

**GenIC Clearance for CDC/ATSDR
Formative Research and Tool Development**

**Formative Research for Spanish-Language
Drug Overdose Messages**

Request for GenIC Approval

Contact: Brittany Curtis, MBA
Communication Branch
Division of Overdose Prevention (DOP)
National Center for Injury Prevention and Control (NCIPC)
Centers for Disease Control and Prevention (CDC)
4770 Buford Hwy NE, MS S106
Atlanta, Georgia 30341
Phone: 770-488-5423
Email: gnk2@cdc.gov

CIO: National Center for Injury Prevention and Control

PROJECT TITLE: Formative Research for Spanish-Language Drug Overdose Messages

PURPOSE AND USE OF COLLECTION:

The National Center for Injury Prevention and Control (NCIPC), Division of Overdose Prevention (DOP) has a need for tailored communications around drug use, misuse, and overdose for Hispanic/Latinx Spanish-speaking and bilingual individuals. In 2021, to support drug overdose prevention, DOP launched four [campaigns](#) focused on polysubstance use, fentanyl, naloxone, and stigma/recovery. Messages and concepts were developed primarily with and for English-speaking audiences.

Drug overdose deaths are increasing in Hispanic populations, yet little is known about how the drug overdose epidemic is impacting Hispanic/Latinx communities. Overall, overdose mortality rates have increased steadily since 2015, with Hispanic/Latinx individuals experiencing a large increase in drug overdose rates from 2019-2020 (40.1%), from 9.5 deaths per 100,000 people to 13.7 deaths per 100,000 people.^{1,2}

Multiple determinants contribute to increased risk for drug overdose and create barriers to recovery for Hispanic/Latinx individuals. Social and cultural factors include stigma in the Hispanic community linked to mental illness, and physicians' negative attitudes toward individuals with substance use disorders may prevent Hispanics from seeking care.³ These stigmas are likely exacerbated by the cultural, linguistic, access, and communication challenges Hispanic/Latinx populations experience in healthcare.

Even as overdose deaths increase in racial and ethnic minority groups, most opioid research has focused on white populations. Existing research on Hispanic/Latinx populations and drug use has identified gaps in opioid knowledge.⁴ Additionally, recent patterns in drug overdose deaths suggest disparities in the Hispanic/Latinx communities associated with gender, generation, and country or region of ethnicity.⁵ Given the social, cultural, and linguistic nuances of Hispanic/Latinx audiences, message and concept testing is critical to ensure drug overdose prevention messages are clear, culturally appropriate, and impactful.

The data collected will be used to:

- Refine messages for the drug overdose prevention campaigns for Hispanic/Latinx audiences.
- Support the development of culturally and linguistically tailored products for Hispanic/Latinx audiences.
- Ensure Spanish products meet the needs of Hispanic Spanish-speaking monolingual and bilingual audiences and inform the development of tailored Spanish products.

The purpose of this project is to:

1. Collect data about knowledge, attitudes, and beliefs of Hispanic/Latinx populations around drug use, misuse, and overdose.
2. Identify informational needs for materials, resources, and messaging, as well as optimal channels, trusted messengers, and touchpoints for receiving information.

3. Test messages and concepts from DOP's four campaigns.

DESCRIPTION OF RESPONDENTS:

The primary audience is U.S. adults ages 18–64, who identify their ethnicity as Hispanic, are monolingual in Spanish or bilingual (English and Spanish). Participants will consist of general Hispanic audiences 18-64, Hispanic individuals ages 18-34 who use drugs, and Hispanic individuals who have family or friends who use drugs. This is a mixed-methods project and respondents will respond to either an online survey (N=1,000), an interview (N=10), or participate in a focus group (N=32). During focus groups, participants will be further segmented by preferred language usage.

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. Information gathered will not be used to substantially inform influential policy decisions.
5. The study is not intended to produce results that can be generalized beyond its scope.

Name: Brittany Curtis

To assist review, please answer the following questions:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? Yes No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes No
3. If Applicable, has a System or Records Notice been published? Yes No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No

This project consists of both quantitative and qualitative data collection. Participants in each will receive a token of appreciation to participants.

For the online survey, no tokens of appreciation will be provided directly through this project. The surveys will be conducted through survey panels by a vendor, SurveyMonkey. As part of Survey Monkey's panel program, they provide respondents with tokens of appreciation in two ways, offering a charity donation or credits toward an Amazon gift card.

For the qualitative data collection, the project team will conduct 10, 60-minute interviews with individuals who use drugs and four (4) 90-minute focus groups. Participants of focus groups will receive a \$100 token of appreciation and interviewees will receive a \$100 token of appreciation. Multiple studies using a variety of data collection methodologies have shown that offering incentives increases participation rates. (See References 6-12.)

Based on our experience with this audience and this topic, this amount of incentive is necessary for recruitment. Illegal drug use is a highly sensitive topic, particularly among Hispanic/Latinx individuals, and this incentive will be necessary to recruit sufficient Spanish-speaking and bilingual individuals. In the contractor's experience recruiting Hispanic/Latinx populations, negative social factors and perceptions,

including concerns around immigration status, cultural stigma, and fear of sharing information with or reprisals from government entities or legal authorities often deter participation in such projects.

Reviewed literature revealed the use of tokens can provide significant advantages to the government in terms of direct cost savings and improved data quality. (See References 6-12) It also should be noted that message testing is a marketing technique, and it is a standard practice among commercial market researchers to offer incentives as part of respondent recruitment. Previous experience has shown that lower incentive levels can lead to difficult recruitment within the timeframe available for the research, resulting in lower-than-desired participation numbers. In response to offering this incentive level, respondents are much more likely to honor their commitment to participating in the focus groups. Lower incentive amounts could lead to inadequate participation, delayed results, and/or higher recruiting costs and burden to the public due to the need for additional screening.

The provision of appropriate tokens of appreciation also addresses health equity in this project by improving the chances for underserved populations, in this case, Hispanic/Latinx Spanish-speaking and bilingual populations to participate in such research projects. Improving participation also increases the government's efficiency in data collection, reduces redundancies for future efforts, and advances health equity goals. Factors that contribute to the inability for Hispanic populations to participate in such projects are similar to the factors that contribute to drug use and reduced use of drug treatment or recovery services: Hispanics are more likely to be of low socioeconomic status and they experience unique cultural and language barriers, challenges round citizenship status, and stigma around drugs. Having insufficient representation from this subgroup of Hispanic audiences on these critical topics means their perspectives are not included in message development and results in a lack of effective messaging for Hispanic Americans to help reduce deaths from overdose.

The stated tokens of appreciation are appropriate because, for low-income groups, their social-economic situation makes it harder for them to take off from or miss work to participate in such projects. And though the groups are virtual, U.S. Bureau of Labor finds that less than 1 in 6 (16%) Hispanics are able to work from home as compared to 3 in 10 (30%) of their white counterparts; and high-wage workers are six times as likely to work from home as low-wage workers (Reference 13).

BURDEN HOURS

Category of Respondent	Form Name	No. of Respondents	Participation Time (minutes)	Burden in Hours
Individual	Invitation to Survey	1,250	1/60	21
Individual	Online Survey	1,000	15/60	250
Individual	Eligibility Screener_Qual (Completed Online,	250	5/60	21

	items 1-11)			
Individual	Eligibility Screener_Qual (Completed by Phone, items 12-T6)	100	6/60	10
Individual	Focus Group Discussion Guide	32	90/60	48
Individual	Interview Guide	10	60/60	10
Individual	Consent and Confirmation	1,042	3/60	52
Individual	Follow up Emails	1,042	2/60	35
Totals		4,726		447

FEDERAL COST: The estimated annual cost to the Federal government is \$ \$163,310.77
If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
 Yes No

For the survey, the project team is working with SurveyMonkey, a vendor that has survey panels with existing national samples of survey participants. The project team will request two survey panels of 500 Hispanic individuals each (N=1,000) and SurveyMonkey will make the survey available only to those who speak Spanish as their primary language or are bilingual. We will collect feedback in two surveys of 500 because the data collection system has a limit of 50-items surveys, and we are testing four campaigns. Implementing two surveys of n=500 each will allow us to test two campaigns per survey with sufficient data for analysis. Using two surveys also reduces the cognitive burden on participants by only testing two campaigns per survey instead of four campaigns. Individuals must meet the eligibility criteria outlined in the Inclusion Criteria Table below.

For the focus groups (N=32) and interviews (N=10), the project team will work with a recruitment vendor, Research American, which has a nationwide database of individuals. We will recruit 20% more to account for no-shows and cancellations of 10 additional potential participants (2 for focus groups and 8 for interviews). Research American will use a screening tool developed with CDC to ensure that potential focus group participants meet the necessary criteria (See Inclusion Criteria Table). The vendor will use recruitment email messages and phone calls to recruit from its proprietary database. To supplement recruiting and selecting of participants they may use online advertisements (i.e., social media posts, Craigslist) to recruit (See Attachment 11). We will conduct daily monitoring of the recruitment vendor’s screening and recruiting progress, and the project team will work together to select the desired sample for the groups prior to inviting and scheduling eligible participants.

Inclusion Criteria Table

Data Collection Method (#)	Inclusion Criteria
----------------------------	--------------------

participants)	
Online Survey (N=1,000)	<ul style="list-style-type: none"> ● Between ages 18-64 ● Identifies ethnicity as Hispanic ● Is monolingual or bilingual in Spanish ● Can read in Spanish ● Has reliable internet connection
Focus Groups (N=32)	
In Depth Interviews (N=10) (People who use drugs)	<ul style="list-style-type: none"> ● Between ages 18-34 ● Identifies ethnicity as Hispanic ● Self-reports having used illicit drugs (not including alcohol or marijuana unless used in combination with other illicit substances) or misused prescription opioids at least once in the last 3 months ● Is monolingual or bilingual in Spanish ● Can read in Spanish ● Has reliable internet connection

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 - Web-based or other forms of social media
 - Telephone
 - In-person
 - Mail
 - Other, Explain
2. Will interviewers or facilitators be used? Yes No

References

1. [NCHS Data Brief, Number 428, December 2021](#)
2. Friedman, J. R., & Hansen, H. (2022). Evaluation of increases in drug overdose mortality rates in the US by race and ethnicity before and during the COVID-19 pandemic. *JAMA psychiatry*.
3. Brenes, F., & Henriquez, F. (2020). Hispanics, addictions, and the opioid epidemic: brief report. *Hispanic Health Care International*, 18(1), 40-43.
4. Unger, J. B., Molina, G. B., & Baron, M. F. (2021). Opioid knowledge and perceptions among Hispanic/Latino residents in Los Angeles. *Substance Abuse*, 42(4), 603-609.
5. Cano, M. (2020). Drug Overdose deaths among US Hispanics: trends (2000–2017) and recent patterns. *Substance Use & Misuse*, 55(13), 2138-2147.
6. Abreu, D.A., & Winters, F. (1999). Using monetary incentives to reduce attrition in the survey of income and program participation. *Proceedings of the Survey Research Methods Section of the American Statistical Association*.
7. Bonevski, B., Randell, M., Paul, C., Chapman, K., Twyman, L., Bryant, J., ... & Hughes, C. (2014). Reaching the hard-to-reach: a systematic review of strategies for improving health and medical research with socially disadvantaged groups. *BMC medical research methodology*, 14(1), 1-29.
8. Krueger, R. and Casey, M. (2009) *Focus Groups: A Practical Guide for Applied Research*. Sage Publications: Thousand Oaks, CA. Robinson, K.A., Dennison, C.R., Wayman, D.M.
9. Pronovost, P.J., and Needham, D.M. (2007). Systematic review identifies a number of strategies important for retaining study participants. *Journal Clin Epidemiology* 60(8), 757-765.

10. Shettle, C., & Mooney, G. (1999). Monetary incentives in U.S. government surveys. *Journal of Official Statistics*, 15, 231–250.
11. Singer, E., N. Gelber, J. Van Hoewyk, and J. Brown (1997). *Does \$10 Equal \$10? The Effect of Framing on the Impact of Incentives*. Paper presented at the American Association for Public Opinion; Norfolk, VA.
12. Singer, E., Van Hoewyk, J., and Maher, M.P. (2000). Experiments with Incentives in Telephone Surveys. *Public Opinion Quarterly* 64(3):171-188.
13. U.S. Bureau of Labor Statistics, [Job Flexibilities and Work Schedules — 2017–2018 Data from the American Time Use Survey](#)