ATTACHMENT G

2018 BRFSS Asthma Call-back Guidelines

These guidelines are updated/revised and provided to the BRFSS vendor by the Centers for Disease Control.

1. All standard BRFSS data collection protocols (such as call attempts, assigning dispositions to cases, etc.) should be followed. Data collection for the follow-up must meet guidelines and data quality criteria established for the annual state-wide survey.

2. The BRFSS core and (where applicable) child selection modules will be required to select a respondent for the follow-up. The respondent will be either an adult (BRFSS respondent) or child (chosen using child selection modules; Random Child Selection and Childhood Asthma Prevalence) who has ever had asthma. All cases meeting the qualification criteria in BRFSS will be included in the follow-up sample. Only one call-back interview per household will be conducted. If a household contains both an eligible adult and child, then one will be selected for the call-back using a random selection process built into the BRFSS interview. The program should select the child 50% of the time and the adult 50% of the time. If a child is the selected sample member for the call back, the interview will be conducted with the most knowledgeable parent or guardian in the household; persons under age 18 years will not be interviewed directly. **The BRFSS respondent at the core must be the parent/guardian of the child selected. If the BRFSS respondent is not the parent/guardian of the selected child, a call-back survey for the child with asthma is not to be conducted (e.g. a core BRFSS respondent who is a sibling of the selected child, who is over 18, but is not the guardian of the selected child could not transfer the child call-back over to the parent/guardian of the child). The reason for this is that the core BRFSS data must also be for the parent/guardian of the selected child. However, the parent/guardian of the child can transfer the interview to the Most Knowledgeable Person (MKP) and grant this person permission to conduct the interview.**

3. All states should make the BRFSS respondent aware that a callback will take place. A template with recommended wording for the question requesting permission to call the respondent back sometime in the next two weeks is provided in Appendix A. Because IRBs in different states may require slight changes in the wording of this question, you have the latitude to modify this template as necessary. We request only that you forward a copy of your final wording to Wil Murphy, Population Health Surveillance Branch (PHSB) for documentation purposes.

4. This call-back survey has been an extension of the regular surveillance efforts conducted as a part of BRFSS, since 2006. Beginning with the 2018 data collection year the Asthma Call Back Survey (ACBS) has ascertained its own IRB Certification, which is provided in Appendix B, with an expiration date of, 11/30/2020. A copy of the recent BRFSS Exemption Certification for the 2018 BRFSS is provided in Appendix C, with an expiration date of 10/20/19.

5. Because both the adult and child questionnaires were pre-tested and administered in three states during 2005, administered to 25 states in 2006, and 35 states in 2007, 37 states in 2008, 37 states in 2009 and 40 states in 2010 and has been running consecutively for twelve years, with no modifications in past 3 years. Therefore, we will not be requiring a pretest of the 2018 questionnaires. However, states can do a pretest, it's just not required. CA and PR provide a Spanish translation of each instrument. New states should test their CATI someway if they are not using one of the contractors currently conducting the Asthma Call-back.

6. The Callback Survey does encourage and support calls made via cellular phones. Due to the complexity of the data-exchanging process, these surveys will not be supporting this record swapping technique. Therefore, please call cellular respondents that have been identified as being from your state. Please follow BRFSS' cellular calling rules.

7. Data collection for the call-back survey should begin by January 22, 2018. *Interviews should be conducted within two weeks of the BRFSS interview completion date. Conducting the Asthma interview earlier than 2-week limit is preferred.* If the respondent is willing an immediate callback survey can be conducted. *If an immediate callback is conducted please help us to track this by entering a "2" in column 983 of the 2018 Adult Data Submission Layout or column 1004 of the 2018 Child Data Submission Layout.*

8. Movability of the Callback Question, on the BRFSS Survey.
Coordinators in conjunction with their Data Collectors have been granted the flexibility to move the Callback Variable to a position on the BRFSS Survey, where it will possibly yield the optimal rate of success for the variable. The CDC's placement of this variable for 2018, is located at the end of the Childhood Asthma Prevalence Module and before the State Added Questions Section.
Please feel free to leave the CALLBACK variable where it is, if that's your choice.

9. Data will be submitted to the BRFSS Upload/Download Website under the heading of Special Surveys. The following schedule should be used to submit your data: (earlier submissions are acceptable, if data collection is completed earlier)

- March 1, 2018
- April 2, 2018
- May 1, 2018
- June 1, 2018
- July 2, 2018
- August 1, 2018
- September 3, 2018
- October 1, 2018
- November 1, 2018
- December 3, 2018
- January 2, 2019

- February 24, 2019

Quarterly Submissions:

- April 2, 2018 (January, February, March)
- July 2, 2018 (April, May, June)
- October 1, 2018 (July, August, September)
- December 31, 2018 (October, November, December)
- February 24, 2019 (All remaining 2018 data)

Note: You can submit your data earlier!

Filenames for 2018

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AAL_     [Asthma Landline Adults]          e.g. AAL_ORAPR18x.DAT
ACL_     [Asthma Landline Children]        e.g. ACL_ORAPR18x.DAT
AAC_     [Asthma Cellphone Adults]         e.g. AAC_ORAPR18x.DAT
ACC_     [Asthma Cellphone Children]       e.g. ACC_ORAPR18x.DAT
```

Please submit files in the following format:

AAL_SSMMMYY.DAT for the asthma follow-up of adults (AAL)

ACL_SSMMMYY.DAT for the asthma follow-up of children (ACL)

SS represents the two character state abbreviation, **MMM** the three character month abbreviation (the last month interviews were conducted, and **YY** as the last two digits of the year. These files should be uploaded to the BRFSS website, under the **Special Surveys** link, and the **Submit Files** portal.

SS: State two letters initials

MMM: ***latest month three letters initials;*** If you send the data quarterly; ex: File with January, February, March should be named AAL_MI**MAR**18.DAT

YY: Year

18: For 2018 DATA

z: **ONE LETTER(A-M) OR NUMER(1-9) FOR DIFFERENT VERSIONs (use with updated versions of a previous data file).**

For states that will be completing their December 2018 data collection sample in January 2019, please name this file **AAL_GADEC18.DAT, using the sample's month and year.**

9. Standard BRFSS case disposition codes and code assignment rules are required. Four

additional codes have been added for the call-back survey only:

Revised Disposition list is enclosed

10. A case should be considered as a partial complete (disposition code 1200) if either:
    a. the respondent completed section 8 (medications) before terminating the interview; OR
    b. the respondent completed section 7 (modifications to environment) but didn't complete section 8 (medications) before terminating the interview but would have skipped section 8 due to a legitimate skip because he or she had responded "Never" to LAST_MED (3.4) "How long has it been since you last took asthma medication?".

A case would be considered as a termination within questionnaire (disposition code 2100) if the respondent should have answered the questions about medications in section 8 and didn't, or if they would have skipped section 8 but terminated the questionnaire before reaching the end of section 7 (modifications to environment).

11. OneEdits programs for the adults and children datasets will be provided by PHSB. This is expected to be available at end of the February, of the 2018 processing year.

12. PHSB will weigh the data and produce a final data set that includes the state-wide BRFSS data and the call-back survey data. Midyear files will be made available to the states for quality control checks.

Appendix A

2018 BRFSS Asthma Call-back
Recommended Permission Script
BRFSS Survey Column (705)

"We would like to call to you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?"

1 Yes
2 No

Can I please have either (your/your child's) first name or initials so we will know who to ask for when we call back?

_____ Enter first name or initials

Appendix B

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 11/06/2017

Department of Health and Human Services
Centers for Disease Control and Prevention

FOR CERTIFYING OFFICIAL: Beth Killoran
FOR CLEARANCE OFFICER: Darius Taylor
In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 12/12/2016
ACTION REQUESTED: Existing collection in use without an OMB Control Number
TYPE OF REVIEW REQUESTED: Regular
TITLE: Behavioral Risk Factor Surveillance System (BRFSS) Asthma Call-back Survey (ACBS)
OMB ACTION: Approved with change
OMB CONTROL NUMBER: 0920-1204
EXPIRATION DATE: 11/30/2020

The agency is required to display the OMB Control Number and inform respondents of its legal significance in
accordance with 5 CFR 1320.5(b).

TERMS OF CLEARANCE: Approved consistent with ACBS staff commitment to collaborate with BRFSS staff to more
transparently present a) joint response rates from BRFSS and ACBS and b) potential nonresponse bias. Tables of prevalence estimates and risk factors disseminated by CDC (either
through its web page or publications) should more clearly communicate the caveats of stateto-state comparisons. Over the next three years, ACBS staff should work to streamline the instrument to reduce unnecessary burden and ensure that the question wording is synchronized with more recent studies.
OMB Authorizing Official: Dominic J. Mancini
Deputy and Acting Administrator,
Office Of Information And Regulatory Affairs

Appendix C

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control
and Prevention (CDC)

Memorandum

Date October 19, 2016

From Jennifer McCleary, BA, CIP
Exemption Administrator
Human Research Protection Office, OSI/OADS

Subject HRPO Approval of Continuation of Protocol #2988, "Behavioral Risk Factor Surveillance System (BRFSS)" (Exemption)

To G. Machell Town, MS, PhD
NCCDPHP/DPH

The CDC Human Research Protection Office has received your submission for continuing review of exempt protocol #2988, “Behavioral Risk Factor Surveillance System (BRFSS)."

I find that this research activity remains exempt under 45 CFR 46.101(b)(2). **Changes to this protocol may not be implemented until they are reviewed and determined to be consistent with the exemption categories**. You will be asked in three years at **10/20/2019** to confirm that no changes have occurred in the protocol or the related science that would affect the ethical appropriateness of the research or this exemption. Please be advised that the investigators remain responsible for appropriate human research protections even for research that is exempt from regulations for protecting human subjects.

If you have any questions, please contact your National Center Human Subjects Contact or myself at (404) 639-4954 (or by e-mail at Human Subjects Review - OD on the global CDC global address list or at huma@cdc.gov).

cc:
Joan Redmond-Leonard