Assessment of Characteristics of State Crash Outcome Data Evaluation Systems: Focus Groups

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

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1. Circumstances Making the Collection of Information Necessary

Background

This data collection is being conducted using the Generic Information Collection mechanism of the Office for State, Tribal, Local and Territorial Support (OSTLTS) Survey Center (OSC) – OMB No. 0920-0879. The respondent universe for this data collection aligns with that of the OSC. Data will be collected from state health departments employees acting in their official capacities.

This data collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241). Motor vehicle crashes are a leading cause of death in the U.S. accounting for over 30,000 deaths a year. According to the National Highway Traffic Administration's (NHTSA) Traffic Safety Facts, in 2010, there were an estimated 32,885 people killed in motor vehicle crashes. An average of 90 people died each day in motor vehicle crashes in 2010—one every 16 minutes. (**Attachment A**).

To keep pace with emerging public health challenges and to address the leading causes of death and disability, the Centers for Disease Control and Prevention (CDC) initiated an effort to achieve measurable impact quickly in a few targeted areas. CDC's Winnable Battles are public health priorities with large-scale impact on health and with known, effective strategies to address them. The current Winnable Battles have been chosen based on the magnitude of the health problems and our ability to make significant progress in improving outcomes. The Centers for Disease Control and Prevention identified motor vehicle crash injury as one of its six Winnable Battles **(Attachment B)**. Also, the CDC has priorities of strengthening surveillance and epidemiology; and providing state and local support; providing analysis of state and national level data on motor vehicle crash injury fits these priorities.

NHTSA created the Crash Outcome Data Evaluation System (CODES) to quantify and report on the benefits of safety equipment and legislation in terms of mortality, morbidity, injury severity and health care costs by linking the police crash report for a crash to medical records for the occupants who were in that crash.

Since the CODES Program was initiated, grantees have been encouraged to secure in-kind funding to help support and institutionalize the CODES program in their State. Still, as of 2012 each CODES Grantee is at least partially dependent on NHTSA designated CODES funding. The fifteen CODES grantees in 2012 are in Connecticut, Delaware, Georgia, Illinois, Kentucky, Maine, Maryland, Minnesota, Missouri, Nebraska, New York, Ohio, South Carolina, Utah, and Virginia. In 2012, NHTSA made the decision to transition CODES to state level responsibility, including cessation of CODES cooperative agreements after the current agreements expire, or, in some cases, earlier than the original expiration date. NHTSA remains in favor of linkage and is encouraging expiring grantees to secure other funding sources, including possible NHTSA grants through the State Highway Safety Offices, so that the states would continue to have the advantage of linked data.

In 2010, the CDC entered into an Interagency Agreement with NHTSA with the purpose of exploring and testing the feasibility and benefits to CDC of an ongoing partnership and stake in the CODES program. This Interagency Agreement was renewed for 2011 and 2012. The CDC determined that motor vehicle crash data linked to medical records are of value in preventing injuries. Given the importance of this type of data to CDC priorities and the decisions that NHTSA has made in terms of continued funding of CODES, the current data collection was developed to identify characteristics of state programs that are associated with successful linkage and analysis, and characteristics for sustainability of programs without having the NHTSA CODES program of funded cooperative agreements.

An OMB-approved Assessment of Characteristics of State Crash Outcome Data Evaluation Systems was conducted from December 2012-January 2013 under Generic ICR 0920-0879. The assessment was sent to 29 states (**Attachment C)** and 25 completed it for a response rate of 86%. The findings were helpful in understanding the characteristics of state linkage/CODES programs (**Attachment D)**. Half the states started linkage programs in the 1990s, 12% started between 2000 and 2005, and 38% have started programs after 2005. In half of the states the State Department of Public Health has the major responsibility for the program; in approximately one-quarter an academic center has the major responsibility. Over three-quarters of states has a Board of Directors that runs the linkage project with the majority of states having at least six different state agencies represented on this Board. The majority of states received funding from the National Highway Traffic Safety Administration with the State Highway Safety Office also being a major funder. Most state linkage programs interacted with at least four other state highway and public health organizations. Obtaining source data for linkage from other state agencies was the most frequent challenge mentioned.

The assessment results provided information on the characteristics of CODES/linkage programs. In addition to understanding the characteristics of the programs we would like to understand how these characteristics either facilitated or impeded the success of the program. Specifically we want to conduct focus groups to understand the following:

- The assessment gave us information on the characteristics of state programs. We would like to understand how these characteristics (agency responsible, use of subcommittees, etc.) contributed to or inhibited the success of the program.
- The assessment gave us information on products produced by the program. We would like to obtain additional information on types of products and understand how these products were received or used. We would also like to learn if the program was used to the extent that it could have been to produce data products.
- We learned about the training of the staff – we would like to know what other types of experience, in addition to training, are important for staff to have to make the program successful.
- One of the biggest barriers to successful programs identified was problems in receiving source data. We would like a full discussion of these problems to ensure that we understand all of the factors involved in obtaining source data for linkage.
- We would like a full discussion of all of the barriers identified on the assessment to ensure that we understand these problems correctly.

The purpose of the requested data collection is to conduct these focus groups. These data will allow CDC to understand the characteristics needed in a state and how these characteristics help to develop a successful linkage program.

Privacy Impact Assessment

Overview of the Data Collection System

The data collection system will consist of two parts: 1. An email requesting names of participants for focus groups; and 2. A series of focus groups. The email for focus group member request (**Attachment E**) with a doodle polling calendar link (**Attachment F [Word Version]; Attachment G [Web version]**) will be sent to the 29 contacts who were sent the original assessment. The contact will be asked to identify one to three people to participate in focus groups to discuss state CODES/linkage projects. They will be asked send in each persons' name and email to the National Study Center Research Project Coordinator, and to have each potential participant use a web link to indicate his/her availability for a focus group session.

There will be a maximum of eight focus groups of five to eleven representatives each from a maximum of 29 states. The states included will be those who were invited to complete the assessment. The National Study Center Research Project Coordinator will facilitate each of the focus groups with the NHTSA and CDC representatives participating. The sessions will be two hours at most and will be recorded so that a transcript can be produced for analysis. The facilitator will follow the same script (**Attachment H**) and will display associated slides with assessment results (**Attachment I**) for each focus group.

Focus groups will be conducted using GoToMeeting interface technology. GoToMeeting allows participants to connect through a central interface. Once connected everyone participating is able to see what is being shared by the current presenter through the computer. GotoMeeting will allow us to reach our target audience quickly and affordably. In addition, using this type of medium will help encourage the greatest participation by connecting everyone simultaneously and remotely at their individual workstations in their home states. Use of the GoToMeeting will afford us a self-service interface to plan, present, record and analyze our focus group webinars.

Items of Information to be Collected

The following will be included:

- Information about how agencies involved in linkage and analysis contribute to program success
- Funding of linkage and analysis programs and plans for sustaining
- How the linked data have been used and received by users
- Requirements for individuals to be proficient at linkage and analysis
- Barriers in obtaining source data for linkage
- Overall barriers and facilitators with a state linkage system

2. Purpose and Use of the Information Collection

As the infrastructure of CODES will be changing due to the decision to transition CODES to state level responsibility, it is important to examine state CODES programs to assess how certain program characteristics relate to the state's success in linking data and in analyzing data to produce useful products. The specific objectives of this data collection are to identify:

- The characteristics of state programs that have been successful in linking data.
- The characteristics of state programs that have been successful in disseminating the linked data through various products.
- The characteristics of sustainable state linkage programs.

This data collection will take the results from the assessment and will go to the next level by determining how the characteristics of programs identified in the assessment have contributed to successful linkage and dissemination and will contribute to sustainability. This information can be used in the future for other motor vehicle data linkage projects to determine what characteristics are needed for a successful project. The final products for this project will include an internal report, and potentially, a journal publication and/or best practices document for a state to reference when implementing a motor vehicle linkage system. No identifiable information for any of the states, aside from the list of states participating in the project, will be published in any document.

Privacy Impact Assessment

Employees of state agencies will be speaking from their official roles and will not be asked to provide individually identifiable information other than their name and email address. The contact information will be associated with the data only during the time of data collection. Once analysis of results begins, the name will not be associated with the results. All data collection results will be stored and maintained at the National Study Center. All data will be available only to members of the team, will be password protected, and will be stored on computers located behind closed locked doors. In addition, the building in which the data will be stored has security guards and requires official employee identification to enter. CDC, NHTSA, and the National Study Center will collaborate in analysis of the data.

No sensitive information is being collected. No individually identifiable information is being collected. The proposed data collection will have little or no effect on respondent privacy. Respondents are participating in their official capacity as officials in state departments.

3. Use of Improved Information Technology and Burden Reduction

Data will be collected through focus groups lasting no more than two hours allowing respondents to complete questions in a friendly information sharing environment. The focus group method was chosen over a web-based assessment because it allows for more in-depth questions about the characteristics of CODES/linkage programs. Additionally, the focus group environment will allow for more discussion among participants to help identify potential barriers and successes to creating and sustaining successful CODES/linkage programs. To eliminate travel burden, GoTo Meeting will be used to conduct focus group sessions by computer or phone rather than in person. In data collection and analysis, the name of the respondent will not be associated with the results. All data collection results will be stored and maintained at the National Study Center. All data will be available only to members of the team, will be password protected, and will be stored on computers located behind closed locked doors. In addition, the building in which the data will be stored has security guards and requires official employee identification to enter.

4. Efforts to Identify Duplication and Use of Similar Information

We consulted with the National Highway Traffic Safety Administration and determined that the information collected in these focus group sessions has not been collected previously.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

6. Consequences of Collecting the Information Less Frequently

The purpose of this request is to ensure collection of data that is not otherwise available in current, time sensitive or relevant formats to specific or emergent priorities of CDC. Specifically, without this data there would be:

- Incomplete understanding of the barriers/facilitators to successful linkage of data and analysis of the same data.
- Reduced ability to fully promote state motor vehicle linkage programs which have the ability to provide information that will save lives.

This request is for a one time data collection. There are no legal obstacles to reduce the burden.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5.

There are no special circumstances with this information collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

This data collection is being conducted using the Generic Information Collection mechanism of the OSTLTS Survey Center (OSC) – OMB No. 0920-0879. A 60-day Federal Register Notice was published in the Federal Register on October 22, 2010, Vol. 75, No. 204; pp. 65353-54. Two comments were received from the Association of State and Territorial Health Officials (ASTHO), and the National Association of County and City Health Officials (NACCHO).

CDC partners with professional STLT organizations, such as the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the National Association of Local Boards of Health (NALBOH) along with the National Center for Health Statistics (NCHS) to ensure that the collection requests under individual ICs are not in conflict with collections they have or will have in the field within the same timeframe.

9. Explanation of Any Payment or Gift to Respondents

CDC will not provide payments or gifts to respondents.

10. Assurance of Confidentiality Provided to Respondents

The Privacy Act does not apply to this data collection.

11. Justification for Sensitive Questions

No information will be collected that are of personal or sensitive nature.

12. Estimates of Annualized Burden Hours and Cost

The estimated time for reading and responding to the invitation email is 30 minutes. The estimated time for participating in the focus group is a maximum of two hours per person with a maximum of three people per state. Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) National Compensation Survey estimate for management occupations – medical and health services managers in state government (http://www.bls.gov/ncs/ocs/sp/nctb1349.pdf). Based on DOL data, an average hourly wage of $48 is estimated for all respondents. Table A-12 shows estimated burden and cost information. The Director of the Injury Section or the person responsible for conducting the CODES program will be responsible for either participating in the focus group or designating another attendee.

Table A-12: Estimated Annualized Burden Hours and Costs to Respondents – CODES Focus Group

Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
State Injury department director (scheduling focus groups)	**29**	**1**	**30/60**	**15**	**$48**	**$720**
State Injury department personnel (participating in focus group)	**87**	**1**	**2**	**174**	**$48**	**$8352**
TOTALS	**116**	**1**		**189**	**48**	**$9072**

Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age – The focus group data collection does not involve a website with content directed at Children under 13 years of age.

13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There will be no direct costs to the respondents other than their time to participate in each data collection.

14. Annualized Cost to the Government

There are no equipment or overhead costs. An Interagency Agreement with the National Highway Traffic Safety Administration is in place and will be used to oversee the data collection and analysis. The National Study Center will provide support in developing the questionnaire with input, review, and final approval by NHTSA and CDC. There will be no additional cost above the money transferred to NHTSA in the interagency agreement Statement of Work for projects. The costs to the government include the cost of the Interagency Agreement, the CDC Technical Monitor and the CDC Project Officer, both of whom will oversee the tasks in partnership with NHTSA. The estimated costs reflect 100 hours of a CDC FTE GS-13 for oversight of the data collection development and analysis, 20 hours of a Project Officer for oversight of the contract, and 40 hours of a NHTSA Technical Monitor for oversight of the data collection development and analysis.

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Average Cost
NSC Principal Investigator (Focus Group Facilitator)	100	50.00	5000.00
CDC Technical Monitor-CDC GS-13 (Oversee analysis)	100	50.00	5000.00
CDC Project Officer –CDC GS-13 (Manage OMB applications)	20	50.00	1000.00
NHTSA Technical Monitor-NHTSA GS-13 (Provide oversight to project)	40	50.00	2000.00
Estimated Total Cost of Information Collection			**13,000.00**

15. Explanation for Program Changes or Adjustments

Focus groups are being held to enhance the quantitative and qualitative data collected through the online assessment. The focus group script relied on outputs from the online assessment and focused on areas where more explanation or greater detail was needed. Until the assessment was completed and results compiled, additional questions could not be formulated for a script to conduct the focus group sessions. This is the reason for this adjustment.

16. Plans for Tabulation and Publication and Project Time Schedule

Qualitative analysis methods will be used for the focus group results. Notes will be taken during the focus group session and recordings will be reviewed and notes transcribed to identify general themes/topics that can be used to clarify or enhance the online assessment. Findings will be summarized. This information will be added to the final report.

√	Design focus group script	(COMPLETE)
√	Develop protocol, instructions and analysis plan	(COMPLETE)
√	Prepare OMB addendum	(COMPLETE)
√	Submit OMB addendum	(COMPLETE)
☐	OMB approval	(TBD)
☐	Schedule focus groups	(1 month)
☐	Conduct focus groups	(2 months)
☐	Analyze data	(2 months)
☐	Prepare report	(2 months)

17. Display of OMB Approval Date

We are requesting no exemption.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exemptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

LIST OF ATTACHMENTS – Section A
Note: Attachments are included as separate files as instructed.

Attachment A. NHTSA Fatality Analysis Reporting System example
Attachment B. Motor Vehicle Winnable Battle letter
Attachment C. List of study states
Attachment D. Results of original assessment
Attachment E. Email requesting participation
Attachment F. Doodle Poll [Word Version]
Attachment G. Doodle Poll [Web version]
Attachment H. Focus Group script.
Attachment I. Powerpoint slides for focus group.