#### Attachment B. Interview guide [Principal Investigator version]

#### **BACKGROUND AND INTRODUCTION**

Hi, my name is [Name] and work with ELC as a [Position]. I would like to thank you for your interest and participation in this project.

Let me give you some details about the interview today. As we explained in our previous communication, ELC is conducting an assessment of our Flexible Epidemiology Program. This interview will take about 39 minutes to complete and will include questions about your thoughts and perspectives on how you've used this position, and the value that a flexible epidemiologist has brought to your health department. Finally, we want to hear your feedback on how to improve this program. The information you provide us will be used to demonstrate the value of this program, and make recommendations for improving the program to better support and sustain infectious disease capacity at the state and local level. A final report summarizing the findings from this assessment will be made available to you.

Before we begin, do you about 39 minutes right now to complete this interview?

#### IF YES: CONTINUE WITH INTERVIEW SCRIPT.

**IF NO:** ASK THEM WHEN THEY CAN RESCHEDULE THE INTERVIEW. IF THEY HAVE CHANGED THEIR MIND ABOUT PARTICIPATING, ASK THEM IF THEY CAN PROVIDE A REASON TO WHY THEY HAVE DECIDED TO CANCEL THE INTERVIEW. THANK THEM FOR THEIR TIME.

Great! Before I begin, I want to let you know that your participation is voluntary. You do not need to answer any questions that you do not want to answer. Second, all of your responses are anonymous. Information collected from the interviews will be aggregated into a final summary report. Responses will not be linked to individual respondents. Your responses will remain anonymous and will be used to gain a better understanding of this program, and how to improve it. There is no right or wrong answers. I'd also like to record our interview so that I can accurately capture your experiences and suggestions. Once the recordings are transcribed, they will be destroyed. There will be no information linking respondents' names to the information collected. If at any time during the interview you wish to discontinue the use of the recorder or the interview, please feel free to let me know. Is that okay with you?

Public reporting burden of this collection of information is estimated to average 39 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, Georgia 30333; ATTN: PRA (0920-0879).

**IF YES:** CONTINUE WITH INTERVIEW SCRIPT.

**IF NO:** REMIND THEM THAT THE INFORMATION COLLECTED IS ANONYMOUS AND THAT THEY DO NOT NEED TO ANSWER ANY QUESTIONS THEY DO NOT WANT TO. IF THEY ARE STILL NOT OKAY WITH RECORDING THE INTERVIEW, LET THEM KNOW THAT THE INTERVIEW CANNOT BE CONDUCTED WITHOUT IT BEING RECORDED AND POLITELY THANK THEM FOR THEIR TIME.

If at any time you want to stop, take a break, or reschedule the interview, please let me know. You may also withdraw your participation at any time without consequence.

Do you have any questions or concerns before we begin?

Great! Let's begin.

#### **BEGIN RECORDING**

#### ROLE OF THE FLEXIBLE EPIDEMIOLOGIST

## First I would like to learn about the role of the flexible epidemiologist in your health department.

- 1. I would like to understand how you characterize "flexible" in the context of this role. How would you define a "flexible" epidemiologist? [Probe: How is this role utilized in your health department?]
  - a. Are there similar roles in your health department? [Probe: What about before ACA funding?]
- 2. On what infectious diseases do flexible epidemiologists work?
  - a. How would you allocate the percent of time the flexible epidemiologist spends on a specific disease (e.g., Foodborne, Vectorborne, etc.) and more general, crosscutting activities?
- 3. Thinking about the responsibilities of other epidemiologists that work in your health department, what does a flexible epidemiologist role offer that is different from other positions?

#### ACTIVITIES OF THE FLEXIBLE EPIDEMIOLOGIST

# Thank you for your responses. Next we're going to talk more specifically about day-to-day activities.

- 4. What are the flexible epidemiologist's major responsibilities? [Probe: What might a typical day look like? With whom do they work ?]
  - a. How are their projects and activities decided?
- 5. In the case of a large, multi-state outbreak, such as the \_\_\_\_\_\_ in \_\_\_\_\_, what role (e.g., detection, response, control) would the flexible epidemiologist typically have? [Probe: Is it a support or lead role?]
- 6. Name one or two important collaborations or partnerships in which this flexible epidemiologist is involved. These may include work with external organizations (e.g., local health departments, local organizations, hospitals, etc.) or within internal departments and programs.
  - a. What role does the flexible epidemiologist play in these collaborations/partnerships?
  - b. What purpose do these collaborations/partnerships serve? [Probe: What is the public health importance?]

### **IMPACT OF THEIR WORK**

# Thank you for your responses. Let's move on to talking about how flexible epidemiologists have helped you achieve some of your program objectives.

- 7. Thinking about all the activities and responsibilities you mentioned during our interview, what are some of the most valuable contributions flexible epidemiologists have made to your health department?
  - a. What gaps have these positions addressed in your program?
- 8. The ELC program focuses on several areas of impact. You have mentioned some of these already. I will read through the list of these areas, and you can let me know whether or not having flexible support has allowed your health department to move forward in these areas.
  - a. Have there been improvements made in your department's ability to better detect, respond, investigate and control outbreaks?
  - b. Have there been improvements or expansions made to surveillance systems? [Probe: In what ways? Have these systems been used to support recommendations, or support improvements in prevention and control programs or policies?]

- c. How about the ability to share and exchange public health data with other organizations or the public? [Probe: How is the data being used to help public health?]
- d. Have improvements been made in outbreak reporting? (e.g., more completeness or timeliness of reports) This can encompass ELR, and outbreak reporting systems like NORS and ArboNet.
- e. Has having a flexible epidemiologist made any impact on your overall organizational capacity (e.g., trainings, presentations, technical assistance to LHDs)?

### **OPPORTUNITIES FOR IMPROVEMENT**

Thank you for your responses. We are now at the last section of the interview. I would like to discuss opportunities to improve this program. As you know, providing funding for flexible epidemiologists is an important strategy of ELC in supporting and strengthening epidemiology capacity for infectious diseases at the state and local level.

- 9. What do you like about the flexible epidemiology program?
- 10. What could ELC do to facilitate and further enhance support for sustaining or strengthening *overall epidemiology capacity* in state and local health departments?
  - a. What further gaps does your health department face in its ability to detect and respond to infectious diseases?
- 11. What could ELC do to better facilitate and further support the work of flexible epidemiologists? [Probe: What, if any, changes would you recommend (e.g., guidance on activities, trainings, information sharing sessions)?]
  - b. What would you do differently if you could start again with a flexible epidemiologist?
- 12. What challenges or barriers might this type of position, because of its flexible nature, face?
- 13. If funding for flexible epidemiologists were taken away, what would happen?
  - c. How sustainable would this position be if funding stopped?
  - d. Is this a standard position funded by the legislature?
- 14. In what ways, if any, is your health department showing the value of flexible epidemiologists to the state? [Probe: Is there a plan for the local investment of flexible epidemiologists?]

This concludes the questions that I wanted to ask you. Is there anything else that we haven't discussed that you would like to share with me today?

Thank you for contributing your time to this interview. A final report summarizing our findings will be made available to you once it is complete. In the meantime, if you have any other questions or thoughts that come up later on, please don't hesitate to email me or give me a call.