

Project Narrative Abstract

The Behavioral Risk Factor Surveillance System (BRFSS) has become an important and integral part of the Massachusetts Department of Public Health's (MDPH) demonstrated commitment to surveillance, evaluation, and the integration of this data into program planning and policy development.

Massachusetts began participation in the BRFSS in 1986 and has received continuous funding in support of its participation since that time. Over the years, the Health Survey Program (HSP) has continued to increase the scope of its surveillance system increasing the sample size of both landline and cell phone respondents, adding state-specific questions, utilizing a complex sample design, and oversampling cities with diversified populations.

Massachusetts already includes additional questions on insurance coverage in order to track the innovative Health Care Reform (HCR) initiative in the Commonwealth. Including the CDC HCR questions as part of the core survey will allow us to compare our unique state efforts with emerging reform efforts throughout the country. In addition, HSP will expand its ability to examine the impact of HCR on undeserved subpopulations such as young males, Hispanics and Blacks, and non-English speakers. MA BRFSS will analyze the correlation between health care access and type of insurance, quality of care and preventive measures.

We plan to disseminate our data through several channels: expansion of our current annual publication; provision of the data to programs and policy makers involved in evaluation and targeting of Massachusetts' current reform efforts; inclusion of the data in our online web-based query system, MassCHIP; and consideration of special supplement state reports and peer reviewed journal articles. Our primary target audience

for these analyses is policy makers and those needing more information to refine targeting of programs to maximize insurance coverage. Secondly, the data will be useful for comparative research and informing the public about the impact of HCR.

We will continue to use our current contractor who is skilled in asking insurance-related questions and adaptable to questionnaire expansions such as those required by this supplement.

Project Work Plan

In response to FOA CDC-RFA-S011-11010201PPHF12, MDPH proposes to achieve the following objectives to comply with the required activities stated in the FOA.

Objective 1. Obtain additional resources needed to add the health care access and use questions on the 2013 BRFSS survey; staff, materials, supplies, etc.;

Activity 1: Negotiate and amend contract with current vendor ABT/SRBI .

Responsibility: Elena Hawk, PhD.

Timeline: December 1, 2012.

Activity 2: Hire part time contractor, survey statistician to assist with data analysis related to Health Care Reform and sampling specifics

Responsibility: Elena Hawk, PhD.

Timeline: December 1, 2012.

Objective 2. Submit monthly data collected by these additional questions to CDC's Division of Behavioral Surveillance (DBS) following regular BRFSS protocols.

Activity 1: Data files will be provided to MDPH monthly along with the summary reports. Data collected will be processed by the survey vendor. Data processing will be comprised of three components: 1) converting the raw telephone data into a user-friendly data file, 2) performing a quality review of the data, and 3) formatting the data to CDC and MDPH specifications The data for each month will be converted into an ASCII file and a Statistical Analysis Software (SAS) file will be constructed to clean the data of out-of-range codes, to recode open-ended responses, and to identify and clarify logically inconsistent responses. CDC's PC-Edits program will be used to check the ranges and frequencies for a number of variables to determine if the data collected is in line

with expectations. Once the data has been cleaned and verified, the data files for cell phone and landline samples will be submitted to HSP and CDC within 15 days after the end of data collection for each month.

Responsibility: Elena Hawk PhD, Maria McKenna MPH, ABT/SRBI

Timeline: monthly, starting January 2013

Objective 3. Analyze additional data collected for detecting changes in health care access and use and the effects of these changes on the population.

Activity 1: The data will be disseminated to MDPH programs through the established monthly working group meetings and via private communications.

BRFSS is a primary surveillance system for policy making in the Department of Public Health.

Responsibility: Elena Hawk PhD, Maria McKenna MPH

Timeline: monthly, starting March 2013

Activity 2: By including in the core surveillance a set of questions related to Health Care Reform, HSP will be able to further explore the existing state data about the impact of HCR on undeserved subpopulations such as young males, Hispanics and Blacks, and non-English speakers and compare the results of Massachusetts Health Care Reform impact with other states across the nation.

Responsibility: Elena Hawk PhD, Maria McKenna MPH, Bertina Backus MPH

Timeline: December 2013

Activity 3: The bi-annual detailed progress report will be submitted to CDC during the project period.

Responsibility: Elena Hawk PhD, Maria McKenna MPH, Bertina Backus MPH

Timeline: July 2013, March 2014

Activity 4: The collected data will be analyzed using descriptive and multivariate regression weighted analysis. Topical reports or publications further exploring the impact of health care reform MA will be developed (MMWR2010: 59, No 9; 262). The report/publication reflecting the impact of health care reform on underserved subpopulations will be provided to health care policy makers, researchers, and providers. We will also include the data in our online web-based query system, MassCHIP and, based on our results, consider publication of special supplemental state reports and peer reviewed journal articles.

Responsibility: Elena Hawk PhD, Maria McKenna MPH, Bertina Backus MPH

Timeline: April 2014

Objective 4: Evaluate additional data collected and how that will be used to guide programs and health policies at the state and territorial levels.

Activity 1: HSP will incorporate the questions on health care access in the core of existing questions and use both the landline and cell phone survey modes. The survey will be conducted by the vendor ABT/SRBI throughout the 12 month period (Jan - Dec 2013). This set of questions, combined with state added questions about type of health insurance, will allow HSP to explore the information about insurance type and health care access, primary care access, and preventive measures.

Responsibility: Elena Hawk PhD, Maria McKenna MPH, Bertina Backus MPH

Timeline: December 2013

Activity 2: We will estimate the prevalence of various risk factors (e.g. obesity and cigarette smoking) and chronic diseases (e.g. diabetes) to evaluate longer-term effects of health care reform. The additional data will allow HSP to analyze

all of these indicators by type of insurance and whether or not there was any gap in coverage among the insured with data that will allow comparison to other states and national estimates. The increased sample size will allow us to provide a more detailed analysis and also provide community-level estimates using small area estimates modeling. This additional analysis will allow MDPH and other state programs to better target their outreach to those who remain uninsured or underinsured.

Responsibility: Elena Hawk PhD, Maria McKenna MPH, Bertina Backus MPH

Timeline: December 2013

Objective 5: Increase the BRFSS landline sample size to restore the number of completed interviews achieved to 2011 levels.

Activity 1: The Health Survey program will not only maintain, but increase by 10%, the landline sample size from 2011. The data will be collected by MA BRFSS vendor ABT/ SRBI Inc. All survey questions, including CDC core and a new set of questions on health care access and use will be asked across the entire sample, for both survey modes. The survey is conducted in three languages—English, Spanish and Portuguese. The MA BRFSS oversamples cities with diversified population to obtain better information about minority population groups. Consequently, the sample design contains seven geographical strata. The same design will be utilized for the additional landline sample. The sample increase will allow improvement and enhancement of the analysis and reporting, for both state-wide and community-based health indicators.

Responsibility: Elena Hawk PhD

Timeline: CY 2013

Objective 6: Increase the proportion of cell phone interviews completed on the 2013 BRFSS survey to maintain coverage and validity, achieving at least a 25% completed interview rate by cell phones.

Activity 1: HSP will obtain an additional 1,250 completed cell phone surveys in order to have 25% of the 2013 BRFSS completed interviews conducted by cell phone. This increase in cell phone sample size is crucial for MA BRFSS to obtain better information about state and city populations, especially younger groups and Hispanic subpopulations - those most likely to be uninsured. The increase of the cell phone sample will make the sample proportional to the census 2010 demographics. MA has already made substantial progress in increasing the cell phone sample size. The State participated in a pilot cell phone study in 2008 and collected cell phone surveys in 2009 and 2010. In 2011, the cell phone sample size was increased to 10% of the sample. This was further increased in 2012, with a goal of achieving 20% of the sample of completed interviews by cell phone.

Responsibility: Elena Hawk PhD

Timeline: December 2013

Project Evaluation Plan

The evaluation will be conducted by the Health Survey Program and CDC. The evaluation will compare pre- and post – project impact on data quality, reliability, and cell phone users impact.

Objective 1. Obtain additional resources needed to add the health care access and use questions on the 2013 BRFSS survey; staff, materials, supplies, etc.;

Measure: Contract with new BRFSS requirements in place with ABT/SRBI by December 2012, hiring part time statistician by December 2012.

Objective 2. Submit monthly additional data collected by these health care access and use questions to CDC's Division of Behavioral Surveillance (DBS) following regular BRFSS protocols.

Measure: CDC and Health Survey program staff to review data transmissions from contractor to CDC for core survey and from contractor to MDPH for state added questions, to ensure quality and completeness of data collected. All data collected from these and other questions for multimode survey will be submitted on a monthly basis to CDC's DBS following regular BRFSS protocols.

Measure: MA BRFSS receives monthly reports from survey vendor, ABT/SRBI, reflecting the number of completes for land and cell users, distribution of disposition codes, drop off, refusal and response rates, a list of questions with the highest drop off rate, and the number of completes by language of the survey. Data files for both--land line and cell phone users, are provided to MDPH monthly along with the summary reports following the existing procedure. Quality assurance is program function, conducted by staff.

Measure: Vendor also sends weekly reports to MA BRFSS about number of completes collected for both, cell and line users. Vendor informs the program on monthly basis about the status of submission the data to CDC. Director of the program and senior epidemiologist monitor the data collection streamline.

Objective 3. Analyze additional data collected for detecting changes in health care access and use and the effects of these changes on the population.

Measure: Results of new and existing data sets on health care access and use and their effects are analyzed.

Objective 4: Evaluate additional data collected and how that will be used to guide programs and health policies at the state and territorial levels.

Measure: Preliminary data files for 4, 6, 9, 12 months will be analyzed to track the completeness, amount and quality of collected data. Preliminary data are disseminated to the internal users of BRFSS data for their grants/planning purposes and evaluation.

The bi annual detailed progress reports will be submitted to CDC during the project period.

Objective 5: Increase the BRFSS landline sample size to restore the number of completed interviews achieved to 2011 levels.

Measure: The goal of increasing landline sample size to 2011 levels is achieved by the end of CY 2013

Objective 6: Increase the proportion of cell phone interviews completed on the 2013 BRFSS survey to maintain coverage and validity, achieving at least a 25% completed interview rate by cell phones.

Measure: Twenty-five percent completed interview rate by cell phones achieved by the end of CY 2013.

Measure: ABT/SRBI trains all interviewers 3 times a year on the survey interview procedures and technique introducing new questions, the program plays a lead role in the development of the training manual and approves all training materials.

Measure: Audio/visual remote quality monitoring of survey vendor (ABT/SRBI) interviews for at least 3 hours each month throughout the calendar year. During the budget period, MA BRFSS staff will remotely monitor the survey for at least

3 hours per survey month and maintain monitoring logs for the entire survey period. The option of “impromptu” monitoring was added in 2012. Evaluators from other programs also participate in the monitoring.