GenIC Clearance for CDC/ATSDR Formative Research and Tool Development

In-Depth Interviews about Infection Prevention and Control Practices in Long-Term Care Facilities

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Supporting Statement B

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The data collection will not involve any statistical methods and no statistical generalizations will be made beyond the particular respondents.

1. Respondent Universe and Sampling Methods

To participate in the in-depth interviews (IDIs), participants must meet the following primary inclusion criteria:

<u>Audience 1: Long-Term Care Facility Residents:</u>

- 1. Reside full time in a nursing home or a skilled nursing facility
- 2. Have resided in the facility for at least 30 days
- 3. Not reside in a memory care unit
- 4. Not have worked in a healthcare setting, public health department, or health-related role
- 5. Be comfortable participating in a joint interview with the family member or friend in Audience 2, conducted virtually on camera

Audience 2: Resident Family Members or Close Friends:

- 1. Be age 18 or older
- 2. Be a family member or close friend of a resident in Audience 1
- 3. Regularly visit the resident (3 or more times per month)
- 4. Participated in conversations about health needs and health decisions with the resident
- 5. Not have worked in a healthcare setting, public health department, or health-related role
- 6. Be comfortable setting up and participating in a joint interview with the resident in Audience 1, conducted virtually on camera; be comfortable participating in a brief follow-up interview

Potential participants are drawn from a national panel of individuals who have opted in to participate in interviews on various topics. The contractor KRC Research will direct a subcontracted panel provider to distribute an invitation to screen for the interviews to members of its panel, starting with those individuals whose panel profiles suggest they are most likely to qualify as the family or close friend audience with a connection to a resident in a long-term care facility.

When an individual receives the invitation to screen, they will either complete a screening questionnaire online (Attachment 1) or via the phone in a call with a panel provider staff member. The family member or close friend audience candidate will answer screening questions

on their own behalf <u>and</u> on behalf of their long-term care facility resident candidate. Responses about themselves and their resident candidate must pass the screener without being disqualified based on their answers or due to quotas reached on certain characteristics.

A total of 36 participants will be purposively selected from this pool of eligible participants, divided into pairs of 18 residents of long-term care facilities and 18 family members or close friends of those residents. The resident audience will be selected to ensure representation from different U.S. states, sexes, ages, and levels of mobility. The family member or close friend audience will similarly be selected for mix of backgrounds. The screening of the resident audience will be done through the family member or friend, who will provide information on the residents' behalf.

If the paired family member or friend and the resident both qualify for participation based on the residents' answers, both individuals will be required to provide written consent to participate before and interviews are conducted. (The consent forms, Attachments 2 and 3, state that participation is optional. Participants can decline to answer questions or end the interview if desired.)

Once confirmed, a confirmation message will be sent to the family member or friend with logistical information, as well as the date and time of the interview. This individual will be responsible for coordinating their paired resident's participation in the joint interview with them. A day or two prior to the scheduled interview, the family member or friend will receive a reminder email. To incentivize participation, all IDI participants will be offered a \$75 incentive for their time, in line with market research recruitment standards for the general public. If, at the time of invitation, the participant declines to participate, a replacement participant will be selected from the pool of eligible participants.

The qualitative nature of the interviews and the small sample size mean the results are not intended to be precisely representative or generalizable to a larger population. For this reason, and to minimize burden on potential participants, the screening instrument (Attachment 1) collects only the necessary minimum information to (a) ensure participants are qualified based on project parameters, (b) ensure broad representation from different types of individuals in the target settings and situations, and (c) ensure the project team has a necessary level of health context to understand the opinions and experiences of the long-term care facility resident audience.

A contracting company will conduct all recruitment, screening, and scheduling activities.

2. Procedures for the Collection of Information

After completing screening, participants will be required to sign and date a consent form that outlines the details about the interview, such as confidentiality and incentive (Attachments 2 and 3). Project records will be maintained in accordance with the federal record retention requirements. Additionally, at the start of each interview, respondents are given a brief verbal reminder of the consent form details.

In the first phase of the project, 18 joint interviews will be conducted with both a long-term care facility resident and a family member or close friend. These interviews will last 45 minutes. The resident and family/friend will be required to be physically together in the same place at the same time, with the family member or close friend managing the logistics of a virtual call on camera with the interviewer.

In the second phase of the project, 18 follow-up interviews will be conducted with the family member or close friend only, to add a few additional questions. These interviews will last 15 minutes. These interviews may be conducted directly after the preceding joint interview with the resident or scheduled for a later time or date.

Trained interviewers from the contracted firm KRC Research will conduct all interviews as well as oversee recruitment and screening (described in Section 1). The interviewer will use semi-structured interview guides for all interviews (Attachments 4 and 5). The questions in the interview guides explore behaviors, knowledge, and attitudes about infection prevention in long-term care facilities.

With the consent of each participant, interviews will be audio and video recorded to capture the content of each discussion. Recordings will be converted into transcripts which will be used for analytic purposes in the development of a report. Field notes will be taken during the interviews to capture key quotes or expressions. No recordings or transcripts with personally identifiable information will be shared outside of the KRC Research team conducting and analyzing the interviews. Files will be deleted within 30 days of NCEZID approval of the final report of findings.

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

By design, potential participants from the family member or close friend audience will be drawn from a panel of individuals who have opted in to participate in studies like this one. These individuals will be screened to determine their own qualification and to learn whether they have a loved one who qualifies for the long-term care facility resident participant audience. The use of panel sampling helps to maximize the efficiency of recruiting, since possible participants are familiar with the recruiting contractor and many will have been contacted before. Additionally, to maximize response, the screening questionnaire (Attachment 1) is intentionally designed to collect only the minimum amount of information needed to (a) ensure participants are qualified, (b) ensure representation from different types of individuals in the target settings and situations, and (c) ensure the project team has necessary of health context to understand opinions and experiences.

Quotas for several demographic variables are "loose," meaning that there is no exact number of individuals who must be recruited with certain criteria. This reduces the number of individuals who will be screened.

It is sometimes the case that participants do not sign in on time for their interview, usually because of either unexpected demands on their time or due to forgetfulness. To reiterate the importance of participation and remind participants of their agreement to participate, respondents

are given several days' advance notice of the interview and are sent reminder emails the day before and day of the interview. Should they still not appear, the interviewing team at KRC Research has protocols in place so that the recruiting team can quickly email or call the participants (through the family member or close friend participant) to confirm availability or reschedule as needed. If the respondents are entirely unresponsive, they may be replaced after the day of the planned interview.

At the beginning of each interview itself, participants will be reminded that their participation is voluntary, they do not need to answer any question that they are no comfortable answering, and they may end the interview at any time if desired.

4. Test of Procedures or Methods to be Undertaken

No pre-tests are planned for this project.

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

The following individual is working under contract with NCEZID and has been consulted on the development and design of this data collection. This individual will lead the interviews once the package is approved.

Mike Ruddell

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