

CPHP Interview Instrument

Form Approved
OMB No. 0920-XXXX
Exp. Date xx/xx/20xx

Introduction

Thank you for participating in this interview.

Purpose: As you know, this interview is one component of the CPHP program evaluation by CDC. The purpose of the interview is to collect detailed information on your Center's experience in implementing the Centers for Public Health Preparedness program, as well as your opinions regarding its impact on public health preparedness.

This is an evaluation of the CPHP program between 2004 and 2009. Responses to all items should be based on the time frame your Center has been funded under the CDC CPHP Cooperative Agreement (Program Announcement #04209).

Intended Use of Information: CDC/COTPER will use the information gathered in this interview to document outcomes generated by the collective work of the Centers, to provide timely and accurate responses to programmatic inquiries, and to inform the development of a new cooperative agreement.

Logistics: The interview will last approximately 90 minutes. I will be leading the discussion and there are two people taking notes.

Security of Responses: I encourage you to be honest and candid in your responses. There are no right or wrong answers, and nothing you say will be tied to your identity in any way. Generated reports will be in summary form only, and everything you share in this conversation is voluntary and will be treated in a secure manner.

Consent to Tape Record: I will also be tape recording the interview in order to accurately capture our conversation. Do I have your consent to record this conversation?

Respondents: Please confirm the roles/titles of those who are responding (e.g., PI, PC, CPHP Evaluator).

Program Coordination & Management

This section is designed to elicit information on overall coordination and management of the CPHP network such as with CDC and/or ASPH.

Please keep in mind that this is an evaluation of the CPHP program between 2004 and 2009. Responses to all items should be based on the time frame your Center has been funded under the CDC CPHP Cooperative Agreement.

1. What has worked well regarding **CDC and ASPH's coordination and management of the CPHP network**?

Probe: For example, systems or communication mechanisms by CDC/COTPER or ASPH.

**Interviewer Note: If respondent asks for clarification on the roles of CDC/COTPER and/or ASPH use the following definitions:*

CDC/Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER) is responsible for setting the strategic direction for the Centers for Public Health Preparedness (CPHP) program, distributes resources to support CPHP activities, ensures systems are in place to monitor performance and manage accountability, and coordinates the communication efforts among key stakeholders of the CPHP program.

Public reporting burden of this collection of information is estimated to average 90 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, NE, MS D-74, Atlanta, GA 30333; ATTN: PRA (0920-XXXX).

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CDC/Procurement and Grants Office (PGO) is responsible for distributing federal funds and ensuring that both CDC staff and grantees fulfill applicable statutory, regulatory, and administrative policy requirements.

The Association of Schools of Public Health (ASPH) is responsible for coordinating collaboration among the CPHP network, brokering existing CPHP strengths and abilities, managing the CPHP Resource Center and Education Calendar, developing promotional materials for the CPHP Network, and organizing and facilitating network conference calls, the monthly newsletter, and the annual All-Hands meeting.

2. What are your Center's suggestions for improvement regarding **CDC and ASPH's coordination and management of the CPHP network**?

Partnerships

The next several questions solicit information about your Center's partnerships. Please be as concrete and detailed in your responses as possible and keep in mind that your responses should only reflect the timeframe your Center has been funded under the CDC CPHP Cooperative Agreement (2004-2009).

3. How does your Center **define its partnerships***?

**Interviewer Note: Encourage respondent to elaborate on the nature of their partnership. Definitions of partnerships may vary both amongst and within Centers. Examples may include a funding relationship, MOUs, collaborations on projects, participation on task force, etc.*

4. Identify the **most significant new or expanded partnership** that your Center has established since the implementation of the program and/or that has been developed as a result of CPHP funding.
 - 4a. How has this new or expanded partnership **contributed to your Center's efforts to strengthen public health preparedness and response workforce development**, if at all?

Accomplishments

The next question is designed to showcase your Center's work and accomplishments from 2004-2009 or those years your Center has been funded under the CDC CPHP Cooperative Agreement. Please provide detailed and concrete examples in your response.

5. Identify and describe **three key accomplishments** of your Center. Examples of accomplishments can be your success stories of training and education products, development of degree and certificate programs, development and delivery of trainings, partnerships and collaborations, and/or exercises conducted.

**Interviewer Note: Encourage specific examples of accomplishments. For example, respondent should identify the titles of products and describe the outcomes that were achieved.*

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Application of Learning

This section is designed to solicit specific information about how university students and practitioners have applied learning from participating in your Center's educational offerings. Again, your responses should only reflect the timeframe your Center has been funded under the CDC CPHP Cooperative Agreement (2004-2009).

6. Provide concrete, specific examples of how **students enrolled in your school of public health degree and certificate programs** have applied learning from preparedness and response-oriented educational/training offerings (e.g., courses, seminars, workshops, etc.) to emergency response conditions, if at all.
7. Provide concrete, specific examples of how **practitioners who participated in your Center's educational/training offerings** (e.g., courses, seminars, workshops, etc.) have applied learning to emergency response conditions, if at all.

Center's Impact on Preparedness and Response Field

This following item asks you to describe your individual Center's impact on the number of professionals entering the field of public health preparedness and response.

8. Describe the impact **your CPHP has had on the number of professionals** entering the public health preparedness and response field.

**Interviewer Note: A specific number is not required. Programs, processes, activities, and relationships with the practice community that have directly impacted the public health pipeline, recruiting, placement, succession planning, workforce analysis, professional development, and experiential learning programs are applicable.*

Impact of Program

Contrary to the previous item, the next three items ask your Center's perceptions regarding the impact of the overall CPHP program.

9. **How has the evidence-base for public health emergency preparedness and response practice changed**, if at all, as a result of the CPHP program? Provide specific examples, if possible (e.g. newer, innovative training techniques that have produced positive results, translation of research to practice via training, or other ways information is disseminated to the public).

**Interviewer Note: Inform respondent that the evaluators have a comprehensive list of CPHP publications, and that information will be included in the evaluation.*

10. How has the **public health preparedness and response infrastructure* been augmented** by the CPHP program, if at all?

**Interviewer Note: "infrastructure" can be defined by any or all of the following levels: School, University, State/Region, and National.*

11. How has the CPHP program contributed to the **establishment of a discipline of public health preparedness and response**, if at all?

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Challenges and Suggestions for Improvement

The final section of this interview solicits your Center's opinions regarding any challenges and barriers within the CPHP program, as well as your Center's suggestions for improvement. Please note that these items differ from those previously asked at the beginning of the interview because they do not specifically ask about CDC and ASPH Coordination and Management. We are soliciting information about general challenges and barriers your Center faces and suggestions for improvement that has not been captured previously.

12. Identify any **major challenges or barriers*** that impeded the effectiveness or efficiency of the overall CPHP program.

**Interviewer Note: challenges or barriers can be directed at the school, partners, CPHP network, etc.*

13. Provide **suggestions for improvement*** to the overall CPHP program.

**Interviewer Note: suggestions for improvements can be directed at the school, partners, CPHP network, etc. This question is soliciting specific suggestions for improvement external to CDC and ASPH coordination and management.*

Concluding Comments & Questions

14. Do you have any additional comments or questions?

Closing

We are now finished with the interview. I'd like to thank you for your detailed responses and your time. Again, I'd like to reassure that nothing you have said within this interview will be tied to your identity in any way. Generated reports will be in summary form only, and everything you share in this conversation has been voluntary and will remain secure.