February 26, 2021

Happening in SRO

You can find this "Happening in SRO" and all similar newsletters on the SRO Intranet Home Page, located at: http://isr-wp.isr.umich.edu/srointranet/ under Recent News.

If you have items for the newsletter or if you would like to highlight an event, please let Ann Vernier or your unit director know.

HRS COVID Antibody Testing
(Eva Leissou, Jen Arrieta, Dan Tomlin)

In response to the public health emergency related to coronavirus disease (COVID-19) and the timing of the HRS 2020 field period, the HRS research team created a protocol for saliva sample collection to test for the presence of the SARS-CoV-2 (novel coronavirus) antibodies. The existence of these antibodies is an indicator of a past infection, not actively fighting the virus at the time of the test. Since many people are asymptomatic and hospitalization data alone is likely to miss a vast majority of COVID-19 infections, self-reports will also not be adequate. A test for the presence of antibodies to the virus will help determine the population prevalence of COVID-19 in the US, as well as the characteristics of people who were infected. The gold standard for detecting antibodies is blood testing. Given the current restrictions for in-person research, it is not possible to have personal contact with HRS respondents and collect blood samples. On the contrary, saliva collection kits are inexpensive, easy to self-administer, and can be transported by mail.

The HRS team started planning for this supplement in the summer of 2020, with a goal to complete all testing before a COVID vaccine became widely available. Invitations and test kits were sent to HRS Respondents during a short period, October 20 to December 15, 2020. This was a massive undertaking requiring the collaboration of multiple partners:

- The HRS research team designed the protocol and selected the sample.
- The ISR Bio-specimen lab (BSL) staff ordered test material, organized and supervised the kit assembly, and coordinated shipping to Respondents.
- The SRO-HRS team was responsible for material printing, Respondent payments, 100% quality control of kit assembly, Respondent support through the 800 Line and the HRS project management staff, consent logging, and mailing result letters.
- A lab at the University of Minnesota was contracted to do the analysis.
- UPS was the shipping partner. They shipped kits to Respondents and picked up packets from Respondents' homes to ship to the University of Minnesota lab for analysis. UPS

set up a special toll free line specifically for this project. Respondents would call to request a kit pick up.

Protocol

The study **sample** was HRS 2020 sample members, excluding those in nursing homes, those with a Post Office Box address and final refusals. An invitation packet included a letter, a $20 check, consent, test kit, and instructions on how to administer the test. Invitations were mailed inside a **NanoCool** Box, a refrigerated shipping system. Respondents collected the sample using an OraSure Oral Specimen collection kit, placed the kit inside the NanoCool box and shipped it to the lab in Minnesota for analysis. Two to three weeks after the invitation, a reminder postcard was mailed to those who had not returned a saliva sample. Once the sample was analyzed, the lab sent the results to SRO and SRO staff mailed result letters to Respondents, indicating whether they tested positive or negative for antibodies, or if the sample was non-analyzable. Finally, in an effort to improve response rates, a reminder calling effort was launched. Subgroups of non-responders (n=3830) were selected for the reminder calling, prioritizing those in 1) minority groups (Black and Hispanic), and White with lower education (High school or less), and 2) non-Hispanic White respondents with more than HS education who did the Whole Blood Draw in 2016 or 2018. Reminder calling started on January 27 and is scheduled for a 9-week period.

Implementation

Operationalizing the protocol required a significant amount of resources, collaboration across teams, and flexibility. For the kit mailing, a team was assembled to build the kits, and a separate team performed 100% QC. This process required using a new MSMS data entry program to ensure no items were missing and that materials were sent to the correct Respondent. Using 6-digit IDs, each kit item was scanned into separate fields in MSMS. A similar process was used for the intake and logging of consent forms returned from the Minnesota lab. On top of executing this complex mailing protocol, the project faced challenges of overlap with the ongoing HRS 2020 core data collection, a condensed timeline, changing work scope, competing demands for technical development resources, Respondent support needs, and delay in receiving results from the lab. The delay was due to performing tests using two separate analytic methods in order to confirm the results.

Study Results

As of February 23, 2021:

- Mailed 16,287 kits
- Samples received by Minnesota: 6,659 (41%)
- Refusals: 1,629 (10%)
- Deceased: 95 (1%)
- Undeliverable- No Forwarding Address: 114 (1%)
- Pending response: 7,790 (47%)

NanoCool Box

OraSure Oral Specimen Collection

The CCP Corner – The COVID's One-year Anniversary: An Opportunity to Reflect

(Aimee Miller)

Mid-March will bring us to the one-year anniversary of schools shutting down, our homes converting into our offices, and our everyday lives being altered in more ways than we thought possible. Anniversaries of life altering events can evoke memories and emotions, and our reactions may surprise us. The articles below describe how we can use our experiences to further our growth.

- Even if You Feel Like This Was a Lost Year, That Might Not Be True
- A New Perspective: Posttraumatic Growth (PTG) from COVID-19

Our Work in the World - Emergency Department Screen for Teens at Risk for Suicide (ED-Stars) Updates

(Maureen O'Brien)

One of the rewards of the hard work we do in SRO is seeing the positive impacts it can have in people's lives. Recent publications have highlighted the ED-Stars study conducted at SRO and the subsequent development of the Computerized Adaptive Screen for Suicidal Youth (CASSY) screening tool. ED-Stars' study period was from September 2015 – February 2019, and was directed by Cheryl King, Ph.D., who is the director of the Youth and Young Adult Depression and Suicide Prevention Research Program in Michigan Medicine's Department of Psychiatry, as well as a professor and clinical child psychologist. Youth between the ages of 12-17 years were invited to participate in a telephone interview after presenting in one of fourteen emergency departments (ED) across the country, including one Indian Health Service ED. There were two phases of data collection referred to as Study 1 and Study 2. Both phases consisted of telephone follow-up interviews at 3 month and 6 months from time of admission to the ED. Researchers used data from Study 1 to create and refine the CASSY, the screening tool used in Phase 2.

Cheryl King and other investigators associated with the ED-Stars study recognized the need for a more comprehensive and accurate tool in the identification of at-risk youth, as many go unnoticed and untreated. The CASSY is administered via tablet in the ED, and can identify youth who are at-risk and may not present with obvious suicidal indicators (clearly stated current thoughts, intent, and means). Questions presented to youth are based on previous responses, thus the screener is able to adapt to the individual patient. During Study 2 of ED-Stars, the CASSY screening tool was able to correctly identify 82.4% of youth who had attempted suicide in the 3 months after the initial screening, and in 72.5% of people who did not attempt suicide. The information collected by the CASSY can help to more accurately identify youth who are at-risk and in need of suicide prevention services.

To read more about the CASSY and ED-Stars contributions, open the links below.

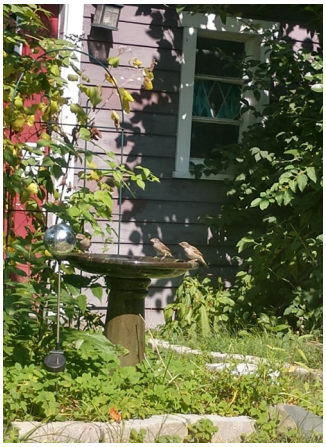
JAMA Psychiatry
National Institutes of Health
Health IT Analytics

SRO Wellness News
(SRO Wellness Committee)

MEET THE SRO WELLNESS COMMITTEE – Get to Know Your SRO Wellness Committee Members!

U-M outlines eight dimensions of well-being: Physical, Emotional & Mental, Environmental, Financial, Occupational, Social, Intellectual, and Spiritual (resources available here: Well-Being Resources at U-M). We asked our committee members to answer the following question: "Though every dimension of well-being is important, there are times when we prioritize one dimension over another. Which area of well-being is a priority for you as we begin 2021?"

I am getting back into some craft projects that have been put to one side over the past year - I want to enjoy working on them so I am not going to put myself under pressure. Just do a little at a time and see how far I get! I think this would be categorised under the **Emotional** dimension. Back in March (during lockdown 1), people around the UK placed rainbows in their windows or on the front of their homes as a tribute to NHS and other key workers. I have been saving packaging to do something similar. I finally got round to it during the holiday break. As the COVID rates were really high here (in the U.K.) and the NHS staff are stretched and exhausted, it seemed just as appropriate.
(You spot a few Trader Joe's packaging!) - ***Rebecca Gatward***



The dimension of wellness that I am prioritizing is **Physical**. I believe that changes in my activity level and meal planning must go hand-in-hand to be successful. I hit a landmark birthday recently and realized that I needed to focus more on my activity level. Finding a balance between being active and eating right has always been a constant challenge with me. 2021 is my time to find a balance and tools that works for me. I enjoy being active outside. I cleared a space in backyard to do workouts/stretching at end of last season. The birds were very interested in watching me sweat. - ***Ashanti Harris***

The dimension of wellness that I am prioritizing is ***Emotional & Mental*** Health. Almost 11 months ago we were forced into social isolation. Kids were forced into staying home and not able to interact with their friends in person. The kids and I started meditation and yoga every day in an attempt to create a NEW NORMAL. It has become part of our lifestyle now. We use Cosmic Yoga for kids. I enjoy the Insight Timer meditation app. Writing a journal and meditation is our 2021 lifestyle change. – ***Parina Kamdar***

The dimension I'm going to focus on is ***Physical***. Specifically I want to be more active and focus on continuing my weight loss. – ***Deb Wilson***

The dimension of wellness that I'm prioritizing this year is ***Physical***, specifically nutrition. I am trying to increase my water intake each day. I have a water bottle that shows ounces and I'm starting with at least drinking one full bottle (32 ounces) per day. It is still less than the recommended amount (which is roughly half of your body weight in ounces), but it's a start! The potholder was made by Helen Stone, field leader, and given to me at an HRS training! – ***Nicole Kirgis***

The dimension of wellness that I'm prioritizing for the next few months is ***Physical.*** Specifically, sleep and physical activity. I've been trying to walk outside for at least 20 minutes a few days a week. It makes a difference in the quality of sleep. I listen to my favorite podcast (Good Food-Evan Kleiman) and walk the duration of half the episode. It's motivating and so relaxing. – ***Pooja Varma-Laughlin***

The area of well-being which is a priority this year will be ***Social***. We are far apart, yet not far away. I am aiming to reach out more often -- sending an email, card, text, or call -- FaceTime or Zoom or Google Meet to connect with others. Humans thrive in community. – ***Stephanie Windisch***

SIT AND STRETCH – Thank you to Ryan Neice for facilitating a Sit and Stretch session this month. We hope to bring more dates and activities to you soon!

NEXT MONTH – In March 2021 we will focus on the Financial Dimension! Sharing resources and lunch and learn sessions with our SRO colleagues. More details to come.

We welcome your suggestions and comments for ways that we can share dimensions of wellness programming to SRO staff. You can reach us at: srowellcomm@umich.edu

From the Archives
(Kelly Chatain)

The Family and Medical Leave Act (FMLA) was signed into law by President Bill Clinton on February 5, 1993 only a few weeks into his first term in office. In November of that year, the Commission on Leave was formed to continue evaluating leave issues, its remit to include data collection and research efforts. After reviewing existing data sources and finding a scarcity of data on employees in particular, the Commission, through the Bureau of Labor Statistics, funded two studies in 1995, one looking at the effect of FMLA on employers and one on employees. The employers study was conducted by Westat. The employee study, the first national random sample survey on employee leave taking, was conducted by the Survey Research Center. The principal investigator for SRC was Kate McGonagle, Ph.D.

The goals of the survey were as follows:

1. to determine characteristics of working adults (aged 18 and older) in the United States who are eligible for family and medical leave as provided by the FMLA;
2. to examine the characteristics of leaves--reason taken, length of leave, satisfaction with leave, impact of leave on work situation, etc.;
3. to determine characteristics of working adults who have needed to take a leave from work for the reasons described above but who did not;
4. to describe reasons for being unable to take a leave from work when one is needed;
5. to determine the extent to which working adults anticipate needing to take a leave for the reasons described above in the future; and
6. to describe knowledge of FMLA legislation and attitudes toward FMLA among working adults in the United States.

It was a decentralized national RDD study and the first study in SRC using electronic coversheets. AutoQuest was used for both the sample management and the survey software. There were three groups of respondents: People who had taken leave, people who needed leave but didn't take it, and people who were employed without needing or taking leave. Without any real baseline data on these three groups, the sampling rates were based on assumptions of all three types. By the end of the survey 20,373 numbers were released with approx. 50% (10,274) being working household numbers. In English or Spanish, a screening interview was conducted in 8,492 households from which 2,352 main interviews were completed. The overall weighted response rate was between 71% and 75% depending on the respondent group. The average interview length was quite short, only 8 minutes! Interviewers were trained in a series of ten 2-hour conference calls and were given paper versions of the coversheets and call records to help with the transition to digital.

The report from the Commission is a fascinating read and found that the overall response to FMLA was positive. A few issues identified by the employee survey were the fact that awareness of the FMLA by employees was low, most but not all employees were allowed to take the leave if needed, and a lack of paid leave was a problem for many who didn't take it because they couldn't afford to do so.

References:

FML95 Project Manual.doc, SRO Archive

Commission on Family and Medical Leave (U.S.)., United States. Women's Bureau. (1996). *A Workable balance: report to Congress on family and medical leave policies.* [Washington, DC]: Commission on Leave – Available at https://hdl.handle.net/2027/mdp.39015037830265 Access on February 23, 2021

Family and Medial Leave Act, https://www.dol.gov/agencies/whd/fmla Accessed on February 23, 2021