Assessment of Health Department Antibiotic Stewardship Roles and Activities

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section B

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1. Respondent Universe and Sampling Methods

A total of 19 states and one local health department are included in the respondent universe. Of these 20, 11 are state health departments and one is a local health department that receive Epidemiology and Laboratory Capacity for Infectious Disease (ELC) funding for antibiotic resistance prevention programs. The local health department, L.A. County, is included because it is the only local health department currently ELC funded to promote antibiotic resistance prevention. All 12 are selected for inclusion in the study, as all are implementing antibiotic stewardship and one of the study goals is to learn how stewardship implementation is working.

The remaining 8 states selected for study inclusion consist of states not receiving ELC funding and have been hand-selected by investigators. Investigators considered many factors when selecting these 8 states. Investigators reviewed an annual assessment on antibiotic stewardship programs in inpatient facilities which measures the percentage of hospitals in each state implementing a stewardship program (National Healthcare Safety Network, CDC). Investigators considered states with both a range of high and low percentage implementing stewardship programs. Additionally, investigators consulted CDC subject matter experts for their knowledge of state activities and considered activities across the healthcare continuum and considered geography, aiming to include diverse geographic regions in the final selection of 8 health departments.

The final breakdown includes 19 state health departments and one local. We anticipate a strong response rate for this project of at least 80%-90%. Up to 3 staff persons per state or local health department will be included in the group interview (n=60). All interviews conducted will include the healthcare associated infection coordinator (HAI) from each state or local health department. Often, the HAI coordinators work with others in their health department to implement stewardship activities. HAI coordinators will have the option of inviting up to 2 additional staff persons to participate in the group interview, such as the antibiotic stewardship coordinator and epidemiologist. As a result, the total number of interviews will be 20, with the total number of potential respondents as 60 (3 staff persons per site). (See **Attachment A**: States/Local Listing)

2. Procedures for the Collection of Information

Data will be collected through a one-time, group telephone interview. Respondents will be recruited through a notification email to 20 HAI coordinators (see **Attachment D—Notification Email HAI Coordinators**). Each HAI coordinator will have the option of inviting up to 2 additional team members to participate in the group interview. The notification email to HAI Coordinators will explain:

- The purpose of the assessment, and why their participation is important
- Method to safeguard their responses
- That participation is voluntary

- The expected time to complete the assessment
- Contact information for the assessment team
- A request to HAI Coordinators to include two additional public health practitioner team members who would be willing to participate in the interview

The email will also state instructions for participating. Respondents will be asked to RSVP either yes or no to the email invitation. If responds respond yes, a follow-up email will be sent to schedule the phone interview. If respondents do not respond either way after 2 weeks, a reminder email will be sent (see **Attachment E: Reminder Email**)

The structured interview guide will be used to conduct the interview. This method was chosen to reduce the overall burden on respondents by interviewing in a group format and limiting the need for follow-up calls ensuring all comments can be captured in real-time. The assessment was designed to collect the minimum information necessary for the purposes of this project.

All interviews will be led by a PHF staff member, one CDC staff member will listen into the conversations; the discussion will not be recorded, but one PHF staff member will take notes. The notes will be stored in a secure, password-protected folder only available to immediate team members (CDC and PHF). All personal information will be de-identified.

Data obtained in the group interviews will be reviewed to identify tools and strategies of antibiotic stewardship implementation. Data will also be analyzed to answer such questions as "who used the tool" and "who benefited from the tool" to give context to the tool and for the purposes of writing an explanatory, short vignette.

3. Methods to Maximize Response Rates Deal with Nonresponse

Although participation in the assessment is voluntary, the project lead will make every effort to maximize the rate of response. The structured interview guide will be used to conduct the interview. This method was chosen to reduce the overall burden on respondents by interviewing in a group format and limiting the need for follow-up calls, ensuring all comments can be captured in real-time. The assessment was designed to collect the minimum information necessary for the purposes of this project, for example, skip patterns were employed to reduce the burden on the participant's time.

To maximize the response rates, we will follow up with an email to those not responding in the affirmative or negative after the initial email invitation, a follow-up email will be sent (see **Attachment E—Reminder Email**).

4. Test of Procedures or Methods to be Undertaken

The estimate for burden hours is based on a pilot test of the information collection instrument by three public health professionals. In the pilot test, the average time to complete the instrument including time for reviewing instructions, gathering needed information and completing the

instrument, was approximately 35 minutes (range of 30-40). For the purposes of estimating burden hours, the upper limit of this range (i.e., 40 minutes) is used.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

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LIST OF ATTACHMENTS – Section B

Attachment D—Notification Email
Attachment E—Reminder Email