Examination of Jail and Prison Policies Related to STD Prevention

NCHHSTP Generic Information Collection Request
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Supporting Statement – Section B

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Table of Contents

Section B – Information Collection Procedures

1. Respondent Universe and Sampling Methods

Eight US counties were included in the study sample based on a high county-level 2012 STD rates in at least three of the four following disease areas: gonorrhea, primary and secondary, syphilis, chlamydia, and HIV. Investigators will use convenience sampling methods in which an internet search of correctional facilities (i.e. jails, prisons) in the chosen areas will be performed. A letter will be emailed to each correctional facility's Chief of Medical Operations explaining study purpose and methodology and requesting that a staff member that is involved with inmate health care be recommended for a key informant interview (see **Attachment 5—Notification Email**). A follow-up phone call will be made within 7 days to each of Chief of Medical Operations to provide the opportunity to address study questions or concerns, assure the protection of key informant identity, and address other confidentiality issues (see **Attachment 6—Follow up Phone Script**). The other purpose of the call is to potentially identify the key informant to be interviewed and then schedule the interview. Key informants may be asked to refer additional key informants and facilitate communication. Key informants may include physicians, prison guards who oversee STD patients, nursing staff, and/or STD counselors/testers.

At least one key informant interview will occur for each prison selected.

State	County	Number of Key informants to be interviewed
CA	LA	1-3
IL	Cook	1-3
FL	Miami-Dade	1-3
GA	Fulton	1-3
NY	Kings	1-3
PA	Philadelphia	1-3
TX	Dallas	1-3
TX	Harris	1-3
Total	**8**	**8-24**

2. Procedures for the Collection of Information

Data for this study will be collected through key informant interviews. The interviewer, the Senior Project Director in the Public Health Management Corporation, will use a semi-structured interview guide as the data collection tool (see **Attachment 3—Instrument: Key Informant Interview**

Guide). The guide will contain a series of open-ended questions and probes to illicit responses from key informants. Chief of Medical Operations in the jails and prisons in the sample will be sent an initial communication via email requesting that a health care provider be recommended for a key informant interview (see **Attachment 5—Notification Email**).

The primary notification email will explain:

- The purpose and methodology of the overall study
- Request that a staff member involved in inmate health care be recommended for the key informant interviews
- That a follow-up phone call will be made within 7 business days

Interviews will be scheduled in advance during the follow-up phone call made to the facility Chief of Medical Operations.

The follow-up phone call (see **Attachment 6- Follow up Phone Script**) will explain:

- That protection of key informant identity is assured
- That participation is voluntary
- The expected time to complete the assessment
- Contact information for the investigation team

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 key informant interview tool was designed with particular focus on open-ended questions to allow the respondent to provide a wealth of detail on topics of interest (i.e. STD screening, testing, and treatment protocols, etc…). The respondent will have the option to skip questions he does not feel comfortable asking. Respondents will be informed that they will have the right to end the interview at any time.

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 [1] of 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 [70] minutes. Based on these results, the estimated time range for actual respondents to complete the instrument is [60] to [70] minutes. For the purposes of estimating burden hours, the upper limit of this range (i.e., [70] minutes) is used.

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

1. Archana Bodas LaPollo, Senior Project Director, Public Health Management Corporation, archana@phmc.org

2. Fellow TDB, Fellow, Public Health Management Corporation, TBD
3. Jami Leichliter, Supervisory Health Scientist, CDC, gzl3@cdc.gov
4. Harrell Chesson, Health Economist, hbc7@cdc.gov
5. Ryan Cramer, Public Health Advisor, uxj0@cdc.gov
6. Kendra Cuffe, Health Scientist, kkn2@cdc.gov