Prescription Drug Overdose Prevention for States (PfS) Program Assessment

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section B

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Section B – Information Collection Procedures

1. Respondent Universe and Sampling Methods

Data will be collected from a respondent universe comprised of 87 respondents across all 29 PfS-funded states, including 58 PfS-funded state government staff (29 epidemiologists and 29 research assistants) and 29 respondents serving as delegates.

Delegates include IT support staff external to the funded state government agency who directly support implementation of PfS activities. These individuals are considered delegates under the OSTLTS OMB Clearance Center (O2C2) – OMB No. 0920-0879 generic mechanism for the following reasons:

- As per 0920-0879 Generic ICR language, "delegates are governmental or non-governmental agents (agency, function, office or individual) acting for a principal or submitted by another to represent or act on STLT government behalf."
- The task for CDC to reduce prescription drug overdoses through the CDC-funded program prescription drug overdose PfS (CDC-RFA-CE15-1501) is part of Essential Public Health Services #5: Development of policies and plans that support individual and community health efforts
- IT staff who support PfS activities are extensions of state health departments who may not have specialized technical staff to provide IT support for PfS activities related to implementing and maximizing Prescription Drug Monitoring Programs.

A listing of these respondents can be found in **Attachment A** – **List of PfS Awardees.**

Participants were selected based upon the fact that they are the primary recipients of federal funding to support state-level interventions for preventing prescription drug overuse, misuse, abuse, and overdose and are, therefore, the most knowledgeable about the information being collected in this assessment. Each respondent (epidemiologist, program analyst, and IT support) will be able to provide feedback based on their program role and collecting this information from all 3 respondents per state will give CDC a more thorough understanding of program implementation, barriers, and facilitators.

As all PfS awardees will be invited to participate this assessment therefore no sampling will be conducted. If any of the individuals invited to participate are unable or unwilling to do so, they will be able to designate one staff member to respond in their stead.

2. Procedures for the Collection of Information

Data will be collected via telephone interviews (see **Attachment C – Instrument: Telephone Interview Guide**). For each state, if more than one respondent will participate, the telephone

interviews will be conducted in a group setting with all respondents present. Respondents will be recruited through a notification email (see **Attachment D – Recruitment Email**) to the respondent universe. The notification email will explain:

- The purpose of the data collection, and why their participation is important
- Instructions for participating
- Method to safeguard their responses
- That participation is voluntary
- The expected time to complete the assessment
- Contact information for the assessment team

Following the distribution of the invitation to participate in the data collection (see **Attachment C – Instrument: Telephone Interview Guide**) respondents will have 2 weeks to schedule their respective interview. Those who do not respond to the recruitment email within 1 week will receive a reminder email (see **Attachment E – Reminder Email**) urging them to schedule their interview. Those who do not respond within 2 weeks from the reminder email will be considered non-responders. Once interviews have been scheduled, respondents will receive a confirmation e-mail **(Attachment F – Confirmation Email)** which will provide details regarding the interview logistics. Interviews may begin as soon as 1 day after initial email invitation is sent (thus the recruitment period and information collection period may overlap) and will be conducted over a span of approximately 6-8 weeks.

Interviews will be conducted by RTI and UNC team members. Interviewers will use the interview guide **(Attachment C – Instrument Telephone Interview Guide)** to re-introduce the purpose of the interview, review interview logistics, obtain verbal permission to be recorded prior to beginning of the interview, and guide the interview. The interviewer will begin the audio recording device once the respondent has agreed to be recorded. Should a participant refuse to be recorded, detailed hand-written notes will be taken by the interviewer.

Once the interview has been completed, a follow up email **(Attachment G – Follow-up email)** will be sent to each respondent thanking them for their participation, sharing the anticipated timeline for data analysis of aggregate results, and letting them know whom to contact with further questions. Following the competition of all telephone interviews, RTI and UNC will transcribe audio recordings using Rev.com and import into NVivo 11.0 qualitative analysis software. The qualitative data will then be coded and analyzed thematically to identify key themes that emerged across interviews. Although RTI and UNC will be collecting some individually identifiable information (IIF), including the respondents' official role, organization, state, and date of interview, all information will be kept on secure, password protected RTI and UNC servers accessible only to project team members. RTI and UNC will remove all potential identifiers and share only the de-identified data with CDC. No IIF will be distributed. Once transcription is completed all audio files will be deleted.

3. Methods to Maximize Response Rates - Deal with Nonresponse

Although participation in the data collection is voluntary, the project team will make every effort to maximize the rate of response. It is expected the total sample of 29 states will respond. The data collection instrument was designed with particular focus on streamlining questions to allow for skipping questions based on responses to previous questions, thereby minimizing response burden. Administration of the interview guide by phone allows rich qualitative data to be collected that would not be obtained through an online quantitative assessment.

Following the distribution of the invitation to participate in the data collection (see **Attachment D – Recruitment Email**) respondents will have 2 weeks to schedule their respective interview. Those who do not respond to the recruitment email within 1 week will receive a reminder email (see **Attachment E – Reminder Email**) urging them to schedule their interview. Those who do not respond within 2 weeks from the reminder email will be considered non-responders.

4. Test of Procedures or Methods to be Undertaken

The estimate for burden hours is based on a pilot test of the data collection instrument by 3 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 93 minutes (range: 70 –120) for the core questions and 2 modules (the maximum number of optional modules a state could receive). For the purposes of estimating burden hours, the upper limit of this range (i.e., 120 minutes, or 2 hours) is used.

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

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LIST OF ATTACHMENTS – Section B

Note: Attachments are included as separate files as instructed.

D. Attachment D – Recruitment Email
E. Attachment E – Reminder Email
F. Attachment F – Confirmation Email
G. Attachment G – Follow-up Email