022. Wildlife Society Bulletin. 2023 Jun;47(2):e1434.

Bhattarai S, Grala RK, Poudyal NC, Tanger SM, Adhikari RK. Where We Stand on Chronic Wasting Disease: A Systematic Literature Review of Its Prevalence Patterns, Impacts, and Management Interventions. Heliyon. 2024 May 28.