SUPPORTING STATEMENT: PART B

Public Health/Public Safety Strategies to Reduce Drug Overdose: Data Collection

GENERIC

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B. Collections of Information Employing Statistical Methods

1. Respondent Universe

CDC, in collaboration with the state or local agency requesting assistance, will identify the respondent universe for each investigation. The respondent universe will be based on the jurisdictional context and the information needed to understand overdose prevention strategies that involve public health and public safety (PH/PS) sectors. For each information collection, respondents could include one or more of the following categories:

- Public health professionals
- Public safety professionals (i.e., police officers, correctional staff, emergency medical personnel, fire, and rescue)
- Medical examiners
- Individuals served by policies or programs to reduce overdose
- Individuals who use drugs or have a history of drug use or criminal-legal involvement
- Families and friends of individuals who use drugs or have a history of drug use or criminal legal involvement
- Health care providers, including substance use service providers
- Pharmacists
- Representatives of harm reduction, peer recovery drug prevention or other community organizations

Based on previous investigations conducted through Epi-Aid Mechanisms, information will be collected from an average of 5,000 respondents in up to 53 jurisdictions per year.

Response rates from previous investigations range dramatically, depending on the type of respondent, method and mode of data collection, and urgency of the event.[1] While response rates of 80% or higher are desired, in many investigations lower response rates are acceptable.[2] This is because the goal is to understand currently implemented overdose prevention strategies, not to contribute to the generalizable knowledge.

2. Procedures for the Collection of Information

Procedures for each investigation, including specific data collection procedures, depend on the time and resources available, number of persons involved, and other circumstances unique to the conditions at hand.[3] One or more of the following methods may be used with each investigation:

- Document Review
- Observation
- Face-to-Face Interview
- Telephone or Virtual Interview
- Web-based Questionnaire
- Self-administered Questionnaire

Telephone, virtual, and web-based procedures will be commonly used because they allow for rapid data collection. Interviews will also be common as they are conducive to open-ended

responses that are particularly useful during the exploration stage of the investigation. Self-administered and web-based questionnaires are often used when informational interviews are not feasible and the information to be collected can be captured using straight-forward questions with fixed response options.

Document reviews, including record abstractions, are a low-burden methods of gathering information and allow investigators to explore program components, characteristics of participants, and information disseminated to populations served. Observation of programs (e.g., post-overdose outreach, naloxone distribution) are another low-burden way of understanding strategy implementation.

Collecting information via document review. Documents and records from service providers, including community-based service providers, law enforcement and other public safety authorities, courts, hospitals, outpatient facilities, and medical examiners/coroners can provide useful information on implementation of overdose prevention strategies. When it is necessary to collect documents or records from 10 or more service providers, document review will be included in the genIC approval request. Information extracted from documents could include type of data source (e.g., screening tool, referral card, training manual, toxicology report, medical records, EMS run sheet), participant characteristics, information or services provided, or program/service components. All information collected from documents will be de-identified to ensure no personal identifying information is included.

Collection of information from representatives from 10 or more agencies. There are many PH/PS organizations and agencies involved implementing overdose prevention strategies. It is anticipated that representatives from 10 or more agencies could be asked to participate in information collection on the same topic, using similarly structured questions. For example, an agency representative from 10 or more law enforcement agencies could be asked about their professional history, experience with drug overdose cases or investigations, receipt of job training, prevention or intervention policies and programs implemented, professional experience implementing overdose prevention and response strategies, locations of overdoses (e.g., hot spots), experience collaborating with other agencies, and challenges and barriers encountered.

Collection of information from 10 or more representatives from a specific agency. Because agency representatives serve different roles, it is possible that respondents from these agencies would be asked different questions about their role, knowledge, attitudes, and experiences. For example, the role played by behavioral healthcare workers is different from the role played by law enforcement personnel. However, 10 or more representatives within a specific agency could be asked to participate in surveys or interviews that are on the same topic and use similarly structured questions. For example, 10 or more law enforcement personnel in a state police department could be asked about professional experience, standard procedures followed in responding to drug overdose, implementation of post-overdose response, naloxone distribution, and trends in overdose cases seen. Or 10 or more representatives from a substance use prevention and treatment community organization could be asked about their prevention strategies, collaboration with public safety partners, services provided, barriers to service utilization, client needs, and so forth. Finally, 10 or more representatives from the state/county/city health

department could be asked about their coordination with public safety agencies, prevention and treatment programs implemented, local trends in drug overdose, policy implementation, and resources available for rapid response to control epidemics.

Collection of information from populations at risk, participants of overdose prevention and response services, persons who experience overdose, friends, and family. Information about the context of drug overdose and strategies to reduce overdose can often be obtained from those directly affected, including populations at risk, participants of overdose prevention and response services, people who have experienced nonfatal overdose, friends, and family. These may include people with a history of involvement in the criminal legal system. It is anticipated that 10 or more of these individuals could be asked to participate in surveys or interviews that are on the same topic and use similarly structured questions. For example, these individuals could be asked to report on drug use history, service use history and experience, barriers, and facilitators to engaging in overdose prevention strategies, number of providers and services used, and co-occurring health and social conditions (e.g., homelessness, wounds).

3. Statistical method for stratification and sample selection

Most investigations of smaller scale overdose prevention strategies or individuals at risk of overdose require collecting information from all individuals involved in or affected by the strategy. However, with strategies involving larger numbers of individuals, investigators may choose to collect information from a sample of affected individuals and appropriate controls. When statistical methods are employed in the collection of information, expert statistical assistance is available at CDC relating to sampling methodology and selection of controls. For example, cases may be randomly selected from a line list and controls may be selected based on pair-matching (i.e., one or more matching controls selected for each case based on certain characteristics such as age, sex, geographic location, having a particular risk factor, etc.). Respondents will be chosen based on the type of organizations responsible for implementing overdose prevention strategies. Advance notice will be provided to respondents.

Estimation procedure. Data analysis is conducted under the advice of a statistician/data analyst from CDC or the requesting agency and will involve descriptive statistics and various qualitative data analysis techniques. Additional bivariate and multivariate analyses are conducted as needed to identify barriers to, facilitators to, and best practices of, and disparities in implementing overdose prevention strategies or addressing risk among justice-involved populations, so that effective prevention measures can be identified.

Unusual problems requiring specialized sampling procedures. CDC does not expect unusual problems requiring specialized sampling.

Any use of periodic (less frequent than annual) data collection cycles to reduce burden. Periodic data collection is not being employed. The purpose of data collection is to understand implementation of overdose prevention strategies that involve public safety or target justice-involved populations. Therefore, data collection will only take place when jurisdictional agencies request assistance from CDC in investigating these prevention strategies.

4. Methods to Maximize Response Rates and Deal with No Response

Because of the involvement of state, local, and community-based agencies, and the general interest and concern surrounding drug overdose events, response rates for this Generic information (IC) request are expected to be high but can vary. For each data collection, response rates are maximized by informing potential respondents of the critical nature of the event and the importance of collecting information to improve effectiveness of prevention strategies. Before collecting information, investigators inform respondents that participation is voluntary, that respondents are not personally identified in any published reports of the study, and that their privacy will be protected to the extent allowed under Federal law. Other efforts to improve response rates will include keeping surveys and questionnaires as brief as possible, requiring little effort from participants, and giving potential participants gentle reminders to participate.

5. Test of Procedures or Methods to be Undertaken

Pilot tests of procedures for data collections will be conducted, where time allows. Questions from instruments employed in previous investigations are used, when possible, though each data collection instrument will be tailored to the needs of each specific event. A data collection instrument library will be maintained by archiving the final data collection instruments administered in data collections under this generic clearance. Data collection instruments that have previously been used by partner agencies to understand overdose prevention strategies involving public safety or addressing justice-involved individuals at increased risk of overdose can be found in Attachment B of Supporting Statement A.

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

CDC PH/PS Strategies data collections investigators are trained in biostatistics, epidemiology, and the social sciences. In most cases, investigators collaborate extensively with health and public safety officials of the state or local agencies requesting assistance. For each request, investigators will complete appropriate human subjects training prior to data collection. They will also receive training specific to that request (e.g., harm reduction, drug courts) and corresponding data collection tools. All investigations are supervised by CDC's experienced epidemiologists and health scientists, trained at the doctoral level in quantitative and qualitative data collection, analysis, and management.

References

1. Manfreda KL, Bosnjak M, Berzelak J, Haas I, Vehovar V. Web surveys versus other survey modes: A meta-analysis comparing response rates. *International journal of market research*. 2008;50(1):79-104.
2. Jager J, Putnick DL, Bornstein MH. II. More than just convenient: The scientific merits of homogeneous convenience samples. *Monographs of the Society for Research in Child Development*. 2017;82(2):13-30.
3. Rasmussen SA, Goodman RA. *The CDC Field Epidemiology Manual*. Oxford University Press; 2018.