

Costs to Conduct BRFSS Surveys



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SUMMARY OF FINDINGS

The Utah Department of Health Office of Public Health Assessment conducted an assessment to determine if retaining an in-house survey data collection center remained the most efficient and effective method to collect survey data or if they should consider outsourcing data collection.

Other state and territory costs were solicited as well as quotes from national and local survey vendors and compared to UDOH costs per completed Behavioral Risk Factor Surveillance System survey. UDOH costs are the lowest of states reporting and lower than all experienced vendor quotes.

At this time, retaining the in-house survey center appears to be the most effective and efficient method for meeting UDOH required data collection needs. Outsourcing would likely result in higher costs and greater risk to the agency if the vendor was not able to sustain data collection.

PURPOSE AND BACKGROUND

The Behavioral Risk Factor Surveillance System (BRFSS) was developed by the Centers for Disease Control and Prevention (CDC) in the early 1980s to provide surveillance data on health behavior and chronic disease. The Utah Department of Health (UDOH) has collected BRFSS data since its inception in 1984. This data provides Utah with the information needed to take public action that aims to reduce the social and financial costs associated with chronic disease.

The BRFSS is utilized extensively within UDOH and throughout the state health system in the following ways:

- Provides state and local information on health topics not available through other data systems for evaluation, trend and outcome monitoring, policy decision making, prevention and intervention planning, research, needs assessments, strength and gap analysis, and follow-up.
- Makes available questions that have already been pilot tested by the CDC.
- Allows for comparison with other states and counties.
- Gives opportunities for UDOH and partner agencies to add questions that are of local interest to the survey for defined time periods and have access to the associated demographics questions without extra cost.
- Provides for the ability to call back respondents for follow-up survey studies (for example, asthma and smoker call back studies).
- Allows for information to be broken down geographically or by different populations such as age, gender, race or ethnicity due to maintaining a large sample size (12,500).
- Affords access of data to the public for use at the UDOH Indicator Based Information System website ibis.health.utah.gov

Currently 53-54 states and territories participate in the BRFSS each year. Six states and one territory run in-house survey centers to collect the information; the remaining states and territories utilize state or national vendors. All survey centers, whether state-run or national, must follow CDC data collection protocols.

The Office of Public Health Assessment (OPHA) completed this analysis to assess cost effectiveness of maintaining an in-house survey center to conduct the annual BRFSS along with other UDOH surveys, including annual Asthma Call Back, annual Smoker Call Back, and ad-hoc surveys as requested.

METHODOLOGY AND RESULTS

CALCULATING UDOH SURVEY CENTER COSTS

Calculating exact costs for a particular survey can be challenging as the Survey Center conducts multiple surveys at any one time; funding streams and data collection have different overlapping time frames; and there are multiple components that can be included or excluded. Comparing costs with other states or vendors can also be complicated as different states have different methods of calculating their costs and/or may include different components in the work they contract out to vendors. The cost estimation methodology utilized was designed to maximize comparability and provide enough information to determine whether to outsource data collection in the future.

State funding is tracked on a state fiscal year basis, however, federal funding streams that currently help support a portion of the Survey Center costs are on different cycles, some being federal fiscal year (October 1 through September 30) and others on a different time frame. BRFSS grant funding is typically split into a base award in approximately April and sometimes a supplemental grant awarded between July and September, both to be spent by the end of March of the following year.

To estimate 2017 BRFSS costs, the OPHA used the following methodology. Costs from FY2017 were used as that was the easiest year timeframe to calculate because it corresponds to how the state tracks costs. Data collections for the 2017 calendar year were used for completed survey counts. Although these timeframes are not consistent, because they are both overlapping annual figures, it was felt they would provide the most accuracy in estimations.

Total Survey Center costs were calculated including and excluding the BRFSS coordinator position. The BRFSS coordinator position would be required even if the Survey Center calling was contracted out in order to manage the grant, act as the data steward for UDOH, and facilitate use of the data by UDOH programs. These costs were also excluded to be more comparable to costs received from other states for comparison (see section below on other state costs). Interviewer time was analyzed to assess proportion of time spent on different surveys (in 2017, this included BRFSS, Asthma Call Back, Smoker Call Back, and a Traumatic Brain Injury survey). These proportions were then applied to the funding to estimate costs for each survey. During 2017, interviewers spent approximately 89% of their time on BRFSS surveys and the remainder of their time on other surveys.

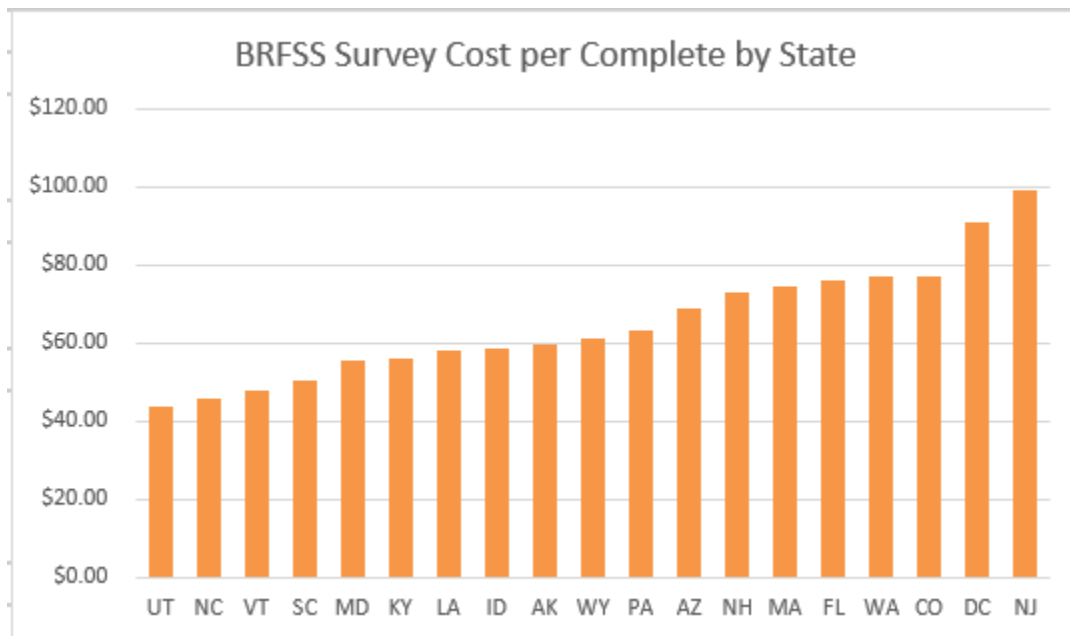
Cost per complete estimates were then calculated by dividing estimated funding for the BRFSS survey (excluding the BRFSS coordinator position) with the total BRFSS completes for the year. This calculation yielded cost estimates of \$37.59 for all surveys and \$43.50 for the BRFSS survey. Costs for cell phone are lower at approximately \$40.30, and costs for landline higher at \$56.49. The higher cost for the BRFSS survey is due to it being a longer survey and thus taking more interviewer time to conduct. Landline surveys require 15 attempts to reach a respondent before giving up on a respondent, while cell phone surveys only require eight. Additionally, in 2017 landline surveys lasted approximately 2 minutes longer than cell phone surveys. The landline and cellphone breakout were completed in order to compare with states and vendors who give different cost estimates for these two categories. Detailed figures related to these estimation calculations are in the appendix.

PROCESS TO OBTAIN COST COMPARISONS FOR OTHER VENDORS

The OPHA originally thought it could issue a Request for Information (RFI) to obtain vendor quotes for cost comparisons for the BRFSS survey. Utah code 63G-6a-409 (3) (a) (i), however, prohibits utilizing this mechanism to solicit cost, pricing, or rate information. Consultation with the State of Utah Division of Purchasing yielded two options to obtain the cost information: (1) asking states what they pay and (2) asking vendors if they would provide a quote. Other mechanisms such as Invitations for Bid (IFB) or Requests for Proposals (RFP) were to be utilized only if planning to make an award. Results of these two approaches are outlined below.

INFORMATION FROM OTHER STATE COORDINATORS

The OPHA sent requests to other state BRFSS coordinators regarding information about their costs per complete for BRFSS surveys. To date, eighteen states have provided costs. These states' costs for completed surveys range from a low of \$40 to a high of \$102 across both landline and cell phone. When looking at combined rates across both landline and cell phone, no other state reporting had lower costs than Utah (low \$43.50, high \$99.25)¹. Seven other states also have an in-house survey center including Colorado, Kansas, North Carolina, Oklahoma, Puerto Rico, New Mexico, and West Virginia. Information on reported costs are in the appendix.



COST ESTIMATES FROM SURVEY VENDORS

Nineteen national survey vendors were identified from a list provided by the Centers for Disease Control and Prevention of all vendors currently conducting states' BRFSS survey. Additionally, five local survey vendors were

¹ If states did not provide a combined rate then one was calculated either by using the ratio of cell to landline, if provided, or averaging across landline and cell phone. Some states only provided a combined rate.

identified. An email requesting cost estimates was sent to all national vendors on 7-11-2018 and local vendors on 8-1-2018 with the following specifications.

The Utah Department of Health Survey Center is currently obtaining cost estimates to program the instrument, order sample, collect 10,200 completes, and process/submit the data for the Utah 2019 BRFSS survey. The BRFSS contains 3 sections: core, optional modules and state added questions.

For more information about the Behavioral Risk Factor Surveillance Survey - <https://www.cdc.gov/brfss/index.html>
Of particular interest - https://www.cdc.gov/brfss/data_documentation/pdf/UserguideJune2013.pdf

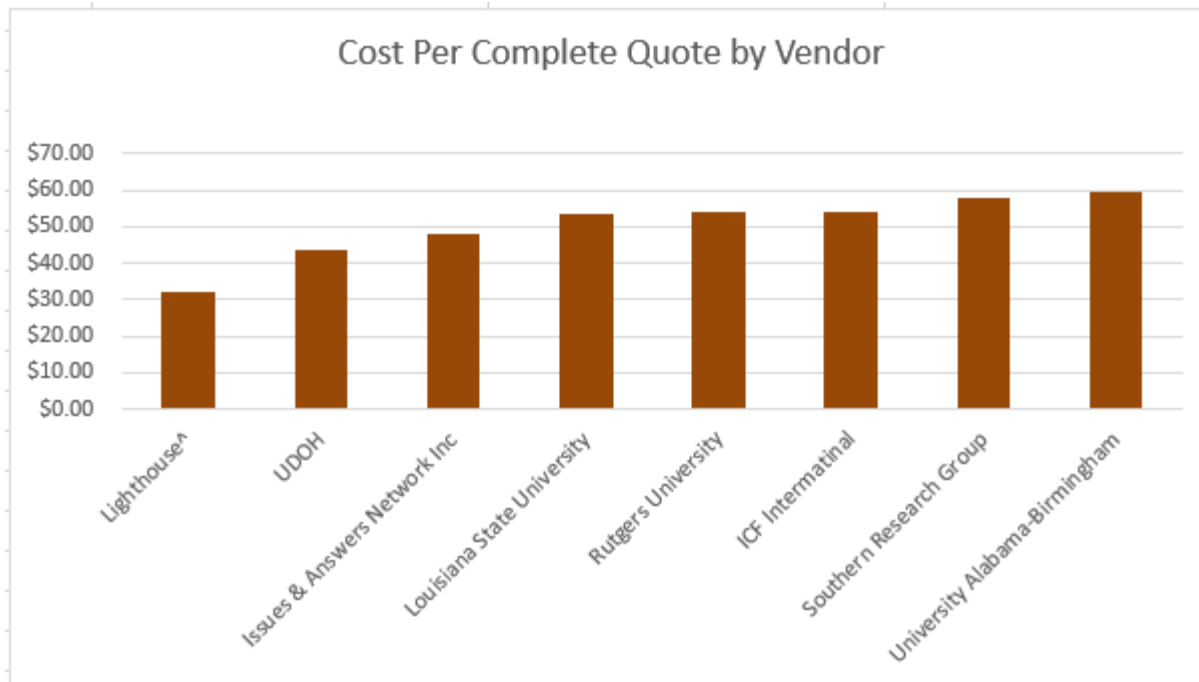
Please include the following considerations:

- *All required questions to be asked are correctly placed in the questionnaire flow*
- *Spanish translation will be provided by us*
- *Spanish questionnaire will be included in the programming for all questions*
- *A configuration file must be compiled.*
- *Unobtrusive monitoring based on best practice and recommendation from the CDC*
- *Calling attempts and calling occasions based on best practice and recommendation from the CDC*
- *All response categories accurately match the hardcopy questionnaire*
- *All skips are functioning as indicated in the hardcopy questionnaire*
- *An annual response rate of no lower than 56%*
- *An annual partial complete rate of no greater than 6% of completes*
- *Responsible for quarterly and annual sample ordering*
- *Follow up on final disposition code changes, zip code or region changes as directed through feedback from the CDC*
- *The sample is based on 13 strata*
- *There are 2 paths to the questionnaire 50/50*
- *The sample completes will be 80% cell phone 20% land line*
- *It will likely be about a 28-minute survey*
- *For 2018, CP is averaging 1 complete per hour and LL is averaging .7 complete per hour.*
- *No advance letters, no asthma for the cost estimate*

Reminder emails and calls started on 8-8-2018 for national vendors and 8-13-2018 for local vendors. The last written or phone communication with them was on 9-25-2018. The last cost estimate was received on 9-23-2018.

Six national vendors and one local vendor provided cost estimates. Eight national vendors stated they did not have the capacity to take on additional work at this time, and five either stated they would not be providing an estimate or failed to respond to multiple requests. One national vendor closed last year resulting in a need for states utilizing that vendor to quickly replace them, which may have contributed to the lack of capacity for some vendors. Of the local vendors, two stated it did not fit with their work and two did not respond.

Of the national vendors, all had total costs that are higher than what Utah currently pays. The local vendor that responded had a much lower rate, however, this vendor has no experience with the national BRFSS survey and consequently may not have accounted for all requirements when it bid. The CDC and their contractor that supports BRFSS work indicated that there was another new vendor recently that similarly underbid and was forced to close work in that state shortly after beginning its annual BRFSS survey.



^Lighthouse has no BRFSS experience and may have underestimated

DISCUSSION

There are several considerations to take into account in deciding whether to retain an in-house survey center to meet UDOH surveillance needs versus switching to contract with an outside vendor.

Arguments for contracting:

- Potentially less complicated for state staff

Arguments against contracting:

- It appears that there are few to no options that can conduct the BRFSS survey for a lower cost, this may be due to most vendors operating for profit, whereas the UDOH Survey Center does not.
- The only vendor with lower costs has no BRFSS experience. Other states engaging such vendors had difficulty as the vendors were not able to maintain the lower cost and/or stopped their contract. Moving to a vendor that may not be able to sustain the program would involve a high level of risk including potential loss of critical required data, time, and money.
- UDOH programs have advocated for keeping the internal UDOH survey center as it can quickly address their needs, keep them informed of changes and progress, and has been less expensive for them than when they worked with external vendors.
- The UDOH Survey Center has one of the highest BRFSS response rates in the country (in 2017, fourth out of 53 states), an indication of efficiency and quality of staff. (Note that willingness of Utahns to participate in a phone survey may also contribute).
- Higher costs from external vendors would reduce the number of completed surveys UDOH could afford to collect, which would reduce the ability to break out the data by smaller subpopulations such as race, age group, and geographic subareas.

Neutral considerations:

- Closing the UDOH Survey Center would eliminate several positions at UDOH. Unless a local vendor won the award, the jobs would move out of Utah.
- There is a large amount of oversight needed for internal survey staff, however, there would still need to be monitoring if there was an outside vendor to assess compliance with CDC protocols, data quality, timeliness, productivity, and response rates.

This assessment has focused on cost, however, quality and effectiveness are also important. The UDOH Survey center has maintained one of the highest BRFSS response rates nationally. The year with the lowest response rate was when part of the year was contracted out (2013).

Year	2009	2010	2011	2012	2013	2014	2015	2016	2017
Total Participating	54	54	53	53	53	53	53	54	53
National Average	54.1%	55.1%	49.0%	46.0%	45.3	45.8%	47.1%	47.0%	44.9%
Utah	66.6%	64.6%	55.2%	54.1%	49.3%	53.8%	61.1%	58.4%	56.4%
Ut Rank	4	9	10	10	17*	11	1	4	4

*In 2013, three months of data collection were contracted out, which dropped our response rates

CONCLUSION AND RECOMMENDATION

At this time, there does not seem to be any compelling reason to outsource data collection for the BRFSS survey data. External vendors with BRFSS experience are more costly and may not be as responsive to the needs of UDOH programs. It is recommended to retain the Survey Center in house for now, but to review this decision every 3-5 years to determine if it remains the most effective and efficient method.

APPENDICES

DETAIL INFORMATION ON COST ESTIMATION

FY2017 PROJECTED BUDGET NUMBERS		Costs		
Funding Stream	All Surveys	BRFSS Only*	Notes	
1623	\$ 106,200.00		State general fund	
1623	\$ 59,700.00		Medicaid Match	
1627	\$ 25,000.00		Prevention Block Grant funds	
1628	\$ 266,700.00		CDC BRFSS federal grant	
1629	\$ 234,000.00		State added questions, smoker, adhoc funds	
Total	\$ 691,600.00	\$ 615,524.00		
minus BRFSS Coordinator Costs	\$ 105,235.24			
Total minus coordinator	\$ 586,364.76	\$ 521,864.64		
CY2017 SURVEY COMPLETES				
	Count	Count		
BRFSS Completes	11997	11997	Through December 2017 including 2016 carryover, from SC Monthly Reports for 2016 and 2017	
Smoker Completes	2074			
Asthma Completes	523			
TBI	1003			
Total Completes	15597			
COST PER COMPLETES				
	All Surveys	BRFSS		
Cost per complete including BRFSS Coordinator	\$ 44.34	\$ 51.31		
Cost per complete excluding BRFSS Coordinator	\$ 37.59	\$ 43.50	BRFSS cell phone: \$40.30 BRFSS landline: \$56.49	

*BRFSS Only calculated based on 89% of interviewer time spent on BRFSS versus other surveys

DETAIL INFORMATION FROM OTHER STATE COORDINATORS

State	Landline	Cell	Combined
UT	\$57.26	\$40.84	\$43.50
NC	\$51.37	\$44.47	\$45.85
VT	\$40.00	\$56.00	\$48.00
SC	\$48.00	\$53.00	\$50.31
MD	\$39.58	\$74.75	\$55.41
KY			\$56.00
LA	\$60.00	\$54.00	\$57.93
ID	\$59.54	\$57.92	\$58.73
AK	\$66.03	\$54.27	\$59.80
WY	\$61.17	\$61.17	\$61.17
PA	\$65.43	\$62.53	\$63.17
AZ			\$69.00
NH	\$73.00	\$73.00	\$73.00
MA	\$60.00	\$89.00	\$74.50
FL	\$76.03	\$75.88	\$75.94
WA	\$66.45	\$83.86	\$76.90
CO			\$77.00
DC	\$95.41	\$86.80	91.105
NJ	\$40.57-48.08	\$87.30-102.34	\$99.25

**Note that some states submitted different cost estimates for landline and cell phone surveys or variations based on number of completes. Also, there may be variability in which costs are included in each state's calculations. Detail Information from Survey Vendors

BRFSS ESTIMATES FROM OTHER VENDORS	Total	Rate per Complete
National Vendors		
University Alabama-Birmingham	\$607,144.80	\$59.52
Southern Research Group	\$592,538.00	\$58.09
ICF Intermatinal	\$549,372.00	\$53.86
Rutgers University	\$548,352.00	\$53.76
Louisiana State University	\$546,720.00	\$53.60
Issues & Answers Network Inc	\$491,633.00	\$48.20
Local Vendor		
Lighthouse ^A	\$325,083.00	\$31.87

^ALighthouse has no BRFSS experience and it is likely they underestimated costs