

## Barriers and Assistance Needed to Participate in a National Data Collection

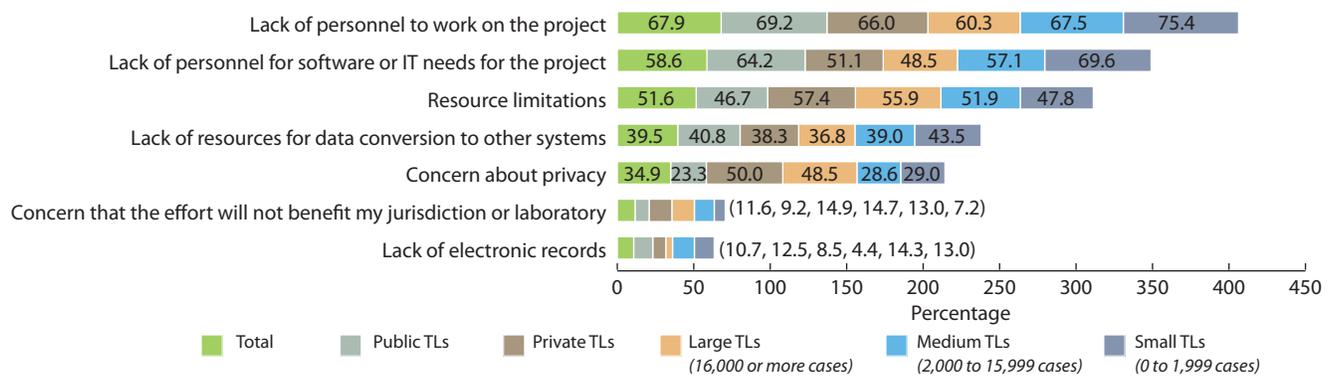
The National Forensic Laboratory Information System (NFLIS) is a Drug Enforcement Administration program that systematically collects results of forensic analyses, and other related information, from local, regional, and national entities. From June through October 2017, NFLIS administered surveys that collected calendar year 2016 data from 231 toxicology laboratories (TLs) and 971 medical examiner/coroner offices (MECs) across the United States. Results from the TL and MEC Office Surveys were previously published.<sup>1,2</sup> This publication provides additional data not presented in the survey reports and displays findings from responding TLs and MECs about the barriers that make it difficult to participate in a national data collection program and the assistance needed to participate. Data are presented overall and by laboratory ownership (private or public) and caseload size for TLs. For MECs, data are presented overall and by type of office (medical examiner or coroner) and jurisdiction size.

### Barriers to Participating in a National Data Collection

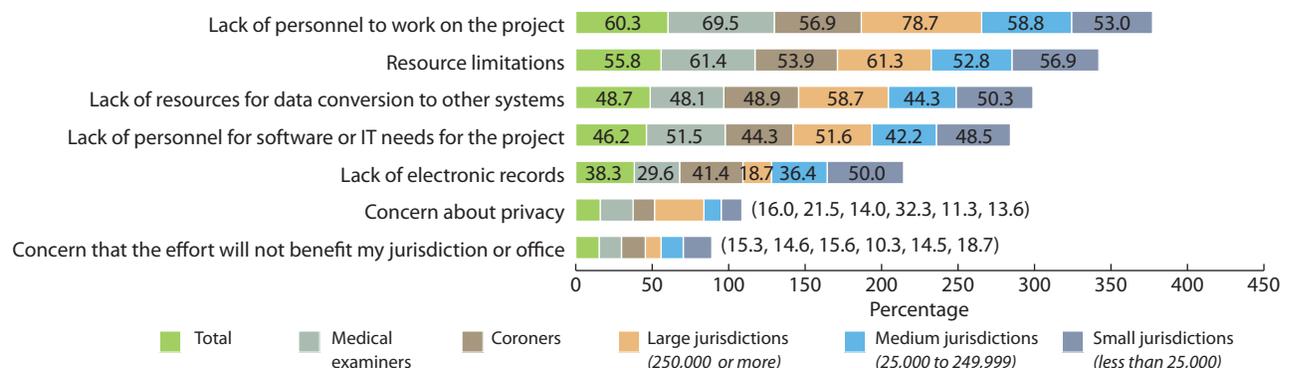
Figures 1 and 2 summarize the barriers to participating in a national data collection reported by TLs and MECs. Overall, lack of personnel to work on the project, lack of personnel for software or IT needs for the project, and resource limitations were the most frequently identified barriers among TLs. The least frequently identified barriers (less than 9%) were political climate

or restrictions, unwillingness to share data with Federal agencies, and other (data not shown). Almost one-fifth of TLs indicated that none of the issues listed were barriers. Public and private TLs had substantial differences in their perceptions of barriers to participating in a national data collection. Approximately 64% of public TLs reported not having personnel for software or IT needs for the project compared with 51% of private TLs (Figure 1).

**Figure 1** Barriers to Participation in Data Collection Efforts for Responding TLs, by TL Ownership and Caseload Size



**Figure 2** Barriers to Participation in Data Collection Efforts for Responding MECs, by MEC Type and Jurisdiction Size



Note: Percentages will not sum to 100% because respondents could select more than one answer. Respondents with unknown information are excluded.

<sup>1</sup>U.S. Drug Enforcement Administration, Diversion Control Division. (2018). *2017 Toxicology Laboratory Survey Report*. Springfield, VA: U.S. Drug Enforcement Administration.

<sup>2</sup>U.S. Drug Enforcement Administration, Diversion Control Division. (2018). *2017 Medical Examiner/Coroner Office Survey Report*. Springfield, VA: U.S. Drug Enforcement Administration.

# Barriers and Assistance Needed to Participate in a National Data Collection

Although half of private TLs reported concerns about privacy, less than a quarter of public TLs reported it as a barrier to participating in a national data collection. A higher percentage of private TLs than public TLs also reported resource limitations (57% vs. 47%). There were also some notable differences when examined by caseload size. Large TLs (49%) more frequently reported concerns about privacy compared with medium and small TLs (29% each). In general, small TLs more frequently cited lack of personnel and lack of resources for data conversion to other systems as barriers to participating in a national data collection than larger TLs.

Overall, lack of personnel to work on the project, resource limitations, and lack of resources for data conversion to other systems were the most frequently identified barriers among MECs. Like TLs, the least frequently identified barriers (less than 15%) were political climate or restrictions, unwillingness to share data with Federal agencies, and other (data not shown). There were distinct differences between medical examiners' and coroners' perceptions of barriers. Most notably, 70% of medical examiners reported a lack of personnel to work on the project compared with 57% of coroners (Figure 2). In contrast, a higher percentage of coroners than medical examiners reported a lack of electronic records as a barrier (41% vs. 30%). There were also notable differences by jurisdiction size. MECs serving large jurisdictions more frequently reported lack of personnel to work on the project

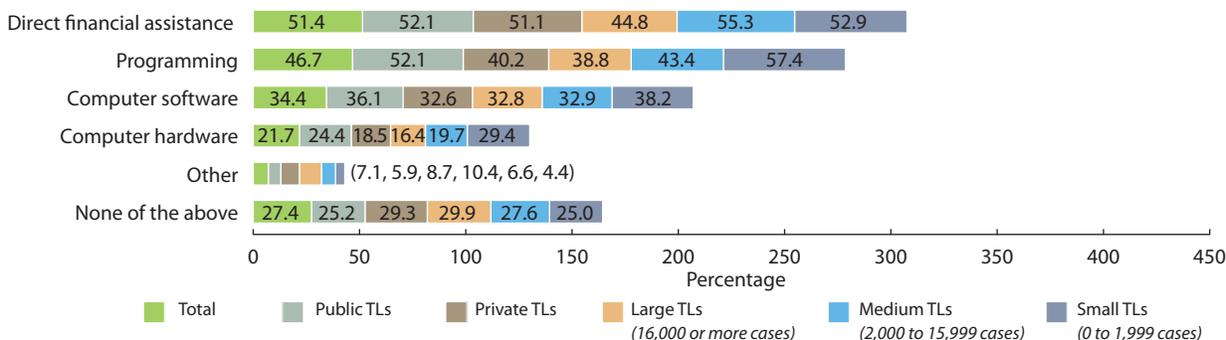
and concerns about privacy compared with MECs serving medium and small jurisdictions. In contrast, MECs serving small jurisdictions more frequently reported lack of electronic records as a barrier compared with MECs in medium and large jurisdictions.

## Assistance Needed to Participate in a National Data Collection

Figures 3 and 4 present the types of assistance TLs and MECs reported needing to participate in a national data collection. When examined by public versus private TLs, a greater proportion of public TLs reported needing each of the different types of assistance (Figure 3). The biggest difference was 52% of public TLs reported needing assistance with programming compared with 40% of private TLs. Small TLs more frequently reported needing computer hardware and assistance with programming than medium or large TLs.

Among MECs, medical examiners most frequently reported needing direct financial assistance (67%), whereas coroners most needed assistance with computer software (61%) (Figure 4). The need for direct financial assistance to support data acquisition and reporting increased as MEC jurisdiction size increased. MECs serving small and medium jurisdictions more frequently reported needing assistance with computer software compared with MECs serving large jurisdictions.

**Figure 3** Types of Assistance Needed for Participation in Data Collection Efforts for Responding TLs, by TL Ownership and Caseload Size



**Figure 4** Types of Assistance Needed for Participation in Data Collection Efforts for Responding MECs, by MEC Type and Jurisdiction Size

