

State of Washington
Decision Package

FINAL

Agency: 303 Department of Health
Decision Package Code/Title: BR Behavioral Risk Factor Survey
Budget Period: 2013-15
Budget Level: PL-Performance Level

Recommendation Summary Text:

The Behavioral Risk Factor Surveillance System is a telephone survey about health behaviors and disease conditions in adults. The survey provides essential information to state and local government agencies that use the information to inform planning and priority-setting, target prevention resources, and evaluate programs to improve the health of Washingtonians. Due to the loss of tobacco prevention funds and other funding for the collecting and managing this data, the department now has less than half the resources needed to sustain this essential information tool.

Fiscal Detail

Operating Expenditures		<u>FY 2014</u>	<u>FY 2015</u>	<u>Total</u>
001-1	General Fund-State		871,000	871,000
Total Cost		0	871,000	871,000

Package Description:

The Department of Health requests \$871,000 in general fund state monies to continue performing Behavioral Risk Factor Surveillance System (BRFSS) surveys which inform priority-setting strategies by state and local agencies utilizing limited funding to improve the health of Washington residents.

BRFSS is a telephone survey the department has conducted since 1987 concerning health behaviors and disease conditions in Washington residents aged 18 years and over. The surveys capture data on many health topics, including whether people smoke, exercise, have health insurance, get screened for certain cancers, have heart disease, diabetes, or other diseases. The surveys provide essential information to state and local agencies that use the data to inform planning and priority-setting, target prevention resources and evaluate programs to improve resident's health in Washington while utilizing limited resources.

The BRFSS survey effectively informs health policy decisions because it collects enough information to measure health issues at the local level and among different population groups. For instance, BRFSS data from 2009-2010 show that in Cowlitz County, 37 percent of adults are obese, while 21 percent of adults are obese in King County. BRFSS data from 2008-2010 show that the smoking rate for Native Americans (31%) is more than twice as high as the smoking rate for the general population in Washington (15%). With limited resources to address critical public health issues, the department must make targeted investments, focusing prevention dollars on areas of the state and segments of the populations where those funds will have the greatest impact.

For example:

- When the department received a large federal grant for prevention activities, the department used BRFSS data to assess community and behavioral risks for chronic disease in Washington. With this information, the department was able to target the new funding to counties with the greatest burden of chronic disease risk and the greatest opportunity for prevention. These eleven targeted counties then used local BRFSS data to target their funding and intensive interventions toward people at highest risk.

- The department's Tobacco Prevention and Control Program used BRFSS data to measure state progress in preventing tobacco use. While the department saw the smoking rate decline among the general population, further analysis of the BRFSS data showed that smoking rates were remaining steady among people with low incomes. The program used this information to redirect resources on activities to help low income smokers quit.

Until 2010, the department had sufficient funding to conduct the surveys, relying on a blend of funding sources including Tobacco Prevention funds, a BRFSS grant from the Centers for Disease Control and Prevention and contributions from agency programs and other agencies that use the data. Since 2010, the department has lost more than half of these resources.

The department must collect 12,500 surveys each year in order to measure and compare health behaviors and disease conditions across Washington at a cost of approximately \$1.3 million per year. The department estimates approximately \$445,550 available in fiscal year 2015 from all funding sources to conduct the surveys and maintain the data. This could be significantly lower depending on federal grant amounts. The department requests \$871,000 in general fund state monies to close this gap.

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Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

To obtain BRFSS results at the local level and for different segments of the population, we need a minimum of 12,500 surveys each year. With this level of BRFSS data collection:

- State agencies, including the Department of Health, the Office of Financial Management, the Department of Labor and Industries, and the Department of Social and Health Services will have BRFSS data needed to plan programs, target services, and evaluate the effectiveness of their work.
- Communities will have data describing their specific health needs, which will allow them to plan local health improvement strategies and apply for funding to support the work.
- Organizations serving people of color and the poor will have data on health disparities they can use to develop plans to address the specific health needs of these groups.
- Policy makers will have reliable, specific data on the health of Washingtonians to guide their decision making.

BRFSS data will be an essential data source to measure several of the leading indicators of the Governor's Results Washington initiative.

Performance Measure Detail

While there is not a direct agency performance measure associated with the BRFSS, the data collected from it is used to inform other agency performance measures.

Is this DP essential to implement a strategy identified in the agency's strategic plan?

BRFSS supplies data that are crucial to measuring the success of several strategies outlined in the department's Strategic Plan for 2012-2016:

- Goal 2 – Policies and systems in Washington support a healthy start to life and ongoing wellness for all. (BRFSS data will allow the department to measure progress preventing tobacco use, physical inactivity, poor nutrition, and other chronic disease risk factors.)
- Goal 3 – Everyone in Washington has improved access to safe, quality, and affordable health care. (BRFSS data will allow the department to track whether Washingtonians have health insurance and a regular access to medical care.)

BRFSS data will also be essential to monitoring the state's progress on reforming the governmental public health system. The department and local health jurisdictions (LHJs) have developed an Agenda for Change Action Plan that establishes system-wide priorities for public health improvement. Echoing the agency's Strategic Plan, two of these priorities focus on chronic disease prevention and health care access. BRFSS data, at the state and local levels, will tell the department and LHJs how they are doing and where they need to focus their efforts.

BRFSS data form the basis for much of *The Health of Washington State*, the department's report on the health of the state's population. The department also publishes data for a set of local public health indicators, used routinely by LHJs to set priorities, plan actions, and measure results. BRFSS data are necessary for more than half of these health indicators.

Does this decision package provide essential support to one of the Governor's priorities?

Yes, this decision package links to Governor Inslee's Goal 4: Healthy and Safe Communities. BRFSS data will be an essential data source to measure several of the leading indicators of the Governor's Results Washington initiative.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

BRFSS data measure two of the indicators in the Priorities of Government process:

- Indicator 1: Improved Healthy Behaviors. Two of the measures (adult obesity and tobacco use) are calculated using BRFSS data.
- Indicator 2: Improved Life Expectancy. One of the measures, years of healthy life at age 20, is calculated using a combination of BRFSS and death data.

Conducting at least 12,500 surveys a year is essential to continue to track these priorities at the state and local level.

What are the other important connections or impacts related to this proposal?

Many state and local government agencies, non-profit organizations, and researchers in Washington use BRFSS data to plan, evaluate or monitor their work. The following are examples of just a few organizations that rely on BRFSS data. The examples of data use described below are possible only when the department conducts more than 12,500 surveys a year:

- The department used BRFSS data to determine that people with adequate health insurance were not receiving appropriate colorectal cancer screening. As a result, the department applied for and received federal funding to promote colorectal cancer screen to healthcare providers and the public. The department currently uses BRFSS data to make sure that these prevention activities continue to increase cancer screening rates.
- The Department of Social and Health Services (DSHS) uses BRFSS data to measure and plan services for alcohol and substance abuse among adults. Previously, DSHS used BRFSS data to identify information needs among caregivers for the elderly and disabled. Based on this data, DSHS expanded their caregiver program to include a more comprehensive set of services.
- The Health Care Authority used BRFSS data to compare health and wellness information for state employees to the rest of the state population. This comparison drove decisions for targeting worksite wellness interventions.
- The Department of Labor and Industries uses BRFSS data to determine if health conditions and behaviors differ for people working in various occupations and industries, and to assess the percent of workers with some work-related illnesses and disabilities.
- The Office of Financial Management (OFM) uses BRFSS data to meet their legislative requirement to develop a statewide health resource strategy. OFM uses BRFSS data to identify geographic variations in health risk factors, population characteristics, and use of preventive services.
- The Governor’s Interagency Council on Health Disparities uses BRFSS data to describe differences in health status by race and ethnicity. The council uses this information to set state priorities for eliminating health disparities and to develop strategies described in the State Policy Action Plan to Eliminate Health Disparities.
- LHJs in Washington routinely use BRFSS data to prioritize prevention efforts, write grants, and increase awareness of health issues in the community. For example, when Clark County Public Health identified a rapid rise in local obesity rates using BRFSS data, they partnered with community organizations to apply for funding to address this issue. When funded, they used BRFSS data to develop strategies to address obesity in worksites, health systems, schools, and communities. As a result, they were able to fund eight worksites in Clark County to provide healthy choices in vending machines and ban tobacco use on campus.
- Researchers at the University of Washington and other universities use BRFSS data to learn about factors that affect Washington residents’ health, and to evaluate which policies and prevention practices most effectively improve population health.
- The Gates Foundation used BRFSS data to inform their Family Homelessness charitable giving program in Washington.

What alternatives were explored by the agency and why was this alternative chosen?

The department has pursued all federal funding opportunities available, but due to federal budget cuts we have not been successful. Another option explored was to increase the charge programs and other state agencies pay for adding questions to the survey. However, while the department has increased the charges for BRFSS questions in recent years, we won’t be able to raise them high enough to close the gap since the programs and agencies that pay for questions have also experienced state and federal budget reductions.

What are the consequences of not funding this package?

The main consequence of not funding this package is a reduction in the number of BRFSS surveys the department conducts. The Department requests \$871,000 in funding to supplement the \$445,550 of available funding for the surveys. At the current funding level, the department would only be able to conduct approximately 4,284 out of the necessary 12,500 surveys. If BRFSS conducts fewer than the 12,500 needed surveys, the department will lose the ability to examine important health issues in different area of the state and different segments of the population. This will prevent state agencies and others from using BRFSS data to target their resources or measure the impact they are having. Local governments will be forced to target dwindling resources without the benefit of community data to help discern the most effective and efficient use of these resources. State agencies will lose the ability to use BRFSS data to examine the effect they are having on improving health and risk behaviors for racial and ethnicity minorities and people in lower socio-economic groups.

What is the relationship, if any, to the state capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

Revenue:

N/A

Expenditures:

The BRFSS costs a total of \$1.3 million per year to conduct 12,500 surveys. The department projects about \$445,550 of federal and other funding available on-going. The department requests general fund state through this decision package to cover the remaining \$871,000.

This large, statewide survey is managed on 2.25 FTE. The department requests \$158,000 to partially meet this staffing need of 1.25 FTE, with the assumption that the other 1.0 FTE will continue to be supported by federal funds. The department does not request additional FTE. This decision package will continue support for the following FTEs assigned to BRFSS:

- 0.50 Health Services Consultant 4 (survey planning and implementation; grant development; contract monitoring; stakeholder input and communication)
- 0.50 Epidemiologist 2 (data management and analysis, technical assistance on data use)
- 0.05 Epidemiologist 3 (technical supervision and oversight for Epidemiologist 2)
- 0.20 WMS 2 (program and budget management)

Estimated expenditures for printing are \$5,000. The department contracts with a survey company to conduct the telephone interviews. The cost is about \$95 per completed cell phone interview and \$70 per completed land line interview. The department requests funds to collect an additional 8,821 surveys: 6,079 land line and 2,742 cell phone. The total purchased services will be \$686,020:

6,079 landline interviews * \$70 per interview = \$425,530

2,742 cell phone interviews * \$95 per cell phone interview = \$260,490

In addition, estimated ongoing expenditures starting in FY 2015 include costs for salary, benefits, and related staff costs for 0.1 FTE Health Services Consultant 1 and 0.3 FTE Fiscal Analyst 2 totaling \$21,980.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

This request is for \$871,000 per year of ongoing funding. The BRFSS is a continuous telephone survey that collects data 12 months a year, every year. The public health and governmental needs for the data and the costs of maintaining this survey are expected to be ongoing in future biennia.

For federal grants: Does this request require maintenance of effort or state match?

N/A

For all other funding: Does this request fulfill a federal grant's maintenance of effort or match requirement?

None, this funding request does not fulfill a federal grant's maintenance of effort or match requirement.

<u>Object Detail</u>		<u>FY 2014</u>	<u>FY 2015</u>	<u>Total</u>
A	Salaries and Wages		121,000	121,000
B	Employee Benefits		37,000	37,000
C	Personal Service Contracts			
E	Goods and Services		711,000	711,000
G	Travel			
J	Capital Outlays			
T	Intra-Agency Reimbursements		2,000	2,000
	Total Objects	0	871,000	871,000