

SUPPORTING STATEMENT: PART B

Rapid Response Suicide Investigation Data Collection

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B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

B.1. Respondent Universe and Sampling Methods

CDC in collaboration with external partners (e.g., local, state, territory, and tribal health authorities and leaders; other federal agencies; schools; or other partner organizations) will identify the respondent universe for each Rapid Response Suicide Investigation Data Collection. The respondent universe will be determined based on the information needed to understand potential suicide clusters, significant increases in suicidal behavior or deaths, risk and protective factors, and vulnerable subpopulations to inform the implementation of suicide prevention strategies. It is likely that many collections will use a convenience sample. In those situations, CDC will not attempt to generalize to a respondent universe. When the goal is to collect data from a subset of individuals from a large affected group or from members of an appropriate comparison group, CDC will develop a plan to assure that the sample selected is not biased. CDC will submit the sampling methods to OMB as part of the GenIC package. This generic clearance will not be used to conduct research studies or to collect data designed to draw conclusions about the United States or areas beyond the defined geographic location or vulnerable population that is the focus of the investigation.

Those sampling methods would depend upon the study design. In investigations of a small scale or narrow scope (e.g., one school, small tribal community, specific group of active duty personnel/veterans), data collection might involve collecting information from all individuals affected and appropriate comparison groups. Other investigations that involve a larger number of individuals might choose to collect information from a sample of affected individuals and appropriate comparison groups.

For some investigations there will be multiple study components, thus multiple sampling methodologies might be used. For example, when little is known about a circumstance, a hypothesis-generating investigation might be conducted with a convenience sample of individuals. Additional information then might be collected from either a census or sample, depending on the size of the respondent universe. In investigations using a case-control design, different sampling methods might be used to select case-patients and controls. For example, case-patients might be randomly selected from a line list and controls might be selected based on pair-matching (i.e., one or more matching controls selected for each case based on characteristics, such as age, sex, and geographic location). CDC and its external partners in the investigation collaborate on identifying the sampling methodology for each Rapid Response Suicide Investigation Data Collection based on the objectives of the investigation. Investigators will acknowledge how sampling methods may impact the results.

The projected average number of respondents is determined based on the objectives determined by CDC and external partners. The appropriate respondents vary based on the specific suicide investigation. Multiple types of respondents could be employed in a single investigation.

Respondents could include:

- Public health authorities
- Medical examiners and coroners
- Hospital or community health care providers

- School personnel
- Individuals who engage in nonfatal suicidal behavior
- Families and friends of individuals who engage in fatal or nonfatal suicidal behavior
- Emergency Medical Services personnel
- Representatives of organizations providing information or support to the identified geographic location or vulnerable population

The table below provides an example of types and typical number of potential respondents for a specific suicide investigation. This example is based on previous responses by CDC to provide urgent epidemiologic assistance for suicidal behavior and suicide.

Type of Respondents	Number of Respondents
Individuals representing vulnerable population (e.g., youth, individuals who engage in nonfatal suicidal behavior)	75
Family members of vulnerable population or decedents	75
School personnel	25
Community members (e.g., Emergency medical personal, community service providers)	25
Total	200

B.2. Procedures for the Collection of Information

Procedures for each Rapid Response Suicide Investigation Data Collection, including the method and mode of data collection, depend on the circumstances associated with the urgent request, objectives determined by CDC and external partners, number of persons involved, and other factors associated with the situation (e.g., available resources, existing data sources). Examples of data collection modes include: (a) archival record abstraction; (b) face-to-face interview; (c) telephone interview; (d) web-based questionnaire; (e) self-administered questionnaire; and (f) focus groups. Multiple data collection modes are likely to be employed in a single investigation. It is anticipated that the most common data collection modes will include archival record abstraction, in-person interviews, questionnaires, and focus groups.

Archival record abstraction: Abstraction of information from existing data sources provide useful information about nonfatal suicidal behavior and suicide that can help inform what prevention strategies are necessary and who needs to be reached by those prevention strategies. Data sources may include, but are not limited to, records from hospitals, emergency departments, outpatient facilities, emergency medical services, schools, and coroner/medical examiner offices. In many cases, CDC data collectors request access to the same type of data from less than 9 data sources (e.g., single community hospital) and under these circumstances, the data collection activities do not require OMB review given that the burden on these organizations does not meet the PRA threshold. If such a collection does not trigger OMB review and is part of a larger

investigation that does trigger review, CDC will explain all components of the investigation in the GenIC. However, if the scope of the data collection is large (e.g., intended to understand state trends and inform state-wide prevention strategy), it may be necessary to collect data from 10 or more data sources. When information collection is required from 10 or more data sources to meet the needs of the investigation, record abstraction requested in a standardized form will be included in the Generic Information Collection (GenIC) Investigation Protocol approval request (Attachment D). Information extracted from archival data could include: demographics, method of nonfatal suicidal behavior or suicide, location of nonfatal suicidal behavior or suicide, known precipitating circumstances of nonfatal suicidal behavior and suicide, and treatment/discharge plan following nonfatal suicidal behavior.

Collection of the same information from 10 or more individuals would typically involve face-to-face interviews, telephone interviews, web-based questionnaires, self-administered questionnaires, or focus groups. Because of the rapid nature of these data collections, face-to-face interviews, telephone interviews, and focus groups are the most common approaches. Web-based questionnaires are used less frequently because of the time needed to develop and test a web-based tool. Self-administered questionnaires are often used when face-to-face or telephone interviews are not feasible, and the information to be collected can be captured using straightforward questions with fixed response options. Ultimately, the type of mode(s) used will be determined based on the specific information needed to identify trends, risk/protective factors, and vulnerable population so that effective prevention and control measures can be implemented. All interviews will be conducted by trained investigators, such as epidemiologists and behavioral scientists. These interviewers will be trained according to standard protocols.

Respondents to face-to-face interviews, telephone interviews, web-based questionnaires, self-administered questionnaires, or focus groups may include: public health authorities, medical examiners, coroners, hospital or community health care providers, school personnel, individuals who engage in nonfatal suicidal behavior, families and friends of individuals who engage in nonfatal suicidal behavior or suicide, emergency medical services personnel, or representatives of organizations providing information or support to the identified geographic location or vulnerable population. Respondents could be asked about their profession, professional history with nonfatal suicidal behavior or suicide, perceptions of risk and protective factors, characteristics of or changes in nonfatal suicidal behavior or suicide, precipitating factors of nonfatal suicidal behavior or suicide, prevention policies and programs, and challenges and barriers encountered with implementing prevention strategies.

B.3. Methods to Maximize Response Rates and Deal with Nonresponse

Because of the general interest and concern surrounding most requests for assistance to understand suicidal behavior and suicide, Rapid Response Suicide Investigation Data Collection response rates are expected to be high but variable. The goal of previous investigations has not been to contribute to generalizable knowledge; thus, response rates have not been systematically tracked or calculated. Discussions with CDC staff who have conducted previous investigations suggest there is typically a high level of interest of potential respondents to provide data. For instance, response rates tend to be very high and approach 100% of some partners and potential respondents, such as school personnel and representatives of community organizations that

provide support to vulnerable populations. In previous investigations when individuals or family members of vulnerable populations were respondents, investigators reported a high level of participation. CDC also has had experiences being contacted by community members during or after an investigation asking for opportunities to provide data to inform suicide prevention activities.

For each Rapid Response Suicide Investigation Data Collection, response rates are maximized by informing potential respondents of the critical nature of the circumstance and the importance of collecting information to identify effective prevention strategies. Before collecting information, investigators inform respondents that participation is voluntary, that respondents are not personally identified in any published reports, and that their privacy will be protected to the extent allowed under Federal law. Data collection methods are chosen to minimize the effect of non-response bias, and investigators will acknowledge when and how non-response bias might impact the results.

B.4. Tests of Procedures or Methods to be Undertaken

Pilot tests of procedures for Rapid Response Suicide Investigation Data Collections are rare because of the lack of time available before an investigation. Each data collection instrument is tailored to the needs of the specific urgent request for assistance. A data collection instrument library is maintained by archiving the final data collection instruments administered in Rapid Response Suicide Investigation Data Collections under this Generic ICR, allowing for questions from instruments employed in previous investigations to be used whenever possible.

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

CDC staff who lead Rapid Response Suicide Investigation Data Collection activities are trained in biostatistics and epidemiology. In most cases, CDC staff collaborate extensively with external partners, such as the lead epidemiologist or statisticians in state or local health department. Any summary and interpretation of data analyses derived from a Rapid Response Suicide Investigation Data Collection is subject to review by relevant external partners, CDC staff with expertise in epidemiology and statistics, or collaborating federal agencies. CDC staff experienced with statistics and suicide epidemiology and prevention are resources throughout the data collection and analysis process.