The State of State Suicide Prevention: An Environmental Scan

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section B

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Section B – Data collection Procedures

A. Respondent Universe and Sampling Methods

Data will be collected from a total of 213 respondents. Respondent groups include 71 suicide prevention coordinators within health and human services departments across 50 states, 5 U.S. territories, 15 Tribes, and the District of Columbia; 71 suicide prevention grant project directors, or their designee, within health and human services departments across 50 states, 5 U.S. territories, 15 Tribes, and the District of Columbia; and 71 delegates across 50 states, 5 U.S. territories, 15 Tribes, and the District of Columbia, all operating in their official capacities. These organizations are considered delegates of the state, tribal, and U.S. territory health departments 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 delegates include suicide prevention leaders working for non-profit organizations, coalitions, commissions, taskforces or advisory groups. STT health agencies task these leaders to work on their behalf to fulfill essential public health services related to suicide prevention. Delegates are either mandated by legislation to work on behalf of the STT health agency or relationships are established via grants, contracts or memorandums of understanding (MOU). State, tribal, and U.S. territory health departments delegate to the above listed organizations the following essential public health services:
    - Educate and inform the community about suicide and suicide prevention;
    - Mobilize community partnerships to identify suicide problems and implement solutions for suicide prevention;
    - Develop suicide prevention and response policies and plans; and
    - Link individuals to needed mental health services
- Using these delegates, STT health departments are able to implement suicide prevention strategies, facilitate communication with stakeholder groups, and engage community memebers throughout their respective jurisdictions.

The 213 respondents were selected as they represent suicide prevention coordinators within the 50 states and the District of Columbia, 5 territories, and 15 tribes. 15 tribes were purposefully selected for this data collection out of 562 federally recognized tribes as they represent a diversity of the following characteristics: low, medium, high rate of suicide; experience of cluster suicides; current or prior suicide prevention grant funding; rural and urban setting; geographic region; and innovative suicide prevention programs. If a tribal representative is unable to participate, we will replace this entity with another with similar characteristics as described above.

B. Procedures for the Collection of Information

Data will be collected via a one-time, web-based assessment and respondents will be recruited through a notification (see **Attachment C—Pre-notification Email** and **Attachment D—Notification Email**) to the respondent universe. The pre-notification email sent 3 business days in advance of the survey link and notification email will explain:

- The purpose of the data collection, and why their participation is important
- Instructions for participating
- Method to safeguard their responses such that participation is voluntary; The expected time to complete the survey; and contact information for the project team

The notification email will also provide a link to the web-based instrument. Respondents will be asked to complete the assessment within 20 business days (4 weeks) to allow ample time for respondents to complete their responses. A reminder email (see **Attachment E—Reminder Email 1**) will be sent to non-respondents one week (5 business days), and two weeks (10 business days) (see **Attachment F—Reminder Email 2**) after the notification email. A reminder phone call will be made three weeks (15 business days) (see **Attachment G—Reminder Call Script**) after the notification email, letting non-respondents know that they have one additional week (5 business days) to complete the assessment and addressing potential obstacles to completion of the assessment.

During the phone call reminder, they will be asked if they would instead like to complete the survey by phone (see **Attachment H—Survey by Phone Script)** and a time for the interview will be set up before the survey close date. Although respondents will have the option to complete the instrument by phone, this mode is only expected for approximately 10% of respondents.

A final reminder email will let non-respondents know that the data collection closes in 2 business days (see **Attachment I—Reminder Email 3**). Upon completion of the assessment, respondents will receive an email thanking them for their participation (see **Attachment J—Thank You Email**). Those who do not respond within two weeks (10 business days) of the final reminder will be considered non-responders.

Once the data collection period for the web-based assessment has closed, GEARS contractor staff with CDC security clearance will manage the cleaning and analysis of the data collected via the Epi Info 7 Web Survey system (EIWS). Data analysis will be performed using one or more of the statistical components available in EpiInfo including Classic Analysis, Visual Dashboard, and StatCalc. Data will then be reviewed for completeness, and simple descriptive statistics will be run to examine response frequencies. Depending on the response distributions, frequencies may be cross-tabulated or correlated to examine similarities and differences among responses and respondent subgroups. Frequency data will be tabulated by type of jurisdiction, or other subgroups (e.g., grouped by region, by suicide rates or changes in rates, update/not updated suicide prevention plans, high or low readiness). If feasible, statistical relationships between

groups of respondents will be examined. Content analysis will be used to identify themes in qualitative responses.

All data will be stored on a CDC secure network environment. Data will not be exposed to unsecured external environments nor available to non-approved users.

Aggregated results will be documented in a formal report, translated for lay audiences, presented as a conference abstract, and written up as a peer-reviewed journal article. This information will be communicated to the public, to public and mental health professionals, and to states and communities via our CDC website, partner networks (National Action Alliance for Suicide Prevention, American Foundation for Suicide Prevention, Suicide Prevention Resource Center, social media (Twitter, Facebook), and professional meetings and publications.

C. 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. 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.

Following the pre-notification email (see **Attachment C – Pre-notification Email**), the invitation to participate in the data collection (see **Attachment D—Notification Email**) will be sent within 3 business days. Respondents will have 4 weeks (20 business days) to complete the assessment, to allow ample time for completion. A reminder email (see **Attachment E—Reminder Email 1**) will be sent to non-respondents one week (5 business days), and two weeks (10 business days) (see **Attachment F—Reminder Email 2**) after the notification email. A reminder phone call will be made three weeks (15 business days) (see **Attachment G—Reminder Phone Script 1**) after the notification email, letting non-respondents know that they have one additional week (5 business day) to complete the assessment and addressing potential obstacles to completion of the assessment. During the phone call reminder, they will be asked if they would like to complete the survey by phone interview (see **Attachment H—Survey by Phone Script)** and a time for the interview will be set up before the survey close date. A final reminder email will let non-respondents know that the data collection closes in 2 business days (see **Attachment I—Reminder Email 3**). Upon completion of the assessment, respondents will receive an email thanking them for their participation (see **Attachment J—Thank You Email**). Those who do not respond within two weeks (10 business days) of the final reminder will be considered non-responders.

D. Test of Procedures or Methods to be Undertaken

The estimate for burden hours is based on pilot tests by 4 public health professionals. As the instrument will be offered to different respondent groups and via different modes, the details of each pilot test by group and instrument are detailed below:

Web-based Survey

Pilot Test 1: STT Suicide Prevention Coordinators (Questions 1-54)

The average time to complete the instrument including time for reviewing instructions, gathering needed information and completing the instrument, was approximately 25 minutes (range: 20–30 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 30 minutes) is used.

Pilot Test 2: STT Suicide Prevention Grant Project Directors Delegates: (Questions 1-8 and questions 24-54)

The average time to complete the instrument including time for reviewing instructions, gathering needed information and completing the instrument, was approximately 20 minutes (range: 15–25 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 25 minutes) is used.

Telephone-based Survey

Pilot Test 3: STT Suicide Prevention Coordinators (Questions 1-54)

When completing the survey by phone, the average time to complete the instrument was approximately 25 minutes (range: 20–30 minutes), For the purposes of estimating burden hours, the upper limit of this range (i.e., 30 minutes) is used.

E. 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.

C. **Attachment C – Pre-notification Email**

D. **Attachment D – Notification Email**

E. **Attachment E – Reminder Email 1**

F. **Attachment F – Reminder Email 2**

G. **Attachment G – Reminder Call Script**

H. **Attachment H – Survey by Phone Script**

I. **Attachment I – Reminder Email 3**

J. **Attachment J – Thank You Email**